

ATTACHMENT 6

Screenshots of Million Hearts[®] Hypertension Control Challenge Website



2013
Hypertension
CONTROL

CHALLENGE

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To support reduction of uncontrolled high blood pressure and reduce cardiovascular deaths, the Million Hearts® Hypertension Control Challenge will:

Identify and recognize exceptional performance achieved across the spectrum of clinical practices and health systems including large and small organizations, serving both urban and rural areas and document the systems and processes that contribute to success to share broadly with the medical community.

Contestants will enter the Challenge by completing a nomination form that provides information about the practice or health system, two hypertension control rates approximately one year apart, and sustainable systems.



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To participate in the Challenge, create an account or log in with an existing account. Complete the Million Hearts® Hypertension Control Champion Nomination Form. Paper nominations will not be accepted.



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1. Contestants will enter the Challenge by completing a web-based nomination form that includes information about the practice or plan (size, location, description of patient population), two hypertension control rates approximately one year apart, and sustainable systems. Estimated time required to complete the form is 15-45minutes.
2. One nomination per individual or group practice or healthcare system will be accepted. Practices with more than one location should submit one nomination, unless locations are managed and staffed independently. Healthcare systems should submit one nomination per system or regional system under common administration, not for individual practice sites.
3. Research studies, pilot studies, or entries that limit hypertension control data submitted to a subset of the provider or health system population, such as treatment cohorts, patients of a specific age range, or patients enrolled in quality improvement projects or time limited registries are not eligible.
4. Federal entities will be allowed to compete through an independent and separate challenge, enter through a separate submission site, and be judged in a separate category. Federal entities will be awarded by recognition only (no financial award).
5. Federal grantees may not use Federal funds to develop COMPETES Act challenge applications unless consistent with the purpose of their grant award and specifically requested to do so due to competition design, and as announced in the Federal Register. If a grantee using Federal funds wins the competition, the award needs to be treated as program income for purposes of the original grant in accordance with applicable OMB Circulars.
6. Federal contractors may not use Federal funds from a contract to develop COMPETES Act challenge applications or to fund efforts in support of a COMPETES Act challenge submission. Costs associated with such activities are unallowable and are not allocable to Government contracts.
7. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is _____. The time required to complete this information collection is estimated to be 30 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.



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The Million Hearts® Hypertension Control Challenge is open to clinicians and administrators of clinics or health systems providing direct services to patients. To be eligible to win the Challenge, the nominee must:

1. Be a licensed clinician or medical practice providing primary or cardiovascular care, through family practice, internal medicine, osteopathic, or obstetric/gynecologic services, primarily for adults.
 - An individual clinician is defined as one licensed clinician practicing in any setting who provides continuing care for patients with hypertension.
 - A medical practice is defined as any practice with two or more licensed clinicians who, by formal arrangement, share responsibility for a common panel of patients and practice at the same physical location or street address.
2. Or be a licensed health system that provides coverage to a patient population representative of the geographic area. A health system provides a wide range of medical services and coordination of care for participants and/or their dependents directly or through insurance, reimbursement, or otherwise.
3. In addition to either 1) or 2) above, the clinician, practice or health system:
 - Must be practicing in a US state or territory. International nominations will not be considered.
 - Have completed the nomination in its entirety.
 - Must have a data management system (electronic or paper) that allows for verification of data submitted.
 - Must agree to participate in a data verification process, accept the award if selected, participate in award activities, share information about their clinical strategies and implementation, and work with CDC to review materials for a broad audience that share successful clinical strategies. Nominees not agreeing to these items on the nomination form will be excluded from the Challenge.
 - Employees of the Department of Health and Human Services, the judges, and any individuals or entities participating in the development or implementation of the Challenge are not eligible.
 - Must be free from convictions or pending investigations of criminal and health care fraud offenses such as felony health care fraud, patient abuse or neglect; felony convictions for other health care-related fraud, theft, or other financial misconduct; and felony convictions relating to unlawful manufacture, distribution, prescription, or dispensing of controlled substances as verified through the Office of the Inspector General List of Excluded Individuals and Entities.



