

# TARGET: BP™ DATA SUBMISSION & AWARD ACHIEVEMENT

## Frequently Asked Questions

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## REGISTRATION AND ACCOUNT RESOURCES

### How do we join Target: BP™?

Go to [targetbp.org](http://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 Target: BP achievement awards. These awards acknowledge organizations that diagnose and treat patients with hypertension to achieve blood pressure control.

## REGISTRATION AND ACCOUNT RESOURCES (continued)

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### **Are we required to implement certain elements of Target: BP to achieve awards?**

No. We encourage the use of the AMA MAP™ framework to organize your efforts and the educational tools and practice materials to support your quality improvement journey. Awards are 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](mailto: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 AWARD ACHIEVEMENT

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### **What is a health care organization (HCO) entity for the purpose of award achievement?**

An "HCO" can be anything from a single clinic or health center to a national health system. To receive awards, 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 awards. Organizations such as mobile clinics that screen and refer for blood pressure, rather than diagnose and treat patients, are not eligible.

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

Data from the previous calendar year are collected once a year in accordance with the current year's award cycle. Visit

## REGISTRATION AND ACCOUNT RESOURCES (continued)

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[targetbp.org/recognition-program](https://targetbp.org/recognition-program) for this year's data submission window.

### What control rate data do we submit?

Our achievement awards related to BP control are based on the MIPS Clinical Quality Measure #236, "Controlling High Blood Pressure," 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.

## DATA SUBMISSION AND AWARD ACHIEVEMENT (continued)

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### What are the numerator/denominator requirements for data submission in 2023?

For 2023 data submission, 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 2023 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. The measurement period is January 1 - December 31, 2023. Please refer to the [Data Collection Worksheet](#) and related resources for additional data requirements and guidance.

### Can the denominator for 2023 data submission include patients with telehealth codes who are using SMBP?

The denominator may include patients who had an encounter with eligible telehealth codes. In the past, only patients with an in-office visit were to be included. Patients must have had a diagnosis of essential hypertension starting before and continuing into, or starting during, the first six months of the measurement period (1/1/23 - 12/31/23) with at least one visit in 2023. The numerator may include BP readings from a remote BP monitoring device.

### Which patients with hypertension are excluded from the 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.

### When calculating the total number of adult patients (Question 3) for my organization with a visit in 2023, which patients should I include? Why does it state to “exclude acute care visits?”

You should include all patients with a regular office or telehealth encounter, excluding patients seen only in an emergency context such as in an urgent care setting (inpatient or outpatient). The intention is to capture patients in visits where hypertension could be diagnosed or managed.

### 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 award level. Any data edited after the submission window closes will not be considered for an award.

### Why am I getting errors when I try to save or submit my data?

- 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 population with hypertension must be lower than your total population in Q3. Make sure  $Q4<Q3$ .
- Question 5 (Q5) errors: The population with hypertension that is under control must be lower than your total population (Q3) and your population with hypertension (Q4). Make sure  $Q5<Q4<Q3$ .

## DATA SUBMISSION AND AWARD ACHIEVEMENT (continued)

### **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 achievement awards?**

Yes. Organizations with complete, error-free data submissions as of the deadline will still be included in the snapshot for that year’s awards, 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 award achievement status. Target: BP 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 2023 award year.) The Silver level, detailed in the “Achieving Silver and Gold+” section below, recognizes organizations who meet Participant criteria and attest to completing  $\geq 4$  of 6 evidence-based BP activities. The Gold level recognizes participants who have 70 percent or more of their patients with hypertension with blood pressure controlled to  $<140/90$  mmHg. The Gold+ level, detailed in the Award Expansion section below, recognizes organizations who meet Gold criteria and attest to completing  $\geq 4$  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. Your preference will be confirmed prior to any public announcement.

### **Can we use a sampling method in our data submission?**

No. Awards are based on your total population of patients with hypertension. You may choose to only submit for discrete locations or practices, such as some, but not all of your clinic sites, but each sub-entity must be reported distinctly.

### **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?**

The race and ethnicity groupings in the 2023 program form are derived from the [HRSA Uniform Data System Reporting Requirements for 2023 Health Center Data \(pg.29\)](#). 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 have kept consistent categories, we do not require the full breakdown of the subcategories included on Table 3B.

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 reduce the time organizations spend pulling and inputting this data annually.

# ACHIEVING SILVER OR GOLD+

Evidence-based blood pressure (BP) activities for attestation to achieve Silver or Gold+ [can be found here](#).

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 Achievement Awards. 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>.

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## GENERAL

### How are the Target: BP Achievement Awards changing?

In 2024, the Target: BP award levels will continue unchanged from 2023. The eligibility for each award level is listed below.

