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## **Ohio Colleges of Medicine Regional Quality Improvement Hub**

**Application Due Date: August 26, 2022, 5:00 PM (EST)**

**Inquiry Period Begins: July 18, 2022**

**Inquiry Period Ends: August 1, 2022, 5:00 PM (EST)**

**Application Release Date: July 18, 2022**

## **Request for Proposals Primary Contact:**

Questions regarding this Request for Proposals may be emailed to Crystal Phommasathit at: [Crystal.Phommasathit@osumc.edu](mailto:Crystal.Phommasathit@osumc.edu), copying Allison Lorenz [Allison.Lorenz@osumc.edu](mailto:Allison.Lorenz@osumc.edu).

Questions will be accepted for 15 days after the RFP release date, August 1, 2022, 5:00 PM (EST)

Interested parties, an Ohio College of Medicine (CoM) may ask clarifying questions regarding this RFP via email during the Q&A Period. To ask a question, a representative must email Crystal Phommasathit before the Q&A period closing date and time listed.

Questions about this RFP must reference the relevant section(s) of this RFP, the heading under question, and the page number where the provision can be found. The name of a representative of the CoM, phone number, and e-mail address must be provided to submit an email inquiry. Questions submitted after 5:00 PM on the date the Q&A period closes will not be answered.

GRC will not provide answers directly to any party that submitted questions. Responses to all questions will be posted on the Internet website dedicated to this RFP, for public reference by any interested party. Questions received in any other manner than that which is described in this RFP will not be answered.

Questions submitted may be no more than 4,000 characters in length, but there is no limit on the number of questions that may be submitted. Answers may be accessed by selecting "View Q and A" on the website for the RFP. GRC strongly encourages CoMs to ask questions early in the Q&A period so that answers can be posted with sufficient time for any possible follow-up questions.

Applications in response to this RFP are to consider any information communicated by GRC in the Q&A process for the RFP. It is the responsibility of all interested parties to check this site on a regular basis for responses to all questions, as well as for any amendments, alerts, or other pertinent information regarding this RFP. Accessibility to questions and answers are clearly identified on the website dedicated to this RFP once submitted questions have been answered.

**Formal Q&A Process:** Questions regarding the RFP process must be submitted in writing to Crystal Phommasathit at [Crystal.Phommasathit@osumc.edu](mailto:Crystal.Phommasathit@osumc.edu), copying Allison Lorenz at [Allison.Lorenz@osumc.edu](mailto:Allison.Lorenz@osumc.edu). Responses to all questions received will be posted online at [grc.osu.edu/funding/QA](http://grc.osu.edu/funding/QA). Vendors should check periodically for updates.

A copy of this Request for Proposals and all questions and answers posed by potential vendors will be posted at [grc.osu.edu/funding](http://grc.osu.edu/funding).

## Ohio Colleges of Medicine - Regional QI Hub Application

**Release Date: July 18, 2022**

Through the Medicaid Technical Assistance and Policy Program (MedTAPP), the Ohio Colleges of Medicine Government Resource Center (GRC) is seeking proposals from Ohio Colleges of Medicine interested in improving health outcomes for the Medicaid population by serving as a Regional Quality Improvement (QI) Hub. The goal of the Regional QI Hub will be to more reliably translate best-evidenced care into clinical practice, offering structure to collectively support health improvements that can be measured at the levels of Ohio's populations. Single institution efforts focused on chronic conditions such as hypertension and diabetes have already been successful in achieving significant improvements in health status as well as closing disparity gaps for the Medicaid population. A "Hub and Spoke" model offers greater scale as well as choice of clinical practice areas ripe for improvement.

Furthermore, the Ohio Department of Medicaid's (ODM) is launching the Next Generation of Managed Care, bringing payers to the table for a more active role in improving health outcomes utilizing QI tools already established in many of Ohio's health systems. Joint health system and payer population improvement efforts represent an area of untapped innovation, supporting ODM's Population Health and Quality Strategy (see Figure 1) by promoting population health for all Ohioans and enabling health care delivery systems to improve health outcomes. A hub and spoke model will add value to Ohio's health system as it is focused on driving more effective care and intentionally addressing health disparities through structured quality improvement interventions led by the college of medicine and health system partners.

