



ARKANSAS DEPARTMENT OF HEALTH (ADH)

**REQUEST FOR APPLICATION
RFA- 15-0009**

**For
Arkansas Clinical Transformation (ACT)
Collaborative 2015 – 2016**

Date Issued: February 11, 2015

Schedule of Events

Event	Date
RFA Issued	February 11, 2015
Due date for written questions	February 20, 2015 by 3:00 p.m.
Due date of answers to questions	February 3, 2015
Due date for Applications	February 27, 2015, by 3:00 p.m.
Anticipation of completion of application reviews and selection	February 23, 2015
Anticipation of Award Announcement	March 12, 2015
Pre-work for Sub Award Practices and Grantor	April 22, 2015
Anticipation start date of award	July 6, 2015

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	July 30 - 31, 2015
Webinar and or Team Conference Call	August 4, 2015
Webinar and or Team Conference Call	September 8, 2015
Anticipated Dates for Learning Session II	October 9, 2015
Webinar and or Team Conference Call	November 3, 2015
Webinar and or Team Conference Call	December 1, 2015
Anticipated Dates for Learning Session III	January 28 - 29, 2016
Webinar and or Team Conference Call	February 2, 2016
Webinar and or Team Conference Call	March 1, 2016
Anticipated Date for Learning Session IV	April 22, 2016
Webinar and or Team Conference Call	May 3, 2016
Webinar and or Team Conference Call	June 2, 2016
Anticipated Date for Learning Session V	July 21 – 22, 2016
Webinar and or Team Conference Call	August 2, 2016
Webinar and or Team Conference Call	September 6, 2016
Webinar and or Team Conference Call	October 4, 2016
Anticipated Date for Celebration Session VI	November 1, 2016
Webinar and or Team Conference Call	December 6, 2016

Schedule of quarterly calls and data report due dates:

Quarter I Call	March 15, 2017
Quarter II Call	June 15, 2017
Quarter III Call	September 15, 2017
Quarter IV Call	December 15, 2017

Scheduled dates are subject to change

Webinars and or calls are limited to 60 minutes

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

Helpful Acronyms for this RFA:

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

TABLE OF CONTENTS

Section I	Program Overview
A	Introduction
B	Purpose
C	Reasons to Apply
D	Participation
E	Available Funding
F	Schedule of Events
G	Questions & ADH Issuing Officer
Section II	Applicant Requirements
A	Eligible Applicants
B	Grantee Requirements
C	Required Measures and Percent Goals for the ACT Teams
Section III	Instructions for Completing an Application
A	Applicants Inclusion List
B	Submission Deadline
C	Copies and Application Format
D	Where to Mail or Deliver Applications
E	Application Checklist
Section IV	Review of Applications & Award Notifications
A	Review for Compliance with RFA Requirements
B	Evaluation & Scoring
C	Scoring and Points Assignments
D	Award Notifications
E	Budget Details
Appendix	
1.....	Sample Budget
2.....	Application Cover Page
3.....	ACT Application
4.....	Change Concepts for Chronic Illness Care
5.....	Physician Office Assessment of Readiness to Change

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 Department of Health (ADH), the Arkansas Foundation for Medical Care (AFMC), the Randy Walker Clinic, Arkansas Department of Human Services-Division of Medical Services, Community Health Centers of Arkansas (CHC), the Arkansas Geriatric Education Center (AGEC) and the UAMS Department of Family and Preventive Medicine, CME Division.

In 2014, ACIC was 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 delivery of the Chronic Care Model. 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 five to six times over an 18-month period. The first budget cycle will be July 2015 – June 2016, in the amount of \$15,000. The second budget cycle will be July 2016 – December 2016, in the amount of \$9,500. These practices will 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).

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

- Transform the practice to support team-based care and population management
- Preparation for provider's practice for new patient inflow of the Affordable Care Act (ACA).

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

- Enhanced patient-centered interactions.
- Identify and manage high-risk patients.
- Improve practice quality metrics.
- Implementation of changes that is in sync with PCMH certification.
- Enhance Medicare partnerships.
- Prepare practices for implementation of MU.
- Grant funds to offset practice out-of-office cost.
- Networking opportunities with transformed practices.
- Proactive implementation of changes (rather than reactive) that will support more efficient and effective healthcare delivery.
- Guidance on data reporting system.
- Risk stratification of the population and integration of RN care management to reduce admissions readmissions, and ER visits for highest risk patients.
- Participate in BreastCare /WISEWOMAN program to provide screening for breast and cervical cancer, hypertension, diabetes and cardiovascular disease risk factors and access to lifestyle and health coaching to women who meet eligibility criteria.

