

**Call for Applications:**

**Pharmacy Quality Improvement Initiative**

**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.**

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 network initiative to improve the safe, effective and efficient use of medications in adults age 50 and older. The need for a pharmacy-specific learning network 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 five primary care practices working within systems of care will be selected to participate in this initiative. Applications are due on Friday, January 24, 2020 at 5pm. Project activities will begin in February 2020 and will continue for 13 months.

**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 January 24th, 2020, 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 January 24, 2020 (*Please see Appendix B for template)*;
* Agrees to principle of transparency for performance improvement information that will be shared with learning network members;

Note: The SOC may indicate on the application if it would like to have other primary care practice sites participate in the pharmacy quality improvement initiative and if it would like to obtain pharmacy 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 have access to pharmacy performance information provided the SOC provides provider names and NPI numbers. Additional practices would be expected to identify and submit similar P-D-S-A as the lead primary care practice.

**About Pharmacy Quality Improvement Initiative**

* Researchers from the University of Rhode Island College of Pharmacy (URICoP) have developed and tested a measurement framework addressing medication Safety, Effectiveness and Efficiency (S-E-E) among elderly adults using 19 pharmacy evidence-based quality measures, and have previously tested this framework using the pharmacy claims from Rhode Island. These results were presented at a CTC Clinical Strategy Committee meeting (insert link) with attendees including all the major health plans and systems of care. The findings indicated that there is room for improvement in each of the key quality domains addressed in the framework. Additional measures were recently suggested by advisors in consideration of adults age 50+ years, and incorporated in the revised measurement framework below

|  |  |  |
| --- | --- | --- |
| **Safe (S)** | **Effective (E)** | **Efficient (C)** |
| **Avoiding use of:**1. Benzodiazepines
2. Multiple CNS depressants
3. NSAIDS, if using anticoagulants
4. Anticholinergics in dementia\*
5. Fluoroquinolones as initial therapy
6. Opioids in excessive quantities
7. Opioid in combination with benzodiazepine
8. Buprenorphine for OUD in combination with opioid or other rx controlled substance
9. Prescribing of naloxone
10. Higher-risk drugs (PIMs)\*
 | **Patient adherence to:**1. Anticoagulants
2. Antihypertensive medications
3. Diabetes medications
4. Depression medications
5. Cholesterol medications
6. Respiratory inhalers
7. Buprenorphine for OUD

**Evidence-based therapies:**1. Statin use in diabetes
2. ACE/ARB use in diabetes
3. Overuse of inhaled short-acting beta agonists
 | **Health system use:**1. Limit number of prescribers
2. Avoid polypharmacy

**Use of generics:** 1. Overall
2. Diabetes medications
3. Mental health medications

**Other:**1. Low Value Drugs
2. Use of erythropoietin
 |

\* (PIM: potentially inappropriate drugs; apply only to adults age 65+ years; OUD = opioid use disorder

Based on the endorsement of the CTC-RI Clinical Strategy Committee, CTC-RI, URI CoP and RI DOH developed a pharmacy quality improvement proposal and action plan that has been funded by UnitedHealthcare for using this framework as a foundation for a quality improvement initiative to address medication safety, effectiveness and/or efficiency, with emphasis on de-prescribing harmful drugs when indicated, promoting adherence to evidence-based medication therapies, and addressing health-system inefficiency and coordination issues that contribute to sub-optimal medication use. We understand that the provider community currently leverages a range of resources to optimize prescription medication utilization, including consultation with clinical pharmacists, customized electronic clinical decision support within EHR systems and audit and feedback reports involving pharmacy-related quality measures. Moreover, various algorithms and tools have been developed to promote safe, effective and cost-effective prescription medication use. This Call for Applications provides practices/SOCs with the opportunity to initiate or augment an initiative to address one or more of the aspects of the S-E-E measurement framework. The URI CoP, in partnership with CTC-RI and RI DOH, will utilize pharmacy data from the All Payer Claims Data Base to generate baseline practice/SOC pharmacy performance reports and annual reports presenting the results of the S-E-E measure framework, statewide and according to each participating practice/SOC.

CTC-RI formed a Comprehensive Medication Management (CMM) Planning Committee that will:

1. Assist practices with administering a provider self-efficacy survey specially designed for this initiative. Practices will be required to complete the survey baseline prior to the orientation “kick off” meeting at baseline and annually.
2. Perform an environmental scan of applicable patient pharmacy empowerment tools that could be used as an adjunct to the CMM strategy.
3. Provide ongoing support for project activities

**Pharmacy Quality Improvement Initiative Objectives**

* Provide practices/SOC with an opportunity to select and implement a practice/SOC focus of medication management improvement based on their own identified practice needs;
* Support primary care practice teams/SOC in the identification and implementation of data-driven performance improvement action plans to improve the safe, effective and efficient medication management of older adults;
* Improve provider and practice team confidence and skills in implementing evidence-based patient engagement and tools for optimizing medication use;
* Improve patient medication management outcomes through pharmacy practice facilitation support, peer learning opportunities and applied team-based performance improvement;
* Potentially enhance pharmacy scope and standardization of practice though use of collaborative practice agreements, as applicable to the practice selected area of focus;
* Demonstrate the benefit of a pharmacy led quality improvement initiative.

