



ARKANSAS DEPARTMENT OF HEALTH (ADH)

REQUEST FOR APPLICATION
RFA-14-0002

For
Arkansas Clinical Transformation (ACT)
Collaborative 2014 - 2015

Date Issued: September 26, 2013

Schedule of Events

Event	Date
RFA Issued	September 26, 2013
Due date for written questions	October 4, 2013, by 3:00 p.m.
Due date of answers to questions	October 11, 2013, by 3:00 p.m.
Due date for Applications	October 21, 2013, by 3:00 p.m.
Anticipation of completion of application reviews and selection	October 28, 2013
Anticipation of Award Announcement	November 19, 2013
Anticipation start date of award	By November 20, 2013
Pre-work for Sub Award Practices and Grantor	By January 15, 2014
The following dates scheduled below consist of learning sessions and webinars scheduled to flow consecutively throughout the 18-month grant award cycle.	
Anticipated Dates for Learning Session I	February 13 - 14, 2014
Webinar and or Team Conference Call	March 4, 2014
Webinar and or Team Conference Call	April 1, 2014
Anticipated Dates for Learning Session II	May 2, 2014
Webinar and or Team Conference Call	June 2, 2014
Webinar and or Team Conference Call	July 1, 2014
Anticipated Dates for Learning Session III	August 14 - 15, 2014
Webinar and or Team Conference Call	September 2, 2014
Webinar and or Team Conference Call	October 7, 2014
Anticipated Date for Learning Session IV	November 7, 2014
Webinar and or Team Conference Call	December 2, 2014
Webinar and or Team Conference Call	January 5, 2015
Anticipated Date for Learning Session V	February 26 - 27, 2015
Webinar and or Team Conference Call	March 3, 2015
Webinar and or Team Conference Call	April 7, 2015
Anticipated Date for Celebration Session VI	May 8, 2015
Webinar and or Team Conference Call	June 2, 2015

Schedule of quarterly calls following 18-month grant cycle: July 2015 through June 2016	
Quarter I Call	September 15, 2015
Quarter II Call	December 15, 2015
Quarter III Call	March 15, 2016
Quarter IV Call	June 15, 2016

Scheduled dates are subject to change;

Webinars and or calls will be limited to sixty (60) minutes.

Maximum Funding Level \$24,500 (per sub-award)

Acronyms used in this RFA are as follows:

Acronym	Descriptor
ACA	Affordable Care Act
ACT	Arkansas Clinical Transformation Collaborative
ADH	Arkansas Department of Health
AGEC	Arkansas Geriatric Education Center
CME	Continuing Medical Education
CVD	Cardiovascular Disease
CPT	Current Procedural Terminology
DM	Diabetes Mellitus
EMR	Electronic Medical Records
HTN	Hypertension
ICD 9 -10	International Classification of Diseases
IHI	Institute for Healthcare Improvement
IT	Information Technology
LS	Learning Session
NCQA	National Committee for Quality Assurance
PCMH	Patient-Centered Medical Home
PDSA	Plan, Do, Study, Act cycle
POF	Population of Focus
RFA	Request for Application
TPOP	Total Population
UAMS	University of Arkansas for Medical Sciences

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SECTION I: PROGRAM OVERVIEW

A. Introduction

Since 2003, the Arkansas Chronic Illness Collaborative (ACIC) has provided quality care improvement training to community health practices, private practices, and other health care facilities to improve health outcomes for Arkansans living with chronic diseases. Key stakeholders include the Arkansas Foundation for Medical Care (AFMC), the Randy Walker Clinic, Community Health Centers of Arkansas (CHC), Arkansas Department of Health (ADH), the Arkansas Geriatric Education Center (AGEC) and the UAMS Department of Family and Preventive Medicine, CME Division.

The ACIC has been renamed the **Arkansas Clinical Transformation (ACT) Collaborative** to focus on more extensive care transformation to help clinics improve how they manage their chronic disease populations. Managing high-risk patients will be a key component to succeeding in this new model of healthcare delivery. ACT helps prepare health care practices for the implementation of Meaningful Use (MU) and Patient Centered Medical Home (PCMH).

