

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
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>

<p>Page 2 – Revision of a Strategy</p>	<p>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.</p>
<p>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).</p>	<p>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).</p>
<p>Page 3 – Revision of “Achieving” qualification</p>	<p>Text updated from “air quality-related” to particle pollution exposure</p>
<p>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</p>	<p>To qualify for Achieving result, applicants must submit attestation of all four particle pollution exposure strategies in lieu of air quality outcomes data</p>
<p>Page 3 – Link updated for listed policy</p>	<p>Corresponding link updated</p>
<p>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)</p>	<p>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)</p>
<p>Page 3 – Revision of listed strategy</p>	<p>Wording updated to reflect current language of Million Hearts strategy.</p>
<p>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)</p>	<p>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))</p>
<p>Page 4-strategy deleted</p>	<p>Deleted from application as this is no longer a priority of the Million Hearts Framework.</p>
<p>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.</p> <p>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)</p> <p><input type="checkbox"/> 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</p> <p>o _____ Committing to implement this strategy:</p>	

provide your plans to support this effort, including target population(s), policy or program materials, timeframe, and measures you plan to track.

Required attestation for those implementing: copy of benefit design and estimated impact on employee health

Recommended outcomes for those achieving results: data related to employee health benefit design such as improved BP measurements

On-site BP monitoring

Committing to implement this strategy

Required attestation for those implementing: description of BP monitoring program and estimated impact on employee health

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

Committing to implement this strategy

Required attestation for those implementing: documentation of the corresponding communication / promotion plan, including estimated patient and provider views of promotion materials

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

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

<ul style="list-style-type: none"> o _____ 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 benefits o _____ Recommended outcomes for those achieving results: data related to employee health benefit design such as utilization of tobacco cessation services <input type="checkbox"/> 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 <ul style="list-style-type: none"> o _____ Committing to implement this strategy o _____ 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 benefits o _____ Recommended outcomes for those achieving results: data related to employee health benefit design such as utilization of physical activity incentives <input type="checkbox"/> Other, please specify. Submissions must have an impact on cardiovascular health _____ _____ o _____ Committing to implement this strategy: describe plans o _____ Required attestation for those implementing: documentation detailing the benefits o _____ Recommended outcomes for those achieving results: data related to the employee health benefit design 	
<p>Page 6 – Revision of listed strategy</p>	<p>Language added to state “or improvement of 20% over several years”</p>
<p>Strategy 1: Referral of eligible patients to cardiac rehabilitation programs (see https://millionhearts.hhs.gov/tools-protocols/tools/cardiac-rehabilitation.html)</p>	<p>Strategy 1: Referral of eligible patients to cardiac rehabilitation programs (see https://millionhearts.hhs.gov/tools-protocols/tools/cardiac-rehabilitation.html)</p> <ul style="list-style-type: none"> o _____ Committing to implement this strategy o _____ Required attestation for those implementing: documentation of

<ul style="list-style-type: none"> o _____Committing to implement this strategy o _____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 identified o _____Recommended outcomes for those achieving results: documentation of >80% referral of eligible patients 	<p>baseline data for % eligible patients referred. Evidence of implementation, e.g., policy developed, work group established, workflow revised, timeline determined, target outcome levels identified</p> <ul style="list-style-type: none"> o _____Recommended outcomes for those achieving results: documentation of >80% referral of eligible patients or improvement of 20% over several years
<p>Page 6 – Revision of listed strategy</p>	
<p>Strategy 2: Initiation (attendance of first session) among those referred to cardiac rehabilitation (see https://millionhearts.hhs.gov/tools-protocols/tools/cardiac-rehabilitation.html)</p> <ul style="list-style-type: none"> o _____Committing to implement this strategy o _____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 	<p>Language added to state “or improvement of 20% over several years”</p> <p>Strategy 2: Initiation (attendance of first session) among those referred to cardiac rehabilitation (see https://millionhearts.hhs.gov/tools-protocols/tools/cardiac-rehabilitation.html)</p> <ul style="list-style-type: none"> o _____Committing to implement this strategy o _____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
<p>Page 6 – Revision of listed strategy</p>	
<p>Strategy 3: Aspirin and anticoagulant use for secondary prevention</p> <ul style="list-style-type: none"> o _____Committing to implement this strategy o _____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 identified o 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 	<p>Language added to state “or improvement of 20% over several years”</p> <p>Strategy 3: Aspirin and anticoagulant use for secondary prevention</p> <ul style="list-style-type: none"> o _____Committing to implement this strategy o _____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 identified o 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
<p>Page 6 – Revision of listed strategy</p>	
<p>Strategy 4: Blood Pressure Control (see https://millionhearts.hhs.gov/files/HTN_Change_Package.pdf)</p> <ul style="list-style-type: none"> o _____Committing to implement this strategy 	<p>Language added to state “or improvement of 20% over several years”</p> <p>Strategy 4: Blood Pressure Control (see https://millionhearts.hhs.gov/files/HTN_Change_Package.pdf)</p> <ul style="list-style-type: none"> o _____Committing to implement this strategy

