



***ABIM Hypertension PIM™
Practice Improvement Module
Measures Catalogue***

**Hypertension Measures Catalogue
January 2011**

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Introduction

This catalogue provides information related to the American Board of Internal Medicine's Hypertension Practice Improvement Module®. It is written in language that addresses the physician who might choose to complete this module, and it details the specifics of the module. Included is information regarding:

- **Purpose and structuring of the module**
- **Patient inclusion criteria**
- **Detailed description of the measures**

This PIM examines the care you provide to your patients by addressing key processes and outcomes of hypertension care based on recommendations of the National Heart, Lung and Blood Institute and the U.S. Preventive Services Task Force.

The PIM is divided into three parts, with multiple sections in each part.

Part 1 -Performance Data

Provide baseline data about your practice's current performance by...

- Surveying your patients
- Reviewing your charts
- Assessing your practice systems

The 26 patient survey measures and 45 chart review measures are summarized below. **ABIM requires a minimum of 25 patient surveys and 25 chart reviews.** The practice systems assessment comprises questions covering various aspects of practice structure and protocols.

Patients can be **included** in this module if **all** of the following are true:

1. Patients are between the ages of 15 and 90 (inclusive);
2. Management decisions regarding hypertension are made primarily by providers in the practice;
3. They have been patients in the practice for at least one year; *AND*
4. They have been seen by the practice within the past 12 months.

Patients should be **excluded** from this module if either of the following is true:

1. They have kidney failure (GFR < 15 or dialysis)
OR
2. They are unable to complete the patient survey, even with assistance
OR
3. They have a terminal illness, or treatment of their hypertension is not clinically relevant.

Part 2 - Quality Improvement (QI) Plan

Develop a plan for improving one aspect of your practice after reviewing the analysis of your current performance data. The analysis will include many aspects of care you provide to your patients. Ultimately, you will target only one of these to use in this quality improvement (QI) cycle.

Part 3 - Remeasurement

Remeasure your performance data after you have implemented your QI plan to see if you achieved your goal. Then, you will reflect on the process of developing and implementing a QI plan.

You may claim CME credit for completing this activity. The University of Pennsylvania School of Medicine designates this educational activity for a maximum of 20 *AMA PRA Category 1 Credit(s)*[™].

HYPERTENSION - OUTCOMES OF CARE

Clinical Outcomes				
Measure Title	Description	Numerator	Denominator	Rationale
Comp Measure 1: Blood pressure at goal	Patients in the sample with documentation of blood pressure at goal (Less than 140/90 mm Hg for patients without Diabetes Mellitus (DM) or Chronic Kidney Disease (CKD), or less than 130/80 mm Hg for patients with Diabetes Mellitus (DM) or Chronic Kidney Disease (CKD), during the reporting period.	Number of patients in the sample whose most recent blood pressure results during the 12 month abstraction period, or three months prior to the abstraction period were: 1) less than 140/90 mm Hg for patients without Diabetes Mellitus (DM) or Chronic Kidney Disease (CKD) OR 2) less than 130/80 mm Hg for patients with Diabetes Mellitus (DM) or Chronic Kidney Disease (CKD). To be included in the numerator, the date and value of test must be documented.	Number of patients in the sample.	Randomized controlled trials conclusively demonstrate the benefit of lowering blood pressure to <140 systolic and <80 diastolic in patients. Epidemiologic studies show that the risk of CVD begins at blood pressures of >115/75. Experts have therefore agreed that <130/80 is a reasonable target for blood pressure control in patients.
Comp Measure 2: LDL cholesterol at goal (tested within 2 years of visit)	Patients in the sample with documentation of LDL cholesterol at goal at the most recent visit during the reporting period. At goal is: 1) less than 100 mg/dl for patients with coronary heart disease, stroke or Transient Ischemic Attack (TIA), Peripheral Artery Disease (PAD), or Diabetes Mellitus (DM); 2) less than 130 mg/dl for patients without conditions described above, but with one or more additional risk factors: HDL <40 mg/dl or on HDL-raising medication, men 45 years of age or older, women 55 years of age or older, a family history of premature CHD, or smoking, HDL cholesterol =60 acts as a negative risk factor ; 3) less	Number of patients in the sample whose most recent LDL cholesterol result during the 24 month abstraction period, or three months prior to the abstraction period, was 1) less than 100 mg/dl for those with coronary heart disease, stroke or Transient Ischemic Attack (TIA), Peripheral Artery Disease (PAD), or Diabetes Mellitus (DM) OR 2) less than 130 mg/dl for patients without conditions described above, but with one or more additional risk factors: HDL <40 mg/dl or on HDL-raising medication, men 45 years of age or older, women 55 years of age or older, a family history of premature CHD or smoking, HDL cholesterol =60 (tested	Number of patients in the sample.	Continuing evidence shows that high total and LDL cholesterol levels are strongly related to coronary artery disease risk and that reductions in LDL levels are associated with reduced coronary disease risk.

Clinical Outcomes				
Measure Title	Description	Numerator	Denominator	Rationale
	than 160 mg/dl for other patients.	during the 24 month abstraction period, or three months prior to the abstraction period) acts as a negative risk factor; 3) less than 160 mg/dl for other patients. To be included in the numerator, the date and value of test must be documented		
HDL cholesterol > =40 mg/dL (tested within 2 years of visit)	Patients in the sample whose most recent HDL level was greater than or equal to 40 mg/dl during the reporting period.	Number of patients in the sample whose most recent HDL result during the 24-month abstraction period, or three months prior to the abstraction period, was greater than or equal to 40 mg/dl. To be included in the numerator the date and value of test must be documented.	Number of patients in the sample.	Strong epidemiological evidence links low levels of serum HDL cholesterol to increased CHD morbidity and mortality. Epidemiological studies consistently show low HDL cholesterol to be an independent risk factor for CHD. A low HDL level correlates with the presence of other atherogenic factors. Prospective studies have shown that a high HDL cholesterol is associated with reduced risk for CHD.
Triglycerides < 150 mg/dL (tested within 2 years of visit)	Patients in the sample whose most recent triglycerides level was less than 150 mg/dl during the reporting period.	Number of patients in the sample whose most recent triglycerides result during the 24-month abstraction period, or three months prior to the abstraction period, was less than 150 mg/dl. To be included in the numerator the date and value of test must be documented.	Number of patients in the sample.	Many prospective epidemiological studies have reported a positive relationship between serum triglyceride levels and incidence of CHD. Elevated triglycerides are widely recognized as a marker for increased risk for CHD.

