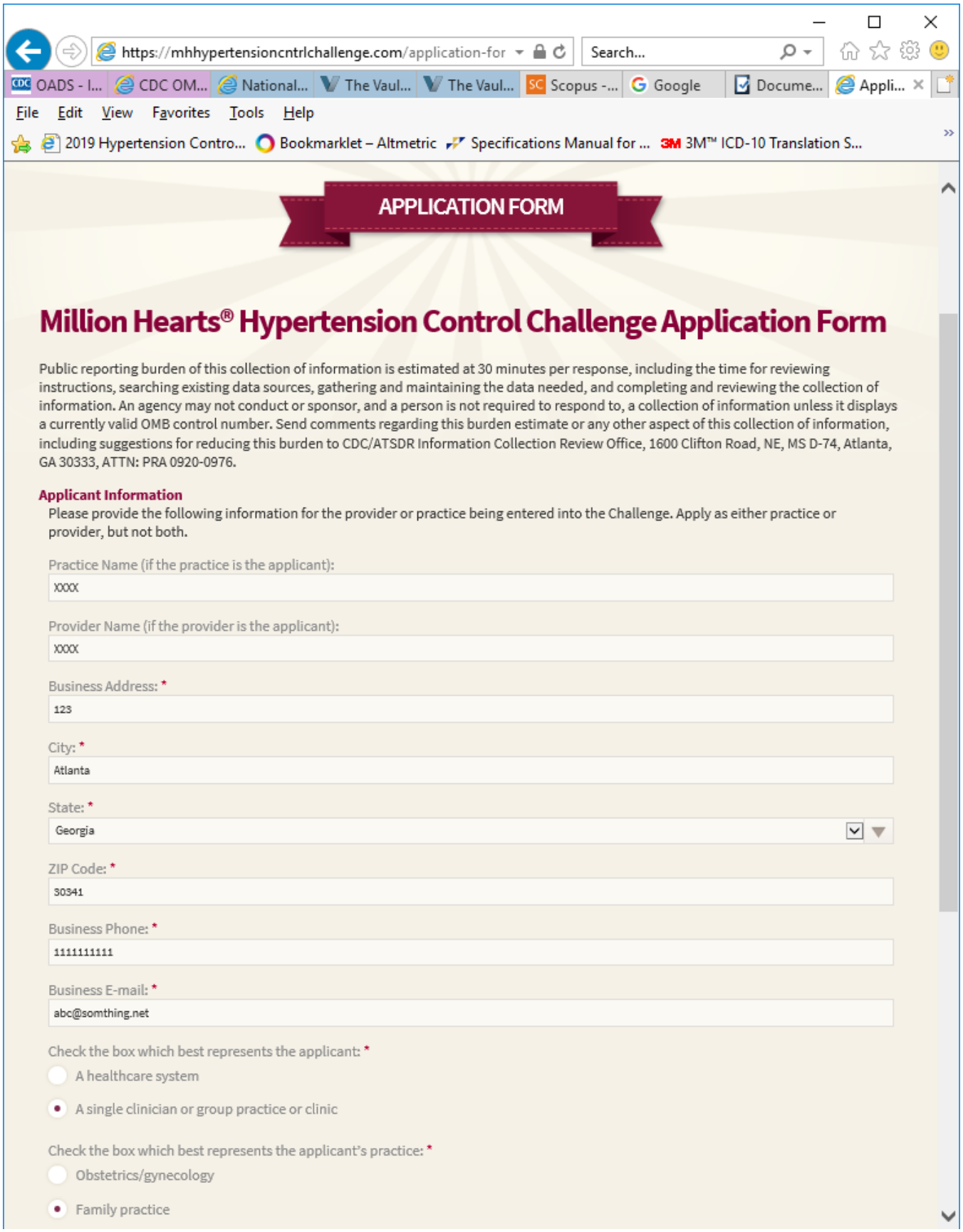
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Public reporting burden of this collection of information is estimated at 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing 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 Information Collection Review Office, 1600 Clifton Road, NE, MS D-74, Atlanta, GA 30333, ATTN: PRA 0920-0976.
Applicant Information
Please provide the following information for the provider or practice being entered into the Challenge. Apply as either practice or provider, but not both.
