

## 2023 RECOGNITION PROGRAM DATA COLLECTION WORKSHEET

### INSTRUCTIONS

Enter your health care organization's adult patient data to prepare for the formal data submission process. Use only numbers when entering data into the data submission platform. (No commas or decimals.)

The deadline to submit 2022 data for 2023 recognition is **May 19, 2023, 11:59 p.m. ET**. Data submission deadlines are firm to ensure fair opportunities for all submitters. Early submission is highly encouraged to ensure the deadline is met.

All data must be submitted using our data submission platform (<https://aha.infosarioregistry.com>) by the deadline to be eligible for recognition. Completing this worksheet does not constitute data submission. For any questions, contact your local AHA staff member or reach out at [bit.ly/AQContactUs](mailto:bit.ly/AQContactUs).

**NOTE:** These data are based on NQF #0018, MIPS #236, PQRS #236 or ACO #28, Controlling High Blood Pressure. For the latest on ongoing coordination of the 2017 Hypertension guidelines to the current quality measures, please reference the 2019 AHA/ACC Clinical Performance and Quality Measures for Adults with High Blood Pressure.

### ALL FIELDS ARE REQUIRED

The 2023 recognition cycle is based on the performance period of the 2022 calendar year (1/1/2022-12/31/2022).

- 1. Does your organization diagnose and manage adult patients with hypertension, including prescribing and managing medications?**

Yes  No

Only organizations directly diagnosing and managing hypertension are eligible for awards as of 2021. A "yes" response is required for award eligibility.

- 2. I am a designated representative of my organization and certify that the following attestations are accurate to the best of my knowledge.** A "yes" response is required for award eligibility.

Yes  No

- 3. What is the total number of adult patients (≥18 years of age) for the health care organization, regardless of diagnosis? Patients must have had at least one 2022 visit (in-office or telehealth encounter). Exclude acute care visits.**

You will be asked to break down this total by primary payor and race/ethnicity in subsequent questions. These questions are the same in Check. Change. Control. Cholesterol and Target: Type 2 Diabetes.

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- 4. Using MIPS #236 criteria, what is the number of patients 18-85 years of age who had a 2022 visit (in-office or qualifying telehealth encounter) and a diagnosis of essential hypertension starting before and continuing into, or starting during, the first six months of the measurement period (measurement period = January 1 – December 31, 2022)?**

Include patients with an essential hypertension diagnosis present sometime between 1/1/21 – 6/30/22 with at least one visit in 2022. Exclude patients meeting the Denominator Exclusions criteria in the MIPS #236 specifications.

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- 5. Using MIPS #236 criteria, of the patients qualifying for the denominator (Question 4), what is the number of patients whose BP from their most recent 2022 visit is adequately controlled (systolic BP >0 mmHg and <140 mmHg and diastolic BP >0 mmHg and <90 mmHg)?**

If a patient has multiple blood pressure readings from their office visit, use the lowest systolic and lowest diastolic blood pressure on that visit as the representative BP. Readings from a patient's remote BP monitoring device are acceptable only if: The device is automated and has memory to store date stamped readings AND EITHER 1) Provider sees the date-stamped BP readings directly on the device during a video telehealth visit and documents the most recent readings in the EHR with date(s) measured. Patient-reported readings (via audio, paper, or video) do not count. OR 2) Digitally stored BPs from a device are transmitted electronically (via Internet, Bluetooth or SMS) to the provider. Electronic transmission includes direct transmission of device data or mobile apps generating secure email (PDF or Excel file) or text message. Patient must not have the ability to alter BP data.

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- 6. Did your question 5 data include digitally transmitted blood pressure readings from a patient's remote monitoring device?** Your response will not affect your recognition status.  Yes  No  
*Digitally transmitted* includes BP readings viewed by a provider in real-time by video in a telehealth encounter, or readings transmitted directly from a BP device to the patient's electronic health record via Internet, Bluetooth, or SMS.  Not sure  
*Note:* Your response will not affect award status.

- 7. How many providers are in the health care organization?** \_\_\_\_\_  
 Include all physicians, nurse practitioners, and physician assistants.

