1**ATTACHMENT 2a**

CURRENTLY APPROVED DATA COLLECTION TOOL 1

Million Hearts® Hospitals & Health Systems Recognition Program Application

Million Hearts® Hospital / Health System Recognition Program Application

Public reporting burden of this collection of information is estimated at 2 hours and 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, NE, M/S D74, Atlanta, GA 30333, ATTN: PRA 0920-1274.

Requirements – Applicants must address:

- *Three of the four* priority areas
- A *minimum of one* strategy in each selected priority area, but are encouraged to target as many strategies as is appropriate for their institution

For each strategy selected, applicants must indicate their phase of implementation:

- ***Committing*** to implement (not yet begun, but can demonstrate plans to do so)
- Are currently ***implementing*** (have begun to address a given strategy, but do not yet have results)
- Have ***achieved*** outcomes/results (have outcomes resulting from addressing a given strategy)

The application is summarized in the grid below. Recommended attestation and data submissions for those achieving results are outlined for each strategy within the application. However, if a hospital or health system has another method by which it has documented and tracked success/outcomes, they can submit those for consideration.

Priority Area	Strategy	Phase
Priority Area 1: Building Healthy Communities	1. Policies to decrease particle pollution exposure 2. Programs to decrease physical inactivity 3. Food service guidelines	For each strategy, applicants will need to indicate their current phase of implementation: • Committing • Implementing • Achieving
Priority Area 2: Optimizing Care	1. Referral to cardiac rehabilitation programs 2. Initiation of cardiac rehabilitation 3. Aspirin and anticoagulant use 4. Blood pressure control 5. Cholesterol management 6. Smoking cessation	
Priority Area 3: Focus on Improving Outcomes among Priority Populations	1. People from racial / ethnic minority groups 2. Pregnant and postpartum women with hypertension 3. People with lower incomes 4. People who live in rural areas	

	or other 'access deserts' 5. People with behavioral health issues who use tobacco 6. Other priority population	
Priority Area 4: Supplemental programs and innovations	Describe supplemental efforts and/or innovations	

Those that are able to demonstrate they have **achieved** successful outcomes for a given strategy may become the focus of promotional activities (e.g., e-newsletter, website, press announcements).

Website directions: List each Priority Area, the aim, and directions, as well as each strategy on a starting screen. Then for each strategy selected, applicants will have an individual, subsequent screen that lists the requirements and allows for attestation submission.

Priority Area 1: Building Healthy Communities
Aim: Create a healthy environment for patients, staff, and visitors

Directions: Applicants should select *at least one strategy within this priority area* which they are addressing and indicate the corresponding phase of activity (Committing, Implementing, or Achieving). The documentation requested to demonstrate each phase of activity should be submitted separately.

☐ Strategy 1: 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).

If **Committing** to implement a strategy: provide your plans to support these healthy air related efforts, including target population(s), policy or program materials, timeframe, and measures you plan to track.

If **Implementing** a strategy: documentation of implementation of selected healthy air strategies, including copies of the policy supporting each. Please also describe your plan for communicating information about the strategy to employees, patients, families, and others.

To qualify for **Achieving** result, applicants must submit attestation of implementation of **all four** particle pollution exposure strategies in lieu of air quality outcomes data.

Select at least 1 policy / practice	**Indicate the phase for each selected policy / practice** *(drop down menu for each of 4 policies)*
☐ 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)	_____*Committing* _____ *Implementing* _____ *Achieving*
☐ No-idling policies for patient drop-offs and deliveries	_____*Committing*

	_____ **_Implementing_** _____ **_Achieving_**
☐ Education for patients, families, employees, and/or clinical teams about the impact of and actions to mitigate poor air quality in and around the clinical institution (see https://millionhearts.hhs.gov/tools-protocols/tools/particle-pollution.html)	_____**_Committing_** _____ **_Implementing_** _____ **_Achieving_**
☐ Posting of local Air Quality Index (AQI) onsite (e.g. through the EPA Air Quality Flag Program or some other means of posting and sharing the AQI such as through waiting room videos, daily updates on community bulletin boards, links on hospital websites, patient discharge information)	_____**_Committing_** _____ **_Implementing_** _____ **_Achieving_**

☐ Strategy 2: 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)

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_**_:_ documentation detailing the policy or practice supporting this program(s), program description, number of sites/programs conducted, dates of initiation, planned future program activities, and estimated impact on patient/employee health resulting from implementation

o _____*Recommended outcomes for those* **_achieving_** _results:_ data showing improved adoption of physical activity as a result of implementing walking and other physical activity programs onsite and/or in the community; data detailing the number of people with increased hours of physical activity; increased physical activity rates of employees and/or community residents.

☐ 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.

