**SAMPLE CTC-RI / PCMH Kids Telehealth Learning Collaborative Participative Agreement**

**“Using Technology to Improve Care for Patients with Chronic Conditions”**

**Consisting of 6 pages**

**Practice Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Practice Site(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cohort 1 (Start Date: February 2021) \_\_\_**

**Cohort 2 (Start Date: May 2021) \_\_\_\_**

1. **Introduction/Purpose**

The Care Transformation Collaborative of Rhode Island (CTC-RI)/PCMH Kids) has selected your practice site/organization to participate in the 12 month Learning Collaborative: “Using Technology to Improve Care for Patients with Chronic Conditions”. The goal of the initiative is to help primary care practices expand the use of technology to help people better manage their chronic conditions and enable practices to further physical distancing measures, reduce unnecessary in-person visits, and thereby mitigate the spread of COVID-19. Practices participating in the learning collaborative are eligible to receive: a) an infrastructure payment ($15,000.00 per practice site) and b) an incentive payment $7,000 per practice site for single practice applications or $5,000.00 per practice site for multi-site applications.

Th**e** Telehealth Learning Collaborative is financially supported through two sources: the infrastructure payment is supported through CARES Act funding and the technical quality improvement support and incentive payments, are supported through UnitedHealthcare. CTC-RI has recently received important guidance from the Office of Budget Management (OBM) on practice Telehealth Infrastructure funding requirements that were not included in the “Call for Applications” and are outlined below.

**Important Update on Practice Requirements for Infrastructure CARES Act Payment**

 Practices are eligible for CARES Act Telehealth infrastructure payment based on:

1. Signed Participative Agreement which confirms the practice/organization intent to participate in the telehealth learning collaborative to be returned to CTC-RI via Adobe sign by **December 18, 2020;** and
2. Completion of Practice Telehealth Expense and Attestation Report which identifies practice efforts to provide patients with access to care through telehealth during COVID-19 telehealth during the time period of October 1, 2020-December 30, 20201. The practice/organization is responsible for returning the Telehealth Expense Report to CTC-RI (ctctelehealth@ctc-ri.org) by **December 21,** **2020.** Attachment A Practice Expense and Attestation Report provides guidance on allowable telehealth expenses. A word version of Telehealth Expense and Attestation Report document is being sent to the practice with Selection Award Notification.

Failure to submit the Participative Agreement and the Practice Telehealth Expense and Attestation Report within the required timeframes may jeopardize practice eligibility for infrastructure payment.

**1** CTC has identified the telehealth expense timeframe 10/1/20-12/30/20 to avoid potential overlap with other CARES Act funding practice may have received. Practices may use time frame starting in March 1, 2020 if practice has not received other CARES Act funding for telehealth expenses.

CTC-RI will host a zoom meeting on December 15, 2020 at 12 noon and at 5pm to answer any questions about Telehealth Expense and Attestation Report expectations. To access the Zoom meeting, please use the following information:

Zoom link: <https://ctc-ri.zoom.us/j/98499484371?pwd=V2ROMGVOSHh6RGRTdXd6bllXOGpmUT09>

Meeting ID: 984 9948 4371

Passcode: 646876

**Infrastructure Payment Schedule: 12/30/20**

CTC-RI will provide practices with infrastructure payment ($15,000.00 per practice site) based on receipt of the signed Participative Agreement (sent and returned through Adobe sign) and receipt of Practice Telehealth Expense and Attestation Document sent via ctctelehealth@ctc-ri.org

**Incentive Payment Schedule: March 31, 2022 (Cohort 1) or June 30, 2022 (Cohort 2)**

CTC-RI will make incentive practice payment with the successful completion of the Telehealth Learning Collaborative requirements. Single practice sites will be eligible for $7,000.00. Practice organization with multi-site applications that identify the same patient population, chronic condition and technology practice will be eligible for $5,000.00 per practice site.

1. **Telehealth Learning Collaborative Participative Agreement Scope of Work**

The Telehealth Learning Collaborative Participative Agreement Scope of Work outlines the mutual responsibilities of each party as outlined in the **“Using Technology to Improve Care for Patients with Chronic Conditions”** application process.

Learning Collaborative Objectives:

To provide:

* Primary care practices with financial and technical support that will enable them to test, measure and evaluate the impact of using telehealth technology to improve management of chronic conditions for practice identified population of focus and to be positioned to spread learning to a larger number of patients and/or to other practice sites;
* Patients with chronic illnesses a telehealth technology option to improve their management of chronic conditions in the midst of COVID-19;
* Patients with telehealth learning needs with “hands on” or tailored support solution.

Services to Be Provided

Participating Primary Care Practices will be provided with infrastructure and incentive funding payments, practice facilitation quality improvement technical support, Northeast Telehealth Resource Center content expert support, and quarterly “best practice sharing” peer learning services.

Practice Responsibilities and Requirements:

During the learning collaborative, primary care practice team will identify:

* A patient population of focus for management of one chronic disease condition;
* Goals and metrics for success and tests for change;
* A telehealth technology solution that could address potential patient and practice need;

During the learning collaborative, the primary care practice team will be responsible for:

* Developing and implementing a Performance Improvement Plan including workflow (roles/responsibilities), training needs (staff/patients/parents/caregivers), identifying business requirements;
* Reporting outcomes including measures of success, barriers and solutions;
* Identifying patients/parents/caregivers who need additional assistance with using technology (risk stratification) and developing/implementing a plan to address technology needs using existing staff and /or community linkages who could provide “hands on” assistance such as Community Health Team, community health worker, family home visiting program, CEDAR).
* Attending quarterly peer learning collaborative meetings, webinars that are relevant to selected chronic condition/technology;
* Attending monthly meetings with practice facilitator

Start-Up Cohort 1:(1-4 months: February-May 2021); Cohort 2: (1-4 months May-August 2021)

Objective: To identify needs/ feasibility and plan for action.