<ul style="list-style-type: none"> o _____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 	<ul style="list-style-type: none"> o _____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
<p>Page 7 – Revision of listed strategy</p>	<p>Language added to state “or improvement of 20% over several years”</p>
<p>Strategy 5: Cholesterol Management</p> <ul style="list-style-type: none"> o _____Committing to implement this strategy o _____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 	<p>Strategy 5: Cholesterol Management</p> <ul style="list-style-type: none"> o _____Committing to implement this strategy o _____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
<p>Page 7 – Revision of listed strategy</p>	<p>Language added to state “or improvement of 20% over several years”</p>
<p>Strategy 6: Smoking Cessation (see https://millionhearts.hhs.gov/files/Tobacco-Cessation-Action-Guide.pdf)</p> <ul style="list-style-type: none"> o _____Committing to implement this strategy o _____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 identified o 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 	<p>Strategy 6: Smoking Cessation (see https://millionhearts.hhs.gov/files/Tobacco-Cessation-Action-Guide.pdf)</p> <ul style="list-style-type: none"> o _____Committing to implement this strategy o _____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 identified o 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

inpatient measures, or equivalent	
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: <input type="checkbox"/> Tailored protocols for hypertension, tobacco, and/or cholesterol management <input type="checkbox"/> Community-based physical activity program enrollment <input type="checkbox"/> Other, please specify:_____	Priority Population: Pregnant and post-partum women Strategies: <input type="checkbox"/> Champion / offer widespread SMBP use <input type="checkbox"/> Support opportunities to close primary care gaps in transition of care between OB/GYN and primary care providers <input type="checkbox"/> Ensure / promote aspirin for pre-eclampsia <input type="checkbox"/> 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: <input type="checkbox"/> Cardiac Rehabilitation: automated referrals, hospital CR liaisons, referrals to convenient locations <input type="checkbox"/> Education on avoiding exposure to air particle pollution: Air Quality Index tools <input type="checkbox"/> Other, please specify:_____	Priority Population: People with lower incomes Strategies: <input type="checkbox"/> SMBP device loaner programs <input type="checkbox"/> Inclusion of evidence-based strategies in value-based care (insurance design and payment models) <input type="checkbox"/> Other, please specify:_____
Page 8 – New Priority Population and selection options have been added.	Priority population and selection options listed below.

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<p>Page 8 – Rewording of priority population and selection options</p>	<p>“People with mental health and/or substance use disorders who use tobacco” has been updated to include “people with behavioral health issues who use tobacco”. Selection options have also been updated.</p>
<p>Priority Population: People with mental and/or substance use disorders who use tobacco</p> <p>Strategies:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Integrating tobacco cessation into behavioral health treatment <input type="checkbox"/> Tobacco-free mental health and substance use treatment campus policies <input type="checkbox"/> Tailored quitline protocols <input type="checkbox"/> Other, please specify:_____ 	<p>Priority Population: People with behavioral health issues who use tobacco</p> <p>Strategies:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Integrating tobacco cessation treatment into mental health and substance use care <input type="checkbox"/> Tobacco-free mental health and substance use treatment campus policies <input type="checkbox"/> Tailored quit line protocols <input type="checkbox"/> Other, please specify:_____
<p>Page 8 –Priority Area 4: Improving Outcomes for Priority Populations</p>	<p>Renaming of Priority Area</p>
<p>Improving Outcomes for Priority Populations</p>	<p>Supplemental Programs and Innovations</p>
<p>Page 9 – Updated language for examples</p>	<p>Language for examples has been updated for this section.</p>
<p>The innovative strategies implemented should advance the following Million Hearts® objectives:</p> <ul style="list-style-type: none"> o 20% reduction in sodium consumption o 20% reduction in tobacco use o 20% reduction in physical inactivity o 80% performance on the ABCS measures among ambulatory primary care and relevant (cardiology, nephrology, endocrinology) specialty practices 	<p>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.</p> <p>We have also seen some incredible innovation arise health care evolves to continue to meet the needs of all patients, staff, and surrounding communities</p>

<ul style="list-style-type: none"> o 70% initiation rate among those referred to cardiac rehab o Increase patient engagement in heart healthy behaviors <p>Innovative 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.</p>	<p>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.</p>
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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 & 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