

**Call for Applications:**

**RI MomsPRN Perinatal Behavioral Health Learning Collaborative**

**The Rhode Island Department of Health (RIDOH) and the Care Transformation Collaborative of Rhode Island (CTC-RI) are pleased to offer practices a funding opportunity to help support perinatal behavioral health screening, treatment, and referral workflows.**

**The goal of the RI MomsPRN Perinatal Behavioral Health Learning Collaborative is to help practices increase the identification, early intervention, and treatment of depression, anxiety, and substance use among their pregnant and postpartum patients. Up to three practices and/or locations will be selected, and collaboration will start in June 2022 and continue for 15 months.  
  
About the RI MomsPRN Program:**

Behavioral health conditions in perinatal women are common yet undertreated. To address this need, RIDOH has partnered with CTC-RI and the Center for Women’s Behavioral Health (CWBH) at Women and Infants Hospital to establish the Rhode Island Maternal Psychiatry Resource Network (RI MomsPRN) Program, which provides the following provider supports and services.

1. **A free psychiatry teleconsultation service for providers** treating pregnant or postpartum patients that is staffed by clinicians at the Center for Women’s Behavioral Health at Women and Infants Hospital. Any healthcare provider is welcome to call the **RI MomsPRN line at (401) 430-2800, Monday through Friday, between 8 a.m. and 4 p.m.** for real-time support with perinatal behavioral health diagnosis, treatment planning, medication management, and/or identification of appropriate resources and/or referralsPlease note this teleconsultation service is available regardless of participation in this funding opportunity. For more information about this free provider service, please visit, [www.womenandinfants.org/ri-momsprn](http://www.womenandinfants.org/ri-momsprn)
2. **Customized virtual practice coaching and clinical quality improvement assistance** facilitated by CTC-RI that includes practice funding and professional education opportunities. These supports are offered to practices interested in participating in a 15-month long learning collaborative. Please see below for more detailed information about the structure and aims of this practice assistance.

**Learning Collaborative Objectives:**

* Improve universal screening rates of eligible pregnant and postpartum patients for depression, anxiety, and substance use disorder using evidenced-based screening tools of practice choosing with a goal that nearly all perinatal patients are screened at least once for each domain during the prenatal/postpartum period;
* Support practices in taking a population health approach in addressing perinatal depression, anxiety, and substance use through skill training, peer learning, quality improvement, and regular engagement with clinicians at the CWBH at Women & Infants Hospital;
* Improve provider and team confidence and skills in managing mild-to-moderate behavioral health conditions through real-time clinical support provided by the RI MomsPRN teleconsultation line that is staffed by clinicians at CWBH and practice-specific CEU training that is offered by relevant experts.

**Who can apply**: Outpatient or hospital-based practices that provide prenatal and postpartum clinical care and use an electronic health record system.

**Application deadline:** Due by May 25, 2022. Project activities will begin in June 2022 and will continue for 15 months.

**Learning Collaborative Benefits:** Total funding opportunity of up to $11,500.00

* Two practice infrastructure payments totaling $5,000 that can be used to offset costs associated with electronic health record (EHR) modifications, staff time, and participation in related quality improvement and peer learning activities;
* Eligibility for an additional $5,000 of incentive payments based on increasing perinatal depression, anxiety, and substance use screening rates using evidenced-based tools of the practice’s choice;
* Eligibility for optional reporting payments totaling $1,500 with provision of demographic information (age, race, ethnicity, health coverage/plan, and pregnancy status) submitted with quarterly de-identified screening reports;
* Timely identification of patient behavioral health concerns that have increased importance in the context of COVID-19;
* Virtual professional education presented by perinatal behavioral health specialists, including best practice sharing and case discussions;
* Customized team training for your staff with CEU credits; topics may include motivational interviewing, screening and referral to treatment, cannabis use, clinical issues and responses to the behavioral health needs of your patients;
* Increased provider and team efficacy in addressing perinatal behavioral health;
* Monthly virtual consultation with a quality improvement practice facilitator;
* Data management training and support provided by CTC-RI and RIDOH to assist you with developing and sustaining quality improvement reporting;
* Improved ability to meet related behavioral health quality measures as defined by Medicaid and the Office of the Health Insurance Commissioner’s aligned maternity measure set and/or by Accountable Entities or select payers.

