

1ATTACHMENT 3a

DATA COLLECTION TOOL #1

Million Hearts™ Hypertension Control Champion Nomination

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Public reporting burden of this collection of information is estimated at 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, NE, M/S D74, Atlanta, GA 30333, ATTN: PRA 0920-xxxx.

Nominee: _____

Contact information (for individual submitting the nomination):

Name: _____

Address: _____

Phone: _____ E-mail: _____

Nominee information:

Name: _____

Business Address: _____

Business Phone: _____ Business E-mail: _____

Check the box which best represents the nominee:

- | | |
|--|---|
| ☐ A healthcare system | ☐ An internal medicine practice/clinician |
| ☐ A primary care practice/clinician | ☐ An osteopathic practice/clinician |
| ☐ An obstetrics/gynecology practice/clinician | ☐ A cardiovascular care practice/clinician |
| ☐ A family practice/clinician | ☐ Other _____ |

Nominee Reach and impact

Number of patients enrolled in your practice or health system: _____

Number of patients seen at least annually: _____

Number of adult patients (18 – 85 years old) seen at least annually: _____

Describe patient demographics that support the practice or health system's care for a challenging population:

- Geographic region served _____
 - Is this urban, rural, or both? _____
- Percent of patients who belong to a racial/ethnic minority _____
- Percent of patients whose primary language is not English _____
- Percent of patients who are eligible for Medicaid _____
- Other _____

CDC defines "hypertension control" as a blood pressure reading < 140 mmHg systolic and <90 mmHg diastolic among hypertensive patients. There is no allowance for individuals on two or more medications.

How many adult patients in the total patient population seen annually are diagnosed with hypertension? _____

Million Hearts™ supports use of the National Quality Forum #0018 or other nationally recognized measures for defining hypertension control (if other, please specify the measure used _____).

What is the Hypertension Control Rate for the practice or healthcare system's adult hypertensive population? _____ Date collected _____.

What was the Hypertension Control Rate for the practice or healthcare system's adult hypertensive population a year or more previous? _____ Date collected: _____

Do you report hypertension control rate to any other federal or regulatory agency?

☐ Yes

Which one?

☐ No

If you have a hypertension registry, please describe how it is developed and maintained. If you don't have a hypertension registry, please describe how the data were obtained.

Sustainable systems

Please check the button before each sustainable process for providing care in the clinic or healthcare system that is used on a regular basis. Provide a brief description of as many “other” processes or systems as applicable to your practice or health system. You may also add details to many of the systems described below to support the nomination.

- ☐ Electronic Medical Records (EMR): Registry features
- ☐ Electronic Medical Records: With clinical decision supports
- ☐ Electronic Medical Records: With e-prescribing
- ☐ Electronic Medical Records: With treatment/testing reminders
- ☐ Electronic Medical Records: With patient summary reports
- ☐ Team based care: nurse engagement
- ☐ Team based care: nurse practitioner engagement
- ☐ Team based care: pharmacist engagement
- ☐ Team based care: patient navigator/care coordinator
- ☐ Team based care: Other

Please describe: _____

- ☐ Provider incentives: Financial

Please describe: _____

- ☐ Provider incentives: Administrative

Please describe: _____

☐ Provider incentives: Recognition

Please describe: _____

☐ Provider incentives: Other

Please describe: _____

☐ Patient incentives

Please describe: _____

☐ Non-electronic reminders or alerts for providers or patients – please
Non-electronic reminders or alerts for providers or patients

☐ Free blood pressure checks

☐ Provider dashboards

☐ Home blood pressure monitoring support or equipment

Please describe: _____

☐ Medication adherence strategies

Please describe: _____

☐ Outreach to patients

Please describe: _____

☐ Other

Please describe: _____

Is there anything else you would like to add to support the nomination?

Agreement to Participate

Please enter your name below to indicate that you, as the nominee, agree to the following.

If you are not the nominee, please enter your name below assuring that you have consulted with the nominee, and the nominee agrees to the following:

- All information provided is true and accurate to the best of your knowledge. .
- To participate in a data verification process if selected as a champion.
- Consent to a background check if selected as a champion.
- To be recognized by provider or practice name and location if selected, to participate in recognition activities, and to share best practices for the development of publically available resources.
- To assume any and all risks and waive claims against the Federal Government and its related entities, except in the case of willful misconduct, for any injury, death, damage, or loss of property, revenue, or profits, whether direct, indirect, or consequential, arising from my participation in this prize contest, whether the injury, death, damage, or loss arises through negligence or otherwise.
- To indemnify the Federal Government against third party claims for damages arising from or related to competition activities.”

Thank you for participating.