Diabetes Quality Improvement Clinical and Consortium Lead Institution Application
Release Date: Monday, January 7, 2019

Through the Medicaid Technical Assistance and Policy Program (MEDTAPP), the Government Resource Center (GRC) is seeking applications from institutions interested in serving as the ***clinical lead institution*** for a diabetes quality improvement project (diabetes QIP) and diabetes consortium with an emphasis on health equity and social determinants of health. Included as part of the team proposed by the clinical lead institution should be, at minimum, experts in family medicine and/or internal medicine and diabetology. The lead institution will serve as the clinical lead of the Ohio Medicaid diabetes QIP and participate as a member of a quality improvement team that includes external quality improvement leaders, GRC data analysts, staff from the Ohio Department of Medicaid (ODM), and Medicaid managed care plans. The clinical lead institution will also create a consortium with other Ohio medical schools, health sciences colleges and universities, and critical stakeholders to identify and disseminate existing evidence-based resources in diabetes treatment for adults and adolescents.

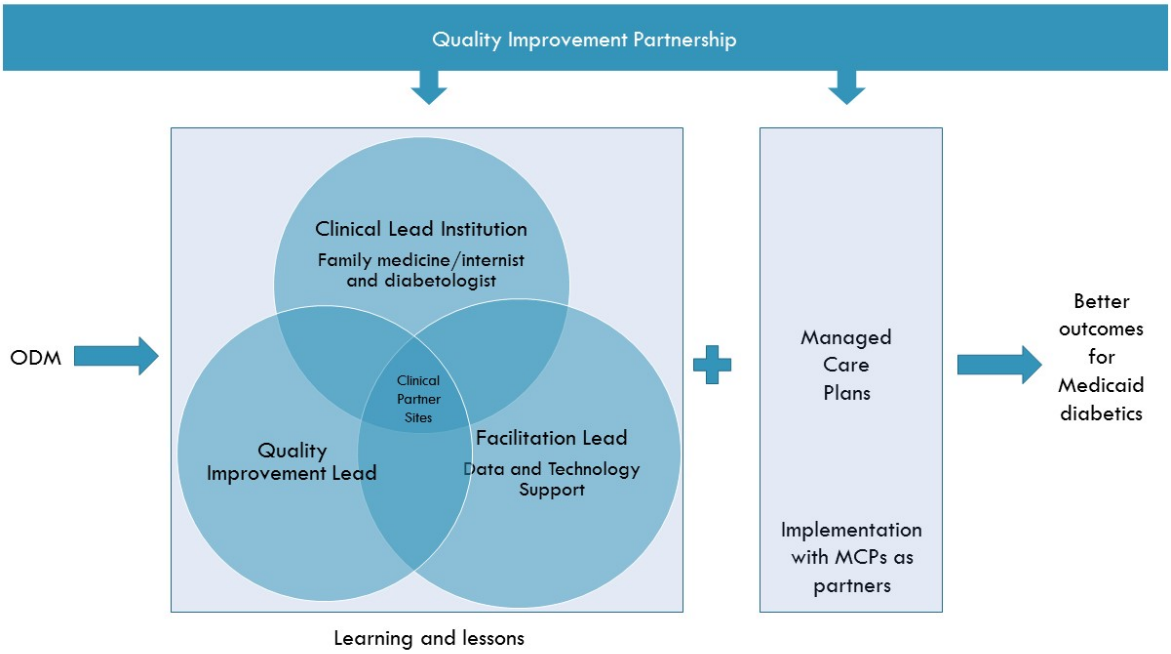
Successful applicants for the clinical lead institution for the diabetes QIP and consortium must demonstrate relevant clinical expertise and experience leading a diabetes quality improvement project with proven results. The opportunity to be identified as a clinical lead institution for the diabetes QIP and corresponding consortium is available to all Ohio allopathic and osteopathic medical schools. The Ohio Department of Medicaid will select **one** institution to serve as the clinical lead for both the diabetes QIP and consortium efforts.

