

**Request for Applications**

**Transformation Community Benefit Initiative Reinvestments**

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Application Deadline**: January 17, 2020**

Background:

Thanks to successful efforts in 2018 to improve quality, Eastern Oregon Coordinated Care Organization (EOCCO) met 14 of the 17 CCO incentive measures. This is enabling the Board of Directors to reinvest over $2 million in 2020 in innovative projects to support better health, better health care, and lower costs for EOCCO members and their communities. EOCCO announces the availability of investments for projects that focus on challenging issues facing EOCCO. This year’s program will focus on two areas:

1. Opt-In Projects to address mental illness and emergency department utilization, drug and alcohol use, diabetes poor control, oral health for diabetics, kindergarten readiness, and immunizations for children and adolescents.
2. Applications to continue successful 2018 or 2019 EOCCO funded projects that focus on one or more incentive measures the county is having trouble meeting and that do not overlap with the above Opt-In opportunities.

Program Areas**:**

1. **Opt-In Projects**

|  |  |
| --- | --- |
| **Project** | **Funding Amount Available Per Grantee** |
| Emergency Department Utilization for Members with Mental Illness | Up to $50,000 |
| Assessment and Treatment for Drug and Alcohol Use | Up to $20,000 |
| Diabetes HbA1C Poor Control | Up to $10 per attributed EOCCO member |
| Oral Evaluation for Adults with Diabetes | $2,500 plus $10 per attributed EOCCO member |
| Kindergarten Readiness and Childhood Immunizations | $7,500 plus $10 per attributed EOCCO member |
| Immunizations for Adolescents | $7,500 plus $10 per attributed EOCCO member |

Additional details on the Opt-In Projects are provided in **Appendix 2**, including application requirements, funding information, and eligible organizations.

1. **Continuing Current Projects- Grants up to $50,000**

Funding is available to organizations proposing to continue successful, previously funded 2019 EOCCO projects. To be funded under this category applicants must provide sufficient evidence (quantitative and qualitative) that their current project is having the desired impact on their selected incentive measure(s). Additionally, projects cannot overlap with Opt-In project areas, must be programmatically and financially distinct from all other 2020 applications, and must include a sustainability plan for after funding ends. Eligible organizations for these grants are previously funded grantees from 2019.

Application Instructions**:**

**Requirements for all Applications:**

1. Proposals that are not fully described or are otherwise incomplete may be returned to the applicant.
2. Proposals that substantially overlap in purpose and budget will not be considered for funding. A committee appointed by the EOCCO Board will make the final funding decisions, subject to Board approval.
3. Support from the CBI program can be used to establish new roles within a community that are substantially devoted to improving the health and health care of EOCCO members. These positions should not be primarily administrative. Grantees will be required to request decreasing amounts of funds over time and funds for such positions will not be provided beyond three grant cycles unless applicants can document the position is directly related to successful performance on EOCCO initiatives.

**Submission Process:**

1. **Application Forms:** Please follow the directions in this Request for Applications (RFA). Applications should include the Application Coversheet, a Project Narrative covering all questions described in the RFA, a Budget and a Budget Justification, and any required Letters of Commitment.
2. **Submission:** Send your full application in a **single** PDF to Martha Snow at snowm@ohsu.edu and Anne King at kinga@ohsu.edu **by 5 pm PDT on January 17, 2020**. **Important Note:** You will receive an email receipt. If you do not receive that email within 24 hours, please contact Martha or Anne.
3. **Timeline:** Applicants should hear about the status of their requests in March 2020.
4. **Technical Assistance:** You are encouraged to obtain technical assistance when needed as you develop your proposal. OHSU staff members are available to answer questions and to provide feedback on your project design and evaluation plan. Please contact Martha Snow snowm@ohsu.edu or Anne King kinga@ohsu.edu and they will provide help or find the best person to provide assistance.

