Target: BP™ Recognition

Frequently asked questions

CONTENTS

Registration and account resources

How do we join Target: BP™?
Go to targetbp.org to register for Target: BP. (For the best user experience, use Chrome, Safari or Firefox as your browser. If you use Internet Explorer, be sure to use version 10 or higher.)

What information do we need to register?

- Organization's contact information
- Organization's total adult (18–85 years) patient population count
- Organization's characteristics, such as multi-specialty, Federally Qualified Health Center, etc.
- Organization's estimated number of patients whose race is something other than white and/or who identify as Latino or Hispanic ethnicity
- The total number of clinic locations in your health system
- The number of providers in your health care organization, including physician and mid-level providers

Does it cost anything to participate in Target: BP?
No. The American Heart Association and the American Medical Association offer the Target: BP initiative as a free resource.

Can we register for Target: BP if we don't offer treatment for high blood pressure?
Yes. You can join the Target: BP and use the resources available. However, you will not be eligible for recognition. Target: BP recognition focuses on acknowledging those organizations taking an active role in treating their patients' hypertension to achieve blood pressure control.

Are we required to implement certain elements of Target: BP to participate in recognition?
No. We encourage the use of our framework and materials, but recognition is based on data submission, attestation, and your organization's blood pressure control rate.

After I register my health care organization, how do I activate my Target: BP account?
You will receive an email with an activation link and temporary password within 3 business days of registering, from the AHA Support email address (InfosarioOutcomeSupport@quintiles.com). Note that the temporary password expires 90 days after receipt, so you must change it within 90 days or the account becomes inactive.

Can more than one person in my health care organization have access to the account?
Yes, there can be multiple users for each organization. Users can either be listed as data submitters/editors or "read only" if there is no need to modify data. Additional users can be requested via program staff.

Can more than one person from our organization receive the newsletter?
Yes, anyone can register for the newsletter on the Target: BP website, regardless of your registration status. The newsletter features educational opportunities, including webinars with free CME/CE credit, resources for improvement, guidance on data submission and success stories from other participants. We encourage additional staff within your health care organization to register for the Target: BP Newsletter.

Why do we need to have a Data Use Agreement with the AHA/AMA and an End User License Agreement with the software provider?
The Data Use Agreement is an agreement between your organization and the AHA/AMA that allows the AHA/AMA to use the reported data. Even though protected health information data are not collected, your organization's aggregate data may be used for analytical and messaging purposes.

The End User License Agreement is an agreement between your organization and the Target: BP platform vendor that is storing the data. This allows your organization to report data through a secure account and is only enforced when the user is active in the portal.

How can we modify the Data Use Agreement and/or the End User License Agreement?
Redlines are not allowed. These are standard agreements that were created in order to keep our legal costs low and provide this free resource; we are unable to negotiate edits.

Data submission and recognition

What is the data collection timeframe?
Data from the previous calendar year are collected once a year in accordance with the current year's recognition cycle. Visit targetbp.org/recognition-program for this year's data submission window.

What control rate data do we submit?
Our recognition program is based on the National Quality Forum (NQF) Blood Pressure Control measure #0018 (or NQF 0018/MIPS 236) as many organizations already collect and submit this quality measure. For details on the measure specifications see this document.

Which patient populations are included in the data?
Target: BP collects total adult patient population (ages 18–85) data by race, ethnicity, with a hypertension diagnosis as well as the subset of these patients who have controlled blood pressure. Use the Data

Collection Worksheet to help prepare the data specifications.

What are the numerator/denominator requirements for data submission in 2022?
For 2022 recognition, we will continue to use the "controlling high blood pressure" measure, which requires the number of patients 18-85 years of age who had a visit (in-office or telehealth encounter) in 2021 and a diagnosis of essential hypertension present between Jan. 1, 2020 and Dec. 31, 2021, and of those patients, it requires the number of patients whose most recent BP in 2021 was under control (<140/90 mmHg). Please refer to the Data Collection Worksheet and related resources for additional data requirements and guidance.

Can the denominator for 2022 recognition include patients with telehealth codes who are using SMBP?
The denominator may now include patients who had an encounter with eligible telehealth codes. Previously only patients with an in-office visit were to be included. Patients must have had an active diagnosis within the last 2 years (2020 or 2021). The numerator may include BP readings from a remote BP monitoring device.

Which patients are excluded from the hypertensive data?
Exclude any patients who received hospice services during measurement period, OR patients with end-stage renal disease, dialysis, renal transplant before or during the measurement period, pregnancy during the measurement period, OR patients ages 66 or older who are in Institutional Specials Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period, OR patients 66-80 years of age who meet any of the following criteria – with at least one encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period, OR an encounter for frailty during the measurement period and either an acute inpatient encounter with advanced illness diagnosis or two outpatient, observation, ED, or nonacute inpatient encounters on different dates with an advanced illness diagnosis during the measurement period or the year prior, OR patients 81 years of age and older with an encounter for frailty during the measurement period.