The Diabetes Quality Improvement Clinical and Consortium Lead will be tasked with completing activities on two unique yet aligned projects.

1) The diabetes QIP is focused on improving outcomes for Medicaid adult and adolescent patients with diabetes. The clinical lead will provide materials documenting clinical best practices to create a diabetes change package for practices and work with the state sponsor and GRC to identify overall project direction. The clinical lead will assist in recruiting practices to participate in the diabetes quality improvement project. Additionally, the clinical lead will work with the external quality improvement leaders, GRC, and the state sponsor to implement project activities at the practice level and participate in project-related meetings.
2) The diabetes consortium is focused on improving clinician knowledge on evidence-based practices to treat diabetes in adults and adolescents while focusing on health equity and addressing social determinants of health. The consortium lead will be expected to recruit other Ohio medical schools and health sciences colleges and universities for the consortium. Collectively, this group will identify and disseminate relevant materials to clinicians across the state to change clinical practice while improving value and reducing costs for Ohio's Medicaid population.

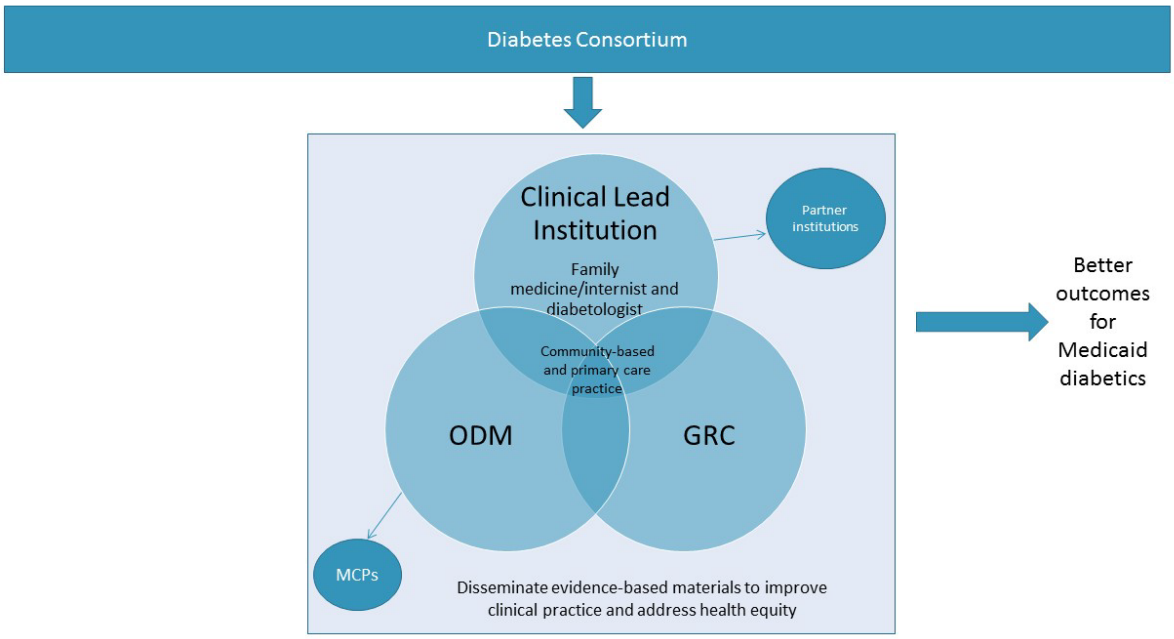
The clinical lead institution is expected to host learning sessions (e.g. Project Echo, webinars), including identifying best practices for the treatment of diabetes in adults and adolescents. The clinical lead institution role will include contributing to content development for learning sessions, identifying and

adapting (as needed) evidence-based protocols for clinical practice, and developing collateral material for statewide distribution and dissemination.



Quality Improvement Partnership:
The clinical lead is expected to work in collaboration with the following partners on the diabetes QIP.

