

2023 Asthma Quality Improvement Initiative - Call for Applications

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 that has been funded by RIDOH and Tufts Health Plan..

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, with special attention to those patients with severe or uncontrolled asthma and using higher levels of care, such as emergency departments and in-patient care. 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.

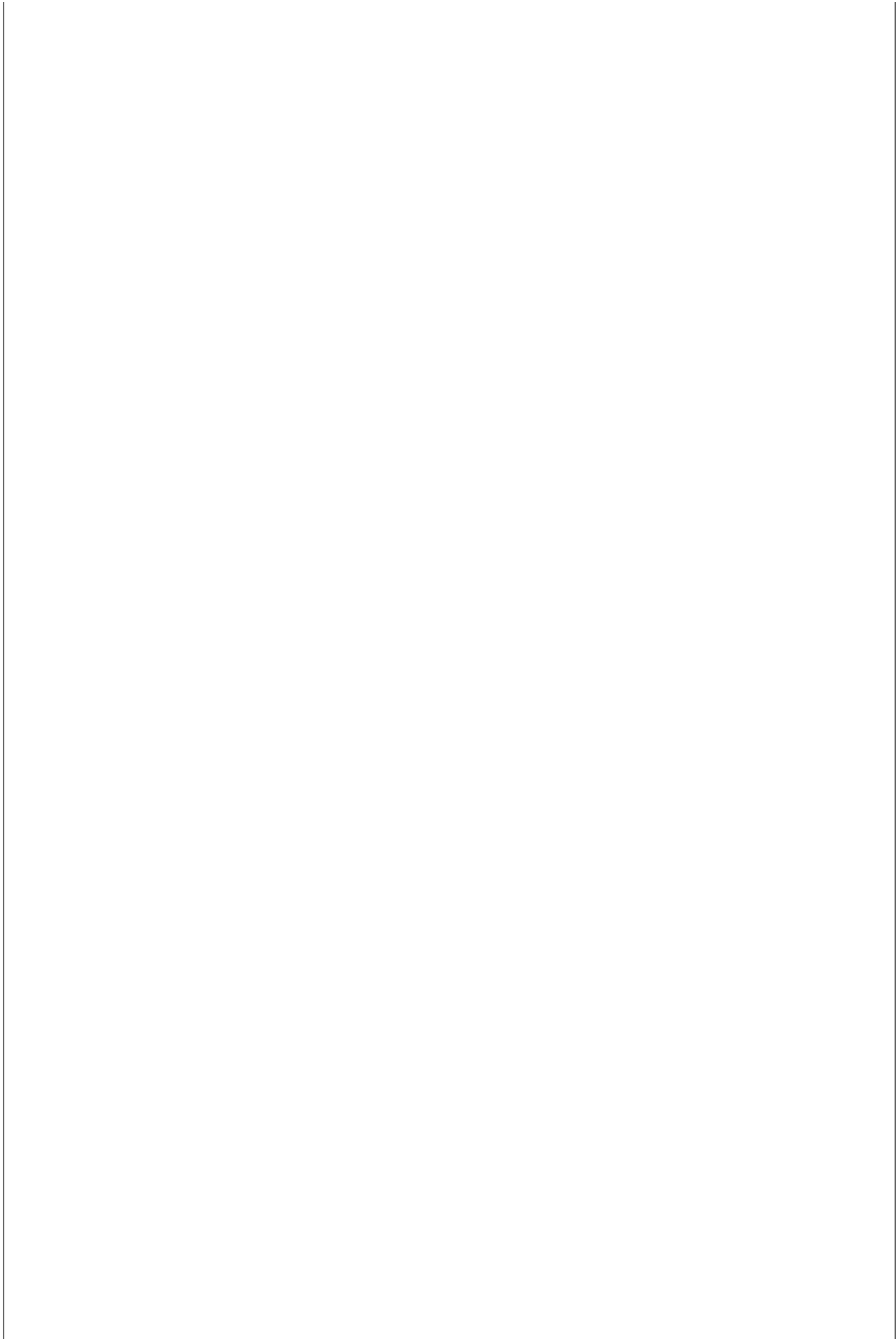
Applications from pediatric, family medicine or adult primary care practices are due February 24th, 2023. Project activities will begin April 12th, 2023 and continue for 6 months.

To learn more about this project, including milestones and requirements, follow this [link](#).

For support, please reach out to Michelle Mooney, MPA, Program Coordinator: mmooney@ctc-ri.org

If needed, you can close out of the application window and you will be able to return to the spot where your application left off. You must complete the page and select next for it to bring you back to the same spot.

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2023 Asthma Quality Improvement Initiative - Call for Applications

Practice Information

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* 1. Practice Information

Name	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text" value="-- select state --"/>
ZIP/Postal Code	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

* 2. Practice Tax ID Number (TIN):

* 3. Type of Practice (e.g. Pediatric, Family, FQHC, Hospital-Based Clinic)

* 4. Is your practice part of a system of care?

- Yes
 No

5. If yes, please indicate the system of care:

* 6. Primary Contact Person and Role

Name

Role

Email Address

Phone Number

* 7. Provider Champion

Name

Role

Email Address

Phone Number

* 8. Nurse Care Manager/Care Coordinator

Name

Role

Email Address

Phone Number

9. Other Team Member(s)

Name

Role

Email Address

Phone Number

10. Other Team Member(s)

Name

Role

Email Address

Phone Number

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Patient Demographics

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* 11. Total number of patients in your practice (based on 2022 information)

* 12. Percentage % of patients on Medicaid

* 13. Total number of patients with asthma in your practice (based on 2022 information)

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Practice Questions

* 14. Has your practice participated in the Asthma ECHO program offered by CTC-RI?

Yes

No

Unsure

* 15. Can your practice commit to monthly 1-hour virtual practice facilitation meetings?

Yes

No

* 16. Can your practice commit to 3 Learning Sessions, separate from the practice facilitation meetings?

Yes

No

* 17. Please provide brief narrative responses to the following question: What are at least two benefits you are hoping to achieve in your participation in this program? (no more than 500 words)

* 18. Please provide brief narrative responses to the following question: What barriers do you envision to your participation? How do you anticipate addressing potential concerns? (no more than 500 words)

* 19. Please provide brief narrative responses to the following question: Please describe how you are currently addressing asthma management in your population and how you would like to improve your approach? Are there asthma management programs that you currently refer to? (no more than 500 words)

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Supporting Documents

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Please refer back to application for templates.

* 20. Practice cover letter indicating the practice's commitment and acceptance of the conditions stated in the application, signed by all members of the quality improvement team and by a practice leadership representative.

For example, please refer to call for applications for template.

Choose File

Choose File

No file chosen

* 21. System of Care (i.e. accountable care organization or accountable entity) cover letter indicating the level of support provided for the lead practice for participating in this initiative including information if SOC would like to include other practices. If yes, other information (practice(s) name and providers) needs to be included.

For example, please refer to call for applications for template.

Choose File

Choose File

No file chosen