May I edit my data after it has been submitted?
Yes. You will be able to edit data at any time. However, once the submission window closes, a snapshot of your data will be taken and that will determine your recognition award level. Any data edited after the submission window closes will not be considered for recognition.

I am getting errors when I try to save or submit my data, what do I do?

- Question 3 (Q3) errors: The number you enter into Q3 must also be the same as the Total Patient Count in Question 8 "Race/Ethnicity Summation" and in Question 9 "Payor Group Summation." You will need to adjust the number in Q3 OR the subfields of Question 8 and/or 9. Make sure Q3=Q8 Summation: Total Patient Count, and Q3=Q9 Total Patient Count.
- Question 4 (Q4) errors: Your hypertensive population must be lower than your total population in Q3. Make sure Q4<Q3.
- Question 5 (Q5) errors: The hypertensive population that is under control must be lower than your total population (Q3) and your hypertensive population (Q4). Make sure Q5<Q4<Q3.

I did not select the "Data Entry Complete" checkbox when I finished my data entry, and now we are past the submission deadline. Will my organization still be eligible for recognition?
Yes. Organizations with complete, error-free data submissions as of the deadline will still be included in the snapshot for that year's recognition, even if the "Data Entry Complete" checkbox is unchecked.

How will Target: BP recognize my health care organization?
In the fall of each year, organizations will be notified of their recognition status. The Target: BP Recognition Program has four award levels to recognize health care organizations that prioritize blood pressure control. The

Participant level recognizes organizations for joining Target: BP and successfully submitting patient data. (Please note: The Participant award level is available only for first-time submitters beginning in the 2022 recognition year.) The Silver level, detailed in the "Achieving Silver and Gold+" section below, recognizes organizations who meet Participant criteria and attest to completing ≥ 4 of 6 evidence-based BP activities. The Gold level recognizes participants who have 70 percent or more of their patient hypertensive population with blood pressure controlled to <140/90 mmHg. The Gold+ level, detailed in the 2021 Award Expansion section below, recognizes organizations who meet Gold criteria and attest to completing ≥ 4 of 6 evidence-based BP activities.

Can we register and submit data without having our organization's name made public?
Yes, some organizations like to publicly demonstrate their commitment to blood pressure control, regardless of their current control rates, while others prefer to participate privately until they achieve control rates at 70 percent or greater.

Can we use a sampling to submit for recognition?
No. Recognition is based on your total population of patients with hypertension. You may choose to only submit for a portion of your business line, but that should be reflected in your patient population number as well.

How can we get the data needed for submission from a health information system or EHR? Do you have a guide to pull the information?
Health information systems and EHR versions or applications are slightly different even when using the same vendor product. This makes it difficult to have a single guide. We recommend working with your information technology or quality improvement staff to determine how to extract the information by providing the data collection requirements and the blood pressure control rate documentation. Some systems have modules already available to pull the data and calculate the control rate. If issues arise, working with your vendor contact on a solution is usually most effective.

Why did you replace the prevalence estimator with the race and ethnicity grouping based on Table 3B the HRSA Uniform Data System? Why do we need to submit this data for recognition?
The race and ethnicity groupings in the 2021 program form are derived from the **HRSA Uniform Data System Reporting Requirements for 2021 Health Center Data (pg.38)**. These are based on the Office of Management and Budget (OMB)'s minimum reporting standard for recipients of federal funds. We require organizations to complete this grouping based on their total patient population in order to appreciate the diversity of the population being served by your HCO which further informs our efforts to improve health equity.

While we required more detailed demographic data in the past to help validate data submission accuracy and help predict the prevalence of patients with hypertension that would be expected (compared to actual), the AHA and AMA have chosen to align with these national standards to reduce the time organizations spend pulling and inputting this data annually.

Evidence-based blood pressure (BP) activities for attestation to achieve Silver or Gold+ can be found here: https://targetbp.org/recognition-program/evidence-based-bp-activities/

We understand that each health care organization (HCO) is unique, and the attestation criteria might not translate easily to all circumstances. Our goal is to support meaningful, evidence-based efforts through the expansion of our Target: BP Recognition Program. After reviewing this FAQ, if you are still uncertain if your HCO's BP activities adhere to the spirit of the attestation criteria, please contact us at http://bit.ly/AQContactUs.

SILVER & GOLD+ FAQ TOPICS

GENERAL

How is the Recognition Program changing?
In 2022, the Silver, Gold, and Gold+ level awards will continue unchanged from 2021. Beginning in 2022, the Participant award will only be available to first-time participants.

