

ADVANCING INTEGRATED HEALTHCARE <u>Call for Applications:</u> <u>2023 Asthma Quality Improvement Initiative</u> - DEADLINE EXTENDED

The Care Transformation Collaborative of Rhode Island (CTC-RI) in collaboration with the Rhode Island Department of Health (RIDOH) and Tufts Health Plan are pleased to offer up to 6 primary care practices, working within systems of care the opportunity to apply for funding to participate in a 6-month Asthma Quality Improvement Initiative.

CTC-RI will provide funding to support health care practices (pediatric, family medicine and adult medicine) in their efforts to participate in a data driven asthma quality improvement initiative to improve the management of patients diagnosed with asthma. The need for an Asthma Quality Improvement Initiative has grown out of the RIDOH Asthma Strategic Plan and RI data that shows striking racial/ethnic and socioeconomic disparities in pediatric asthma outcomes. Current asthma prevalence among children is higher in Rhode Island's high poverty urban core cities than the state average. Emergency department visit rates for a primary diagnosis of asthma are higher for children living in the core cities than for children overall in Rhode Island (11.1 per 1,000 children vs. 6.2 per 1,000 children). Among children living in Rhode Island's four high poverty urban cities, the asthma hospitalization rate was higher than the rest of the state, at 1.6 per 1,000 children. Even though asthma is controllable, an estimated 50% of children have uncontrolled asthma and 40% of adults reported having one or more asthma attacks in the last year. With this in mind, all practices participating in this initiative will be asked to consider patients with severe or uncontrolled asthma that are using care outside of primary care (such as emergency department, inpatient care and/or urgent care.

Applications from pediatric, family medicine or adult primary care practices are due March 3, 2023 <u>completed</u> <u>via survey monkey</u>. Project activities will begin April 12, 2023 and continue for 6 months. <u>Review milestone</u> <u>document for important dates</u>.

Benefits:

- Opportunity to develop, implement and or enhance a sustainable team based structured approach to improve care of patients with asthma;
- Deliverable dependent practice infrastructure payment of \$6,000, in two installments, that practices can use to offset costs associated with measuring, reporting and monitoring data needed for improving selected quality metric(s) and staff time to participate in quality improvement activities;
- Opportunity to increase clinical competence and confidence through applying current asthma guidelines, I utilizing national and local resources (i.e. RIDOH asthma program) and measuring success;
- Monthly virtual consultation and technical assistance from two practice facilitators, including a certified asthma educator and a quality improvement coach;
- Network with your peers during three learning collaborative sessions;
- Participate in a quality improvement project designed to meet Maintenance of Certification (MOC) Part 4 performance in practice requirements; medical providers are eligible to earn 25 points of AAP MOC Part 4 credit and other licensed clinicians are eligible for AAFP CME credit for learning collaborative meetings (pending approval).

Prerequisites:

- Outpatient primary care practice (pediatric, family medicine, adult) that works within a system of care (SOC) and uses an electronic medical record;
- Practice submission of a completed application and cover letter from the practice team by 5pm on March 3, 2023 indicating commitment and capacity for meeting the project requirements detailed below (Please see <u>Appendix A for template</u>);
- Practice submission of a letter for support from the system of care submitted with the application (Please see <u>Appendix B for template</u>);
- Agreement to principle of transparency for performance improvement that will be shared with peer learning community.

Project Objectives:

- Provide primary care practices with an opportunity to improve care for patients with asthma through practice participation in data driven quality improvement activities;
- Support primary care practice teams /SOC in the identification and implementation of performance improvement action plans to improve the management of asthma within primary care;
- Identify and measure practice improvement in using evidence based clinical guidelines through practice completion of baseline and re-assessment surveys and practice implementation of sustainable, standardized approaches for assessing and treating asthma;
- Risk stratification and identification of patients/parents/caregivers who may benefit from increased coordination with community resources (e.g. referrals to home visiting, HARP, etc.).
- Improve patient outcomes through education, learning from peers, practice facilitation support and utilization of community resources (such as HARP program, school nurses);
- Provide primary care physicians with an opportunity to participate in a quality improvement initiative that is designed to meet Maintenance of Certification (MOC) Part 4 requirements;
- Increased clinical competence and confidence with approaches for managing families, caregivers and patients with asthma;