Primary Care practices that are chosen to participate in ACT will meet six (6) times over an 18-month period to implement foundational elements of population management for patients with chronic illness including Diabetes Mellitus (DM), cardiovascular disease (CVD), and hypertension (HTN). Practices will focus on identifying and managing high risk patients, enhancing data management and reporting, improving population outcome and process measures using spread strategies, and implementing practice management principles. ACT provides a mechanism for health care practices to use the Institute for Healthcare Improvement's (IHI) Model for Improvement and Dr. Ed Wagner's Chronic Care Model, to implement decision support, self-management support, delivery system design and clinical information systems for patients with chronic illness.(See Model, Appendix 4).

To view the ACIC Introduction video, go to:

http://www.youtube.com/watch?feature=player_detailpage&v=FWGf5KCJDL0

B. Purpose

The purpose of this Request for Application (RFA) is to select Primary Care practices to participate in the ACT Collaborative to manage chronic illness and its related risks in the new health care environment. The Center for Disease Control's Division of Heart Disease and Stroke Prevention, and the Division of Diabetes Translation Program recommends ACT as an evidenced-based intervention that addresses quality of care challenges of disparate populations and supports the *Essential Public Health Services Framework*¹. Participation in ACT decreases the risk of emergency room (ER) and hospital utilization, and improves the care of patients with episodes of acute illness, chronic disease, breast cancer and other preventative care needs. It also improves patient and caregiver satisfaction, and works to decrease the overall cost of care.

C. Reasons to Apply

- Prepare provider's practice for implementation of the Affordable Care Act (ACA).
- Enhance patient-centered interactions.

¹ <http://www.cdc.gov/od/ocphp/nphsp/essentialphservices.htm>

- Identify and manage high-risk patients.
- Improve practice quality.
- Implementation for those who are PCMH certified.
- Enhance Medicare partnerships.
- Prepare practices for implementation of MU.
- Grant funds to offset practice out-of-office cost.
- Networking opportunities with other practices.
- Proactive rather than reactive to new model of healthcare delivery.
- Guidance on data reporting system.

D. Participation

Collaboratively, we strive to meet our goals within an 18-month time frame, which includes pre-work, three (3) 2-day Learning Sessions, three (3) 1-day Learning Sessions, and at least four (4) webinars and/or practice team conference calls convening January 2014 and ending June 2015.

During this time, practice teams receive:

- Instruction and practice using the IHI Model for Improvement and the PDSA (Plan, Do, Study, Act) rapid cycle of improvement methodology to test and implement population management changes.
- Education by expert faculty members in the implementation of clinical guidelines for diabetes, cardiovascular disease, hypertension, cancer prevention, tobacco cessation, aging and behavioral changes.
- Education in the testing and implementation of critical changes that enhance population management including team-based care delivery, planned care at every visit, risk stratification, follow-up care for high risk patients, advanced use of EMR registries, patient engagement and use of behavioral strategies.
- A minimum of twenty-five (25) hours of CME is offered to participating practice team members during the 18-month ACT Collaborative (CME credits may also include webinar sessions).
- Access to a consultant with more than fifteen (15) years of experience teaching the practice transformation improvement methodology.

E. Available Funding

Depending on grant funding, approximately \$245,000 is available to fund ten (10) practices. Grant funding is provided through the ADH Chronic Disease Prevention and Control Branch. Applicants may apply for up to \$24,500 each. Funds are awarded through a competitive application process and allocated based on need, readiness for change, and commitment.

Funds may be disbursed monthly (IT support, software, extra help, etc.) and/or after each learning session upon receipt of an invoice from the grantee, by the Arkansas Department of Health based on documented completion of the requirements below. **Failure to meet the Applicant Requirements listed under Section II relating to attendance may result in decreased reimbursements.**

NOTE: In the event the State of Arkansas fails to appropriate funds or make monies available for any period covered by the term of this award for the services to be provided by the awardee, this award

shall be terminated on the last day for which funds were appropriated or monies made available for such purposes.

This provision shall not be construed to abridge any other right of termination the agency may have.

F. Schedule of Events - See Page 2

Applications must be **received** by the Issuing Officer no later than October 21, 2013, by 3:00 p.m.

G. Questions and ADH Issuing Officer

This RFA is issued by the ADH Issuing Officer.