- ***ODM***
  - Provide quality improvement direction, with project management assistance from GRC, and facilitate Medicaid managed care plan participation and involvement. ODM will provide overall project guidance to project partners.
- ***Quality Improvement Lead***
  - Train and coach selected practices in QI science, directing the team in the creation, use, and interpretation of QI tools, and provide QI support and guidance to project partners. The QI lead will be provided by the Ohio Department of Medicaid.
- ***Facilitation Lead***
  - Provide data analytics and technology support to the project by working with practices to collect patient-level data, developing quality improvement reports, and evaluating the impact on SMART aims established for the QIP. GRC will lead the recruitment of eligible practices, establish data use agreements, establish and implement processes and procedures for the collection of quality improvement data, data extraction, data cleaning and aggregation, and dissemination of reports that support rapid cycle data feedback and evaluation, including run charts and control charts to support testing of improvement efforts. GRC will also provide project management and administrative assistance to this project, including meeting facilitation, agendas, timelines and other project support tasks, and provide overall project guidance on behalf of the state sponsor.



Consortium Partnership:
The clinical lead is expected to work in collaboration with the following partners on the diabetes consortium.

- ***ODM***
  - Provide direction to the consortium, with project management assistance from GRC, and facilitate Medicaid managed care plan participation and involvement. ODM will provide overall project guidance to project partners.
- ***GRC***
  - Work with project partners to provide overall project guidance on behalf of the state sponsor. GRC will also provide project management, including meeting facilitation, agendas, timelines, and other project support tasks.
- ***Other Ohio medical schools and health sciences colleges and universities***
  - Work with clinical lead to gather and disseminate best practices for the treatment of diabetes to community-based and primary care practices. These best practices should address health equity for Medicaid adolescent and adult patients with diabetes.

Applications must include the following:

1. A maximum **fifteen-page**, single-sided, single-spaced response (excluding appendices) that addresses the following:
   a. Evidence of institution's previous experience in working with other medical schools or health sciences colleges and universities that could help to support the diabetes QIP and consortium(maximum of 3 pages, single-sided, single-spaced, with 1-inch margins)
      i. Description of size and scope of previous experience
      ii. Published research and outcomes from previous experience

b. Evidence of institution's previous experience working with practice sites to implement quality improvement projects, especially diabetes and health equity-focused projects (maximum of 3 pages, single-sided, single-spaced, with 1-inch margins)
c. Evidence of existing evidence-based tools, resources and/or diabetes clinical change packages that could be transformed into educational materials and used to conduct QI at selected sites (maximum of 2 pages, single-sided, single-spaced, with 1-inch margins)
d. Institution's experience in and proposed approaches to working with the Medicaid community, community-based and primary care practices, and managed care plans on diabetes initiatives with an emphasis on health equity and the social determinants of health (maximum of 3 pages, single-sided, single-spaced, with 1-inch margins)
e. Evidence of existing technology (e.g. Project Echo) and ability to host workshops and/or webinars to disseminate best practices (maximum of 1 page, single-sided, single-spaced, with 1-inch margins)
f. Institution's experience with the following types of activities (maximum of 3 pages, single-sided, single-spaced, with 1-inch margins)
    i. Improving population health outcomes for those with diabetes across the state with a focus on reducing health disparities
    ii. Understanding variation in healthcare use, identifying best practices, leading interventions for improving care primarily in community-based and primary care settings
    iii. Hosting workshops and providing resources to clinicians on evidence-based models of care related to diabetes
    iv. Developing best practice guidelines
    v. Influencing changes in clinical practice to improve value and reduce costs

2. Principal Investigator Curriculum Vitae (Appendix A)
3. Brief description of key personnel that will participate in the initiative (Appendix B)
4. Clinical lead diabetes QIP Budget (Appendix C) and budget justification narrative (Appendix D) for SFY19-SFY21. The diabetes QIP budget will begin in SFY19 (preliminary planning) – SFY21. Consortium lead budget (Appendix E) and budget justification narrative (Appendix F). The consortium budget will begin in SFY20 (planning year) – SFY21. See below for additional details about funding amounts.

