

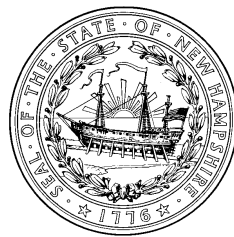


PUBLIC HEALTH SYSTEMS PERFORMANCE IMPROVEMENT LEARNING COLLABORATIVE

REQUEST FOR PROPOSALS

January 14, 2010

This project is funded through the Robert Wood Johnson Foundation in collaboration with the National Network of Public Health Institutes as part of the Multi-State Learning Collaborative (MLC- 3).



PUBLIC HEALTH SYSTEMS PERFORMANCE IMPROVEMENT LEARNING COLLABORATIVE

Performance Improvement related to the Practice of the US Public Health Service Clinical Practice Guideline: Treating Tobacco Use and Dependence (5As) to Reduce Tobacco Use Among Pregnant Women in New Hampshire

REQUEST FOR PROPOSALS

Introduction & Background

In its 2002, report *The Future of the Public's Health in the 21st Century*, the Institute of Medicine recognized several areas of action and change including strengthening the public health infrastructure, building partnerships, and emphasizing evidence. More recently, attention has focused on linking public health processes and health outcomes. New Hampshire Division of Public Health Services Bureau of Policy and Performance Management (DPHS) and the Community Health Institute (CHI) have been awarded a three-year grant to implement projects that will help address specific public health capacity and outcome targets.

New Hampshire (NH) is one of sixteen states selected through a competitive review to participate in the Robert Wood Johnson Foundation (RWJF)-funded Multi-State Learning Collaborative (MLC-3).¹ The overall mission of NH's performance improvement program is to promote and protect the public's health by active measurement and continuous quality improvement of public health practice. The MLC-3 initiative brings state and local public health networks together with other stakeholders to improve public health services and the health of their communities by implementing quality improvement practices.

The CHI, in partnership with the NH DPHS, seeks proposals from NH organizations interested in engaging in a learning collaborative (LC). The focus of the LC is to apply performance improvement techniques to public health systems engaged in supporting tobacco cessation among pregnant women in NH. This work will involve participation in quality improvement learning teams (QuILTs) focusing on improvement of smoking cessation practices based on the model outlined in *Treating Tobacco Use and Dependence*, a Public Health Service-Sponsored Guideline (hereafter referred to as the 5A's).² QuILTs will apply quality improvement activities and participate in the LC comprised of three learning teams to address two specific priority targets:

- 1) Reducing the Burden of Tobacco-Related Illness**
- 2) Assuring a Competent Workforce**

¹ <http://www.nnphi.org>

² Because of the serious risk of smoking to the pregnant smoker and the fetus, pregnant smokers should be offered person to person psychosocial interventions whenever possible. In addition, the Public Health Service-Sponsored Guideline recommends that clinicians should offer effective tobacco dependence interventions (including nicotine replacement therapy [NRT]) to pregnant smokers at the first prenatal visit and throughout the course of the pregnancy (Fiore, MC, Jaen, CR, Baker, TB, et al. *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008. US Department of Health and Human Services, Public Health Service, pp. 165-173). Available at http://www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf

These priority areas are drawn from the national MLC-3 public health improvement capacity and health status targets,³ and align with the NH Citizens Health Initiative health capacity priorities⁴ as well as the strategic objectives of the NH Public Health Improvement Services Council strategic capacity and health priorities.⁵

The Learning Collaborative (LC)

The activities of the LC will be based on the Institute for Healthcare⁶ (IHI) performance improvement model, designed to spread and adapt existing knowledge to multiple settings to accomplish a common aim. Each QuILT will employ the IHI Plan-Do-Study-Act (PDSA) approach. This approach includes a process of prework, learning, and action periods to effect change.

The *prework* phase includes identifying focus topics and participants, defining objectives, and completing an assessment process to understand the target organization or collection of stakeholders. The *prework* process will occur during the initial weeks of the LC, beginning in March 2010 and continuing through the first eight weeks. During the *prework* period, teams will develop measurable and achievable targets and strategies for system change with the support of peer learning teams and the CHI and NH DPHS staff associated with the MLC-3 project. During this phase, QuILTs will develop a problem statement and conduct a root cause analysis to identify targets for system change strategies. The three selected QuILTs will meet every two months to develop performance improvement strategies and share experiences and knowledge gained through implementation of PDSA cycles and will communicate regularly between learning sessions.