**Fifteen (15) Month Practice Team Learning Collaborative Expectations (June 2022-August 2023)**

* Efforts to improve screening for perinatal depression, anxiety, and substance use using evidence-based validated tool(s) of practice choosing and updating of practice workflow and training plan;
* Monthly meetings with the CTC-RI facilitator. The focus will be on the development of workflows and identification of quality improvement and clinical education training needs related to patient engagement and screening for perinatal depression, anxiety and substance-use disorder. Practices will select validated tools that can be documented/reported in the EHR system; Staff from RIDOH, CWBH clinical team, content expert(s) and/or CTC-RI data analyst will attend based on agenda;
* Utilization of the RI MomsPRN provider teleconsultation line for clinical support based on patient/clinical needs as well as emergent training needs;
* Identification of team education needs and participation in customized practice-based training sessions to increase staff capacity for patient engagement, screening, treatment and resource referral as well as other peer learning sessions (orientation, midway, and final report out) along with any special sessions as requested/needed (e.g., IT reporting and performance improvement plans);
* Submission of quarterly screening data as well as practice and provider survey information at the beginning and end of the learning collaborative along with an evaluation survey requested by HRSA,

The RI MomsPRN Milestone Document provides interested practices with a detailed overview of practice deliverables, meetings, and associated timelines during the planning period (June 2022 to August 2022) and performance period (September 2022-August 2023). *Please see Appendix D for more information.*

**Payment Schedule: Practice teams are eligible to receive:**

* First infrastructure payment ($2,500) after 1) attendance at the orientation (including provider champion, practice lead, IT staff and other staff members as available) 2) team attendance at initial practice facilitation meeting, and 3) completion of practice and provider self-efficacy surveys.
* Second infrastructure payment ($2,500) with team attendance at the 7-month learning session, submission of quarterly screening reports, submission of completed P-D-S-A, and HRSA survey;
* Final incentive payment ($5,000) with the final submission of quarterly screening reports demonstrating continued improvement in reaching the goal of improved screening of each patient in all domains (depression, anxiety and substance use disorder) at least once during the performance period and submission of practice/provider self-efficacy surveys;
* Practice teams are eligible to receive additional payments totaling $1,500 for reporting demographic data (age, race, ethnicity, health coverage/plan, and pregnancy status) along with quarterly de-identified screening reports. Two payments will be issued, one at the start and one at the end of the collaboration;

**Timeline for Selection Process**

|  |  |  |
| --- | --- | --- |
| **Step** | **Activity** | **Date** |
| 1 | Release of application | April 13, 2022 |
| 2 | Participate in conference call to ask any questions you might have.  Join Zoom Meeting  <https://ctc-ri.zoom.us/j/599946337?pwd=eDc3TGl1OEJ4aXZlYXhGUzNKOVZNZz09>  Mobile: 1-301-715-8592  Meeting ID: 599 946 337  Passcode: 646876 | May 2nd,  12:00-1:00 PM  &  May 6th,  7:30-8:30 AM |
| 3 | Submit application electronically: [https://www.surveymonkey.com/r/RIMomsPRNCH3?name=[name\_value](https://www.surveymonkey.com/r/RIMomsPRNCH3?name=%5bname_value)]  Submit signed appendix items via email to: [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org)  Fax number: 401-528-3214 (Please send email [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org)) indicating that you have sent a fax | May 25, 2022 by 5 PM |
| 4 | Receive notification of award | June 1, 2022 |
| 5 | Participate in orientation | June 28, 2022 |

**Application Process and Checklist**

|  |  |
| --- | --- |
| **Check if complete** | **Item** |
|  | 1. **Application form** filled out completely via [survey monkey](https://www.surveymonkey.com/r/RIMomsPRNCH3?name=%5bname_value%5d) *(Please see next page for application questions)* |
|  | 1. **Practice cover letter** indicating the practice’s commitment and acceptance of the conditions stated in the application, digitally signed by all members of the quality improvement team and by a practice leadership representative. Email to RIDOH@ctc-ri.org. *(Please see Appendix A for template)* |
|  | 1. **If applicable, a system of care (e.g., accountable care organization or accountable entity) will provide a cover letter** indicating the level of support provided for this initiative. Email to RIDOH@ctc-ri.org. *(Please see Appendix B for template)* |

Note: Practices with multiple sites have the option to apply as a single entity or as individual sites. If pursuing the latter option, please fill out an online application and Appendix A form for each practice site with information specific to that location.