Outcomes - Medication Use				
Measure Title	Description	Numerator	Denominator	Rationale
Patients reporting no side effects	Patients in the sample with documentation of no medication side effects at the most recent visit during the last 12 months, as a percentage of patients currently utilizing antihypertensive medications.	Number of patients in the sample with documentation of no medication side effects at the most recent visit during the last 12 months, who are currently utilizing antihypertensive medications	Number of patients in the sample who are currently utilizing antihypertensive medications.	Behavioral models suggest that prescribed therapy is most effective only if the patient is motivated to take the medication as directed and to establish and maintain a health-promoting lifestyle. Motivation improves when patients have positive experiences with, and trust in, their physicians. Better communication improves outcomes.

HYPERTENSION - PROCESSES OF CARE

Patient Evaluation				
Measure Title	Description	Numerator	Denominator	Rationale
History	Percentage of items in the medical history section of the chart for which complete responses were given; an item is considered incomplete if the response recorded is "Not Documented", as this indicates that the physician does not have the necessary information available.	Number of questions in the medical history section of the chart review for which "Yes" or "No" responses were given, indicating that the necessary information was available to the physician. Medical history questions asked about the presence or absence diabetes mellitus, elevated LDL cholesterol or on LDL-lowering medication, low HDL cholesterol (<40 mg/dL) or on HDL-raising medication, family history of premature CHD, physical inactivity and current cigarette smoking.	Number of questions in the medical history section of the chart review.	A complete evaluation should be performed to assess the patients' lifestyle, to identify other hypertension risk factors or concomitant disorders that may affect prognosis and guide treatment, and to assess the presence or absence of target organ damage and CVD.
Height	Patients in the sample with height documented	Number of patients in the sample who have height documented	Number of patients in the sample.	It is recommended that the physical examination should include the height, weight and body mass index (BMI). Accurate measurements of height and weight are important to determine BMI.
Weight	Patients in the sample with weight documented	Number of patients in the sample who have weight documented	Number of patients in the sample.	Hypertension is closely correlated with excess body weight. The prevalence of hypertension is 50% higher among overweight individuals and 20 to 30% of hypertensive patients are overweight.
Blood Pressure	Patients in the sample whose blood pressure (systolic/diastolic) was measured.	Number of patients in the sample whose blood pressure (systolic/diastolic) was measured during the specified abstraction period (within 12	Number of patients in the sample.	The detection and treatment of high blood pressure can reduce the risk of morbidity and mortality from coronary heart disease, stroke, and chronic kidney

		months of the visit date, with a three month grace period), with date and value of the measurement documented.		disease.
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Diagnostic Testing				
Measure Title	Description	Numerator	Denominator	Rationale
Comp Measure 6: Serum creatinine test	Patients in the sample with documentation of laboratory measurement of serum creatinine during the reporting period.	Number of patients in the sample with a record of laboratory measurement of serum creatinine within the 12-month abstraction period, or three months prior to the abstraction period. To be included in the numerator, the date and value of test must be documented.	Number of patients in the sample.	Elevated serum creatinine has been associated with increased mortality in hypertensive persons. Serum creatinine should be used to estimate GFR and to stage the level of CKD, if present.
Comp Measure 4: Complete lipid profile	Patients in the sample who had a complete lipid profile that includes serum triglycerides, high-density lipoprotein (HDL), and low-density lipoprotein (LDL).	Number of patients in the sample who has most recent lipid test (including all of the three components – Triglycerides, HDL, LDL) done during the 24-months of the visit date, with a three month grace period, with date and value documented.	Number of patients in the sample.	Lipid abnormalities contribute to the risk of CVD. Patients with hypertension should have had lipid testing done within two years of the most recent visit.
LDL cholesterol (tested within 2 years of visit)	Patients in the sample who had their LDL Cholesterol level tested during the reporting period.	Number of patients in the sample who had LDL Cholesterol testing done within the 24-month abstraction period, or three months prior to the abstraction period. To be included in the numerator, the date and value of test must be documented.	Number of patients in the sample.	Continuing evidence shows that high total and LDL cholesterol and high triglyceride levels are strongly related to CHD risk and that reductions in LDL levels are associated with reduced risk.
HDL cholesterol (tested within 2 years of visit)	Patients in the sample who had their HDL Cholesterol level tested during the reporting period.	Number of patients in the sample who had HDL Cholesterol testing done within the 24-month abstraction period, or three months prior to	Number of patients in the sample.	Strong epidemiological evidence links low levels of serum HDL cholesterol to increased CHD morbidity and mortality. Epidemiological studies

Diagnostic Testing				
Measure Title	Description	Numerator	Denominator	Rationale
		the abstraction period. To be included in the numerator, the date and value of test must be documented.		consistently show low HDL cholesterol to be an independent risk factor for CHD. A low HDL level correlates with the presence of other atherogenic factors. Prospective studies have shown that a high HDL cholesterol is associated with reduced risk for CHD.
Triglycerides (tested within 2 years of visit)	Patients in the sample who had their Triglycerides level tested during the reporting period.	Number of patients in the sample who had Triglycerides testing done within the 24-month abstraction period, or three months prior to the abstraction period. To be included in the numerator, the date and value of test must be documented.	Number of patients in the sample.	Lipid abnormalities contribute to the risk of CVD. Patients with prior MI, other established CHD, or a CHD risk equivalent, including diabetes, should have had lipid testing done within two years of the most recent visit. All others should have had lipid testing done within five years of the most recent visit.

