**ATTACHMENT 8**

**Million Hearts® Hospital / Health System Designation – Proposed Changes to Application**

**Proposed changes to the Million Hearts Hospitals & Health Systems Recognition Program 0920-1274**

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

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

|  |  |
| --- | --- |
| **Existing** | **Revision** |
| **Attachment 3a Application Form** |  |
| **Page 2 –Priority Area 1: Keeping People Healthy** | Renaming of Priority Area |
| “Keeping People Healthy” | “Building Healthy Communities” |
| **Page 3-4**  | Strategy 1 moved down to become strategy 3 |
| Strategy 1: Adopt and implement food service guidelines in one or more areas where food is served in the hospital, such as inpatient meals, employee and visitor cafeterias, and/or vending machines/snack shops/micro-markets. These guidelines should be at least as rigorous as the Food Service Guidelines for Federal Facilities. o \_\_\_\_\_Committing to implement this strategy: provide your plans to support this effort, including target population(s), policy or program materials, leadership support, timeframe, and measures you plan to track. o \_\_\_\_\_Required attestation for those implementing: a copy/link to/of the policy supporting this strategy and date of adoption; timeline for implementation in food service operations; and estimated impact on food purchasing patterns due to the Food Service Guidelines Policy. Note, Food Service Guidelines standards included in food procurement agreements, food service contracts or permits, and/or formal organizational policies will count as evidence of implementation. o \_\_\_\_\_Recommended outcomes for those achieving results: data showing increased sales of healthier food and beverage offerings, improved patient/employee consumption outcomes, and/or increased purchasing of healthier and reduced sodium items. | Strategy 3: Adopt and implement food service guidelines in one or more areas where food is served in the hospital, such as inpatient meals, employee and visitor cafeterias, and/or vending machines/snack shops/micro-markets. These guidelines should be at least as rigorous as the Food Service Guidelines for Federal Facilities. o \_\_\_\_\_Committing to implement this strategy: provide your plans to support this effort, including target population(s), policy or program materials, leadership support, timeframe, and measures you plan to track. o \_\_\_\_\_Required attestation for those implementing: a copy/link to/of the policy supporting this strategy and date of adoption; timeline for implementation in food service operations; and estimated impact on food purchasing patterns due to the Food Service Guidelines Policy. Note, Food Service Guidelines standards included in food procurement agreements, food service contracts or permits, and/or formal organizational policies will count as evidence of implementation. o \_\_\_\_\_Recommended outcomes for those achieving results: data showing increased sales of healthier food and beverage offerings, improved patient/employee consumption outcomes, and/or increased purchasing of healthier and reduced sodium items. |
| **Page 2 – Revision of a Strategy** | Text of is strategy will be modified to emphasize “decrease particle pollution” instead of “ensure healthy air quality”. This language aligns with that of the current Million Hearts strategies. |
| Adopt policies and practices to **ensure healthy air quality** for patients, visitors, and/or staff, such as tobacco-free campus, no idling policies, education on poor air quality impacts, posting of local Air Quality Index (AQI).  | Adopt policies and practices to **decrease particle pollution exposure** for patients, visitors, and/or staff, such as tobacco-free campus, no idling policies, education on poor air quality impacts, posting of local Air Quality Index (AQI).  |
| **Page 3 – Revision of “Achieving” qualification** | Text updated from “air quality-related” to particle pollution exposure |
| To qualify for Achieving result, applicants must submit attestation of implementation of all four **air quality-related** strategies in lieu of air quality outcomes data | To qualify for Achieving result, applicants must submit attestation of all four **particle pollution exposure** strategies in lieu of air quality outcomes data |
| **Page 3 – Link updated for listed policy** | Corresponding link updated |
| Adopt and implement a tobacco-free campus policy that prohibits the use of all tobacco products, including electronic cigarettes and other types of electronic nicotine delivery systems, in buildings and hospital grounds (see <http://www.noacc.org/documents/OhioTobaccoPolicyInfo.pdf> for tobacco-free campus model policy)  | Adopt and implement a tobacco-free campus policy that prohibits the use of all tobacco products, including electronic cigarettes and other types of electronic nicotine delivery systems, in buildings and hospital grounds (see ‘Create a Supportive Environment for Cessation’ section of Change Package for model policies: <https://millionhearts.hhs.gov/files/tobacco_cessation_change_pkg.pdf#page=13>) |
