

## CALL FOR APPLICATIONS: RI MomsPRN Cohort 3 Continuing Practices

The Rhode Island Department of Health (RIDOH) and the Care Transformation Collaborative of Rhode Island (CTC-RI) are pleased to offer select practices a continuation funding opportunity to further support perinatal behavioral health screening, treatment, and referral to care performance improvement efforts. This extended collaboration can help practices further strengthen select protocols and/or reporting processes as well as address ongoing professional education needs.

The goal of this RI MomsPRN Perinatal Behavioral Health Learning Collaborative is to help practices increase and strengthen the identification, early intervention, and treatment of depression, anxiety, and substance use among their pregnant and postpartum patients. Up to three practices will be selected for this extended funding opportunity which will start in June and continue for 12 months.

**Who can apply: Practices that have completed an initial RI MomsPRN Behavioral Health Learning Collaborative**

- Cohort 1 Collaborative: Practices participating between October 2019-December 2020
- Cohort 2 Collaborative: Practices participating between February 2021-April 2022

Applications are due by May 25, 2022. Project activities will begin in June 2022 and will continue for 12 months.

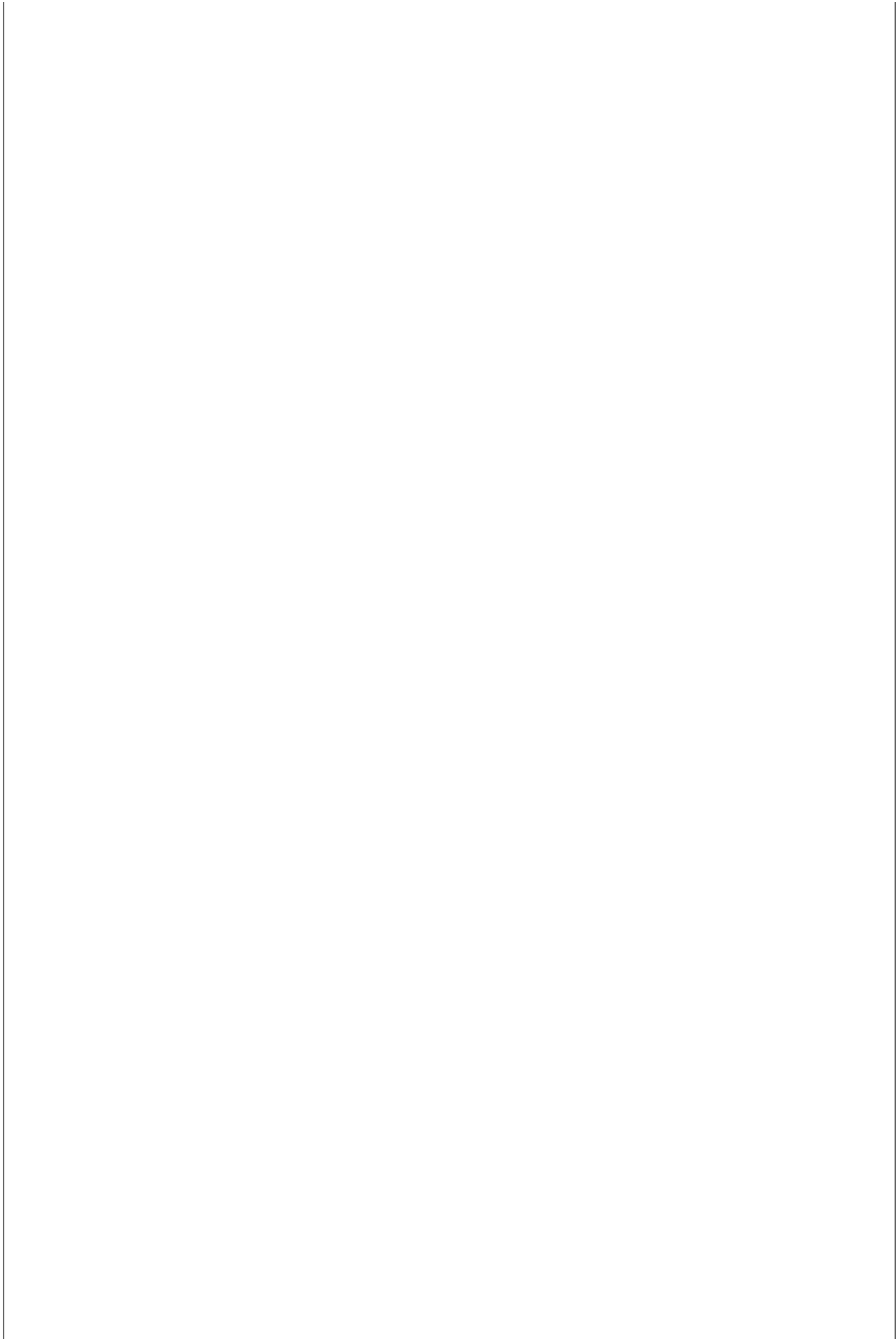
Please review the [full call for applications](#) which outlines program objectives, expectations, structure, and the selection process.