The *learning* and *action* phases occur over the remainder of the grant period. Learning teams will convene every two months to engage in shared processes of reflection and learning. *Learning sessions* are designed to provide education, strengthen performance improvement skills and knowledge, and to provide opportunities to learn from one another.

Action periods occur during the intervals between learning sessions, and provide opportunities to apply knowledge gained during learning sessions. During *action periods* QuILTs will study, test, and implement the latest knowledge and evidence available regarding the 5A's using various skills and techniques to measure the impact of these changes through PDSA cycles. PDSA cycles provide a means to test ideas and techniques quickly enabling teams to capture successes and challenges to share during the learning sessions. On-site technical assistance will be provided by the CHI and NH DPHS staff associated with the MLC-3 project during *action periods*.

The learning collaborative model will provide QuILTs with opportunities to benefit from the experiences of similar organizations implementing the 5A's.⁷ Members of learning teams will gain knowledge about systems change and learn how to apply that knowledge within the context

³ <http://nnphi.org/CMSuploads/Target-Guidance-Document-Draft-7.21.09-82785.pdf>

⁴ <http://www.steppingupnh.org/index.cfm?id=88E739B0-D2FB-0FB8-F100DBFADB03ECE3>

⁵ <http://www.dhhs.state.nh.us/DHHS/DPHS/iphnh.htm>

⁶ <http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/>

⁷ Bradley, EH, Curry, LA, Tamanadhan S. Rowe, L. Nembhard, IM, & Krumholz, HM (2009). Research in action: Using positive deviance to improve quality of health care. *Implementation Science*, 4(25). Available at <http://www.implementation-science.com/content/4/1/25>

of their work settings. In addition, QuILTs benefit from the experience of the Cohort 1 QuILTs and the expertise of DPHS and MLC-3 staff and other content experts.

The Selection Process

Three QuILTs will be selected for this second round of quality improvement activities, which will begin March 2010 and continue through March of 2011. Selected QuILTs will be comprised of teams that work together on a regular basis or those that commit to working together to improve existing application of the practice of the 5A's among pregnant women in NH. The three selected QuILTs will meet every two months to develop performance improvement strategies and share experiences and knowledge gained through implementation of PDSA cycles and will communicate regularly between learning sessions.

Participants should include team members who have any part to play anywhere along the process and may include allied health or administrative personnel. Each QuILT should include at least one team member who has the ability/authority to make decisions about the process. The inclusion of multiple participants from each practice setting promotes organizational commitment to the process and enhances capacity building.⁸ Benefits of participation include the availability of resources, peer support, professional development and the opportunity to foster linkages between public health and health care systems in NH. Participation criteria are outlined in the following section.

Conditions of Participation

Each QuILT will include an interdisciplinary team of diverse health professionals and administrative personnel within a health systems organization, and possibly other partners committed to linking the public health infrastructure (practice of evidence-based practices based on the 5A's model) to public health outcomes (smoking cessation among pregnant women).

- 1 QuILTs members will work on quality improvement and performance management activities by engaging in a 13-month process that includes participation in:
 - 1.1 Each Learning Session and engaging in the intervening Action Periods.
 - 1.2 Performance improvement activities, including an initial assessment of their practice setting, development of a problem statement, identification of target areas for improvement through root cause analysis, identification of measurable improvement aims, application of performance improvement techniques, and reporting out of activities and results.
 - 1.3 Monthly activities that include bimonthly meetings, monthly conference calls, and mid- and final sessions with two other QuILTs.
 - 1.4 National meetings to share findings and lessons learned.
- 2 Selected QuILTs will be able to demonstrate that they are currently engaged in the practice of the 5A's to reduce tobacco use. The learning collaborative will focus its efforts on pregnant women as its target population, however, experience considered for this application will not be limited to work solely with pregnant women.

⁸ Ayers,LR, Beyea, SC, Godfrey, MM, Nelson, EC, Batalden, PB (2005). Quality improvement learning collaboratives. *Quality Management in Health Care*, 14(4), 234-247.