**Completed application packages must be received by 5:00 PM on May 25.**

1. Submit application form via [Survey Monkey](https://www.surveymonkey.com/r/RIMomsPRNCH3?name=%5bname_value%5d)
2. Email signed appendix items A and B to: [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org) Or: Fax signed appendix items A and B package to: 401-528-3214 (if sending a fax, please send email notification ([RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org)) that fax has been sent)

For questions, contact: [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org)

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| **RI MomsPRN Learning Collaborative Application Form  (Please Complete Virtually Via** [**Survey Monkey**](https://www.surveymonkey.com/r/RIMomsPRNCH3?name=%5bname_value%5d)**)**  **Link:** [**https://www.surveymonkey.com/r/RIMomsPRNCH3?name=[name\_value**](https://www.surveymonkey.com/r/RIMomsPRNCH3?name=%5bname_value)**]**  Practice Name: |
| Address, include zip: |
| Phone: |
| Practice Tax ID Number TIN: |
| Type of Practice (e.g., OB, FQHC, Hospital-Based Clinic): |

Multisite practice: Yes  No   
*(If yes) please identify all other practice site locations below and indicates which site(s) will be participating:*

|  |  |
| --- | --- |
| **Additional practice site location(s)** | **Indicate** **Participation** |
|  | Yes  No |
|  | Yes  No |
|  | Yes  No |
|  | Yes  No |
|  | Yes  No |
|  | Yes  No |

**For multi-site practices only:**If multiple locations are participating, are these sites applying as one entity or separately?   
One entity  separately    
*If separately, you will need to provide an application for each site that includes data specific to just that location.*  
  
**Provider Champion** who will help ensure clinical adoption, attend monthly QI team meetings and peer learning sessions:

|  |  |  |
| --- | --- | --- |
| Name: | Title: | Phone: |
| Email: | |  |

**Practice Leader** who will be responsible for project implementation, attend monthly QI team meetings, and peer learning sessions:

|  |  |  |
| --- | --- | --- |
| Name: | Title: | Phone: |
| Email: | |  |

**IT/EHR Staff Member** who will assist with technology and reporting and be responsible for generating screening reports that are submitted to RIDOH quarterly and shared with the QI team:

|  |  |  |
| --- | --- | --- |
| Name: | Title: | Phone: |
| Email: | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and NPI number for all practitioners (MDs, DOs, NPs and PAs):** | | | |
| Name | NPI# | Name | NPI# |
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| **Approximate Payer Mix of Deliveries for Past Calendar Year** | | | | | |
| Payer | # of  Deliveries | % of All Deliveries | Payer | # of  Deliveries | % of  All Deliveries |
| BCBSRI |  |  | Medicaid FFS |  |  |
| NHP-RI Commercial |  |  | NHP-RI Medicaid |  |  |
| Tufts Commercial |  |  | Tufts Medicaid |  |  |
| United Commercial |  |  | United Medicaid |  |  |
| Insured Other |  |  | Uninsured |  |  |
| Total |  |  | Total |  |  |

1. **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 15 months.**   
   Yes  No    
     
   If yes: please indicate:
2. **Please provide the name of the electronic health record system your practice currently uses.**
3. **Please indicate if your practice is anticipating changing its electronic health record within the next 15 months**.  
     
   Yes  No
4. **Does your practice belong to a system of care (e.g., owned, managed, overseen by a hospital or other health care organization)?**  
   Yes  No    
   If yes: please indicate:
5. **Does your practice serve a meaningful number of rural patients (generally defined as select communities in Washington County, Newport County, or northern Rhode Island) where transportation and health care access may be limited?**Yes  No
6. **A) When treating pregnant and postpartum patients currently, does your practice routinely and   
    universally screen for:**  
     
   Depression Yes  No  Unsure    
   Anxiety Yes  No  Unsure    
   Substance Use Yes  No  Unsure

**B) If “yes” for any domain, please specify the evidence-based screening tool, if any, your practice   
 utilizes**

|  |
| --- |
| Depression Screening Tool: |
| Anxiety Screening Tool: |
| Substance Use Screening Tool: |

1. **A) If your practice does routinely screen, how are screening results documented?**   
     
    Paper records only   
    Electronic health record only   
    Both electronic health record or paper records   
    Other (Please specify):

Unsure   
 Not applicable (my practice does not screen. Please skip to question 8.)  
  