Award Levels	Award Criteria	2021 Awards (using 2020 data)	2022 Awards (using 2021 data)
Participant	Submit data and achieve < 70% BP control rate	Last year for all participants	Only first-time participants
Silver	Submit data and complete 4 of 6 evidence-based BP activities	**New award**	Continue
Gold	Submit data and achieve ≥ 70% BP control rate	Continue	Continue
Gold+	Submit data, achieve ≥ 70% BP control rate, complete 4 of 6 evidence-based BP activities	**New award**	Continue

What is the data submission timeline for 2022 Recognition?
The data platform submission forms will be ready by January 1, 2022. Data and attestations submitted before May 27, 2022, will be considered for the 2022 Recognition awards.

RECOGNITION CRITERIA

Intent: *Accurate BP measurement is critical for diagnosis and on-going management of hypertension. To obtain accurate BP measurements, it is important for HCOs and their patients to use BP measurement devices that have been validated for accuracy and routinely re-calibrated, that staff are regularly re-trained and tested on proper BP measurement technique, and that care teams have standardized care processes to measure blood pressure. The intent of these award categories is to incentivize and recognize systematic adoption of evidence-based BP activities.*

For organizations who have not yet achieved control rates of ≥ 70%, the Silver award recognizes a commitment to excellence through consistent performance of evidence-based BP activities. For organizations who have achieved control rates of ≥ 70%, the Gold+ award recognizes an even higher level of achievement.

How can we learn more about the new awards and underlying science and resources?
Watch the webinar, "Measuring Blood Pressure Accurately - Step One in Hypertension Control" and earn free enduring CME/CE credit. Consider contacting your AHA Community Impact Director if you are interested in hosting a "watch party' for your care team to address BP measurement training and skill testing.

The evidence-based BP activities required for Silver and Gold+ recognition are also detailed here with links to corresponding resources: https://targetbp.org/recognition-program/evidence-based-bp-activities/

What if our HCO cannot commit to completing all 6 evidence-based BP activities?
To qualify for a Silver or Gold+ award in 2022, only 4 of 6 criteria need to be completed by December 31, 2021.

When does our HCO need to complete the evidence-based BP activities to qualify for the 2022 awards?
The activities need to be completed by December 31, 2021, to qualify for Silver or Gold+ recognition in 2022.

What information or evidence will HCOs need to submit to satisfy the criteria?
HCOs will simply answer attestation questions for each criterion (mostly yes, no, N/A, not sure). Additional evidence of adherence to the criterion, such as training logs, is not required. Data submitters will be asked to certify that they are a designated representative of their organization and responses are accurate to their knowledge. We trust that HCOs will submit accurate answers in the spirit of patient care and quality improvement as well as to preserve the honor and value of Target: BP Recognition.

Can our HCO still receive recognition if we submit our BP control data and not complete the attestation questions for evidence-based BP activities?
No. To be eligible for any award, all participants in the 2022 Recognition Program must submit data and respond to the attestation questions. However, "not sure" is a response option for all attestation criteria. If you answer "not sure" for all the BP measurement questions, you will be considered for Participant or Gold status, but not for a Silver or Gold+ award.

Can our HCO complete the attestation questions for the evidence-based BP activities and not submit data?
No. To be eligible for any award, all participants in the 2022 Recognition Program must submit data and respond to the attestation questions.

Can our HCO qualify for more than one award, such as a Silver and a Gold+ or Participant and Silver?
No. Each organization can only qualify for one award. If your HCO completes 4 of 6 evidence-based BP activities AND demonstrates control rates of ≥ 70%, then you will achieve a Gold+ award.

Will my HCO receive an award if we cannot complete 4 of 6 evidence-based BP activities OR control rates of ≥ 70% in 2021?

Not necessarily, beginning in 2022, only first-time data submitters will be eligible for the Participant award.

What counts as a first-time data submitter?
A first-time data submitter includes a newly registered site OR a prior-registered site that has never submitted data OR a 'child' location of an existing 'parent' HCO that has only submitted total parent data as 1 entity previously.

During what window of time does my HCO have to complete the activities to 'count' for a 2022 award?
See below for an answer related to each criterion:

