**ATTACHMENT 5**

# DATA COLLECTION TOOL #3

Interview Guide: Million Hearts® Hypertension Control Champion

Form Approved

OMB No. 0920-0976

Exp. date xx/xx/xxxx

Interview Guide: Million Hearts® Hypertension Control Champion

Public reporting burden of this collection of information is estimated to average 2 hours 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.

Congratulations on your selection as a Million Hearts® Hypertension Control Champion.

I am (name) with (organization) talking with you on behalf on the Million Hearts® Initiative. Thank you for making time to talk me today.

The primary purpose of the Million Hearts® Hypertension Control Challenge is to identify providers such as yourself who achieve exemplary hypertension control rates and then to share the strategies and processes you have adopted with the healthcare community to improve practice. The expectation of Million Hearts ® is develop a “success story” describing your practice and patient population in broad terms, your documented hypertension control rates, and the strategies adopted by your practice (healthcare system) to provide exemplary care for your hypertensive patients. Your practice will be named in the publication.

To facilitate this goal, Million Hearts® has scheduled this interview. I expect the interview to last about 1 hour, and may ask you to review any final products which may take another 1 hour. You may stop the interview at any time and refer us to a colleague or employee who may be better able to provide the information we are requesting. However, refusal to allow any staff to participate in the interview and documenting of strategies may result in a loss of some of the benefits of recognition. You will have an opportunity to review and comment on any products developed as a result of this interview. This data collection is approved under Office of Management and Budget # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We have three primary questions and will follow up some of your responses with a request for additional details. To accurately document your successes, we would like to record this session. Is that alright?

May we begin?

1.       Please describe how you identify and track patients with hypertension.

2.       Please describe how you calculated the hypertension control rate for your practice or (healthcare system). Are any groups or individuals excluded from the analysis?

3.       Please describe the processes or systems you have adopted in your practice (healthcare system) that you believe contribute to the exemplary blood pressure control achieved by your practice (healthcare system):

Prompt as needed:

* Have you incorporated healthcare extender as team members into the practice such as pharmacists, community health workers, or others? Please describe the staff you have engaged ad their role in the healthcare team.
* Do you use electronic medical records (EMRs)? Please describe how you use EMRs in your practice to identify and treat patients with hypertension. Please describe features of the EMR that are most useful to you.
* Do you have reminders or treatment prompts outside of EMRs? Please describe the reminders and/or prompts used and unique practices associated with them.
* Do you provide patient or staff performance incentives? Please describe them.
*  Have you identified and make use of community-clinical linkages? Please describe them?
* Have you partnered with community resources for meet patient needs? Please describe the partnership and the benefits to your patients.

Is there anything else you believe has contributed to your exemplary hypertension control rates that you would like to add?

Thank you for participating in this interview. We expect to have draft materials based on this conversation for you to review by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If you have any questions, or would like to add information to your interview, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone and e-mail).