The National Kidney Foundation (NKF) thanks the National Committee for Quality Assurance for this opportunity to provide this ***support with modification*** comment on the proposed draft public comment measure entitled, Blood Pressure Control for Patients With Hypertension (BPC-E) MY 2025. The measure appropriately recognizes the optimal blood pressure target as <130/80 mm Hg blood pressure treatment target but will also assess both this and the <140/90 mm Hg blood pressure target in the measure numerator that supports cardiovascular risk reduction for the hypertension population age 18 to 85 years with and without chronic kidney disease (CKD).

First, the clinical practice guidelines in kidney disease support the <130/80 mm Hg target and should be cited, which include the NKF’s Kidney Disease Outcomes Quality Initiative (KDOQI) and Kidney Disease Improving Global Outcomes (KDIGO).1,2

Second, the hypertension population with kidney transplant and those with a history of nephrectomy should be included in the measure, rather than be excluded subpopulations. Both kidney disease clinical practice guidelines use the same treatment target <130/80 mm Hg for adult transplant patients.1,2 Specifically, the KDOQI work group agrees with treating BP to a goal of <130/80 mm Hg in adult transplant recipients with hypertension, regardless of the degree of proteinuria.There have been a few observational studies that have suggested a potential benefit of lowering SBP on cardiovascular outcomes in kidney transplant recipients, with a graded association noted between higher SBP and risk of adverse outcomes.1 Patients with total or partial nephrectomy and hypertension frequently have CKD or are at risk for CKD and should benefit from the same BP target as others.

Third, the exclusion of patients treated with dialysis is appropriate given the lack of clinical trial evidence to support a target as well as uncertainty regarding the optimal timing of blood pressure monitoring (pre-hemodialysis, post-hemodialysis or interdialysis).

Lastly, more emphasis should be placed on accurate measurement of office blood pressure and self-monitoring of blood pressure in the measure description as outlined in the 2017 ACC/AHA hypertension clinical practice guideline. Inclusion of self-monitoring blood pressure readings that are capable of capture by the measure electronic clinical data system should also be considered for inclusion in the numerator.

Please contact Ivory Harding, NKF Director, Quality and Regulatory Affairs, for additional information or clarification.

References

1. Drawz PE, Beddhu S, Bignall ONR 2nd, Cohen JB, Flynn JT, Ku E, Rahman M, Thomas G, Weir MR, Whelton PK. KDOQI US Commentary on the 2021 KDIGO Clinical Practice Guideline for the Management of Blood Pressure in CKD. Am J Kidney Dis. 2022;79(3):311-327.

2. Kidney Disease: Improving Global Outcomes (KDIGO) Blood Pressure Work Group. KDIGO 2021 Clinical Practice Guideline for the Management of Blood Pressure in Chronic Kidney Disease. Kidney Int. 2021;99(3S):S1–S87.