# Transformation Community Benefit Initiative Application Coversheet

**Name of Applicant Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Director (person who will be responsible for the overall project):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Organization to Receive and Manage Funds:**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employee Managing Funds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding Opportunity to which the Applicant is Applying (check one):**

|  |  |
| --- | --- |
| \_\_ Emergency Department Utilization | \_\_ Oral Evaluation for Adults with Diabetes |
| \_\_ Assessment and Treatment for Drug & Alcohol Use | \_\_ Kindergarten Readiness and Childhood Immunizations |
| \_\_Diabetes HbA1C Poor Control | \_\_ Immunizations for Adolescents |
|  | \_\_ Continuing Current Projects |

**Total Amount Requested** (note funding limits):$\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Start Date**: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ **End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**Project Summary (do not exceed space below):**

**Signatures:**

I hereby certify that this proposal is fully approved by our organization for submission to the EOCCO. The statements contained in this application are true and complete to the best of my knowledge and the applicant accepts as a condition of the grant the obligation to comply with all applicable state and federal requirements, policies, standards, and regulations.

Signature of Organization Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Application Questions for Opt-In Projects

If you are applying to participate in an Opt-In project, please submit the Application Cover Sheet, a Project Narrative answering the questions listed below, a Budget and a Budget Justification, and any required Letters of Commitment (**Appendix 3**) using the following guidelines and templates. Project Narratives may be **up to 5 pages.**

For the Project Narrative, Questions A-H should be answered by all applicants to Opt-In projects.  Questions I-N are specific to each project and should be answered by those applicants applying to that project.

**Application Questions for All Projects**

1. Provide a detailed description of the project plan, starting with these 5 sections:
	1. Project goals- What is your goal? Why is this goal important to your EOCCO population?
	2. Targeted incentive measures- What measure(s) will you target and why?
	3. A detailed description of the planned activities- What will you do and how will you do it?
	4. A detailed timeline of activities- What are the steps of your project? When will each happen and who will do each step?
	5. How do you plan to continue this work after the grant ends?
2. Describe the data you will collect to measure success of your project and how you will obtain the data.

Note: If funded, you will be required to report on these data on interim progress reports and a year-end final report. Applicants must report on the **metric they are addressing and the** **number of EOCCO and non-EOCCO members served**.

1. Complete the table below, including baseline data and goals you will use to measure success.

**Note:** This table has been revised from prior years. Please be sure to include actual available baseline data and create goals that take into account available data (See **Appendix 4**), such as your county’s prior year rate, the numerator and denominator of patients if available, EOCCO targets, and the estimated number of members needed to reach the EOCCO target. Baseline data should be the prior year’s final rate for the target population.

|  |  |  |
| --- | --- | --- |
| **Targeted Metric**  | **Activity Planned** | **Metrics** |
| ***EXAMPLE:****Dental sealants* | *School-based dental sealant services* | *Baseline**20/150 (number of kids who received sealants last year out of number eligible)* | *Goal**75/150 (number of kids you aim to receive sealants this year out of number eligible)* |
|  |  | Baseline | *Goal* |
|  |  | Baseline | *Goal* |
|  |  | Baseline | *Goal* |

1. Please list each member of the project team, their organization, and thoroughly describe their roles and responsibilities on the project. All activities that are proposed in Question A should be represented.
2. Describe the level of leadership support for this project within your organization. How will your leadership ensure that your organization follows through with the project?
3. What could cause your organization to have trouble with the project and how could you reduce this risk?
4. Please list the organizations involved in your project and submit a Letter of Commitment from each collaborating organization.
5. Describe a detailed plan for sustaining this effort once the project ends.