**Benefits**

* Practice infrastructure payment of $10,000 can be used to off-set costs associated with measuring, reporting and monitoring data needed for improving the selected quality improvement metric, and staff time (pharmacist, provider champion, nurse care manager, practice manager) for participation in monthly and quarterly quality improvement activities and SOC support;
* Eligibility for up to $5,000 of incentive payments based on meeting quality improvement target that team identifies as part of the Plan-Do-Study-Act (P-D-S-A) performance improvement plan; Note: As part of the service delivery requirements, in month two, the expectation is that the practice team will identify and submit a PDSA which identifies a pharmacy measurement metric that needs improvement per the baseline APCD practice report, a practice identified meaningful improvement target, and rationale;
* Monthly on-site consultation with a pharmacy quality improvement facilitator;
* Quarterly best practice peer learning network meetings with content expert consultation;
* Opportunity to improve provider and practice team efficacy in addressing patient pharmacy needs;
* Option of obtaining URI CoP assistance in working with practice/SOC analysts to apply pharmacy algorithm codes to system of care pharmacy claims;
* Option of applying for and obtaining an additional $4,000 for successful submission of practice identified P-D-S-A on a pharmacy project of special interest to the practice/SOC; Topics could include but not limited to: applying QI algorithm codes to practice/SOC pharmacy claims, identifying opportunity to standardize care using collaborative practice agreement, outreach to community pharmacy, outreach to SNF to improve transitions of care and medication reconciliation.

Practices/SOC that successfully apply to this “Call for Applications” will receive pharmacy performance reports that have been generated by URI CoP from APCD pharmacy claims data. Practices will use this baseline information to identify areas of clinical focus that are specific to their practice/SOC and develop and implement team based pharmacy performance improvement plans.

**QI Initiative Activities (2 Month Preparation Period (February-March, 2020): Identification and Planning for What Matters Most to the Practice/SOC and What Matters Most to the Patients**

Practice QI team:

* Completes the provider self-efficacy survey prior to the orientation “kick off” meeting (2/20/20);
* Participates in kick off learning network meeting (2/21/10);
* Participates in monthly meetings with the practice QI facilitator;
* Uses the APCD practice/SOC pharmacy performance reports and practice self-efficacy survey results to select metric(s) for improvement based what matters most to the practice/SOC;
* Identifies and submits performance improvement plan (Plan-Do-Study-Act) including rationale, practice performance improvement measurement plan, target, clinical and patient engagement strategies.

**QI Initiative Activities (Performance Period April 2020 to January 2021)**

Practice QI team:

* Continues to participate in monthly meetings with the pharmacy QI facilitator to review implementation of the performance improvement plan including results of “tests of change” for process and outcome measures;
* Develops and implements action plans and workflows to support use of evidence based clinical and patient engagement strategies (if applicable to the selected metric) and performance results compared to identified target;
* Submits updated Safe-effective-efficient (S-E-E) P-D-S-A (April)
* Attends 2nd learning network meeting (May)
* Optional: Identifies 2nd quality improvement activity (P-D-S-A) based on practice/SOC area of interest which could include but not limited to: applying QI algorithm codes to practice/SOC pharmacy claims, identifying opportunity to standardize care using collaborative practice agreement, identifies an outreach strategy to improve care using community pharmacy approach, identifies an outreach strategy with a skilled nursing facility to improve transitions of care and medication reconciliation (June);
* Submits updated S-E-E: PDSA (July)
* Attends 3rd Learning Network meeting and reports out on progress/outcomes including results of patient engagement strategy (August)
* Submits results of optional practice identified P-D-S-A (December)
* Submits results of final S-E-E using a storyboard template (January 2021); and
* Attends final learning network meeting (January 2021

**Timeline for Selection Process**

|  |  |  |
| --- | --- | --- |
| **Step** | **Activity** | **Date** |
| 1 | Call for Applications released  | January 6, 2020  |
| 2 | Conference call with interested parties to answer any questions.Call-in number: +16468769923,,4665707463#  | January 14, 2020 12 noonJanuary 15, 2020 4 pm  |
|  3. | Submit Letter of Intent (optional)  | January 17, 2020 by 5pm  |
| 3 | Submit application electronically to: CTC-ri@ctc-ri.org  | January 24, 2020 by 5 pm |
| 4 | Notification will be sent to practices | February 7, 2020 |
| 5 | Orientation Kick Off meeting for newly selected practices | February 20, 2020 (7:30am) |

