

Crosswalk of non-substantive changes to 2016 Million Hearts Hypertension Control Challenge, 0920-0976

Type of change code: D = Deletion, I = Instructions change, N = New addition, O=Order change, R=Revision

Reasons for changes are enclosed in brackets, in italic font.

<u>Type of Change</u>	<u>Current Question/Item</u>	<u>Requested Change</u>
Nomination Form (0920-0976)		
I		<p>Form name revised from 'Nomination Form' to 'Application Form'</p> <p>All instances of 'nomination', 'nominee', or 'nominate' are being replaced with 'application', 'applicant', or 'apply' as appropriate.</p> <p><i>[This will better reflect that this form is used to apply for the Challenge.]</i></p>
O		<p>The order of applicant information and contact information have been reversed on the form.</p> <p><i>[User feedback from the 2017 Challenge suggested that this would clarify who the applicant is.]</i></p>
R	Business Address: _____	<p>Business Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p><i>[Format change will allow for upload of data from online form to spreadsheet.]</i></p>

<u>Type of Change</u>	<u>Current Question/Item</u>	<u>Requested Change</u>
R	Number of patients enrolled in the practice or health system: _____	Number of patients enrolled in the practice or health system that the applicant cares for: _____ <i>[Added for clarity.]</i>
O		Moved the first two questions from the section titled “Calculation of the Hypertension Control Rate” to the section on “Population served”. <i>[These two questions fit better in the “Population served” section. This is more logical.]</i>
R	Of the number of 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? _____	Of the number of patients enrolled in the practice or health system, how many adult patients (18-85 years ole) were seen at least once during the reporting period? Include only patients for whom you provide primary care services (e.g., exclude behavioral health and dental patients or clinics). _____ <i>[This is revised for better clarification of the question.]</i>
N		Of the number of adult patients (18-85 years old) seen during the reporting period, what was the prevalence of hypertension? Report this as a percent. _____ <i>[Added for clarity on the patient population.]</i>
I	What is the reporting period (e.g., 1/1/2015 to 12/31/2015)?	What is the reporting period (e.g., 1/1/ 2017 to 12/31/ 2017)? <i>[Revised for clarity.]</i>
I	Of the number of adult patients (18-85 years old) seen during the reporting period, how many were diagnosed with hypertension? _____	A. Total hypertensive population: Of the number of adult patients (18-85 years old) seen during the reporting period, how many were diagnosed with hypertension? _____ <i>[Revised for clarity.]</i>

Type of Change	Current Question/Item	Requested Change
O, I, R	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)? _____	Moved to come after the next question C. Denominator: 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 (A minus B)? _____ <i>[Revised for clarity.]</i>
I	How many of the patients were excluded from the denominator? _____	B. Exclusion: How many of the patients were excluded from the denominator? _____ <i>[Revised for clarity.]</i>
I	How many of the patients in the denominator had their blood pressure in control (numerator)? _____	D. Numerator: How many of the patients in the denominator had their blood pressure in control? _____ <i>[Revised for clarity.]</i>
R	What was the Hypertension Control Rate for the practice or healthcare system's adult hypertensive population during this reporting period (numerator/denominator)? _____	E. What was the Hypertension Control Rate for the practice or healthcare system's adult hypertensive population during this reporting period (numerator [D]/denominator [C])? _____ <i>[Revised for clarity.]</i>
I	What is the previous reporting period (e.g., 1/1/2014 to 12/31/2014)?	What is the previous reporting period (e.g., 1/1/2016 to 12/31/2016)? <i>[Revised for clarity.]</i>
I	Hypertension Control Rate Questions	Additional Information <i>[Revised for clarity.]</i>

<u>Type of Change</u>	<u>Current Question/Item</u>	<u>Requested Change</u>
R	<p>Do you report hypertension control rate to any other federal or regulatory agency?</p> <p><input type="checkbox"/> Yes. Which one? _____</p> <p><input type="checkbox"/> No.</p>	<p>For the current reporting period, were you participating in any of the following programs? Check all that apply.</p> <p><input type="checkbox"/> Medicare Shared Savings Program</p> <p><input type="checkbox"/> Pioneer Accountable Care Organization (ACO)</p> <p><input type="checkbox"/> Federally Qualified Health Center (FQHC) provider</p> <p><input type="checkbox"/> Indian Health Service (IHS) provider</p> <p><input type="checkbox"/> CMS Million Hearts Risk Reduction Model</p> <p><input type="checkbox"/> EvidenceNOW participant</p> <p><input type="checkbox"/> Transforming Clinical Practice Initiative participant (TCPI)</p> <p><input type="checkbox"/> Quality Improvement Organization/Quality Improvement Network (QIO/QIN) participant</p> <p><input type="checkbox"/> Health Department Lead QI initiative participant</p> <p><input type="checkbox"/> Comprehensive Primary Care Plus (CPC+) practice</p> <p><input type="checkbox"/> WISEWOMAN program participant</p> <p><input type="checkbox"/> American Medical Group Foundation Measure Up Pressure Down (AMGF MUPD) participant</p> <p><input type="checkbox"/> Medicare Shared Savings Program</p> <p>Other: _____</p> <p><i>[This information will better identify which programs the Champions are participating in.]</i></p>