Please note that a completed application package includes:

- this survey monkey application (one copy can be submitted for multiple practice sites)
- letter of commitment from the practice team ([template found here](#))
- letter of support from the practice system of care if applicable ([template found here](#)).

If you need to pause before finishing your application, you can resume your where you left off by accessing the application from the same computer. If you have any issues with the Survey Monkey application, or if you would like to fill out a different application for each of your practice sites, please email [jarruda@ctc-ri.org](mailto:jarruda@ctc-ri.org).

To see all of the questions in the application before filling it out, click [here](#).



CALL FOR APPLICATIONS: RI MomsPRN Cohort 3 Continuing Practices

Practice Information

\* 1. Practice Information

<b>Name of Practice</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Address 2</b>	<input type="text"/>
<b>City/Town</b>	<input type="text"/>
<b>State/Province</b>	<input type="text"/>
<b>ZIP/Postal Code</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>
<b>Perinatal Patient Panel Size</b>	<input type="text"/>

\* 2. Practice Tax ID Number

\* 3. Type of Practice

- OBGYN
- Adult
- Family
- FQHC
- Hospital Based Clinic
- Other (please specify)

\* 4. Is your practice part of a system of care (e.g., owned, managed, overseen by a hospital or other health care organization)?

- No
- Yes (please specify):

\* 5. Are you applying for more than one site (is this a multisite practice)?

Yes

No

**CALL FOR APPLICATIONS: RI MomsPRN Cohort 3 Continuing Practices**

**Additional Practice Site Location Information**

***Please identify all other practice site locations and indicate white site(s) will be participating.***

6. Are these sites applying as one entity or separately? *If separately, you will need to provide an application for each site that includes data specific to just that location.*

- One entity
- Separately

**7. Additional Practice Information**

**Name of Practice Site**

**Address**

**City/Town**

**Indicate Participation (yes/no)**

**8. Additional Practice Information**

**Name of Practice Site**

**Address**

**City/Town**

**Indicate Participation (yes/no)**

**9. Additional Practice Information**

**Name of Practice Site**

**Address**

**City/Town**

**Indicate Participation (yes/no)**

10. Additional Practice Information

<b>Name of Practice Site</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>City/Town</b>	<input type="text"/>
<b>Indicate Participation (yes/no)</b>	<input type="text"/>



CALL FOR APPLICATIONS: RI MomsPRN Cohort 3 Continuing Practices

Team Contact Information

\* 11. Provider Champion Contact

<b>Name</b>	<input type="text"/>
<b>Site Name</b>	<input type="text"/>
<b>Title</b>	<input type="text"/>
<b>Professional Credential (MD, DO, etc.)</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>

