2020 Georgia Hypertension Control Champion Application

Thank you for your interest in participating in the Georgia Department of Public Health’s - Chronic Disease Prevention Section Hypertension Control Champion initiative. The aim of this activity is to identify practices, clinicians, and health systems that have worked with their patients to achieve hypertension control rates between 65% to 80% through innovations in health information technology and electronic health records, patient communication, and team-based care approaches.

Their success stories and lessons learned can help other practices and systems work with patients to achieve successful blood pressure control.

Up to ten Hypertension Control Champions will be selected and awarded $2,500 to $15,000 each to enhance current hypertension innovations to lead to further improvements in hypertension control rates.

In order to get the most complete information about your practice or health system, please answer each question as fully and accurately as possible. Please feel free to consult with others in your health system to obtain the most accurate responses. We greatly appreciate your time and your candor, and we thank you in advance for completing this important information.

The deadline to apply is Monday, January 13, 2020 11:59 PM EST.
Section 1: Demographics

Name of healthcare organization:

Type of organization or practice:

- Primary Care Practice/Clinic
- Specialty Clinic
- Physician Group
- FQHC
- Health Department/Clinic
- Hospital System
- Community Health Center
- Rural Health Center
- Other ___________________________

Primary contact person:

Primary contact email:

Primary contact phone:

Section 2: Electronic Health Records

Q1. Please list the EHR Vendor and System your healthcare organization uses:
   Vendor:
   System:
Q2. Please select all of the following functions that are available through your EHR system: (Select all that apply)

- Clinical decision supports (CDS)
- Alerts (Provider/Patient)
- Patient reminders
- Patient registry functionality
- Feedback reports/dashboards
- Information-exchange functionality
- Medication Reconciliation
- Medication Adherence
- Track self-management plans
- Other, please specify ____________________

Section 3: Hypertension Control

Q3. What is your BEST estimate of the number of adult patients, 18-85 years old, in your health care facility population who have a diagnosis of hypertension/high blood pressure? ____

*High blood pressure = Systolic blood pressure (SBP) of 140 mmHg or higher and/or diastolic blood pressure (DBP) of 90 mmHg or higher*

Q4. What is your BEST estimate of the number of adult patients, 18-85 years old, with known high blood pressure served by your health care facility who have achieved blood pressure control within the past 12 months? ____

*Achieved blood pressure control = SBP/DBP < 140/90 mmHg during the measurement year.*

Q5. The previous two questions will determine your hypertension control rate. Please provide the control rate by calculating (Q4/Q3)*100:

Q6. For the previous question, please specify the date ranges for the 12-month period used for calculating the hypertension control rate:
Section 4: High Blood Pressure/Hypertension Management

The following questions refer to policies, guidelines, algorithms, or procedures (written or unwritten). This may also include laws, regulations, protocols, quality improvement processes, structures, arrangements, administrative actions, incentives, or voluntary practices of governments and other institutions to encourage routine care for chronic conditions. For example, these may be set by the provider, payer, Accountable Care Organization, Medicaid or Medicare.

Q7. Does your healthcare facility have a protocol in place to screen and diagnose patients if they have an elevated blood pressure reading?

○ Yes
○ No
○ Don't know/Not sure

Q8. Please describe the protocol your healthcare facility has in place to screen and diagnose patients with elevated blood pressure readings:

Q9. Does your healthcare facility have a protocol in place to refer patients for follow up if they have an elevated blood pressure reading to determine if they should be diagnosed with hypertension?

○ Yes
○ No
○ Don't know/Not sure
○ N/A
Q10. Please describe the protocol your healthcare facility has in place to refer patients with elevated blood pressure for follow up to determine if they should be diagnosed with hypertension:

Q11. Does your healthcare facility have a protocol in place to help patients learn how to manage their high blood pressure (e.g. patient support groups, self-management plans, blood pressure self-monitoring)?

- Yes
- No
- Don't know/Not sure

Q12. Please describe the protocol your healthcare facility has in place to help patients learn how to manage their high blood pressure:

Q13. Does your healthcare facility have a policy or system in place to encourage self-monitoring of high blood pressure tied to clinical support?

The clinical support can include team-based care strategies, patient counseling on medications and health behavior changes, educational sessions on blood pressure and blood pressure self-management, and access to electronic or
web-based tools to assist in blood pressure control (reminders to measure blood pressure or attend appointments, requests for medication refills, communication with healthcare providers).

- Yes
- No
- Don't know/Not sure

**Q14.** Please describe the clinical support policy/system your healthcare facility has in place to encourage self-monitoring of blood pressure combined with additional clinical support:

**Q15.** Does your healthcare facility have a system in place to refer patients with high blood pressure to lifestyle programs, either within your facility or in the community, for additional support in controlling high blood pressure?

*Lifestyle programs promote the following elements: reduce weight, adopt DASH (Dietary Approaches to Stop Hypertension) eating plan principles including lower sodium intake, and engage in regular physical activity.*

- Yes
- No
- Don't know/Not sure

**Q16.** Please describe the system your healthcare facility has in place to refer patients with high blood pressure to supportive lifestyle programs:

**Q17.** Comments on this Section: Please use this space to provide comments on anything else you'd like to share with us related to the questions covered in this section:

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**Section 5: Team-Based Care**

The following questions ask about how your health system may encourage the provision of multi-disciplinary team-based care within its provider network, particularly in adult primary care settings. Working definitions of these terms are provided below for clarification when responding to these questions. A health system may encourage team-based
care through the promotion of promising practices, recognition efforts, establishing partnerships and teams, providing technical assistance, or other ways to support a team-based approach to care for chronic conditions. Team-based care includes the patient, the patient’s primary care provider, and a variety of non-physician professionals which may include nurses, pharmacists, dietitians, oral health providers, behavioral health providers, social workers, patient navigators, community health workers (CHW, CHR, etc.), emergency medical responders (EMTs/Paramedics), and health educators. Team members provide process support, such as team huddles, and share responsibilities of care to complement the activities of the primary care provider. These responsibilities may include medication management, patient follow-up, health education, and self-management support.

Q18. Does your health care facility have a multi-disciplinary team approach, also known as team-based care, for the management and control of blood pressure?

☐ Yes  
☐ No  
☐ Don't know/Not sure

Q19. Does your health care facility have a multi-disciplinary team approach, also known as team-based care, for the management and control of A1C levels?

☐ Yes  
☐ No  
☐ Don't Know/Not Sure

Submission Statement:

By submitting this form, I attest to the following:

☐ If selected as a Georgia Hypertension Control Champion, I agree to participate or select a representative to participate, in a 1-hour interview or similar activity to gather information about my organization’s hypertension control strategies, and I will work with DPH on the review of material to share clinical strategies. I understand that shared strategies that support hypertension control may be written into a success story, placed on the DPH website or in the PHInsider Newsletter, and attributed to my organization.

Thank you for applying. We appreciate your time and willingness to assist us as we support and share innovative practices and strategies to support and advance chronic disease prevention and management through systems change in adult primary care settings.

For questions and/or feedback regarding this text, please contact:
Valerie Riley, Cardiovascular Health Program Manager 1
Georgia Department of Public Health
Chronic Disease Prevention Section
404.657.0603
valerie.riley@dph.ga.gov