<u>Type of Change</u>	<u>Current Question/Item</u>	<u>Requested Change</u>
I		<ul style="list-style-type: none"> To sign, without revisions, a required Business Associate Agreement form and/or other forms that may be required by applicable law. <p><i>[This is already a requirement for the Challenge, but the update is that the statement be placed on the Application acknowledging requirements of the Challenge.]</i></p>
Data Verification Form (0920-0976)		
I		<p>All instances of 'nomination', 'nominee', or 'nominate' are being replaced with 'application', 'applicant', or 'apply' as appropriate.</p> <p><i>[This is to be consistent with proposed revisions to the Nomination Form (requested revision to Application Form)]</i></p>
D	<p>Item 4</p> <p>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.</p> <p><i>[This information is duplicative]</i></p>	
R	<p>Item 5</p> <p>How many adult patients in the total patient population seen annually are diagnosed with hypertension?</p>	<p>Proposed revised item 4 (formerly item 5)</p> <p>How many adult patients (ages 18-85) in the total patient population seen annually are diagnosed with hypertension (denominator)?</p> <p><i>[This revision is for clarification.]</i></p>

<u>Type of Change</u>	<u>Current Question/Item</u>	<u>Requested Change</u>
N		<p>New Item 5</p> <p>How many adult patients (ages 18-85) are excluded from the denominator?</p> <p><i>[This addition is to be consistent with the same question on the Application Form when verifying the data.]</i></p>
N		<p>New Item 6</p> <p>How many of these patients had their blood pressure controlled (<140/<90)?</p> <p><i>[This addition is to be consistent with the same question on the Application Form when verifying the data.]</i></p>
R	<p>Item 6</p> <p>What is the Hypertension Control Rate for the practice or healthcare system's adult hypertensive population? _____ Date collected _____</p>	<p>Now Revised item 7</p> <p>What is the Hypertension Control Rate for the practice or healthcare system's adult hypertensive population? _____ Dates of reporting period _____.</p> <p><i>[This is for clarification.]</i></p>
R	<p>Question 2a, Questions for nominee:</p> <p>Are there exclusions?</p>	<p>Are there exclusions and if so, what are the exclusion criteria?</p> <p><i>[This addition is to be consistent with the same question on the Application Form when verifying the data.]</i></p>
I	<p>Validator Review of Nomination Form:</p>	<p>Review of Application Form:</p> <p><i>[This is for clarity.]</i></p>

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I	<p>If the responses above relay inaccurate processes, extreme data values, or inconsistencies, request of the provider:</p> <ol style="list-style-type: none"> 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 or electronic. 	<p>The contractor doing the data validation will provide you with complete instructions on the data validation procedures. You will first submit a de-identified list of your patients with hypertension. The validator will randomly select up to 40 patients. You will then be given instructions on how to submit the medical records for the randomly selected patients through a secure data system. Do not submit any patient records by email.</p> <p><i>[Prior experience demonstrates that the validation can be accomplished with fewer records.]</i></p>
Eligibility and Rules for the Million Hearts Hypertension control Challenge (0920-0976)		
I		<p>All instances of 'nomination', 'nominee', or 'nominate' are being replaced with 'application', 'applicant', or 'apply' as appropriate.</p> <p><i>[This is to be consistent with proposed revisions to the Nomination Form (requested revision to Application Form)]</i></p>
I	<p>Item 3, second bullet</p> <p>We encourage large health systems (those that comprise a large number of geographically dispersed clinics or have multiple hospital locations, or both) to consider</p>	<p>We encourage large health systems (that are comprised of a large number of geographically dispersed clinics or have multiple hospital locations, or both) to consider</p> <p><i>[grammatical correction]</i></p>
I	<p>Item 2</p> <p>Must treat a minimum of 500 adult patient annually</p>	<p>Must treat a minimum of 500 adult patients (aged 18 years and older) annually.</p> <p><i>[Revised for clarification.]</i></p>

<u>Type of Change</u>	<u>Current Question/Item</u>	<u>Requested Change</u>
I	<p>Item 3</p> <p>Must have a hypertension control rate of at least 70% during the 12-month reporting period among the practice's hypertensive patient population.</p>	<p>Must have a hypertension control rate of at least 80% during the 12-month reporting period preceding the Challenge, among the practice's hypertensive patient population.</p> <p><i>[In 2017, the Million Hearts ® Initiative evolved with updated goals for hypertension control. This is reflected in the change from 70% control to 80% control. Additional wording added for clarification.]</i></p>
I	<p>Item 7</p> <p>JCAHO</p>	<p>The Joint Commission</p> <p><i>[Revised to reflect new name of the organization.]</i></p>
I	<p>Item 10</p> <p>Champions previously recognized through the 2013 and 2014 Million Hearts ® Hypertension control Challenge retain their designation as a "Champion" and are not eligible to be named a Champion in the 2015 Challenge.</p>	<p>Champions recognized in a prior Million Hearts ® Hypertension control Challenge retain their designation as a "Champion" and are not eligible to be named a Champion in future Challenges.</p> <p><i>[Change makes the statement applicable to all future Challenges.]</i></p>