



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

Upcoming Semi-Annual Reports

Report	Reporting Period	Available in EHBs	Due Date
5	January 1 – June 30, 2023	July 1, 2023	July 18, 2023
6	July 1 – December 31, 2023	January 1, 2024	January 16, 2024

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 in their approved 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-HC progress updates.

For questions 2 a-e and 4, 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). 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 areas below. 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) *Status – Check one:*

- Completed
- In Progress
- Planned

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. Where possible, 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: [Where possible, include the number of patients with uncontrolled hypertension receiving outreach or continued engagement.]

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) *Status – Check one:*

- Completed
- In Progress
- Planned

Data Entry

Check the national training and technical assistance activities health center staff participated during the reporting period. For the current reporting period, you should list at least one T/TA event offered by the organizations listed below. You may also include listening to webinars recorded during a previous reporting period but actually listened to during this reporting period

Sample format for the response:

- Check all that apply for this reporting period: Minimum (1) selection
 - AHA
 - Altarum
 - Million Hearts
 - American Medical Association
 - Regional/State PCA
 - Other (Insert text to provide name of organization)
 - None (Insert Text)
- Successes/Promising Practices. Insert text. Discuss what has worked well or any positive outcomes resulting from the project during this reporting period. Also, use this space to describe best or promising practices, as applicable, and include any supporting data, if available. [insert text]

- Lessons Learned: Insert Text. Describe any knowledge gained from the process of conducting or implementing the project during this reporting period. This includes the positive and negative experiences. [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) *Status – Check one:*

- Completed
- In Progress
- Planned

Provide status update of activities during this reporting period: [Insert Text]

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 where possible, 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/Promising Practices: Discuss what has worked well or any positive outcomes resulting from the project during this reporting period. Also, use this space to describe best or promising practices, as applicable, and include any supporting data, if available. [insert text]
- Lessons Learned: Describe any knowledge gained from the process of conducting or implementing the project during this reporting period. This includes the positive and negative experiences. [insert text]

Reporting Measure

Q2d. Use of Data from Bluetooth or wireless-enabled SMBP devices to Develop and Inform Hypertension Treatment Plans *Status – Check one:*

- Completed
- In Progress

Planned

Provide status update of activities during this reporting period: [insert text]

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 Promising Practices: Discuss what has worked well or any positive outcomes resulting from the project during this reporting period. Also, use this space to describe best or promising practices, as applicable, and include any supporting data, if available. [insert text]
- Lessons Learned: Describe any knowledge gained from the process of conducting or implementing the project during this reporting period. This includes the positive and negative experiences. [insert text]

Reporting Measure

Q2e. Collect and share data to support participation in initiative evaluation and reporting activities
Status – Check one:

- Completed
 In Progress
 Planned

Provide status update of activities during this reporting period: [insert text]

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/Promising Practices: Discuss what has worked well or any positive outcomes resulting from the project during this reporting period. Also, use this space to describe best or promising practices, as applicable, and include any supporting data, if available: [insert text]
- Lessons Learned: Describe any knowledge gained from the process of conducting or implementing the project during this reporting period. This includes the positive and negative experiences: [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]

- Successes/Promising Practices: Discuss what has worked well or any positive outcomes resulting from the project during this reporting period. Also, use this space to describe best or promising practices, as applicable, and include any supporting data, if available. [insert text]
- Lessons Learned: Describe any knowledge gained from the process of conducting or implementing the project during this reporting period. This includes the positive and negative experiences: [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 Investment Oversight Advisor (IOA) will review any attachments submitted by the health center that support progress on activities.