| **Page 3 – Revision of listed strategy** | Wording updated to reflect current language of Million Hearts strategy. |
| Strategy 3: Lead or support walking and other physical activity programs onsite and/or in the community for patients, visitors, and/or employees (see https://millionhearts.hhs.gov/tools-protocols/tools/physical-activity.html) | Lead or support programs **to decrease physical inactivity**, such as walking and other physical activity programs onsite and/or in the community for patients, visitors, and/or employees, **availability of peer support groups, supporting / providing safe spaces for physical activity, supporting and participating in community complete streets, etc. (see Physical Activity | Million Hearts® (hhs.gov)** |
| **Page 4-strategy deleted** | Deleted from application as this is no longer a priority of the Million Hearts Framework. |
| Strategy 4: Use benefit design strategies outlined below to enhance employee health. Must select two of the six benefit design options listed on subsequent screens if selected. Select at least 2 of the 6 benefit design options Indicate the phase for each selected policy / practice (drop down menu for each of 6 benefit design options)☐ Barrier-free access to hypertension and cholesterol medications, as well as to blood pressure (BP) monitors and/or cardiac rehabilitation (CR) participation. Access should exclude cost-sharing, prior authorization, and annual limits o \_\_\_\_\_Committing to implement this strategy: provide your plans to support this effort, including target population(s), policy or program materials, timeframe, and measures you plan to track. o \_\_\_\_\_Required attestation for those implementing: copy of benefit design and estimated impact on employee healtho \_\_\_\_\_Recommended outcomes for those achieving results: data related to employee health benefit design such as improved BP measurements☐ On-site BP monitoring o \_\_\_\_\_Committing to implement this strategyo \_\_\_\_\_Required attestation for those implementing: description of BP monitoring program and estimated impact on employee healtho \_\_\_\_\_Recommended outcomes for those achieving results: data related to employee health benefit design such as improved BP measurements☐ Regular and recurring promotion of benefits for tobacco cessation to patients and providers to increase awareness and use of covered treatments o \_\_\_\_\_Committing to implement this strategyo \_\_\_\_\_Required attestation for those implementing: documentation of the corresponding communication / promotion plan, including estimated patient and provider views of promotion materialso \_\_\_\_\_Recommended outcomes for those achieving results: data related to employee health benefit design such as utilization of tobacco cessation services☐ A benefits package for employees that includes tobacco cessation counseling and FDA-approved cessation medications, including nicotine replacement therapy (NRT) and non-nicotine medications without insurance barriers such as cost-sharing, prior authorization, and annual limits on quit attempts o \_\_\_\_\_Committing to implement this strategy: provide your plans to support this effort, including target population(s), policy or program materials, timeframe, and measures you plan to tracko \_\_\_\_\_Required attestation for those implementing: documentation detailing tobacco cessation benefits, including costs sharing, prior authorization, and annual limits, as well as communication/promotion plan and access to data on employee utilization of benefitso \_\_\_\_\_Recommended outcomes for those achieving results: data related to employee health benefit design such as utilization of tobacco cessation services ☐ A benefits package for employees that includes physical activity benefits such as, subsidized/discounted access to exercise facilities, organized individual/group physical activity programs, physical fitness assessments with follow-up counseling and recommendations, and free / subsidized self-management programs for physical activity o \_\_\_\_\_Committing to implement this strategyo \_\_\_\_\_Required attestation for those implementing: documentation detailing physical activity benefits, including costs sharing, as well as communication/promotion plan and access to data on employee utilization of benefitso \_\_\_\_\_Recommended outcomes for those achieving results: data related to employee health benefit design such as utilization of physical activity incentives☐ Other, please specify. Submissions must have an impact on cardiovascular health \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ o \_\_\_\_\_Committing to implement this strategy: describe planso \_\_\_\_\_Required attestation for those implementing: documentation detailing the benefitso \_\_\_\_\_Recommended outcomes for those achieving results: data related to the employee health benefit design  |  |