**B) Does your practice generate screening reports about:**Depression Yes  No    
Anxiety Yes  No    
Substance Use Yes  No    
  
**C) Does your practice team meet to review screening rate performance?**  
Yes  No

1. **A) Does your practice provide on-site counseling for the treatment of:**  
     
   Depression Yes  No    
   Anxiety Yes  No    
   Substance Use Yes  No    
    **B) If yes to any domain**, who provides the counseling? (Please select all that apply)  
     
    Psychiatrist  
    Psychologist  
    Psychiatric Clinical Nurse Specialists (PCNS)  
    Licensed Clinical Social Worker (LCSW)  
    Licensed Mental Health Counselor (LMHC)  
    Licensed Marriage and Family Therapist (LMFT)  
    Advanced Chemical Dependency Professional (ACDP, LCDP)  
    Peer Recovery Specialist  
    Other (please specify)
2. **Does your practice have experience utilizing quality improvement concepts and tools to enhance standard of care and/or practice protocols?**  
     
   Yes  No    
     
   If yes: please indicate the focus areas of any completed/ongoing initiatives:

1. Please indicate briefly why your team is interested in participating in the RI MOMSPRN program~~.~~

1. Please indicate if your practice team is interested in optional practice reporting payment option (providing age, race, ethnicity, health coverage/plan, and pregnancy status info with quarterly de-identified screening reports) for an additional $1,500 of practice payments?

Yes  Please describe practice/system of care IT/practice reporting capabilities and/or available support:  
  
  
  
  
  
No  Not interested in optional data reporting payment option

**RI MomsPRN Selection Committee Policy and Procedure (2022)**

CTC-RI and RIDOH are interested in receiving applications from practices seeking to improve care for prenatal and postpartum patients. To ensure an objective and transparent process for reviewing applications, the following policy and procedure for the application review is being shared with applicants:

**Selection Committee Process for Review of Applications:** The RI MomsPRN team will convene in May 2022. All reviewers will read and score each application independently using the scoring criteria below. The maximum number of points is 28. The RI MomsPRN 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. Medicaid enrollment: Priority will be given to practices that serve a high percentage of patients enrolled in Medicaid coverage
3. Rates of substance use disorder: Practices located in a geographic area with high rates of perinatal women with substance use as identified using RIDOH data will be prioritized
4. Number of deliveries: Practices with a higher number of deliveries will be prioritized
5. Practice site location: Practices located in underserved or rural areas will be prioritized

**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 whether a conflict of interest exists. If so, the reviewer must recuse themselves from the review of that application.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Quality Improvement Team***  ***(Maximum score 4)*** | ***Score*** |  | ***Practice Stability***  ***(Maximum Score 2)*** | ***Score*** |  | ***Screening Protocols***  ***(Maximum score 6)*** | ***Score*** |
| *Provider champion identified* | *Add 1 point* | *Major operational changes planned in next 15 months* | *0 points* | *Performs depression screening* | *Add 1 point* |
| *Practice leader  identified* | *Add 1 point* | *No major operational changes anticipated* | *Add 1 point* | *Performs anxiety screening* | *Add 1 point* |
| *IT/EHR staff member identified* | *Add 1 point* | *Electronic health record system changing in next 15 months* | *0 points* | *Performs substance use disorder screening* | *Add 1 point* |
| *Practice support and/or system of care cover letter(s) submitted and complete* | *Add 1 point* | *Electronic health record system not changing* | *Add 1 point* | *Uses a validated screening tool* | *Add 1 point* ***per survey*** |
| ***% Deliveries covered  by Medicaid  (Maximum score 3)*** | ***Score*** | ***Performance Improvement Reporting Readiness  (Maximum score 7)*** | ***Score*** | ***On-site Counseling***  ***(Maximum score 3)*** | ***Score*** |
| *<10%* | *1 point* | *Unsure/ Does not screen* | *0 points* | *Provides on-site counseling for depression* | *Add 1 point* |
| *10-30%* | *2 points* | *Documents screening; results not entered into electronic health record* | *Add 1 point* | *Provides on-site counseling for anxiety* | *Add 1 point* |
| *>30%* | *3 points* | *Documents screening and enters results in electronic health record* | *Add 2 points* | *Provides on-site counseling for substance use disorder* | *Add 1 point* |
| ***Average # of deliveries  (Maximum score 2)*** | ***Score*** | *Generates practice-level screening reports* | *Add 1 point*  ***per domain*** | ***Rural Patients***  ***(Maximum score 1)*** | ***Score*** |
| *< 100 deliveries* | *1 point* | *Team reviews practice-level screening reports* | *Add 1 point* | *Does not care for a meaningful # of rural patients* | *0 points* |
| *> 100 deliveries* | *2 points* | *Team does not have experience using QI concepts and tools* | *0 points* | *Serves a meaningful #  of rural patients* | *Add 1 point* |
|  |  | *Team has experience using QI concepts and tools* | *Add 1 point* |  |  |

