**2024 COMPREHENSIVE CARE QUALITY IMPROVEMENT PROJECTS**

**REQUEST FOR APPLICATIONS (RFA)**

**PRIMARY CARE CLINICS**

## 1.0 Introduction:

The Chronic Disease Prevention Team at Salt Lake County Health Department (SLCoHD) would like to collaborate with primary care clinics to improve comprehensive care for patients with hypertension, diabetes, or prediabetes.

Through a series of quality improvement projects spanning over the course of 2 years, clinics will learn how to effectively help patients: 1) address life circumstances through social determinants of health (SDOH) screening and referral; 2) improve health related behaviors through lifestyle change programs and resources; and 3) identify secondary health conditions that need to be addressed.

There will be clinic funding provided upon completion of certain benchmarks of progress as outlined herein. Individual/employee incentives may also be granted for participation, effort, and performance. Funding is provided by the Centers for Disease Control and Prevention (CDC).

Progress will be measured through interim goals and outcome goals. Interim goals are actionable accomplishments that lead to progress in outcome (final) program goals.

## 2.0 Program Goals – Improve Comprehensive Care for Patients with Chronic Conditions:

*Interim Goals*

a. Increase the number of patients screened for SDOH related needs.
b. Connect/refer patients with SDOH needs to applicable community resources.
c. Provide patients with chronic conditions education and referrals/prescriptions to applicable lifestyle change programs.
d. Increase the percentage of patients with diabetes screened for and/or educated on chronic kidney disease and diabetic retinopathy.

*Outcome Goals*

e. Improve Hypertension Control Rates (NQF18).
f. Decrease Uncontrolled Diabetes Rates (NQF59).
g. Prevent patients with prediabetes from developing type 2 diabetes.

**3.0 Funding and Time Period:**

a. Funding Amount: $5,000 total
    a. This is made in multiple payments and at certain benchmarks of progress outlined in Section 9 of this RFA - Timeline and Phases.
b. Time Period: Two years- July 1, 2024, through June 30, 2026.

**4.0 Clinic Employee Incentives:**

In addition to the payments laid out in this RFA, SLCoHD may provide incentives, such as food and gift cards, to individual employees, volunteers, and/or teams involved in learning, planning, and/or implementation of quality improvement objectives. However, this is not guaranteed and is dependent upon performance.

**5.0 Application Instructions:**

E-mail completed application to healthyliving@slco.org. **Applications are due May 31, 2024**. If you have any questions on this opportunity or completing the application, please reach out to any of the following members of the SLCoHD Chronic Disease Prevention Team:

- Jason Cloward (Program Manager): jjcloward@slco.org, 385-468-5339
- Sarah Kinnison (Coordinator): skinnison@slco.org, 385-468-5290
- Sara Coats (Public Health Nurse): scoats@slco.org, 385-468-5342

**6.0 General Expectations for Clinics:**

a. Clinic staff will meet with SLCoHD Chronic Disease Prevention Team representatives in-person, according to the timeline listed in Section 9 of this RFA. Virtual meetings may be arranged as necessary and on a case-by-case basis.
b. SLCoHD may choose to arrange meetings/trainings with more than one participating clinic at a time. This will be done on a case-by-case basis or to facilitate shared learning opportunities and connection building.
c. Where feasible, clinics should involve staff in learning opportunities, gathering feedback, and implementing changes.
d. Quality improvement projects are designed to create long-term and sustainable changes in the ongoing quality of care provided to patients with chronic conditions.

*Core tasks to be performed:*

e. Complete and carry out implementation/improvement plans for each grant year, using the "Plan, Do, Study, Act" model.
f. Submit at least one success story per year of how your project(s) improved your clinic.
g. Provide pre, interim, and post data, including hypertension and diabetes control rates broken down by race/ethnicity using SLCoHD-provided templates.
h. SLCoHD may request follow-up data for up to 5 years.

## 7.0 Grant Administrative Dates:

a. Application Period: April 29 - May 31, 2024.
b. June 14, 2024: Applicants informed of funding and contract decision.
c. June 15 – June 30, 2024: Contract is prepared by SLCoHD and signed by applicant.

