

# Blood Pressure Best Practices

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HealthChoices PCMH Learning Network

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# About Keystone Rural Health Consortia



**Keystone Rural Health Consortia, Inc.** is a Federally Qualified Health Center (FQHC) committed to delivering high-quality, comprehensive, and affordable care to underserved rural communities in north-central Pennsylvania.

## Service Area & Locations:

Six sites serving patients across

**Cameron, Elk, and McKean Counties]**

- **7,116** patients served

- **21,862** total visits

## Services Provided:

**Primary Medical Care** (Family Medicine, Pediatrics)

**Dental Services** (Preventive and Restorative)

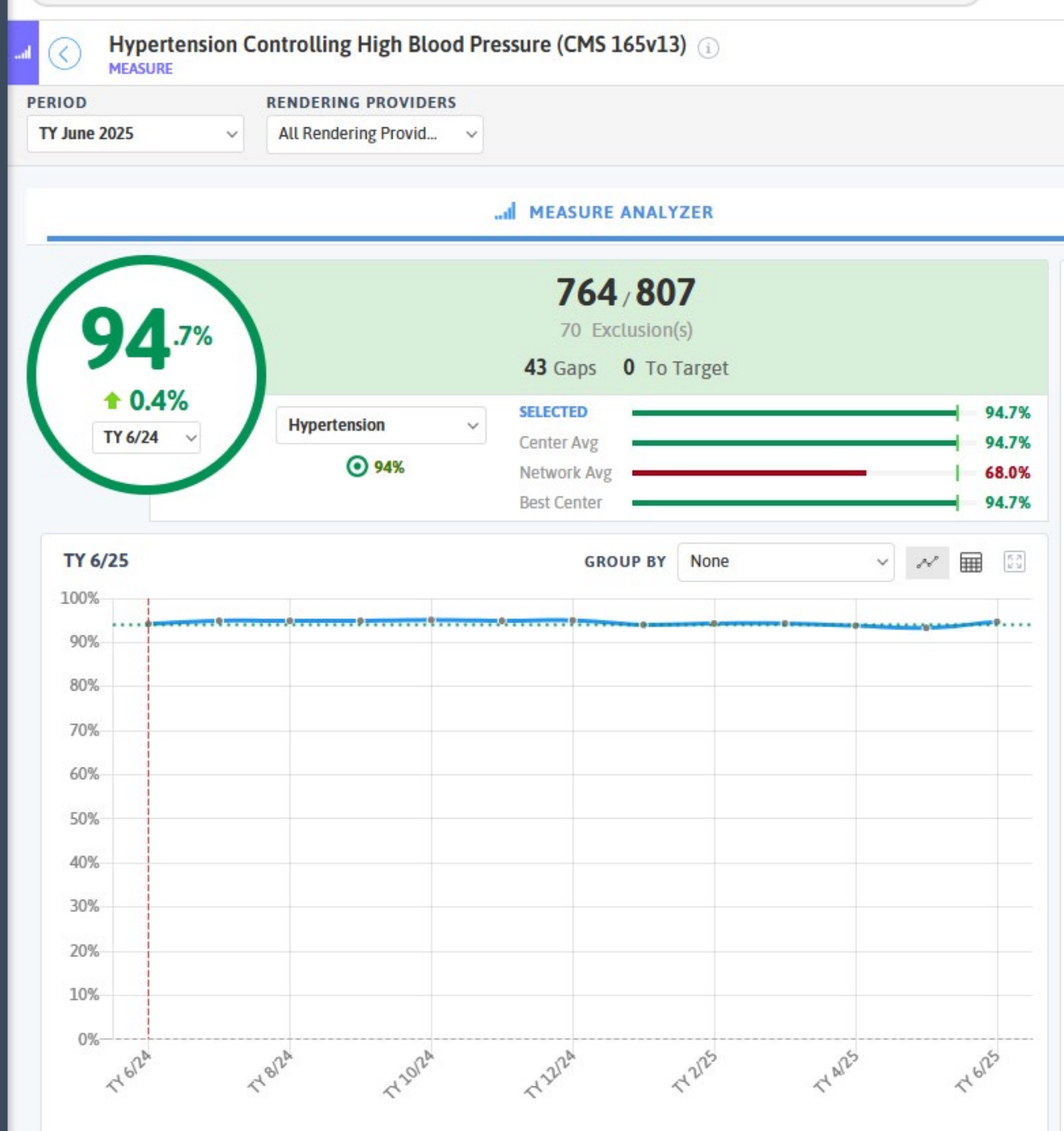
**Behavioral Health** (Mental Health & SUD Counseling)

