**Reportable to:**
- Partnership HealthPlan Quality Improvement Program (QIP)
- Annual HRSA UDS Report
- Redwood Community Health Coalition Performance Improvement Program (PIP)
- Million Hearts
- Redwood Community Health Coalition Preventing Heart Attacks and Strokes Everyday (PHASE) Grant

**Workflows to know**
The following workflows are important to know as they directly relate to the measure:
- CTMA Charting Chief Complaint and Vitals
- Obtaining an Accurate BP protocol
- Blood Pressure Competency Evaluation
- RN PHASE Case Management
- RN Diabetes Care Plan
- Referral to FWC
- BH Warm Hand offs
- Transfer Care protocol
- Deceased patient protocol
- Non-WCHC Patient protocol

**Quality Assurance reports available**

**HTN Pop Recall list**
These are HTN patients seen in the last 12 months and can be filtered for ‘uncontrolled’ and ‘Not Measured in Period’. These patients can be called in for a CTMA Blood Pressure check.

**BP QA**
These are BPs that have been incorrectly entered.

**Hiding in Plain Sight**
These are lists of potential HTN patients based on co-morbid conditions, 2 high BP readings or HTN assessment code without HTN documented in their problem list.

**Measure definition**
Percentage of active primary care patients, aged 18 and older, with at least 1 primary care appt in the last 12 months, who have been dx with HTN at least 6 months ago, whose most recent BP recorded is ‘in control’.

‘In Control’ is defined as:
- age 18-59 BP systolic <140 AND diastolic <90
- age over 60 BP systolic <50 AND diastolic <90
- age over 60 with Diabetes BP systolic <140 AND diastolic <90