## Call for Applications:
## Pharmacy Quality Improvement Initiative: Reducing Preventable Hospitalizations and Emergency Department Usage through Team Based Care.

**The Care Transformation Collaborative of Rhode Island (CTC-RI) and Rhode Island Department of Health (RIDOH) in collaboration with faculty from University of Rhode Island College of Pharmacy is pleased to offer primary care practices working within systems of care (SOC) the opportunity to apply for funding to join a pharmacy quality improvement initiative, which has been funded by UnitedHealthcare and the Rhode Island Department of Health.**

This application is for funding to support health care practices, working within systems of care, in their efforts to participate in a data driven pharmacy quality improvement learning collaborative initiative to reduce preventable hospitalizations and emergency department usage through team based care.  The need for a pharmacy-specific learning collaborative has grown out of the multi-payer, multi-stakeholder CTC-RI Clinical Strategy Committee and the RIDOH Pharmacy Workgroup, and is part of CTC-RI's overall effort to assist primary care practice teams and SOC in improving patient care.  Up to six (6) primary care practices working within systems of care will be selected to participate in this initiative. **Applications are due on Friday, April 16th, 2021**. Project activities will begin in May 2021 and will continue for 12 months.

### Benefits of participation:
- Opportunity to develop and implement a team based structured approach to improve patient care;
- Practice infrastructure payment of $15,000 that can be used to off-set the costs associated with measuring, reporting and monitoring data needed for improving selected quality improvement metric(s), and staff time (pharmacist, provider champion, nurse care manager, practice manager, behavioral health clinician, as applicable) for participation in monthly and quarterly quality improvement activities;
- Eligibility for incentive payment of $5,000 based on meeting quality improvement deliverables;
- Monthly coaching from pharmacy practice facilitator/content expert;
- Opportunity to learn from peers as part of the quarterly learning sessions;
- Opportunity to position practice/system of care for on-going value-based care payments based on performance.

### Prerequisites
- Outpatient primary care practice that works within a SOC and has a pharmacist embedded within the primary care team, or having other access to pharmacy expertise;
- Uses an electronic medical record system;
- Submits a completed application and cover letter from practice team by April 16, 2021 indicating commitment and capacity for meeting project expectations detailed below *(Please see Appendix A for template)*;
- Submits an additional letter of support from the system of care by April 16, 2021 (*Please see Appendix B for template)*;
- Agrees to principle of transparency for performance improvement information that will be shared with learning collaborative members;

**Initiative to Reduce Preventable Hospital Use: Project Scope and Aims**

The goal of this pharmacy led, team-based care initiative is to provide primary care practices with an interprofessional quality improvement learning opportunity with the aim of reducing preventable hospital care for emergency department (ED) use and/or inpatient admissions.

The Prevention Quality Indicators (PQIs) were developed by the federal Agency of Healthcare Research and Quality (AHRQ) to measure rates of preventable hospital care for a range of "ambulatory care sensitive conditions." Researchers applying these measures at the national level identified an estimated 3.5 million preventable hospital stays and $33.7 billion in annual cost in 2017.[1] The areas of focus for this initiative address PQI domains that require optimal medication management to achieve superior health outcomes.

Systems of care (SOC), particularly those in accountable care arrangements, are tasked with reducing unnecessary hospital care.  In many SOC's, mechanisms have been developed to alert providers when their patients are hospitalized or discharged. However, state-level data will be used to identify the most prevalent causes of preventable ED use and admissions and their risk factors. This information can be used by practices to select a focus area of highest priority. Hospital event rates for the conditions listed in Table 1 will be identified using the RI HealthFacts RI 2019 medical and pharmacy claims information from Rhode Island All Payer Claims Data base (APCD). Event rates of ED visits and inpatient stays will be determined for each condition, and reported overall and per practice.