Practice Requirements:

- Complete pre and post assessment surveys and any other evaluation surveys requested
- Identify team membership (to include provider champion, nurse care manager/care coordinator, and practice/office manager;
- Attend 6 virtual practice facilitation team meetings (~1 hour each); initial meeting to be scheduled in April or May 2023
- Develop, implement and submit a performance improvement plan (Plan, Do, Study, Act) that incorporates
 - o a) a standard measure that will be used by all practices;
 - o b) a team identified quality improvement measure;
 - c) a standard unintended consequence measure that will be used by all practices (ie. 1 question about impact of this QI project on the practice);
- Practices utilizes community resources for patient education and referrals when appropriate
- Attend and participate in 3 Asthma peer learning collaborative sessions, consisting of team and subject matter expert presentations (with practices including a patient success story and QI findings at the wrap up meeting).

Schedule below:

Tentative Topics	Dates
1. Kick-off meeting	April 12, 2023(7:30-9 am)
2. Midpoint Learning Collaborative meeting	July 12, 2023 (7:30 – 9 am)
3. Wrap up Learning Collaborative meeting	October 11, 2023 (7:30 – 9 am)
4. Monthly Practice Facilitation meetings	Dates/Times TBD
	(scheduled with each practice)

Timeline for Selection Process:

Step	Activity	Date
1.	Call for Applications released	March 3, 2023
2.	Conference call with interested parties to answer any questions – Join Via Zoom	<u>Feb 17, 2023 @ 7:30am</u> <u>Feb 21, 2023 @ 12pm</u>
3.	Submit application electronically via <u>Survey Monkey</u> <u>View full application before submission.</u>	Feb 24, 2023
4.	Notification will be sent to practices together with Participative Agreement and Baseline Survey	March 24, 2023
5.	Participative Agreements and Baseline Survey Due	March 31, 2023
6.	Orientation Kick Off meeting with first Learning Session	April 12, 2023 (7:30 – 9 am)

Submit completed application via survey monkey by 5:00 PM, March 3, 2023

- <u>Review milestone document for important dates.</u>
- View full application before submission.

For questions, contact:

Michelle Mooney, MPA, Project Coordinator (<u>mmooney@ctc-ri.org</u>) or Telephone: 401.451.4053

CTC-RI Selection Committee Policy and Procedure (2022)

We anticipate that we may have more applications than available slots, therefore it is critical that applications for participation in the CTC-RI Asthma Quality Improvement Initiative are reviewed and scored in an objective, fair, and transparent manner. The following reflects CTC's policy and procedure for application review:

Conflict of interest:

Reviewers must disclose any potential conflict of interest related to a specific applicant. A conflict of interest is defined as a real or potential monetary benefit or having an organizational affiliation with the applicant. The Selection Committee will discuss the potential conflicts of interest and make a determination of whether a conflict of interest exists. If so, the reviewers must recuse themselves from the review of that application.

Selection Committee Group Process for Review of Total Scores:

The Selection Committee will convene in March 2023, when a primary and secondary reviewer will present and discuss the rationale for scoring. The group will then discuss the ratings to reach consensus on application scoring. Final scores will be entered into a spreadsheet, totaled and divided by the number of scores to reach a mean score for each criterion and an overall total score for the application. Once this process has been completed for all applications, the applications will be rank ordered by anticipated developmental stage. *The Selection Committee reserves the right to interview applicants if further review is warranted.*

Review Criteria:

All reviewers will read and score each application independently using the scoring form and criteria established by the CTC Selection Committee. Reviewers will submit their scores to CTC Management in March 2023. CTC Management will compile all scores into one table per application with a total number of points. The maximum number of points is 40. Applications will be rank ordered by anticipated developmental stage.

We anticipate that we will select up to 6 practice sites, including adult and pediatric practices.