Although communications regarding protests are permitted in accordance with Arkansas Code Annotated §19-11-244, from the issue date of this RFA until a successful respondent is selected and announced, respondents shall limit all other communications with any state staff about this or a related procurement to the ADH Issuing Officer. All questions and requests for clarification should be addressed to the following Issuing Officer:

Tim Smith, CPPB **RFA-14-0002**
Branch Chief Procurement
Arkansas Department of Health
4815 West Markham, Slot H58
Little Rock, Arkansas 72205
Phone: 501-280-4573
Email: timothy.w.smith@arkansas.gov

All questions, clarifications, or requests for additional information regarding the RFA must be emailed to, or submitted in written format to, and received by the Issuing Officer October 4, 2013 by 3:00 p.m. After that date and time, no questions will be permitted. The Agency is not bound by information provided verbally. A complete set of the questions and the agency's responses will become available in the form of an addendum that will be posted on the website for review at www.healthyarkansas.com/grants/grant_announcements.htm no later than October 11, 2013.

SECTION II: APPLICANT REQUIREMENTS

A. Eligible Applicants

Eligible practices must meet one (1) of the five (5) following criteria:

1. Primary care practices affiliated with a hospital, health system, or practice network
2. Private primary care practices (defined as family, internal medicine practices or specialty practices that serve as primary care for the patient)
3. Health Care network practice
4. Community Health Centers of Arkansas, Inc. (CHC)
5. Arkansas Health Education Centers (AHEC)
6. BreastCare and/or WISEWOMAN clinics

B. Grantee Requirements

Practices must be able to:

- Collect data electronically via an electronic medical record (EMR).
- Follow at least a minimum of one-hundred (100) patients. The 100-patient target for disease registries may be waived for solo practitioners with small patient numbers. Multi-physician practices may need to incorporate two (2) or more physician champions to follow more than one-hundred (100) patients.
- A population of focus (POF) with measureable percentage of patients sixty-five (65) years of age or older, with the exception of the BreastCare or WISEWOMAN Clinics.
- Appoint improvement practice team (if staff size allows) consisting of the physician champion and three (3) of the following: practice manager, clinical expert (RN, LPN, or Medical Assistant [MA]), and Information Technology (IT) staff. Exception - solo practices with only one (1) physician may have a minimum practice team of three (3) members (physician champion, clinical expert, and manager) to participate.
- Participate in pre-work conference calls.
- Meet internally weekly to plan and implement PDSA rapid change cycles around critical changes and meet monthly to review population of focus (POF) practice data to identify patient data measures in need of improvement.
- Attend three (3) 2-day Learning Sessions and three (3) 1-day Learning Sessions and a 1-day Congress over an 18-month period. (See page 2, Schedule of Events for dates). A minimum of three (3) team members including the Physician Champion, practice manager, and clinical expert should attend.
- Participate in monthly webinars and or conference calls between Learning Sessions (LS); and at least two (2) site visits during the 18-month training cycle. The practice improvement team, including the Physician Champion must participate in the conference calls and webinars.
- Submit agreed upon POF data measures and PDSA reports to ACT staff on the 15th of each month.
- Participate in required quarterly conference calls; continue to report on POF data measurements and PDSA cycles for an additional one (1) year (July 2015 through June 30 2016) following the completion of the 18-month grant cycle.
- Complete ACT's Pre and Post Practice Assessment form prior to Learning Session I; and before or by the end of Learning Session IV (Practice Assessment available during pre-work).
- Abstract POF and enter data into EMR registry to establish baseline measures before Learning Session I.

The following measures are required to be collected and reported.

C. Required measures and percent goals for the ACT teams are:

1. Hypertension

- Hypertension Patients with BP <140/90 (NQF0018) (MU) >70%
- 10% of patients 65+ years of age
- Registry size of 100 or more

2. Cardiovascular

- Hypertension Patients with BP<140/90 (NQF 0073) >70%
- Two BP's in Last Year >80%
- Fasting Lipid Profile Documented >80%
- Patients with LDL <100 (NQF 0075) (MU) >60%
- CAD on ASA or anti-thrombotic Agent >80%
- 10% of patients 65+ years of age
- Registry size of 100 or more