- 8. How many of your total adult patient population (≥18 years of age) self-identify as the following race and ethnicity (based on Table 3B of the HRSA Uniform Data System Reporting Requirements for 2022 Health Center Data)?**  
 Sum must equal total patient count in question 3.

Race	Non-Hispanic or Latinx (Total Patients – Ages 18+)	Hispanic or Latinx (Total Patients – Ages 18+)
Asian		
Native Hawaiian		
Other Pacific Islander		
Black/African American		
American Indian or Alaska Native		
White		
More than one race		
Unreported/Unknown Race – <i>(Known to be Hispanic or LatinX, Race Unknown)</i>		
Unreported/Unknown Ethnicity – <i>(Race Known [Any], Ethnicity Unknown)</i>		
Unreported or Unknown Race & Ethnicity		
Subtotals*	Total Non-Hispanic or Latinx Patients:	Total Hispanic or Latinx Patients:
<b>Total Patients*</b> (Must equal Question 3 response)		

*\*NOTE: The totals for your patient population will auto-populate in the data submission platform.*

- 9. How many of your total adult patient population (≥18 years of age) are primarily attributed to the following payor groups?** Sum must equal total patient count in question 3. *See additional guidance in the Payor Group Guidance section.*

\_\_\_\_\_ Medicare                      \_\_\_\_\_ Medicaid                      \_\_\_\_\_ Private Health Insurance  
 \_\_\_\_\_ Other Public                      \_\_\_\_\_ Uninsured/Self-Pay                      \_\_\_\_\_ Other/Unknown

## EVIDENCE-BASED BP ACTIVITIES

The below questions are required to be eligible for any Target: BP award and will determine eligibility for Silver and Gold+ recognition. Each unique question number equals 1 activity for award purposes. Questions 10a and 10b count together as 1 activity. An individual familiar with blood pressure devices, staff training, and clinical practice within your organization should answer or be consulted on these questions. Responses should be based on activities completed by Dec. 31, 2022. [Learn more and access additional resources.](#)

## BP DEVICE CALIBRATION & VALIDATION

I attest that my organization:

**10a. Calibrates ALL aneroid devices per the 2019 AHA Scientific Statement: Measurement of BP in Humans**

Every 2–4 weeks for handheld devices and every 6 months for wall-mounted devices.

- Yes  No  
 No aneroid devices  Not sure

**10b. Calibrates ALL oscillometric devices per the 2019 AHA Scientific Statement: Measurement of BP in Humans**

Nearly all manufacturers recommend that oscillometric devices, including Ambulatory Blood Pressure Monitors, be calibrated at regular intervals, e.g., every 1 or 2 years.

- Yes  No  
 No oscillometric devices  Not sure

**11. Please review the devices listed on [ValidateBP.org](https://www.validatebp.org) or similar international sources. Report the percentage of your organization's oscillometric devices (semi- or fully-automated) that are validated for clinical accuracy. Approximate percentages are acceptable.**

Validated devices are those listed on the US Blood Pressure Validated Device Listing (VDL™) on [ValidateBP.org](https://www.validatebp.org) or similar sources. **SELECT ONE OPTION. If you have no oscillometric devices, select 0%.**

Any percent range selected (from 0% to 91-100%) = completion of 1 activity for Silver/Gold+ eligibility. A "Not sure" answer does not equate to completion of 1 activity for Silver/Gold+ eligibility.

- |                                   |                                  |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Not sure | <input type="checkbox"/> 41-50%  |
| <input type="checkbox"/> 0%       | <input type="checkbox"/> 51-60%  |
| <input type="checkbox"/> 1-10%    | <input type="checkbox"/> 61-70%  |
| <input type="checkbox"/> 11-20%   | <input type="checkbox"/> 71-80%  |
| <input type="checkbox"/> 21-30%   | <input type="checkbox"/> 81-90%  |
| <input type="checkbox"/> 31-40%   | <input type="checkbox"/> 91-100% |

## BP MEASUREMENT KNOWLEDGE & SKILLS

I attest that my organization:

**12. Strengthens BP measurement knowledge every 6-12 months for all staff who measure blood pressure or train staff to measure blood pressure using [Achieving Accuracy BP Measurement e-learning module](#), OR [CME/CE Course: The Importance of Measuring Blood Pressure Accurately](#) (free webinar), OR another structured curriculum.**

Training can be delivered through any format, but curriculum must be 30+ minutes, completion must be systematically tracked, and at least one training must have been completed in 2022.

