

Identifying Undiagnosed Hypertension in Health Systems **Request for Proposals (RFP)**

Frequently Asked Questions

#1: How does this funding opportunity differ from the “Quality Improvement in Health Systems” RFP?

This funding opportunity focuses on creating and/or improving policies and protocol to improve the identification and diagnosis of hypertension. Activities should focus on making systems changes to identify patients with potentially undiagnosed hypertension, re-engage those patients for follow up diagnosis and treatment as appropriate. Additionally, systems changes should be made to improve the identification and diagnosis of patients with hypertension going forward. The “Quality Improvement in Health Systems” RFP aims to help providers and patients manage chronic conditions and focuses on improving outcomes for patients with uncontrolled hypertension and/or diabetes. While all local health departments (LHDs) are eligible for the “Quality Improvement in Health Systems” RFP, only LHDs not currently funded through the State and Local Public Health Actions (1422) Grant are eligible to apply for the “Identifying Undiagnosed Hypertension in Health Systems” RFP.

#2: If we are also applying for the “Quality Improvement in Health Systems” RFP, why must we choose different target health systems/practices for each proposal?

Each funding opportunity has different priorities and different outcomes to measure success. Implementing both sets of strategies within the same practice could result in competing priorities and diminish outcomes. To promote the success of both projects, LHDs should identify practice needs, decide which funding opportunity the practice needs best align with, and apply for one or both funding opportunities accordingly. For example, this RFP might be most appropriate for practices with unusually low hypertension prevalence. Please note it is acceptable to apply for both RFPs and to identify separate target practices for each proposal, even if the practices are part of the same larger health systems, as long as data can be pulled separately for each target practice.

#3: Do we need to report NQF 18 for this grant opportunity?

NQF18 is a measure for hypertension control and is not a required performance measure for this funding opportunity. Instead, the focus is on hypertension prevalence which should increase as identification and diagnosis processes improve. LHDs are encouraged to include any additional measures that align with their work plan as part of their evaluation.

#4: How does this scope of work benefit the practices?

Improving the processes and systems for identifying and diagnosing hypertension will help improve patient outcomes and quality of care. This can help decrease health care costs by detecting disease early, reducing risk factors, and mitigating or managing complications.

#5: Are there any restrictions on how the grants funds can be used?

Yes. Funds may not be used for gift cards or other incentives, food, lobbying, the purchase of medical equipment (including blood pressure cuffs/monitors), the delivery of evidence-based community programs (such as the Chronic Disease Self-Management Programs), or the provision of direct clinical services.

#6: What examples of education/screenings would be allowed?

Providing education to providers or medical staff members with the intent to improve delivery of care is allowable. Screenings and education for patients are generally not allowable.

#7: Can we give a stipend to pharmacists in the same manner we fund private practices?

This decision would be made by the grant review team on a case by case basis. Depending on how you plan to use pharmacists in this project, this could be allowable. However, funding cannot be used to pay for pharmacists to conduct provide one-on-one consultation, to provide any other form of care delivery, or to deliver patient workshops. An example of how a pharmacist could be engaged is to have the pharmacist participate in team meetings, conduct chart reviews, and provide recommendations to physicians or non-physician team members. The sustainability of a systems level intervention should always be taken into consideration.