Practice Name (if the practice is the applicant):
XXXX
Provider Name (if the provider is the applicant):
XXXX
Business Address: *
123
City: *
Atlanta
State: *
Georgia
ZIP Code: *
30341
Business Phone: *
1111111111
Business E-mail: *
abc@somthing.net
Check the box which best represents the applicant: *
A healthcare system
A single clinician or group practice or clinic
Check the box which best represents the applicant's practice: *
Obstetrics/gynecology
Family practice

- Internal medicine
- Osteopathy
- Cardiovascular care
- Other

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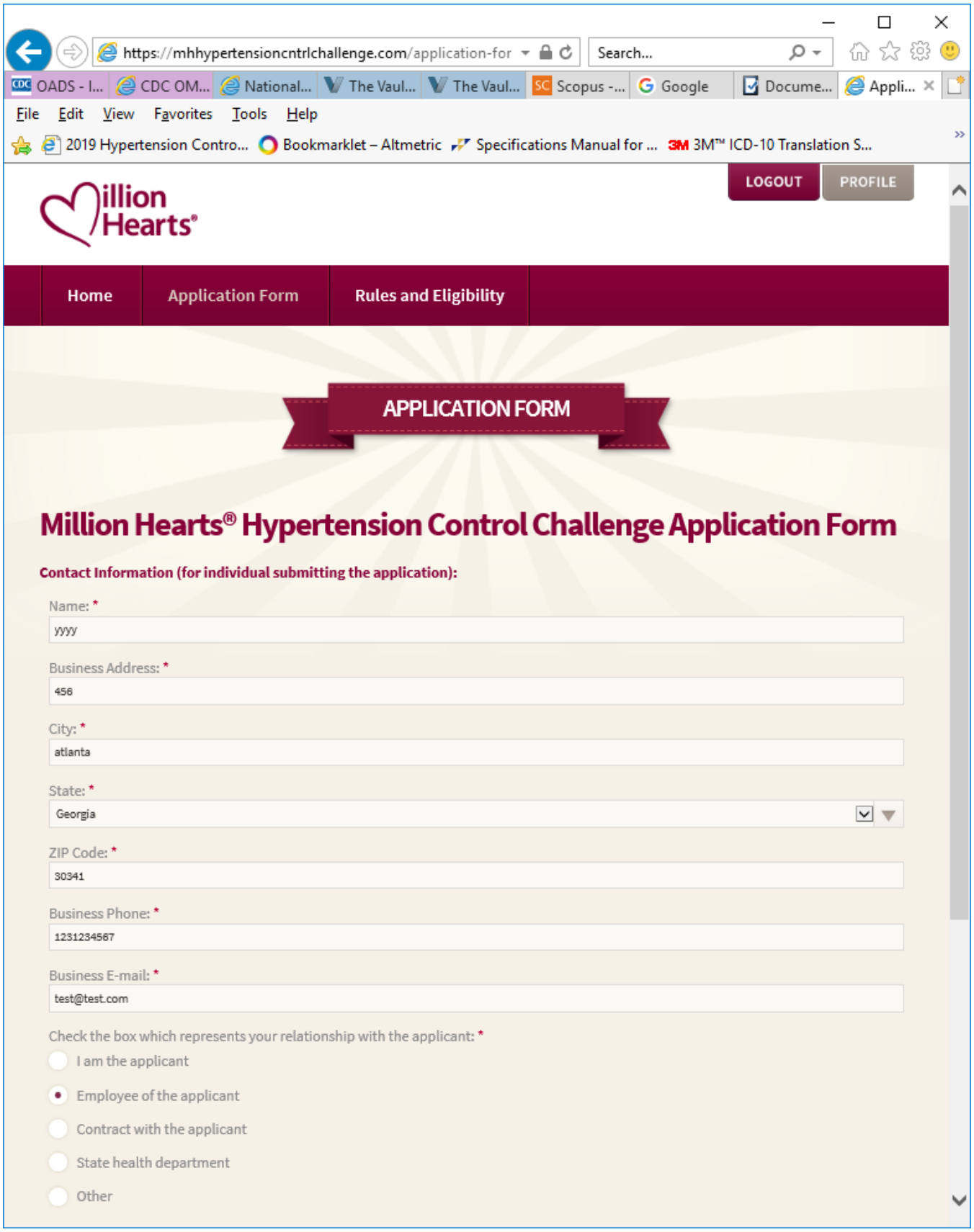
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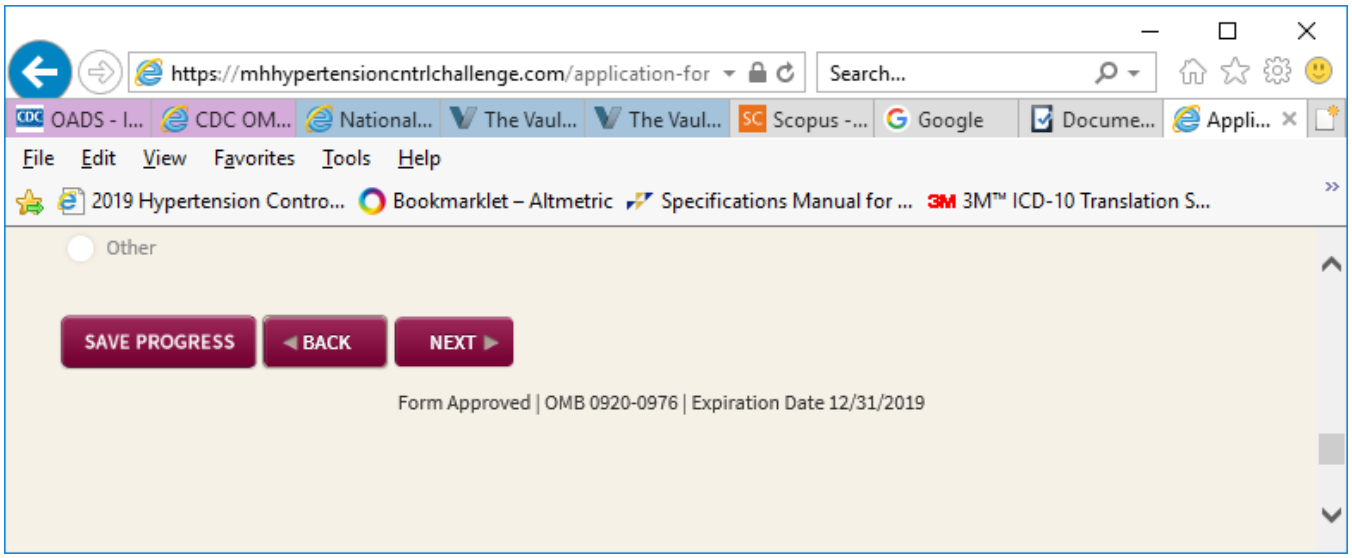