Other Diagnostic Testing Done				
Measure Title	Description	Numerator	Denominator	Rationale
Comp Measure 7: DM Documentation or Screen Test	Percentage of patients in the sample who had a screening test for type 2 diabetes or had a diagnosis of diabetes.	Number of patients in the sample who either had diabetes diagnosis documented OR had a diabetes screening test if diabetes diagnosis was not documented.	Number of patients in the sample.	Type 2 diabetes mellitus and hypertension frequently coexist. Patients with elevated blood pressures are two and a half times more likely to develop diabetes within 5 years, and hypertension is disproportionately higher in diabetics.
Screening test for type 2 diabetes	Patients in the sample who had a screening test for type 2 diabetes, as a percentage of those not previously diagnosed with diabetes.	Number of patients in the sample who had a diabetes screening test and for whom diabetes diagnosis was not documented.	Number of patients in the sample for whom diabetes diagnosis was not documented.	Type 2 diabetes mellitus and hypertension frequently coexist. Patients with elevated blood pressures are two and a half times more likely to develop diabetes within 5 years, and hypertension is disproportionately higher in

Other Diagnostic Testing Done				
Measure Title	Description	Numerator	Denominator	Rationale
				diabetics.
Electrocardiogram	Patients in the sample who had an electrocardiogram	Number of patients in the sample who had an electrocardiogram	Number of patients in the sample.	Twelve-lead ECGs are recommended to assist in the identification of LVH or ischemic heart disease.
Comp Measure 5: Urine protein test	Percentage of patients in the sample who either had a documented diagnosis of Chronic Kidney Disease (CKD) or had a urine protein test done.	Number of patients in the sample who either had a documented diagnosis of CKD or had a urine protein test done.	Number of patients in the sample.	Proteinuria in patients with high blood pressure is an indicator of declining kidney function.

Treatment				
Measure Title	Description	Numerator	Denominator	Rationale
DASH eating plan	Patients in the sample with a DASH eating plan as a part of their treatment plan for hypertension	Number of patients in the sample who have a DASH eating plan prescribed as a part of their treatment plan for hypertension	Number of patients in the sample.	The DASH Trial demonstrated substantial reductions in blood pressure in adults with high normal blood pressure (135/85 to 139/89 mm Hg) and Stage 1 hypertension (blood pressure 140/90 to 159/99 mm Hg).
Dietary sodium restriction	Patients in the sample with a sodium restricted diet as a part of their treatment plan for hypertension	Number of patients in the sample who have a dietary sodium restriction prescribed as a part of their treatment plan for hypertension	Number of patients in the sample.	Recent studies have documented that a reduced sodium intake can prevent hypertension in persons at risk for hypertension and can facilitate hypertension control in older-aged persons on medication. Current AHA guidelines recommend limiting salt intake to 6 g/d, the equivalent of 100 mmol of sodium (2400 mg) per day.
Dietary saturated fat and cholesterol restriction	Patients in the sample who are prescribed dietary saturated fat and cholesterol restriction as a percentage of those who are potentially eligible.	Number of patients in the sample with: 1) Coronary Heart Disease (CHD), OR stroke or Transient Ischemic Attack (TIA), OR Peripheral Artery	Number of patients in the sample: 1) with Coronary Heart Disease (CHD), OR stroke	Epidemiological data have suggested that increased dietary cholesterol intake is associated with an increase in coronary disease risk independent of

Treatment				
Measure Title	Description	Numerator	Denominator	Rationale
		Disease (PAD), OR Diabetes Mellitus (DM) OR 2) with elevated LDL cholesterol or on LDL-lowering medication OR 3) LDL is not at goal OR 3) LDL is not at goal OR 4) HDL cholesterol <40 mg/dl or taking an HDL-raising medication OR 5) overweight/obese and are currently prescribed dietary saturated fat and cholesterol restriction.	or Transient Ischemic Attack (TIA), OR Peripheral Artery Disease (PAD), OR Diabetes Mellitus (DM) OR 2) with elevated LDL cholesterol or on LDL-lowering medication OR 3) LDL is not at goal OR 4) HDL cholesterol <40 mg/dl or taking an HDL-raising medication OR 5) overweight/obese.	plasma cholesterol levels. Saturated fat is the principal dietary determinant of LDL cholesterol levels. The AHA recommends limiting dietary cholesterol intake for all individuals, to <300 mg/day on average. To help achieve further reductions in the average LDL cholesterol level, the AHA advocates a saturated fat intake of <10% of energy. This goal can be achieved by limiting intake of foods rich in saturated fatty acids.
Increased fruits, vegetables and/or soluble fiber	Patients in the sample with increased fruits, vegetables and/or soluble fiber prescribed as a part of their treatment plan for hypertension	Number of patients in the sample with increased fruits, vegetables and/or soluble fiber prescribed as a part of their treatment plan for hypertension	Number of patients in the sample.	Fruits and vegetables are high in nutrients and fiber and relatively low in calories and hence have a high nutrient density. Dietary patterns characterized by a high intake of fruits and vegetables are associated with a lower risk of developing heart disease, stroke, and hypertension. Dietary patterns high in grain products and fiber have been associated with decreased risk of cardiovascular disease. Soluble fibers modestly reduce total and LDL cholesterol levels beyond those achieved by a diet low in saturated fat and cholesterol. Additionally, dietary fiber may promote satiety by slowing gastric emptying and helping to control calorie intake and body weight.
Calorie restriction as	Overweight/obese patients in	Number of patients in the	Number of patients	To create an energy imbalance

Treatment				
Measure Title	Description	Numerator	Denominator	Rationale
part of weight reduction program	the sample who are currently prescribed calorie restriction as part of weight reduction program	sample who are overweight/obese and currently prescribed calorie restriction as part of weight reduction program. When height and weight were both available, patient's overweight/obese was defined as a BMI of ≥ 25 kg/m ² . When height and/or weight were not available, the physician's assessment of body habitus as "overweight" or "obese" was used.	in the sample who are overweight/obese. When height and weight were both available, this was defined as a BMI of ≥ 25 kg/m ² . When height and/or weight were not available, the physician's assessment of body habitus as "overweight" or "obese" was used.	that results in weight reduction, caloric restriction is necessary and physical activity is of benefit. Diets for weight reduction should be limited in total calories, with 30% of total calories as fat to predict a weight loss of 1 to 2 pounds per week.
Increased exercise or physical activity	Inactive patients in the sample who received counseling for exercise or physical activity.	Number of patients in the sample who received counseling for exercise or physical activity if the patient is documented as inactive.	Number of patients in the sample who are documented as inactive.	Physical activity is an integral management strategy for weight reduction, maintenance of the reduced state, and prevention of weight gain. Regular physical activity is also essential for maintaining physical and cardiovascular fitness.
Comp.Measure9: Counseling for Diet and Physical Activity	Patients in the sample who received dietary and physical activity counseling.	Number of patients in the sample who: 1) Received any one of the following dietary counseling: - Dietary saturated fat and cholesterol restriction for patients with Coronary heart disease, OR stroke or transient ischemic attack, OR peripheral artery disease, OR diabetes OR history of elevated LDL risk or taking an LDL-lowering medication OR LDL is not under control (as defined measure 2. LDL control), OR low HDL cholesterol or taking an HDL-raising	Number of patients in the sample.	The AHA recommends limiting dietary cholesterol intake to <300 mg/day on average, and advocates a saturated fat intake of <10% of energy. Dietary patterns characterized by a high intake of fruits and vegetables are associated with a lower risk of developing heart disease, stroke, and hypertension. Dietary patterns high in fiber have been associated with decreased risk of cardiovascular disease, and may help to control calorie intake and body weight. Multiple clinical and epidemiological studies demonstrate a relationship between

