

1ATTACHMENT 7

DATA COLLECTION TOOL #3

Eligibility and Rules for the Million Hearts Hypertension Control Challenge

0920-0976

Eligibility

The Million Hearts[®] Hypertension Control Challenge is open to public and private individual clinicians, practices, and health systems providing health care services to patients in a US state or territory. To be eligible to win the Challenge, the nominee must

1. Be a US licensed clinician, practicing in any US setting, who provides continuing care for adult patients with hypertension. In the case of an individual, whether participating singly or in a group, the individual must be a citizen or permanent resident of the United States.
2. Or be a US incorporated clinical practice, defined as any practice with two or more U.S. licensed clinicians who by formal arrangement share responsibility for a common panel of patients, practice at the same physical location or street address, and provide continuing medical care for adult patients with hypertension.
In the case of a private entity, the private entity shall be incorporated in and maintain a primary place of business in the US.
3. Or be a health system that provides continuing medical care for adult patients with hypertension. In the case of a private entity, the private entity shall be incorporated in and maintain a primary place of business in the US.
 - o A health system provides a wide range of medical services and coordination of care for patients and their dependents.
 - o We encourage large health systems (those that comprise of a large number of geographically dispersed clinics or have multiple hospital locations, or both) to consider having one or a few of the highest performing clinics or regional affiliates apply individually instead of the health system applying as a whole.
 - o For purposes of this Challenge, an Accountable Care Organization (ACO) may apply as an ACO or one or more of its practices can apply independently.

In addition, the clinician, practice, or health system:

1. Must treat all adult patients with hypertension in the practice seeking care, not a select subgroup of patients.
2. Must treat a minimum of 500 adult patients annually.
3. Must have completed the nomination in its entirety.
4. Must have a hypertension control rate of at least 70% during the 12 month reporting period among the practice's hypertensive patient population. Must have a data management system (electronic or paper) that allows for verification of data submitted.

5. Must agree to:
 - a. Participate in a data validation process to be conducted by a reputable independent contractor. To the extent applicable law allows, data will be kept confidential by the contractor and will be shared with the CDC in aggregate form only (i.e., the hypertension control rate for the practice not individual hypertension values).
 - b. Accept the award if selected and participate in award activities as described more fully below.
 - c. Provide information through a 60 minute, or other similar, interview about their clinical strategies and protocol implementation for the development of a success story document.
6. Individual nominees and individuals in a group practice 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**. Individual nominees must be free from serious sanctions, such as those for misuse or mis-prescribing of prescription medications. Such serious sanctions will be determined at the discretion of the agency consistent with CDC's public health mission. CDC's contractor may perform background checks on individual clinicians or medical practices.
7. Health systems must have a policy in place that conducts periodic background checks on all providers and takes appropriate action accordingly. The background check should ensure that staff are 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**. The policy must ensure that staff are free from serious sanctions, such as those for misuse or mis-prescribing of prescription medications. Such serious sanctions will be determined at the discretion of the agency consistent with CDC's public health mission. In addition, a health system background check will include a search for JCAHO sanctions and current investigations for serious institutional misconduct (e.g., attorney general investigation). CDC's contractor may request the policy and any supporting information deemed necessary.
8. Centers for Disease Control and Prevention (CDC) employees are not eligible to apply. Contractors working on a CDC campus are not eligible. Neither the judges nor any individuals or entities participating in the development or implementation of the Challenge are eligible.

9. A federal entity or federal employee acting within the scope of their employment are not eligible to apply.
10. Champions previously recognized through the 2013 and 2014 Million Hearts® Hypertension Control Challenge retain their designation as a "Champion" and are not eligible to be named a Champion in the 2015 Challenge.