Together with practice facilitator, practice team members are responsible for:

* Define the practice and patient needs the team hopes to address via a telehealth program using data and clinical experience;
* Identify patients with chronic care needs who could benefit from better care management using team approach and telehealth technology to improve outcomes;
* Identify technology option that could be used to support patients with selected chronic condition and potential clinical-community partnership opportunity;
* Complete AIM statement to define success, goals and metrics and plan;
* Identify an initial conservative estimate of the added costs for the program beyond clinical provider time and creating an initial business plan;
* Identify patients who may need additional assistance to utilize the technology option based on risk;
* Identify potential strategies/partnerships that could be used to assist patients/parents/caregivers that need assistance with using telehealth technology to improve management of chronic conditions;
* Submit a Performance Improvement and Patient Support Plan (P-D-S-A) which includes baseline data, technology, and training plan for staff and patients;
* Meet monthly with the practice facilitator and participate in webinars and other learning opportunities to identify potential telehealth applications and approaches.

Implementation Phase Cohort 1 (month 5 – 12: June 2021 –January 2022); Cohort 2: (September 2021-April 2022)

Objective: Implement, measure and refine Performance Improvement and Patient Support Plan.

Together with practice facilitator, practice team members are responsible for:

* Develop and test workflows;
* Develop and test staff and patient training materials;
* Implement the Telehealth Performance Improvement Plan with selected patients;
* Obtain input from patient/parent/caregiver based on test of change and outcomes and evaluation results;
* Implement adjustments based on data and feedback from patients, staff and community partner (as applicable);
* Implement a Telehealth Performance Improvement and Patient Support Plan (Plan, – Do, Study, Act – P-D-S-A) to improve engagement with selected undeserved patients – those experiencing barriers to care and health disparities with respect to using technology to improve chronic illness outcomes;
* Obtain input from patient/parent/caregiver based on test of change and outcomes and evaluation results, implement recommendations and measuring effectiveness;
* Update and submit a P-D-S-A storyboard including evaluation results, sustainability plan and potential for spread to other practices.

Care Transformation Collaborative of RI Primary Care Practice name.



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Signature: Debra Hurwitz, Signature of authorized staff:

Executive Director, CTC-RI Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Positon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attachment A (For Information Purposes)**

Care Transformation Collaborative/PCMH Kids (CTC-RI) Primary Care Telehealth Learning Collaborative

CARES Act Funding Guidance and Telehealth Expense and Attestation Report

As part of the CTC-RI/PCMH Kids Pilot Primary Care Telehealth Participative Agreement, practices need to identify telehealth expenses that have been incurred during the time period of October 1, 2020 through 12/30/201 as a result of establishing and maintaining telehealth services so that patients would be able to access primary care services.

 CTC-RI will provide practices that execute Telehealth Learning Collaborative Participative Agreements with Infrastructure Payment (up to $15,000.00 per practice site) based on submission of a Practice Telehealth Expense and Attestation Report. Practice organizations that have more than one practice site participating in the Telehealth Learning Collaborative may submit one Telehealth Expense and Attestation Report that includes expenses incurred for all practice sites with the expectation that incurred expenses will at least be equal to planned infrastructure payment amount. As an example, a practice organization that has three practice sites participating in the Telehealth Learning Collaborative submits one Telehealth Expense and Attestation Report that identifies $45,000.00 of telehealth expenses ($15,000.00 per practice site). Practice/Organization is responsible for submitting the Telehealth Expense Report to CTC-RI ctctelehealth@ctc-ri.org by **December 21,2020.** Failure to submit the Telehealth Expense Report within the required timeframe may jeopardize practice eligibility for infrastructure payment. Maximum infrastructure payment per practice site is $15,000.00.

Practice organization(s) are responsible for keeping financial records in accordance with these requirements, as recipients of these funds will be subject to audit.

# Eligible Expenses/Uses

 Eligible uses include:

* Costs of establishing telehealth services for patients and staff during the COVID-19 pandemic including telehealth hardware, software, mobile applications, phone equipment for services provided at the primary care office sites, corporate offices and at sites that enable employees to provide health care services from remote locations;
* Time/salary expense associated with researching telehealth options, cost benefit analysis, IT service contract support, supplies, education, and training;
* Time/salary expense associated with developing staff workflows for offering telehealth services including translation services, and care coordination;
* Time/salary expense associated with outreach to patients/parents/caregivers (including home visits) to assist them with successfully utilizing telehealth options;
* Time/salary expense with developing on-line training and marketing materials for patients, the general public and staff;
* Contract and/or salary expenses for IT services for such services as but not limited to on call services, staff training, setting up remoting monitoring options;
* Time/salary and associated expenses with establishing documentation, billing and reporting for telehealth services for the comprehensive primary care team;
* Other telehealth expenses as a result of supporting patient access to care as a result of COVID-19.

For questions, contact: ctctelehealth@ctc-ri.org or call Susanne Campbell Senior Project Director at 401-477-0011.

**1** CTC has identified the telehealth expense timeframe 10/1/20-12/30/20 to avoid potential overlap with other CARES Act funding practice may have received. Practices may use time frame starting in March 1, 2020 if practice has not received other CARES Act funding for telehealth expenses.

[Telehealth Expense Form](https://public.3.basecamp.com/p/e22VTXCDApuzJ4tHfCH61uEb)