Participant	Silver	Gold	Gold+
Submit data and commit to reducing the number of adult patients with uncontrolled BP. <i>First time submission only.</i>	Submit data and attest to completing at least 4 of 6 evidence-based Measurement Activities.	Submit data and achieve $\geq 70\%$ BP control rate (% of adult patients with hypertension whose blood pressure is controlled to $< 140/90$ mmHg)	Submit data, achieve $\geq 70\%$ BP control rate, and attest to completing at least 4 of 6 evidence-based Measurement Activities.

### What is the data submission timeline for 2023 Award Achievement?

The data platform submission forms will be ready by January 1, 2023. Data and attestations submitted before May 17, 2024, will be considered for the 2024 awards.

# AWARD ACHIEVEMENT CRITERIA

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## How is Award Achievement changing?

The criteria for earning awards in 2024 has not changed. In addition to the existing attestation questions regarding Measure Accurately (M), new attestation questions have been added regarding Act Rapidly (A), Partner with Patients (P), Self-Measured Blood Pressure (SMBP) monitoring, and Equitable Health Outcomes (EHO). ALL of the practice attestation questions must be answered (by selecting Yes, No, or Unsure) to complete your data submission and to be eligible for an award. Only "Yes" answers in the M pillar will count toward earning awards in 2024. New attestation questions (in the A, P, SMBP, and EHO pillars) must be answered to complete your data submission but will not factor into your award determination until 2025's data submission. Your answers will help establish a baseline for future reference, improvement, and future awards.

## What are the new attestation questions in the data submission form, and will they impact my 2024 award status?

Target: BP announced the addition of new evidence-based blood pressure activities on the [July 2023 webinar](#) and in an [overview document](#). These new attestation criteria will appear in the 2024 data submission as a 'dry run,' but will not impact award achievement until 2025. The pillars build upon the AMA MAP™ framework and prioritize health equity. HCOs are encouraged to assess their current practices according to this criteria and attest "Yes/No/Unsure" to establish a baseline in 2024. New 2025 award criteria will be informed, in part, by the responses gathered in 2024.

## Why does Target: BP include blood pressure measurement questions as part of the award criteria?

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  $\geq 70\%$ , the Silver award recognizes a commitment to excellence through consistent performance of evidence-based BP measurement activities. For organizations who have achieved control rates of  $\geq 70\%$ , the Gold+ award recognizes an even higher level of achievement.

## How can we learn more about the Silver and Gold+ 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 measurement BP activities required for Silver and Gold+ recognition are also [detailed here](#) with links to corresponding resources.

## What if our HCO cannot commit to completing all 6 evidence-based BP measurement activities?

To qualify for a Silver or Gold+ award in 2023, only 4 of 6 criteria need to be completed by December 31, 2023.

## When does our HCO need to complete the evidence-based BP measurement activities to qualify for the 2023 awards?

The activities need to be completed by December 31, 2023, to qualify for Silver or Gold+ awards in 2023.

## 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

## AWARD ACHIEVEMENT CRITERIA

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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 Achievement Awards.

### **Can our HCO still receive awards 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 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 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  $\geq 70\%$ , then you will achieve a Gold+ award.



## AWARD ACHIEVEMENT CRITERIA

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### Will my HCO receive an award if we cannot complete 4 of 6 evidence-based BP measurement activities OR control rates of $\geq 70\%$ in 2023?

Only first-time data submitters are 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 measurement activities to 'count' for a 2023 award?

See below for an answer related to each criterion:

- **For calibration:** Since equipment needs to be continuously maintained, it must be calibrated in 2023 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 2023 should be checked once. Of note, devices are being continuously added to the US Blood Pressure Validated 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 2023.
- **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 2023.
- **For protocol use:** A protocol must already be in use – or – be defined and implemented during 2023.
- **For positioning graphic posting:** A BP measurement graphic must be displayed – or – newly posted, adjacent to every BP measurement device during 2023. See below for more ideas on how to creatively display a positioning graphic.

### How do these award criteria impact bulk data submission for multi-site systems?

Bulk data uploads will remain available. The data template includes the attestation question responses, requiring response from each of the sites within the submission, including the new questions related to Act Rapidly, Partner with Patients, SMBP, and Equitable Health Outcomes. Please reach out to your local AHA representative for access to these templates.

## DEVICE VALIDATION & CALIBRATION

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**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](https://www.validatebp.org) for the current list of validated devices.