\* 12. Practice Lead Contact

<b>Name</b>	<input type="text"/>
<b>Site Name</b>	<input type="text"/>
<b>Title</b>	<input type="text"/>
<b>Address 2</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>

\* 13. IT/EHR Staff Member

<b>Name</b>	<input type="text"/>
<b>Site Name</b>	<input type="text"/>
<b>Title</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>



## CALL FOR APPLICATIONS: RI MomsPRN Cohort 3 Continuing Practices

### Previous Cohort Participation

14. Please indicate which previous RI MomsPRN learning collaborative your practice participated in.

Cohort 1: October 2019- December 2020

Cohort 2: February 2021-April 2022





## CALL FOR APPLICATIONS: RI MomsPRN Cohort 3 Continuing Practices

### Baseline Data

\* 15. If your practice participated in Cohort 1 (October 2019- December 2020) of the RI MomsPRN program, please indicate if you will re-run your baseline data report or if you will use last quarter data from cohort 1:

- Our practice will re-run our baseline report
- Our practice will use cohort 1 last quarter data

CALL FOR APPLICATIONS: RI MomsPRN Cohort 3 Continuing Practices

Practitioners Information (MDs, DOs, NPs, and PAs)

**Update this list with any changes in the last 12 months. Please email [jarruda@ctc-ri.org](mailto:jarruda@ctc-ri.org) if you need your previous cohort application responses sent to you. Skip this page if no significant changes have occurred in the last 12 months.**

16. Enter the name and NPI # for all practitioners (MDs, DOs, NPs, PAs)

Name

NPI #

Professional  
Credential (MD, DO,  
etc.)

17. Enter the name and NPI # for all practitioners (MDs, DOs, NPs, PAs)

Name

NPI #

Professional  
Credential (MD, DO,  
etc.)

18. Enter the name and NPI # for all practitioners (MDs, DOs, NPs, PAs)

Name

NPI #

Professional  
Credential (MD, DO,  
etc.)

19. Enter the name and NPI # for all practitioners (MDs, DOs, NPs, PAs)

Name

NPI #

Professional  
Credential (MD, DO,  
etc.)

20. Enter the name and NPI # for all practitioners (MDs, DOs, NPs, PAs)

Name

NPI #

Professional  
Credential (MD, DO,  
etc.)

21. Enter the name and NPI # for all practitioners (MDs, DOs, NPs, PAs)

Name

NPI #

Professional  
Credential (MD, DO,  
etc.)

22. Enter the name and NPI # for all practitioners (MDs, DOs, NPs, PAs)

Name

NPI #

Professional  
Credential (MD, DO,  
etc.)

23. Enter the name and NPI # for all practitioners (MDs, DOs, NPs, PAs)

Name

NPI #

Professional  
Credential (MD, DO,  
etc.)

24. Enter the name and NPI # for all practitioners (MDs, DOs, NPs, PAs)

Name

NPI #

Professional  
Credential (MD, DO,  
etc.)

25. Enter the name and NPI # for all practitioners (MDs, DOs, NPs, PAs)

Name

NPI #

Professional  
Credential (MD, DO,  
etc.)

26. Enter the name and NPI # for all practitioners (MDs, DOs, NPs, PAs)

Name

NPI #

Professional  
Credential (MD, DO,  
etc.)

27. Enter the name and NPI # for all practitioners (MDs, DOs, NPs, PAs)

Name

NPI #

Professional  
Credential (MD, DO,  
etc.)

28. Enter the name and NPI # for all practitioners (MDs, DOs, NPs, PAs)

Name

NPI #

Professional  
Credential (MD, DO,  
etc.)

29. Enter the name and NPI # for all practitioners (MDs, DOs, NPs, PAs)

Name

NPI #

Professional  
Credential (MD, DO,  
etc.)

30. Enter the name and NPI # for all practitioners (MDs, DOs, NPs, PAs)

Name

NPI #

Professional  
Credential (MD, DO,  
etc.)