Contact Information (for individual submitting the application):
Name: *
yyyy
Business Address: *
456
City: *
atlanta
State: *
Georgia
ZIP Code: *
30341
Business Phone: *
1231234567
Business E-mail: *
test@test.com
Check the box which represents your relationship with the applicant: *
I am the applicant
Employee of the applicant
Contract with the applicant
State health department
Other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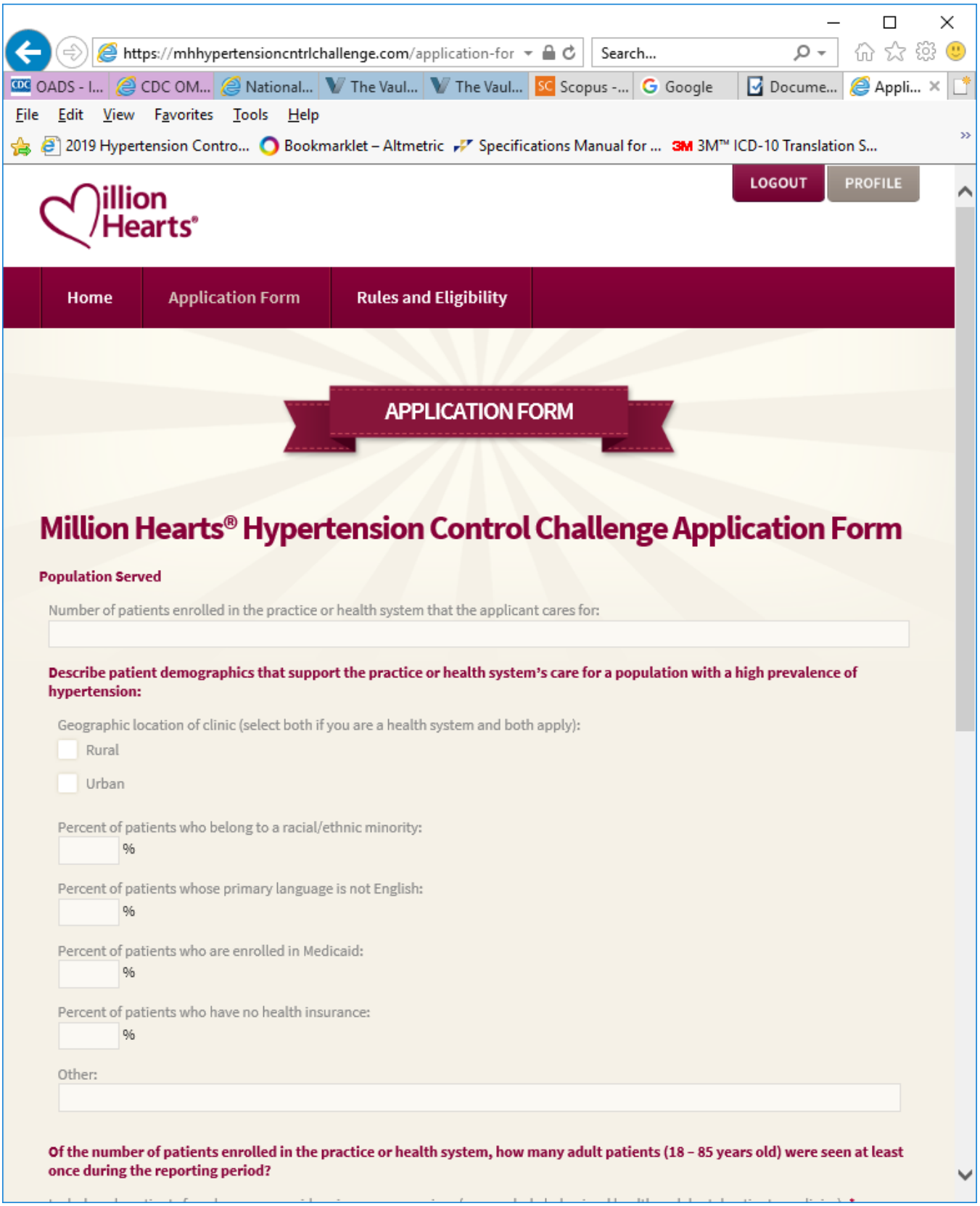
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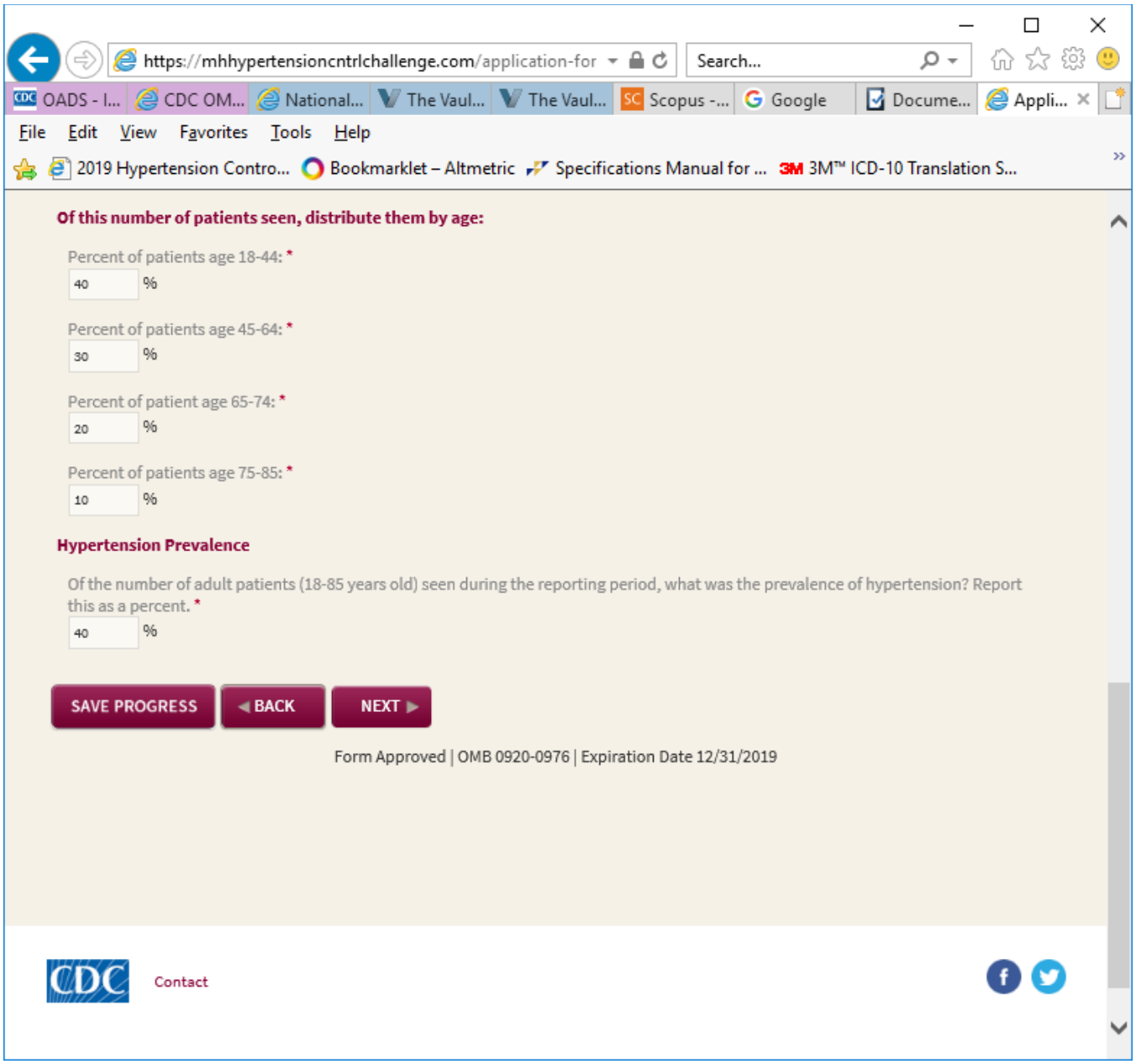
Population Served
Number of patients enrolled in the practice or health system that the applicant cares for:
