



## **FY 2021 National Hypertension Control Initiative – Health Center (NHCI) HRSA-21-095 Semiannual Progress Report Guide**

### **Overview**

The purpose of the National Hypertension Control Initiative – Health Center (NHCI) funding is to increase provider and staff engagement in implementing evidence-based practices, including using advanced self-measured blood pressure technology, to increase the number of adult patients with controlled hypertension.

Health center recipients will use NHCI-HC funds and other available resources to support an increase in the number of patients with controlled hypertension through the following required activity areas over a 3-year period:

- Conduct outreach and engage patients with uncontrolled hypertension to participate in the HTN Initiative;
- Fully participate in T/TA activities offered in support of your NHCI-HC award;
- Ensure access to and support use of Bluetooth or wireless-enabled Self-Measured Blood Pressure (SMBP) devices for a majority of your patients with hypertension, and use their data to inform hypertension treatment plans; and
- Collect and share data to support participation in initiative evaluation and reporting activities.

NHCI award recipients are required to report their progress implementing activities proposed in their NHCI-HC Project Plan through semiannual progress updates. NHCI progress updates require submitting narrative descriptions of progress including issues/barriers and successes. This guide will assist you in completing your NHCI progress updates.

The sample format for each question is a suggested format for structuring your answers. This sample format is not required but its use is encouraged.

### **Progress Report Questions**

#### **Q1. Overall Project Status**

##### *Reporting Measure*

This is the overall status of the NHCI project.

### *Data Entry*

Select the option that best reflects the overall status of your NHCI project. Please note that the NHCI project cannot be marked complete until all activities at the end of the three-year project are complete. The completed option will be grayed out until the final progress report.

- Not Started
- Less than or equal to 50% Complete
- Greater than 50% and Less than 100% Complete
- Completed

Q2. Please provide a status update and describe successes and lessons learned on the activities supported with the NHCI-HC funding in the following areas (identify the activities that have been completed, are in progress, and/or are planned with this funding). [Note – this is the general instruction in the progress report on how to answer each part of question 2. We provide additional information below for each part of the question to help health centers complete the progress report.]

The following reporting measures, data entry, and sample format are for each part of question 2.

### Outreach and Engagement

#### *Reporting Measure*

Q2a. Outreach and Continued Engagement of Patients with Uncontrolled Hypertension (where possible, note the number of patients with an outreach or continued engagement encounter for the reporting period).

#### *Data Entry*

Describe the outreach and continued engagement of patients with uncontrolled hypertension, including the specific activities used along with outcomes related to SMBP use and blood pressure control. Describe any successes encountered with conducting outreach and engagement of patients with uncontrolled hypertension. Include the number of patients with uncontrolled hypertension that had an outreach or continued engagement encounter for the reporting period.

#### *Sample format for the response:*

- Description of outreach and continued engagement of patients with uncontrolled hypertension: [insert text – Link to activities in project plan where possible]
- Successes with outreach and continued engagement: [insert text]
- Number of patients with uncontrolled hypertension with outreach or continued engagement encounter: [insert number]

## Training and Technical Assistance Participation

### *Reporting Measure*

Q2b. Participation in national training and technical assistance activities (where possible, note the activity title, date and number of Health Center participants in attendance)

### *Data Entry*

Describe your health center's participation in national training and technical assistance activities. These activities may include training from the American Heart Association (AHA), Million Hearts, National Association of Community Health Centers (NACHC), and other national organizations.

### *Sample format for the response:*

- Description of participation in national training and technical assistance activities: [insert text] (Note – please repeat the information for each separate activity)
  - Activity Title: [insert text]
  - Activity Date: [insert date]
  - Number and type/role of health center participants: [insert number and text – type/role of health center participants can be broken down into broad categories such as clinical, administrative, outreach, or other category as appropriate] Note – type/role of health center participant is optional; however, this information will help in assessing whether these activities are reaching the intended audience and whether our communications include information to help health centers plan which staff should attend.
- Successes with participation in national training and technical assistance activities: [insert text]
- Possible topics for future trainings (optional): [insert text]

## Ensuring Access to and Support Use of SMBP for a Majority of Hypertensive Patients

### *Reporting Measure*

Q2c. Ensure Access to and Support the Use of Bluetooth or Wireless-Enabled SMBP Devices for a Majority of Patients with Hypertension (where possible, note the number of patients offered, declined, or currently using SMBP devices).