**Table 1. Potentially Preventable Hospital Care, RI APCD Medical and Pharmacy Claims Data 2019**

| | SOC 1 | SOC 2 | SOC 3 | SOC 4 | SOC 5 | SOC 6 | Overall (statewide) |
|---|---|---|---|---|---|---|---|
| **Chronic conditions** | | | | | | | |
| Heart failure | | | | | | | |
| Chronic obstructive pulmonary disease | | | | | | | |
| Asthma | | | | | | | |
| Diabetes | | | | | | | |
| Diabetes long-term complications | | | | | | | |
| Diabetes short-term complications | | | | | | | |
| Uncontrolled diabetes | | | | | | | |
| Hypertension | | | | | | | |
| **Acute conditions** | | | | | | | |
| Community-acquired pneumonia | | | | | | | |
| Urinary tract infection | | | | | | | |

Up to six (6) primary care practice teams working within SOC will be provided with performance reports specific to their practice. The reports will include information describing rates of hospital use for their practice for the conditions listed in table 1, and associated risk factors, contrasted with RI benchmarks. Based on these reports and other practice priorities, practice teams will select focus area(s) of their choice.

Using evidence-based strategies, teams will develop and implement performance improvement plans and evaluate the effectiveness of providing proactive primary care in reducing avoidable hospital and ED utilization for the condition(s) selected. Practices will be asked to consider patient engagement strategies ("what matters to the patient") and use risk stratification to identify and address gaps in care pertaining to

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[1] Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) from 36 States, 2017, weighted to provide national estimates; AHRQ Quality Indicators, version 2019.01

insurance coverage, race/ethnicity, sex, medication adherence and affordability, and/or social determinants of health.

This project builds upon prior/current work utilizing APCD pharmacy data to inform medication prescribing for older adults and is part of CTC-RI's overall effort to advance primary care transformation through high functioning team-based care.

## <u>Pharmacy Quality Improvement Initiative Objectives</u>
- Provide practices/SOC with an opportunity to select and implement a practice/SOC focus of preventable hospital/ED utilization improvement based on their own identified practice needs;
- Support primary care practice/SOC teams in the identification and implementation of data-driven performance improvement action plans to improve preventable hospitalization and ED utilization;
- Develop sustainable workflows to improve provider and practice team wellbeing through effective use of high functioning team-based care;
- Improve patient outcomes through pharmacy practice facilitation support, peer learning opportunities, and applied team-based performance;
- Understand and address gaps in care that are identified through risk stratification of patient population performance improvement data, patient survey or other means;
- Understand and incorporate "what matters most to the patient" as part of performance improvement plan;
- Where/if appropriate, enhance pharmacy scope and standardization of practice though use of collaborative practice agreements, as applicable to the practice's selected area(s) of focus;
- Demonstrate the benefit of a pharmacy led quality improvement initiative.

## <u>QI Initiative Activities: 12 month responsibilities</u>
- Team meets monthly with the practice facilitator;
- Team attends quarterly learning collaborative meetings

## <u>4 Month Preparation Period (May –August 2021): Identification and Planning for What Matters Most to the Practice/SOC and What Matters Most to the Patients</u>

Practice QI team:
- Participates in kick off learning collaborative meeting **(May 20, 2021 7:30-9:00 am)**;
- Reviews and provides input on draft team-based wellbeing survey at the orientation "kick off" meeting **(May 20, 2021 7:30-9:00 am)**
- Completes team wellbeing survey at first scheduled practice facilitation meeting;
- Uses the APCD practice/SOC pharmacy performance reports, practice team wellbeing survey information, as well as other practice/SOC priorities and defines focus area for improvement, SMART goals and plan for patient engagement;(s)
- Identifies and submits performance improvement plan (Plan-Do-Study-Act) including rationale, practice performance improvement measurement plan, target, clinical and patient engagement strategies;
- Outlines and defines staff training, workflows, patient engagement strategy and structured data elements required for reporting results and testing change
- Presents performance improvement plan at 1st quarterly meeting **(August 2021)**

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**QI Implementation and Evaluation Phase  (Performance Period August 2021 to April 2022)**
Practice QI team:
- Based on approved PDSA, implements action plans, implements staff training and workflows to support use of evidence based clinical strategies and measures performance results compared to identified target;
- Tests and measures patient engagement strategy;
- Reviews and updates performance improvement plan that has been updated based on patient engagement and health team input;
- Submits updated P-D-S-A (October, 2021)
- Attends 2nd Learning Collaborative meeting and reports out on progress/outcomes including results of patient engagement strategy (**November 2021**);
- Develops risk stratification strategy to identify and address gaps in care associated with factors such as insurance status, socioeconomic status, race, ethnicity, sex and/or other equity measure and updates P-D-S-A;
- Tests strategy to address gap in care and measures impact;
- Submits updated PDSA inclusive of risk stratification data and strategy (**February 11, 2022**);
- Attends 3rd Learning Collaborative meeting and reports out on progress/outcomes including results of strategies for patient engagement gaps in care identified through risk stratification strategy (**February 2022**);
- Submits final QI results using story board template, including plan for sustainability and spread (April 2022)
- Attends 4th Final learning network meeting (**April 2022**)