In the event of a tie, the following criteria will be used:

- 1. Completion of application; submitted on time and complete;
- 2. Number of Medicaid members-priority will be given to practices that serve vulnerable populations;

% Medicaid (max 2)	Score	Attributed Patients (max 3)	Score		Number of Patients w/ Asthma (child & adult)	Score
<10	0	<2500	0		>50	0
		attributed patients				
10-30%	1	2500-3000	1		50 - 99	1
		attributed patients				
>30%	2	3001-4999 2 100-150		100-150	2	
		attributed patients				
		>5 FTE and >5000	3		More than 150	3
		attributed patients				

Reviewer Scoring Notes

- 1. <u>% Medicaid</u>: A total of 2 point is available. Combine percentage of Managed Medicaid and Medicaid FFS
- 2. <u># of Patients (Attributed Patients)</u>: A total of 3 points are available. Assign 0 points for practices with less than 2500 patients; assign 1 point if 2500-3000 attributed patients; 2 points if 3001-4999 attributed patients; and 3 points if greater than 5 FTEs, and greater than 5000 attributed patients.
- 3. <u># of Patients with Asthma</u>: A total of 3 points are available. Assign 0 points for practices with less than >50 patients; assign 1 point if 50 99 patients with Asthma; 2 points if 100-150 patients with Asthma; and 3 points if greater than 150 attributed patients with Asthma.
- 4. <u>Add points for practices who participated in ECHO</u>: Add 5 (five) additional points if practice has participated in Asthma Essential ECHO with CTC –RI; Assign 0 (zero) points for practices who have not.
- 5. <u>Essay Questions</u>: A total of 10 points is possible for each question. 2 points if question answered; an additional 2-3 points if response demonstrated organizational interest/commitment and moderate degree of readiness; additional 4-5 points for above average response suggesting that the practice has high degree of readiness.

Reviewers Score Sheet								
		Application	n Questions	Essay Questions				
App #	% Medicaid (max 2)	Attributed Patients (max 3)	Patients with Asthma (max 3)	ECHO Participation (5 pts)	E #1 (max 10)	E #2 (max 10)	E #3 (max 10)	Total (max 43)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								

For multisite practices choosing to apply for multiple locations where quality improvement teams will differ, please provide the below letter for each site.

To: C-RI Asthma Quality Improvement Initiative Selection Committee members From: (Insert Practice Leadership Representative) RE: 2023 Asthma Quality Improvement Initiative Date:

On behalf of (<u>insert practice name</u>), please accept the following practice cover letter for the 2023 Asthma Quality Improvement Initiative. As an organizational leader representative, I can attest that the following staff members accept the conditions stated in the application and, if awarded, are committed to achieving the objectives of this initiative including clinical participation in the monthly and relevant ECHO and Quality Improvement meetings.

Practice Name:

Address, include zip:

Phone:

Quality improvement team, including providers, nurse care manager, behavioral health clinician, practice manager, social worker, medical assistant, IT support staff member, as applicable:

Position	Name	Email
Key contact person responsible for project implementation		
Provider champion		
Practice Manager		
Nurse Care Manager		
Behavioral health clinician		
Social worker		
Medical assistant		
Community Health Worker		
IT support staff member (if applicable)		
Other		

Phone number of provider champion: Phone number of key contact person:

Letter digitally signed by practice leadership representative and all quality improvement team members:

Practice Leadership Representative Date	Quality Improvement Team Member	Date
Quality Improvement Team Member Date	Quality Improvement Team Member	Date
Quality Improvement Team Member Date	Quality Improvement Team Member	Date

Appendix B: Sample System of Care Letter of Support

To: CTC-RI/PCMH Kids Selection Committee From: System of Care Representative RE: **2023 Asthma Quality Improvement Initiative**

Date:

[Practice name and site] is a member of our System of Care. The practice is interested in participating in the 2023 Asthma Quality Improvement Initiative. We believe that this practice would benefit from participation and as a system of care, we are willing to provide the management support to assist the practice with making this transformation.

As a system of care, we will provide the practice team with (check all that apply): □ IT assistance practice reporting and technology support

□ A System of Care representative that will attend team meetings during startup phase and thereafter as needed

 \Box Commitment to collaborate and communicate with the practice facilitator/ to ensure that initiative requirements are met within designated timeframes.

□ Other: (please describe below)

Signature of System of Care Representative	
Position	
Date	
Email	
Phone	