3. Diabetes

- Patients with controlled HbA1c <8.0 (NQF 0575) (MU) >70%
- Patients with 2 HbA1c's in last year (3 months apart) >90%
- Patients with documented eye exam in past year >60%
- Nephropathy test/treatment annually (NQF 0062) >70%
- Patients with documented foot exam in the past year >70%
- Patients with BMI and weight counseling (NQF 0421) (MU) >50%
- Patients with BP <140/90 (NQF 0061) (MU) >70%
- Patients with LDL <100 (NQF 0064) (MU) >60%
- 10% of patients 65+ years of age
- Registry size of 100 or more (unless small practice patient load)

4. Cancer Prevention Measures

- Breast Screening (NQF 0031) (MU)
- Cervical Cancer Screening (NQF 0032) (MU)
- Colo-Rectal Cancer Screening (NQF 0034) (MU)

5. Documented patient self-management goal >60%

Practice care team provides patient with access to evidence-based care and self-management support and documents progress towards goals.

6. Episodes of Care

- Pneumonia
- Heart Failure
- MI

7. Tobacco use query and cessation (NQF 0028a and 0028b) (MU) >70%

- Preventive Behavior Modification
- Tobacco use query and cessation (NQF 0028a and 0028b) (MU)

SECTION III: INSTRUCTIONS FOR COMPLETING AN APPLICATION

A. Applications Inclusion List

- A one-page narrative describing factors (ex. population served, prevalence of chronic disease socio-economic factors impacting care, etc.) about your practice that contribute to the need for funding, clinic readiness for change and commitment to attend ACT
- Completed cover page (Appendix 2)
- Completed application form (Appendix 3)
- Two (2) letters of support from both Practice Administration and Physician Champion to document the organization's commitment to participate in ACT
- Completion of Physician Office Assessment of Readiness to Change Clinic Practices form (Appendix 5).

B. Submission Deadline

Applications must be received by the Issuing Officer by 3:00 p.m. on October 21, 2013.

Applications received after this date and time will NOT be accepted and will be returned to the applicant.

C. Copies and Application Format

Applicants must provide one (1) signed original (marked **ORIGINAL**) and five (5) copies (marked **COPY**). All pages should be numbered. Submittal must be in a sealed envelope/package.

D. Where to Mail or Deliver Applications

Application must be clearly marked on the outside of the package with RFA-14-0002 and mailed to the following address:

Arkansas Department of Health,
Procurement Branch, RFA-14-0002
Attention: Tim Smith, CPPB
4815 W. Markham St. Slot 58
Little Rock, AR 72205 -3867

For applications to be hand delivered use the following address:

Tim Smith, CPPB
Procurement Branch RFA-14-0002
4815 West Markham Street, Room L163
Little Rock, AR 72205

E. Application Checklist

The following documents are required in order for your application to be considered. Please confirm that all documents are included before sending your application packet. **All applications must be received by the Issuing Officer no later than 3:00 p.m. on October 21, 2013.**

- Cover page and Application
- Budget and justification
- Letter of support/commitment from practice Physician Champion
- Letter of support from practice administrator
- Narrative of unique factors affecting your team's need for funding, clinic readiness for change and commitment (one page, Times New Roman, 12 point font, double spaced)
- List of practice team members, including credentials, position and contact information (please indicate the team leader)
- Resume of the team leader

SECTION IV: REVIEW OF APPLICATIONS & AWARD NOTIFICATIONS

A. Review for Compliance with RFA Requirements

Applications will be date and time stamped upon receipt, and must be received by the Issuing Officer on or before the deadline. Applications will be scored by the ADH Review Committee. Pending Arkansas Department of Health's approval, applicants will be notified regarding the disposition of their application on or about November 19, 2013. **Omission of any required document or form, or failure to respond to any requirement, may lead to rejection of the application prior to the review.**

B. Evaluation and Scoring

Applications are scored based on demonstrated need, documented commitment to participate in the collaborative through letters of support from their Physician Champion and other unique factors noted in the narrative indicating readiness to implement quality improvement change. The questions on the application form provide additional assessment information, such as:

- Readiness for quality improvement changes, as determined via the ACT application
- Serving subpopulations at elevated risk
- Currently accepting Medicare/Medicaid patients
- Addressing critical health measures targeted by funders

Sub-awards will be based on the following:

- Budget amount requested
- Application scores on the above criteria
- Funds available

NOTE: The ADH Review Committee shall make a recommendation for award with a ranked document from best scores to lowest scores. Upon completion of the evaluation committee process, the final decision to award will take place at the ACIC/Center level.

