

Call for Applications:

CTC/PCMH Kids Pilot Primary Care Telehealth Learning Collaborative Opportunity
“Using Technology to Improve Care for Patients with Chronic Conditions”

Care Transformation Collaborative of Rhode Island (CTC-RI)/PCMH Kids is pleased to offer up to twenty (20) primary care practices the opportunity to apply for funding for a twelve (12) month learning collaborative to test the use of telehealth technology to improve care for patients with a selected chronic condition¹. Practices will be provided with infrastructure and incentive funding payments (\$22,000.00 per practice site), practice facilitation technical support, Northeast Telehealth Resource Center content expert support, and quarterly “best practice sharing” peer learning services. Outlined below is the “CTC/PCMH Kids Pilot Primary Care Telehealth Learning Collaborative Call for Applications” which has been financed by UnitedHealthcare and authorized CARES Act funding.

Introduction and Intent:

COVID-19 has created a need for primary care practices to 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. The project will provide training and infrastructure payments to primary care practice teams to support their delivery of services through telemedicine modalities. The pilot provides primary care practice teams with the ability to implement a Performance Improvement and Telehealth Patient Care Support Plan and learn lessons that can be applied to a larger group of patients or spread to other primary care practices. Practices may select medical or behavioral health² chronic conditions such as but not limited to: hypertension, diabetes, congestive heart failure, chronic kidney disease, asthma, obesity, chronic pain, depression, anxiety, ADHD. Practices may select technology such as but not limited to: medical apps, secure data management portal and patient messaging, text messaging, wearable activity devices, remote monitoring.

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) and business requirements;
- identifying patients/parents/caregivers who need additional assistance with using technology 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).
Reporting outcomes including measures of success, barriers and solutions.
- **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.

Who can apply:

- Pediatric, Family Medicine, Adult Primary Care practice teams (including Federally Qualified Health Centers;
- Practices that met the Rhode Island Patient Centered Medical Home requirements:

¹ CDC broadly defines chronic diseases as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both.

Priority with be given to practices that:

- Are part of a system of care;
- Identify a team approach to the management of chronic conditions;
- Practices that participated in the CTC Primary Care Telehealth Practice and Patient needs assessment surveys;
- Have a practice location with high COVID-19 rates;

Funding Details (\$22,000 per practice site)

CTC-RI/PCMH Kids seeks to establish a one-year funding opportunity for primary care practices (child, family or adult) which includes:

Infrastructure Payment: \$17,000: Selected primary care practices will be eligible to receive \$17,000 infrastructure payment with the execution of the Participative Agreement (due 12/18/20); Infrastructure payment can be used for testing and using telehealth technology options (such as remote monitoring solutions, secure data management portal and patient messaging mobile health application etc.). Infrastructure and incentive payments can be used to offset the costs associated with implementing and measuring effectiveness of using a telehealth technology option to assist patients with management of chronic conditions. Payments could be used for such things but not limited to purchase of "hot spot "cards, blue tooth medical equipment, staff training and participation in the learning collaborative.

Incentive Payment (\$5,000.00) Incentive payment will be made to practices that successfully complete service delivery requirements (1/31/22)

Benefits:

- Improve access to care and patient experience for patients who have physical distancing requirements during COVID-19;
- Improve clinical outcomes for patients with chronic conditions;
- Improve engagement of under-served patients experiencing barriers to care and health disparities with respect to using technology to improve chronic illness outcomes;
- Improve access to peer learning opportunities as well as customized quality improvement and content expert technology support.

Application Process:

- Primary care practice team submits completed application by 11/30/20 via survey monkey link: <https://www.surveymonkey.com/r/GG8YDQJ> (see Appendix A for "Call for Applications" word document);
 - Submits a Practice Cover letter by 11/30/20 via email (ctctelehealth@ctc-ri.org) that indicates practice commitment and capacity for meeting project expectations (see Appendix B for template);
 - Submits Letter of Support by 11/30/20 via email (ctctelehealth@ctc-ri.org) if part of a system of care i.e. accountable care organization/accountable entity (Please see Appendix C for system of care template);
- See Selection Committee Policy and Procedure and Scoring Process (see Appendix D).

Practice Team 12 Month Activities:

- Attend quarterly peer learning collaborative meetings, webinars that are relevant to selected chronic condition/technology;
- Attend monthly meetings with practice facilitator,

Start-Up (1-4 months January-April 2021):

Objectives: To Identify needs/ feasibility and plan for action;

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

- Using data and clinical experience to define the practice and patient needs the team hopes to address via a telehealth program;
- Identifying patients with chronic care needs who could benefit from better care management using team approach and telehealth technology to improve outcomes;
- Completing SMART goal to define success, goals and metrics

- Participating in webinars and other learning opportunities to identify potential telehealth applications and approaches;
- Identifying technology option that could be used to support patients with selected chronic condition and potential clinical-community partnership opportunity;
- Identifying patients who will utilize the technology option based on risk;
- Identifying patients who may need additional support with using telehealth technology;
- Identifying 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;
- Identifying an initial conservative estimate of the added costs for the program beyond clinical provider time and creating an initial business plan;
- Submitting a Performance Improvement and Patient Support Plan (P-D-S-A) which includes baseline data, technology, and training plan for staff and patients/parents/caregiver's patient support plan.

Practice Team Activities Implementation Phase (May-December 2021)

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

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

- Developing and testing workflows;
- Developing and testing staff and patient training materials;
- Implementing a Telehealth Performance Improvement and Patient Support Plan with selected patients;
- Implementing adjustments based on data and feedback from patients, staff and community partner (as applicable);
- Obtaining input from patient/parent/caregiver based on test of change and outcomes and evaluation results;
- Updating and submitting a P-D-S-A with updated performance information;
- Implementing recommendations and measuring effectiveness;
- Updating and submitting a P-D-S-A storyboard including evaluation results, sustainability plan and potential for spread to other practices.

CTC-RI/PCMH Kids sends practice incentive payment (\$5,000.00) with verification of practice meeting service delivery requirements (1/31/22);

Timeline for Selection Process:

Step	Activity	Date
1	Conference call with interested parties to answer any questions. Call-in number: Join Zoom Meeting https://ctc-ri.zoom.us/j/7450410870?pwd=ZzFYVU1HcVljdE1sZ2ZNR2w3WWlJdz09 Mobile: 1-301-715-8592 Meeting ID: 745 041 0870 Passcode: 646876	Friday 11/6/20 (12 noon) Thursday 11/12/20(7:30 AM)
2	Intent to Apply (requested but not required) Via email to: ctctelehealth@ctc-ri.org	Friday 11/13/20
3	Submit application via survey monkey link (https://www.surveymonkey.com/r/GG8YDQJ) and electronically submits Practice Cover Letter and System of Care Letter of Support electronically to: ctctelehealth@ctc-ri.org	Monday 11/30/20 5:00 PM
4	Selection Committee scores submitted applications, selects practices and informs Board of Directors	12/4/-12/11/20
5	Notification to selected practices with request for practice to execute a Telehealth Participative Agreement	12/11/20
6	Practice responsible for returning executed Telehealth Participative Agreement to CTC-RI	12/18/20
7	Orientation for newly selected practices (TBD)	

Application Checklist

Check if complete	Item
	1. Completed Application form submitted via survey monkey link: https://www.surveymonkey.com/r/GG8YDQJ (Please see Appendix A for word version of application))
	2. 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 B for template)
	3. If applicable, a system of care (i.e. accountable care organization or accountable entity) cover letter indicating the level of support provided for this initiative. (Please see Appendix C for template)

Completed application packages must be received via survey monkey link by 5:00 PM on Monday 11/30/20
Completed Practice Cover Letter and System of Care Letter of Support must be received electronically
ctctelehealth@ctc-ri.org **by 11/30/20.**

For questions, contact: ctctelehealth@ctc-ri.org

Appendix A: Application

Application to be completed using survey monkey link (<https://www.surveymonkey.com/r/GG8YDQJ>)

CTC/PCMH Kids Pilot Primary Care Learning Collaborative Opportunity
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Practice Information

Practice Name: _____

Address: _____, _____, Zip _____

Phone: ____-____-____ Practice Tax ID Number (TIN): _____

Type of Practice (e.g. Adult, Family, FQHC, Hospital-Based Clinic) _____

System of Care _____ N/A _____

Practice participated in CTC-RI/PCMH Kids Practice/Patient Telehealth Needs Assessment Yes ___ No ___

Practice is recognized by Office of Health Insurance Commission as meeting Rhode Island definition of being a Patient Centered Medical Home: Yes ___ Date ___ No ___

Provider Champion Contact

Name: _____ Phone: ____-____-____ Email: _____

Practice Leader who will be responsible for project implementation:

Name: _____ Phone ____-____-____ Email: _____

IT Staff Member who will assist with planning, selection of telehealth option, reporting and execution:

Name: _____ Phone ____-____-____ Email: _____

Other team members that will provide care management /patient support as applicable:

Nurse Care Manager: Yes ___ No ___ N/A ___ Name: _____

Behavioral Health Clinician: Yes ___ No ___ N/A ___ Name: _____

Pharmacist: Yes ___ No ___ N/A ___ Name: _____

Community Health Worker: Yes ___ No ___ N/A ___ Name: _____

Other: Position Type _____ Name: _____

Practice Payer Mix:

Payer	Number of Pts	% of Total Practice	N/A	Payer	Number of Pts	% of Total Practice
Medicare Adv				NHP-RI		
Medicare FFS				United Medicaid		
Medicaid				Uninsured		
BCBS				Total		
United Commercial				Other		
Tufts						
Total						

Electronic Health Record: _____ version _____

Appendix A

Application (to be completed using survey monkey link: <https://www.surveymonkey.com/r/GG8YDQJ>)

**CTC/PCMH Kids Pilot Primary Care Learning Collaborative Opportunity
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Integrating a telehealth delivery solution into a practice/organization takes time. Questions are intended to assist practices with the planning and implementation process. Practices can use comment section to provide more detail on practice’s plan and capacity to develop, test and evaluate use of technology to improve outcomes for patients with chronic conditions

	Yes	No	N/A	Comment
Practice/Organizational Readiness and Capacity: Has there been discussion within your practice/organization regarding				
Anticipated patient needs for using technology to better manage their chronic illness?				
Provider needs that could be addressed using technology to better manage patients who have chronic conditions?				
Identifying a population of interest? Use comment section to identify: adult, pediatric, geriatric?				
Identifying a chronic condition that you would like to improve using technology? (Use comment section to identify condition)				
Identifying cost/benefit analysis for using telehealth technology to better manage patients with chronic conditions?				
Identifying a telehealth technology/platform you would like to use to improve patient’s management of chronic condition?(Use comment section to identify technology)				
If your electronic health record has a technology solution that could be used for monitoring patient conditions?				
If your practice has sufficient internet bandwidth support where you will be providing services?				
Equipment/platform Indicate if your practice is currently using virtual care				
Live video (Use comment section to identify platform you are using)				
Store and forward (Use comment section to provide detail)				
Remote patient monitoring (Use comment section to identify platform)				
Secure data management portal and patient messaging(Use comment section to identify system)				
Mobile Medication App ((Use comment section to indicate type and for what condition(s)				
Hardware Indicate if your patients are using equipment in their homes to report clinical information? Use comment section to describe process				
Blood glucose monitor				
Digital thermometer				
Blood pressure monitors				
Scales				
Pulse Oximeters				
Other				
Staffing Indicate if your practice/organization has				
Practice leadership with capacity and willingness to incorporate a telehealth option for chronic disease management?				
Clinical staff with capacity and willingness to incorporate a telehealth option for chronic disease management into daily practice?				

Tech support that is available locally?				
Tech support "on call"?				
Tech support staff or contracted IT service contract have the capacity and willingness to support using technology to improve management of patients' chronic condition?				
A practice team that meets regularly to review clinical performance reports and monitor improvement?				
Patient barriers Indicate if your patients with chronic conditions have difficulty with :				
Getting medical care, particularly with COVID-19 because they are unable to leave home or have transportation issues?				
Using telehealth technology for managing their chronic conditions, particularly with COVID-19?				
Access to internet?				
Access to Hardware Equipment (i.e. Computers, lap top, Smart phone)?				
Obtaining and using medical equipment (blue tooth equipment (i.e. blood pressure cuffs)?				
Using technology (such as downloading mobile applications)				
Parent/Caregiver barriers: Indicate if care givers/parents (as applicable) will need assistance with				
Using medical equipment				
Using hardware equipment				
Using technology				
Practice/Organization capacity to provide patients/families/caregivers with "hands on" assistance Indicate if your practice/organization has access to:				
Internal staff that could assist patients that need "hands on" support? (Use comment section to indicate who)				
A community organization that you could use to assist patients who might need "hands on" assistance (i.e. Community health team, family home visiting program, CEDAR)?				

Appendix B
Sample Practice Cover Letter

To: CTC-RI/PCMH Kids Selection Committee “Using Technology to Improve Care for Patients with Chronic Conditions”

From: Practice Leadership Representative

RE: CTC-RI/PCMH Kids Pilot Telehealth Primary Care Learning Collaborative

Date:

On behalf of (practice name _____), please accept the following practice support cover letter for the Pilot Telehealth Primary Care Learning Collaborative “Using Technology to Improve Care for Patients with Chronic Conditions”. 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 _____ Phone: _____
Address _____

Quality improvement team, including providers, nurse care manager, behavioral health clinician, practice manager, social worker, medical assistant, IT support staff member, community health worker/community partner as applicable:

Position	Name	Email
Key contact person responsible for project implementation		
Provider champion		
Practice manager		
IT support staff member		
Nurse Care Manager		
Behavioral Health Clinician		
Pharmacist		
Community Health Worker		
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 (as applicable):

_____	_____	_____	_____
Practice Leadership Representative	Date	Provider Champion	Date
_____	_____	_____	_____
NCM Quality Improvement Team Member	Date	Pharmacy QI Team Member	Date
_____	_____	_____	_____
Behavioral Quality Improvement Team Member	Date	CHW Quality Improvement Team Member	Date
_____	_____	_____	_____
IT Quality Improvement Team Member	Date	Other Quality Improvement Team Member	Date

Appendix C
Sample System of Care Letter of Support

To: CTC-RI/PCMH Kids Selection Committee

From: System of Care Representative

RE: "Using Telehealth Technology to Improve Care for Patients with Chronic Conditions" Improvement Initiative

Date:

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

- IT assistance for planning, selection telehealth technology, practice reporting and technology support
- A System of Care representative that will attend team meetings during startup phase and thereafter as needed
- Commitment to collaborate and communicate with the practice facilitator/Northeast Telehealth Resource Center to ensure that initiative requirements are met within designated timeframes.
- Other: (please describe below)

Signature of System of Care

Date

Position

Email

Phone

Appendix D
Selection Committee Policy and Procedure (2020) and Review Process
CTC-RI Selection Committee Policy and Procedure (2020)

The following reflects CTC's policy and procedure for application review:

Conflict of interest:

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

Selection Committee Group Process for Review of Total Scores:

The Selection Committee will convene in December 2020, when reviewers will present and discuss the rationale for scoring. The group will then discuss the ratings to reach consensus on application scoring. Final scores will be entered into a spread sheet, totaled and divided by the number of scores to reach a mean score for each criterion and an overall total score for the application. *The Selection Committee reserves the right to interview applicants if further review is warranted.*

Review Criteria:

All reviewers will read and score each application independently using the scoring form and criteria established by the CTC Selection Committee. Reviewers will submit their scores to CTC Management by December 9th. CTC-RI Management will compile all scores into one table per application. 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 telehealth work and is making progress towards using telehealth technology to assist patients with chronic conditions. The maximum number of points is 71.

In the event of a tie, the following criteria will be used:

1. Completion of application-submitted on time and complete;
2. Number of Medicaid members-we desire a balance in population served;
3. Practice location is in an area with high COVID-19 rates;
4. Practice is a member of a System of Care;
5. Practice identifies a team implementation approach
6. Practice participated in CTC-RI Practice/Patient Needs Assessment

Organizational /Practice readiness (Maximum score: 7)	Score	Technological Readiness (Maximum score: 5)	Score	Team Approach (Maximum score: 7)	Score
Has identified patient need for telehealth solution	Add 1 point	Has IT person who can provide practice with telehealth support	Add 1 point	Identifies provider champion	Add 1 point
Has identified population of focus and chronic condition	Add 1 point	Has “on call” tech support	Add 1 point	Identifies practice lead	Add 1 point
Has identified potential telehealth option	Add 1 point	Electronic Health Record has a telehealth technology option	Add 1 point	Identifies IT person to support effort	Add 1 point
Has identified cost/benefit analysis	Add 1 point	Has experience with using a telehealth option with patients	Add 1 point	Identifies Nurse Care Manager	Add 1 point
Practice participated in CTC-RI Practice/Patient Telehealth Needs Assessment	Add 2 points	Practice has sufficient internet bandwidth	Add 1 point	Identifies Behavioral Health clinician	Add 1 point
Is part of a system of care	Add 1 point			Identifies Pharmacist	Add 1 point
				Identifies Other team member such as Community health worker	Add 1 point
Impact: Patients in the Practice (Maximum score: 4)	Score	Staffing readiness (Maximum score: 4)	Score	Patient/Parent/Caregiver Barriers and Plan for Engagement Maximum 4 points)	Score
<2500 attributed patients	1	Practice leadership has capacity and willingness to incorporate telehealth option for chronic disease management	Add 1 point	Identifies patient/parent barriers	Add 1 point
2500-3000 attributed patients	2	Clinical staff has capacity and willingness to incorporate telehealth option for chronic disease management	Add 1 point	Identifies caregiver barriers	Add 1 point
3001-4999 attributed patients	3	IT staff has capacity and willingness to incorporate telehealth option for chronic disease management	Add 1 point	Identifies internal staffing capacity to provide “hands on” support	Add 1 point
Practice located in area with high COVID- 19 rates	4	Practice team meets regularly to review clinical performance reports and monitors improvement	Add 1 point	Identifies potential community partnership to provide “hands on” support	Add 1 point