### *Data Entry*

Describe how you are ensuring access and supporting the use of Bluetooth or wireless-enabled SMBP devices for a majority of your hypertensive patients, including the specific methods and activities used to meet this requirement. Describe any successes encountered with ensuring access and supporting the use of SMBP devices for patients. Include the number of patients offered SMBP devices, the number of patients that declined the SMBP, and the number of patients currently using the SMBP for the reporting period.

*Sample format for the response:*

- Description of how you are ensuring access and supporting the use of SMBP devices: [insert text – Link to activities in project plan where possible]
- Successes with ensuring access and supporting the use of SMBP devices: [insert text]
- Number of patients offered SMBP devices [insert number]
- Number of patients that declined the SMBP device [insert number]
- Number of patients currently using SMBP devices [insert number]

*Reporting Measure*

Q2d. Use of Data from Bluetooth or wireless-enabled SMBP devices to Develop and Inform Hypertension Treatment Plans.

*Data Entry*

Describe how you are using the data from the Bluetooth or wireless enabled SMBP devices to develop and inform hypertension treatment plans. Describe any successes encountered with using data from SMBP devices to develop and inform treatment plans.

*Sample format for the response:*

- Description of how you are using data from SMBP devices to develop and inform hypertensive treatment plans: [insert text – Link to activities in project plan where possible]
- Successes with using data from SMBP devices to develop and inform hypertensive treatment plans: [insert text]

*Reporting Measure*

Q2e. Collect and share data to support participation in initiative evaluation and reporting activities.

*Data Entry*

Describe your participation in NHCI initiative evaluation and reporting activities to-date. Some examples may include UDS reporting, progress reports, requests for information, focus groups, etc.

*Sample format for the response:*

- Description of how you are collecting and sharing data to support participation in NHCI initiative evaluation and reporting activities: [insert text – Link to activities in project plan where possible]
- Successes with collecting and sharing data to support participation in NHCI initiative evaluation and reporting activities: [insert text]

The following are standard yes/no questions for progress reports about whether the implemented/planned activities are consistent with the approved budget and whether you have or anticipate any issues or barriers to implementing planned activities to meet the funding requirements. You may need to provide additional information for each question depending on how you answer each question.

Q3. Are the implemented/planned activities described above and associated uses of NHCI-HC funds consistent with what you submitted to HRSA in the initial application? (Yes/No)

- If No, please describe. For changes that impact your approved budget, provide detail by cost category.

Note – please include a description of how the changes to planned/implemented activities continue to meet the intent of the NHCI-HC funding in addition to details on changes that impact the approved budget.

Q4. Are there or do you anticipate any issues or barriers in the use of the NHCI-HC funding and/or implementing the planned activities? (Yes/No)

- If Yes, please describe.

*Sample format for the response: [note – delete any topic areas that do not apply]*

- Barriers to outreach and engagement activities: [insert text]
- Barriers to training and technical assistance participation: [insert text]
- Barriers to access to and support use of SMBP for a majority of hypertensive patients: [insert text]
- Barriers to using SMBP data to create and implement treatment plans: [insert text]
- Barriers to data collection and sharing to support participation in initiative evaluation and reporting activities: [insert text]
- Other general barriers not included in above responses: [insert text]

Following Q4, you will have an opportunity to add attachment(s) to your progress report. There is no requirement for health centers to provide any attachments. These attachments are to supplement answers you provided in the progress report. You may not use attachments to replace supporting narratives. NHCI-HC Project Officer will review any attachments submitted by the health center that support progress on activities.