Priority Area 2: Optimizing Care
Aim: Help people prevent heart and kidney disease and stroke by achieving excellence in the ABCS (aspirin, blood pressure, cholesterol, smoking cessation) and cardiac rehabilitation (CR)

Directions: Indicate the strategies below in which Hospitals' / Health Systems' ambulatory primary care and relevant (cardiology, nephrology, endocrinology) specialty practices are working to improve / have improved performance, and identify the best practices implemented to do so. Those that have just begun working in this priority area should **commit** to improve performance in one or more of the priorities below and identify the best practices they will implement.

Select the strategies in which you are committing to improve, are already working to improve, or have achieved improved performance:
☐ 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 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 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 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

☐ Strategy 3: Aspirin and anticoagulant use for secondary prevention
- 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

☐ Strategy 4: Blood Pressure Control (see https://millionhearts.hhs.gov/files/HTN_Change_Package.pdf)
- o _____***Committing*** to implement this strategy
- 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

☐ Strategy 5: Cholesterol Management
- 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

☐ Strategy 6: Smoking Cessation (see https://millionhearts.hhs.gov/files/Tobacco-Cessation-Action-Guide.pdf)

- 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

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In the space below, please describe the best practices you utilize in support of the chosen strategies, such as rewarding high-performing individual employees, using standard treatment protocols, etc. (max of 500 words)

Priority Area 3: Focusing on Improving Outcomes among Priority Populations
Aim: Focus improvement efforts on specific subsets of the population with high disease burden and risk.

Directions: Select the priority population(s) on which you are focusing and the corresponding strategies being employed. You may select more than one population. If you are targeting a population not listed below, please describe it and your strategies in Priority Area 4, Innovating for Health.

☐ Priority Population: People from Racial / Ethnic Minority Groups
- ☐ Develop deliberate strategy or approach to improve hypertension management for people of racial ethnic minority groups such as Medication Therapy Management (MTM), Self Measured Blood Pressure Monitoring (SMBP) held in trusted spaces (barbershops, salons, faith-based organizations, etc.) Resource: https://www.nachc.org/wp-content/uploads/2021/09/BPAA-Roadmap_08252021.pdf
- ☐ Medication adherence / intensification strategies
- Scale/spread the systematic use of tailored protocols
- ☐ Enhance sodium reduction
- ☐ Support policies that prohibit the sale of flavored tobacco products, including menthol
- ☐ 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:_____

☐ 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:_____

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:_____

□ 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 quitline protocols
□ Other, please specify:_____

_____*For those **committing** to implement:* Within the description below, please provide your plans to support this effort, including the size of target population(s), policy or program materials, timeframe, and measures you plan to track

_____*Required attestation for those **implementing**:* Within the description below, please provide documentation supporting the efforts, such as the size of the target populations, policy or program materials, timeframe, and measures being tracked

_____*Recommended outcomes for those **achieving** results:* Within the description below, please include the size of the target population(s), and provide data on performance measures which demonstrate the results you have achieved in these target priority populations

Describe (max 500 words) the strategies (listed under each priority population) you are employing and outcomes you have achieved/are working towards with this population(s):
_____
_____

Priority Area 4: Supplemental Programs and Innovations
Aim: Improve cardiovascular health outcomes through supplemental and/or innovative approaches, which differ from and/or go beyond the strategies listed in Priority Areas 1-3.

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.

Directions: In the space below, describe an innovative approach you intend to or currently are undertaking in support of the Million Hearts objectives listed below (please reference the Million Hearts webpage – www.millionhearts.hhs.gov – for additional strategies; updated regularly). Please share the impact you plan to or have already achieved, as we are interested in a variety of approaches to improving care.

_____*For those **committing** to implement:* Within the description below, please provide your plans to support this effort, including description and size of target population(s), policy or program materials, timeframe, and measures you plan to track.

_____*Required attestation for those **implementing**:* Within the description below, please provide documentation supporting the efforts, such as the target population(s), policy or program materials, timeframe, and measures currently being tracked.

_____*Recommended outcomes for those **achieving** results:* data on performance measures which demonstrate the results you have achieved.

Describe (max 500 words) the strategies you are employing, the Million Hearts® objectives you are targeting, and the outcomes you have achieved:
_____
_____

Summary: Please complete the following grid, summarizing your submission based on the above application. This summary of your commitment to Million Hearts® strategies will be publicly available upon vetting and approval. Please review once completed and confirm its accuracy.

As a reminder, you are required to implement a minimum of one strategy in three of the four Priority Areas, but are encouraged to target as many strategies as is appropriate for your institution. The following is a summary of the supporting evidence required per each phase:

- *Committing* – no data required other than your pledging to implement
- *Implementing* – must submit the data per strategy listed as "Required attestation for those implementing"
- *Achieving* – must submit the data per strategy listed as "Recommended outcomes for those achieving results"