## 8.0 Eligibility and Selection Criteria:

a. All clinics that offer primary care services in Salt Lake County are eligible to apply.
b. We are eager to support and work with several clinics in Salt Lake County and to the extent that is feasible we will accept and work with all clinics that apply, however, funding is limited. If more applications/funding requests are submitted than can be accommodated by funding, applications will be scored and those with the highest scores will be awarded contracts. Applications will be scored based on: 1) clinic location; 2) populations served; and 3) prior performance (if the clinic has worked with SLCoHD on a previous contractual quality improvement project).
    i. Primary priority areas include Salt Lake City (Glendale), West Valley City, South Salt Lake, Kearns, and Magna. Secondary priority areas include Salt Lake City (Rose Park), Taylorsville, Midvale.
    ii. Priority populations include those who are low income, Hispanic or Latino, Black/African American, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, or Multiracial.
    iii. A clinic's prior performance with SLCoHD on clinical quality improvement projects within the last 3 years will affect the chances of being accepted. Incomplete projects, including not turning in data required, may lead to an application being denied.
c. Healthcare organizations with multiple large clinics (based on serving at least 10,000 patients at each clinic), may do a separate application for each clinic location with a patient population of at least 10,000. However, with limited funding, SLCoHD may opt to only approve one request per healthcare organization, if the number of qualified clinics applying exceeds available funding to accommodate their requests.
d. Funding shall be used for staff time, clinic data acquisition, tools, and other expenses used to complete the requirements listed in this RFA and improve the clinic's ongoing ability to provide comprehensive care related to the goals outlined herein. Funding cannot be used for unrelated clinic costs, fees, medication, etc.

## 9.0 Timeline and Phases:

*Year One of Grant*

### 1. <u>Discovery Phase</u>: July 1 through September 30, 2024 (3 Months)

<u>Kickoff Meeting</u>

a. Between July 1-15, 2024: Attend a kickoff meeting with SLCoHD Chronic Disease Prevention Team.

Informational/Resource Presentations

b. Social Determinants of Health Resources Presentation: (Date: _____)
c. Lifestyle Interventions & Resources Presentation: (Date: _____)
   *Presentations will be approximately 1 hour each, between August 1 and Sept. 30, 2024. SLCoHD may provide additional incentives to individual staff members to participate.*

Data Submission and Assessment

d. August 30th, 2024: Baseline Data and Questionnaire Due
e. Between September 1 – September 30, 2024: Meet with SLCoHD Chronic Disease Prevention Team to go over baseline data analysis and insights from questionnaire. *Allow at least 2 weeks following the submission of baseline data and questionnaire for data analysis.*

First payment of $2,500 will be processed upon receipt of Baseline Data and Questionnaire. *Please allow up to 60 days for processing. Failure to turn in Baseline Data and Questionnaire within 1 month of the due date may result in a cancellation of contract and SLCoHD will not be responsible for any payments outlined herein.*

2. **Planning Phase: October 1 through December 31, 2024 (3 Months)**
   a. Between October 1-15, 2024: Meet with SLCoHD Chronic Disease Prevention Team to discuss ideas for possible implementation plans.
   b. October 16- November 15, 2024: Clinic drafts implementation plans.
   c. November 15, 2024: Implementation Plan Draft Due
   d. November 16-30 Meet with SLCoHD Chronic Disease Prevention Team to discuss and refine proposed goals.
   e. December 15, 2024: Implementation Plan - Final Due

   Second and final payment of $2,500 will be processed upon receipt of the Implementation Plan - Final. *Please allow up to 60 days for processing. Failure to complete Implementation plan by due date may result in a cancellation of contract and SLCoHD will not be responsible the remaining payment outlined therein.*

3. **Implementation Phase: January 1, 2025- June 30, 2025 (6 months)**
   a. Between January 15, 2025 and February 28, 2025: Meet with SLCoHD Chronic Disease Prevention Team to assess progress so far and work through any barriers.
   b. Between March 1 and May 31, 2025: Meet with SLCoHD Chronic Disease Prevention Team to re-assess progress to date and work through any barriers.
   c. Between June 1 and June 30, 2025: Have recap meeting with SLCoHD Chronic Disease Prevention Team
   d. By June 30, 2025: Turn in at least one success story of how your project(s) improved your clinic.
      *Depending on performance, SLCoHD may provide food and/or other incentives to staff participating in quality improvement projects during the implementation phase or shortly thereafter.*

