

Information Collection Request

Revision

**Million Hearts® Hospitals & Health Systems Recognition program
0920-1274, Exp. 11/30/22**

Supporting Statement: Part A

Program Official

Judith Hannan, RN, MPH
National Center for Chronic Disease Prevention and Health Promotion
Division for Heart Disease and Stroke Prevention
Centers for Disease Control and Prevention
Atlanta, Georgia
Phone: 770-488-4572
Email: jat5@cdc.gov

May 6, 2022

Table of Contents

A.1. Circumstances Making the Collection of Information Necessary.....	pg. 4-5
A.2. Purpose and Use of the Information Collection.....	pg. 5-7
A.3. Use of Improved Information Technology and Burden Reduction.....	pg. 7
A.4. Efforts to Identify Duplication and Use of Similar Information.....	pg. 7-8
A.5. Impact on Small Businesses or Other Small Entities.....	pg. 8
A.6. Consequences of Collecting the Information Less Frequently.....	pg. 8
A.7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5.....	pg. 8
A.8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency.....	pg. 8
A.9. Explanation of Any Payment or Gift to Respondents.....	pg. 9
A.10. Protection of the Privacy and Confidentiality of Information Provided by Respondents.....	pg. 9
A.11. Institutional Review Board (IRB) and Justification for Sensitive Questions.....	pg. 9
A.12. Estimates of Annualized Burden Hours and Costs.....	pg. 9-10
A.13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers.....	pg. 10
A.14. Annualized Cost to the Federal Government.....	pg. 10-11
A.15. Explanation for Program Changes or Adjustments.....	pg. 11-13
A.16. Plans for Tabulation and Publication and Project Time Schedule.....	pg. 13-14
A.17. Reason(s) Display of OMB Expiration Date is Inappropriate.....	pg. 14
A.18. Exceptions to Certification for Paperwork Reduction Act Submissions.....	pg. 14

REFERENCES

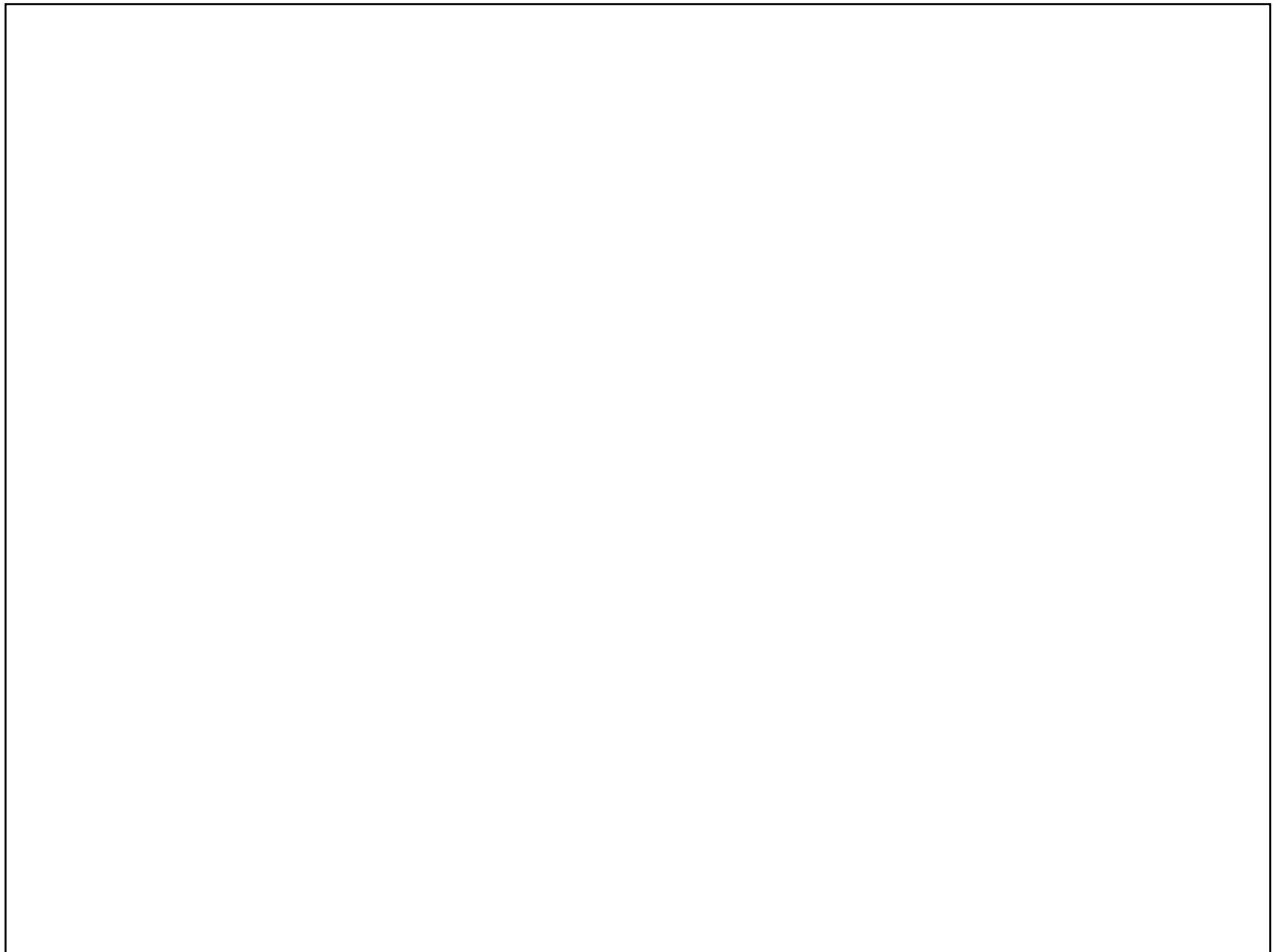
- ¹Kutney-Lee, A., Stimpfel, A. W., Sloane, D. M., Cimiotti, J. P., Quinn, L. W., & Aiken, L. H. (2015). Changes in Patient and Nurse Outcomes Associated with Magnet Hospital Recognition. *Medical Care*, 53(6), 550–557. <http://doi.org/10.1097/MLR.0000000000000355>

