



# Target: BP Recognition Program

## Frequently asked questions

### Registration and account resources

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#### **How do I join Target: BP?**

Go to [targetbp.org](https://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.)

#### **Does it cost anything to participate in Target: BP?**

No. The American Heart Association and the American Medical Association offer the Target: BP program as a free resource.

#### **Can we register for the Target: BP Recognition Program if we don't offer treatment for high blood pressure?**

You can join the Target: BP program and use the resources available. However, you will *not* be eligible for participation in the Target: BP Recognition Program. The recognition program focuses on acknowledging those clinics taking an *active* role in treating their patients' hypertension to achieve blood pressure control.

#### **After I register my healthcare organization, how do I activate my Target: BP account?**

You will receive an email with an activation link that must be used within 24 hours to complete your registration. If you do not activate the account within 24 hours, you will need to reset your password by clicking the "I forgot my password" button.

#### **Can I change the email address that I used to register?**

No. Email addresses cannot be changed once you have registered. However, you can add multiple users to an account.

#### **Can I change my "Primary User" designation?**

You may change the Primary User at any time, however, only one registrant may be the Primary User at a time. Guidance on changing the Primary User can be found in the [Target: BP Data User Guide](#).

#### **Can the secondary contact submit data?**

No, only the Primary User may submit or change data. Secondary contacts serve as an alternate contact if the Primary User cannot be reached. Secondary contacts are not registered in Target: BP and must be added as a "View-only User" to see the data.



## **Why do we need to have a Data Use Agreement with AHA/AMA and an End User License Agreement with the Forward Health Group?**

The Data Use Agreement is an agreement between your organization and the AHA/AMA that allows AHA/AMA to use the reported data. Even though patient-specific data are not collected, your organization's aggregate data are being used for analytical and messaging purposes.

The End User License Agreement is an agreement between your organization and the Forward Health Group (FHG) that is storing the data. This allows your organization to access the FHG website to report data through a secure account and is only enforced when the user is active in the portal.

Please note that the Data Use Agreement and End User License Agreement become effective when the user checks the corresponding boxes during registration, and there is no termination date. Users need to complete these agreements only once while the portal is hosted by FHG.

## **Data submission and recognition**

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### **What is the data collection timeframe?**

Data are collected once a year. To be considered for recognition in this year's Target: BP program, patient data collected during the 2017 calendar year must be submitted by June 1, 2018.

### **Which patient populations are included in the data?**

Target: BP collects total adult patient population (ages 18–85) data by age, sex, ethnicity, hypertension diagnosis and blood pressure control.

### **Which patients are excluded from the hypertensive data?**

Exclude any patients with end-stage renal disease, dialysis, renal transplant or pregnancy. Patients with an initial diagnosis of hypertension after July 1, 2017, should **not** be included in the hypertensive total, since the time period to influence and achieve control is too short.

### **May I edit my data after it has been submitted?**

No. Data can only be submitted once. You may save your data prior to submitting or correct data errors if the attempt to submit data was unsuccessful. No changes will be accepted post submission.

### **I've saved my data, does that mean I'm done?**

No. Saving the data enables you to review or change it at a later date. However, to **submit** your data for recognition, you must select "Submit Data" and electronically sign the Data Attestation confirming that your data is accurate.



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

- Question 1 (Q1) Errors: The number you enter into Q1 must also be the same as the Overall Total number listed on the top right of the prevalence estimator table. You will need to adjust the number in Q1 or those in the prevalence estimator. Make sure  $Q1 = \text{Overall Total}$ .
- Question 2 (Q2) Errors: Your hypertensive population must be lower than your total population in Q1. Make sure  $Q2 < Q1$ .
- Question 3 (Q3) Errors: The hypertensive population that is under control must be lower than your total population (Q1) and your hypertensive population (Q2). Make sure  $Q3 < Q2 < Q1$ .
- Keep in mind that you should **only** enter whole numbers into the data fields. Do not include commas or decimal points.

### **How will Target: BP recognize my healthcare organization?**

Organizations will be notified in fall 2018 of their recognition status. The Target: BP Recognition Program has two award levels to recognize healthcare organizations that prioritize blood pressure control. The first level recognizes organizations for registering with Target: BP and entering their 2017 blood pressure control rate data. The second level recognizes participants who have 70 percent or more of their patient population with high blood pressure controlled to  $<140/90$  in 2017. The program will be expanded to include additional levels and more quality measures in subsequent years.

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## **Data results**

### **How can I let other team members see how our organization's results compare?**

The Primary User for each healthcare organization can add an unlimited number of users who can see their organization's data benchmarked to regional and national results.

### **Can a user view every organization's data?**

No. Users can only view data for those organizations they have been given permission to access.

### **When can we see how our healthcare organization's results compare?**

Benchmark data will be available after the data submission closes.

### **How will this information be used?**

Data will be used to track success rates in blood pressure control. Organizations will be recognized by Target: BP during the American Heart Association's Scientific Sessions and/or during the Annual Meeting of the American Medical Association House of Delegates.

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## **Updated BP guideline**

### **Why was the hypertension guideline and associated recommendations revised?**

There is a growing body of evidence that lower blood pressure is better for your health. The 2017 guideline recommendations reflect this new information to help people 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 data submission for 2018 recognition will continue to be based on the National Quality Forum (NQF) Blood Pressure Control measure (NQF #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 AHA, the National Quality Forum and Million Hearts are evidence-based organizations. They operate independently from the AHA. We will continue to track both NQF and Million Hearts and work with them to help ensure alignment.

## Target: BP vs. Million Hearts®

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### How is Target: BP different than the Million Hearts initiative?

Target: BP offers annual, recurring recognition for all participating sites that participate and submit data and those that achieve hypertension control rates of 70 percent or higher amongst their adult patient population. In addition, it provides direct access to field support specialists and a suite of evidenced-based tools and resources shared by the AMA and the AHA.

The Million Hearts Hypertension Control Challenge provides annual recognition of up to 35 new top performing clinicians, practices and health systems that achieve exemplary hypertension control rates (80 percent or greater) amongst their adult patients. Clinical sites are only 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 healthcare 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.

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