D. Participation

Collaboratively, we strive to meet our goals within an 18-month time frame, which includes Pre-work Orientation (Manual), three 2-day Learning Sessions, two 1-day Learning Sessions, and no less than eight webinars or practice team conference calls convening July 2015 through December 2016.

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.
- Education by expert faculty members in the development of practice-based RN Care Management that provides transitional care, population management to patients with high risk conditions, and care management interventions to highest risk patients.
- 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 sixteen (16) years of experience in teaching the practice transformation improvement methodology.
- Training on BreastCare/WISEWOMAN service delivery and billing.

E. Available Funding

Depending on grant funding, approximately \$147,000 is available to fund six (6) 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. You are not eligible to apply for RFA 15-0009 if you are awarded RFA 15-0008.

Funds may be disbursed monthly or after learning session upon receipt of an invoice from grantee by the Arkansas Department of Health based on documented completion of the requirements below and subject to approved budget expenses. **Failure to meet the Applicant Requirements listed under Section II relating to attendance may result in decreased reimbursements. Reimbursement for clinical services provided by BreastCare/WISEWOMAN participants is processed separately.**

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

F. Schedule of Events - See Page 2

Applications must be **received** by the Issuing Officer no later than February 27, 2015, 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:

Bob Broughton, RFA-15-0009
Contract Support Manager
Arkansas Department of Health
4815 West Markham, Slot H58
Little Rock, Arkansas 72205
Phone: 501-280-4594
Email: Bob.Broughton@arkansas.gov

All questions, clarifications, or requests for additional information regarding the sub award must be emailed to, or submitted in written format to, and received by, the Issuing Officer February 20, 2015. After that date, 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.healthylarkansas.com/grants/grant_announcements.htm no later than February 11, 2015.

SECTION II: APPLICANT REQUIREMENTS

A. Eligible Applicants

Eligible practices must meet one (1) of the six (6) following criteria:

1. Primary care practices affiliated with a hospital, health system, or practice network

- (including Veterans Affairs Primary Care)
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:

- Develop disease management registry and collect data electronically via an electronic medical record (EMR).
- Risk-stratify patients in the DM, HTN and CVD registries and develop interventions designed to manage highest risk (i.e. care management).
- 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 or more physician champions to follow more than 100 patients.
- Appoint improvement practice team (if staff size allows) consisting of the physician champion and three of the following: practice manager, clinical expert (RN, LPN, or Medical Assistant (MA)), and Information Technology (IT) staff. Exception - solo practices with only one physician may have a minimum practice team of three members (physician champion, clinical expert, and manager) to participate.
- Participate in ACT Pre-work meetings and or 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 2-day Learning Sessions and two 1-day Learning Sessions and a 1-day Congress (celebratory session) 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 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 report and narrative report (PDSA cycles) to ACT Coordinator on or before 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 year following the completion of the 18-month grant cycle (See Schedule of Events on Page 2).
- Complete ACT's Pre and Post Practice Assessment form prior to Learning Session I; and before or by the end of Learning Session V (Practice Assessment available during Pre-work).

- Abstract POF and enter data into EMR registry to establish baseline measures before Learning Session I.
- Develop and submit a sustainability plan for changes implemented over the 18 months ACT Collaborative by documenting and reporting data up to 2 years post training.

The following measures are required to be collected and reported.

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

1. Cardiovascular Measures	Benchmark
1.1 Hypertension: Controlling High Blood Pressure BP <140/90 mm Hg	≥70%
1.2 Coronary Artery Disease (CAD): Lipid Control (NQF 0074; PQRS Measure #197)	≥65%
1.3 Coronary Artery Disease (CAD): Antiplatelet Therapy (NQF 0067; PQRS Measure #6)	≥80%
1.4 Ischemic Vascular Disease (IVD): Blood Pressure Management (NQF 0073; PQRS Measure #201)	≥70%
1.5 Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low Density Lipoprotein (LDL-C) Control LDL<100 mg/dl (NQF 0075; PQRS Measure #241)	≥90% ≥65%
1.6 Ischemic Vascular Disease (IVD): Use of Aspirin or other Antithrombotic (NQF 0068; PQRS Measure #204; CMS164v1)	≥60%
1.7 Coronary Artery Disease (CAD): Adherence to Statin Therapy for Individuals with Coronary Artery Disease (NQF0543)	≥50%
1.8 Chronic Stable Coronary Artery Disease: Patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period where prescribed aspirin or clopidogrel (NQF 0067)	≥65%
2. Diabetes Mellitus Measures	
2.1 Diabetes Mellitus: Hemoglobin A1c Poor Control (NQF 0059; PQRS Measure #1)	≤45%
2.2 Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control (NQF 0064; PQRS Measure #2)	≥50%
2.3 Diabetes Mellitus: High Blood Pressure Control (NQF 0061; PQRS Measure #3)	≥75%
2.4 Diabetes Mellitus: Dilated Eye Exam (NQF 0055; PQRS Measure #117)	≥70%
2.5 Diabetes Mellitus: Medical Attention for Nephropathy (NQF 0062; PQRS Measure #119)	≥90%
2.6 Diabetes Mellitus: Foot Exam (0056; PQRS Measure #163)	≥40%
2.7 Diabetes Mellitus: Adherence to Oral Diabetes Agents for Individuals with Diabetes Mellitus (NQF 2468)	≥40%
2.8 Diabetes Mellitus: Adherence to ACEIs/ARBs for Individuals with Diabetes Mellitus (NQF 2467)	≥40%