C. Scoring and Points Assignments

<u>Scoring</u>	<u>Point Value</u>
Narrative Description of Practice <ul style="list-style-type: none"> • Including the following: population served, prevalence of chronic disease, socio-economic factors impacting care, readiness to change, etc. (30 Points) 	30 points
Application for Completeness of Information Requested <ul style="list-style-type: none"> • Grantee Requirements Addresses (Section II. B) (20 Points) • Collaborative Expectations (Appendix 2) (10 Points) 	30 points
Budget Narrative <ul style="list-style-type: none"> • Justification Documented- (20 Points) 	20 points
Letters of Support <ul style="list-style-type: none"> • Physician Champion Required (15 Points) • Practice Administrator (5 Points) 	20 points
Total Point Value	100 points

D. Award Notifications

Award notifications will be processed on or about November 19, 2013. Based upon available funds, \$24,500 will be available per practice to complete the training program convening January 2014 and ending June 2015. This award will have a two-budget cycle. The first budget cycle will be January 2014 – June 2014, in the amount of \$9500. The second budget cycle will be July 2014 – June 2015, in the amount of \$15,000.

E. Budget Details

A prepared budget with recommended expenses is indicated below. You may request reimbursement for any or all of the following expenses:

- Abstraction of medical charts and data entry for your registry in order to obtain baseline data necessary to set your team's goals. (example: Financial assistance for extra help or overtime pay for technical support/data entry for person(s) to enter and set up patient registries)
- Purchase of computer software to assist in the data collection
- Purchase of software to support and/or assist in data management regarding Electronic Medical Records (EMR)
- Registration, travel, meals, and lodging expenses for your team to attend the Learning Sessions (these will only be allowed at state per diem rates).
- Staff replacement time to cover team members' attendance at Learning Sessions

(See Appendix 1 on following page for a sample budget plan. This is only an example. You should plan to expend funds up to \$9500 within the first 6-month period and \$15,000 within the remaining 12-month period. The six-month and 12-month budgets must not exceed \$24,500 combined).

APPENDIX 1

Sample 6-Month Budget (Not to Exceed \$9500)

Not limited to these examples

Activity and Completion Criteria	Examples	Amount Requested
<p>Abstract charts for registry population of focus and enter data to establish baseline measures. (Additional information on this will be provided in the ACT registration packet prior to Learning Session I)</p> <p><u>Measure of completion:</u> Registry is implemented and baseline measures are reported out by Learning Session I</p>	<ul style="list-style-type: none"> Medical records abstraction Data entry to develop registry Staff training time Software purchases/upgrades necessary to support the chronic disease EMR or other registry Monthly data collection and reporting 	<p>Data Entry and Abstraction = IT Staff \$38/hr. x 40hrs = \$1,520.00</p> <p>Technical Support (EMR) = \$1,000.00</p>
<p>Attend and participate in the first two Learning Sessions</p> <p><u>Measure of completion:</u> Three or more members on-site during Learning Sessions</p>	<ul style="list-style-type: none"> Registration (\$300.00/team per session) Mileage (\$0.42 per mile) Lodging (\$86.00) Meals (only those not provided, current Per Diem is; \$10.00 breakfast, Lunch provided, \$36.00 dinner) 	<p>Registration=\$300 x 2 LS = \$600.00 400miles x \$0.42=\$168.00 x 4 employees = \$672 x 2 trips = \$1344.00; Hotel= \$86.00 x 3 nights, \$258.00 x 4 employees= \$1,032.00; Meals=4 employees x \$10.00/breakfast x 3 = \$120.00; \$36.00/dinner x 3 nights = \$108.00 x 4/employees=\$432.00</p>
<p>Staff replacement time or other IT support while teams are attending Learning Sessions. Provide set up for 1 webinar and or conference call.</p> <p><u>Measure of completion:</u> Report of staff replacement hours OR Copy of contract/invoice with fees paid to replace staff</p>	<ul style="list-style-type: none"> Locum tenens Extra shifts IT Maintenance <p>Note: Lost productivity is not reimbursable under this scholarship program.</p>	<p>Employee 1-Office Manager = \$30.00/hr. x 40 hrs. (this includes 2 Learning Sessions and 3 Webinars and or Conference Calls) = \$1,200.00</p> <p>Employee 2-LPN=\$29.00/hr. x 40hr = \$1,160.00</p> <p>Employee 3-Receptionist=\$16.00/hr x40hr=\$640.00</p>
	Total Amount Requested	\$ 9,048.00