Treatment				
Measure Title	Description	Numerator	Denominator	Rationale
		<p>medication OR overweight/obese</p> <ul style="list-style-type: none"> - Calorie restriction as part of weight reduction program for overweight/obese patients, - DASH eating plan, - Dietary sodium restriction, - Increased fruits, vegetables and/or soluble fiber; <p>2) AND with documentation of activity status for active patients or received counseling for exercise or physical activity if the patient is documented as inactive.</p>		<p>dietary sodium intake and blood pressure. Use of a DASH eating plan has been shown to reduce incidences of congestive heart failure and stroke. Epidemiological studies suggest that regular aerobic physical activity may be beneficial for both prevention and treatment of hypertension, to enable weight loss, for functional health status, and to diminish all-cause mortality and risk of cardiovascular disease.</p>
Avoiding excessive alcohol consumption	Patients in the sample who received counseling to avoid excessive alcohol consumption.	Number of patients in the sample who received counseling to avoid excessive alcohol consumption as a part of their treatment plan for hypertension.	Number of patients in the sample.	Data from controlled clinical experiments verify an alcohol–hypertension association. Studies have shown that alcohol intake of two or more drinks per day causes an increase in blood pressure. There is good evidence that screening and behavioral counseling for alcohol misuse benefits patients.
Smoking cessation support	Patients in the sample who are smokers, who received smoking cessation counseling or treatment during the reporting period.	Number of patients in the sample who are smokers, with documentation of smoking cessation counseling or treatment during the specified abstraction period (within 12 months of the visit date, with a three month grace period).	Number of patients in the sample who are smokers.	A number of large randomized clinical trials have demonstrated the efficacy and cost-effectiveness of smoking cessation counseling in changing smoking behavior and reducing tobacco use. The routine and thorough assessment of tobacco use is an important step in smoking cessation counseling.
Comp Measure 8: Smoking status and cessation support	Patients in the sample whose current smoking status is documented in the chart, and who, if they were smokers,	Number of patients in the sample with documentation of smoking status AND for smokers, with documentation of	Number of patients in the sample.	A number of large randomized clinical trials have demonstrated the efficacy and cost-effectiveness of smoking cessation counseling in

Treatment				
Measure Title	Description	Numerator	Denominator	Rationale
	were documented to have received smoking cessation counseling during the reporting period.	smoking cessation counseling or treatment during the specified abstraction period (within 12 months of the visit date, with a three month grace period).		changing smoking behavior and reducing tobacco use. The routine and thorough assessment of tobacco use is an important step in smoking cessation counseling.

Anti-Hypertensive Medications				
Measure Title	Description	Numerator	Denominator	Rationale
Diuretic	Patients in the sample who have a diuretic prescribed as a part of their treatment plan for hypertension	Number of patients in the sample who have a diuretic prescribed as a part of their treatment plan for hypertension.	Number of patients in the sample.	Multiple clinical trials have shown that thiazide-type diuretics lower blood pressure, leading to reduced instances of CVD events, including strokes, CHD, and heart failure. In clinical trials, antihypertensive therapy has been associated with 35% to 40% mean reductions in stroke incidence; 20% to 25% in myocardial infarction; and more than 50% in heart failure.
Beta blocker	Patients in the sample who have a beta blocker prescribed as a part of their treatment plan for hypertension	Number of patients in the sample who have a beta blocker prescribed as a part of their treatment plan for hypertension.	Number of patients in the sample.	In clinical trials, antihypertensive therapy has been associated with 35% to 40% mean reductions in stroke incidence; 20% to 25% in myocardial infarction; and more than 50% in heart failure.
ACE inhibitor	Patients in the sample who have an ACE inhibitor prescribed as a part of their treatment plan for hypertension	Number of patients in the sample who have an ACE inhibitor prescribed as a part of their treatment plan for hypertension.	Number of patients in the sample.	Evidence has shown that use of ACE inhibitors and ARBs as antihypertensive therapy is effective, and may help slow the progression of chronic kidney disease (CKD). In clinical trials, antihypertensive therapy has been associated with 35% to 40% mean reductions in stroke incidence; 20% to 25% in myocardial

Anti-Hypertensive Medications				
Measure Title	Description	Numerator	Denominator	Rationale
				infarction; and more than 50% in heart failure.
ARB	Patients in the sample who have an ARB prescribed as a part of their treatment plan for hypertension.	Number of patients in the sample who have an ARB prescribed as a part of their treatment plan for hypertension.	Number of patients in the sample.	Evidence has shown that use of ACE inhibitors and ARBs as antihypertensive therapy is effective, and may help slow the progression of chronic kidney disease (CKD). In clinical trials, antihypertensive therapy has been associated with 35% to 40% mean reductions in stroke incidence; 20% to 25% in myocardial infarction; and more than 50% in heart failure.
Calcium channel blocker	Patients in the sample who have a calcium channel blocker prescribed as a part of their treatment plan for hypertension.	Number of patients in the sample who have a calcium channel blocker prescribed as a part of their treatment plan for hypertension.	Number of patients in the sample.	Calcium channel blockers (CCBs) have been shown to be effective in combination with a range of antihypertensive drugs and in different patient populations. As part of a first-line combination strategy, CCBs can provide cardiovascular benefits beyond blood pressure control for patients with other risk factors. Benefits include protection against end-organ damage and serious cardiovascular events. In clinical trials, antihypertensive therapy has been associated with 35% to 40% mean reductions in stroke incidence; 20% to 25% in myocardial infarction; and more than 50% in heart failure.
Combined alpha- and beta-blocker	Patients in the sample who have a combined alpha- and beta-blocker prescribed as a part of their treatment plan for hypertension.	Number of patients in the sample who have a combined alpha- and beta-blocker prescribed as a part of their treatment plan for hypertension.	Number of patients in the sample.	In clinical trials, antihypertensive therapy has been associated with 35% to 40% mean reductions in stroke incidence; 20% to 25% in myocardial infarction; and more

