

**1ATTACHMENT 3c**

**Crosswalk of changes to the Million Hearts® Hypertension Control Champion Nomination Form**

Million Hearts® Hypertension Control Champion  
Data Verification Form 0920-0976

**Crosswalk of changes from Attachment 3a Nomination Form to Attachment 3b Nomination Form**

CDC proposed changes to Attachment 3a Nomination Form based on previous years’ experience and to improve usability. We are inserting 2 new questions: 1) identifying the relationship of the nominator with the nominee; 2) checkbox to identify clinical quality measure (CQM) used to define hypertension control. This will assist in identifying who is identifying the nominated practice, and identify which of several available CQM’s was used. Identifying the CQM will assist with the data validation. We are revising one question asking whether the clinic is rural, urban, or both (in the case of a healthcare system with multiple locations). One question has revised guidance on nomination instructions. We are inserting guided questions to produce the hypertension control rate rather than just having the nominee put a number down, which will assist in understanding how the nominee arrived at their calculation. We have simplified one question that asked about registries and revised to asking if they used an electronic health record, and we have deleted one option from ‘Clinical system supports’ (formerly ‘Sustainable systems’). Table A.15-2. Provides a comparison of these proposed changes to the Nomination Form.

Table A.15-2. Summary of changes to Attachment 3a Nomination Form

Previously approved for 2015	Revision Proposed for 2017
<p>New Question</p>	<p>Check the box which represents your relationship with the nominee:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I am the nominee</li> <li><input type="checkbox"/> Employee of Nominee</li> <li><input type="checkbox"/> Contract with Nominee</li> <li><input type="checkbox"/> State health department</li> <li><input type="checkbox"/> Other _____</li> </ul>
<p>Current guidance  <b>Nominee information:</b> Please provide the following information for the provider or practice being entered into the Challenge.</p>	<p>Revised guidance  <b>Nominee information:</b> Please provide the following information for the provider or practice being entered into the Challenge. <b>Nominate either practice or provider, but not both.</b></p>
<p>Current guidance/questions            Check the box which best represents the nominee:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A healthcare system</li> <li><input type="checkbox"/> A primary care practice/clinician</li> <li><input type="checkbox"/> An obstetrics/gynecology practice/clinician</li> <li><input type="checkbox"/> A family practice/clinician</li> <li><input type="checkbox"/> An internal medicine practice/clinician</li> <li><input type="checkbox"/> An osteopathic practice/clinician</li> </ul>	<p>Revised guidance/questions            Check the box which best represents the nominee:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A healthcare system</li> <li><input type="checkbox"/> A single clinician or group practice or clinic</li> </ul> <p><b>Check the box which best represents the nominee’s practice:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Obstetrics/gynecology</li> <li><input type="checkbox"/> Family practice</li> <li><input type="checkbox"/> Internal Medicine</li> <li><input type="checkbox"/> Osteopathy</li> </ul>