3. Preventative Care Measures

3.1 Preventive Care and Screening: Breast Cancer Screening (NQF 0031; PQRS Measure #112)	≥75%
3.2 Preventive Care and Screening: Cervical Cancer Screening (NQF 0032; PQRS Measure #309)	≥85%
3.3 Preventive Care and Screening: Colorectal Cancer Screening (NQF 0034; PQRS Measure #113)	≥75%
3.4 Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow Up (NQF 0421; PQRS Measure #128)	≥75%
3.5 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (NQF 0028; PQRS Measure #226)	≥80%
3.6 Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented (NQF TBD; PQRS Measure #317)	≥90%

4. Coordinated Care Measures

4.1 Age groups: Numbers and percentages of patients ages – <ul style="list-style-type: none">• 18 years and older• 50-64 years• 65 years and older	100%
4.2 Race/Ethnicity Groups: Numbers and percentages	100%
4.3 Gender Groups: Numbers and percentages	100%
4.4 Documented self-management goal and Action Plan of Care	≥70%

Please note: The ACT clinics should report all age, race/ethnicity and gender groups served.

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
- Completed application form (attached)
- One letter of support from the Physician Champion to document the organization's commitment to participate in ACT.
- Completion of Physician Office Assessment of Readiness to Change form (Appendix 5)

B. Submission Deadline

Applications must be received by the Issuing Officer by 3:00 p.m. on February 27, 2015.

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 or package.

D. Where to Mail or Deliver Applications

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

Arkansas Department of Health,
Procurement Branch, RFA-15-0009
Attention: Bob Broughton
4815 W. Markham St. Slot 58
Little Rock, AR 72205 -3867

For applications to be hand delivered use the following address:

Bob Broughton, Contract Support Manager
Procurement Branch RFA-15-0009
4815 West Markham Street, Room L156
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 February 27, 2015.**

- 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, including sustainability (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)
- List the credentials of the team leader or include a resume

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 March 12, 2015. **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 listed on pages 9 and 10

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 highest scores to lowest scores. The final decision to award will take place at the Domain/Center level after the ADH Review Committee completes their evaluation process.

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 met on Page 8, Part 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 March 12, 2015. Based upon available funds, \$24,500 will be available per practice to complete the training program convening July 2015 and ending December 2016. This award will have a two-budget cycle.

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 the following page for a sample budget plan. This is only an example. You should plan to expend funds up to \$15,000 within the first 12-month period and \$9,500 within the remaining 6-month period. The combined 12-month and six-month budgets must not exceed \$24,500).

APPENDIX 1

Not limited to these examples

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 hr. = \$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 (\$89.00) Meals (only those not provided, current Per Diem is; \$10.00 breakfast, Lunch provided, \$36.00 dinner) 	<p>Registration=\$300.00 x 4 LS = \$1,200.00 400 miles x \$0.42=\$168.00 x 4 employees = \$672.00 x 4 LS = \$2,688.00; Hotel= \$89.00 x 6 nights, \$534.00 x 4 employees= \$2,136.00; 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 program.</p>	<p>Employee 1-Office Manager=\$30.00 hr. x 40 hr. (this includes 4 LS and 8 webinars and or conference calls)=\$1,200.00 Employee 2-LPN=\$29.00 hr. x 40=\$1,160.00 Employee 3-Receptionist=\$16.00 hr. x 40 hr.=\$640.00</p>
Total Amount Requested		\$ 14,164.00

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

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. Monthly data collection and reporting 	<p>Data Entry and Abstraction = IT Staff \$38 hr. x 40 hr. = \$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 (\$89.00) Meals (only those not provided, current Per Diem is; \$10.00 breakfast, Lunch provided, \$36.00 dinner) 	<p>Registration=\$300.00 x 2 LS = \$600.00 400 miles x \$0.42=\$168.00 x 4 employees = \$672.00 x 2 trips = \$1,344.00; Hotel= \$89.00 x 3 nights, \$267.00 x 4 employees= \$1,068.00; 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 program.</p>	<p>Employee 1-Office Manager = \$30.00 hr. x 40 hr. (this includes 2 LS and 3 webinars and or conference calls) = \$1,200.00 Employee 2-LPN=\$29.00 hr. x 40 hr. =\$1,160.00 Employee 3-Receptionist=\$16.00 hr. x 40 hr.=\$640.00</p>
Total Amount Requested		\$9,084.00

