

ATTACHMENT 6

Screenshots of Million Hearts[®] Hypertension Control Challenge Website



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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 15-45 minutes.
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.
5. Federal contractors may not use Federal funds from a contract to develop CCMETES Act challenge applications or to fund efforts in support of a CCMETES Act challenge submission. Costs associated with such activities are unallowable and are not allocable to Government contracts.
6. 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, CS/CCJ/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, 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, complete, without revisions, a required Business Associate Agreement form and/or other forms that may be required by applicable law. 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. 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 - at least 90%

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 - up to 5%

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 - up to 5%

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

Representatives of CDC



PRIZES

Million Hearts® Hypertension Control Champion:



Up to 40 winners

Champions will be recognized by Centers for Disease Control and Prevention (CDC) . 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.



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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 0920-0976.



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Contact information (for individual submitting the nomination):

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Business E-mail: _____

Check the box which represents your relationship with the nominee:

- I am the nominee
 Employee of nominee
 Contract with nominee
 State health department
 Other _____

Nominee information: Please provide the following information for the provider or practice being entered into the Challenge. Nominate either practice or provider, but not both.

Practice Name (if the practice is the nominee): _____

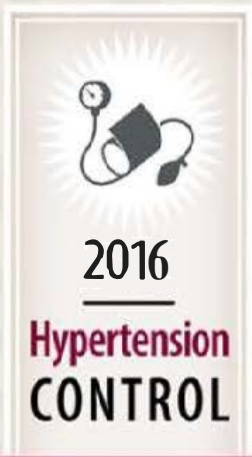
Provider Name (if the provider is the nominee): _____

Business Address: _____

Business Phone: _____ Business E-mail: _____

Check the box which best represents the nominee:

- | | |
|---|--|
| <input type="checkbox"/> A healthcare system | <input type="checkbox"/> Obstetrics/gynecology |
| <input type="checkbox"/> A single clinician or group practice or clinic | <input type="checkbox"/> Family practice |
| | <input type="checkbox"/> Internal medicine |
| | <input type="checkbox"/> Osteopathy |
| | <input type="checkbox"/> Cardiovascular care |
| | <input type="checkbox"/> Other _____ |



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Population served

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

Describe patient demographics that support the practice or health system's care for a population with a high prevalence of hypertension:

Geographic location of clinic (select both if you are a health system and both apply):

- Rural
- Urban

Percent of patient who belong to a racial/ethnic minority: _____

Percent of patients whose primary language is not English: _____

Percent of patients who are enrolled in Medicaid: _____

Percent of patient who have no health insurance: _____

Other: _____

Hypertension Control

Nominees are asked to provide two hypertension control rates: a current rate for a 12-month period and a previous rate for a 12-month period a year or more before.

CDC supports the definition of "hypertension control" as patients aged 18 through 85 years who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140 mmHg systolic and < 90 mmHg diastolic).

For the current Hypertension Control Rate, what is the reporting period (e.g., 1/1/2016 to 12/31/2016)?

For the current reporting period, the nominee used which of the following clinical quality measure to define hypertension control. Please check the appropriate box below and provide the requested information:

- National Quality Forum (NQF 0018 guidelines. Describe the exclusions the nominee includes (e.g., pregnant women, patients with end-stage renal disease). _____
- CMS Physician Quality Reporting System (PQRS) 236 guidelines. Describe the exclusions the nominee includes (e.g., pregnant women, patients with end-stage renal disease). _____
- CMS 165v3 guidelines. Describe the exclusions the nominee includes (e.g., pregnant women, patients with end-stage renal disease). _____



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- NCQA HealthCare Effectiveness Information Set (HEDIS). Describe the exclusions the nominee includes (e.g., pregnant women, patients with end-stage renal disease). _____
- HRSA Uniform Data System (UDS). Describe the exclusions the nominee includes (e.g., pregnant women, patients with end-stage renal disease). _____
- Other. Describe how the nominee calculates the measure; including who is included in the denominator and what is considered adequate control. _____

Calculation of Hypertension Control Rate

Of the number of patients enrolled in the practice or health system, how many adult patients (18-85 years old) were seen at least once during the reporting period? _____

Of this number of patients seen, distribute them by age:

Percent of patients: Age 18-44 _____

Percent of patients: Age 45-64 _____

Percent of patients: Age 65-74 _____

Percent of patients: Age 75-85 _____

Of the number of adult patients (18-85 years old) seen during the reporting period, how many were diagnosed with hypertension? _____

Of the number of adult patients (18-85 years old) diagnosed with hypertension, how many are included in the control rate denominator (after removing the exclusions listed above (e.g., pregnant women, patients with end-stage renal disease)? _____

How many of the patients were excluded from the denominator? _____

How many of the patients in the denominator had their blood pressure in control (numerator)? _____

What was the hypertension Control Rate for the practice or healthcare system's adult hypertensive population during this reporting period (numerator/denominator)? _____



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For the previous period Hypertension Control Rate

For the previous reporting period, did the nominee use the same clinical quality measure guidelines as the current reporting period? Yes No

If not, which clinical quality measure guideline was used? _____

Using the same steps to calculate the current period Hypertension Control Rate, what was the Hypertension Control Rate for the practice or healthcare system's adult hypertensive population during the previous reporting period? _____

What was the previous reporting period (e.g., 1/1/2015 to 12/31/2015): _____

Additional Hypertension Control Rate Questions

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

Yes. Which one? _____ No

Were the data obtained from an electronic health record system? _____

If not, how were the data obtained? _____



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Clinical System Supports

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.

- Written treatment protocols
- 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:



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○ 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:



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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.

Submit Nomination

Thank you for participating.