| **Page 6 – Revision of listed strategy** | Language added to state “or improvement of 20% over several years” |
| Strategy 1: Referral of eligible patients to cardiac rehabilitation programs (see https://millionhearts.hhs.gov/tools-protocols/tools/cardiac-rehabilitation.html)o \_\_\_\_\_Committing to implement this strategyo \_\_\_\_\_Required attestation for those implementing: documentation of baseline data for % eligible patients referred. Evidence of implementation, e.g., policy developed, work group established, workflow revised, timeline determined, target outcome levels identifiedo \_\_\_\_\_Recommended outcomes for those achieving results: documentation of >80% referral of eligible patients  | Strategy 1: Referral of eligible patients to cardiac rehabilitation programs (see https://millionhearts.hhs.gov/tools-protocols/tools/cardiac-rehabilitation.html)o \_\_\_\_\_Committing to implement this strategyo \_\_\_\_\_Required attestation for those implementing: documentation of baseline data for % eligible patients referred. Evidence of implementation, e.g., policy developed, work group established, workflow revised, timeline determined, target outcome levels identifiedo \_\_\_\_\_Recommended outcomes for those achieving results: documentation of >80% referral of eligible patients **or improvement of 20% over several years** |
| **Page 6 – Revision of listed strategy** | Language added to state “or improvement of 20% over several years” |
| Strategy 2: Initiation (attendance of first session) among those referred to cardiac rehabilitation (see https://millionhearts.hhs.gov/tools-protocols/tools/cardiac-rehabilitation.html)o \_\_\_\_\_Committing to implement this strategyo \_\_\_\_\_Required attestation for those implementing: documentation of baseline data for % referred patients who initiated CR. Evidence of implementation, e.g., policy developed to improve initiation, such as warm hand-offs, work group established, workflow revised, timeline determined, target outcome levels identified o Recommended outcomes for those achieving results: documentation of >70% initiation among those referred  | Strategy 2: Initiation (attendance of first session) among those referred to cardiac rehabilitation (see https://millionhearts.hhs.gov/tools-protocols/tools/cardiac-rehabilitation.html)o \_\_\_\_\_Committing to implement this strategyo \_\_\_\_\_Required attestation for those implementing: documentation of baseline data for % referred patients who initiated CR. Evidence of implementation, e.g., policy developed to improve initiation, such as warm hand-offs, work group established, workflow revised, timeline determined, target outcome levels identified o Recommended outcomes for those achieving results: documentation of >70% initiation among those referred **or improvement of 20% over several years** |
| **Page 6 – Revision of listed strategy** | Language added to state “or improvement of 20% over several years” |
| Strategy 3: Aspirin and anticoagulant use for secondary preventiono \_\_\_\_\_Committing to implement this strategyo \_\_\_\_\_Required attestation for those implementing: documentation of baseline, such as CMS Quality ID 204; CMS eMeasure ID 164; NQF 0068; CMS Shared Saving Program ACO-30; or equivalent. Evidence of implementation, e.g., policy developed, work group established, workflow revised, timeline determined, target outcome levels identifiedo Recommended outcomes for those achieving results: documentation of >80% performance, such as on CMS Quality ID 204; CMS eMeasure ID 164; NQF 0068; CMS Shared Saving Program ACO-30; or equivalent  | Strategy 3: Aspirin and anticoagulant use for secondary preventiono \_\_\_\_\_Committing to implement this strategyo \_\_\_\_\_Required attestation for those implementing: documentation of baseline, such as CMS Quality ID 204; CMS eMeasure ID 164; NQF 0068; CMS Shared Saving Program ACO-30; or equivalent. Evidence of implementation, e.g., policy developed, work group established, workflow revised, timeline determined, target outcome levels identifiedo Recommended outcomes for those achieving results: documentation of >80% performance, such as on CMS Quality ID 204; CMS eMeasure ID 164; NQF 0068; CMS Shared Saving Program ACO-30; or equivalent **or improvement of 20% over several years** |
| **Page 6 – Revision of listed strategy** | Language added to state “or improvement of 20% over several years” |