31. Enter the name and NPI # for all practitioners (MDs, DOs, NPs, PAs)

Name

NPI #

Professional  
Credential (MD, DO,  
etc.)

32. Enter the name and NPI # for all practitioners (MDs, DOs, NPs, PAs)

Name

NPI #

Professional  
Credential (MD, DO,  
etc.)

33. Enter the name and NPI # for all practitioners (MDs, DOs, NPs, PAs)

Name

NPI #

Professional  
Credential (MD, DO,  
etc.)

34. Enter the name and NPI # for all practitioners (MDs, DOs, NPs, PAs)

Name

NPI #

Professional  
Credential (MD, DO,  
etc.)

35. Enter the name and NPI # for all practitioners (MDs, DOs, NPs, PAs)

Name

NPI #

Professional  
Credential (MD, DO,  
etc.)

36. Enter the name and NPI # for all practitioners (MDs, DOs, NPs, PAs)

Name

NPI #

Professional  
Credential (MD, DO,  
etc.)



**CALL FOR APPLICATIONS: RI MomsPRN Cohort 3 Continuing Practices**

**Approximate Payer Mix of Deliveries for the Past Calendar Year**

**If your practice participated in cohort 1 only: please fill out this page.  
If you would like your previous cohort application responses, please email [jarruda@ctc-ri.org](mailto:jarruda@ctc-ri.org).**

37. #of Perinatal Patients covered by respective payer (enter 0 if none for category)

BCBSRI	<input type="text"/>
NHP-RI Commercial	<input type="text"/>
Tufts Commercial	<input type="text"/>
United Commercial	<input type="text"/>
Insured Other	<input type="text"/>
Medicaid FFS	<input type="text"/>
NHP-RI Medicaid	<input type="text"/>
Tufts Medicaid	<input type="text"/>
United Medicaid	<input type="text"/>
Uninsured	<input type="text"/>
Total	<input type="text"/>

38. % of All Perinatal Patients covered by respective payer (enter 0 if none for category)

BCBSRI	<input type="text"/>
NHP-RI Commercial	<input type="text"/>
Tufts Commercial	<input type="text"/>
United Commercial	<input type="text"/>
Insured Other	<input type="text"/>
Medicaid FFS	<input type="text"/>
NHP-RI Medicaid	<input type="text"/>
Tufts Medicaid	<input type="text"/>
United Medicaid	<input type="text"/>
Uninsured	<input type="text"/>
Total	<input type="text"/>

## CALL FOR APPLICATIONS: RI MomsPRN Cohort 3 Continuing Practices

### Application Questions

\* 39. Please indicate if your practice or site location is anticipating undergoing any major planned changes to operations (e.g., change in clinical leadership, office location, or other consolidation/merger) within the next 12 months.

- No
- Yes (please indicate)

\* 40. Please indicate if your practice is anticipating changing its electronic health record within the next 12 months.

- Yes
- No

\* 41. Please identify your practice's intended area of improvement in this next cohort: (select all that apply)

- Increased referrals to treatment
- Increased Depression screening rates (improvement by >10% between first and last data report)
- Increased Anxiety screening rates (improvement by >10% between first and last data report)
- Increased SUD screening rates (improvement by >10% between first and last data report)
- Increased screening rates at a particular visit type
- Increased utilization of the RI MomsPRN teleconsultation line
- Increased staff competency and staff capacity
- Improved medication management
- Enhanced EHR for more streamlined referral to treatment
- Other (please explain)



\* 42. Please describe rationale for selecting any area(s) of improvement and steps that your practice may take to implement this change

\* 43. Please reflect on practice self-efficacy results provided and identify an area on improvement in regards to staff capacity and competency. *(Please email [jarruda@ctc-ri.org](mailto:jarruda@ctc-ri.org) for your practice's survey responses)*