



**Call for Applications:**  
**2022 Pediatric/Adult Primary Care Health Care Transfer of Care**  
**Quality Improvement Initiative**

The Rhode Island Department of Health (RIDOH), Tufts Health Plan, Care Transformation Collaborative of Rhode Island (CTC-RI) and PCMH Kids are pleased to offer pediatric and adult practices the opportunity to apply for funding to participate in the primary care Health Care Transfer of Care Quality Improvement Initiative. Family medicine practices are also welcome to apply, providing the practice is willing to partner and accept referrals from a pediatric practice.

Pediatric and adult primary care practice teams are invited to submit joint applications (**Due June 1, 2022**) with funding available for up to three teams. Each dyad will consist of a pediatric practice and an adult practice that apply for and complete the application together. This initiative will provide a shared learning opportunity for pediatric and adult practices to work together to create an efficient and sustainable approach to assisting youth and young adults as they transfer from pediatric to adult care. The approach will use the well-tested Got Transition's Six Core Elements approach. During this one-year learning collaborative, practices will customize the content and process for transfers from the pediatric practice and integration into the adult practice. This process will be tested with five youth/young adults, with or without special needs, who will actually transfer during the 12-month project.

**About Health Care Transitions**

According to the 2018-19 National Survey of Children's Health, 76% of Rhode Island youth with special needs and 81% of youth without special needs did not receive transition preparation from their health care providers. Systematic reviews find that with a structured transition process, statistically significant improvements occur in terms of population health, the experience of care, and health care utilization.

A Health care transition is the planned shift from a pediatric to an adult model of care with the goal of improving the ability of young adults to manage their own health care and effectively use health care services. The 2018 Health Care Transition Clinical Report from the American Academy of Pediatrics, American Academy of Family Physicians, and the American College of Physicians recommends Got Transition's Six Core Elements of Health Care Transition, a structured process that facilitates transition preparation, transfer of care, and integration into adult health care.

To address healthcare transition needs, the RIDOH, Tufts Health Plan and CTC-RI/PCMH Kids will support a one-year Pediatric/Adult Transition Quality Improvement Initiative to use a structured process for the transfer of care in pediatric primary care settings and for the integration into adult primary care settings, as identified in the Quality Initiative Activities listed below.

**Prerequisites**

- Pediatric/Adult/Family Practice has achieved NCQA Patient Centered Medical Home recognition (or practice is presently participating in a CTC/PCMH Kids program);

- Adult primary care practice (family medicine, med/peds, internal medicine) accepts young adults with or without special health care needs;
- Practice agrees to the principle of transparency for performance improvement that will be shared with learning network members.

**Application Submission Process:**

- Each pediatric and adult practice team submits one completed application, electronically, by June 1, 2022;
- Every practice submits a cover letter indicating their capacity for meeting project expectations by June 1, 2022;
- If the adult and pediatric practices are part of the same system of care, each dyad submits one letter of support from the system of care by June 1, 2022;
- If the adult and pediatric practices belong to different systems of care, both practices should submit a letter from their respective systems of care.

Practice teams that participated in the 2021 Pediatric/Adult Health Primary Care Health Transfer of Care Quality Improvement Initiative are welcomed to apply to:

- The “2022 Pediatric/Adult Health Care Primary Care Health Transfer of Care Quality Improvement Initiative” if you are looking to add a new pediatric and a new adult within your system of care; OR
- The application for “Extended Participation: 2022 Pediatric/Adult Primary Care Health Transfer of Care” application which provides a flexible approach to expand your existing work ([see full call for application here](#))

**Benefits:**

- Infrastructure payments (\$10,000 with \$5,000 for the pediatric partner and \$5,000 for the adult partner) to offset costs associated with possible EMR modifications, staff time, and participation in quality improvement activities;
- Monthly virtual consultation with a clinical quality improvement facilitator;
- Quarterly peer learning and best sharing opportunities with both pediatric and adult practices;
- National technical assistance support (MCHB Got Transition Resource Center) at select meetings;
- Opportunity to inform healthcare systems of potential value-based payments for future transitions of care planning and implementation.

**Health Care Transfer of Care Improvement Initiative Objectives**

Pediatric and adult team partners will work together to improve transitions of care from pediatric to adult practices. Teams will be asked to test the program with a small sample of young adults. The first 4 months will be a start-up period to customize the process and content, followed by an 8-month period to transfer five patients (1-2 with complex needs), including a final pediatric visit, a joint communication in the form of a telehealth visit with pediatric and adult primary care provider teams and transferring patient, and an initial adult visit. Teams will apply selected Core Elements from Got Transition’s approach using the performance improvement process and develop and implement an intentional and structured approach to the transfer of care process.