| Strategy 4: Blood Pressure Control (see https://millionhearts.hhs.gov/files/HTN\_Change\_Package.pdf) o \_\_\_\_\_Committing to implement this strategyo \_\_\_\_\_Required attestation for those implementing: documentation of baseline, such as CMS Quality ID 236; CMS eMeasure ID 165; NQF 0018; CMS Shared Saving Program ACO-28; or equivalent. Evidence of implementation, e.g., policy developed, work group established, workflow revised, timeline determined, target outcome levels identified o Recommended outcomes for those achieving results: documentation of > 80% performance, such as on CMS Quality ID 236; CMS eMeasure ID 165; NQF 0018; CMS Shared Saving Program ACO-28; or equivalent  | Strategy 4: Blood Pressure Control (see https://millionhearts.hhs.gov/files/HTN\_Change\_Package.pdf) o \_\_\_\_\_Committing to implement this strategyo \_\_\_\_\_Required attestation for those implementing: documentation of baseline, such as CMS Quality ID 236; CMS eMeasure ID 165; NQF 0018; CMS Shared Saving Program ACO-28; or equivalent. Evidence of implementation, e.g., policy developed, work group established, workflow revised, timeline determined, target outcome levels identified o Recommended outcomes for those achieving results: documentation of > 80% performance, such as on CMS Quality ID 236; CMS eMeasure ID 165; NQF 0018; CMS Shared Saving Program ACO-28; or equivalent **or improvement of 20% over several years** |
| **Page 7 – Revision of listed strategy** | Language added to state “or improvement of 20% over several years” |
| Strategy 5: Cholesterol Managemento \_\_\_\_\_Committing to implement this strategyo \_\_\_\_\_Required attestation for those implementing: documentation of baseline, such as CMS Quality ID 438; CMS eMeasure ID 347; or equivalent. Evidence of implementation, e.g., policy developed, work group established, workflow revised, timeline determined, target outcome levels identified.o Recommended outcomes for those achieving results: documentation of >80% performance, such as on CMS Quality ID 438; CMS eMeasure ID 347; or  | Strategy 5: Cholesterol Managemento \_\_\_\_\_Committing to implement this strategyo \_\_\_\_\_Required attestation for those implementing: documentation of baseline, such as CMS Quality ID 438; CMS eMeasure ID 347; or equivalent. Evidence of implementation, e.g., policy developed, work group established, workflow revised, timeline determined, target outcome levels identified.o Recommended outcomes for those achieving results: documentation of >80% performance, such as on CMS Quality ID 438; CMS eMeasure ID 347; or equivalent **or improvement of 20% over several years** |
| **Page 7 – Revision of listed strategy** | Language added to state “or improvement of 20% over several years” |
| Strategy 6: Smoking Cessation (see https://millionhearts.hhs.gov/files/Tobacco-Cessation-Action-Guide.pdf)o \_\_\_\_\_Committing to implement this strategyo \_\_\_\_\_Required attestation for those implementing: Required attestation: documentation of baseline, such as CMS Quality ID 226; CMS eMeasure ID 138v8b; NQF 0028; Shared Savings Program ACO-17 The Joint Commission inpatient measures, or equivalent Evidence of implementation, e.g., policy developed, work group established, workflow revised, timeline determined, target outcome levels identifiedo Recommended outcomes for those achieving results: documentation of >80% performance, such as on CMS Quality ID 226; CMS eMeasure ID 138v8b (please note, this is a 3-part measure, but this designation is focused on 80% performance on part b: tobacco users who receive cessation intervention); NQF 0028; Shared Savings Program ACO-17; The Joint Commission inpatient measures, or equivalent  | Strategy 6: Smoking Cessation (see https://millionhearts.hhs.gov/files/Tobacco-Cessation-Action-Guide.pdf)o \_\_\_\_\_Committing to implement this strategyo \_\_\_\_\_Required attestation for those implementing: Required attestation: documentation of baseline, such as CMS Quality ID 226; CMS eMeasure ID 138v8b; NQF 0028; Shared Savings Program ACO-17 The Joint Commission inpatient measures, or equivalent Evidence of implementation, e.g., policy developed, work group established, workflow revised, timeline determined, target outcome levels identifiedo Recommended outcomes for those achieving results: documentation of >80% performance, such as on CMS Quality ID 226; CMS eMeasure ID 138v8b (please note, this is a 3-part measure, but this designation is focused on 80% performance on part b: tobacco users who receive cessation intervention); NQF 0028; Shared Savings Program ACO-17; The Joint Commission inpatient measures, or equivalent **or improvement of 20% over several years** |
| **Page 7 –Priority Area 3: Improving Outcomes for Priority Populations** | **Renaming of Priority Area** |
| Improving Outcomes for Priority Populations | Focusing on Health Equity |
| **Page 8 – Rewording of priority population and selection options** | “35 -64 year olds” are no longer a priority population of the Million Hearts® Framework. This has been updated to include Pregnant and post-partum women instead. Options below have also been updated. |