- Yes  No  Not sure

**13. Tests staff's BP measurement skills every 6-12 months (using the [Technique Quick Check Tool](#) OR similar objective assessment).**

At least one skills check must have been completed in 2022.

- Yes  No  Not sure

## BP MEASUREMENT SYSTEM OF CARE

I attest that my organization:

**14. Uses a blood pressure measurement protocol to consistently obtain accurate BP measurements, including confirmatory repeat in-office BP measurements – OR – ambulatory blood pressure monitoring – OR – home blood pressure monitoring with self-measured blood pressure when indicated.**

A protocol must already be in use in 2022 OR be newly defined and implemented in 2022.

- Yes  No  Not sure

**15. Posts a positioning graphic, such as the [In-Office Measuring Blood Pressure Infographic](#), next to every place where blood pressures are taken.**

BP measurement graphic must already have been displayed in 2022 OR be newly posted adjacent to every BP measurement device in 2022.

- Yes  No  Not sure

## PAYOR GROUP GUIDANCE

For question 9, all patients ≥18 years of age for the Total Population reported in question 3 should be grouped by their primary health care payor at the time of their last visit.

**Medicaid** – Report patients ages 18+ covered by state-run Medicaid programs, including those known by state names (e.g. MassHealth). Report patients covered by Medicaid and Medicare (dual eligible) with Medicare as a primary insurer.

**Medicare** – Report patients ages 18+ covered by federal Medicare programs. Report patients covered by Medicaid and Medicare (dual eligible) with Medicare as a primary insurer

**Private Insurance** – Report patients ages 18+ covered by commercial or private insurers. This includes employer-based insurance and insurance purchased through federal and state exchanges unless part of state Medicare exchanges.

***NOTE:** For Federally Qualified Health Centers (FQHCs) reporting to the Uniform Data System (UDS): Insurance purchased for public employees or retirees, such as TRICARE or the Federal Employees Benefits Program, may be grouped with “Private Health Insurance” (as reported in UDS), or as “Other Public”.*

**Other Public** – Report patients ages 18+ covered by programs such as state health plans, Department of Veterans Affairs, Department of Defense, Department of Corrections, Indian Health Services Plans, Title V, Ryan White Act, Migrant Health Program, other public insurance programs, and insurance purchased for public employees or retirees, such as TRICARE.

***NOTE:** For Federally Qualified Health Centers (FQHCs) reporting to the Uniform Data System (UDS): Insurance purchased for public employees or retirees, such as TRICARE or the Federal Employees Benefits Program, may be grouped with “Private Health Insurance” (as reported in UDS), or as “Other Public”.*

**Uninsured/Self-Pay** - Report patients ages 18+ who did not have medical insurance at the time of their last visit. This may include patients whose visit was paid for by a third-party source that was not an insurance provider.

**Other / Unknown** - Report patients ages 18+ where the payment source is not documented or unable to be determined, or the payment source does not coincide with one of the above options.

## UNIFORM DATA SYSTEM (UDS) ALIGNMENT

For Federally Qualified Health Centers (FQHCs) reporting to the Uniform Data System (UDS): The table below outlines alignment with the “[Uniform Data System Reporting Instructions for 2022 Health Center Data](#)” manual for “Table 4: Selected Patient Characteristics.”

PROGRAM PAYOR GROUP	UDS TABLE 4 ALIGNED ROWS
Medicare	Row 9 (ages 18+)
Medicaid	Row 8 (8a and 8b - ages 18+ only)
Private Health Insurance	Row 11 (ages 18+)
Other Public	Row 10 (10a and 10b - ages 18+ only)
Uninsured/Self-Pay	Row 7 (ages 18+)
Other / Unknown	--