Each Regional QI Hub will be comprised of an Ohio College of Medicine and select hospital partners to serve as the central "hub", with other interested practices acting as "spokes". Each applicant should include a proposed leadership team which should be comprised of, at minimum, a clinical lead (family medicine and/or internal medicine preferred), trained QI subject matter expert, and Information Technology support specialist specializing in Electronic Health Record queries. Proposed leadership teams are also strongly encouraged to engage Regional Health Collaboratives as either part of the team or a collaborative stakeholder group. The proposed leadership team at each selected Regional QI Hub will work directly with the GRC team, external QI leaders, representatives from the Ohio Department of Medicaid (ODM), and Medicaid managed care plans to establish a sustainable QI infrastructure that can be utilized to identify, implement, and spread structured QI projects to impact population health and improve health outcomes for the Medicaid population. The clinical lead at each selected Regional QI Hub will also participate as a member of a QI Hub Consortium Advisory Panel and work with other Ohio Colleges of Medicine applicants and critical stakeholders to disseminate evidence-based resources in select QI projects.

# Ohio Medicaid's Population Health and Quality Strategy

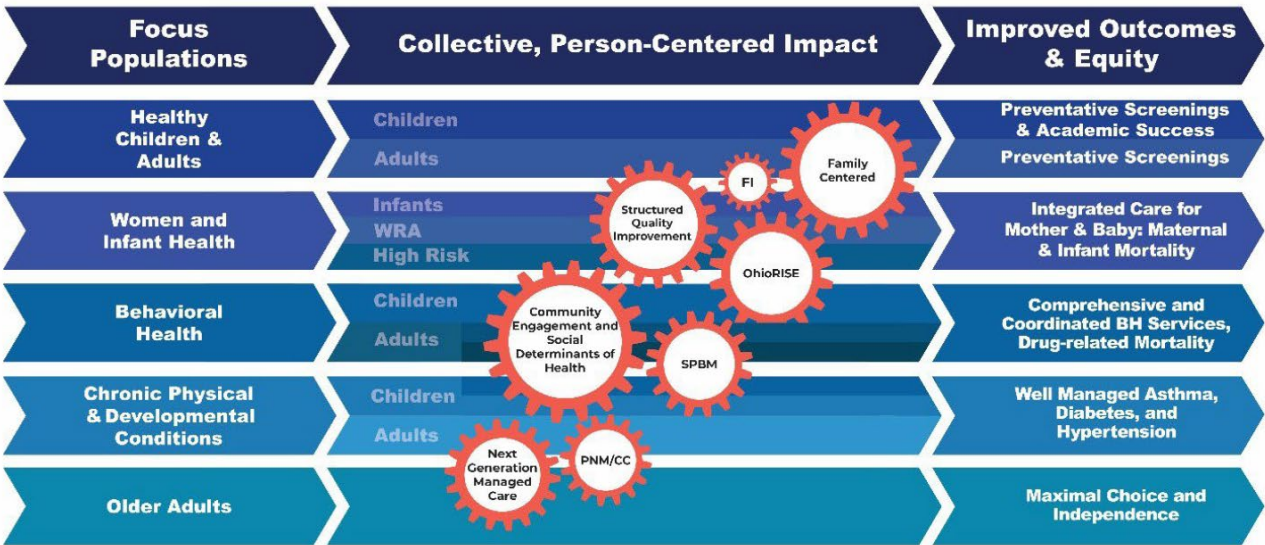


Figure 1

## Deliverables

The following guidance describes the minimum level of activities required under this funding opportunity. If an applicant has a QI infrastructure established within their COM and/or named partners they may use existing infrastructure to accelerate QI implementation activities outlined in year 2 and depicted in Figure 2.