Anti-Hypertensive Medications				
Measure Title	Description	Numerator	Denominator	Rationale
				than 50% in heart failure.
Aldosterone antagonist	Patients in the sample who have an aldosterone antagonist prescribed as a part of their treatment plan for hypertension	Number of patients in the sample who have an aldosterone antagonist prescribed as a part of their treatment plan for hypertension	Number of patients in the sample.	In clinical trials, antihypertensive therapy has been associated with 35% to 40% mean reductions in stroke incidence; 20% to 25% in myocardial infarction; and more than 50% in heart failure.
Alpha1-blocker	Patients in the sample who have an alpha1-blocker prescribed as a part of their treatment plan for hypertension	Number of patients in the sample who have an alpha1-blocker prescribed as a part of their treatment plan for hypertension	Number of patients in the sample.	Alpha-blockers may be used as supplementary therapy for hypertension in older patients. They also have been shown to have beneficial effects on lipid metabolism (increase HDL cholesterol levels and decrease LDL cholesterol levels). In clinical trials, antihypertensive therapy has been associated with 35% to 40% mean reductions in stroke incidence; 20% to 25% in myocardial infarction; and more than 50% in heart failure.
Centrally acting drugs	Patients in the sample who have a centrally acting drug prescribed as a part of their treatment plan for hypertension	Number of patients in the sample who have a centrally acting drug prescribed as a part of their treatment plan for hypertension	Number of patients in the sample.	Centrally acting drugs may be used as additional therapy in refractory hypertension or as alternative therapy when other drugs are contraindicated or limited by adverse effects. They also have been shown to have beneficial effects on lipid metabolism (increase HDL cholesterol levels and decrease LDL cholesterol levels). In clinical trials, antihypertensive therapy has been associated with 35% to 40% mean reductions in stroke incidence; 20% to 25% in myocardial infarction; and more than 50% in heart failure.

Anti-Hypertensive Medications				
Measure Title	Description	Numerator	Denominator	Rationale
Direct vasodilators	Patients in the sample who have a direct vasodilator prescribed as a part of their treatment plan for hypertension	Number of patients in the sample who have a direct vasodilator prescribed as a part of their treatment plan for hypertension	Number of patients in the sample.	In clinical trials, antihypertensive therapy has been associated with 35% to 40% mean reductions in stroke incidence; 20% to 25% in myocardial infarction; and more than 50% in heart failure.

Other Medications				
Measure Title	Description	Numerator	Denominator	Rationale
Statin or other lipid-lowering therapy	Patients on statin or other lipid-lowering drug therapy as a percentage of those who are eligible. Eligible patients include those with elevated LDL cholesterol or who are on LDL-lowering medication.	Number of patients in the sample who are on statin or other lipid-lowering medication and who also have elevated LDL cholesterol or are on LDL-lowering medication.	Number of patients in the sample who had a reported elevated LDL cholesterol or are on LDL-lowering medication	Multiple clinical trials demonstrated significant effects of pharmacologic (primarily statin) therapy on CVD outcomes in subjects with CHD and for primary CVD prevention.
Aspirin or other antiplatelet or anticoagulant therapy	Patients who are potentially eligible for and who are currently receiving aspirin therapy. Eligibility criteria are: age 30 to 90, with coronary heart disease, or stroke or transient ischemic attack, or peripheral artery disease, or diabetes, or 10-year risk of developing CHD greater than 10% as indicated by Framingham risk score	Number of patients age 30 to 90, with a diagnosis of hypertension with 1) Coronary Heart Disease, OR stroke or Transient Ischemic Attack, OR Peripheral Artery Disease, OR Diabetes Mellitus OR 2) 10-year risk of developing CHD greater than 10%, as indicated by Framingham risk score who received aspirin therapy.	Number of patients age 30 to 90, with a diagnosis of hypertension with 1) coronary heart disease, OR stroke or transient ischemic attack, OR peripheral artery disease, OR diabetes OR 2) 10-year risk of developing CHD greater than 10% as indicated by Framingham risk score	One large meta-analysis and several clinical trials demonstrate the efficacy of using aspirin as a preventive measure for cardiovascular events, including stroke and myocardial infarction.
Comp Measure 3: Appropriate Use of Aspirin or Other Anti-	Percentage of patients in the sample who are either 1) receiving aspirin or other	Number of patients in the sample 1) who are receiving aspirin or other	Number of patients in the sample.	The net benefit of aspirin depends on the initial risks for stroke and gastrointestinal bleeding. Thus,

Other Medications				
Measure Title	Description	Numerator	Denominator	Rationale
Platelet or Anti-Coagulant Therapy	anticoagulant/antiplatelet therapy; or 2) under age 30; or 3) patients 30-90 who are documented to be low risk. Low risk patients include those with no prior Coronary Heart Disease, no prior stroke or Transient Ischemic Attack, no prior Peripheral Artery Disease, no prior Diabetes Mellitus, and the 10-year risk of developing CHD less than or equal to 10%, as indicated by Framingham risk score.	anticoagulant/antiplatelet therapy OR 2) patients under age 30 OR 3) Patients 30-90 years of age documented to be low risk (with NO prior Coronary Heart Disease AND NO prior stroke or Transient Ischemic Attack, AND NO prior Peripheral Artery Disease , AND NO prior Diabetes Mellitus , AND 10-year risk of developing Coronary Heart Disease less than or equal to 10%, as indicated by Framingham risk score and all elements of Framingham risk calculation are complete).		decisions about aspirin therapy should consider the overall risk for stroke and gastrointestinal bleeding.