ATTACHMENTS

- Attachment 1: The Public Health Service Act [42 U.S.C. 241]
- Attachment 2a: Current Million Hearts® Hospital / Health System Recognition Program Application
- Attachment 2b: Updated Million Hearts® Hospital / Health System Recognition Program Application
- Attachment 2c: Interview Guide: Million Hearts® Hospital / Health System Recognition Program
- Attachment 3: Dear Colleague Letter
- Attachment 4: 60-day Federal Register Notice
- Attachment 5: PRA Determination Form
- Attachment 6: Eligibility for Million Hearts® Hospital/Health System Recognition Program Participation
- Attachment 7: Million Hearts® Hospital / Health System Designation – Approach to Designee

Vetting

Attachment 8: Proposed Changes to Million Hearts Hospital/Health System Application



- Goal of the study: The Million Hearts® Hospitals & Health Systems Recognition Program aims to recognize institutions that have implemented, are currently implementing, or are committing to implement Million Hearts® strategies. Resulting data will be reviewed to determine what Million Hearts® strategies applying institutions have been implementing, are currently implement or are committing to implement. Qualifying institutions will receive the Million Hearts® Hospitals & Health Systems designation. Institutions that have achieved outcomes by implementing Million Hearts® strategies will receive additional emphasis.
- Intended use of the resulting data: Million Hearts® will use the resulting data for the purpose of recognizing institutions working to systematically improve the cardiovascular health of the population and communities they serve. It is important to highlight institutions that are using evidence-based strategies that promote improved cardiovascular health. Doing so provides an incentive for institutions to continue practicing these strategies and it also brings these strategies to the attention of other institutions.
- Methods to be used to collect: Data will be collected through the use of an electronic survey questionnaire.

A.1

Circumstances Making the Collection of Information Necessary

This is a revision Information Collection Request (ICR). CDC requests OMB approval for three years.

CDC's authority to collect this information is provided by the Public Health Service Act (42 USC 241, (see **Attachment 1**).

Heart disease, stroke and other cardiovascular diseases (CVDs) kill over 80,000 Americans each year, accounting for one in every three deaths. CVD is the nation's number one killer among both men and women and the leading cause of health disparities across the population. Million Hearts®, a national, public-private initiative co-led by the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS), was established to address this issue.

Whether migrating towards value-based reimbursement or simply striving for a significant impact in reducing the devastation of heart attacks and strokes, clinical organizations are positioned to improve the health of the population they serve by implementing high-impact, evidence-based strategies. Achieving a Million Hearts® Hospital / Health System designation signals a commitment to not only clinical quality, but population health overall.