- For calibration: Since equipment needs to be continuously maintained, it must be calibrated in 2021 as directed by the Measurement of blood pressure in humans: a scientific statement from the American Heart Association (BP Scientific Statement) or manufacturer's guidance.
    - If you have handheld aneroid (manual) devices that require calibration every 2-4 weeks, then all devices would need to have been calibrated approximately 13 times in the past year. If you have wall-mounted aneroid (manual) devices that require calibration every 6 months, then all of these devices would need to have been calibrated approximately 2 times in the past year. If you have an oscillometric device and the manufacturer recommends that it is calibrated annually, it will need to have been calibrated 1 time within the last year.
- For validation: Since equipment needs to be validated one time, all equipment (either existing or newly acquired) used in 2021 should be checked once. Of note, devices are being continuously added to the US Blood PressureValidated Device Listing (VDL™), so equipment that did not appear to be validated last year, may have been added to the list.
- For staff knowledge: Since the training is required every 6-12 months, the associated educational event needs to have occurred at least one time for all relevant staff during 2021. you know
- For staff skills: Since the skill verification is required every 6-12 months, the skills demonstration needs to have occurred at least one time for all relevant staff during 2021.
- For protocol use: A protocol must already be in use – or – be defined and implemented during 2021.
- For positioning graphic posting: A BP measurement graphic must be displayed – or – newly posted, adjacent to every BP measurement device during 2021. See below for more ideas on how to creatively display a positioning graphic.

What is an "HCO" entity for the purpose of recognition?
An "HCO" can be anything from a single clinic or health center to a national health system. To receive recognition for an HCO, you must submit data and answer the attestation questions specific to that HCO. One submission garners one award only. Health systems with multiple clinics/sites have the option of submitting individually for all or some of their clinic sites - or - submitting as one single entity. Data/attestations must be submitted for each individual site in order to receive an award. Only HCOs performing clinical services and that are directly responsible for the diagnosis and treatment of hypertension, including pharmacotherapy, are eligible for award status.

How do these award criteria impact bulk data submission for multi-site systems?
Bulk data uploads will remain available. The data template has been expanded to include the attestation question responses, requiring response from each of the sites within the submission.

DEVICE VALIDATION & CALIBRATION

Intent: *In order to obtain accurate BP measurements, BP measurement devices must be capable of measuring BP accurately. Device accuracy is achieved through the acquisition of devices that have been validated for clinical accuracy AND routinely calibrated to ensure they maintain their ability to measure BP accurately every time.*

A device cleared by the FDA to be sold in the U.S. market does not mean it has been tested for clinical accuracy with independent testing using one of the internally accepted validation protocols. Validated BP measurement device listings exist to make it easier to identify which devices are validated. The US Blood Pressure Validated Device Listing (VDL™) was launched in April 2020. This list of devices continues to grow as more manufacturers submit evidence of their device's accuracy. Visit ValidateBP.org for the current list of validated devices.

Lists of validated BP devices exist in several other countries and may list devices only available in those countries. In the event that your device is not found on the VDL, you may review other sources, including Hypertension Canada, Stride BP, and British and Irish Hypertension Society. Please pay particular attention to model names and numbers to ensure your device matches those on the list.

By asking HCOs to determine if devices they are using are validated for clinical accuracy, we aim to raise awareness around the importance of using validated devices and provide resources for checking their equipment. When HCOs need to or are able to replace or expand their BP devices, the VDL can be a useful resource. HCOs are asked to report on the percentage (%) of devices being used that are validated (estimates acceptable). However, the award criteria ***do not*** *include a required threshold or target percentage of validated devices. HCOs will not be penalized for not having validated equipment. This criterion highlights an opportunity for improvement to strengthen BP measurement accuracy.*

Similarly, regular calibration is needed to ensure that devices are retaining their accuracy over time and with repeated use. Per Muntner, et al in Measurement of Blood Pressure in Humans: A Scientific Statement from the American Heart Association. Hypertension. 2019;73: e35–e66. DOI: 10.1161/HYP.0000000000000087(BP Scientific Statement), "Aneroid sphygmomanometers are susceptible to error and loss of calibration, especially when handled harshly. ***Wall-mounted aneroid devices are less susceptibleto trauma and therefore may require less frequent calibration than mobile devices."***

Calibration recommendations:

- *Aneroid devices:*
  - *Every 6 months for wall-mounted devices*
  - *Every 2 to 4 weeks for handheld devices*
- *Oscillometric devices: Nearly all manufacturers recommend that devices, including 24-hour Ambulatory Blood Pressure Monitoring, be calibrated at regular intervals (e.g., every 1 or 2 years).*

Regarding oscillometric devices: "The frequency of recalibration should follow the manufacturer's recommendation. Some recommend that the device be returned to the manufacturer for recalibration; however, there is often a nontrivial cost for this service. In hospitals and some other settings, there is usually a biomedical engineering department that can evaluate whether each individual device is taking accurate readings."

CALIBRATION

Which devices should be evaluated for validation and calibration?
At a minimum, the devices used in ambulatory settings for the purpose of diagnosing and managing patients with hypertension should be evaluated for validation and calibration for the purpose of this award. However, we recommend all devices in your HCO be validated and calibrated.