Scope of Services

Each QuILT will:

- 1 Convene team members who are either involved, or who will commit to becoming involved in providing smoking cessation services through the delivery of the 5A's. QuILTs may include clinicians and/or direct service providers, as well as administrators of agencies that provide this service. Agencies may provide these services in hospital, clinic, home care or other settings.
- 2 Work with NH DPHS and the CHI to identify technical assistance (TA) and training needs for engaging in performance improvement processes related to the practice of the 5A's to reduce tobacco use among pregnant women in New Hampshire. On-site TA will be provided during the action periods between learning sessions.
- 3 Engage in a range of quality improvement (QI) activities, including the following:
 - 3.1 Attend and participate in a planning and educational kick-off meeting in March 2010 to establish improvement aims and to begin development of the PDSA workplan.
 - 3.2 Provide a brief written progress report each month that will be available to the other two QuILTs in the learning collaborative, as well as Cohort 1 QuILTs and content experts to facilitate the learning process.
 - 3.3 Reassess and develop the PDSA workplan every three months.
 - 3.4 Attend learning sessions every other month with other QuILTs in a facilitated meeting to learn QI techniques and share experience and knowledge gained through implementation of quality improvement strategies. QuILT participants must be able to attend the Learning Collaborative Kick-off meeting in Concord, NH in March 2010.
 - 3.5 Enter and track performance measures in a web-based application.
 - 3.6 Develop storyboards according to provided standards describing the work and improvement process of your QuILT.
- 4 Engage in national MLC-3 meetings and site visits:
 - 4.1 QuILT members will be available to attend a day-long MLC-3 site visit on Monday, April 12, 2010.
 - 4.2 At least one member of each QuILT should be available to attend a site visit to another MLC-3 State (funded by the MLC-3 – dates to be announced).
 - 4.2.1 At least one member of each QuILT should be available to attend the MLC-3 Open Forum (funded by the MLC-3 – date to be announced).
- 5 Disseminate findings and experiences with the greater public health community through such venues as the Improving the Public's Health website, storyboards at New Hampshire Public Health Association meetings, University of New Hampshire Public Health Program Grand Rounds, or national venues such as the American Public Health Association, Association of State and Territorial Health Officials, National Association of

County and City Health Officials, The Multi-State Collaborative for Health Systems Change, or MLC-3 meetings.

Eligibility

Any local governmental entity, non-profit organization, or health care agency already engaged in the practice of the 5A's to reduce tobacco use among pregnant women in NH is eligible to apply for funding.

Availability, Duration and Utilization of Funds

Selected organizations will receive grant awards of \$10,000 for participation over a 13-month period of performance improvement activities in the learning collaborative. The funds may be used to support staff salary and benefits, travel, supplies, and other direct costs. Grant funds may not be used for lobbying or to directly subsidize individuals health care costs. Selected organizations must submit a monthly report of progress via a web-based system and develop an ongoing storyboard that will culminate in a description of the QuILTs' learning process and outcomes upon completion of the project.

Selection Committee

An objective review committee composed of representatives from the State Health Department, the CHI, and others from the state-level public health system will review applications.

Format of the Application

The application narrative should provide a concise and complete description of the submitting agency, associated partners, and assessment processes related to the practice of the 5As to reduce tobacco use among pregnant women in New Hampshire. The narrative portion of the application should not exceed four (4) pages and should be organized as follows:

I. Table of Contents

II. Description of the Submitting Organizational Entity (20 points)

- Describe the organization that will serve as the primary agent responsible for accomplishing the scope of work. If different, describe the organization that will serve as fiscal agent.
- Describe the qualifications and roles of key project staff (may include direct service providers, administrators or other staff involved in practice of the 5A's to pregnant women). Please attach resumes of key project personnel.

III. Description of the QuILT (25 points)

- Identify partner members within the organization, and outside the organization if applicable. Describe any experiences organizing or working as a learning team within and outside of the organization. Include any experience participating in learning collaboratives to share your expertise in developing learning teams.
- Describe how a quality improvement team of diverse health professionals will be engaged in the MLC-3 project and the performance improvement process. How will team members work together to support the work of the QuILTs? Include any knowledge or expertise related to performance improvement activities.