Published studies suggest that hospitals that are designated by a recognition program demonstrate more positive outcomes for patients and staff than hospitals that are not designated by a recognition program. For example, a study by Kutney Lee et al.¹ indicates that hospitals that received endorsement through the American Nurses Credentialing Center's (ANCC) Magnet Recognition Program exhibited better outcomes for patients including lower mortality and greater patient satisfaction.

Recognition programs implemented by CDC have also had great success. For example, Champions of the Million Hearts® Hypertension Control Challenge (**OMB No. 0920-0976**) have implemented best-practice strategies to improve hypertension rates among their patient populations. CDC has publicly recognized these practices and has gained insight into the strategies that practices were using to effectively gain a high rate of hypertension control among their patient populations. Rather than recognizing applicants for their hypertension control rates, the Million Hearts® Hospital & Health System Recognition Program will recognize applicants that are using multiple strategies to address cardiovascular outcomes. Million Hearts® recognizes hospitals and health systems which have implemented strategies to improve the cardiovascular health among the populations and communities they serve through a focus on *Building Healthy Communities, Optimizing Care and Focusing on Health Equity*.

Applicants to the Million Hearts® Hospital & Health System Recognition Program, will do one or more of the following:

- A.) Commit to implement policies that promote cardiovascular health
- B.) Attest to the current policies and practices they are implementing to promote cardiovascular health
- C.) Provide documentation of current policies that they are implementing and provide data that shows positive health outcomes as a result of those policies being implemented

A.2

Purpose and Use of the Information Collection

The Million Hearts® Hospitals & Health Systems designation engages, equips, and supports leading clinical institutions across the country, given their direct connection to people at risk for CVD, as well as those who have had a cardiac or cerebrovascular event and remain at risk for having a subsequent event.

This recognition program will recognize institutions working to systematically improve the cardiovascular health of the population and communities they serve through the priority areas of *Building Healthy Communities, Optimizing Care and Focusing on Health Equity*.

If Million Hearts® cannot implement this recognition program, then hospitals and health systems will not receive recognition for the evidence-based strategies that will promote improved cardiovascular health. Consequently, Million Hearts® would not be able to highlight these hospitals and health systems and the effectiveness of these evidence-based strategies.

The Million Hearts® Hospitals & Health System Recognition Program application (**Attachment 2b**) will be collected for approximately 50 applicants per year. This application has been updated from its previous iteration (**Attachment 2a**). The estimate of anticipated applications is based off of the number of applications received for the program since its launch in 2020. This program will be promoted through similar channels as the Control Challenge, including the Dear Colleague Letter (**Attachment 3**), the Million Hearts® E-update and social media platforms.

Once renewal is granted for this revision package, applicants will complete the updated Million Hearts® Hospitals & Health Systems Recognition Program application (**Attachment 2b**), indicating the areas they are committing to implement Million Hearts® strategies; those strategies which they are currently implementing or have previously implemented; and those strategies for which they have achieved outcomes/results.

Nomination information will be collected electronically and will be reviewed on a quarterly basis through a web-based online portal. Applicants will apply by completing the application form that includes information about the Million Hearts® strategies that they are committing to implement, are currently implementing, or have already implemented and have achieved results. Estimated time to complete the form is 2 hours and 40 minutes (**Table A. 12-A**). The steps listed below outline the process for submitting an application:

- Applicants will create a free account on an external web platform.

- On this external web platform, the nominee will find the application for the Million Hearts® Hospitals & Health System Recognition Program.
- After submitting a nomination on the challenge web platform, a confirmation email will be sent to the email address provided.
- Applicants may submit the application form during the submission period.

As mentioned above, the applicant will indicate whether they are committing, implementing, or have achieved outcomes/results with certain Million Hearts® strategies. A hospital may be in the process of implementing changes in support of benefit design outcomes, achieved results in blood pressure control, and committing to work with patients who have had a previous heart attack or stroke. The grid below lays out an example of a potential clinical entity’s status and corresponding data submission categories. The specific documentation requirements are detailed within the application.