Describe patient demographics that support the practice or health system's care for a population with a high prevalence of hypertension:
Geographic location of clinic (select both if you are a health system and both apply):
Rural
Urban
Percent of patients 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 patients who have no health insurance:
%
Other:
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?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Of this number of patients seen, distribute them by age:
Percent of patients age 18-44: *
40 %
Percent of patients age 45-64: *
30 %
Percent of patient age 65-74: *
20 %
Percent of patients age 75-85: *
10 %
Hypertension Prevalence
Of the number of adult patients (18-85 years old) seen during the reporting period, what was the prevalence of hypertension? Report this as a percent. *
40 %
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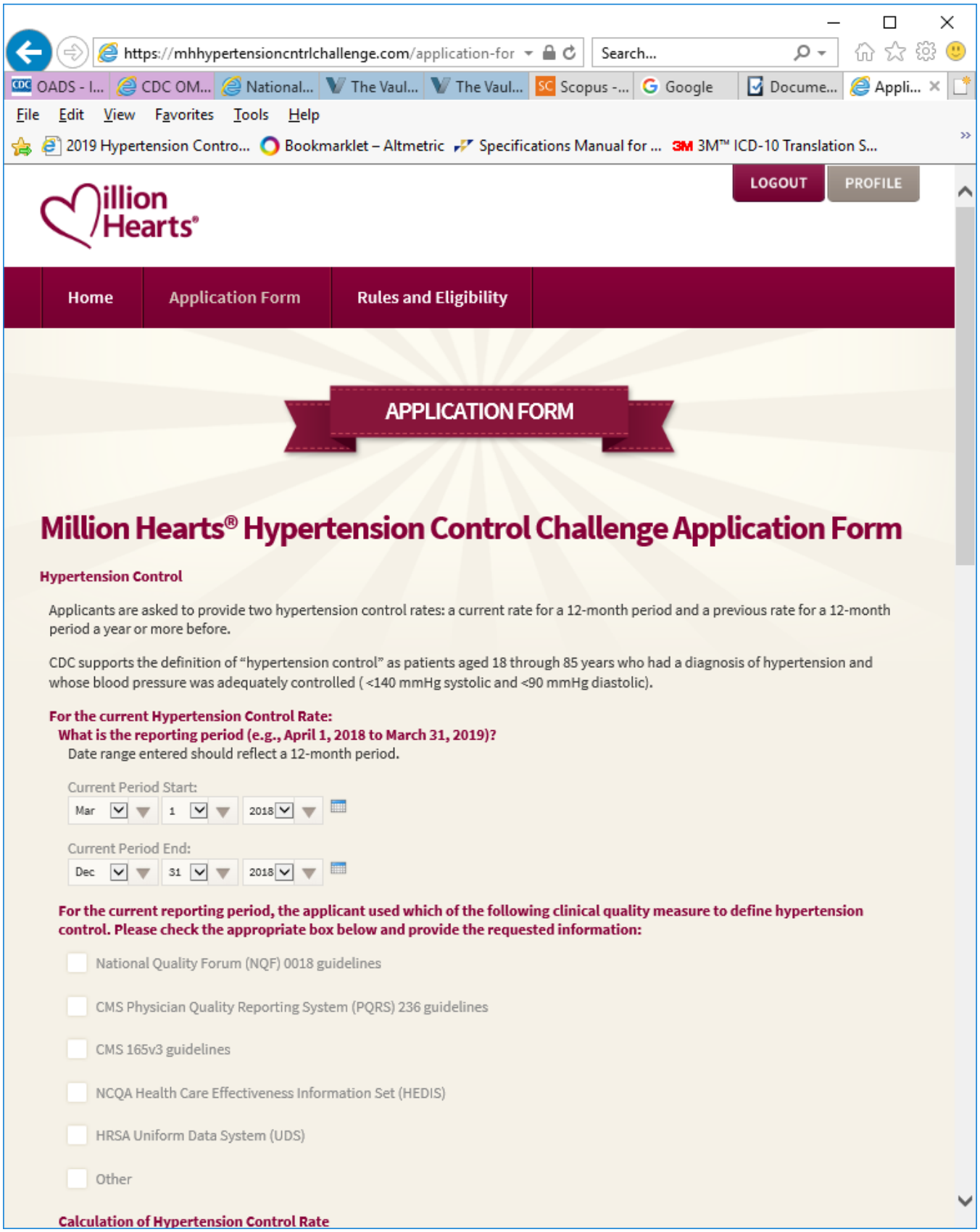
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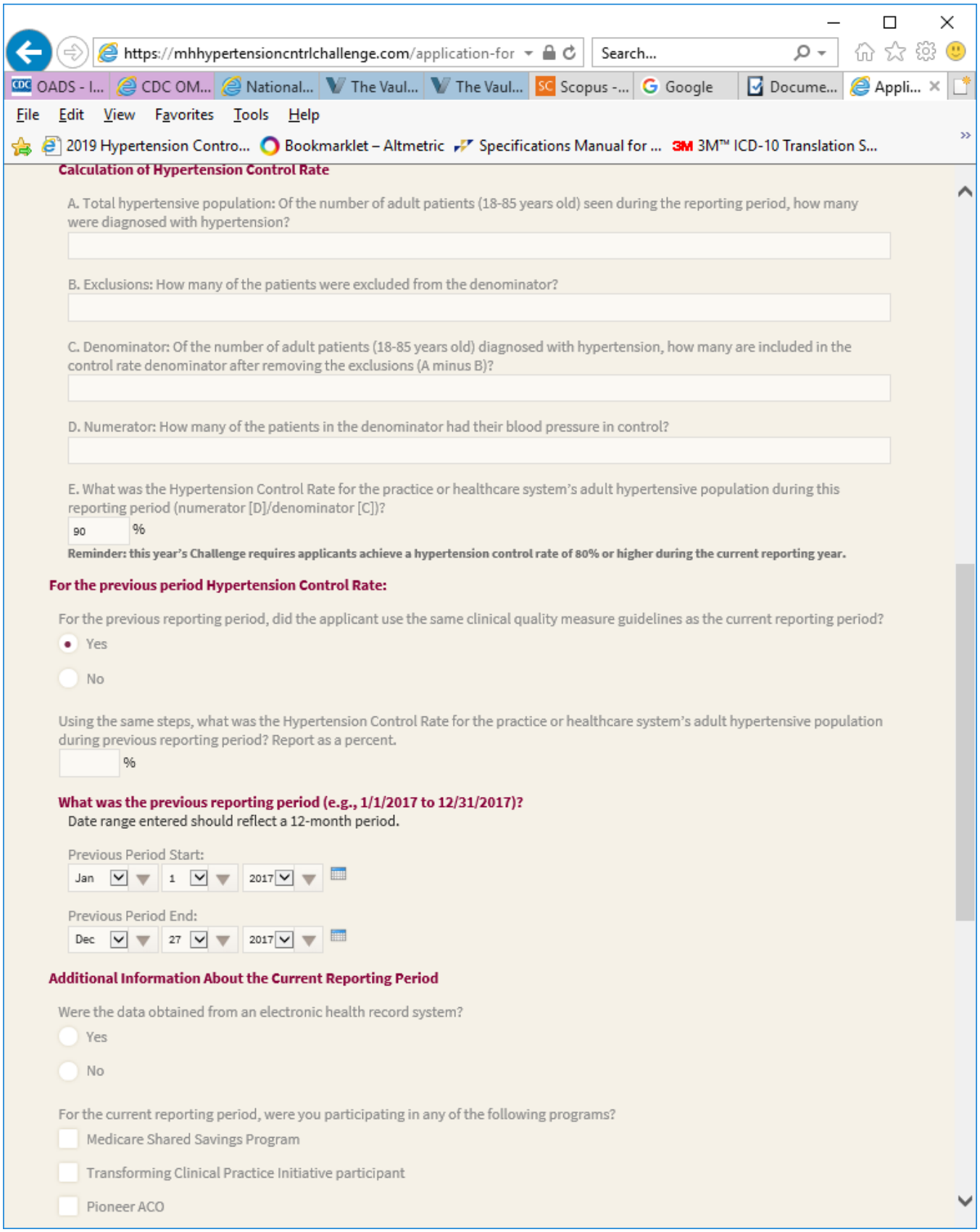
Hypertension Control
Applicants are asked to provide two hypertension control rates: a current rate for a 12-month period and a previous rate for a 12-month period a year or more before.
CDC supports the definition of "hypertension control" as patients aged 18 through 85 years who had a diagnosis of 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., April 1, 2018 to March 31, 2019)?
Date range entered should reflect a 12-month period.
