AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION

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Can EHR-documented home blood pressure readings improve accuracy of hypertension control rates for Family Physicians? G1702JG

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Abstract

Medicare recently tied 85% of fee-for-service payments to quality or value, a figure that will increase to 90% by the end of 2018. In response, family physicians must develop tools that capture their performance on quality metrics such as Medicare Access and CHIP Reauthorization Act (MACRA) core measure sets. Epidemiological data suggest that 15-30% of those with hypertension may have lower BP outside the office setting. There is significant evidence that home BP readings are more accurate than clinic BP readings and BP measurement techniques used in clinic frequently are inaccurate. Family physician reimbursements are increasingly based on physician quality metrics. Inaccurate high clinic BP readings prompt physicians to increase anti-hypertensive medications, which can cause hypotension in patients with normal BP. However, physicians rarely de-intensify treatments in patients with low BP. Documenting home BP in the EHR is an acceptable BP control measure. **We postulate that summarizing home BP readings in the EHR will demonstrate better hypertension control rates compared to clinic BP measures and likely will prevent adverse treatment effects in patients. We will try to discover patient-centered variables that help identify patients who will benefit from home BP monitoring**. Findings from this pilot study will serve as preliminary data for a larger federal proposal to provide solutions for incorporating and using home BP readings in EHRs.