Validated BP devices lists exist in several other countries and may include 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 minimum threshold or target percentage of validated devices. HCOs will not be penalized for having 0% 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.000000000000087(BP Scientific Statement)*, “Aneroid sphygmomanometers are susceptible to error and loss of calibration, especially when handled harshly. **Wall-mounted aneroid devices are less susceptible to 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

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## **Which devices should be evaluated for validation and calibration?**

At a minimum, the devices used in outpatient or ambulatory settings for the purpose of diagnosing and managing patients with hypertension at the locations for which you are submitting data 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 warranted 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/](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 have been 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.

## CALIBRATION (continued)

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### **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 most 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

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### **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 minimum 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.

## VALIDATION (continued)

### 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 the VDL. Of note, the VDL is fairly new, so more devices are being added over time as manufactures submit their validation data to be reviewed for listing.

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:

	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: XXXXXX	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: XXXXXX	Date: XXXXXX
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.

## BP MEASUREMENT KNOWLEDGE & SKILLS (continued)

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*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.

### **Does annual training need to be a CME/CE-accredited event? Can I claim credit more than once from an event recording?**

CME/CE credit is not required as part of annual BP measurement training, but certainly provides a welcome incentive for health professionals. Due to ACCME and AACN continuing education regulations, CME/CE credit can only be claimed once for a specific live or enduring/recorded event, unless the event has been recertified by the accredited host organization. However, the event can be re-watched without claiming CME/CE credit to satisfy the spirit of annual BP measurement training for Target: BP award achievement.

### **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 BP measurement 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

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**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 24-hour 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 your 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](#).

### **For the Measure Accurately pillar, 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. Consider using the [Target: BP Blood Pressure Measurement Policy & Procedure template](#).

## AWARD ACHIEVEMENT ELIGIBILITY

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### **My HCO isn't eligible for an award per the criteria, but we do extensive work to train and support clinicians in blood pressure management. Are there other avenues for award achievement?**

The Target: BP Achievement Awards have always been intended for organizations who diagnose and manage patients with hypertension using medication and other means.

We 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 an award?**

No, a key part of the eligibility criteria is diagnosing, treating, and managing hypertension.

### **My organization only sees patients in a one-time-only fashion (e.g., urgent care, standalone ER, etc.). Am I eligible for an award?**

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 the chronic condition of hypertension includes at a minimum diagnosing, recommending lifestyle changes, prescribing and managing medications, conducting follow-up visits, and monitoring and monitoring for medication side-effects as needed.

## DATA RESULTS

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### **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 data submission 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.



## CITATIONS

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### Why was the hypertension guideline and associated recommendations revised in 2017?

Strong clinical evidence supports that lower blood pressure reduces cardiovascular risk. The 2017 AHA/ACC Hypertension Guideline recommended lower diagnosis and treatment goals to prevent and treat high blood pressure sooner. This guideline 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 awards continue to be based on the NQF Blood Pressure Control measure #0018, a population-level performance measure which uses a threshold of <140/90. While we will keep our BP control award threshold in alignment with the NQF measure, we promote the use of treatment algorithms that align with the 2017 blood pressure guideline to improve patient outcomes.

### What is the difference between the diagnosis threshold, treatment goal, and performance measure for hypertension?

Each number has a different systolic and diastolic blood pressure, purpose, and role:

- **Diagnosis threshold:** <120 / <80 mmHg is the threshold for determining normal blood pressure in clinical practice.
- **Treatment goal:** <130 / 80 mmHg is the recommended treatment goal for *individual adult patients* with confirmed hypertension and known CVD or 10-year ASCVD event risk of 10% or higher as defined by the 2017 AHA/ACC Hypertension Guideline. Treatment algorithms should include this stated goal in order to attest "yes" to the new evidence-based criteria.
- **Performance measure:** <140 / 90 mmHg is the threshold defined by the National Committee for Quality Assurance used in performance measures CMS 165 or MIPS 236 to determine blood pressure control rates for a patient population. This national standard will continue to be the metric used for reporting BP control rates for Target: BP awards.

### 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

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### How are Target: BP Achievement Awards different than Million Hearts® Champions?

Annually, Target: BP recognizes HCOs that participate and submit data and those that achieve hypertension control rates of 70 percent or higher among their adult patient population. This award application process involves the submission of self-report aggregated data and practice attestations.

The Million Hearts® Hypertension Control Challenge recognize clinicians, practices and health systems that achieve hypertension control rates of 80 percent or greater among their adult patients each year as a one-time award. This award application process involves a detailed review of patient level data.

### 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 awards 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:

## CITATIONS

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- [Measure Accurately Quick Start Guide](#)
- [Act Rapidly Quick Start Guide](#)
- [Partner with Patients Quick Start Guide](#)
- [SMBP Quick Start Guide](#)

[Contact us](#) if you are interested in additional quality improvement support options through AHA and AMA.

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, Oviagele 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/>.