### **QI Initiative Activities: 12 month responsibilities**

- Identify the members of practice quality improvement team that will meet monthly with the practice facilitator;
- Attends “kick-off” and quarterly learning collaborative 1.5-hour meetings;
- Establish a process for communication and coordination between the pediatric and adult practices
- Review the Six Core Elements of Health Care Transition and customize the tools to meet your practice’s needs
- Complete the Current Assessment of Health Care Transitions Activity questionnaire prior to the kick-off meeting and at the end of the 12-month program;
  - [Pediatric Current Assessment of Health Care Transitions Activity](#);
  - [Adult/Family Current Assessment of Health Care Transitions Activity](#);
- Identify a plan for sustainability.

Pediatric practices\*: Using a performance improvement approach, each practice will develop and implement performance improvement plans (PDSA) to optimize transfer of care for at least five patients. At least one of these patients should have complex needs. In addition,

- Use baseline assessment results to customize and test the use of the transfer package using the Got Transition tools including those identified in Core Element 4: Transition Planning; Core Element 5: Transfer of Care and Core Element 6: Transfer completion;
- Identify and invite 5 youth/young adults with or without special needs interested in transferring to the identified adult practice;
- Create a tracking sheet to monitor dates of last pediatric visit, joint communication/telehealth visit, and completion of specific Core Elements;
- Develop and test a transfer of care workflow to assist with a standardized implementation of the transfer of care processes;
- Use a PDSA cycle to test use of the medical summary, care plans, educational materials to prepare youth for transfer, and transition readiness assessments;
- Together with the adult practice, decide on what to include in the transfer package (including best process for youth completing the self-care skills assessment), plan a joint communication/telehealth call, and identify the final pediatric visit;
- Test the transfer of care process using the transfer flow sheet as a guide;
- Review lessons learned and develop a plan for sustainability and spread within the pediatric practice.

Adult practices\*: Using a performance improvement approach, each practice will develop and implement performance improvement plans (PDSA) to optimize integration into adult care for the five young adults who are transferring to adult care and:

- Review and customize the Transfer of Care Improvement Plan to be used for the transferring patients including Core Element 3: Orientation to Adult Practice; Core Element 4: Integration into Adult Practice and Core Element 5: Initial Visit;
- Use the PDSA improvement process to customize a process for the Core Elements;
- Create a tracking sheet to monitor dates of joint communication/telehealth visit, initial adult PCP visit and receipt of transfer package;
- Customize content and develop a workflow for the initial visit;
- Coordinate with pediatric practice and patient to schedule a joint communication/telehealth call, confirm initial appointment, and complete initial visit;

- Obtain feedback from youth using the Youth/Young Adult Health Care Transition feedback survey, share results with pediatric practice and implement improvements for on-going collaboration and optimal transfer of care performance;
- Review lessons learned and plans for sustainability and spread.

\*Pediatric and Adult Milestone Documents will provide greater detail on activities, timeline and test of concept expectations.

### Timeline for Selection Process

Step	Activity	Date
1.	Call for applications released	April 29, 2022
2.	Conference call with interested parties to answer any questions. <a href="https://ctc-ri.zoom.us/j/82709470097?pwd=b0VTeDdRMnh1SHlvd29BZnZlQ3BiUT09">https://ctc-ri.zoom.us/j/82709470097?pwd=b0VTeDdRMnh1SHlvd29BZnZlQ3BiUT09</a> Meeting ID: 827 0947 0097 Passcode: 646876 One tap mobile: +16468769923,,82709470097# 646876#	May 10, 2022 12:00 pm-1:00 pm EST  May 11,2022 8:00 am - 9:00 am EST
3.	Submit letter of intent to: <a href="mailto:deliverables@ctc-ri.org">deliverables@ctc-ri.org</a> (optional)	May 16, 2022
4.	Submit application electronically via <a href="#">Survey Monkey</a> .	June 1, 2022
5.	Submit Appendix items electronically to: <a href="mailto:deliverables@ctc-ri.org">deliverables@ctc-ri.org</a>	June 1, 2022
6.	Notification will be sent to practices together with the Participative Agreement (inclusive of Health Care Transition Current Assessment tools)	June 10, 2022
7.	Pediatric team completes <a href="#">Pediatric Current Assessment of Health Care Transitions Activity</a> , electronically, and returns signed participative agreement;  Adult team completes <a href="#">Adult/Family Current Assessment of Health Care Transitions Activity</a> , electronically, and returns signed participative agreement	June 20,2022
8.	Orientation kick off meeting for newly selected practices (virtual)	June 29, 2022  7:30 am- 9:00 am EST