Special Considerations				
Measure Title	Description	Numerator	Denominator	Rationale
Patients with Heart Failure at goal blood pressure	Patients with heart failure who had documentation of blood pressure less than 140/90 mm Hg during the reporting period.	Number of patients in the sample with a record of heart failure who had most recent blood pressure results during the 12-month abstraction period, or three months prior to the abstraction period, and blood pressure was less than 140/90 mm Hg	Number of patients in the sample with a record of heart failure.	Hypertension precedes the development of heart failure in approximately 90 percent of patients and increases risk for heart failure by two- to threefold.
Patients with Diabetes at goal blood pressure	Patients with diabetes with documentation of blood pressure less than 130/80 mm Hg during the reporting period.	Number of patients in the sample with a record of Diabetes Mellitus (DM) who had most recent blood pressure results during the 12-month abstraction period, or three months prior to the abstraction period, and blood pressure less	Number of patients in the sample with a record of diabetes.	Blood pressure control can reduce cardiovascular disease (heart disease and stroke) by approximately 33% to 50% and can reduce microvascular disease (eye, kidney, and nerve disease) by approximately 33%. In general, for every 10 mm Hg reduction in

Special Considerations				
Measure Title	Description	Numerator	Denominator	Rationale
		than 130/80 mm Hg		systolic blood pressure, the risk for any complication related to diabetes is reduced by 12%.
Patients with CKD at goal blood pressure	Patients with chronic kidney disease with documentation of blood pressure less than 130/80 mm Hg during the reporting period.	Number of patients in the sample with a record of Chronic Kidney Disease (CKD) who had most recent blood pressure results during the 12-month abstraction period, or three months prior to the abstraction period, and blood pressure less than 130/80 mm Hg	Number of patients in the sample with a record of Chronic Kidney Disease.	Elevated blood pressure is an important risk factor for rapid progression of kidney disease and for cardiac hypertrophy. Reduction in blood pressure with antihypertensive medication improves measures of kidney function, slows the progression to end-stage renal disease (ESRD), and improves clinical outcomes such as clinical cardiovascular events and mortality in these individuals.

PATIENT EXPERIENCE: HYPERTENSION – OUTCOMES OF CARE

Medication Use				
Measure Title	Description	Numerator	Denominator	Rationale
Patients missing 2 or fewer doses of blood pressure medications weekly	Patients in the sample who report missing 2 or fewer doses of blood pressure medications weekly	Number of patients in the sample who responded "zero" or "one to two", to the question: "During the past week, how many doses of your blood pressure medications did you miss?" To be included in the sample patients need to be between the ages of 15 and 90.	Number of patients in the sample excluding those with N/A responses to the question about missed doses of the blood pressure medications. To be included in the sample patients need to be between the ages of 15 and 90.	Behavioral models suggest that prescribed therapy is most effective only if the patient is motivated to take the medication as directed and to establish and maintain a health-promoting lifestyle. Motivation improves when patients have positive experiences with, and trust in, their physicians. Better communication improves outcomes.

Functional Outcomes and Behaviors				
Measure Title	Description	Numerator	Denominator	Rationale
Pt.Behaviors: Good fitness level	Patients in the sample who described their current level of fitness as really in shape or in shape	Number of patients in the sample who responded "really in shape" or "in shape" to the survey question, "How would you describe your current level of fitness?". To be included in the sample patients need to be between the ages of 15 and 90.	Number of patients in the sample. To be included in the sample patients need to be between the ages of 15 and 90.	An important measure of disease severity and control is the patient's ability to maintain normal activity levels.
Pt.Behaviors: Patient reported physical activity >= 4 days/week	Patients in the sample who reported that they get a total of at least 30 minutes of exercise or physical activity that raises their heart rate 4 to 7 days per week	Number of patients in the sample who responded "4 to 7" to the survey question, "During a typical week, how many days do you get a total of at least 30 minutes of exercise or physical activity that raises your heart rate?" To be included in the sample patients need to be between the ages of 15 and 90.	Number of patients in the sample. To be included in the sample, patients need to be between the ages of 15 and 90.	Regular exercise has been shown to improve blood glucose control, reduce cardiovascular risk factors, contribute to weight loss, and improve well being. Most adults should accumulate at least 30 min of moderate-intensity activity on most days of the week.

Functional Outcomes and Behaviors				
Measure Title	Description	Numerator	Denominator	Rationale
Pt.Behaviors: Reads nutrition labels most of the time	Patients in the sample who report that most of the time they, or the person that buys their groceries, reads the Nutrition Facts label on food items to decide whether or not to buy them	Number of patients in the sample who responded "Most of the time" to the survey question, "How often do you (or whoever buys your groceries) read the Nutrition Facts label on food items to decide whether or not to buy them?" To be included in the sample, patients need to be between the ages of 15 and 90.	Number of patients in the sample. To be included in the sample, patients need to be between the ages of 15 and 90.	Studies have shown that a decreased intake of calories, sodium, and alcohol, along with increased physical activity, is associated with a 50% reduction in the 5-year incidence of hypertension. Reading nutrition labels to determine caloric content and food composition is an important aspect of dietary management.
Always or usually follows recommended eating plan	Patients in the sample who report that they always or usually follow the recommended eating plan.	Number of patients in the sample who responded "Always" or "Usually" to the survey question, "How often do you follow your recommended eating plan?" To be included in the sample, patients need to be between the ages of 15 and 90.	Number of patients in the sample. To be included in the sample, patients need to be between the ages of 15 and 90.	Achieving nutrition-related goals requires a coordinated team effort that includes the active involvement of the patient.
Check blood pressure at home	Patients in the sample with documentation of home blood pressure monitoring.	Number of patients in the sample with documentation of home blood pressure monitoring.	Number of patients in the sample.	In patients already being treated for hypertension, studies have shown that home blood pressure monitoring may assist in managing hypertension by improving control in selected patients and may also help identify patients whose control is worse at home compared to clinical based readings.

Patient Satisfaction				
Measure Title	Description	Numerator	Denominator	Rationale
Comp.Measure10: Patient satisfaction with overall hypertension care	Patients in the sample who rated their overall hypertension care as "excellent" or "very good".	Number of patients in the sample who rated overall hypertension care "excellent" or "very good"	Number of patients in the sample excluding those who did not rate overall hypertension care.	Care should be patient-centered, respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions. Patients' overall experiences with doctors are shaped by communication style and content and both contribute to the likelihood that a patient will understand and be able to follow treatment recommendations.
Patient would recommend practice to family or friends with hypertension	Patients in the sample who report that they would recommend the practice to family or friends with high blood pressure	Number of patients in the sample who responded "Yes" to the survey question, "Would you recommend this practice to family or friends with high blood pressure?". To be included in the sample, patients need to be between the ages of 15 and 90.	Number of patients in the sample. To be included in the sample, patients need to be between the ages of 15 and 90.	Patient satisfaction is both an indicator of quality of care, and a component of quality care.

