1ATTACHMENT 4b

DATA COLLECTION TOOL #2

Million Hearts® Hypertension Control Champion
Revised Data Verification Form

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 Information Collection Review Office, 1600 Clifton Road, NE, MS D-74, 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 adult patients (18 - 85) seen at least annually: _____
3. Are there patient demographics that justify a proportion of the population with hypertension different from the national rate e.g., ages, race/ethnicity, Medicaid eligible, Medicare eligible: _____-
4. CDC defines "hypertension control" as a blood pressure reading < 140 mmHg systolic and <90 mmHg diastolic among hypertensive patients. There is no allowance for individuals on two or more medications.
5. How many adult patients in the total patient population seen annually are diagnosed with hypertension? _____
6. What is the Hypertension Control Rate for the practice or healthcare system's adult hypertensive population? _____ Date collected _____.

Questions for nominee:

1. How are blood pressure measures collected?
   a. Are there protocols in place if an abnormal value is measured?
   b. Which blood pressure measure is recorded? The second? An average?

2. 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?
   b. How are hypertensives identified in the patient records?

3. How often is the hypertensive population updated?
   a. Does the denominator only include hypertensives that have had at least one office visit within the past year? (current patient population)

4. 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.)

5. 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?

If the responses above relay inaccurate processes, extreme data values, or inconsistencies, request of the provider:

6. A de-identified list of patients that identifies patient diagnosis.
7. A random selection to be described by the validator of 5% of patient records, either paper of electronic.