### Application Checklist

Item	Check if complete
<b>1. Letter of Intent:</b> to <a href="mailto:deliverables@ctc-ri.org">deliverables@ctc-ri.org</a> (Optional)	
<b>2. Application form</b> filled out completely by pediatric and adult dyad Submit application electronically via <a href="#">Survey Monkey</a> .	
<b>3. Pediatric practice cover letter</b> 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 representative of the practice leadership; (Please see Appendix A for template) to: <a href="mailto:deliverables@ctc-ri.org">deliverables@ctc-ri.org</a>	
<b>4. Adult practice cover letter</b> 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 representative of the practice leadership; (Please see Appendix A for template) to: <a href="mailto:deliverables@ctc-ri.org">deliverables@ctc-ri.org</a>	
<b>5. One system of care (i.e., accountable care organization or accountable entity) cover letter</b> per team if both practices are from the same system of care, indicating the level of support provided for practice(s) for participating in this initiative; Note: Each practice is responsible for obtaining a system of care letter of support if teams are from two separate systems of care. (Please see Appendix B for template) to: <a href="mailto:deliverables@ctc-ri.org">deliverables@ctc-ri.org</a>	

**Submit completed application via survey monkey by 5:00 PM on June 1, 2022**

Email appendix items A and B to: [deliverables@ctc-ri.org](mailto:deliverables@ctc-ri.org) by 5:00 PM on June 1, 2022

For questions, contact: CTC-RI Program Coordinator II, Kim Nguyen-Leite, Email: [Knguyenleite@ctc-ri.org](mailto:Knguyenleite@ctc-ri.org) Telephone number: 401-529-3920 x 102

**Pediatric/Adult Primary Care Health Care Transfer of Care Quality Improvement Initiative**  
**Application**

<b>1. Applying Practice Team Contact Information</b>			
<b>Pediatric Practice site</b>	Name:	Address:	
	Phone	Practice Tax ID Number (TIN)	
	Primary Contact person	Email address	Phone
	Provider champion	Email address	Phone
	Nurse Care Manager/Care Coordinator	Email Address	Phone
	Other team member(s)	Email Address	Phone
<b>Adult Practice site</b>	Name:	Address:	
	Phone:	Practice Tax ID Number (TIN):	
	Provider champion	Email address	Phone
	Nurse Care Manager/Care Coordinator	Email Address	Phone
	Other team member(s)	Email Address	Phone

**2. Number of youth and /or young adults in your practices based on 2021 information**

<b>Pediatric Practice</b>			<b>Adult Practice</b>		
<b>Patient age</b>	<b>#</b>	<b>Not applicable</b>	<b>Patient age</b>	<b>#</b>	<b>Not applicable</b>
Age 12			18-22		
Age 14			Age 23-26		
Age 16					
Age 18					
Total			Total		
% Medicaid			% Medicaid		

3. Provide name of the electronic health record your pediatric practice presently uses: \_\_\_\_\_
4. Provide name of the electronic health record your adult practice presently uses: \_\_\_\_\_
5. Please indicate if either the adult or pediatric practice is anticipating changing your electronic health record in next 12 months:            Yes \_\_ No\_\_
6. Are practice teams part of the same system of care?        No\_\_ Yes\_\_  
Identify \_\_\_\_\_  
Not applicable \_\_\_\_

7. Does your practice presently have a compact with a partnering practice that identifies transition of care expectations to support youth transitioning to adult care?

No\_\_ Yes\_\_

If Yes, describe:

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8. Please describe any transition of care initiatives already in place to help youth or young adults transition to an adult practice.

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9. Please describe your current youth or young adult engagement activities to enhance transition of care activities; pediatric/family practices may also describe engagement activities with parents/caregivers:

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10. Please describe your rationale for selecting your partnering practice and your plan for working together:

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Please provide brief narrative responses to the following questions:

1. How does your practice team intend to use the funds to support your health care transition of care efforts?
2. Please describe the experience and ability of the pediatric and adult provider champions and quality improvement teams to lead this effort?
3. Is there a patient population you would like to consider for this initiative?
4. What barriers do you envision and how do you anticipate addressing potential concerns including sustainability?



## **CTC-RI PCMH Kids Selection Committee Policy and Procedure (2022)**

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

**Selection Committee Process for Review of Applications:** The CTC-RI Selection team will meet between June 3, 2022 – June 9, 2022. All reviewers will read and score each application independently using the scoring criteria below.

A total of 10 points is possible for each question. 2 points are given for each question answered; an additional 2-3 points are given if the response demonstrates an organizational interest/commitment and a moderate degree of readiness; an additional 4-5 points for a response suggesting that the practice has high degree of readiness and has begun transition of care work.

The maximum number of points is 42. 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 / systems of care that apply in partnership;
3. Priority may be given to practices with higher Medicaid population;
4. Priority may be given to practices that have not previously completed a Health Transition of Care Quality Improvement initiative

*The Selection Committee reserves the right to interview applicants for further review of information.*

**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.

<b>Practice team readiness</b>	<b>Max 3 Score</b>	<b>Identification of plan to engage youth /young adult</b>	<b>Max 3 Score</b>	<b>Practice sustainability</b>	<b>Max 3 Score</b>
Practice team has a plan for working with a partnering practice	Add 1 point	Practice team identifies plan to include youth/young adult to improve transition of care to adult practice	Add 1 point	Practice team has articulated anticipated barriers and plan to address	Add 1 point
Practice teams have provider leadership	Add 1 point	Practice team identifies patient engagement strategy to better understand what matters most to the patient	Add 1 point	Practice team is interested in standardizing care using compact with a partnering practice	Add 1 point
Practice teams have identified other practice team members to support project	Add 1 point	Practice team use youth/young adult engagement tool(s) from “Got Transitions” toolkit or similar tools	Add 1 point	Practice team is part of a system of care that is interested in supporting this effort	Add 1 point
<b>Practice impact</b>	<b>Max Score 3</b>				
Practice team has identified patient population you’d like to consider for this initiative	Add 1 point				
Practice team has potential population of patients that would benefit from initiative (1-20 patients)	Add 1 point				
Practice has potential population of patients that would benefit from initiative (21-40 patients)	Add 1 point				

**Appendix A: Practice cover letter template**

One letter is to be completed by pediatric practice; Adult Practice completes one letter;

Letter should include: practice name, practice address, physician champion, practice leadership person, application key contact name of person responsible for project implementation, email address, and phone.

Date: \_\_\_\_\_

To Care Transformation Collaborative of Rhode Island/PCMH Kids:

Please accept the following practice participation agreement letter to apply for the 2022 CTC-RI/PCMH Kids Healthcare Transitions Pediatrics to Adult Care on behalf of \_\_\_\_\_ (practice name) \_\_\_\_\_.

**Practice Name/Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Healthcare Transitions implementation team** including provider champion, Nurse Care Manager, practice manager, as applicable:

<b>Position</b>	<b>Name</b>	<b>Email</b>
Key contact person responsible for project implementation		
Provider Champion		
Nurse Care Manager		
Practice Manager		
Other		

**Phone number of provider champion:** \_\_\_\_\_

**Phone number of key contact person:** \_\_\_\_\_

**Person completing practice letter of support:** \_\_\_\_\_

Please indicate if practice site is applying as pediatric site \_\_\_\_ or adult site \_\_\_\_

Letter signed by all the members of the practice team:

**Appendix B: System of Care (i.e. accountable care organization or accountable entity) cover letter**

Teams that are part of the same system of care submit one letter of support from the system of care; teams that are part of different systems of care each submit a letter of support from their respective systems of care

To: CTC-RI (deliverables@ctc-ri.org)

From: System of Care \_\_\_\_\_

RE: Practice participation in CTC-RI/PCMH Kids Healthcare Transitions from Pediatrics to Adult Care Learning Collaborative

Date:

Sample language when teams are applying from the same system of care:

The pediatric practice (insert practice name and site) and adult practice (insert practice name and site) are both members of our system of care and are interested in participating in the CTC-RI/PCMH Kids Healthcare Transfer of Care Learning Collaborative. We believe that the practice team and our patients/families would benefit from participation in this Learning Collaborative opportunity, and as a system of care, are willing to provide the management support to assist the team with making this transformation.

Sample language when teams applying are from separate systems of care:

[Practice name and site] is a member of our system of care. The practice is interested in participating in the CTC-RI & PCMH Kids Healthcare Transitions from Pediatrics to Adult Care Learning Collaborative. We believe that this practice and our patients/families would benefit from participation in this Learning Collaborative opportunity and as a system of care, 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 support for meeting the Service Delivery Requirements within the designated timeframes.

_____	_____	_____	_____
Signature of SOC Representative	Date	Signature of Primary Care Practice	Date
_____		_____	
Position		Position	
_____		_____	
Email		Email	
_____		_____	
Phone		Phone	