| Priority Population: 35-64 year olds, the age group showing an increase in CV disease mortality Strategies: ☐ Tailored protocols for hypertension, tobacco, and/or cholesterol management ☐ Community-based physical activity program enrollment ☐ Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Priority Population: Pregnant and post-partum women Strategies:☐ Champion / offer widespread SMBP use☐ Support opportunities to close primary care gaps in transition of care between OB/GYN and primary care providers ☐ Ensure / promote aspirin for pre-eclampsia☐ Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Page 8 – Rewording of priority population and selection options** | “People who have had a heart attack or stroke” has been updated to include “people with lower incomes”, a new priority population of the Million Hearts® Framework. Selection options have also been updated. |
| Priority Population: People who have had a heart attack or stroke Strategies:☐ Cardiac Rehabilitation: automated referrals, hospital CR liaisons, referrals to convenient locations ☐ Education on avoiding exposure to air particle pollution: Air Quality Index tools ☐ Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Priority Population: People with lower incomes  Strategies:☐ SMBP device loaner programs☐ Inclusion of evidence-based strategies in value-based care (insurance design and payment models)☐ Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Page 8 – New Priority Population and selection options have been added.** | Priority population and selection options listed below. |
| --- | Priority Population: People who live in rural areas and other ‘access deserts ’  Strategies:☐ Provide robust hybrid models for cardiac rehabilitation☐ Use and monitor SMBP and related telehealth☐ Allow for expanded scope of practice for NPs, PAs, PharmDs, and CHWs☐ Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Page 8 – Rewording of priority population and selection options** | “People with mental health and/or substance use disorders who use tobacco” has been updated to include “people with behavorial health issues who use tobacco”. Selection options have also been updated. |
| Priority Population: People with mental and/or substance use disorders who use tobacco Strategies: ☐ Integrating tobacco cessation into behavioral health treatment ☐ Tobacco-free mental health and substance use treatment campus policies☐ Tailored quitline protocols ☐ Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Priority Population: People with behavioral health issues who use tobacco  Strategies:☐ Integrating tobacco cessation treatment into mental health and substance use care ☐ Tobacco-free mental health and substance use treatment campus policies☐ Tailored quit line protocols☐ Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Page 8 –Priority Area 4: Improving Outcomes for Priority Populations** | Renaming of Priority Area |
| Improving Outcomes for Priority Populations | Supplemental Programs and Innovations |
| **Page 9 – Updated language for examples**  | **Language for examples has been updated for this section.** |
| The innovative strategies implemented should advance the following Million Hearts® objectives:o 20% reduction in sodium consumptiono 20% reduction in tobacco useo 20% reduction in physical inactivityo 80% performance on the ABCS measures among ambulatory primary care and relevant (cardiology, nephrology, endocrinology) specialty practiceso 70% initiation rate among those referred to cardiac rehabo Increase patient engagement in heart healthy behaviorsInnovative examples include behavioral design strategies supporting increased healthy food consumption and specific outreach and support services such as barbershop initiatives to improve HTN control, etc. | Examples include benefit design strategies (barrier-free access to hypertensive and cholesterol medication, onsite BP monitoring, tobacco cessation medication and counseling, physical activity coverage, stress reduction offerings, pregnant and post-partum care, etc.), patient behavior change, food consumption, outreach and support services, decreasing sodium consumption, etc.We have also seen some incredible innovation arise health care evolves to continue to meet the needs of all patients, staff, and surrounding communities amidst COVID-19. We encourage hospitals and health systems to submit these innovations as part of their application, enabling Million Hearts® to highlight and share this critical work with others. |

Table A.15-1.

Changes to Annualized burden hours for Respondents

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Previous OMB Approval Period | Proposed for This Revision | Net Change |
| Type of Respondents | Form Name | 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Previous OMB Approval Period | Proposed for This Revision | Net Change |
| Type of Respondents | Form Name | No. of Responses | Total burden (in hours) | No. of Responses | Total burden (in hours) | Change in weighted hourly wage | Change in Total Cost |
| Medical & Health Service Manager | Million Hearts ® Hospitals & Health Systems Application Form | 100 | 267 | 50 | 134 | From $53.69 to $50.13 | From $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 |