Rules

1. The Challenge recognizes clinicians, practices and health systems that achieve notable hypertension control rates across their adult patient population, not just for select patients. Applicants submitting 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 limited quality improvement projects are not eligible.
2. Federal grantees and contractors:
 - a. 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.
 - b. 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.
3. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection or information unless it displays a valid OMB control number. The valid OMB Control number for this information collection is 0920-0976 which expires xx/xx/xxxx. The time required to complete this information collection is estimated to be 30 minutes, including the time to review the instructions, search existing data resources, gather the data needed and complete and review the information collection. If you have comments concerning the accuracy or the time estimate(s) or suggestions for improving this form, please write to the US Department of Health and Human Services, OS/OCIO/PRA, 200 Independence Ave SW, Suite 336-E. Washington, DC, 20201, Attention: PRA Reports Clearance Officer.
4. By participating in this Challenge:
 - a. An individual or organization agrees to assume any and all risks related to participating in the Challenge. Individuals or organizations also agree to waive claims against the Federal Government and its related entities, except in the case of willful misconduct, when

participating in the Challenge, including claims for injury; death; damage; or loss of property, money, or profits, and including those risks caused by negligence or other causes.

- b. An individual or organization agrees to protect the Federal Government against third party claims for damages arising from or related to Challenge activities. Individuals and organizations are not required to hold liability insurance related to participation in this Challenge.

Submission Guidelines

To enter the Challenge, participants must complete the nomination form by clicking the link at the bottom of this page. The nomination form is a combination of short answer responses, checkbox responses, and assurances.

Nomination information includes:

1. The size of the nominee's adult patient population defined as the number of adult patients served during the reporting year regardless of diagnosis, a summary of known patient demographics (e.g., age distribution), and any noteworthy patient population characteristics. The reporting year should reflect the most currently available data with an end date no earlier than 3 months prior to the date of submission.
2. The percent of the nominee's adult patient population identified above that were seen during the reporting year and had a hypertension diagnosis (i.e., hypertension prevalence). There are an estimated 14 million people who are unaware of their hypertension. Most of these people are hiding in plain sight—they are in clinical treatment with elevated blood pressure documented, but hypertension neither diagnosed nor treated. Nominees selected as finalists will have their reported hypertension prevalence (i.e., percentage of their practice or system population with the condition) assessed for alignment with their predicted hypertension prevalence. Initially, a rough estimate of the nominee's predicted hypertension prevalence will be calculated using the reported age distribution of their patient population and hypertension prevalence findings from national studies, using the [Million Hearts[®] Hypertension Prevalence Estimator Tool \[Excel-88K\]](#). If the nominee's reported prevalence varies considerably from this rough estimate, the nominee may be asked to describe possible reasons for this disparity during the data validation process. If the reported hypertension prevalence is extreme and there is not a justifiable reason, the nominee may be excluded from further participation in the Challenge.
3. The nominee's current hypertension control rate among their hypertensive population identified above during the reporting year. In addition, the hypertension control rate during the previous

reporting year is also required. For example, if the current reporting year is September 1, 2014, to August 31, 2015, then the previous reporting year should be September 1, 2013, to August 31, 2014.

4. In determining the hypertension control rate, CDC defines "hypertension control" as a blood pressure reading <140 mmHg systolic and >90 mmHg diastolic among adult hypertensive patients.
5. A description of clinic systems or processes that support hypertension control. Checkbox responses may be supplemented by a short answer response. Supporting information about clinic systems is encouraged but not required. Sustainable systems may include provider or patient incentives, dashboards, staffing characteristics, electronic record keeping systems, reminder or alert systems, clinician reporting, service modifications, etc.
6. The nominee must agree to:
 - o Participate in a data validation process, accept the award if selected, and participate in award activities.
 - o To complete, without revisions, a required Business Associate Agreement form and/or other forms that may be required by applicable law.
 - o Participate in a 60-minute interview or similar activity to gather information about their hypertension control strategies, and work with CDC on the review of material to share clinical strategies. Strategies used by Champions that support hypertension control may be written into a success story, placed on this website, and attributed to Champions.
 - o 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 consequences, arising from participation in this prize contest, whether the injury, death, damage or loss arises through negligence or otherwise.
 - o Indemnify the federal government against third party claims for damages arising from or related to competition activities.

Nominees not agreeing to each of these items on the nomination form will be excluded from the Challenge.

Paper responses will not be accepted.