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To enter the Challenge, participants must complete the nomination form. The nomination form is a combination of short answer responses, checkbox responses, and assurances. Nomination information includes:

- The patient population defined as the number of adult patients served annually regardless of diagnosis, a summary of known patient demographics, and any noteworthy patient population characteristics.
- The practice or healthcare system's current hypertension control rate (of the entire hypertensive population served). In addition, the population hypertension control rate obtained 9 to 15 months prior is required. Current data must be collected at a point in time within three months of submission.
- A description of the sustainable clinic systems that support hypertension control. Checkbox response may be supplemented by a short response to provide supporting information. Supporting information about clinic systems is encouraged but not required. Systems may include provider and patient incentives, dashboards, staffing characteristics, electronic record keeping systems, reminder or alert systems, clinician reporting, service modifications, etc.
- Assertion that the nominee will:
 - Participate in a data verifications process, accept the award if selected, participate in award activities, share information about their strategies and implementation, and work with CDC on the review of materials to share successful clinical strategies. Nominees not agreeing to these items on the nomination form will be excluded from the Challenge.
 - 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.
 - Indemnify the Federal Government against third party claims for damages arising from or related to competition activities.

In determining the clinic population's hypertension control rate, CDC defines "hypertension control" as a blood pressure reading < 140 mmHg systolic and <90 mmHg diastolic among hypertensive patients. There is no inclusion for individuals on two or more medications. Million Hearts® supports use of the National Quality Forum #0018 or similar definitions.

Paper responses will not be accepted.



JUDGING CRITERIA

Impact – 90% of score

The hypertension control rate for the provider/plan's entire population based on recommended measurement and documentation protocols. Data must be collected 1) within three months of submission and 2) approximately one year prior.

Sustainability – 5% of score

The extent to which the nominee is able to document sustained hypertension control, at a rate greater than or equal to 70%, as well as systems or processes that are likely to endure such as electronic reminder systems or team based care.

Challenging Population – 5% of score

Additional consideration will be given to practices or health systems whose primary patient population faces greater challenges in controlling hypertension – those at higher risk of hypertension (e.g., African Americans), or barriers to control.



JUDGES

Million Hearts Executive Director
Representative of CDC Office of the Director
Representative of CDC Office of Minority Health
Two Million Hearts Partners



PRIZES

Million Hearts® Hypertension Control Champion:

\$70,000



14 winners: \$5,000

Champions will be recognized by Centers for Disease Control and Prevention (CDC) Director Dr. Tom Frieden at a public event. In addition to recognition on the Million Hearts® and CDC websites, Million Hearts® partners will receive a special notice, and national and local press releases will be initiated to recognize and congratulate Champions. Documentation of clinical systems Champions adopted that support hypertension control will be housed on the Million Hearts® website and attributed to Champions.



Million Hearts™ Hypertension Control Champion Nomination

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.

Private Organization Nomination

Federal Organization Nomination



CHALLENGE

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:

- | | |
|--|---|
| <input type="checkbox"/> A healthcare system | <input type="checkbox"/> An osteopathic practice/clinician |
| <input type="checkbox"/> A primary care practice/clinician | <input type="checkbox"/> A cardiovascular care practice/clinician |
| <input type="checkbox"/> An obstetrics/gynecology practice/clinician | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> A family practice/clinician | |
| <input type="checkbox"/> An internal medicine practice/clinician | |



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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 _____
 - Please select if this is:
 - Urban
 - Rural
 - 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 _____



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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.



CHALLENGE

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 (EMR): With clinical decision supports
- Electronic Medical Records (EMR): With e-prescribing
- Electronic Medical Records (EMR): With treatment/testing reminders
- Electronic Medical Records (EMR): 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
- 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?



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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.

[Submit Nomination](#)

Thank you for participating.