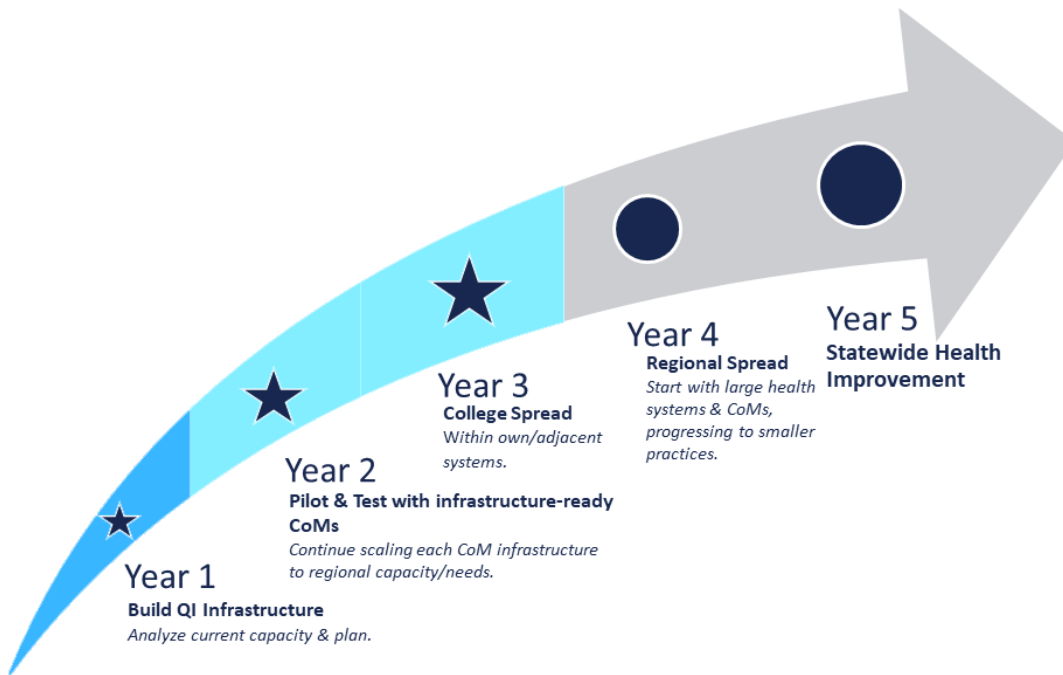


Figure 2

## **QI Infrastructure Development (Minimum Required Year 1 Activities)**

The Regional QI Hub selected applicants will use the first year of funding to develop the QI infrastructure that can be leveraged in future years to support robust and widespread implementation of QI activities. Development activities must include but may not be limited to 1) Finalize the Regional QI Hub leadership team and support staff, resources, and infrastructure to provide clinical & medical expertise, and infrastructure for medical education to practicing providers; 2) Develop and receive commitment from a health system, or another hospital health system and /or community providers that will engage in QI in year 2 and beyond; 3) propose ONE QI topic that the Regional QI Hub will begin implementing using project funding (topics must be approved by ODM); 4) Create a Regional Charter naming the one QI focus and identifying the global aims and SMART aims specific to regional activities, including targets; 5) Execute DUAs to provide Electronic Health Record data and establish access to a secure data portal and QI dashboard maintained, supported and hosted by GRC; 6) In collaboration with GRC and the identified QI Consultant, build, refine, and finalize QI process measures, outcome measures, and a data query that will be used to support data extraction needs for QI projects; 7) ) In collaboration with clinical, QI partners, and Medicaid managed care plans, CoMs will develop, test and finalize clinical training modules, clinical change packages, patient educational materials, and office resources for participating teams that align with Medicaid's quality strategy, and 8) Finalize meeting and training schedules that each participating team will engage in during the QI Implementation phase (see Year 2 and 3). If there is a Regional Health Collaborative leading QI activities in your region of service, please identify how you will engage that group in the planning activities to ensure collaboration.

QI projects can include topics related to adult Chronic Disease, Mental Health, or Maternal Health. Descriptions of four previous QI collaboratives are included in Appendix III. By the end of year 1, each Regional QI Hub applicant must select one QI project to focus on and ensure the identified Regional QI Hub leadership team has the expertise to lead the QI effort. All COMs are expected to collaborate and share progress and lessons learned related to their QI infrastructure development during monthly QI Hub collaborative meetings.

\*\*Applicants without an affiliated hospital are encouraged to provide a letter of support from a local health system partner, though they are not required. Applicants with existing partnerships are also encouraged to provide a letter of support. Letters can be included in Appendix F.

\*\*\*If the Regional QI Hub applicant has already established/ completed one or more of the above deliverables, they are encouraged to identify how funding could be leveraged to accelerate the below QI Pilot Phase Activities.