<input type="checkbox"/> A cardiovascular care practice/clinician <input type="checkbox"/> Other _____	<input type="checkbox"/> Cardiovascular care Other _____
<p>Current Question</p> <p>Nominee Reach and impact</p> <p>Describe patient demographics that support the practice or health system's care for a population with a high prevalence of hypertension:</p> <p><input type="checkbox"/> Geographic region served:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Is this urban, rural, or both? _____</p> <p><input type="checkbox"/> Percent of patients who belong to a racial/ethnic minority: _____</p> <p><input type="checkbox"/> Percent of patients whose primary language is not English: _____</p> <p><input type="checkbox"/> Percent of patients who are enrolled in Medicaid: _____</p> <p><input type="checkbox"/> Other: _____</p>	<p>Revised Question</p> <p><b>Population served</b></p> <p>Describe patient demographics that support the practice or health system's care for a population with a high prevalence of hypertension:</p> <p><b>Geographic location of clinic (select both if you are a healthcare system and both apply):</b></p> <p><input type="checkbox"/> Rural    <input type="checkbox"/> Urban</p> <p>Percent of patients who belong to a racial/ethnic minority: _____</p> <p>Percent of patients whose primary language is not English: _____</p> <p>Percent of patients who are enrolled in Medicaid: _____</p> <p><b>Percent of patients who have no health insurance: _____</b></p> <p>Other: _____</p>
<p>Current content</p> <p>CDC defines "hypertension control" as a blood pressure reading &lt; 140 mmHg systolic and &lt;90 mmHg diastolic among hypertensive patients. There is no allowance for individuals on two or more medications.</p> <p>How many adult patients in the total patient population seen annually are diagnosed with hypertension?</p> <p>_____</p> <p>Million Hearts™ supports use of the National Quality Forum #0018 or other nationally recognized measures for defining hypertension control (if other, please specify the measure used _____).</p> <p>What is the Hypertension Control Rate for the practice or healthcare system's adult hypertensive population?</p> <p>_____ Date collected _____</p> <p>What was the Hypertension Control Rate for the practice or healthcare system's adult hypertensive population a year or more previous? _____ Date collected: _____</p>	<p>Revised content</p> <p><b>Hypertension Control</b></p> <p>Nominees are asked to provide two hypertension control rates: a current rate for a 12-month period and a previous rate for a 12-month period a year or more before.</p> <p>CDC supports the definition of "hypertension control" as patients aged 18 through 85 years who had a diagnosis of hypertension and whose blood pressure was adequately controlled ( &lt;140 mmHg systolic and &lt;90 mmHg diastolic).</p> <p>For the current Hypertension Control Rate</p> <p>What is the reporting period (e.g., 1/1/2015 to 12/31/2015)? _____</p> <p><b>Calculation of Hypertension Control Rate</b></p> <p>Of the number of patients enrolled in the practice or health system, how many adult patients (18 – 85 years old) were seen at least once during the reporting period?</p> <p>_____</p> <p>Of this number of patients seen, distribute them by age:</p> <p>Percent of patients: Age 18-44 _____</p> <p>Percent of patients: Age 45-64: _____</p> <p>Percent of patients: Age 65-74: _____</p> <p>Percent of patients: Age 75-85: _____</p>

	<p>Of the number of adult patients (18-85 years old) seen during the reporting period, how many were diagnosed with hypertension? _____</p> <p>Of the number of adult patients (18-85 years old) diagnosed with hypertension, how many are included in the control rate denominator (after removing the exclusions listed above; e.g., pregnant women, patients with end-stage renal disease)? _____</p> <p>How many of the patients were excluded from the denominator? _____</p> <p>How many of the patients in the denominator had their blood pressure in control (the numerator)? _____</p> <p>What was the Hypertension Control Rate for the practice or healthcare system's adult hypertensive population during this reporting period (numerator/denominator)? _____</p> <p><b>For the previous period Hypertension Control Rate:</b></p> <p>For the previous reporting period, did the nominee use the same clinical quality measure guidelines as the current reporting period?</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> No.</p> <p>If not, which clinical quality measure guideline was used? _____</p> <p>Using the same steps, what was the Hypertension Control Rate for the practice or healthcare system's adult hypertensive population during the previous reporting period? _____</p> <p>What was the previous reporting period (e.g., 1/1/2014 to 12/31/2014): _____</p>
Current question	Revised question

If you have a hypertension registry, please describe how it is developed and maintained. If you don't have a hypertension registry, please describe how the data were obtained.

Were the data obtained from an electronic health record system? \_\_\_\_\_  
If not, how were the data obtained?  
\_\_\_\_\_  
\_\_\_\_\_

New questions

For the current reporting period, the nominee used which of the following clinical quality measure to define hypertension control. Please check the appropriate box below and provide the requested information:

National Quality Forum (NQF) 0018 guidelines. Describe the exclusions the nominee includes (e.g., pregnant women, patients with end-stage renal disease).  
\_\_\_\_\_  
\_\_\_\_\_

CMS Physician Quality Reporting System (PQRS) 236 guidelines. Describe the exclusions the nominee includes (e.g., pregnant women, patients with end-stage renal disease).  
\_\_\_\_\_  
\_\_\_\_\_

CMS 165v3 guidelines. Describe the exclusions the nominee includes (e.g., pregnant women, patients with end-stage renal disease).  
\_\_\_\_\_  
\_\_\_\_\_

NCQA HealthCare Effectiveness Information Set (HEDIS). Describe the exclusions the nominee includes (e.g., pregnant women, patients with end-stage renal disease).  
\_\_\_\_\_  
\_\_\_\_\_

HRSA Uniform Data System (UDS). Describe the exclusions the nominee includes (e.g., pregnant women, patients with end-stage renal disease).  
\_\_\_\_\_  
\_\_\_\_\_

Other. Describe how the nominee calculates the measure; including who is

	<p>included in the denominator and what is considered adequate control.</p> <hr/> <hr/>
<p>Current Content "Sustainable systems"</p>	<p>Revised Content "Clinical system supports"</p>