Priority Area	Strategies	Phase (with required documentation categories noted)
<i>Building Healthy Communities</i>	1. Policies to decrease particle pollution exposure	Implementing – submit required attestation for those implementing
<i>Optimizing Care</i>	1. Referral to cardiac rehabilitation programs	Achieved – recommended outcomes for those achieving results
<i>Focusing on Health Equity</i>	1. People with lower incomes 2. People who live in rural areas or other ‘access deserts’	Committed – describe intended approach and outcomes for addressing cardiovascular health among those in rural areas and “access deserts”.
<i>Supplemental Programs and Innovations</i>	Describe supplemental efforts and/or innovations	Implementing – documentation supporting the efforts such as target population(s), policy or program materials, timeframe and measures being tracked

A funded partner will collect the data through applications via an online platform. The application will be hosted through a unique URL. Expected respondents are medical and health service managers. Applications for the Million Hearts® Hospitals & Health System Recognition Program will be accepted continuously during the approved time period; CDC plans to continue with the award and will apply for an extension so the data collected can be used in a timely fashion. The funded partner will collect this information in order to determine which strategies the applicant is committing to implement, is currently implementing or has achieved outcomes/results. All applicants with reported outcomes and a select number of those who are

committing to implement or are implementing Million Hearts® strategies will be asked to participate in a semi-structured, qualitative interview. (**Attachment 2c**). The purpose of the interview is to obtain in-depth contextual information about the Million Hearts® strategies and facilitators to achieving improved cardiovascular outcomes among the applicant's patient population. The interview will be guided by three opening questions. The interviewer will guide the remaining discussion to gain in depth information on those questions. A list of Million Hearts® Hospitals & Health System designees will be publicly available with their consent. Selected applicants' practice name, city and state will be publicized post selection and pending the applicants' consent. For organizations, consent to participate in the Million Hearts® Hospitals & Health System Recognition program is attested on the application form. Un-attested forms will be excluded from further review. Participation is voluntary.

A.3

Use of Improved Information Technology and Burden Reduction

One hundred percent of responses will be collected electronically via an online platform. Electronic submission of data reduces burden time for the respondent compared to data collection via paper and pencil format. Having a centralized, consistent method to collect information helps to minimize errors and redundancy and is essential to the timely and accurate scoring of applications. Providing a web-based nomination system will:

- Shorten the time period for collection of information using check box responses and short descriptive opportunities through one-step process.
- Standardize the information collected.

A.4

Efforts to Identify Duplication and Use of Similar Information

CDC examined three cardiac care designation programs in order to identify any similarities with the Million Hearts® Hospital & Health System Recognition Program. The first program examined was the National Committee of Quality Assurance's (NCQA) Heart/Stroke Recognition Program. Recognition is based on self-reporting of indicators including blood pressure control, use of aspirin or another antiplatelet, smoking and tobacco use cessation assistance, body mass index screening, and statin therapy for patients with cardiovascular disease. Another cardiac care designation program is the U.S. News & World Report: Best Hospitals for Cardiology & Heart Surgery. The designation criteria for this program include measures such as survival rates, patient safety, specialized staff and hospital reputation among other factors. The third program examined was the Care Chex program, which scores hospitals on quality measures such as overall mortality, overall complications, readmissions, inpatient quality, and patient safety. While the above mentioned programs measure factors which are important for cardiac care,

they do not include criteria which are based on the Million Hearts® strategies as outlined in the (Million Hearts® Hospitals & Health System Recognition Program application (**Attachment 2a**).

A.5

Impact on Small Businesses and Other Small Entities

Questions have been held to the absolute minimum required for the intended use of the data collection. Data is being collected in order to determine if respondents are committing to implement Million Hearts® strategies, currently implementing or have previously implemented and have achieved outcomes/results. Additionally, only 50 applications are anticipated out of a respondent universe of 5,500 and applying is voluntary.

A.6

Consequences of Collecting the Information Less Frequently

Respondents will fill out and submit applications once for their initial designation. At any time, institutions may respond to the additional requested information and/or data required to demonstrate they have achieved outcomes for a given strategy. For example, applicants who indicate that they are committing to implement a particular Million Hearts® strategy may submit another application later on to indicate that they are currently implementing that strategy or that they have achieved outcomes for that strategy. By not allowing applicants to apply, hospitals and health systems will not benefit from CDC's fidelity processes. Additionally, if data is not collected as frequently, the applicant cannot receive potential designation as a Million Hearts® hospital. Additionally, the applicant will not benefit from the engagement and partnership that comes with this designation program.

A7.

Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with the regulation of 5 CFR 1320.5.

A8.

Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

- A. A 60 Day Notice was published in the Federal Register on (September 17, 2021) (Vol. 86, No. 178, pp. 51894-51895). A copy of this notice is provided as **Attachment 4**. Million Hearts did not receive any comments on this FRN notice.
- B. The Million Hearts® Hospitals & Health Systems Recognition Program was designed collaboratively by CDC and The National Association of Chronic Disease Directors. Ongoing collaboration and evaluation of the program and data collection instrument will occur with each renewal to refine and improve data collection.

A9.

Explanation of any Payment or Gift Respondents

Respondents will receive no financial incentive for applying. Applicants who receive the Million Hearts® designation will receive public recognition by CDC.

A10.

Protection of the Privacy and Confidentiality of Information Provided by Respondents

The data collection does not involve collection of sensitive or identifiable personal information. No patient level data is collected. Respondents are organizational entities, not individuals. Access to the Million Hearts® Hospitals & Health Systems Recognition Program nomination site will be controlled by a password protected login and accessible by a minimal number of funded partner or CDC staff. CDC will maintain the provider information and application data in password-protected files.

A11.

Institutional Review Board (IRB) and Justification for Sensitive Questions

CDC has determined that the project is not considered human subjects research and does not require IRB review (**Attachment 5**).

A12.

Estimates of Annualized Burden Hours and Costs

Information is collected at the time of submission, and exchanged periodically over the remaining three years. Expected respondents are medical & health service managers. On an annual basis, CDC estimates receipt of 50 Million Hearts® Hospitals & Health System Recognition Program application forms (**Attachment 2b**). Applications will be submitted electronically. The estimated burden per response is 2 hours and 40 minutes. Individuals from Leavitt Partners and a doctoral cardiac rehab nurse from Rush University College of Nursing participated in the pilot testing of the Million Hearts® Hospital or Health System Program application.

Table A. 12-A. Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Medical & Health	Recognition Program Application	50	1	2 hours, 40/60	134

Service Manager					
Medical & Health Service Manager	Interview Guide	30	1	30/60	15
Total					149

Table A.12-B displays estimates of annualized cost to respondents for participating in the data collection. Estimates were derived using an average hourly wage from the Bureau of Labor Statistics.

Million Hearts® Hospital/Health System Recognition Program application:

Table A. 12-B. Estimated Annualized Cost to Respondents

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Hourly Wage Rate	Total Respondent Costs
Medical & Health Service Manager	Recognition Program Application	50	1	2 hours, 40/60	\$50.13	\$133.84
Medical & Health Service Manager	Interview Guide	30	1	30/60	\$50.13	\$25.07
Total						\$158.91

A13.

Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

No capital or maintenance costs are expected. There are no additional start-up, hardware or software costs.

A14.

Annualized Cost to the Federal Government

Costs to the Federal government include the cost of CDC personnel time for project oversight and contractor costs for data site collection set up and maintenance.

A summary of costs is presented in **Table A.14-A**. The total estimated annualized cost to the Government is \$144,835.64. **Table A.14-A**

Cost Type	Cost
CDC staff. 4% of GS-15 for system oversight	\$4,835.64
Funded partner costs for website development and review of attestation of data submission and background checks	\$40,000
Costs for 3 separate funded partners to provide day to day management and delivery of project	\$100,000
Total	\$144,835.64

CDC Points of Contact

Judy Hannan, MPH, RN, Senior Advisor to Director on Million Hearts
 Division for Heart Disease and Stroke Prevention, CDC
 Telephone (770) 488-4572, jat5@cdc.gov

Hilary Wall, MS, Million Hearts Science Lead
 Division for Heart Disease and Stroke Prevention, CDC
 Telephone (770) 488-8172, ifx0@cdc.gov

NACDD Points of Contact

Susan Svencer, MPH
 Public Health Consultant, Cardiovascular Health Team
 National Association of Chronic Disease Directors
 Telephone (508)-982-7560, ssvencer@chronicdisease.org

Julia Schneider
 National Association of Chronic Disease Directors
 Telephone (410)-804-6270, jschneider@chronicdisease.org

Miriam Patanian
 National Association of Chronic Disease Directors
 Telephone (678)-373-1487, mpatanian@chronicdisease.org

A15.

Explanation for Program Changes or Adjustments

This is a revision data collection request. OMB approval is requested for 3 years.
 Proposed changes are outlined below.

Since the release of the 60-Day FRN, the wording of some application questions in **Attachment 2a** was revised in order to reflect the updated language of the Million Hearts 2027 priorities. See **Attachment 2b**. This data collection tool was not revised in a way that would increase or decrease burden to the applicant.