## **QI Pilot and Spread Phase (Recommended next steps for Year 1 or Minimum Required Year 2 and Year 3 Activities)**

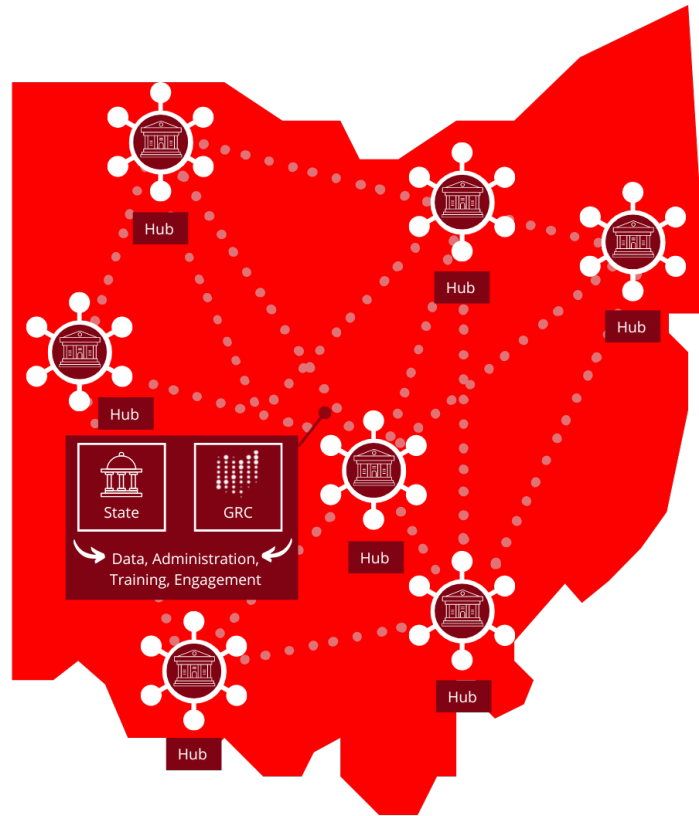
Future implementation activities may include but are not to be limited to 1) Coordinating engagement with spokes through activities among your committed affiliated and/or local hospitals and/or community providers to ensure each team is working on the same QI topic; 2) Working with the statewide QI partnership to share regional priorities and support the implementation of the larger statewide QI strategy; 3) Providing QI coaching to all participating regional spokes; 4) Developing sustainability plans for initial QI spokes, and 5) Developing a regional spread plan for disseminating QI activities to an additional sites in future years (with the overall goal to reach 60% or more of the target

population in the region within a 5 year period). *Note that these activities will occur dependent upon available funding.*

### **Quality Improvement Partnership:**

The Regional QI Hub is expected to work in collaboration with the following partners:

- **ODM:** Provide overall direction, approval of QI topic(s), and facilitate active Medicaid managed care plan participation.
- **Regional QI Hub participants:** Develop and engage a leadership team consisting of clinical and QI leaders, and technical professionals; Engage clinical practice sites at the regional level to participate in QI with the goal of addressing population health improvement; Train and coach selected practices in QI science, directing the team in the creation, use, and interpretation of QI tools; Support teams in the development of EHR data queries and submission of QI data; and address health equity and the social determinants of health for patients. The Regional QI Hub participants will receive support from ODM, GRC, and Collaborative Partners.
- **GRC:** Provide data analytics and technology support to the project by working with Regional QI Hubs to collect patient-level data, and evaluating the impact on SMART aims established for the QIPs; Execute 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; Provide project management and administrative support to the Regional QI Hubs, including statewide meeting facilitation, agendas, timelines and other project support tasks; Provide overall project guidance on behalf of ODM.
- **QI Consultant:** Provide guidance, support, assistance, and/or training to the selected Regional QI Hub Leadership Teams on Year 1 activities including selecting QI project focus, developing regional charters, building QI measures, and adapting clinical change packages and patient education materials. Facilitate monthly Regional QI Hub collaborative meetings to share best practices across Ohio.
- **Collaborative Partners:** Support alignment and provider engagement; Assist in leading QI interventions and management for each selected Regional QI Hub participant; Provide data support as appropriate. Collaborative Partners can include Managed Care Plans, Regional Health Collaboratives, and other community health partnerships or not for profit advocacy organizations.