PATIENT EXPERIENCE: HYPERTENSION – PROCESSES OF CARE

Patient Self-Care Support				
Measure Title	Description	Numerator	Denominator	Rationale
Patient knows blood pressure level as measured within past 12 months	Patients in the sample who report that their blood pressure was taken in the past 12 months and they know if the result was normal or too high	Number of patients in the sample who report that their blood pressure was taken in the past 12 months and they know if the result was normal or too high. To be included in the sample, patients need to be between the ages of 15 and 90.	Number of patients in the sample. To be included in the sample, patients need to be between the ages of 15 and 90.	Studies have shown that patients overall health status is improved when they possess the knowledge, skills, and motivation to perform appropriate self-care behaviors and actively participate in their treatment plan.
Patient knows cholesterol level as measured within past 5 years	Patients in the sample who report that their cholesterol was tested in the past 5 years and they know if it was fine or if it needed improvement	Number of patients in the sample who report that their cholesterol was tested in the past 5 years and they know if it was fine or if it needed improvement. To be included in the sample, patients need to be between the ages of 15 and 90.	Number of patients in the sample. To be included in the sample, patients need to be between the ages of 15 and 90.	Studies have shown that patients overall health status is improved when they possess the knowledge, skills, and motivation to perform appropriate self-care behaviors and actively participate in their treatment plan.
Patient knows that urine has been tested for protein	Patients in the sample who report that their urine has been tested for protein	Number of patients in the sample who report that their urine has been tested for protein. To be included in the sample, patients need to be between the ages of 15 and 90.	Number of patients in the sample. To be included in the sample, patients need to be between the ages of 15 and 90.	Studies have shown that patients overall health status is improved when they possess the knowledge, skills, and motivation to perform appropriate self-care behaviors and actively participate in their treatment plan.
Patient has been advised more than once to exercise regularly	Patients who have been advised more than once to exercise regularly. Excludes patients who responded "not applicable."	Number of patients in the sample who responded "Yes, more than once" to Survey question "Has your doctor or someone in the practice advised you to exercise regularly?". To be included in the sample, patients need to be between the ages of 15 and 90.	Number of patients in the sample, excluding those with N/A responses to the question about being advised to exercise regularly. To be included in the sample, patients need to be between the ages of 15 and 90.	Regular exercise has been shown to reduce cardiovascular risk factors, contribute to weight loss, and improve well being. Most adults should accumulate at least 30 min of moderate-intensity activity on most days of the week.

Patient Self-Care Support				
Measure Title	Description	Numerator	Denominator	Rationale
Patient has been advised more than once to stop smoking (current smokers only)	Patients in the sample who are smokers and who have been advised more than once to stop smoking	Number of patients in the sample who responded "Yes, more than once" to Survey question " If you smoke, has your doctor advised you to stop?". To be included in the sample, patients need to be between the ages of 15 and 90.	Number of patients in the sample who are smokers. To be included in the sample, patients need to be between the ages of 15 and 90.	There is convincing evidence that smoking cessation interventions, beginning with advising patients to stop smoking, are effective in increasing the likelihood that smokers successfully quit.
Patient has been given information about the effects of blood pressure on the kidneys	Patients in the sample who report that the doctor or someone in the practice has given them information about the effects of high blood pressure on the kidneys	Number of patients in the sample who report that the doctor or someone in the practice has given them information about the effects of high blood pressure on the kidneys. To be included in the sample, patients need to be between the ages of 15 and 90.	Number of patients in the sample. To be included in the sample, patients need to be between the ages of 15 and 90.	Patients must understand their level of risk, the condition they have, what they need to do to prevent or treat their illness, and the consequences of nonadherence. Studies have shown that patients overall health status is improved when they possess the knowledge, skills, and motivation to perform appropriate self-care behaviors and actively participate in their treatment plan.
Doctor or someone in the practice asks at most visits about results of home blood pressure monitoring	Patients in the sample who report that the doctor or someone in the practice asks about results of home blood pressure monitoring at most visits. Excludes patients who don't monitor blood pressure at home.	Number of patients in the sample who responded "Yes, at most visits" to Survey question "If you check your blood pressure at home, does your doctor or someone in the practice ask you about the results you get at home?". To be included in the sample, patients need to be between the ages of 15 and 90.	Number of patients in the sample, excluding those who doesn't check blood pressure at home. To be included in the sample, patients need to be between the ages of 15 and 90.	In patients already being treated for hypertension, studies have shown that home blood pressure monitoring may assist in managing hypertension by improving control in selected patients and may also help identify patients whose control is worse at home compared to clinical based readings.
Doctor or someone in the practice has asked more than once about side effects of medications	Patients in the sample who report that the doctor or someone in the practice asks more than once about side effects of medications. Excludes patients who respond "not applicable."	Number of patients in the sample who responded "Yes, more than once" to Survey question " Has your doctor or someone in the practice asked you about side effects of your medications?". To be included	Number of patients in the sample, excluding those with N/A responses to the question about the practice asks about side	Behavioral models suggest that prescribed therapy is most effective only if the patient is motivated to take the medication as directed and to establish and maintain a health-promoting lifestyle. Motivation improves when

Patient Self-Care Support				
Measure Title	Description	Numerator	Denominator	Rationale
		in the sample, patients need to be between the ages of 15 and 90.	effects of medications. To be included in the sample, patients need to be between the ages of 15 and 90.	patients have positive experiences with, and trust in, their physicians. Better communication improves outcomes.
Practice is excellent at encouraging questions and answering them clearly	Patients in the sample who rated the practice "excellent" at encouraging questions and answering them clearly	Number of patients in the sample who responded "excellent" to the question "How is this practice at encouraging you to ask questions and answering them clearly?". To be included in the sample, patients need to be between the ages of 15 and 90.	Number of patients in the sample. To be included in the sample, patients need to be between the ages of 15 and 90.	Care should be patient-centered, respectful of and responsive to individual patient preferences, needs, and values. Patients' overall experiences with doctors are shaped by communication style and content. Both contribute to the likelihood that a patient will understand and be able to follow treatment recommendations.
Practice is excellent at providing information on foods to eat and foods to avoid	Patients in the sample who rated the practice "excellent" at providing information on foods to eat and foods to avoid	Number of patients in the sample who responded "excellent" to the question "How is this practice at giving you information about foods to eat and foods to avoid?". To be included in the sample, patients need to be between the ages of 15 and 90.	Number of patients in the sample. To be included in the sample, patients need to be between the ages of 15 and 90.	Studies have shown that patients overall health status is improved when they possess the knowledge, skills, and motivation to perform appropriate self-care behaviors and actively participate in their treatment plan.
Practice is excellent at providing information on taking medications properly	Patients in the sample who rated the practice "excellent" at providing information on taking medications properly.	Number of patients in the sample who responded "Excellent" to the survey question, "How is this practice at making sure you have the information you need to take your medications properly?" To be included in the sample, patients need to be between the ages of 15 and 90.	Number of patients in the sample, excluding those who responded "Not applicable" to the survey questions, "How is this practice at making sure you have the information you need to take your	Behavioral models suggest that prescribed therapy is most effective only if the patient is motivated to take the medication as directed and to establish and maintain a health-promoting lifestyle. Motivation improves when patients have positive experiences with, and trust in, their physicians. Better communication improves outcomes.