**Appendix A: Practice Cover Letter Template**

*For multisite practices choosing to apply for multiple locations where quality improvement teams will differ, please provide the below letter for each site.*

To: RI MomsPRN Selection Committee

From: (Insert Practice Leadership Representative)

RE: RI MomsPRN Perinatal Behavioral Health Learning Collaborative

Date:

On behalf of (insert practice name), please accept the following practice cover letter for the RI MomsPRN Perinatal Behavioral Health Learning Collaborative. As an organizational leader representative, I can attest that the following staff members accept the conditions stated in the application and, if awarded, are committed to achieving the objectives of this initiative including clinical participation in the monthly and relevant peer learning meetings.

|  |
| --- |
| Practice Name: |
| Address, include zip: |
| 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 |  |  |
| Practice manager |  |  |
| Behavioral health clinician |  |  |
| Social worker |  |  |
| Medical assistant |  |  |
| IT support staff member |  |  |
| Other |  |  |
| **Phone number of provider champion:** | | |
| **Phone number of key contact person:** | | |

Letter digitally signed by practice leadership representative and all quality improvement team members:

|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | |  |   Practice Leadership Representative Date | |  | | --- | |  |   Quality Improvement Team Member Date |
| |  | | --- | |  |   Quality Improvement Team Member Date | |  | | --- | |  |   Quality Improvement Team Member Date |
| |  | | --- | |  |   Quality Improvement Team Member Date | |  | | --- | |  |   Quality Improvement Team Member Date |
| |  | | --- | |  |   Quality Improvement Team Member Date | |  | | --- | |  |   Quality Improvement Team Member Date |
| |  | | --- | |  |   Quality Improvement Team Member Date | |  | | --- | |  |   Quality Improvement Team Member Date |

**Appendix B: System of Care Letter of Support Template**

*Please only complete if your practice is part of a system of care (e.g., accountable care organization or accountable entity).*

To: RI MomsPRN Selection Committee

From: (Insert System of Care Representative)

RE: RI MomsPRN Perinatal Behavioral Health Learning Collaborative

Date:

[Insert practice name and/or site] is a member of our system of care. The practice is interested in participating in the RI MomsPRN Perinatal Behavioral Health Learning Collaborative. We believe that this practice and/or site location 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 support for perinatal depression, anxiety, substance use screenings and if applicable, optional reporting requirements

IT assistance for behavioral health templates within the practice electronic health record

A system of care representative will meet with the RI MomsPRN practice facilitator during the   
 startup phase and thereafter as needed

Commitment to collaborate and communicate with the RI MomsPRN practice facilitator to ensure   
 that initiative requirements are met within designated timeframes.

Other: (please describe below)

|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | |  |   System of Care Digital Signature Date | |  | | --- | |  |   Practice Digital Signature Date |
| |  | | --- | |  |   Position | |  | | --- | |  |   Position |
| |  | | --- | |  |   Email | |  | | --- | |  |   Email |
| |  | | --- | |  |   Phone | |  | | --- | |  |   Phone |

**Appendix C: Screening Measure Resource Including Optional Data**

|  |  |
| --- | --- |
| Required Measure 1: Screening for Perinatal Clinical Depression, Anxiety, and Substance Use | |
| Description: | The percentage of pregnant and postpartum patients screened for clinical depression, anxiety and substance use using an age-appropriate standardized tool |
| Age | The eligible population are patients aged 11-55 years at the time of encounter |
| Numerator Statement: | Patients seen for a prenatal or postpartum visit during the reporting period  **-AND-**  Screened for clinical depression, anxiety and substance use at least once during the reporting period using an age-appropriate standardized tool.  **Stratification by Zip Codes**: List of zip codes for patients seen for a prenatal or postpartum visit during the reporting period and were screened for clinical depression, anxiety and substance use at least once during reporting period. |
| Denominator Statement | Patients seen for a prenatal or postpartum visit during the reporting period. |
| Optional Demographic Data | Age, race, ethnicity, health plan/coverage, and pregnancy at time of screen or data run |