**Opt-In Project Additional Questions- be sure to address the following questions in your grant**

1. **Emergency Department Utilization for Members with Mental Illness**
2. What population(s) and sub-populations will your project address? Describe the populations and provide any baseline data regarding their 2019 utilization of the Emergency Department(s) they currently access.
3. How will your project identify these populations and what technologies will you use? Describe your process and what technology you will use.
4. Describe your intervention in detail. What will you provide to patients in these populations once you identify them? Who will provide those services? What organizations will partner on this project and what will their specific roles be?
5. How do you believe your project will impact the incentive metric? What do you predict will be the change in utilization for the Emergency Department(s) they currently access?
6. **Assessment and Treatment for Drug and Alcohol Use**
7. Describe the setting(s) in which you plan to implement your project. Provide baseline data on SBIRT screening for EOCCO members cared for in the setting.
8. Describe your intervention in detail. How will you implement and/or increase SBIRT screening rates in this setting? How will treatment services be either integrated into the clinical site or coordinated between a partnering agency and the clinical site?
9. How will you document screening completion in the electronic medical record and avoid any gaps in systematic screening or documentation?
10. How do you believe your project will impact the incentive metric? What do you predict will be the change in the two metrics?
11. Please include a statement that your organizations agree to participate in foundational technical assistance provided by OHSU which includes accessing an online implementation toolkit and participating in pre- and post-implementation assessments. Indicate whether you would want to receive supplemental support which is optional but encouraged.
12. **Diabetes HbA1C Poor Control**
13. What population(s) and sub-populations will your project address? Describe the populations and provide baseline data on diabetes poor control.
14. How will your project identify these populations? Describe your process and what technology you will use.
15. Describe your intervention in detail. What will you provide to patients in these populations once you identify them? Who will provide those services? What organizations will partner on this project and what will their specific roles be? Which programs will you refer patients to?
16. How do you believe your project will impact the incentive metric? What do you predict will be the change in HbA1C for the population?
17. **Oral Evaluation for Adults with Diabetes**
18. How will your project identify and recall adults with diabetes for comprehensive, periodic or periodontal oral evaluation? Describe your process and what technology you will use.
19. What organizations will partner on this project and what will their specific roles be? Describe the quality improvement team that will be charged with designing and implementing the project.
20. What is your current baseline measurement for the proportion of adults with diabetes to which you currently provide services? What will your goal be for this measurement at the end of the project?
21. **Kindergarten Readiness and Childhood Immunizations**
22. What are the current barriers to EOCCO children in your community receiving preventive dental visits, well child visits, and immunizations, and how will your project help patients and their families overcome these barriers?
23. Describe in detail how you plan to provide preventive dental visits for children ages 1-5 and 6-14, and well child visits for children ages 3-6. How will you identify EOCCO members, utilize strategies to increase awareness, recall patients for services, and ensure they receive them?
24. What registry do you plan to use for this project?
25. Describe how you will use ALERT for immunizations and how you will ensure both accurate historical and prospective data are collected in real time into ALERT for all patients.
26. What organizations will partner on this project and what will their specific roles be?
27. What are your current rates of preventive dental visits, well child visits and immunizations for these populations, and what do predict those rates will be at the end of this project?
28. **Immunizations for Adolescents**
29. What are the current barriers to EOCCO adolescents in your community receiving timely immunizations and how will your project help patients and their families overcome these barriers?
30. Describe in detail what strategies you will use to ensure that all EOCCO patients receive one dose of the meningococcal vaccine, one dose of the Tdap vaccine, and the complete HPV vaccines series by their 13th birthday. How will you identify patients, provide education, and track vaccine completion? What changes will you make to organizational workflows or processes?
31. Describe any technologies you plan to use, including how you will use ALERT for immunizations and how you will ensure both accurate historical and prospective data are collected in real time into ALERT for all patients.
32. What organizations will partner on this project and what will their specific roles be?
33. What are your current rates of timely immunizations for adolescents and what do you predict your final rates will be?

# Application Questions for Continuing Current Projects

If you are applying for funds to continue a 2019 project, please submit an Application Cover Sheet, a Project Narrative answering the questions listed below, a Budget and a Budget Justification, and Letters of Commitment using the following guidelines and templates.

Please note the application instructions concerning funding for ongoing positions: Support from the CBI program can be used to establish new roles within a community that are substantially devoted to improving the health and health care of EOCCO members. These positions should not be primarily administrative. Grantees will be required to request decreasing amounts of funds over time and funds for such positions will not be provided beyond three grant cycles unless applicants can document the position is directly related to successful performance on EOCCO initiatives.