Our aneroid wall mounted BP devices per the manufacturer have a lifelong certified calibration. Our biomedical department does not calibrate them. Is it OK to answer "Yes" to this question?
Many aneroid devices have a lifetime warranty for calibration. When they are tested and found to be out of calibration, the repair/replacement is warrantied and free. However, that does not mean the device will be forever in calibration, as that is physically impossible for an aneroid device. These devices should still be checked for

accuracy regularly and re-calibrated or replaced if found to be out of calibration, a service that could be provided by internal biomed/clinical engineering personnel or the device manufacturer or a 3rd party calibration provider. If the devices are checked for accuracy per the recommended timeline, then answering "Yes" to this question is appropriate.

Do the calibration and validation criteria apply to SMBP devices that patients are using at home to manage their hypertension?
You should include SMBP devices if your HCO is giving or loaning devices to patients for home blood pressure monitoring. Devices that patients are acquiring on their own and using for home blood pressure monitoring do not need to be included as part of this assessment. However, we highly encourage you to advise patients to choose validated devices to ensure equitable access to the standard of care.

If my manual device is mounted on wheels, is it considered handheld or wall-mounted for the purpose of calibration frequency?
Consult your device instructions or the manufacturer for guidance on the device calibration frequency. This will typically be closer to that of a wall-mounted aneroid device than a handheld aneroid device. If the device is automated and mobile, follow the guidance for calibrating automated devices.

How can I figure out if my devices are oscillometric or aneroid?
Aneroid sphygmomanometers typically have a dial gauge and require manual cuff inflation, deflation and auscultation with a stethoscope to render a BP reading. Oscillometric devices typically have a digital screen and have automated cuff inflation. Consult the BP Scientific Statement and/or the manufacturer for additional clarification.

What if my devices are neither oscillometric or aneroid (e.g., wearable devices)?
Per the BP Scientific Statement, "Although current noninvasive techniques for cuffless BP monitoring have demonstrated substantial advances, the lack of accuracy and calibration issues limit their current utility." Please select "No aneroid devices" and "No oscillometric devices" on Q10(a) and Q10(b).

What if my HCO uses wrist cuffs?
Per the BP Scientific Statement, "although convenient for the consumer, wrist monitors provide many challenges with precision, and strong reservations have been raised about their use in routine clinical practice, unless measurements in the upper arm are not feasible." Refer to https://targetbp.org/tools_downloads/using-a-wrist-cuff-to-measure-blood-pressure/. Please include your wrist cuffs when considering your answers to the calibration and validation questions. Of note, several wrist cuffs were approved and will be added to the VDL.

Do blood pressure kiosks count?
Per the BP Scientific Statement, "Kiosk measurements, which are a form of self-measured BP, can be useful, especially for BP screening, as long as the device is appropriately validated and calibrated." Please include your kiosks when considering your answers to the calibration and validation questions.

When devices are out of calibration, or due for calibration, we order new devices from the validated list. Does this count as a 'Yes?'
The spirit of the calibration criteria is to ensure that the devices being used for BP measurement are routinely checked/adjusted for accuracy through normal use, wear and tear. Typically, this is achieved through routine maintenance, but replacing devices according to the needed calibration frequency satisfies the spirit of the criteria.

Who should I ask within my HCO to verify that devices are calibrated?

Biomedical or clinical engineers typically inventory and check equipment or check with Equipment and Supplies Manager. Of note, calibration involves a visual assessment of the:

- Cuff to ensure that the sizing markers are visible, the Velcro is functional, etc.
- Tubing and bladders to ensure they are free of cracks or leaks
- Dial on an aneroid device, which typically has calibration window that can be used as a visual indicator of calibration status

In addition to visual assessment, calibration involves a pressure assessment to evaluate inflation and deflation control and exhaust time. Consult with your biomedical / clinical engineering professionals about the protocols they use to assess the internal function of the aneroid device. For oscillometric devices consult with the device manufacturer.

What resources exist to help with device calibration?
Start by contacting your biomed professional or department. If this expertise doesn't exist in-house, contact your device manufacturer for calibration requirements and training resources that are specific to your devices. The manufacturer might also have recommendations for reputable or certified local, 3rd party biomedical engineering service providers

My organization calibrates <u>most</u> devices, but not all, per the BP Scientific Statement. What is the appropriate attestation?
The attestation requires calibrating 100% of BP devices that are being actively used to screen, diagnose, manage, and monitor blood pressure.

If we do not have the resources to send devices out for calibration, what are our calibration options?
First, contact the BP manufacturer for guidance. They may offer calibration services. If this is not available, consider making this a quality improvement opportunity and evaluate options to prioritize resources in the future through different budgetary allocation or grant-seeking opportunities.

VALIDATION

What if my device is not on any list of validated BP devices?
The intent of asking if devices are validated for clinical accuracy is to raise awareness regarding the importance of using validated devices and provide reference resources for checking your equipment. When HCOs need to or can replace or expand their BP devices, the VDL can be a useful resource. HCOs are asked to report on the percentage of devices that are validated (estimates acceptable).