All selected practices will be provided with access to data management platforms to assist with the quarterly submission of required de-identified screening data detailed below. Practices can choose which validated screening tool(s) they would like to use. If needed, advisement about screening tools is available by RI MomsPRN practice facilitators and clinical staff. RIDOH and CTC-RI will assist with zip code and de-duplication reporting and analysis for each measure, including optional data.

|  |  |  |
| --- | --- | --- |
| Required Measure 2: Screening Positive for Perinatal Clinical Depression, Anxiety, and Substance Use | | |
| Description: | The percentage of pregnant and postpartum patients who were screened for clinical depression, anxiety and substance use, and screened positive, using an age-appropriate standardized tool |
| Age: | The eligible population are patients aged 11-55 years at the time of encounter |
| Numerator Statement: | Patients seen for a prenatal or postpartum visit during the reporting period  **-AND-**  Screened for clinical depression, anxiety and substance use at least once during this reporting period using an age-appropriate standardized tool.  **-AND-**  Screened positive for clinical depression, anxiety and substance use at least once during the reporting period  **Stratification by Zip Codes**: List of zip codes for patients seen for a prenatal or postpartum visit during the reporting period and were screened for clinical depression, anxiety and substance use at least once during reporting period. |
| Denominator Statement: | Patients seen for a prenatal or postpartum visit during the reporting period  **-AND-**  Screened for clinical depression, anxiety and substance use at least once during the reporting period using an age-appropriate standardized tool. |
| Optional Demographic Data | Age, race, ethnicity, health plan/coverage, and pregnancy at time of screen or data run |

**Appendix D: RI MomsPRN Milestone Document**

| Rhode Island MomsPRN Milestone Summary | | |
| --- | --- | --- |
| Deliverable | **Timeframe Due Dates** | **Notes** |
| 15-month Practice Team Expectations | | |
| Utilize the RI Moms PRN provider teleconsultation line as needed  Quality improvement team meets monthly with practice facilitator with additions of WIH/RIDOH staff | On-going Practice Team Responsibilities | [RI MomsPRN WIH Website](https://www.womenandinfants.org/ri-momsprn) |
| Planning Period: 3-month Practice Team Expectations (June – August ’22) | | |
| Quality Improvement team attend Orientation meeting | June 28, 2022  7:30 - 9:00AM | Meeting is recommended for Practice Lead, IT Lead and Provider Champion |
| Identify members of the practice quality improvement (QI) team. The team should consist of 3 to 4 staff in different roles and include a practice clinical champion and an IT/EHR staff member. Complete [Provider Email List](https://www.ctc-ri.org/sites/default/files/uploads/13.%20Provider%20Email%20List%20Template%20-%20Cohort%203.xlsx). | July 12, 2022 | Confirmation with the Practice Facilitator – details to be submitted to [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org).  [Provider Email List Template](https://www.ctc-ri.org/sites/default/files/uploads/13.%20Provider%20Email%20List%20Template%20-%20Cohort%203.xlsx) to be submitted to RIDOH@ctc-ri.org. |
| Complete the practice self-efficacy survey with practice facilitator | July 2022 | Practice Survey: <https://www.surveymonkey.com/r/DP8XGPL>  Practice survey details to be submitted to [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org) by Practice Facilitator |
| IT team to meet with RIDOH/CTC within first three months. May take place at scheduled facilitation meeting.   * Test IT plan for documentation of screening results and submission data | RIDOH/CTC IT Team Meeting: July 2022, date TBD  Test IT Plan: August 2022 |  |
| 1. Each provider must complete self-efficacy survey within 45 days of award notification: | Due by: August 5, 2022 | Provider Survey: <https://www.surveymonkey.com/r/2YHYXWM> |
| Clinical team to meet with Eva Ray and other WIH staff during first four months.  Select evidence-based tools | June - September 2022 | Evidence based tools needs to be incorporated in EHR.  [Screening Tool Resource](https://ctc-ri.org/sites/default/files/uploads/RI%20MomsPRN%20Recommended%20Screening%20Tools%205.21.pdf) |
| Submit a baseline report of screening rates for perinatal depression, anxiety, and substance use | August 5, 2022 | Submit using [Excel Spreadsheet](https://www.ctc-ri.org/sites/default/files/uploads/RI%20MomsPRN%20Measure%20Reporting%20Template%204.5.22%20cohort%203%20-%20New%20practices.xlsx) and email to: [jarruda@ctc-ri.org](mailto:jarruda@ctc-ri.org) or [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org) |