Current Period Start:
Mar 1 2018
Current Period End:
Dec 31 2018
For the current reporting period, the applicant 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
CMS Physician Quality Reporting System (PQRS) 236 guidelines
CMS 165v3 guidelines
NCQA Health Care Effectiveness Information Set (HEDIS)
HRSA Uniform Data System (UDS)
Other
Calculation of Hypertension Control Rate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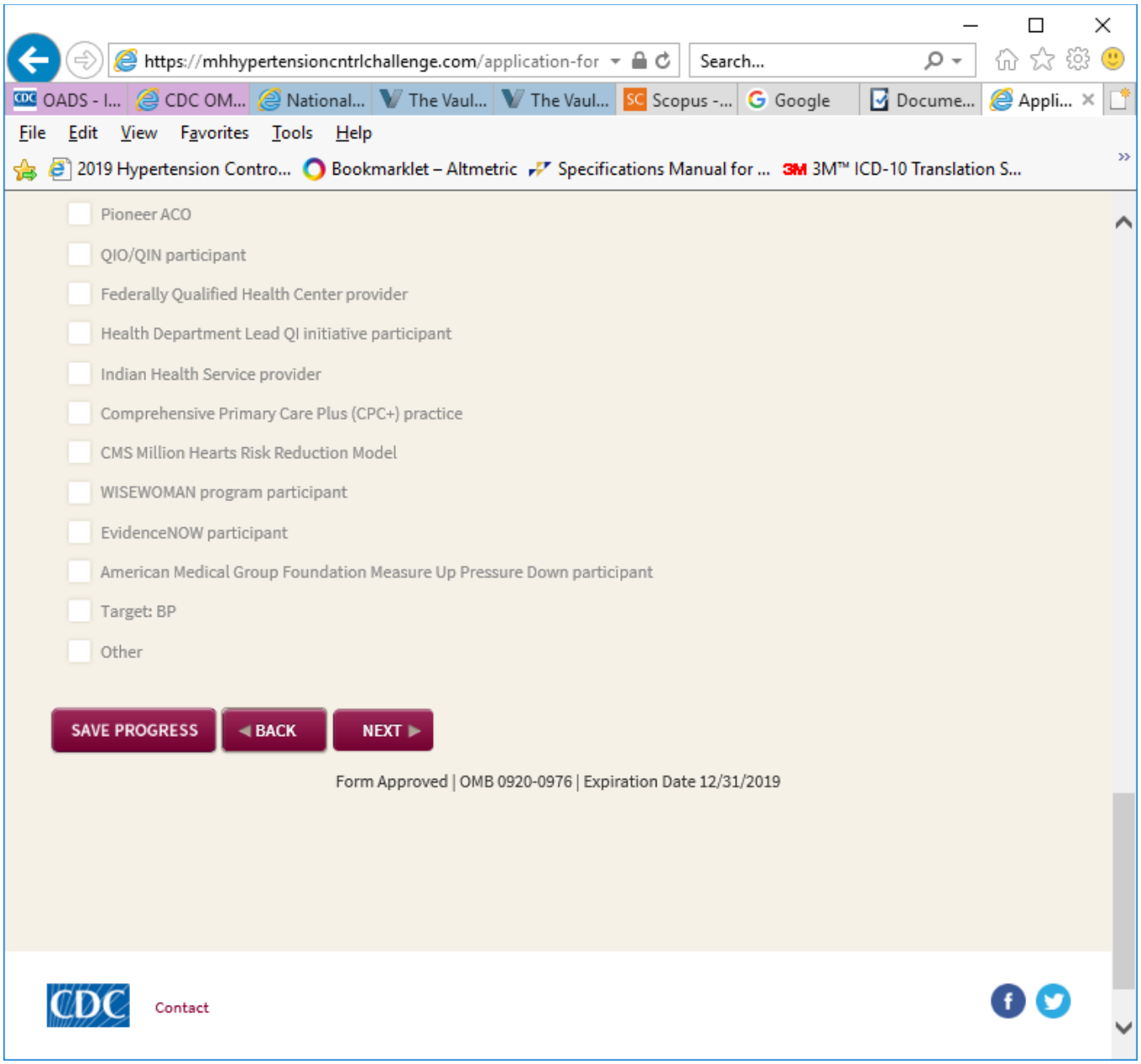
Calculation of Hypertension Control Rate
A. Total hypertensive population: Of the number of adult patients (18-85 years old) seen during the reporting period, how many were diagnosed with hypertension?
B. Exclusions: How many of the patients were excluded from the denominator?
C. Denominator: Of the number of adult patients (18-85 years old) diagnosed with hypertension, how many are included in the control rate denominator after removing the exclusions (A minus B)?
D. Numerator: How many of the patients in the denominator had their blood pressure in control?
E. What was the Hypertension Control Rate for the practice or healthcare system's adult hypertensive population during this reporting period (numerator [D]/denominator [C])?
90 %
Reminder: this year's Challenge requires applicants achieve a hypertension control rate of 80% or higher during the current reporting year.
For the previous period Hypertension Control Rate:
For the previous reporting period, did the applicant use the same clinical quality measure guidelines as the current reporting period?
Yes
No
Using the same steps, what was the Hypertension Control Rate for the practice or healthcare system's adult hypertensive population during previous reporting period? Report as a percent.
%
What was the previous reporting period (e.g., 1/1/2017 to 12/31/2017)?
Date range entered should reflect a 12-month period.
Previous Period Start:
Jan 1 2017
Previous Period End:
Dec 27 2017
Additional Information About the Current Reporting Period
Were the data obtained from an electronic health record system?
Yes
No
For the current reporting period, were you participating in any of the following programs?