Clinical and Consortium Lead Project Deliverables

Clinical Lead QI Deliverables:

SFY19 (Planning Year) March 2019 – June 30, 2019

- Provide clinical leadership to the Diabetes Quality Improvement Project
- Engage Ohio medical school partners to participate in the clinical advisory committee
- Participate in the drafting of a project charter and key driver diagram to guide project activities
- Lead the development of a clinical change package through identifying existing resources or creating new resources related to best practices regarding the diagnosis, treatment and management of diabetes
- Assist in identifying relevant data elements available (e.g. in the Electronic Health Records) and work collaboratively with the QI lead, GRC, and state sponsor to construct QI process and outcome measures

- Assist GRC in identifying potential community-based and primary care practices to implement QI activities and participate in recruitment calls as requested
- Participate in weekly meetings, as needed, with GRC to advise on overall project activities
- Participate in weekly meetings, as needed, with GRC, the QI lead, and state sponsor to collaborate on overall project direction
- Participate in planning and facilitating the kick off meeting with all project partners

SFY20/21 July 1, 2019 – June 30, 2021

- Continue providing clinical leadership to the diabetes QIP
- Partner in developing the agenda and content for monthly Action Period calls
- Review QI data in real time and use information to provide clinical guidance
- Assist QI lead in determining strategy for testing changes to processes and procedures
- Participate in one-on-one calls with participating clinical sites as requested
- Participate in weekly meetings with GRC to advise on overall project activities
- Participate in weekly meetings with GRC, the QI lead, and state sponsor to collaborate on overall project direction
- Participate in site visits to participating sites to understand the benefits and challenges of participating in the project, including submission of data, time commitment, and working with the MCPs
- Assist in developing a spread plan to engage additional community-based and primary care practices throughout Ohio
- Develop an evaluation plan
- Submit end of year reports
- Submit evaluation report

Clinical Lead Consortium Deliverables:

SFY20 (Planning Year) July 1, 2019 – June 30, 2020

- Engage other Ohio medical schools to join the diabetes consortium
- Develop capacity to become a Project ECHO replication partner and/or utilize similar technology
- Schedule routine meetings and hold an initial face-to-face meeting
- Develop a charter to document the mission and vision of the consortium with an emphasis on health equity
- Present the charter to GRC, state sponsor, and the diabetes QIP for feedback
- Develop the capacity to share consortium resources (e.g. website)
- Develop an evaluation plan

SFY21 (Implementation Year) July 1, 2020 – June 30, 2021

- Identify existing evidence-based diabetes diagnosis and treatment materials for dissemination focusing on health equity and the social determinants of health
- Identify and track common metrics to demonstrate consortium success, including measures that identify and monitor disparities in outcomes
- Leverage technology and resources (e.g. Project ECHO, SharePoint, Box), teleconferencing and webinars (e.g. WebEx, GoToMeeting) among consortium partners to share resources and best practices
- Submit end of year report
- Submit evaluation report

Funding

- Clinical Lead QI Funding: ODM has allocated up to $100,000 in SFY19 to begin planning for clinical lead activities. For SFY20, up to $600,000 in ODM funding has been allocated for clinical lead activities. In SFY21, up to $900,000 in ODM funding has been allocated for clinical lead activities.
- Clinical Lead Consortium Funding: In SFY20, up to $400,000 in FFP (institution to cost share 51%) has been allocated for consortium lead planning activities. In SFY21, up to $1,750,000 in FFP (institution to cost share 51%) has been allocated for consortium lead activities.
- Funding for this project is contingent upon availability of funds from the Ohio Department of Medicaid.