**Project Narrative (up to 5 pages)**

*Please follow the instructions below to complete your project narrative, providing complete answers to each question.*

1. Provide a detailed description of the project plan, including:
	1. Project goals- What is your goal? Why is this goal important to your EOCCO population?
	2. Targeted incentive measures- What measure(s) will you target and why?
	3. A detailed description of the planned activities- What will you do and how will you do it?
	4. A detailed timeline of activities- What are the steps of your project? When will each happen and who will do each step?
	5. How will you sustain this project going forward?
2. Describe the outcomes and data from your 2019 project that supports continuing this effort in 2020.
3. What changes do you plan to make to your project compared to 2019 and what has led you to these changes?
4. Describe the data you will collect to measure success of your project and how you will obtain the data.

**Note:** If funded, you will be required to report on these data on interim progress reports and a year-end final report. Applicants must report on the **number of EOCCO and non-EOCCO members served**.

1. Complete the table below, including baseline data and goals you will use to measure success.

**Note:** This table has been revised from prior years. Please be sure to include actual available baseline data and create goals that take into account available data, such as your county’s prior year rate, the numerator and denominator of patients if available, EOCCO targets, and the estimated number of members needed to reach the EOCCO target. Baseline data should be the prior year’s final rate for the target population.

|  |  |  |
| --- | --- | --- |
| **Targeted Metric**  | **Activity Planned** | **Metrics** |
| ***EXAMPLE:****Dental sealants* | *School-based dental sealant services* | *Baseline**20/150 (number of kids who received sealants last year out of number eligible)* | *Goal**75/150 (number of kids you aim to receive sealants this year out of number eligible)* |
|  |  | Baseline | *Goal* |
|  |  | Baseline | *Goal* |

1. Please list each member of the project team, their organization, and thoroughly describe their roles and responsibilities on the project. All activities that are proposed in Question A should be represented.
2. Describe the level of leadership support for this project within your organization. How will your leadership ensure that your organization follows through with the project?
3. What could cause your organization to have trouble with the project and how could you reduce this risk?
4. Please list the organizations involved in your project and submit a Letter of Commitment from each collaborating organization.
5. Describe a detailed plan for sustaining this effort once the project ends.

# Appendix 1: Budget Template

Please use the template below for your budget. Funded activities may include, but are not limited to: personnel, travel expenses, supplies and consultants. Indirect costs are capped at 10%. Non-project related indirect expenses, funds for capital expenditures (e.g. major non-technology equipment, building renovations) and costs related to billable health services, enhancing reimbursements or supporting state-covered services cannot be funded through these grants.

***Start date of project:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***End date of project:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Budget Table

|  |  |  |
| --- | --- | --- |
| **Budget** |  |  |
| **Personnel:** | **In-Kind Cash Contribution** | **In-Kind non-Cash Contribution** |
| **Name** | **Role** | **FTE** | **Salary Requested** | **Benefits Requested** | **Total Requested** |  |  |
| *Example: Jane Smith* | *MA* | ***.****10* | *$5000* |  | *$5000* |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Equipment and Supplies:**  |  |  |
| **Name of Item** | **Description** | **Total Requested** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Travel:**  |  |  |
| **Location** | **Description** | **Total Requested** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Other Expenses:**  |  |  |
| **Name of Item** | **Description** | **Total Requested** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **GRAND TOTAL** |  | **$** | **$** | **$** |

## Budget Justification

Please provide a narrative budget justification detailing the costs included in your budget. If in-kind contributions are budgeted, please provide a list of the source of each contribution, the name of the organization providing it and whether the donation is in cash or non-cash (e.g. labor, etc.)

# Appendix 2: Opt-In Project Descriptions

## Emergency Department Utilization for Members with Mental Illness

**Background**

Helping patients get care “at the right time and in the right place” is core to the CCO disparity incentive measure for members with mental illness. Past EOCCO-funded projects have successfully reduced inappropriate use of emergency departments by increasing access to same-day primary care visits, developing shared 24-hour call services across rural clinics, and embedding traditional healthcare and behavioral health workers into emergency and primary care settings.