**Applications must include the following:**

1. The cover letter must be in the form of a standard business letter and must be signed by an individual authorized by the university to legally bind the vendor. The cover letter will provide an executive summary of the vendor’s request for funds, including whether planning and/or implementation funding is requested. The letter must also include:
  - a. A statement regarding the vendor’s university or college, Federal tax identification number, and address;
  - b. A list of the people who prepared the application, including titles;
  - c. The name, phone number, fax number, and email address of a contact person who has authority to answer questions regarding the application;
  - d. The name, phone number, fax number, and email address of the Sponsored Programs Officer responsible for the application;
  - e. The name, phone number, fax number, and email address of the individual(s) responsible for certifying the non-federal matching funds required under this funding opportunity;
  - f. The name, phone number, fax number, and email address of the Principal Investigator for this project;
  - g. A list of all vendors, if any, that the vendor will use on the work if selected. If these vendors have not yet been identified, this information must be submitted once selected;
  - h. For each proposed vendor, the vendor must attach a letter from the vendor, signed by someone authorized to legally bind the vendor, including the following:
    - i. The vendor’s legal status, tax identification number, and principal place of business address;

- ii. The name and phone number of someone who is authorized to legally bind the vendor to contractual obligations;
    - iii. A description of the portions of the work the vendor will complete;
    - iv. A commitment to complete the work if the vendor is selected;
    - v. A statement that the vendor has read and understood the RFP and will comply with the requirements of the RFP.
  - i. A statement that the vendor's application meets all the requirements of this RFP.
- 2. A maximum eight-page, single-sided, single-spaced response (excluding appendices) that addresses the following:
  - a. Institution's experience in and proposed approaches to working with the Medicaid community, community-based and primary care practices, and managed care plans on quality improvement initiatives with an emphasis on health equity and the social determinants of health. Maximum of 2 pages.
  - b. Evidence of institution's previous experience working with hospital system(s) and/or clinical practice sites to implement quality improvement projects, especially health equity-focused projects. Maximum of 2 pages.
    - i. Description of size and scope of previous experience.
    - ii. Published research and outcomes from previous experience (if applicable-include in Appendix E).
    - iii. Applicants without an affiliated hospital are encouraged to include a letter of support from a local health system partner. Applicants with existing partnerships are also encouraged to provide letter(s) of support (if applicable-include in Appendix F).
  - c. Evidence of identified team's experience leading relevant large-scale projects and examples of successes. Maximum of 1 page.
  - d. Institution's experience with the following types of activities: Maximum 2 pages
    - i. Improving population health outcomes, with a focus on reducing health disparities.
    - ii. Influencing changes in clinical practice to improve health outcomes, improve value and reduce costs.
  - e. Proposal for sustaining and building out Regional QI Hub team. Maximum of 1 page.
- 3. Named Regional QI Hub leadership team's Curriculum Vitae (Appendix A – not included in the page count)
- 4. Brief description of key personnel that will participate on the Regional QI Hub leadership team, what they will contribute, and roles and responsibilities. Each description should be limited to 1 paragraph, not exceeding 1/2 page in length (Appendix B- not included in the page count).
- 5. Regional QI Hub Budget (Appendix C- not included in the page count), using the budget form provided in Appendix IV of this document and budget justification narrative (Appendix D- not included in the page count) for SFY23. The Regional QI Hub budget will begin in SFY23 (planning and developing QI infrastructure). SFY24 and SFY25 (initial implementation of QI project(s) and spread) budgets will be requested upon funding notification and subject to availability of funds. \*Note that the work may be renewable with funding for up to 2 additional years (SFY 26/27), subject to availability of funds.
  - a. If in-kind support and/ or institutional funding will be provided to support and accelerate the work, please note this in Appendix D.



**Timeline:**

Timeline		Year 1			
Infrastructure Development Activities		Q1	Q2	Q3	Q4
1)	Finalize Regional QI Hub leadership team and support staff, resources, and infrastructure for medical education for practicing providers. Also includes collaboration with ODM, GRC, other colleges, regional health collaboratives				
2)	Develop and receive commitment from a health system, or another hospital health system and community providers that will engage in QI in year 2 and beyond. a. Will need some work to think about how MCPs can help build in VB incentives				
3)	Propose ONE QI topic that the Regional QI Hub will begin implementing using project funding				
4)	Create a Regional Charter to naming the one QI focus, global aims and SMART aims specific to regional activities, including targets a. Focusing on a QI target aligned with ODM quality strategy b. Facilitating work with community partners				
5)	Execute DUAs and establish access to a secure data portal and QI dashboard hosted by GRC (multiple entity DUAs)				
6)	Build, refine and finalize a data query that will be used to support data extraction needs for QI projects				
7)	Roll out clinical training modules (provided by GRC and developed in partnership with clinical and QI partners), clinical change packages, patient educational materials, and office resources to participating teams				
8)	Finalize meeting and training schedules that each participating team will engage in during the QI Implementation phase (see Year 2)				