Sample 12-Month Budget (Not to Exceed \$15,000)

Activity and Completion Criteria	Examples	Amount Requested
<p>Abstract charts for registry population of focus and enter data to establish baseline measures. (Additional information on this will be provided in the ACT registration packet prior to Learning Session I)</p> <p><u>Measure of completion:</u> Registry is implemented and baseline measures are reported out by Learning Session I</p>	<ul style="list-style-type: none"> Medical records abstraction Data entry to develop registry Staff training time Software purchases/upgrades necessary to support the chronic disease EMR or other registry Monthly data collection and reporting 	<p>Data Entry and Abstraction = IT Staff \$38.00/hr. x 80 hrs = \$3,040.00</p> <p>Technical Support (EMR) = \$1,000.00</p>
<p>Attend and participate in the four ACT Learning Sessions</p> <p><u>Measure of completion:</u> Three or more members on-site during Learning Sessions</p>	<ul style="list-style-type: none"> Registration (\$300.00/team per session) Mileage (\$0.42 per mile) Lodging (\$86.00) Meals (only those not provided, current Per Diem is; \$10.00 breakfast, Lunch provided, \$36.00 dinner) 	<p>Registration=\$300.00 x 4 LS = 1,200.00 400miles x \$0.42=\$168.00 x 4 employees = \$672 x 4 LS = \$2,688.00; Hotel= \$86.00 x 6 nights, \$516.00 x 4 employees= \$2,064.00; Meals=4 employees x \$10.00/breakfast x 6 = \$240.00; \$36.00/dinner x 6 = \$216.00 x 4/employees=\$860.00</p>
<p>Staff replacement time or other IT support while teams are attending Learning Sessions. Provide set up for 4 webinars and or conference calls.</p> <p><u>Measure of completion:</u> Report of staff replacement hours OR Copy of contract/invoice with fees paid to replace staff</p>	<ul style="list-style-type: none"> Locum tenens Extra shifts IT Maintenance <p>Note: Lost productivity is not reimbursable under this scholarship program.</p>	<p>Employee 1-Office Manager=\$30.00/hr. x 40 hrs. (this includes 4 Learning Sessions and 8 Webinars and or Conference Calls)=\$1,200.00</p> <p>Employee 2-LPN=\$29.00/hr. x 40=\$1,160.00</p> <p>Employee 3-Receptionist=\$16.00hr x 40hr=\$640.00</p>
	Total Amount Requested	\$ 14,092.00

APPENDIX 2

**Arkansas Department of Health RFA-14-0002
12th Arkansas Clinical Transformation Collaborative (ACT)
Request for Application 2013-2015
Cover Page**

<p>1. Practice Name: _____ Address: _____ City/State/Zip Code: _____ Phone: () _____ County: _____ Tax ID#: _____ Fiscal Year: from: _____ to: _____ mm/dd/yy mm/dd/yy</p>	<p>For Internal Use by ACT Staff Only: Application #: _____ Funding Year: _____</p>		
<p>2. Practice Team Leader: _____ Address: _____ City/State/Zip Code: _____ Phone: () _____ Fax: () _____ Contact E-mail Address: _____ Financial Manager (if different than Team Leader): _____ Address: _____ City/State/ Zip Code: _____ Phone: () _____ Fax: () _____ Contact E-mail Address: _____</p>			
<p>3. Describe Your Collaborative Expectations:</p>			
<p>4. Type of Applicant: (Check one)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Private Practice <input type="checkbox"/> Health Care Network Practice <input type="checkbox"/> Area Health Education Centers <input type="checkbox"/> Other (Please describe) _____ </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Community Health Center <input type="checkbox"/> Veterans Affairs Primary Care <input type="checkbox"/> BreastCare or WISEWOMAN Clinic </td> </tr> </table>		<input type="checkbox"/> Private Practice <input type="checkbox"/> Health Care Network Practice <input type="checkbox"/> Area Health Education Centers <input type="checkbox"/> Other (Please describe) _____	<input type="checkbox"/> Community Health Center <input type="checkbox"/> Veterans Affairs Primary Care <input type="checkbox"/> BreastCare or WISEWOMAN Clinic
<input type="checkbox"/> Private Practice <input type="checkbox"/> Health Care Network Practice <input type="checkbox"/> Area Health Education Centers <input type="checkbox"/> Other (Please describe) _____	<input type="checkbox"/> Community Health Center <input type="checkbox"/> Veterans Affairs Primary Care <input type="checkbox"/> BreastCare or WISEWOMAN Clinic		
<p>5. Budget Amount Requested: (Year 1) \$ _____ Budget Amount Requested: (Year 2) \$ _____</p>			
<p>6. Certification of Authorized Official</p> <p>To the best of my knowledge and belief, all data contained in this application is true and correct and the governing body has authorized submission. I understand that if the application is found to contain significant misinformation or deviates significantly from the ACT application process, this application will be automatically eliminated from further consideration for funding.</p> <p>Signature: _____ Title: _____ Date: _____</p>			