Evidence suggests that factors contributing to inappropriate emergency department utilization by adults include: difficulty accessing primary care, challenges setting up appointments, longer waiting periods for appointments, and shorter business hours of primary care clinics. (Carret, 2009) Frequent emergency department utilization is driven by patient characteristics (low socioeconomic status, higher disease burden, younger age) and system characteristics (lack of access, lack of coordination across providers, insufficient mechanisms to ensure patients have annual checkups, convenience compared to alternatives). (Hudon C, 2016) (Uscher-Pines, 2013)

Patients with mental illness have higher rates of preventable health conditions than the general population and significantly higher ED utilization (OHA 2017). Pain diagnoses in the ED are prevalent. In recent years, nine of the top 15 primary diagnoses for Oregon Medicaid members with mental illness were pain related, including chest pain, headache, abdominal pain, low back pain, migraine and epigastric pain. (OHA 2017)

The ED Utilization for Members with Mental Illness incentive measure targets physical health visits to the ED that do not result in an inpatient encounter. Mental health or chemical dependency visits are excluded.

**Project Plan**

Applicants should propose a population-based, evidence-supported intervention to reduce inappropriate Emergency Department utilization for physical health visits for patients with mental health/behavioral health needs. Projects should identify and follow a population of EOCCO patients, apply an evidence-based intervention, and measure and report the results. Collaboration between hospitals, behavioral health providers, and primary care clinics is required.

Applicants are encouraged to include in their projects:

1. Interventions that target patients with mental health/behavioral health needs and pain diagnoses. Referrals to existing pain programs are encouraged.
2. Interventions that target and follow patients with substance use disorders and patients with SUD and co-occurring conditions.
3. Use of community health workers for care coordination and patient education, including people with lived experience who may be trained as CHWs and could work with patients to improve access to care.
4. Use of telehealth services for low acuity complaints presenting in the ED.

**Participants**

Applicants may include: hospitals, primary care and behavioral health organizations

**Applicant Requirements**

Participating organizations must use EDIE, PreManage, Arcadia or similar program to help identify a cohort of EOCCO patients to include in the intervention, to track these patients throughout the project, and report baseline utilization (12 month lookback) and change in utilization at 6 and 12 months. The intervention should be designed to last 12 months.

**Funding:**

Up to $50,000

## Assessment and Treatment for Drug and Alcohol Use

**Background**

Alcohol misuse is a leading cause of death in the US and contributes to a variety of other health conditions. Oregon specifically is 8th in the nation in per capita costs for alcohol misuse. As such, in 2020 the EOCCO will include two measures aimed at improving screening and treatment for this issue. Assessment and Treatment for Drug and Alcohol Use includes a measurement of patients who receive age appropriate screening and the percentage of patients with a positive full screen who receive a brief intervention, referral to treatment, or both.

**Project Plan**

Summary

Applicants should propose methods to address the following:

* Screening for drug and alcohol use *and*
* Initiation, engagement, and treatment for drug and alcohol use

Proposals must address both of the above categories. To increase screening rates, applicants should thoroughly describe the methods to implement standardized screening within the clinic and a plan to document screening completion in the electronic health record. Screening includes a brief screen with a negative result or a full screen.

To address initiation, engagement, and treatment for drug and alcohol use, applicants should address how services will be either integrated into the clinical site or coordinated between a partnering agency and the clinical site. Clinics should target patients who received a brief intervention, a referral to treatment, or both to be documented within 48 hours of the date of a positive full screen. This activity may also include identifying community partners or resources for referral to treatment and setting up data sharing agreements.

Successful applicants should commit to participating in foundational technical assistance, including accessing an online implementation toolkit and pre and post implementation assessments. Successful applicants may also choose to participate in supplemental support to address clinic-specific gaps in care through practice facilitation, health information technology support, and/or peer-to-peer learning. The foundational and supplemental technical assistance will be provided by OHSU with support from the federal government.

**Participants**

Applicants include primary care or behavioral health clinics.

**Applicant Requirements**

* Project plans should include details on current state of SBIRT screening and treatment for drug and alcohol use and how the proposed plan will address gaps.
* Applicants should commit to participating in the foundation technical assistance provided by OHSU; and indicate whether they would want to receive supplemental support which is optional but encouraged.
* **Letters of commitment** from any organizations which demonstrate commitment to offering services.