**Timeline for Selection Process**

| Step | Activity | Date |
|---|---|---|
| 1 | Call for Applications released | Friday, March 12th |
| 2 | Conference call with interested parties to answer any questions.<br><br>**Join Zoom Meeting**<br>https://ctc-ri.zoom.us/j/4665707463?pwd=V2huN0VDSmtrTUY4TTNQZi9iRHZ2dz09<br>Meeting ID: 466 570 7463<br>Passcode: 646876 | April 1, 2021 12-1pm<br><br>April 7, 2021  8-9 am |
| 3 | Submit Letter of Intent (optional) to: deliverables@ctc-ri.org | Friday, April 2nd |
| 4 | Submit application electronically to: deliverables@ctc-ri.org | Friday, April 16th |
| 5 | Notification will be sent to practices | Friday, April 30th |
| 6 | Teams submit W9 and Participatory Agreements | Monday, May 10th |
| 7 | Orientation Kick Off meeting  for newly selected practices | Thursday, May 20th (7:30-9:00am) |

## Application Checklist

| Item | Check if complete |
|---|---|
| 1. **Letter of Intent:** Optional | |
| 2. **Application form** filled out completely<br>*(Please see next page)* | |
| 3. **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.<br>*(Please see Appendix A for template)* to: deliverables@ctc-ri.org | |
| 4. **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 practice information (Practice name, Providers/NPI numbers) needs to be included<br>*(Please see Appendix B for template)*<br>deliverables@ctc-ri.org | |
| 5. **Response to questions** | |

**Completed application packages should be received** <mark>by 5:00 PM on April 16, 2021</mark>

Email application package to: deliverables@ctc-ri.org

For questions, contact: Jazmine Mercado CTC Project Coordinator
Email: Jmercado@ctc-ri.org   Cellphone number: 401-313-1414

# Pharmacy Quality Improvement Application Form

Practice Name: _____

Address: _____, _____, Zip _____

Phone: _____-_____-_____

Practice Tax ID Number (TIN): _____

System of Care (ACO/Accountable Entity) _____

Practice has embedded pharmacist on site Yes ☐   No ☐   FTE: ____

If no: describe pharmacy support available to the practice: _____

The SOC may indicate on the application if it would like to have other primary care practice sites from its SOC participate in this quality improvement initiative, and if it would like to obtain performance information for other practices that are part of the SOC.  The Pharmacy QI Selection Committee will recommend infrastructure and incentive funding for the "lead" practice site and the pharmacy practice facilitator will be assigned to work with the lead primary care practice site.  Other practice sites, working within the selected system of care, could participate in the quarterly learning network meetings and be provided with performance information specific to their practice, providing that these additional participating practices also develop and submit a P-D-S-A plan that is approved by the project committee.
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Are other practice sites interested in participating?   Yes__No____
(Note: Practice Facilitator would be assigned to work with lead primary site and other practice sites could participate in that monthly meeting).  Additional practices would be asked to complete P-D-S-A working on the same topic area as the lead practice.
*(If yes) please identify all other practice sites locations below and indicates which site(s) will be participating:*

| Additional practice site location(s) interested in project participation | | | SOC to send separate list indicating providers and NPI |
|---|---|---|---|
| Practice site | Primary contact person | Email address | Yes ☐ No ☐ |
| | | | Yes ☐ No ☐ |
| | | | Yes ☐ No ☐ |
| | | | Yes ☐ No ☐ |
| | | | Yes ☐ No ☐ |

| Provide Name(s) on lead primary care site | NPI# | Provider start date before December 31, 2019 | |
|---|---|---|---|
| | | Yes | No |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| *Add additional rows as necessary* | | | |

| Approximate Payer Mix (2020) for primary practice site | | | | | |
|---|---|---|---|---|---|
| Payer | # of patients | % of total panel | Payer | # of patients | % of total panel |
| BCBSRI | | | Medicaid FFS | | |
| NHP-RI Commercial | | | NHP-RI Medicaid | | |
| Tufts Commercial | | | Tufts Medicaid | | |
| United Commercial | | | United Medicaid | | |
| Insured Other | | | Uninsured | | |
| Total | | | Total | | |