APPENDIX 3

**RFA-14-0002
ACT Application for 2013-2015**

Date _____
Practice Name _____
Tax ID _____
Mailing address _____
City, State, and Zip Code _____
Phone () _____ Fax () _____
Contact person for this application _____
Title _____ E-mail address _____
Phone () _____ Fax () _____
Practice Administrator _____
Phone () _____ Fax () _____

What data system do you use in your practice?

Do you have the ability to collect and report your data monthly to the ACT?

Multi-practice Systems: Are other practices in your system applying for funds? **Yes** **No**

If yes, Practice(s) Name(s)

In what county is your practice site located? _____

Is your practice currently accepting Medicare and Medicaid patients? **Yes** **No**

Do you provide care to underserved populations and/or locations? **Yes** **No**

Do you emphasize care for groups at increased clinical risk? **Yes** **No**

If yes, please list _____

The Chronic Care Model



Definitions:

Cycle or PDSA Cycle

A structured trial of a process change, drawn from the Shewhart cycle, this effort includes:

Plan: a specific planning phase

Do: a time to try the change and observe what happens

Study: an analysis of the results of the trial

Act: devising next steps based on the analysis

Population

Identifying the patient populations is the backbone to the population-based care delivery system. Without identification of the members of the sub-population, changes cannot be achieved. To identify members, a practice team needs to be able to access data that can distinguish populations with different health problems. ICD 9 or CPT codes from billing data are the most common source for making these distinctions.

APPENDIX 5

Physician Office Assessment of Readiness to Change Clinic Practices

Current Clinic Change Practices	Yes	No	Comment
1. Does your practice have one or more committed physicians who would like to change practice processes for improvement?			
2. Does each provider in your practice have? a. An assigned panel of patients b. A shared panel of patients			
3. Does your practice have an EMR that supports disease registries for DM/CVD/Adult Prevention? Does your practice report population data for DM/CVD/Adult Prevention?			
4. Does your practice have at least one Medical Assistant for every 2 Providers? If No, what is the current ratio of medical assistants to providers?			
5. Does your practice determine the risk status of every patient?			
6. Does your clinic team assure timely follow-up of high risk patients?			
7. Does your practice integrate Quality Improvement into the practice including data review and use of improvement strategies?			
8. Does your practice support patients in life-style improvement using behavioral strategies like patient goal setting?			
9. Does your clinic team complete disease and prevention guidelines with patients at every visit?			
10. Does your practice have a managed care contract in place for data improvement? If No, how do you work to improve clinic data?			

Physician Office Assessment of Readiness to Change Clinic Processes (Continued)

Current Clinic Change Practices	Yes	No	Comment
11. Do your providers assign work to various team members for coordinated clinic processes and increased efficiency and effectiveness?			
12. Does your practice identify the sickest, highest risk patients and have mechanisms in place to reduce ER visits and hospitalizations?			
13. Does your practice have NCQA – PCMH recognition? If yes, which year?			
14. Does your clinic team/physician receive information from the hospital/ER when a patient has been admitted or discharged?			
15. Does your practice use HEDIS measures to assess performance? If yes, what average percentile does your practice aim to achieve?			
16. Do you see any areas for improvement in your current clinic practice? Which of the above do you see as areas for improvement in your clinic practice? List, if any from 1-14.			
17. We would like to help your clinic team improve your current clinic practices to be most effective. Please list other areas of clinic process changes not listed above that you would like to see in your current practice.			