What is NQF 18

National Quality Forum - Measure 18

The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.

National Quality Forum (NQF) is a nonprofit, nonpartisan, public service organization committed to transforming health care. NQF reviews, endorses, and recommends use of standardized healthcare performance measures. Performance measures, also called quality measures, are essential tools used to evaluate how well healthcare services are being delivered.

NQF 18 is a CDC national priority measure and aligns with goals of the Million Hearts Initiative by improving the quality of care for the ABCS (appropriate aspirin therapy for those who need it, blood pressure control, cholesterol management, and smoking cessation).
Rational for NQF 18:

High blood pressure is a common condition in which the force of the blood against your artery walls is high enough that it may eventually cause health problems.

Hypertension is defined as having a systolic blood pressure of 140 or above, or a diastolic blood pressure of 90 or above, or currently taking medication to lower blood pressure.

- The most frequent and serious complications of uncontrolled hypertension include coronary heart disease, congestive heart failure, stroke, ruptured aortic aneurysm, renal disease, and retinopathy.

- Hypertension is a very significant health issue in the United States. Better control of blood pressure has been shown to significantly reduce the probability that these undesirable and costly outcomes will occur. In clinical trials, antihypertensive therapy has been associated with reducing the incidence of stroke up to 40 percent, heart attack up to 25 percent and heart failure more than 50 percent.

- The United States Preventive Services Task Force recommends that clinicians screen adults age 18 and older for high blood pressure.
What is in NQF 18:

**Numerator Statement:**
The number of patients in the denominator whose most recent BP is adequately controlled during the measurement year. For a patient’s BP to be controlled, both the systolic and diastolic BP must be <140/90 (adequate control). To determine if a patient’s BP is adequately controlled, the representative BP must be identified.

**Denominator Statement:**
Patients 18-85 with hypertension. A patient is considered hypertensive if there is at least one outpatient encounter with a diagnosis of HTN during the first six months of the measurement year.

**Note Exclusions:**
1. Exclude all patients with evidence of end-stage renal disease (ESRD) on or prior to the end of the measurement year. Documentation in the medical record must include a related note indicating evidence of ESRD. Documentation of dialysis or renal transplant also meets the criteria for evidence of ESRD.
2. Exclude all patients with a diagnosis of pregnancy during the measurement year.
3. Exclude all patients who had an admission to a non-acute inpatient setting during the measurement year.
What is the Numerator/Denominator

**Denominator** - The first measure component is the denominator, which describes the eligible cases for a measure or the eligible patient population.

**Numerator** - The second component is the numerator describing the specific clinical action required by the measure for performance.

Calculating rate (dividing the numerator by the denominator) identifies the percentage of a defined patient population that was reported for the measure. For performance rate calculations, some patients may be excluded from the denominator based on medical, patient or system exclusions allowed by the measure.

The final rate calculation represents the eligible population that received a particular process of care or achieved a particular outcome.