*Year Two of Grant*

4. **<u>Re-Discovery Phase</u>: July 1 through September 30, 2025 (3 Months)**

   <u>Additional Informational/Resource Presentations</u>

   a. Secondary Conditions Presentation: (Date: _____)
   b. Lifestyle Interventions & SDOH Resources Presentation: (Date: _____)
      *Presentations will be approximately 1 hour each, Between August 1 and Sept. 30, 2025. SLCoHD may provide additional incentives to individual staff members to participate.*

   <u>Data Submission and Assessment</u>

   c. August 30th, 2025: Interim data and questionnaire due.
   d. Between September 1 – September 30, 2025: Meet with SLCoHD Chronic Disease Prevention Team to go over interim data analysis and insights from questionnaire. *Allow at least 2 weeks following the submission of baseline data and questionnaire for data analysis.*

5. **<u>Re-Assessment Phase</u>: October 1 through December 31, 2025 (3 Months)**
   a. Between October 1-15, 2025: Meet with SLCoHD Chronic Disease Prevention Team to discuss ideas for possible improvement plans.
   b. October 16- November 15, 2025: Clinic drafts improvement plans.
   c. November 15, 2025: Improvement Plan Draft Due
   d. November 16-30, 2025: Meet with SLCoHD Clinic Team to discuss and refine proposed plans.
   e. December 15, 2025: Improvement Plan - Final Due

6. **<u>Refining Phase</u>: January 1, 2026- June 30, 2026 (6 months)**
   a. Between January 15, 2026, and March 31, 2026: Have a touch base meeting with SLCoHD Chronic Disease Prevention Team to assess progress so far and work through any barriers.
   b. Between April 1 and June 30, 2026: Attend recap meeting with SLCoHD Chronic Disease Prevention Team
   c. By June 30, 2026: Turn in at least one success story of how your project(s) improved your clinic.
      *Depending on performance, SLCoHD may provide food and/or other incentives to staff participating in quality improvement projects during the implementation phase or shortly thereafter.*

7. **Final Data Submission**: Post Data and Questionnaire Due: July 15, 2026

# 2024 COMPREHENSIVE CARE QUALITY IMPROVEMENT PROJECTS

## REQUEST FOR APPLICATIONS (RFA)

## PRIMARY CARE CLINICS APPLICATION

### Clinic Information (2 points):

Applicants will be scored on whether clinic location is within a priority area. Clinics located in a primary priority area will receive 2 points. Clinics located in a secondary priority area will receive 1 point. Clinics located outside of a priority area will receive 0 points.

Name of Clinic: _____

Clinic Address: _____

**Approximate Patient Population Size (0 points):**_____

*If your organization has multiple clinic locations applying, list only the patient population size for the clinic location listed above.*

### Specific Populations Served (2 points):

Applicants will be scored on the number of priority populations served. If no priority populations are served, 0 points will be awarded. If only one priority population receives services through the clinic, 1 point will be awarded. If two or more priority populations are served (including those that are low income as indicated by whether the clinic accepts Medicaid), 2 points will be awarded.

*If applicable, please list any of the following priority populations you serve in large quantities: low income, Hispanic or Latino, Black/African American, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, or multiracial.*

_____

_____

Do you serve those covered by Medicaid? _____ Medicare? _____

**Has your clinic worked with SLCoHD on a contracted Chronic Disease Quality Improvement Project (CDQIP) within the last three (3) years? (-5 points):**

Applicants that have never worked with SLCoHD on a contracted CDIP will receive 0 points. Applicants that have worked with SLCoHD on a contracted CDIP within the last three years who met all contract requirements and successfully completed project goals will receive 0 points. Applicants that have worked with SLCoHD on a contracted CDIP within the last three years and did not satisfactorily meet contract requirements will have 5 points deducted from their application.

*If yes, please describe the project's outcome(s) and why you are applying for this round of funding.* _____

_____

_____

_____

_____

**Primary Staff Contact(s):**

Name:_____ Job Title:_____

Phone Number:_____ Email:_____

Name:_____ Job Title:_____

Phone Number:_____ Email:_____

**Clinic Director or Equivalent:**

Name:_____ Title:_____

Phone Number:_____ Email:_____

*If this application is approved by SLCoHD, I the clinic director or equivalent commit to being involved in the process, planning, and implementation of quality improvement projects designed to meet the goals outlined in this RFA. I further commit to involving staff, as applicable, in their potential roles, to implement plans and ultimately improve my clinic's ability to provide comprehensive care to the patients we serve.*

_____ _____

Signature of director or equivalent Date