



# **Hypertension Practice Center / Comprehensive Hypertension Center**

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## **Certification Eligibility Guide**

Certification provided by  
American Heart Association®

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## Hypertension Certification Mission Statement

The mission of the American Heart Association (AHA) Hypertension Certification program is to improve the outcomes of patients with complex or difficult-to-treat hypertension while partnering with medical practices, incorporating best practices, and implementing evidence-based treatment guidelines.

## Hypertension Certification Overview

The overarching goals of the certified Hypertension Center encompasses the patient, provider, research and training opportunities, and engagement with insurers and payors. The Certification is focused on enhancing hypertension patient care and is designed to evaluate each medical practice against a professional set of criteria based on demonstrated adherence to key standards and a rigorous review process.

### Benefits for Patients

- Provide patients with access to centers focused on treating complex hypertension and its comorbidities
- Provide patients with confidence that the centers can provide the most effective treatment strategies based on current translational, evidence-based research in hypertension
- Provide patients with assurance that the center has been vetted and is recognized by the American Heart Association, based on professional evaluation criteria designed by hypertension experts

### Benefits for Health Care Providers

- Promote and recognize the role and function of those physicians who are certified as specialists in Clinical Hypertension
- Provide a referral source for non-hypertension specialist physicians and other health care providers treating patients with resistant hypertension and its co-morbidities
- Establish a national collaborating network of American Heart Association Certified Hypertension Centers for physician and other health care provider access
- Establish a pathway for appropriate reimbursement for those health care professionals treating patients with resistant hypertension and its co-morbidities
- Provide direct access to AHA-sponsored live and online educational activities

### Clinical Research and Training Opportunities

- Provide centers with the opportunity to participate in hypertension clinical research studies
- Serve as an impetus to expand hypertension training programs at all levels
- Utilize the outcomes of these studies to develop needs assessments for hypertension health care providers and develop appropriate educational activities

### Insurance Provider and Payment Engagement

- Establishes collaborative and educational liaison with payors
- Provides standardized criteria for a hypertension specialty practice
- Provides information on effective treatment strategies and protocols

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## Certification Tracks

Hypertension Centers are certified as either:

- **Comprehensive Hypertension Center** or
- **Hypertension Practice Center**

## Certification Term

Comprehensive and Practice Centers are each certified for a term of **three years**.

## Certification Standards

Contact [accreditation@heart.org](mailto:accreditation@heart.org) or complete the information form on our [website](#) to request a copy of the detailed Hypertension Center Certification standards.

## Fees

- The fee for **Comprehensive Hypertension Center Certification** is \$2,700
- The fee for **Hypertension Practice Center Certification** is \$1,200

Invoices are sent to the applicant once the Participating Practice Agreement is fully executed. Payment must be remitted for the review process to begin. Follow the instructions on the invoice to submit payment.

Practices have one year from payment date to complete the Hypertension certification process. All payments are non-refundable.

## Comprehensive Hypertension Center Criteria

**These Centers are in either academic medical centers or in large multi-specialty clinics. The center may exist independently or as part of larger divisions or departments. Additional criteria include the following.**

- Director must be a [Certified Specialist in Clinical Hypertension](#)
- Director must hold an academic appointment
- Director must be a current Premium Professional or Premium Professional Plus member of the American Heart Association with membership on the Council on Hypertension. ([www.professional.heart.org](http://www.professional.heart.org))
- Practice must be registered for the Target: BP program ([www.targetbp.org](http://www.targetbp.org))
- Majority of practice must be devoted to patients with hypertension and related disorders
- Recognition as referral and treatment resource for resistant and secondary hypertension, and alternative therapies.
- Personnel are competent in recording blood pressure and in maintaining equipment for both the Center and self-monitoring for patients
- Performs and interprets 24-hour ambulatory blood pressure recording
- Has facilities available to perform extensive multi-specialty examination and treatment to assess complicated hypertension problems:
  - Quantitative echocardiography
  - Exercise testing