However, this award criterion does NOT require meeting a threshold or target percentage of validated devices. HCOs will not be penalized for not having validated equipment. This criterion highlights an opportunity for improvement to strengthen BP measurement accuracy.

What if my exact model number is not on the VDL?
If the exact model number cannot be matched on any validated device list, then you cannot assume it has been validated. It is possible that the device is validated, and the manufacturer has not submitted validation data to theindependent review committee for VDL. Of note, the VDL is new, so more devices will be added over time as manufactures submit their validation data to be reviewed for listing.

You can determine the FDA device approval status by searching the FDA 510K clearance status. The FDA approval status focuses on safety and efficacy of older or similar devices but does not indicate independent verification of clinical accuracy of those particular devices, as is the case if the device is found on the VDL. FDA clearance is not the same as validation.

Can I use more than one list to verify my devices are validated?
Yes, you can use any/all of these lists to see if your devices are validated: ValidateBP.org, Hypertension Canada, Stride BP, and/or British and Irish Hypertension Society

I do not have access to the information needed to determine if our devices are validated or not. What should I enter?
Work with other knowledgeable staff, including clinical and biomed colleagues to determine an estimate. If you are unable to determine any estimate, select "Not sure." We hope this will be an opportunity to advocate within your organization for determining whether or not devices are validated for clinical accuracy.

We have not tracked device validation in our Health Care Organization previously. Do you have a sample tracker or process for making sure that none are missed?
Consider tracking through an existing asset inventory system used by your HCO (often with unique device ID's or barcodes). If this is not available, consider a simple spread sheet can be used to track devices such as the example below:

BP Device Tracker
Last updated on: [date]

	Date of Purchase	Manufacturer	Model Name	Model #	Type	Asset Inventory #	Location of use	Validated	Device listing used	Frequency of calibration needed	Last calibrated on date	Next calibration due date
Suggested response format: *(Device ID or barcode)*	*Date: X/X/XXXX*	*Name*	*Name*	*#*	*hand held aneroid, wall-mounted aneroid, oscillometric, ABPM, wrist, koisk, other*	*#*	*Dept; Clinic; Exam rm #*	*Y/N*	*US VDL HTN Canada British & Irish HTN Society StrideBP*	*q2-4 wks if handheld aneroid; q6 mo if wall-mounted aneroid; usually q1-2 for oscillometric; other*	*Date: X/X/XXXX*	*Date: X/X/XXXX*
1												
2												
3												
4												
5												
etc.												

BP MEASUREMENT KNOWLEDGE & SKILLS

Intent: *In order to achieve accurate BP measurements for every patient, BP measurements must be taken with proper technique, including details such as patient positioning and rest, cuff selection, and measurement recording and reporting. Providers and staff who perform BP measurements should receive ongoing education and standardized refresher training every 6-12 months.*

*Target: BP offers educational resources (*Achieving Accuracy: BP Measurement e-module (small fee) *OR* CME/CE Course: Measuring Blood Pressure Accurately *(free webinar). Consider contacting your local AHA Community Impact Directors for guidance hosting a 'watch party' to support training and testing of your health care team. HCOs can also create or seek other structured curriculum that are a minimum of 30 minutes in length.*

Target: BP offers a Technique Quick Check tool that can be used as an objective skill assessment. HCOs can use a similar objective assessment (see below for more details and resources).

The education and training criteria are intended for all medical assistants, nurses, pharmacists, and providers who measure BP or train others to measure BP.

What is the difference between knowledge and skills?
Strengthening BP measurement knowledge improves individuals' understanding of the importance of accurate BP

measurement, factors that contribute to inaccurate measurement, and approaches for improving accuracy. Skills testing ensures that individuals can translate knowledge into practice by demonstrating the psychomotor skills to perform a BP measurement and the cognitive skills to operate the equipment and assess/guide proper positioning.

What's an example of another structured curriculum?
Table 1 of the BP Scientific Statement outlines: "Key components for training in BP measurement."

How long does the educational session need to last?
The educational curriculum should last a minimum of 30 minutes.

Can the curriculum be provided by internal staff or an external source?
Yes, the structured curriculum can be delivered through internal or external sources.

Can the curriculum be live, recorded, written, or through a computer-based learning module?
Any format is acceptable, but completion of training should be systematically tracked. For example, many HCOs document training in employee files.

How can I tell if my institution is carrying out these educational activities?
Refer to your HCO's continuing education or skills/competency requirements. Often these records are tracked through staff managers and/or human resources departments.

What are examples of acceptable skill assessments?
In addition to the Target: BP Technique Quick Check Tool as an example, see Table 1 "Key components for training in BP measurement" and Table 5 "Overview of proper seated BPmeasurement in the office" of the BP Scientific Statement.