Patient Self-Care Support				
Measure Title	Description	Numerator	Denominator	Rationale
			medications properly?" To be included in the sample, patients need to be between the ages of 15 and 90.	
Practice is excellent at providing information on side effects of medications	Patients in the sample who rated the practice "excellent" at providing information on side effects of medications.	Number of patients who responded "Excellent" to the survey question, "How is this practice at giving you information about side effects of your medications?" To be included in the sample, patients need to be between the ages of 15 and 90.	Number of patients in the sample, excluding those who responded "Not applicable" to the survey question, "How is this practice at giving you information about side effects of your medications?" To be included in the sample, patients need to be between the ages of 15 and 90.	Behavioral models suggest that prescribed therapy is most effective only if the patient is motivated to take the medication as directed and to establish and maintain a health-promoting lifestyle. Motivation improves when patients have positive experiences with, and trust in, their physicians. Better communication improves outcomes.
Comp.Measure11: Patient self-care support	Percent of "excellent" or "very good" responses to four questions regarding patient self-care support.	Number of "excellent" or "very good" responses to four questions regarding patient self-care support: How is this practice at ... <ul style="list-style-type: none"> • encouraging questions and answering them clearly • providing information on taking medications properly • providing information on side effects of medications • providing information on foods to eat and foods to avoid. 	Number of all responses (excluding "not applicable" or skipped responses) to four questions regarding patient self-care support.	Studies have shown that patients overall health status is improved when they possess the knowledge, skills, and motivation to perform appropriate self-care behaviors and actively participate in their treatment plan.

Access to the Practice				
Measure Title	Description	Numerator	Denominator	Rationale
Patient reports no problem with scheduling appointments	Percentage of patients in the sample who report no problems scheduling appointments with the practice.	Number of patients in the sample who responded "Not a problem" to the survey question, "In the past 12 months, how much of a problem has it been to schedule appointments with this practice?" To be included in the sample, patients need to be between the ages of 15 and 90.	Number of patients in the sample, excluding those who responded "Not applicable" to the survey question, "In the past 12 months, how much of a problem has it been to schedule appointments with this practice?" To be included in the sample, patients need to be between the ages of 15 and 90.	The Institute of Medicine recommends that patients should receive care whenever they need it and in many forms, not just face-to-face visits. This implies that the health care system should be responsive at all times (24 hours a day, every day) and that access to care should be provided over the Internet, by telephone, and by other means in addition to face-to-face visits.
Patient reports no problem with reaching someone with a question	Percentage of patients in the sample who report no problems reaching the practice with questions or concerns.	Number of patients in the sample who responded "Not a problem" to the survey question, "In the past 12 months, how much of a problem has it been to reach this practice when you have a question or concern?" To be included in the sample, patients need to be between the ages of 15 and 90.	Number of patients in the sample, excluding those who responded "Not applicable" to the survey question, "In the past 12 months, how much of a problem has it been to reach this practice when you have a question or concern?" To be included in the sample, patients need to be between the ages of 15 and 90.	The Institute of Medicine recommends that patients should receive care whenever they need it and in many forms, not just face-to-face visits. This implies that the health care system should be responsive at all times (24 hours a day, every day) and that access to care should be provided over the Internet, by telephone, and by other means in addition to face-to-face visits.
Patient reports no problem with obtaining prescription refills	Percentage of patients in the sample who report no problems obtaining prescription refills from the practice.	Number of patients in the sample who responded "Not a problem" to the survey question, "In the past 12	Number of patients in the sample, excluding those who responded	The Institute of Medicine recommends that patients should receive care whenever they need it and in many forms, not just face-

Access to the Practice				
Measure Title	Description	Numerator	Denominator	Rationale
		months, how much of a problem has it been to get a prescription refill from this practice?" To be included in the sample, patients need to be between the ages of 15 and 90.	"Not applicable" to the survey question, "In the past 12 months, how much of a problem has it been to get a prescription refill from this practice?" To be included in the sample, patients need to be between the ages of 15 and 90.	to-face visits. This implies that the health care system should be responsive at all times (24 hours a day, every day) and that access to care should be provided over the Internet, by telephone, and by other means in addition to face-to-face visits.
Patient reports no problem with obtaining referrals	Percentage of patients in the sample who report no problems obtaining referrals from the practice	Number of patients in the sample who responded "Not a problem" to the survey question, "In the past 12 months, how much of a problem has it been to get a referral from this practice?" To be included in the sample, patients need to be between the ages of 15 and 90.	Number of patients in the sample, excluding those who responded "Not applicable" to the survey question, "In the past 12 months, how much of a problem has it been to get a referral from this practice?" To be included in the sample, patients need to be between the ages of 15 and 90.	The Institute of Medicine recommends that patients should receive care whenever they need it and in many forms, not just face-to-face visits. This implies that the health care system should be responsive at all times (24 hours a day, every day) and that access to care should be provided over the Internet, by telephone, and by other means in addition to face-to-face visits.
Patient reports no problem with obtaining test results	Percentage of patients in the sample who report no problems obtaining test results from the practice	Number of patients in the sample who responded "Not a problem" to the survey question, "In the past 12 months, how much of a problem has it been to get your laboratory test results from this practice?" To be included in the sample, patients need to be between the ages of 15 and 90.	Number of patients in the sample, excluding those who responded "Not applicable" to the survey question, "In the past 12 months, how much of a problem has it been	The Institute of Medicine recommends that patients should receive care whenever they need it and in many forms, not just face-to-face visits. This implies that the health care system should be responsive at all times (24 hours a day, every day) and that access to care should be provided over the Internet, by telephone, and by

Access to the Practice				
Measure Title	Description	Numerator	Denominator	Rationale
			to get your laboratory test results from this practice?" To be included in the sample, patients need to be between the ages of 15 and 90.	other means in addition to face-to-face visits.

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