**Funding**

Regional QI Hub applicant: In SFY23 between \$300,000 to \$500,000 has been allocated for Regional QI Hub planning and implementation activities. Funding for this project is contingent upon availability of funds from the Ohio Department of Medicaid.

**Allowability of Costs/Activities:**

Quality Improvement (QI) Hub Request for Proposals (RFP)	
Allowable Total Costs (GRF and FFP as outlined in the RFP)	<ul style="list-style-type: none"> <li>• Direct staffing (Clinical, QI professionals, Program Oversight) necessary to lead Hub activities                             <ul style="list-style-type: none"> <li>○ PHS Executive level II salary cap APPLIES</li> </ul> </li> <li>• Support staffing (administrative for supporting deliverables reporting and meetings, technical to support activities including building and submitting Electronic Health Record queries and supporting PDSA cycles)</li> <li>• Data support (3<sup>rd</sup> party contract for EHR vendor support)</li> <li>• Regional travel (travel over \$2,500 must be pre-approved by the GRC)</li> <li>• Equipment (cost must not exceed \$5,000)</li> <li>• Training for direct and support staff build expertise and capacity to serve as QI Hub.</li> <li>• Data stipends to support the generation and submission of data extracts that will be used to track QI process, outcome and balancing measures.</li> </ul>
Allowable in-kind matched costs (only FFP)	<ul style="list-style-type: none"> <li>• Additional staffing support (clinical)</li> </ul>

Non-allowable costs (Includes examples - not an exhaustive list)	<ul style="list-style-type: none"><li>• Reimbursement for healthcare services or community supports</li><li>• Equipment expected to exceed \$5,000.00.</li><li>• Tuition and/or stipend costs for health professions students</li><li>• Continuing medical education</li><li>• Maintenance of certification</li><li>• Food-related expenses</li></ul>
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## Appendix I: Request for Proposals Scoring Rubric

### Mandatory Criteria to be Free from Defect

Mandatory Criteria to be Free from Defect		Mandatory Submission Guidelines	
1	Application received by August 26, 2022, 5:00 p.m. (6 weeks from RFP release date)	Yes	No
2	Application includes cover letter with authorized signature	Yes	No
3	Application within prescribed page limit (8 pages, single spaced)	Yes	No
4	Application includes Principal Investigator curriculum vitae and description of key personnel	Yes	No
5	Budget and Budget Narrative Regional QI Hub Team	Yes	No

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

#### **Poor (less than 60)**

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 (60-70)**

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 (70-85)**

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 (85-95)**

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 (95+)**

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.

## Appendix II: Application Scoring Criteria

**Applications that receive less than 70 total points will not be considered for funding. Applications that receive between 70-85 points will be asked to revise and resubmit with more detail.**

Application Criteria	Total Possible Points	Total Score
Institution's experience in and proposed approaches to working with the Medicaid community, community-based and primary care practices, and managed care plans on quality improvement initiatives with an emphasis on health equity and the social determinants of health. Maximum of 2 pages.	25	
Evidence of institution's previous experience working with hospital system(s) and/or clinical practice sites to implement quality improvement projects, especially health equity-focused projects. Maximum of 2 pages. <ul style="list-style-type: none"> <li>• Description of size and scope of previous experience.</li> <li>• Published research and outcomes from previous experience (if applicable).</li> </ul>	15	
Evidence of identified team's experience leading relevant large-scale projects and examples of successes. Maximum of 1 page.	15	
Institution's experience with the following types of activities: Maximum 2 pages. <ul style="list-style-type: none"> <li>• Improving population health outcomes, with a focus on reducing health disparities.</li> <li>• Influencing changes in clinical practice to improve value and reduce costs.</li> </ul>	15	
Proposal for sustaining and building out Regional QI Hub team. Maximum of 1 page.	10	
Qualifications of Regional QI Hub Teams Core Leadership Committee	10	
Evidence of existing technology and ability to host workshops and/or webinars to disseminate best practices	5	
Comprehensive budget and budget narrative- detailing the line items costs and roles and responsibilities of each team member.	5	
<b>Total Points</b>	<b>100</b>	

