

## Million Hearts® Hypertension Control Champion Data Verification Form

Public reporting burden of this collection of information is estimated at 1 hour per response, including the time for reviewing instructions, providing access to records, access to the Electronic Medical record, or access to the EMR vendor. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, NE, M/S D74, Atlanta, GA 30333, ATTN: PRA 0920-0976.

Nominee: \_\_\_\_\_

### Nominee information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Validator Review of Nomination Form:

1. Number of patients enrolled in the practice or health system: \_\_\_\_\_
2. Number of enrolled adult patients (18 - 85) seen at least once every year :  
\_\_\_\_\_
3. Calculate the hypertension prevalence for the practice or health system. \_\_\_\_\_
4. If the proportion of the population with hypertension is significantly different from the national rate, are there patient demographics that justify the difference e e.g., race/ethnicity, Medicaid eligible, Medicare eligible:  
\_\_\_\_\_
5. If the proportion of the population with hypertension is significantly different from the national rate, are there patient age demographics that justify the difference? -  
\_\_\_\_\_

6. CDC defines “hypertension control” as a blood pressure reading < 140 mmHg systolic and <90 mmHg diastolic among hypertensive patients. Million Hearts® supports use of the National Quality Forum (NQF) Measure #0018, the Nation Committee for Quality Assurance (NCQA) measure Controlling High Blood Pressure, .
  - a. What specification did the practice or healthcare system use to calculate the Hypertension Control Rate? \_\_\_\_\_
  - b. What was the measurement period used (e.g., 1/1/2013 through 12/31/2013) for the data collected to calculate the Hypertension Control Rate? \_\_\_\_\_.
  - c. How many enrolled adult patients, of those in the total patient population seen annually, are diagnosed with hypertension? \_\_\_\_\_
7. What is the Hypertension Control Rate for the practice or healthcare system’s adult hypertensive population? \_\_\_\_\_

Questions for nominee:

1. How are blood pressure measures collected?
  - a. Are there protocols in place if an abnormal value is measured?
2. If two readings are taken in the same visit, which blood pressure measure is recorded? The second? An average? The combined lowest values from across all readings?
3. If the hypertensive population (or denominator) is defined by methods other than published measures, such as NQF #0018, describe how the population was defined?
  - a. Are there exclusions allowed (e.g., patients with ESRD)?
  - b. How are hypertensives identified in the patient records?
4. How often is the hypertensive population updated?
  - a. Does the denominator include patients with at least one office visit within the first six months of the measurement period showing hypertension?? (current patient population)
5. How often are the data validated?
  - a. Are records randomly selected to validate the hypertension diagnosis in the records?
  - b. Are records reviewed for accuracy in hypertension diagnosis? (Some EHRs might have information only contained in text fields that cannot be easily accessed.)
6. How do prevalence of hypertension and control compare to other available data?
  - a. Are there more hypertensives at this clinic compared to others in the community?
  - b. Are the control rates much higher than are seen locally or nationally?
  - c. Verify with the nominee the data provided are accurate. Apply national estimates of hypertension among age demographics to the nominee’s population.

To verify data submitted,, request of the provider:

7. A de-identified list of patients that identifies patient diagnosis.

8. A random selection to be described by the validator of 5% or a maximum of 30, of patient records, either paper or electronic. As an alternative, validation provided by an external reviewer may be accepted at the discretion of CDC.