1. Non-substantive changes will be made to several of the listed Priority Area titles and strategies in the Application form as outlined in **Attachment 8**.
2. Burden tables have been updated to reflect a reduced number of anticipated applications. These estimates are based off the number of applications received since the program’s launch in 2020.

Table A.15-1.

Changes to Annualized burden hours for Respondents

Type of Respondents	Form Name	Previous OMB Approval Period		Proposed for This Revision		Net Change	
		No. of Responses	Total burden (in hours)	No. of Responses	Total burden (in hours)	Change in responses	Change in burden hours
Medical & Health Service Manager	Million Hearts® Hospitals & Health Systems Application Form	100	267	50	134	-50	-134
Medical & Health Service Manager	Million Hearts® Hospitals & Health Systems Interview Guide	60	30	30	15	-30	-15
Total		160	297	80	149	-80	-149

Table A.15-2.

Adjustment to estimated Annualized cost to Respondents.

Type of Respondents	Form Name	Previous OMB Approval Period		Proposed for This Revision		Net Change	
		No. of Responses	Total burden (in hours)	No. of Responses	Total burden (in hours)	Change in weighted hourly wage	Change in Total Cost
Medical &	Million Hearts	100	267	50	134	From	From

Health Service Manager	® Hospitals & Health Systems Application Form					\$53.69 to \$50.13	\$143.17 to \$133.84
Medical & Health Service Manager	Million Hearts® Hospitals & Health Systems Interview Guide	60	30	30	15	From \$53.69 to \$50.13	From \$26.85 to \$25.07
Total		160	297	80	149	-\$3.56	-\$11.11

A16.

Plans for Tabulation and Publication and Project Time Schedule

OMB approval is requested for three years. Anticipated data collection or nomination period will be ongoing for the three years. Designated hospitals and health systems will be announced on a quarterly basis.

Million Hearts® designees will be recognized on the Million Hearts® website and promoted via multiple communication channels, listed below. The successes and outcomes of clinical entities which have achieved results will be given additional, focused emphasis in these communications and promotional materials. Communication channels:

- Highlight in the Million Hearts® electronic newsletter;
- Use of the Million Hearts® logo on institution’s website;
- Use of an icon specific to those strategies where hospital has achieved results;
- Template press materials and newsletter announcements;
- Recognition through Million Hearts® communication and partner channels;
- Access to resources and support, and opportunity to exchange implementation tips and problem-solve with other Million Hearts® Hospitals and Health Systems;
- Connection to state health department Million Hearts® program

Statistical analyses planned for this project are descriptive and include identifying the number of nominations submitted; the type of providers nominated; and a simple computation of the strategies for which applicants are committing to implement, currently implementing, or have previously implemented and have achieved outcomes/results.

Project Timeline	
Activity	Time Schedule
Announce the opportunity for hospitals and health systems to apply for the Million Hearts® Hospitals program	0 to 1 months after OMB approval
Data Collection	Ongoing during term of OMB approval
Selection of Million Hearts® Hospitals and	Every 3 months

Health Systems	
Announcement and publishing of Million Hearts® Hospitals and Health Systems	Every 3 months

The application is open to hospitals or healthcare systems that include clinicians and administrators providing direct services to adult patients.

The applicant must abide by the following eligibility rules (**Attachment 6**):

- (1) Shall have completed the application form in its entirety to participate in the competition under the rules developed by HHS/CDC;
- (2) Must have a data management system (electronic or paper) that allows CDC or their contractor to verify data submitted;
- (3) May not be a federal entity or federal employee acting within the scope of their employment;
- (4) Must not work on their application during assigned duty hours if they are an HHS employee;
- (5) Shall not be an employee of or contractor at/within CDC;
- (6) Must attest to being free from sanctions and current investigations for serious institutional misconduct (**Attachment 7**).

Prior to the launch of the Million Hearts® Hospitals & Health System Recognition Program, the updated online application will be reviewed, and pilot tested by a small group of prospective applicants. Prior to the release of the web portal, testing will ensure that there are no flaws in the nomination form, form submission or access. Applications for the Million Hearts® Hospitals & Health Systems Recognition Program have not been used in previous projects or studies.

A17.

Reason(s) Display of OMB Expiration Date is Inappropriate

The display of the OMB expiration date is not inappropriate.

A18.

Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.