**Application Checklist**

|  |  |
| --- | --- |
| **Item** | **Check if complete** |
| 1. **Letter of Intent:** Optional
 |  |
| 1. **Application form** filled out completely*(Please see next page)*
 |  |
| 1. **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. *(Please see Appendix A for template)* to: CTC-ri@ctc-ri.org
 |  |
| 1. **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*(Please see Appendix B for template)*

CTC-ri@ctc-ri.org |  |
| 1. **Response to questions**
 |  |

**Completed application packages should be received by 5:00 PM on January 24, 2020.**

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

For questions, contact: Jazmine Mercado CTC Project Coordinator

Email: Jmercado@ctc-ri.org

Office number: 401 519-3920

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 [ ]   |

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| --- | --- | --- |
| Provide Name(s) on lead primacy care site | NPI# | Provider start date by 2018  |
|  |  | Yes  | No  |
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| **Approximate Payer Mix (2019) 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 Yes [ ]  No [ ]  Unsure [ ]
NHPRI Yes [ ]  No [ ]  Unsure [ ]
Tufts Yes [ ]  No [ ]  Unsure [ ]
United Medicaid Yes [ ]  No [ ]  Unsure [ ]

United Commercial Yes [ ]  No [ ]  Unsure [ ]

1. **Would your practice/SOC IT staff be interested in working with URI College of Pharmacy to analyze your pharmacy claims data to calculate the quality measures relevant to your project?** Yes [ ]  No [ ]  Unsure [ ]

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Is your practice interested in applying for Option of obtaining an additional $4,000 for successful submission of practice identified P-D-S-A on a pharmacy project of special interest to the practice/SOC;** Topics could include but not limited to: applying QI algorithm codes to practice/SOC pharmacy claims, identifying opportunity to standardize care using collaborative practice agreement, outreach to community pharmacy, outreach to SNF to improve transitions of care and medication reconciliation Yes [ ]  No [ ]  Unsure [ ]
If yes, please answer essay question # 5
2. **Please describe previous and or present current initiatives your practice/system of care is working on to address medication use among adults 50+ years and how the S-E-E project may complement/bolster existing efforts.**
3. **Please provide information on following items:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes**  | **No**  | **Comment /Describe**  |
| Practice collaborative practice agreements : List if applicable  |  |  |  |
|  |  |  |  |
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| Pharmacy Patient engagement strategies presently being used in practice  |  |  |  |
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|  |  |  |  |
|  Practice team reviews pharmacy performance information on a regular basis  |  |  |  |

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

1. The goal for this pharmacy quality improvement initiative is to improve care for older adults (50+) by optimizing prescription medication use according to the domains of safety, effectiveness, and/or efficiency, targeting medications that should be avoided, promoting adherence to the use of medications that are clinically important, and addressing areas of economic and health-system inefficiency. Several useful guidelines and prescribing tools are available to support these aims. 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 would like to consider to identify what matters most to the patient?
5. If interested in option of creating a second performance improvement plan, indicate what matters most to your practice/system of care and potential project plan.

**CTC-RI Selection Committee Policy and Procedure (2020)**

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 January 2020. 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 68. 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 applying URI CoP codes to pharmacy claims data and/or who identify pharmacy improvement sustainability strategy
3. 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
4. Practice/SOC that identifies an optional pharmacy strategy for improving pharmacy impact

 *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.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Identification of use of data to improve care**  | **Max 3****Score** |  | **Identification of what matters most to the practice/SOC**  | **Max 3****Score** |  | **Identification of what matters most to the patient**  | **Max 2** **Score** |
| Practice does not receive pharmacy claims data from health plans  | 0 | Practice team does not presently work on pharmacy quality initiatives to improve care for older adults | 0 | Practice team does not use patient engagement strategy to improve care  | 0 |
| Practice receives pharmacy claims 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 1point |
| Practice receives pharmacy claims 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 validated patient engagement tool(s) | Add 1 point |
| Practice team presently reviews pharmacy information to improve care  | Add 1 point | Patient uses evidence based tools for de-prescribing tool(s)  | Add 1 point  |  |  |
| **Practice team readiness**  | **Max 4** **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/SOC is interested in applying URI CoP codes to own pharmacy claims data | Add 1 points | SOC is interested in more than 3 practices being involved in initiative  | Add 1 point  |
| Practice team is interested in applying for optional P-D-S-A | 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 (practice name \_\_\_\_\_\_\_\_\_\_\_\_\_), 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 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  |  |  |
| 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

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Quality Improvement Team Member Date Quality Improvement Team Member Date

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Quality Improvement Team Member Date Quality Improvement Team Member Date

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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 Pharmacy Performance

[ ]  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 if provider has been working within practice site since 2018.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_
Signature of System of Care Date Signature of Practice team Date

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