



IMPORTANT POINTS TO REMEMBER

Approximately 78 million adults in the United States are affected by hypertension. As a result, cardiovascular disease (CVD) continues to be a leading cause of death in this country. In 2017, the American Heart Association (AHA) redefined the thresholds for the different blood pressure (BP) categories. According to the new AHA definition of hypertension, nearly half of U.S. adults would now be classified as having high blood pressure.

BP Category	Systolic BP		Diastolic BP
Normal	<120 mm Hg	and	<80 mm Hg
Elevated	120-129 mm Hg	and	<80 mm Hg
Hypertension: stage 1	130-139 mm Hg	or	80-90 mm Hg
Hypertension: stage 2	≥140 mm Hg	or	≥90 mm Hg
Hypertensive urgency	>180 mm Hg	and/or	>120 mm Hg
Hypertensive emergency	>180 mm Hg + target organ damage	and/or	>120 mm Hg + target organ damage

Uncontrolled hypertension is one of the leading single greatest modifiable risk factors for CVD and stroke. To address this, CareSource wants to partner with you to reduce risk and improve health outcomes for our members.

CareSource is continuously working to educate our members on the consequences of high BP and the importance of controlling it, even though they may not have symptoms. Also, we are reinforcing the importance of working with you, the health partner, to help members self-manage their hypertension.

AWARENESS IS KEY. CONVERSATION IS VITAL.

GOAL FOR THERAPY Controlling Hypertension

- The AHA's new guideline recommends BP-lowering medication for those in stage 1 hypertension with clinical CVD or 10-year risk of Arteriosclerotic cardiovascular disease (ASCVD) 10 percent or greater, as well as for those with stage 2 hypertension.
- Office BPs are often higher than ambulatory or home BPs. The updated guideline emphasizes having patients monitor their own BP for hypertension diagnosis, treatment and management.
- The updated guideline presents new treatment recommendations, which include lifestyle changes as well as BP-lowering medications. In addition to promoting the Dietary Approaches to Stop Hypertension (DASH) diet, the guideline recommends reducing sodium intake and increasing potassium. See Table 15 in the 2017 Hypertension Clinical Guideline for more information.
- The updated guideline stresses the basic processes for accurately measuring BP, including some simple yet critical actions before and during measurements.

PATIENT CARE Blood Pressure Assessment Tips

- Advise patient to avoid caffeine, exercise and smoking for at least 30 minutes prior to visit.
- Allow patient to relax for five minutes before taking reading and to remain still during reading.
- Ensure patient is sitting with both feet on floor with back and arm supported.
- Have patient empty bladder prior to evaluation.
- Ensure no clothing is covering area where cuff will be placed and use correct size cuff.
- Separate repeated measurements by one to two minutes.
- Measure in both arms and use the higher reading; an average of two to three measurements taken on two to three separate occasions will minimize error and provide a more accurate estimate.

SAVE TIME. SAVE MONEY. Decrease Chart Requests.

The National Committee on Quality Assurance (NCQA) has revised the Healthcare Effectiveness Data and Information Set (HEDIS) Controlling High Blood Pressure measure to allow for easier data collection. In the past, we were required to pull blood pressure information from the medical record. Now, by submitting CPT II codes you can be considered compliant for the Controlling High Blood Pressure measure. By using the below codes you can reduce the number of your charts requested for HEDIS data collection.

Target Blood Pressure

<140/90 mm Hg for all adults 18-85 with hypertension

HEDIS Compliant Codes

In an outpatient, non-acute inpatient or remote BP-monitoring setting

Blood Pressure CPT II: 3074F, 3075F, 3077F, 3078F, 3079F, 3080F

*CareSource recommends nationally accepted standards and guidelines to help inform and guide the clinical care provided to CareSource members.

CARESOURCE PROGRAMS Health Management

CareSource offers a fully integrated Health Management Program that strives for member understanding of and satisfaction with their medical care.

Your patients' one-on-one personal interaction with outreach specialists and nurse care coordinators provides a comprehensive safety net to support them through initial and ongoing assessment activities, coordination of care, education to promote self-management and healthy lifestyle decisions.

Disease Management

In addition to Health Management, CareSource offers a Disease Management Program specific to hypertension that helps members manage their condition through outreach and education. We work with your patients to help them understand what hypertension is and to provide lifestyle recommendations, online educational tools, curriculum, and health coaching. We also connect your patient with additional community resources to help improve overall health and livelihood.

FOR MORE INFORMATION

For more information about CareSource programs, please contact your Provider Relations Representative. If you have a patient with asthma, diabetes, or hypertension who you believe would benefit from this program, please call 1-844-468-9498.

For more information concerning changes to the AHA's BP guidelines, please visit <https://professional.heart.org/hypertension>.

The sources for all clinical information in this document are "Hypertension guidelines, one year later: monitoring the change" published: November 27, 2018 by the American Heart Association News and can be accessed here <https://www.heart.org/en/news/2018/11/27/hypertension-guidelines-one-year-later-monitoring-the-change>, and the "2017 Hypertension Clinical Guidelines" from the American Heart Association and can be accessed here: https://professional.heart.org/professional/ScienceNews/UCM_496965_2017-Hypertension-Clinical-Guidelines.jsp