**Care Management** and enabling services

**Health education, tobacco cessation,  
and chronic care management**



# How does a small, rural FQHC achieve extremely high and consistent rates of blood pressure control?



# Key Blood Pressure Control Processes

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- Repeat BP at end of visit if elevated; patient return in 1 week for nurse BP check (bring home BP cuff to compare); follow up in 1 month with provider
- Work lists reviewed (by QA Coordinator, QA Director, and Medical Director) from Azara gaps and Aledade App to ensure patients with elevated BP (especially  $> 160/90$ ) have appropriate follow up
- Care managers and nursing staff outreach to those patients identified on lists; outreach also has been done by summer interns



# Technology, Data and Quality Improvement

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- Custom forms and form fields developed in the EHR (athenaPractice)
- Close tracking of progress using (unfortunately!) multiple systems.
- Team effort for Quality Improvement:
  - Data are reviewed by QA Coordinator (Gap Closer), Quality Director, and Medical Director at least monthly (weekly if problem is suspected by downward trend), then PDSA is generated if simple troubleshooting not able to be easily addressed.



# Barriers

# Strategies

Medication adherence, Rite Aid closing, timely refills	90-day supply, PBM/mail order pharmacy use, insurance “throwaway” letters
Nursing not always flagging elevated BP	Warning cards on door, nurse putting BP in chief complaint, nurse putting elevated BP in standardized BP field #2 in anticipation of repeat BP; elevated BP added into the chief complaint
Competing priorities for “important” quality (they’re all important); staff turnover; busy schedules	Accountability with all levels of staff participating; tracking by our dedicated gap closer; management buy-in
Multiple platforms, standardized fields buried in forms several pages into the office visit note	Accurate mapping in Azara, i2i, Aledade Custom form fields right on HPI form showing BP
Patient transportation insecurity	We can provide transport for patients to our health center sites

# Communicating BP to Payers

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- Know your VBC contracts and their reporting requirements (can be slightly different)
- Make sure billing staff is capturing CPT-2 codes
- Understand that hypertension can contribute to several HCC categories, increasing Risk Adjustment Factor score
  - Ex: I11.0 (Hypertensive heart disease with heart failure) - maps to HCC 85
  - I12.0: Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease – maps to HCC 136

## Hypertension CPT-2 Codes

3074F: SBP < 130 | 3075F: SBP 130-139 | 3077F: SBP ≥ 140 | 3078F: DBP < 80  
3079F: DBP 80-89 | 3080F: DBP ≥ 90



# Accurate Coding and Documentation is Key

Patient with a history of hypertension, now presenting with symptoms of heart failure and known stage 5 CKD. Simple documentation in the chart note:

*"patient has hypertensive heart disease with congestive heart failure and end-stage renal disease. These are stable and the patient is following with cardiology and nephrology with upcoming appointments in July 2025."*

Coding for this visit:

- **I13.2** (hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease) - this code directly maps to multiple HCCs (e.G., HCC 85 for heart failure and HCC 136 for ESRD), leading to a much higher RAF score due to "disease interaction" or "additive" effects.
- **I50.9** (heart failure, unspecified)
- **N18.5** (chronic kidney disease, stage 5)



# Other important factors

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- Involve everyone from front desk to clinical staff to management
- Frequent staff education and accountability practices keep staff engaged



# Questions?