|  |  |  |
| --- | --- | --- |
| Rhode Island MomsPRN Milestone Summary | | |
| Practice Team Performance Period Expectations | | |
| Screen for perinatal depression, anxiety and substance use with validated screening tool(s) | September 2022 –  August 2023 | N/A |
| Develop draft workflows to implement screening for perinatal depression, anxiety and substance use with validated screening tool(s) | September 2022 | [Work Flow Tool](https://ctc-ri.org/sites/default/files/uploads/12.%20MomsPRN%20Workflow%20Checklist%204.11.22_0.doc)  [Work Flow Example](https://www.ctc-ri.org/sites/default/files/uploads/11.%20MomsPRN%20Example%20workflow.pdf) |
| In conjunction with the QI practice facilitator, identify quality improvement activities to optimize perinatal behavioral health workflows | Due by: September 9, 2022 *Due 1 Month after baseline data submissions* | [Plan-Do-Study-Act (PDSA)](https://www.ctc-ri.org/sites/default/files/uploads/4.%20PDSAWorksheetforTestingChanges_0%2012%203%2020.doc) Completed with the Practice Facilitator – details to be submitted to [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org) |
| If practice has selected optional reporting opportunity Practice key contact: Submit the Additional Payment Agreement through Adobe Sign | September 16, 2022 | **Sample**: [RI MomsPRN Additional Practice Payment Agreement](https://ctc-ri.org/sites/default/files/uploads/RI%20MomsPRN%20Additional%20Payment%20Agreement%20-%20Cohort%203%20template.docx) |
| Internal project report test run | **October 2022** | Will not be officially submitted; please go over with your Practice Facilitator at October monthly meeting and identify areas of improvement |
| Report de-identified practice screening rates and proportion of positive screens quarterly and by zip code | **Provisional Deadlines:**  **December 9, 2022**  **April 14, 2023**  **August 4, 2023** | Submit using [Excel Spreadsheet](https://www.ctc-ri.org/sites/default/files/uploads/RI%20MomsPRN%20Measure%20Reporting%20Template%204.5.22%20cohort%203%20-%20New%20practices.xlsx) and email to: [jarruda@ctc-ri.org](mailto:jarruda@ctc-ri.org) or [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org) |
| Test workflows and submit final workflows for implementing screenings for depression, anxiety and substance use using validated screening tools | November 2022 |  |
| In conjunction with the QI practice facilitator, submitted completed P-D-S-A identifying results of improvement activities to optimize perinatal behavioral health workflows | Due by December 15, 2022 | [Plan-Do-Study-Act (PDSA)](https://www.ctc-ri.org/sites/default/files/uploads/4.%20PDSAWorksheetforTestingChanges_0%2012%203%2020.doc) Completed with the Practice Facilitator – details to be submitted to [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org) |
| Practice QI team attendance and participation at January learning session | Tentative Date:  January 11 2023  7:30 – 9AM |  |
| Practice QI team attendance at Peer learning Session | May 2023 - TBD  7:30 – 9AM |  |
| In conjunction with the QI practice facilitator, report on outcomes quality improvement activities to optimize perinatal behavioral health screening, treatment and referral | Due by: August 11, 2023 | [Plan-Do-Study-Act (PDSA](https://www.ctc-ri.org/sites/default/files/uploads/4.%20PDSAWorksheetforTestingChanges_0%2012%203%2020.doc)) Completed with the Practice Facilitator – details to be submitted to [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org) |
| Providers complete post efficacy survey and HRSA survey  Practice team completes post efficacy survey with practice facilitator | RIDOH Surveys by  August 2023  HRSA Survey by Fall 2022 |  |
| Practice QI team attendance and participation at closing learning session | August 2023 - TBD  7:30 – 9AM |  |