### Appendix III: Examples of Previous QI Collaboratives

**The Hypertension Quality Improvement Project (QIP)** is using a modified version of the Institute for Healthcare Improvement (IHI) Breakthrough Series Model for Improvement to address Hypertension management. The project incorporates evidence-based strategies that have been successfully implemented within safety net systems with strong improvements in BP control (up to 20 percentage points). Your clinic may also choose other strategies to test and implement in addition to the ones listed below. The five strategies include:

- Accurate measurement of blood pressure, using evidence-based techniques including obtaining more than one blood pressure reading
- Simplified treatment algorithm using effective, low-cost medication taken once daily, making it easier for patients to adhere to treatment
- Monthly nurse or medical assistant-led visits until patient's blood pressure is controlled
- Training for clinicians and staff to improve communication and build trust
- Outreach to patients with elevated blood pressure

**The Diabetes Quality Improvement Project (QIP)** aims to improve the health of persons living with diabetes in Ohio. The Diabetes QIP will use quality improvement science to address diabetes control over the project implementation period. Participating sites will develop rapid cycle Plan-Do-Study-Act cycles to test interventions crafted to impact the key drivers of HbA1c control. The Diabetes QIP will assist practices in developing standardized office processes to identify, measure, track, and manage individuals with poorly controlled diabetes. Sites participating in the Diabetes QIP will assist in implementing a QI change package for reducing poorly controlled diabetes among their patient population. Sites will be asked to complete the following activities:

- Upload specified data elements from Electronic Health Records every 2 weeks and view real-time QI data feedback on an interactive dashboard
- Work in partnership with the Managed Care Plans (MCPs)
- Have a core QI group attend monthly calls to share best practices and learn from your peers
- Engage in monthly site-specific QI coaching opportunities
- Commit to testing and adapting interventions related to diabetes control

**Women's Behavioral Health**, also known as Focus on ME- Mental Health is Essential Health, seeks to improve care related to anxiety and depression for women of reproductive age in Ohio who receive clinical services at primary care practices. Specifically, this effort seeks to screen women for anxiety and depression and connect them to appropriate mental health resources and/or provide pharmacotherapy as needed. This project uses a modified version of the Institute of Healthcare Improvement's (IHI) Model for Improvement. Sites will be asked to complete the following activities:

- Implement an innovative clinical change package and patient educational resources into a PCP office workflow using a core QI team that will lead and spread activities
- Increase the number of women assessed for signs and symptoms of anxiety and depression, and receiving referrals for recommended treatment per clinical guidelines
- Enhance education on anxiety and depression, the need for regular screenings, and health and wellness areas to improve mental health via running Plan-Do-Study-Act (PDSA) cycles

- Attend monthly calls to share best practices and learn from peers
- Upload specified data elements from Electronic Health Records every 2 weeks and view real time QI data feedback on an interactive dashboard

**AIM Delivery Bundles** seeks to address severe maternal morbidity and mortality by implementing best clinical practices and quality improvement tools to treat hypertensive diseases of pregnancy. In addition, through collaboration with clinical leaders and state partners, the project aims to prioritize a focus on health equity in order to achieve the goal of reducing disparities in maternal care. Selected implementation bundles include Hypertension and Hemorrhage. The AIM QIP will assist practices in implementing the delivery bundles to model fidelity. Sites will be asked to complete the following activities:

- Collect specified data elements from the Electronic Health Record, as well as chart review, on women who experience a relevant medical event every month
- Review real-time QI data feedback on an interactive dashboard and receive patient lists of 'missed opportunities' to identify gaps in care
- Convene a core QI group at the site level to attend monthly calls to share best practices and learn from your peers
- Engage in monthly site-specific QI coaching opportunities

## Appendix IV: Budget Template

[https://grc.osu.edu/sites/default/files/2022-07/Subaward budget template MEDTAPP with subaward budgets July 2022.xlsx](https://grc.osu.edu/sites/default/files/2022-07/Subaward%20budget%20template%20MEDTAPP%20with%20subaward%20budgets%20July%202022.xlsx)