1. **Provide name of the Electronic Health Record system your practice currently uses:**
   _____

2. **Please indicate if your practice is anticipating changing its Electronic Health Record within the next 12 months.** Yes ☐  No ☐

3. **Does your practice presently receive pharmacy claims information from payers?**
BCBSRI  Commercial  Yes ☐  No ☐  Unsure ☐
BCBSRI Medicare      Yes  ☐  No  ☐  Unsure ☐
NHPRI              Yes ☐  No ☐  Unsure ☐
Tufts             Yes ☐  No ☐  Unsure ☐
United Medicaid    Yes ☐  No ☐  Unsure ☐
United Commercial Yes ☐  No ☐  Unsure ☐
United Health Medicare Advantage Yes ☐  No ☐  Unsure ☐

4. **Please describe previous and or current initiatives your practice/system of care is working on to address improvement in Preventable Hospitalizations/ED where this project may complement/bolster existing efforts.**

5. **Please indicate if you practice presently receives alerts for:**
   a) Hospital admissions Yes ☐ No ☐
   b) Hospital discharges Yes ☐ No ☐
   c) ED utilization Yes ☐ No ☐

   Describe

6. **Please indicate if you practice has a post discharge medication reconciliation program**
   Yes ☐ No ☐
   Describe:

7. **Please provide information on following items:**

|  | Yes | No | Comment /Describe |
|---|---|---|---|
| Practice collaborative practice agreements : List if applicable |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Patient engagement strategies presently being used in practice |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Practice risk stratification strategies presently used to identify gaps in care based on race/ethnicity/gender/insurance/other |  |  |  |
| Practice team reviews pharmacy performance information on a regular basis |  |  |  |

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**Questions: (limit responses to a maximum of 500 words per question)**

1. The goal for this pharmacy quality improvement initiative is to reduce preventable hospitalizations and ED utilization through a structured team-based quality improvement effort.    Practices/systems of care will be provided with infrastructure payment and eligibility for incentive payment to support your efforts. How does your practice team and system of care intend to use the funds from CTC-RI to support the pharmacy quality improvement initiative?

2. Please describe the provider champion, pharmacy champion, and organizational leadership (IT/Practice management/NCM) and commitment to pharmacy quality improvement. Describe how the practice team plans to work together on this initiative. If SOC is interested in identifying lead primary care practice and other practices participating, describe participation plan.

3. What barriers do you envision and how do you anticipate addressing potential concerns including sustainability?

4. Describe patient engagement strategies you are considering to identify what matters most to the patient?

5. Describe what you hope to learn through the data reports provided and your own assessment of system and patient-level risk factors that would enable better care?

# CTC-RI Selection Committee Policy and Procedure (2021)

To ensure an objective, fair, and transparent process for reviewing applications, the following policy and procedure for application review is being shared with applicants:

1.
   **Selection Committee Process for Review of Applications:** The CTC-RI Selection team will convene in April 2021.  All reviewers will read and score each application independently using the scoring criteria below.  Questions: 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, has begun pharmacy transformation work and is making progress towards medication optimization.

   The maximum number of points is 71. The CTC-RI team reserves the right to interview applicants if further review is warranted. The applications will be rank ordered by final scores. In the event of a tie, the following criteria will be used:
   1. Completeness of application
   2. Priority will be given to practices/SOC that have an interest in practice standardization through collaborative practice agreement or other method of improving pharmacy impact
   3. Successful completion of prior CTC-sponsored initiative.