Medicare Shared Savings Program
Transforming Clinical Practice Initiative participant
Pioneer ACO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Pioneer ACO
QIO/QIN participant
Federally Qualified Health Center provider
Health Department Lead QI initiative participant
Indian Health Service provider
Comprehensive Primary Care Plus (CPC+) practice
CMS Million Hearts Risk Reduction Model
WISEWOMAN program participant
EvidenceNOW participant
American Medical Group Foundation Measure Up Pressure Down participant
Target: BP
Other
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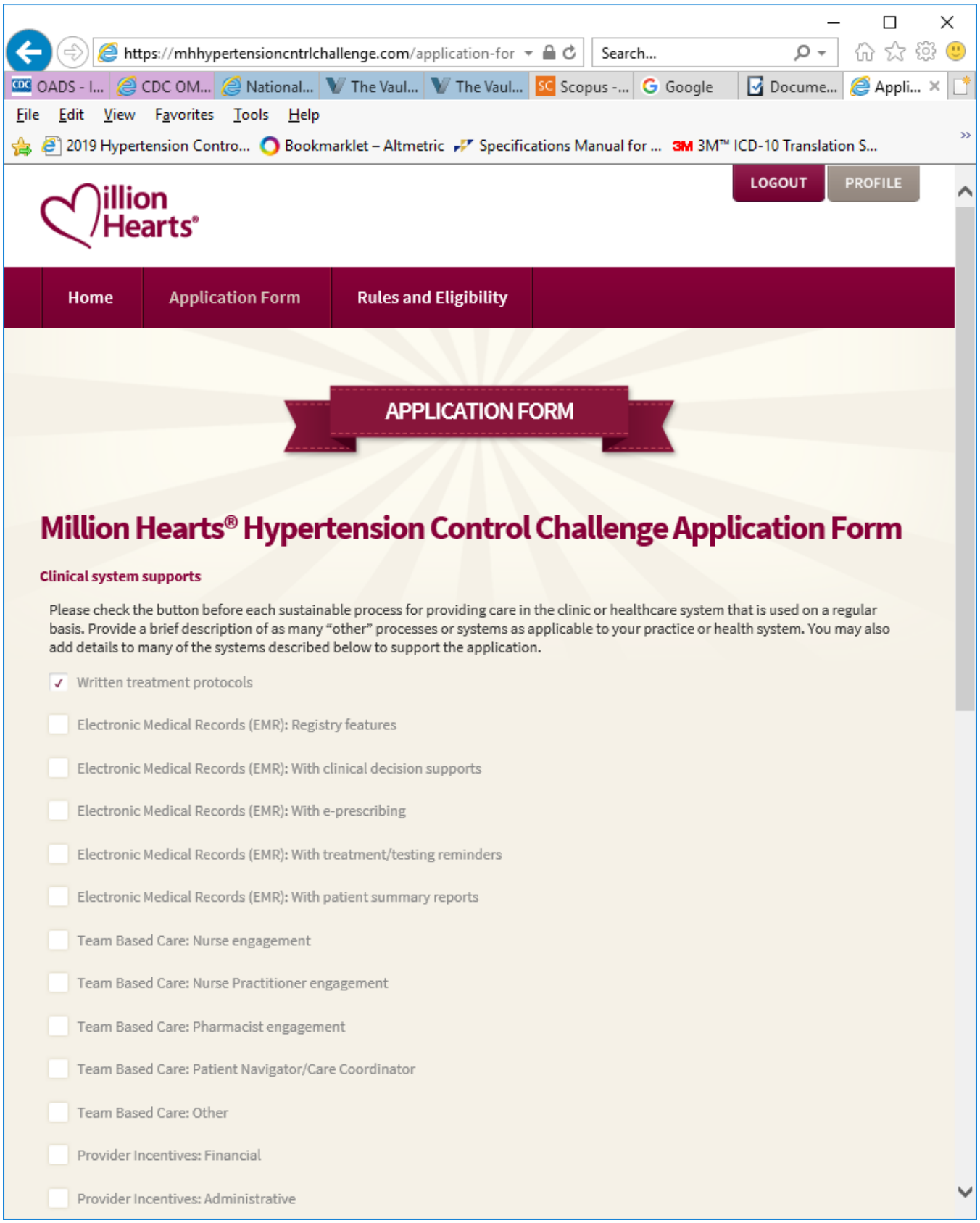
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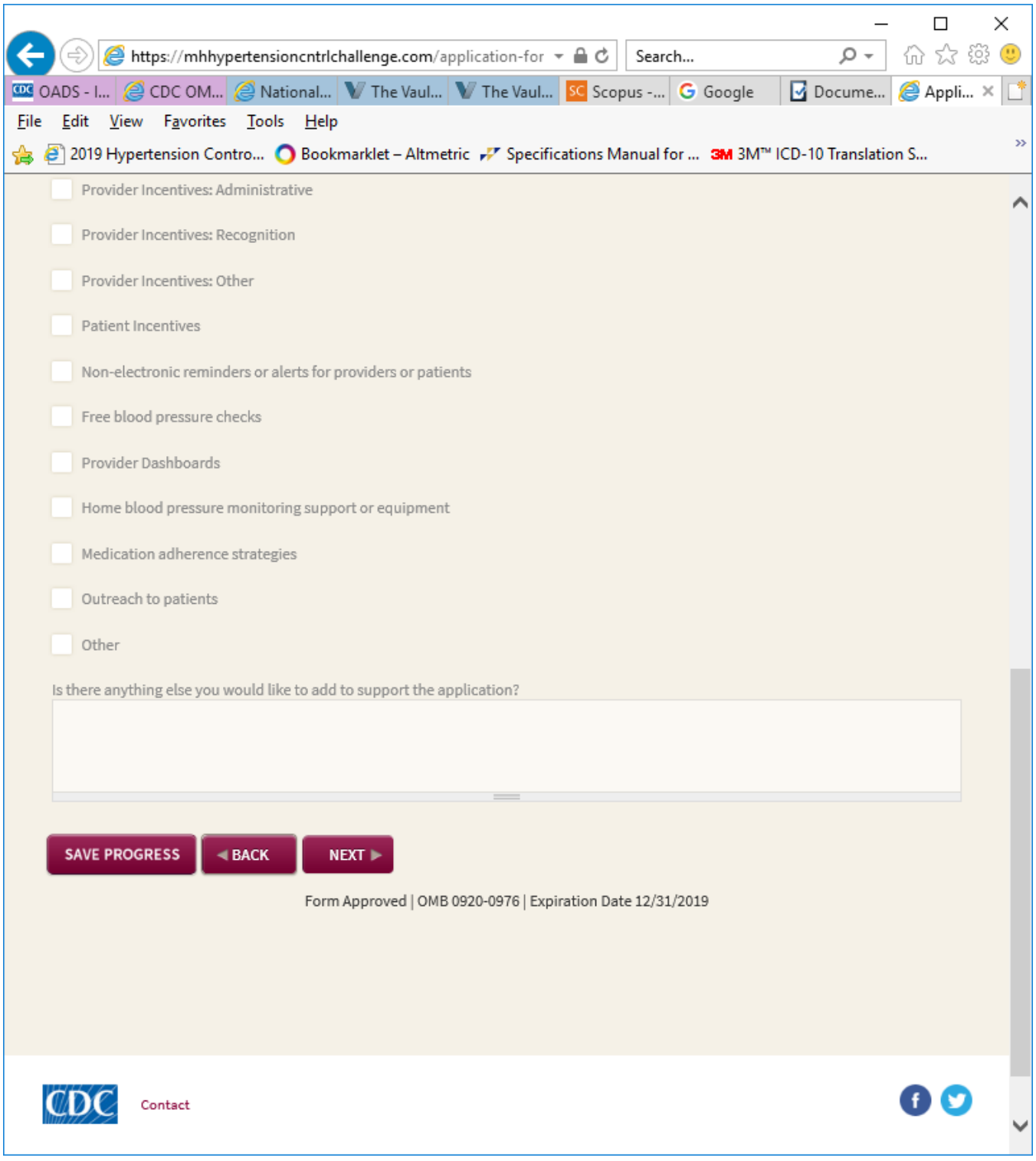
Clinical system supports
Please check the button before each sustainable process for providing care in the clinic or healthcare system that is used on a regular basis. Provide a brief description of as many "other" processes or systems as applicable to your practice or health system. You may also add details to many of the systems described below to support the application.
