

9/19/2022

**To: The Office of the National Coordinator for Health Information Technology (ONC)**

**From: Donald Casey MD, MPH, MBA, FACP, FAHA**

**Re: Inclusion of Average Blood Pressure (ABP) to the latest USCDI version.**

I appreciate the opportunity to provide public comment in support of adding the Average Blood Pressure (ABP) Level 2 data element to the draft USCDI v4.

High blood pressure (HBP) as defined in 2017 in guidelines published by the American Heart Association (AHA) and American College of Cardiology (ACC) impacts more than 120 million people in the US and is the leading modifiable risk factor for preventing death from cardiovascular disease. Guideline-based accurate measurement and interpretation of blood pressure are vital for diagnosing high blood pressure and assessing effectiveness of treatment.

Over 20 years of clinical evidence and guidelines have shown that ABP, as defined in the American Medical Association (AMA) level 2 submission as obtaining 2 or more blood pressure readings and then averaging, is a better indicator of blood pressure status than individual readings alone. ABP should be used to drive clinical decision making regardless of whether a patient is in an office setting or measuring their blood pressure at home. Recent efforts have also improved the standardization of ABP. In August 2022, [LOINC included a revised term description](#) that clarifies the meaning of ABP codes. Moreover, consistent communication of ABP is critical for addressing hypertension nationwide.

Clinicians now require health IT systems that can store and exchange ABP separate and apart from individual readings. Automating the ABP will enable clinicians to document and deploy this specific information with ease in their clinical decision making when screening and treating patients for HBP. Laying a groundwork for the consistent communication of needed patient information is a fundamental aspect of the USCDI. Including ABP in the USCDI v4 will also enable better care coordination through interoperability of blood pressure information among sites of care, within care teams, and with patients.

Hence, I fully support the AMA's requests that ONC include the Average Blood Pressure Level 2 data element in the draft USCDI v4.

Sincerely,

Donald Casey MD, MPH, MBA, FACP, FAHA

Lead Co-author, ACC/AHA 2017 Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults