



Application for Extended Participation:
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 select pediatric and adult practice teams a continued funding opportunity to build and strengthen your performance improvement strategies with implementing health care transfer of care for youth. This extended collaboration can help practice teams further develop and expand efforts based on practice priorities. Up to two practices will be selected for this extended funding opportunity, which will start June 29, 2022 and continue for twelve consecutive months.

Who can apply:

Pediatric, Family Medicine or Adult Practices that participated in the 2021 Pediatric/Adult Health Care Transfer of Care Quality Improvement Initiative are invited to apply.

At our April 2022 Health Transfer of Care Learning Collaborative meeting, practice/practice teams identified that they were interested in expanding their transfer of care efforts and some of those topic areas are listed below:

- a) Work with a new adult, family medicine, or pediatric practice that is located in a different area of the state which would improve access to care for the youth;
- b) Work with a new practice that is not part of the same system of care;
- c) Do more work with children with special health care needs;
- d) Expand efforts by identifying and transferring more youth;
- e) Bring a specialist into the team;
- f) Work on other elements of the Health Transition of Care processes (such as “starting the transition process earlier”);
- g) More fully engage pediatric medical residents in the transition of care process.

This application provides practices/practice teams with an opportunity to identify an area of expansion that will further support, increase and build upon the quality improvement work with transitioning youth based on the practice and transferring youth priorities.

Application Deadline:

Due by June 1, 2022. Project activities will begin June 29, 2022 and will continue for 12 consecutive months.

Application Submission Process:

1. **Completed Application form**, submitted electronically by June 1, 2022.
2. **Practice cover letter:** that identifies your quality improvement team (including a provider champion, practice lead, nurse care manager/care coordinator, IT staff member, and/or other team members that you intend to include in your performance improvement efforts);

As applicable to your priority of focus, include your new team partner (adult/family medicine or adult medicine) that accepts transitioning youth.

3. **If applicable**, participating specialist will provide a letter of support if seeking to add a specialist to your team (Please see Appendix C for template).
4. **If applicable**, a system of care (e.g., accountable care organization or accountable entity) will provide a letter of support for this initiative. (Please see Appendix B for template)

Learning Collaborative Benefits:

- **Infrastructure Payments**

A retuning practice and a new practice team would be eligible for \$7,500.00 (with continuing practice eligible for \$2,500.00 and new practice eligible for \$5,000);

A single practice site application from a returning practice would be eligible for \$2,500.00 that can be used to offset costs associated with possible EMR modifications, staff time, and participation in quality improvement activities

- **Practice Facilitation Support:** Monthly virtual consultation with a clinical quality improvement facilitator;
- **Quarterly peer learning:** best practice sharing opportunities with both pediatric and adult practices;
- **National technical assistance** support (MCHB Got Transition Resource Center) at select meetings;
- **Opportunity to use extended quality improvement** strategies to optimize, standardize and strengthen care for transferring young adults;
- **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

Successful applicants will work to improve and strengthen their support of youth as they transition from pediatric to adult care based on area of focus identified as part of the application process. Practice/teams will work with the practice facilitator to apply selected Core Elements from Got Transition's approach, using the performance improvement process, and develop, implement a strengthen your intentional and structured approach to the health transfer of care processes for youth.

Continuation of QI Initiative Activities: 12-month responsibilities

- Identify the members of practice quality improvement team (and partnering practice/specialist/service area) as applicable to identified area of focus;

- Improvement team meets with the practice facilitator with frequency based on team composition and experience;
- Participate in “kick-off” and quarterly learning collaborative 1.5 hour meetings
- If applicable, new practice team completes the Assessment of Health Care Transitions Activity questionnaire prior to kick-off meeting and at the end of the 12-month program to help inform performance improvement plan and measure effectiveness of enhanced health transfer of care strategy ([Pediatric Assessment](#) and [Adult/Family Assessment](#));
- Identify and implement the performance improvement plan based on area of focus inclusive of youth engagement, measures, results and plans for sustainability.
- Update practice workflows and training plans;
- Share results and lessons learned with peers at quarterly learning sessions and with systems of care leadership (if part of a system of care).

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. https://ctc-ri.zoom.us/j/82709470097?pwd=b0VTeDdRMnh1SHlvd29BZnZlQ3BiUT09 Meeting ID: 827 0947 0097 Passcode: 646876 One tap mobile: +16468769923,,82709470097# 646876#	May 9, 2022 5:00 pm-6:00 pm EST May 11,2022 9:00-10:00am EST
3.	Submit Letter of Intent to: deliverables@ctc-ri.org (optional)	May 16, 2022
4.	Submit application electronically via Survey Monkey	June 1, 2022
5.	Submit Appendix items electronically to: deliverables@ctc-ri.org	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.	New Pediatric team completes: Pediatric Current Assessment of Health Care Transitions Activity ; electronically, and returns signed participative agreement; New Adult team completes: Adult/Family Current Assessment of Health Care Transitions Activity ; electronically, and returns signed participative agreement <u>Returning practices that completed the post survey in April 2022 do not need to complete the Current Assessment of Health Care Transitions Activity</u>	June 20, 2022
8.	Orientation Kick Off meeting for selected practices (virtual)	June 29, 2022 7:30 am -9:00 am EST

Application Checklist

Item	Check if complete
1. Letter of Intent: to deliverables@ctc-ri.org (Optional)	
2. Application form filled out completely by Pediatric and Adult Dyad Team as applicable to area of focus Submit application electronically via Survey Monkey .	
3. Pediatric 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: deliverables@ctc-ri.org	
4. Adult 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 representative of the practice leadership; (Please see Appendix A for template) to: deliverables@ctc-ri.org	
5. Specialist Letter of Support, if applicable to area of focus (Please see Appendix C for template) to: deliverables@ctc-ri.org	
6. One system of care (i.e., accountable care organization or accountable entity) cover letter 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) deliverables@ctc-ri.org	

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

Email appendix items A, B, and C to: 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 Telephone number: 401-529-3920 x 102

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

1. Applying Practice Team Contact Information			
Pediatric Practice site	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
Not Applicable <input type="checkbox"/>			
Adult Practice site	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
Not applicable <input type="checkbox"/>			
Specialist Practice site	Name	Address:	
	Phone:	Practice Tax ID Number (TIN):	
	Provider champion	Email address	Phone
	Practice manager	Email address	Phone
Not applicable <input type="checkbox"/>	Other team member(s)	Email Address	Phone

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

Pediatric Practice			Adult Practice		
Patient age	#	Not applicable	Patient age	#	Not applicable
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 are part of the same system of care? No__ Yes__

Identify _____

Not applicable ____

7. If your practice seeks to expand health transition of care work to include a specialist, what Electronic Health Record does the specialist presently use: _____

8. 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:

9. Please identify your practice's intended area focus for transition of care improvement in the next 12 months:

- a. Work with a new adult practice that was located in a different area of the state, which would be more convenient for the youth;
- b. Work with a new practice that is not part of the same system of care;
- c. Do more work with children with special health care needs; Describe:

- e. Bring a specialist into the team; Describe:

- f. Work on other elements of transition of care process (i.e. “Starting the transition process earlier”); Describe:

- g. More fully engage medical residents in the transition of care process: Describe:

- h. Other:

10. Please describe rationale for selecting any area(s) of focus for improvement and steps your practice is looking to take to implement this change and your goal for increasing the number of youth you intend to transfer _____

11. Please reflect on your post survey Current Assessment of Health Transfer of Care Activities, and anticipated changes for improvement over the next 12 months.

12. Please describe your plan to further engage youth or young adult patients to enhance transition of care activities; pediatric/family practices may also describe engagement activities with parents/caregivers.

13. Indicate rationale for selecting your partnering practice and your plan for working together.

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 your practice teams’ experience/ability to lead this effort. Is there a patient population you would like to consider for this initiative?
3. 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; additional 2-3 points are given if response demonstrated an organizational interest/commitment and a moderate degree of readiness; 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 reviewers must recuse themselves from the review of that application.

Practice team identification for area of focus/improvement	Max 4 Score	Identification of plan to engage youth /young adult	Max 3 Score	Practice sustainability	Max 3 Score
Team identification of areas for improvement and rationale	Add 1 point	Practice team identifies plan to strengthen engagement 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
Team identification of a robust plan for improvement	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
Teams have identified provider and leadership 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
Team has reflected on post survey Self-Assessment results to assist with determining area of focus/improvement	Add 1 point				
Practice impact	Max Score 3				
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 to include: practice name, practice address, physician champion, and 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 cover 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:

Position	Name	Email
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 respective system 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 that are applying or 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	

Appendix C: Specialist Letter of Support, as applicable to area of focus

Letter to include: specialist name, practice name, practice address, email address, and phone.

Date: _____

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

From: Specialist Name

Practice Name/Address: _____

Phone: _____

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

Sample language for letter of support:

Please accept this letter of support for [practice name] application to the CTC-RI/PCMH Kids Healthcare Transitions from Pediatrics to Adult Care Learning Collaborative. I believe that our practices and our shared patients/families would benefit from participation in this Learning Collaborative opportunity. I am willing to support this practice by engaging with the practice team in developing communication and workflow processes to improve the quality of care for our shared patients/families.

_____	_____	_____	_____
Signature of Specialist	Date	Signature of Primary Care Practice	Date
_____		_____	
Position		Position	
_____		_____	
Email		Email	
_____		_____	
Phone		Phone	