ACP does not support QPP measure 236: “Controlling High Blood Pressure.” Implementation may result in measurable and meaningful improvements in clinical outcomes and there is a known performance gap in the area of blood pressure control. However, while the specifications for the measure under consideration for NQF-endorsement align with American College of Physicians (ACP) and the Eighth Joint National Committee (JNC-8) recommendations on controlling BP in patients aged 18-85 years of age with and without a diagnosis of diabetes, the MIPS measure specifications do not stratify patients into well-defined risk groups (i.e., comorbid disease diagnosis). The American College of Physicians (ACP) guideline states that there is no difference in outcomes between strict blood pressure control and standard blood pressure control (128-133 mmHg vs. 134-141 mmHg systolic, and 75-81 mmHg vs. 81-87 mmHg diastolic). Furthermore, the numerator specifications define office measurements as the preferred monitoring method, while home monitoring is the preferred method to assess for adequately controlled BP. We suggest the developers update the numerator specifications to include an average of several measurement results. Doing so would likely increase the accuracy of the measurement results and reduce the potential for overtreatment. Finally, the measure was created to assess system-level performance where information systems include multiple readings from a variety of settings. The measure may not be an appropriate accountability measure for individual clinicians who do not have access to all BP measurement results.

*Note: PMC approves the specifications included in the updated measure proposed for NQF endorsement. If NQF approves the proposed measure updates, we suggest CMS adopt the updated measure.