

MILLION HEARTS® HYPERTENSION CONTROL CHALLENGE

SUPPORTING STATEMENT PART B: Statistical Methods

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1. Authorizing Legislation: Public Health Service Act
- 1b. Authorizing Legislation: COMPETES Act
- 1c. Authorizing Legislation: Office of Management and Budget Guidance on the Use of Challenges and Prizes to Promote Open Government (March 8, 2010)
2. Federal Register Notice
- 2b. Summary of Public Comments and CDC Response
- 3a. Million Hearts® Hypertension Control Champion Nomination Form
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4. Million Hearts® Hypertension Control Champion Data Verification Form
5. Million Hearts® Hypertension Control Champion Interview Guide
6. Screenshots of Million Hearts® Hypertension Control Challenge Website

B. STATISTICAL METHODS

1. Respondent Universe and Sampling Methods

Respondents are single practice providers, group practice providers or healthcare systems that include clinicians and administrators providing direct services to adult patients. The Challenge will be open to:

- Licensed clinicians or medical practices providing primary care, family practice, internal medicine, osteopathic, obstetrics/gynecology, or cardiovascular care, primarily for adults.
 - An individual clinical practice represents one to two licensed clinician practicing in any setting who provide continuing care for patients with hypertension.
 - A medical practice includes any practice with three or more licensed clinicians who, by formal arrangement, share responsibility for a common panel of patients and practice at the same site, defined as a physical location or street address.
- Licensed healthcare systems providing direct services to a patient population within a geographic area in an effort to provide more efficient care.
 - A healthcare system provides medical care for participants and/or their dependents. It is a complete network of agencies, facilities, and all providers of health care in a specified geographic area. In a healthcare system, medical centers and clinics may work together to more efficiently offer a range of services. Healthcare systems managed on a regional basis should submit a nomination for the region as a whole.

Statistical sampling methods are not applicable to this data collection and cannot be used to accomplish the purpose of the Million Hearts Hypertension Control Challenge. Nomination for the Million Hearts Hypertension Control Challenge is voluntary and completed by the provider or healthcare system.

To estimate the number of respondents to the Challenge, CDC investigated the number of providers recognized by the NCQA Heart/Stroke Recognition (3855) and the number of providers recognized by the BTE Hypertension Control Program (285). As there are no reimbursement incentives attached to recognition such as with other programs, and the Challenge is a new initiative CDC estimates a maximum number of respondents to be 45% of the NCQA recognized Heart/Stroke providers, or 1735 nominees.

2. Procedures for the Collection of Information

Nomination and verification information will be collected electronically once per year through a web-based online portal. If necessary, semi-structured interviews will be conducted in-person at and site visits or by telephone.

Contestants will enter the Challenge by completing the nomination form that includes information about the population served by the practice or healthcare system and sustainability. Estimated time required to complete the form is less than 30 minutes or less (see Attachment 3a).

- Nominees will create a free account on MillionHearts.Challenge.gov or log in with an existing ChallengePost account.
- On MillionHearts.Challenge.gov, the nominee will find the Million Hearts® Hypertension Control Challenge, click “Accept this challenge” to register in this contest. This step will ensure that important challenge updates are received. Registration information will include:
 - Name and complete address of nominee. If more than one site is represented in the submission, the administrative office or lead office should be provided.
 - Contact information to include telephone number and e-mail address.
- After submitting a nomination on MillionHearts.Challenge.gov a confirmation email will be sent to the email address provided (Attachment 3b).
- Applicants will submit the nomination form during the submission period, (anticipated to begin May 2013, and end June 2013).

When submitting a nomination, the nominee agrees to be recognized if selected, and to participate in data verification which includes an interview to assure accuracy and reasonableness of the data, e.g., that newly diagnosed patients are added to control rate calculations (Attachment 4) and verification of blood pressure control rate through electronic medical record review or paper review. CDC intends that verification will be planned and conducted by independent organization with expertise in data verification as well as practices to protect privacy, such as Minnesota Community Measures or the National Committee on Quality Assurance.

Nominees also agree to participate in an interview regarding their blood pressure control strategies and how they are implemented. The interview will be conducted in person or by phone, whichever is agreeable to both participants and expedient for the Government (see Attachment 5).

3. Methods to Maximize Response Rates and Deal with Nonresponse

Maximizing response rate will rely heavily on promotion of the Challenge. Promotion will be through the Million Hearts® website, the Challenge.gov website, and Million Hearts® partners, meetings, and promotions.

Because response is voluntary, non-response is not an issue.

4. Test of Procedures or Methods to be Undertaken

The nomination form and interview guide were reviewed and pilot tested by a small group of CDC staff.

Prior to release of the web portal, testing of the nomination form will be undertaken to ensure that there are no flaws in the nomination form, form submission, or access to submitted information.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

The individuals that participated in the design of the data collection include:

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