What does skill assessment entail?
Skill assessment means that the skill is demonstrated to an observer using a BP measurement device on a patient or actor/standardized patient. Common formats for skills assessments include competency or skills fair, individual skills competencies checklist with a mentor or peer sign-off, initial staff orientation, annual skills assessment, or simulation/practice lab stations.

BP MEASUREMENT SYSTEM OF CARE

Intent: *In order to achieve accurate BP measurements, HCOs should establish systems of care that define consistent processes for obtaining representative BPs and create reminders that support consistent performance of those standards. For patients with high BP, confirmatory measurements can be achieved through repeated in-office measurement, use of ambulatory BP monitoring, or use of self-measured blood pressure (SMBP). Further, providing a visual reminder of proper positioning in locations where BPs are taken supports patients and staff in obtaining accurate measurements.*

Does the positioning graphic need to be a particular size or color?
It needs to be legible to providers, staff, and patients from a few feet away. It does not need to be in color.

What are other examples of infographics that serve as a visual reminder?
The visual reminder needs to be legible and clearly identify proper protocol according to Table 4 and 5 in the BP Scientific Statement, "Body Position and BP Measurement". For example, the visualization should address the

importance of an empty bladder, feet on the floor, back supported (not seated on exam table), legs uncrossed, cuff over BARE arm, proper cuff size, arm supported with cuff at heart level, and silence and stillness during readings.

Can the infographic contain text only, or does it need to include a drawing or photo of an individual in the proper BP measurement position?
We highly recommend using a picture as the strongest visual reminder to patients and professionals alike.

What if my organization cannot post anything on the walls due to safety criteria (e.g., need frames, etc.)?
There needs to be a visual reminder adjacent to the BP device or measurement station. It does not have to be on the wall. For example, it could be placed on the surface where the patient's arm rests, on the desk, used as a computer screen-saver, or it could be laminated and hanging from the BP monitor stand.

What if my practice can only post graphics that have been branded by our health system? Can we add our logo to the Target: BP positioning graphic?
Target: BP materials cannot be co-branded, but they are freely available for download, printing, and use. They could be put in a 'frame' that has you HCO logo or identity.

What if my practice does not have a 24-hour ambulatory blood pressure monitor?
BP measurements can also be confirmed using in-office repeat measurement or using home BP monitoring with SMBP.

What constitutes an appropriate in-office confirmatory measurement?
If the initial BP reading is high, take 1-3 additional readings one to two minutes apart and average those repeat measurements. Document both the initial BP readings and the average of the confirmatory measurements in the vitals field in the EHR. If only one confirmatory BP measurement is taken, average the initial with the confirmatory per the 2017 ACC/AHA Guideline for High Blood Pressure in Adults.

How do you define "protocol"?
A measurement protocol is a standard of practice typically documented in a procedure or job aid that meets BP Scientific Statement guidance and is consistently used to train relevant staff members and practiced consistently on a day-to-day basis.

RECOGNITION ELIGIBILITY UPDATES

My HCO isn't eligible for recognition per the criteria, but we do extensive work to train and support clinicians in blood pressure management. Are there other avenues for recognition?
The Target: BP Recognition Program has always been intended for organizations who diagnose and manage patients with hypertension using medication and other means. However, the criteria are now being more stringently enforced.

In 2022, we will have additional opportunities to "spotlight" organizations who play an important role in the broader hypertension ecosystem but are not diagnosing and managing patients. Examples of these organizations include payors, dentists, primary care associations, and educational/wellness programs.

My organization screens patients but doesn't treat/manage patients. Am I eligible for recognition?
No, a key part of the eligibility criteria is diagnosing, treating, and managing hypertension. Screening patients only does not meet the criteria.

My organization only sees patients in a one-time-only fashion (e.g., urgent care, standalone ER, etc.). Am I eligible for recognition?
No, a key part of the eligibility criteria is treating and managing hypertension. Conducting follow-up visits and managing medications is an important part of managing hypertension. Your organization must do both to meet the criteria. If part of your patient population is seen in single visits, such as an urgent care clinic, but another portion is seen in follow-ups or a primary care-type setting, your organization is eligible to participate, but should only submit data reflective of the patients who are seen in repeat visits. We encourage you to focus on accurate BP measurement for all patients that you serve.

How do you define "managing patients"?
Managing hypertension includes at a minimum diagnosing, recommending lifestyle changes, prescribing, and managing medications, conducting follow-up visits, and monitoring this chronic condition, and monitoring for medication side-effects as needed.

Data Results

How can I let other team members see how our organization's results compare?
You may request additional log-ins either as a "submitter role" or as a "read only" role by contacting AHA staff.

Can a user view every organization's data?
No. Users can only view data for those organizations they have been given permission to access using the contact form.