**Funding:** Up to $20,000

Diabetes HbA1C Poor Control

**Background**

This Opt-In project is intended to support the application of quality improvement (QI) and population health management (PHM) tools to address diabetes HbA1C poor control. This project will leverage clinical data using a PHM tool like Arcadia to target redesign of clinical workflows and care processes to increase measure outcomes.

This project will provide support for clinics that meet one of the following:

1. Clinics currently working with Arcadia
2. Clinics proposing an alternative registry to Arcadia

The project aims to support mapping processes for measure(s), identify opportunities for improvement or change, and design new, more effective processes. Funded clinics should focus on QI improvement related to diabetes HbA1c Poor Control.

**Project Plan**

Applicants should proposed projects to address diabetes HbA1C poor control. Projects should include use of Arcadia Analytics or an alternative method to build and prepare registries for daily use for PHM. Using a variety of QI tools and methods, clinics may choose to establish new or use existing workflows to test and implement small strategies to redesign care processes and increase measure outcomes. Suggested methods include use of registries and recall, addressing challenges with medication adherence, and addressing co-occurring conditions such as heart disease. Applicants are encouraged to consider developing workflows to ensure that all patients with diabetes are referred to an evidence based program, such as the Diabetes Prevention Program.

**Participants**

Eligible participants include primary care practices or health systems.

**Funding**

Applicants may request up to $10 per attributed EOCCO member based on EOCCO panel size

**Applicant Requirements**

* Clinics that have implemented Arcadia Analytics are encouraged to apply.  For clinics that wish to use alternate registries, please describe the registry tool and discuss any prior experience using the selected tool for QI methods.

Applicants must identify your clinical QI team and practice staff that can get the work done, for example: a primary contact, clinician champion, a representative from the front office, and a representative from the back office.

## Oral Evaluation for Adults with Diabetes

**Background**

There has been increasing understanding of the effects of oral health issues on overall health outcomes. For adults with diabetes, there exists an increased risk of gum disease, which can in turn worsen diabetic control. Oral health problems are also a significant contributor to unnecessary emergency department utilization (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4386544/>). This Opt-In project addresses oral health evaluation for adults with diabetes, which includes a measurement of members aged 18 years and above with diabetes who receive a comprehensive, periodic or periodontal oral evaluation in the measurement year.

**Project Plan**

This Opt In application is intended for dental care providers to propose methods to increase rates of oral evaluation for adults with diabetes. Suggested methods include use of registries and recall and coordination with primary care clinics.

**Participants**

Eligible participants include dental care providers.

**Funding**

You may request up to the following amount:

* Baseline funding for all projects: $2500
* Plus: $10 per attributed EOCCO member\*

\*This refers to the number of attributed EOCCO members your project will address. If you are unsure about how many members to use for your budget, please contact OHSU staff.

**Applicant Requirements**

* Applicants must identify your clinical team and practice staff who will complete the proposed plan, for example: a primary contact, clinician champion, a representative from the front office, and a representative from the back office.

## Kindergarten Readiness and Childhood Immunizations

**Background**

Kindergarten readiness means that all children arrive at kindergarten with the skills, experiences, and supports to succeed (Early Learning Council Strategic Plan 2015). Following a collaborative effort by CCO leadership, early learning hubs, primary care providers, and families to understand how readiness can be improved, a new focus for the 2020 year will include kindergarten readiness for children, including oral health and well child visits. More specifically, these two new incentive measures will include preventive dental visits for children ages 1-5 and 6-14 and well child visits for children ages 3-6.

In addition to the kindergarten readiness measure, immunizations have long been a key focus for EOCCO. Age-appropriate vaccination is crucial to preventing disease, yet many children do not receive timely immunizations. Effective strategies to improve timely immunization rates include parent reminders and recalls and provider reminders, education and feedback programs (Williams, 2011). As such, proposals for this opportunity will include a focus on both kindergarten readiness and childhood immunizations.

**Project Plan**

Applicants are invited to propose projects focused on kindergarten readiness and childhood immunizations.

