Application Details and Questions

Demonstration Projects for Providers to Reduce Hypertension among Priority Populations

This document provides a complete list of questions that need to be answered to submit an application for the ACPM Reducing Hypertension Program Demonstration Project. Before preparing your application, carefully review the eligibility and grant requirements.

All information requested as part of this call for proposals must be entered into the online application form. No other formats will be accepted.

We recommend that you compose and save your answers in a separate word processing document and paste your final answers into the online application form when ready to submit. Several documents are available on the request for proposals page, including a budget/work plan spreadsheet which must be used to complete the Section 3 questions outlined below.

Prior to submitting an application, prospective applicants may submit questions or requests for clarification regarding this request for proposals in writing to grants@acpm.org by March 11, 2019 at 5:00 PM EDT. Answers to these questions will be published on this call for proposals page by March 14, 2019 at 5:00 PM EDT. Any amendments to this award opportunity, answers to questions submitted by prospective applicants, or updates about award selections will be made available in the online request for proposals.

- Request for proposals: https://www.acpm.org/page/hypertensionawardproposals
- Online application form: https://www.acpm.org/hypertensionawardform

Application Timeline

<table>
<thead>
<tr>
<th>Dates</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 14, 2019</td>
<td>Request for proposals announced</td>
</tr>
<tr>
<td>March 11, 2019 5:00 PM EDT</td>
<td>Deadline to submit questions to <a href="mailto:grants@acpm.org">grants@acpm.org</a></td>
</tr>
<tr>
<td>March 14, 2019 5:00 PM EDT</td>
<td>Organizers will publish written answers to applicant questions on the online call for proposals</td>
</tr>
</tbody>
</table>
March 30, 2019, 5:00 PM EDT | Application submission deadline. Late or incomplete applications will not be reviewed.
April 11, 2019 | Organizers announce award recipients
April 2019 | Projects begin and initial funds are dispersed

Questions

I. Information about the Health Care Organization

1. Applicant Information
   a. Name of health care organization
   b. Address (Street, City, State)
   c. Name of Primary Contact
      i. Name
      ii. Title
      iii. Phone Number
      iv. Email Address

2a. Identify your organization’s health care setting. Check all that apply from categories noted below.
   a. Community Hospital
   b. Regional Hospital
   c. Health System
   d. Physician Organization/Independent Physician Association
   e. Primary Care Physician Medical Group (10 or more physicians)
   f. Community Health Center
   g. Federally Qualified Health Center
   h. Rural Health Clinic
   i. Free and Charitable Clinic

3a. Does your institution belong to an Accountable Care Organization?
   ● Yes
   ● No

3b. If yes, please provide specific information on the patient populations served under the ACO.

4. Identify where within your organization the lead project responsibility will reside.

5a. Describe the project team which would be involved in this project (titles, roles in the organization’s, hypertension prevention efforts, responsibilities)
5b. Identify the physician(s) within your organization who will serve in the role of physician champion for this project.

*Physician Champion 1*

a. Name  
b. Title  
c. Medical Specialty

*Physician Champion 2*

a. Name  
b. Title  
c. Medical Specialty

6. Organizational Capacity

6a. Describe the organizational capacity of your practice. Include a brief overview of the size of your practice, the types of providers in your practice, the types of insurance you accept, the services you provide, and the population/communities you serve.

6b. Describe your practice’s patient population.

7a. Describe your practice’s commitment to lifestyle change/prevention.

8a. Describe current activities in implementing protocols to prevent, detect, and control hypertension among African-American men ages 35-64 using data from your existing EHR/EMR health information systems. What have been your success and challenges? Do you have a current plan to target this population? If so, how will this grant assist you in meeting your plan/goals?

9a. Information about the Principal Investigator (PI). Describe your experience in prescribing prevention, lifestyle medicine, and working with the target population on hypertension. If you are currently providing screening and lifestyle change referrals for hypertension with the target population, please indicate how long these services have been part of your practice.

10. Identify other individuals who would be involved in this project. Include contact information, describe specific roles and responsibilities, and describe how they will support the project.

10a-c. Individuals 1-3

i. Name  
ii. Title  
iii. Email  
iv. Describe this individual’s specific roles and responsibilities
v. Describe how this individual will support your demonstration project?

11. Institutional Support

11a. How will your organization support your demonstration project?

11b. Describe any current EHR/EMR systems and/or other value-based care practices currently utilized by your organization that will be a part of your project.

SECTION 2 – Patient Identification and Referral Processes

12. Describe the demographics of the population represented within the physician practices within your organization that will be participating in the project (e.g., race and ethnicity composition, male/female, health coverage breakdown.)

13a. How many African American males, ages 35-64, are included in your patient population?

13b. How many in the last year have blood pressure measurements?

13c. How many in the last year have high blood pressure?

13d. How many with high blood pressure are being just medically managed?

13e. How many with high blood pressure were referred to SMBP and/or lifestyle change program?

14. Current hypertension practices implemented by your practice

14a. How do you currently identify, screen, test, and refer patients with hypertension in your practice?

14b. What type of prevention programs/services do you refer your patients to? Include aspects of the current process that involve accessing databases and use of electronic health records to promote conversations.

15. Describe how you would use this grant to test innovative models to screen, test, and refer your patients with hypertension

15a. How will you follow up with your patients? How will you periodically check in with your patients and/or the organization that is providing the lifestyle intervention program?

15b. Workflow
i. How will the screening, testing, and referral of your patients with hypertension affect your workflow?
ii. Identify ways in which you will manage your workflow.

15c. What are your performance measures for a 4-month and 12 month demonstration project? Please be as specific as you can with your measures. Include no more than three performance measures (e.g. I will increase the screening, testing, and referral of my patients with hypertension by 15% during the demonstration period.)

15d. Preliminary evaluation plan for your demonstration project. How will you determine the effectiveness of the tools that will be used to improve screening, testing, and referral processes for hypertension?

15e. Sustainability plan for your demonstration project
   i. How will you continue to screen, test, and refer your patients with hypertension after the completion of the demonstration project?
   ii. How will your practice incorporate and institutionalize your screening and referral process into the clinic policy or EHR/EMR?

16. What materials or resources will you use to engage patients with motivate a referral of patients to a SMBP and/or lifestyle change program?

SECTION 3 – Data Collection and Evaluation

17. Identify your organization’s ability to collect the following project summary metrics. (Check all that apply)
   i. Number and percentage of eligible patients referred to a program
   ii. Number and percentage of eligible patients referred who enroll in a program
   iii. Extent of program completion among eligible patients referred and enrolled who complete the program

18. Please attest your organization’s willingness to collect the program metrics as detailed by ACPM and that the organization will provide the metrics to ACPM as a participant in this project.
   i. Yes
   ii. No


As part of your budget and work plan documents, clearly explain how you will use the award to achieve the goals of the demonstration project. (Describe how you will use the grant money to hire a health professional to coordinate clinic workflow changes to
enable hypertension screening, testing, and referral; obtain data/feedback on patients participating in the program; summarize the results of your demonstration project; and develop a sustainable screening/testing/referral protocol for your practice?

19a. Include a project budget for the amount $5,000 and work plan for the startup period April–July 2019. Use the Startup Budget Outline document.

19b. Include a project budget for the amount $15,000 and work plan for the first year period August 2019–July 2020. Use the First Year Budget Outline document.

VERSION DATE 20190129