- Ankle-brachial index
  - Carotid doppler
  - Evaluation of Autonomic function
- Diagnostic Evaluation:
  - Renal angiography
  - Doppler renal ultrasound
  - CT Angiography
  - MR Angiography
  - Adrenal vein sampling for Aldosterone (Desirable, but not required)
- Interventions:
  - Renal angioplasty with/without stenting
  - Laparoscopic adrenalectomy
  - Sleep Lab
- Participates in investigator-initiated research and/or in appropriate multi-center trials and observational studies
- Center performs ongoing quality improvement
- Personnel participate in ongoing hypertension educational activities
- Personnel participate in teaching hypertension to medical students, house officers and fellows
- Personnel participate in the publication of scholarly articles or abstracts related to the field of hypertension and related disorders

## Hypertension Practice Center Criteria

**These Centers are either private or group medical practices. Additional criteria include the following.**

- Director must be a [Certified Specialist in Clinical Hypertension](#)
- Director must be a current Premium Professional or Premium Professional Plus member of the American Heart Association with membership on the Council on Hypertension. ([www.professional.heart.org](http://www.professional.heart.org))
- Practice must be registered for the Target: BP Program ([www.targetbp.org](http://www.targetbp.org))
- Majority of practice must be devoted to patients with hypertension and related disorders
- Recognition as referral and treatment resource for resistant and secondary hypertension, and alternative therapies.
- Personnel are competent in recording blood pressure and in maintaining equipment for both the Center and self-monitoring for patients
- Performs and interprets 24-hour ambulatory blood pressure recording
- Has access to facilities to perform extensive multi-specialty examination and treatment to assess complicated hypertension problems:
  - Quantitative echocardiography
  - Exercise testing
  - Ankle-brachial index
  - Carotid doppler
  - Evaluation of Autonomic function
- Diagnostic Evaluation:
  - Renal angiography

- Doppler renal ultrasound
  - CT Angiography
  - MR Angiography
  - Adrenal vein sampling for Aldosterone (Desirable, but not required)
- Interventions:
  - Renal angioplasty with/without stenting
  - Laparoscopic adrenalectomy
  - Sleep Lab
- Participates in investigator-initiated research and/or in appropriate multi-center trials and observational studies
- Practice performs ongoing quality improvement
- Personnel participate in ongoing hypertension educational activities

## Certification Process

1. **Eligibility Information and Requirements:** Review the eligibility information and requirements contained in this document.
2. **Request Standards:** From the AHA webpage at [www.heart.org/certification](http://www.heart.org/certification), select the Hospital Portal link and complete the requested information. Then click submit. You will receive an email from the web administrator notifying you that we received your request. **If the hospital portal is unavailable, please use the standards and application request form at the end of this document.** After your request is received, an AHA representative will provide an electronic copy of the certification standards.
3. **Application:** The hospital completes and submits the application currently located in the standards manual and submits via email to [accreditation@heart.org](mailto:accreditation@heart.org). *Applications will expire one year from the date received.*
4. **Participating Practice Agreement:** The practice reviews, signs, and submits the agreement.
5. **Payment:** Once payment is received, you will be contacted by an AHA Representative to begin the certification review.
6. **Desk Review:** The AHA Reviewer evaluates the practice's application and supporting documentation for adherence to the Requirements. If there are any questions, the AHA Reviewer schedules calls with the practice to resolve documentation questions. Supporting documentation may be sent via email to [docsubmission@heart.org](mailto:docsubmission@heart.org).
7. **Committee Review:** The AHA Reviewer makes the recommendation for certification and submits a detailed report to the expert panel for consensus agreement.
8. **On-Site Review:** Scheduled only if the AHA Reviewer and Committee determine a need to validate documentation submitted during the Desk Review. Reviewer contacts the practice's primary contact to schedule a mutually agreed upon review date.

## Standards and Application Request Form

If the AHA portal is unavailable, please complete the following form and submit via e-mail to [accreditation@heart.org](mailto:accreditation@heart.org). This form is required to access the certification standards manual and to begin the certification process. **Items marked with an asterisk are required.**

The subject line of your email submission should be **HTN Certification Standards Request - XCenter**.

### Primary Contact

Full Name*	
Position Title*	
Email Address*	
Primary Contact Number*	

### Secondary Contact

Full Name*	
Position Title*	
Email Address*	
Primary Contact Number*	

### Practice Information

Name of Practice*	
Physical Address*	
City, State & Zip*	