Projects may include methods to identify, track, and ensure completion of the dental visits, well child visits, and immunizations. Applicants may propose using a registry, such as Arcadia, and recall efforts to ensure timely completion of services.

Specific suggested strategies include:

* **Collaborations** between public health, primary care, and dental providers to ensure timely completion of preventive dental, well child visits, and immunizations
* **Awareness Campaigns:** Efforts between early learning, early intervention, pre-schools and public schools, public health, and primary care clinics to increase awareness, collaboration, and implementation of readiness needs and immunizations outreach efforts.
* **Implementing evidence-based strategies in clinical settings**, such as: provider guidance to parents regarding, immunization-only appointments, expanded clinic hours, patient reminder and recalls, forecasting and scheduling changes and increasing awareness of optimal vaccine schedules, as well as other strategies described in the CCO Resource Guide.
* **Information Sharing:** Efforts to promote collaboration between early learning, public health, primary care, and dental providers through information sharing via medical systems and/or assigning care coordinators to monitor visits and ensure proper follow up

**Participants**

Primary care clinics and public health departments are eligible to apply as lead organizations. Collaboration between public health, primary care, dental offices, early learning hubs, and community agencies is encouraged.

**Applicant Requirements**

* Applications must include use of ALERT for immunizations and describe in detail plans to ensure both accurate historical and prospective data are collected in real time into ALERT for all patients.
* Letter of Support from all collaborators describing their roles and commitment to the project plan
* Detailed plan for sustaining this activity once funding has ended

**Funding**

You may request up to the following amount:

* Baseline funding for all projects: $7500
* Plus: $10 per attributed EOCCO member\*

\*This refers to the number of attributed EOCCO members your project will address. If you are unsure about how many members to use for your budget, please contact OHSU staff.

## Immunizations for Adolescents

**Background**

Adolescent vaccinations are an important method of protection against potential life threatening diseases (National Foundation for Infectious Diseases (AdolescentVaccination.org. 2013). Vaccine preventable diseases include meningococcal meningitis, tetanus, diphtheria, pertussis, and human papillomavirus (HPV).

As such, immunization recommendations for adolescents include one dose of the meningococcal vaccine, one dose of the Tdap vaccine, and the complete HPV vaccines series by an adolescent’s 13th birthday.

**Project Plan**

Strategies include:

* Use of EHR or immunization information systems (ALERT) to run reports for patients due or overdue for immunizations and incorporating patient reminders and recall systems
* Reducing missed opportunities, such as assessing immunization status and administering needed vaccines during acute care or sick visits rather than only well child visits.
* Training for clinic staff on talking to parents and patients about the importance of vaccines (<https://pediatrics.aappublications.org/content/139/3/e20164187>)
* Use of technology such as prompts to providers when vaccines are due and displaying immunization schedules on clinic website and/or patient charts
* Establish partnerships with school-based health centers or other vaccination sites, such as pharmacies, mobile vans, substance abuse clinics, women’s health clinics, and shelters.

**Participants**

Primary care clinics and public health departments are eligible to apply as lead organizations. Collaboration between public health, primary care and community agencies is encouraged.

**Applicant Requirements**

* Applications must include use of ALERT for immunizations and describe in detail plans to ensure both accurate historical and prospective data are collected in real time into ALERT for all patients.
* Letter of Support from all collaborators describing their roles and commitment to the project plan
* Detailed plan for sustaining this activity once funding has ended

**Funding**

You may request up to the following amount:

* Baseline funding for all projects: $7500
* Plus: $10 per attributed EOCCO member\*

\*This refers to the number of attributed EOCCO members your project will address. If you are unsure about how many members to use for your budget, please contact OHSU staff.

# Appendix 3: Letter of Commitment Template

**Agreement to Participate in EOCCO Project**

Dear ***Name of project director***,

We look forward to participating in the ***Project Name*** starting ***date*** and ending ***date****.*

Our organization agrees to ***describe what the collaborating organization is expected to do including any staff responsibilities****.* We understand that we will receive ***list any funds being provided to the collaborating organization.***

Thank you for including us in this important project.

Sincerely,

***Signature***

***Name spelled out***

***Organization name***

***Email address***

***Phone number***