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
Provider Incentives: Financial
Provider Incentives: Administrative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Provider Incentives: Administrative
Provider Incentives: Recognition
Provider Incentives: Other
Patient Incentives
Non-electronic reminders or alerts for providers or patients
Free blood pressure checks
Provider Dashboards
Home blood pressure monitoring support or equipment
Medication adherence strategies
Outreach to patients
Other
Is there anything else you would like to add to support the application?
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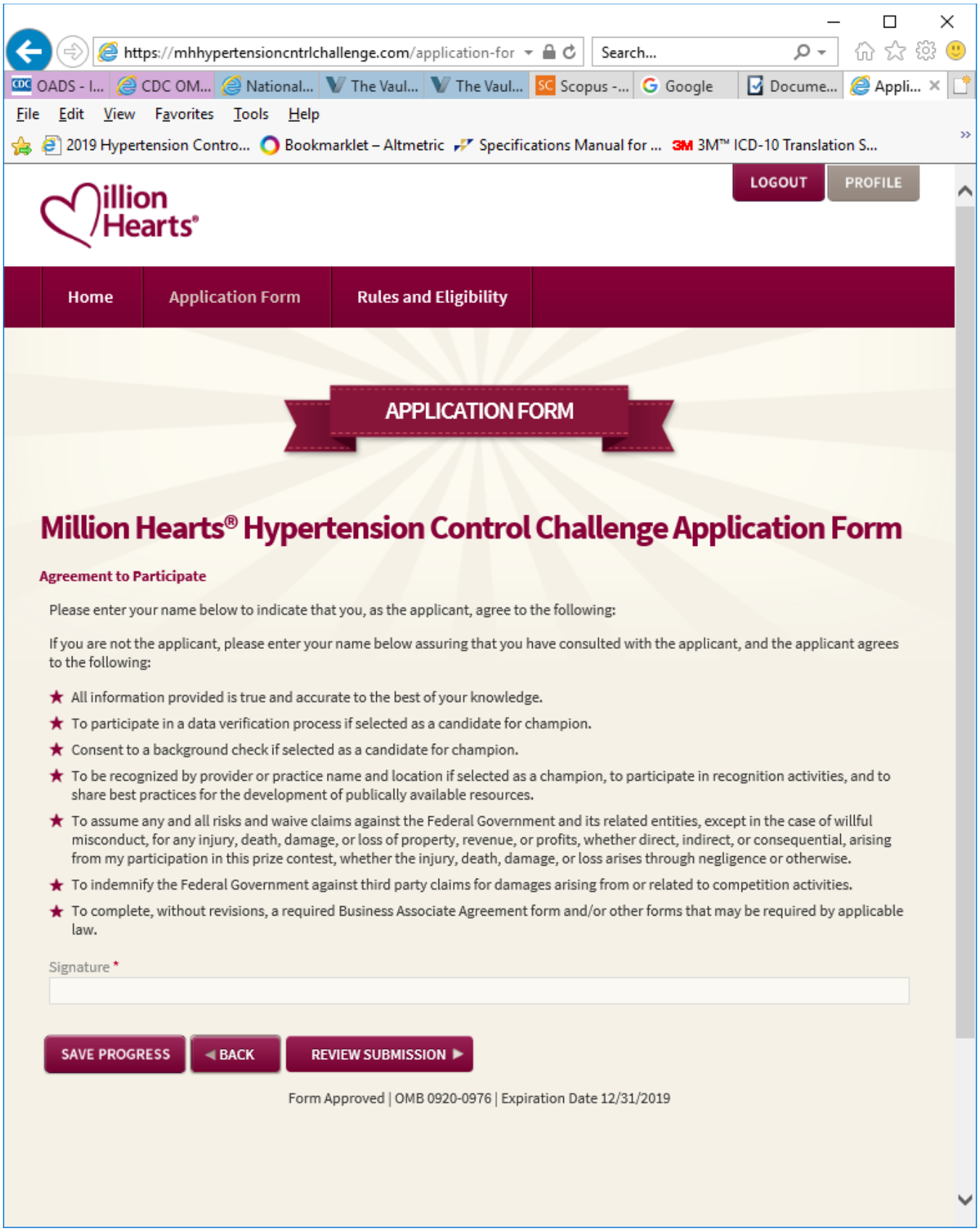
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Agreement to Participate
Please enter your name below to indicate that you, as the applicant, agree to the following:
If you are not the applicant, please enter your name below assuring that you have consulted with the applicant, and the applicant 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 candidate for champion.
★ Consent to a background check if selected as a candidate for champion.
★ To be recognized by provider or practice name and location if selected as a champion, 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.
★ To complete, without revisions, a required Business Associate Agreement form and/or other forms that may be required by applicable law.
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