GRC will respond to questions about this application through **12:00 p.m. Wednesday, January 16, 2019.** Please email questions to Lindsay.Popa@osumc.edu and cc Allison.Lorenz@osumc.edu on all questions.

Applications are due by **5:00 p.m. Friday, January 25, 2019** to Lindsay.Popa@osumc.edu and cc Allison.Lorenz@osumc.edu.

Applications will be reviewed by the Ohio Department of Medicaid. Decisions will be communicated by **COB Friday, February 22, 2019**. This work, as part of MEDTAPP, will support the efficient and effective administration of the Medicaid program.

OHIO COLLEGES OF MEDICINE
GOVERNMENT RESOURCE CENTER

Medicaid Technical Assistance and Policy Program
Diabetes Quality Improvement Clinical and Consortium Lead Institution
Request for Application
Scoring Rubric

Mandatory Criteria to be Free from Defect

Mandatory Criteria to be Free from Defect		Mandatory Submission Guidelines	
1	Application received by January 25, 2019, 5:00 p.m.	Yes	No
2	Application within prescribed page limit (15 pages, single spaced)	Yes	No
3	Application includes Principal Investigator curriculum vitae and description of key personnel	Yes	No
4	Budget and Budget Narrative QI Clinical Lead	Yes	No
5	Budget and Budget Narrative Consortium Lead	Yes	No

The following scale will be used to determine an applicant's total possible points.

Poor
Few, if any, elements are addressed. Documentation and required information are deficient or omitted. Weaknesses identified will likely have substantial effect on the applicant's proposed project.

Fair
Some elements are addressed, and those addressed do not contain necessary detail and/or support. Some documentation and required information are missing or deficient. Weaknesses identified likely have significant effect on the applicant's proposed project.

Satisfactory
Elements are addressed, although some do not contain necessary detail and/or support. Most documentation and required information are present and acceptable. Weaknesses identified will likely have moderate effect on the applicant's proposed project.

Very Good

Elements are clearly addressed with necessary detail and adequate support. Most documentation and required information are specific and sufficient. Weaknesses identified will likely have minor effect on the applicant's proposed project.

Excellent
All elements are clearly addressed, well-conceived, thoroughly developed, and well supported. Documentation and required information are specific and comprehensive. Weaknesses identified will likely have no effect on the applicant's proposed project.

Proposal Scoring Criteria

Application Criteria	**Total Possible Points**	**Total Score**
Evidence of institution's previous experience in working with other academic medical centers or health sciences colleges and universities that could help to support the diabetes QI project and consortium • Provide detail on the size and scope of previous experience • Published research and outcomes from previous experience	70	
Evidence of institution's previous experience working with practice sites to implement quality improvement projects, especially diabetes and health equity focused projects • Describe previous experience in engaging practice sites and/or provider associations	70	
Evidence of existing evidence-based resources and/or clinical change packages addressing diabetes that could be transformed into educational materials and used to conduct QI at selected sites • Evidence and type of community partnerships • Evidence of knowledge and/or experience in addressing cultural and linguistic competency and health disparities within the applicant's health service delivery region	50	
Institution's experience in and proposed approaches to working with the Medicaid community, community-based and primary care practices, and managed care plans on diabetes initiatives with an emphasis on health equity and the social determinants of health • Describe previous community partnerships • Describe the outcomes of previous community partnerships	50	

Institution's experience with the following: • Improving population health outcomes for those with diabetes across the state • Understanding variation in healthcare use, identifying best practices, leading interventions for improving care primarily in community-based and primary care settings	50	
Institution's experience with the following: • Hosting workshops and providing resources to clinicians on evidence based models of care related to diabetes • Developing best practice guidelines • Influencing changes in clinical practice to improve value and reduce costs	30	
Evidence of existing technology (e.g. Project Echo) and ability to host workshops and/or webinars to disseminate best practices	30	
Qualifications of Principal Investigator	30	
Brief description of key personnel that will participate in the initiative	20	
Total Points	400	