APPENDIX 2

**Arkansas Department of Health RFA-15-0009
12th Arkansas Clinical Transformation Collaborative (ACT)
Request for Application 2015-2016
Cover Page**

<p>1. Practice Name: _____ Address: _____ City/State/Zip Code: _____ Phone: () _____ County: _____ Tax ID#: _____ Fiscal Year: from: _____ to: _____ <div style="text-align: center;">mm/dd/yy mm/dd/yy</div></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-15-0009
ACT Application for 2015-2016**

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 electronically collect and report your data monthly to the ACT Collaborative? _____

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? _____
List other counties served by your practice. _____

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

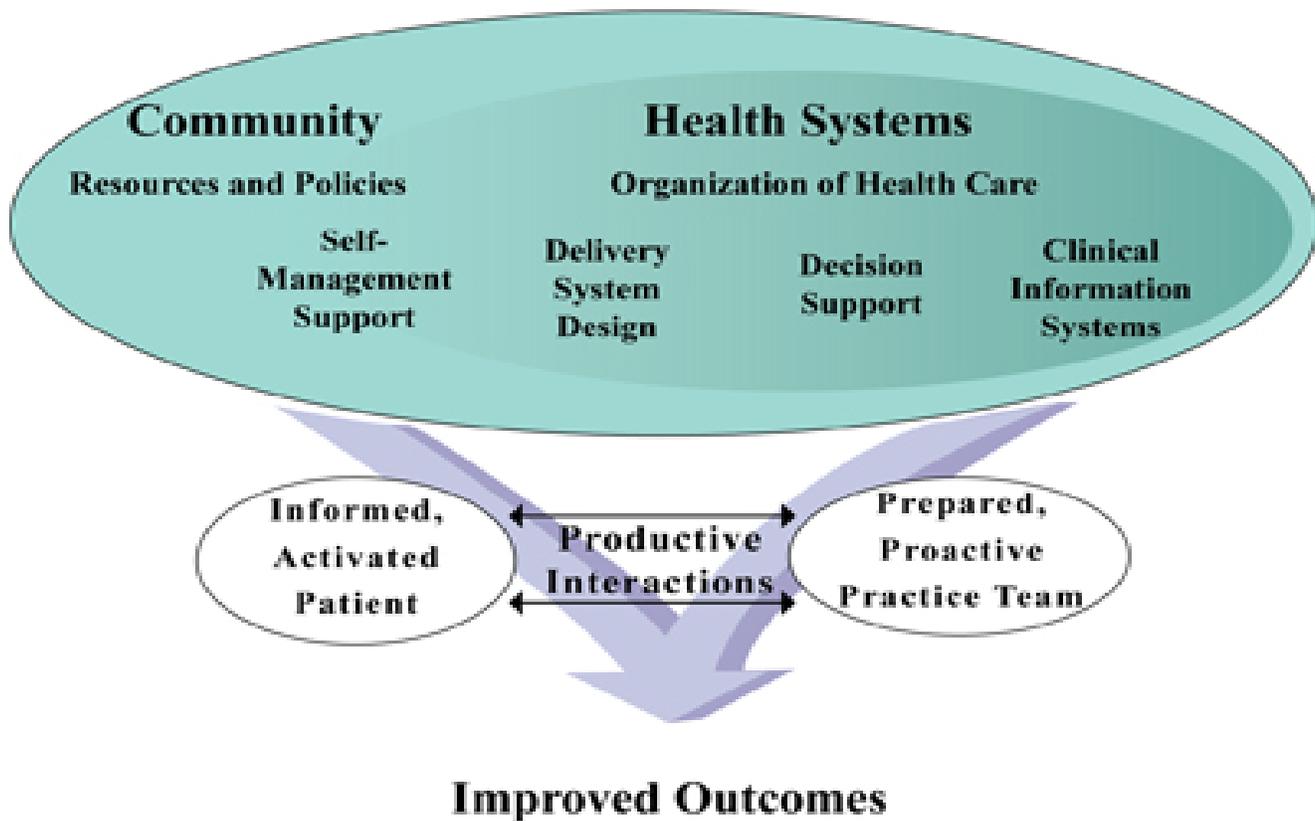
Do you provide care to underserved populations and/or locations? **Yes** **No**

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

If yes, please list _____

APPENDIX 4

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 reference and use 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.			