When can we see how our health care organization's results compare?
You will be able to see how your results compare to others in real time; however, benchmarking may fluctuate as users add and modify their data. Once all data are finalized at the end of the recognition period, you will be able to see final benchmarks. In order to maintain blinded results, only benchmarking groups with a minimum of three sites will be displayed.

How will this information be used?
Aggregate data will be used to report on blood pressure control rates. Organizational control rates will not be shared publicly. With a health care organization's permission, they will be recognized nationally on an annual basis, with "Participant," "Silver," "Gold," or "Gold+" status rather than the specific mention of your control rate.

Updated BP guideline

Why was the hypertension guideline and associated recommendations revised?
There is a growing body of evidence that lower blood pressure reduces cardiovascular risk. The 2017 AHA/ACC Hypertension Guideline recommendations reflect this new information to help prevent and treat high blood pressure sooner. This guideline now incorporates new information from studies that address the way blood pressure is measured (in the doctor's office, at home or over a 24-hour period) and how measurement relates to the risk of cardiovascular diseases.

How does the guideline change impact Target: BP?

Target: BP recognition will continue to be based on the NQF Blood Pressure Control measure #0018, which uses the definition of high blood pressure as 140/90. While we will keep our recognition program in accordance with the NQF measure, we will simultaneously build resources (including an updated algorithm) that align with the new blood pressure guideline to maximize the support of improved patient outcomes. We are working with other organizations to determine how and when to align measures with the new guideline to ensure a seamless process for all.

Will Million Hearts® and National Quality Forum use the new guideline?
Much like the AMA, the AHA, the National Quality Forum and Million Hearts® are all evidence-based organizations that operate independently. We will continue to track both NQF and Million Hearts® and work with them to help ensure alignment.

Target: BP vs. Million Hearts® Hypertension Control Challenge

---

How is the Target: BP Recognition Program different than the Million Hearts® initiative?
Target: BP offers annual, recurring recognition for all enrolled sites that participate and submit data and those that achieve hypertension control rates of 70 percent or higher among their adult patient population. In addition, AHA field staff are available to assist in the data submission process and attestation process for evidence-based BP activities.

The Million Hearts® Hypertension Control Challenge provides annual recognition of top performing clinicians, practices and health systems that achieve exemplary hypertension control rates (80 percent or greater) amongst their adult patients. Clinical sites are recognized as a champion for one year.

Are Target: BP and Million Hearts® competing programs?
No. The programs complement each other by reinforcing the importance of blood pressure control and providing additional tools and resources to help health care providers achieve their targets. Both programs aim to recognize clinicians and health systems that achieve exemplary hypertension control rates within the adult patient populations they serve.

My clinic already participates in Million Hearts®. Will it require extra resources or staff time to participate in Target: BP?
Target: BP data aligns with the work in Million Hearts®, so it shouldn't require a large amount of additional time and resources. The work your clinic is doing for Million Hearts® will help you achieve annual, ongoing recognition in Target: BP, which further underscores your commitment to improving health outcomes in your patient population.

How can we improve our control rates and achieve Gold or Gold+ status?
TargetBP.org contains many tools and resources to support professional education, clinical practice, patient education and quality improvement. See the Tools and Downloads tab for all available resources. The following are recommended for a systematic approach to BP control:

- Measure Accurately Quick Start Guide
- Act Rapidly Quick Start Guide
- Partner with Patients Quick Start Guide
- SMBP Quick Start Guide

CITATIONS

1. Muntner P, Shimbo D, Carey RM, Charleston JB, Gaillard T, Misra S, Myers MG, Ogedegbe G, Schwartz JE, Townsend RR, Urbina EM, Viera AJ, White WB, Wright JT Jr; on behalf of the American Heart Association Council on Hypertension; Council on Cardiovascular Disease in the Young; Council on Cardiovascular and Stroke Nursing; Council on Cardiovascular Radiology and Intervention; Council on Clinical Cardiology; and Council on Quality of Care and Outcomes Research. Measurement of blood pressure in humans: a scientific statement from the American Heart Association. *Hypertension*. 2019;73: e35–e66. DOI: 10.1161/HYP.0000000000000087.

2. Whelton PK, Carey RM, Aronow WS, Casey DE Jr, Collins KJ, Dennison Himmelfarb C, DePalma SM, Gidding S, Jamerson KA, Jones DW, MacLaughlin EJ, Muntner P, Ovbiagele B, Smith SC Jr, Spencer CC, Stafford RS, Taler SJ, Thomas RJ, Williams KA Sr, Williamson JD, Wright JT Jr. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Hypertension*. 2018;71: e13–e115. DOI: 10.1161/HYP.0000000000000065

If you have questions that were not addressed above, please submit them to http://targetbp.org/contact-us/.