 *The Selection Committee reserves the right to interview applicants if further review is warranted.*

**Conflict of interest:**  Reviewers will 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 affiliation with the applicant. The Selection Committee will discuss the potential conflicts of interest and decide of whether a conflict of interest exists. If so, the reviewer must recuse themselves from the review of that application.

| Identification of use of data to improve care | Max 6 Score | | Readiness for QI interventions /SOC | Max 4 Score | | Identification of what matters most to the patient | Max 2 Score |
|---|---|---|---|---|---|---|---|
| Practice receives claims data or hospital use data from 1 health plan | Add 1 point | | Practice team is engaged in at least 1 pharmacy quality improvement initiative | Add 1 point | | Practice team identifies patient engagement strategy to better understand what matters most to the patient | Add 1 point |
| Practice receives claims data or hospital use data from more than 1 health plan | Add 1 point | | Practice team is engaged in 1 or more pharmacy quality improvement initiative | Add 1 point | | Practice uses patient engagement tool(s) | Add 1 point |
| Practice team presently reviews pharmacy and hospital use information to improve care | Add 1 point | | Practice has a post-discharge med reconciliation program | Add 1 point | | | |
| Practice team receives alerts for hospital utilization (admission, discharge); Practice team receives alert for ED utilization (admission/discharge) | Add 1 point (hospitalizations); Add 1 point ED utilization | | Practice identifies medication related intervention as the focus for the project | Add 1 point | | | |
| Practice team risk stratifies data to determine gaps in care based on race/ ethnicity/gender/ insurance status/ and /or other factors | Add 1 point | | | | | | |
| **Practice team readiness** | **Max 3 Score** | | **Practice sustainability** | **Max 3 Score** | | **System of Care readiness** | **Max 3 Score** |
| Practice has pharmacist supporting practice with sufficient capacity to lead the project | Add 1 point | | Practice team has articulated anticipated barriers and plan to address | Add 1 point | | System of care has IT capacity to assist with this project | Add 1 point |
| Practice has demonstrated provider leadership | Add 1 point | | Practice team is interested in standardizing care using collaborative practice agreements | Add 1 point | | System of care is interested in 2-3 practices being involved in initiative | Add 1 point |
| Practice has identified other practice team members to support project | Add 1 point | | Practice has processes to improve care transitions for condition(s) of interest (table 1) | Add 1 point | | SOC is interested in more than 3 practices being involved in initiative | Add 1 point |
| | | | | | | | |
| | | | | | | | |
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# Appendix A: Lead Practice Support Cover Letter Template

To:    CTC-RI Pharmacy quality improvement Selection Committee
From:  Practice Leadership Representative
RE:     CTC-RI Quality Improvement Initiative
Date:

On behalf of (<u>practice name</u> _____), please accept the following practice support cover letter for the Pharmacy Quality Improvement Initiative. As an organizational leader representative, I can attest the following staff members accept the conditions stated in the application and if awarded, are committed to achieving the objectives of this initiative.

Practice Name/Address: _____
                                    _____
                                    _____

Phone:                         _____

**Quality improvement team**,  including provider, pharmacist, 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 | | |
| Pharmacy champion | | |
| Practice manager | | |
| IT support staff member | | |
| Other | | |
| | | |
| | | |

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

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


_____  _____          _____  _____
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


_____  _____          _____  _____
Quality Improvement Team Member    Date            Quality Improvement Team Member    Date


_____  _____          _____  _____
Quality Improvement Team Member    Date            Quality Improvement Team Member    Date

# Appendix B: System of Care Letter of Support Template

To:    CTC-RI Selection Committee
From:  System of Care Representative
RE:    Pharmacy Quality Improvement Initiative
Date:

[Practice name and site] is a member of our System of Care. The practice is interested in participating in the Pharmacy 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 with (check all that apply):

☐ Practice Reporting assistance for meeting Pharmacy Performance goals;

☐ IT assistance for practice team templates within the practice electronic health record as needed to capture performance

☐ A System of Care representative that will meet with the pharmacy practice facilitator during the startup phase and thereafter as needed

☐ Commitment to collaborate and communicate with the pharmacy practice facilitator to ensure that initiative requirements are met within designated timeframes.

☐ Other: (please describe below)


☐ SOC is interested in having other practice sites participate in this pharmacy quality improvement initiative and have supplied separate information with practice name(s), provider name(s) NPI numbers and indicating if the provider began working within practice site before December 31, 2019.


_____    _____          _____    _____
Signature of System of Care          Date              Signature of Practice team          Date

_____                  _____
Position                                                         Position

_____                  _____
Email                                                            Email

_____                  _____
Phone                                                           Phone