IV. Description of the 5A's initiative within your organization. (50 points)

- Complete and include the attached *Readiness Survey* (Appendix A for practice-based providers or Appendix B for hospital-based providers).
- Include a brief description of the history of implementing the 5A's: when the process was initiated, who is involved, how it has been successful and what challenges you have faced in the implementation of the process.
- What data sources are currently available to measure progress?

V. Budget and Budget Narrative (5 Points)

- Include an itemized budget and a budget narrative. Identify in-kind and other direct sources of funding available to support the assessment and performance improvement process (Appendix C).
- ***The \$10,000 grant amount is not intended to support an implementation process, but rather to support improvement efforts focused on an existing process.***
- Costs for attending MLC-3 related events will be covered by RWJF.

Program Support

Technical assistance will be available through the NH DPHS and the CHI. DPHS and the CHI will be responsible for providing guidance on application of quality improvement processes and for convening the QuILTs to share information on strategies, challenges and progress. Program support staff can help clarify respective roles of state and local public health professionals, assist in the capacity and needs assessment processes and quality improvement activities (including facilitation and analytic support) and share resources and experiences, as requested. **A question and answer session for applicants will be held at the Community Health Institute from 10:30 am – 11:30 am on Wednesday, January 20, 2010. If you plan to attend in person or by phone, please RSVP to Shasta Jorgensen at Shasta_Jorgensen@jsi.com by 5:00 pm on Tuesday, January 19, 2010.**

Proposal Instructions

1. The completed proposal must include the enclosed Cover Sheet (Appendix D) and all the sections included in the Format of the Application. The budget should be prepared according to the sample budget format contained in these materials.
2. If any portion of the application is received after the due date and time, it will not be reviewed.
3. The proposal must be typed on 8 ½" by 11" size pages, 1.5 spacing, with one-inch margins and not less than 11 point font. It should be no more than four (4) pages, excluding the budget.
4. The pages must be numbered consecutively from the cover sheet to the last page of the proposal. A four-page limitation has been established for the proposal narrative (not including the budget and budget narrative).
5. Faxed copies will not be accepted.

6. The application should be mailed or hand delivered to:
Community Health Institute/JSI
501 South Street, 2nd Floor
Bow, NH 03304
Attn: Lea Ayers LaFave, PhD, RN
7. A completed, signed proposal and five (5) copies should be received by **5:00 pm on Wednesday, February 10, 2010**. All applications must have a return address.
8. QuILT selection will be announced by February 24, 2010.

Inquiries

Potential applicants are encouraged to contact program staff with questions. Questions should be submitted in writing and addressed to:

Lea Ayers LaFave, PhD, RN
Senior Project Director
Community Health Institute/JSI
email: lea_ayers-lafave@jsi.com

Appendix A



Readiness Survey

Please complete this assessment in readiness for an educational training in the US Public Health Services Clinical Practice Guidelines Treating *Tobacco Use and Dependence*

1. Provider – **Name of Practice**

2. Please indicate which, if any, of the following practices your office follows.

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| a. Displays materials (e.g. posters, pamphlets) that convey the message that their provider can help them quit smoking. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Assesses smoking status of all patients at every visit. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Screens all patients that smoke for level of addiction (e.g. How soon after waking do they smoke). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Documents all interventions for tobacco use (Ask, Advise, Assess, Assist, Arrange for Treatment). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. A staff member is responsible for coordinating smoking cessation services. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Recommends that providers conduct smoking cessation counseling to all patients who smoke. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Refers patients that want to quit to counseling treatment through the Quit Works-NH fax referral or electronic referral. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Encourages the use of stop smoking medications (e.g. the Patch, Zyban) when not otherwise contraindicated. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Uses billing CPT code(s) that are available for tobacco treatment and counseling. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. What do you see as barriers to changing your system to follow the 5A model for treating tobacco dependent patients? Check all that may apply.

Knowledge	
Beliefs	
Educational Training	
Resources available on-site	
Appointment visit length	
Patient compliance/attitude	

Appendix B



Readiness Survey

Please complete this assessment in readiness for an educational training in the US Public Health Services Clinical Practice Guidelines Treating *Tobacco Use and Dependence*

1. Provider – **Name of Hospital**

2. Please indicate which, if any, of the following protocols your hospital departments follows:

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| a. Displays materials (e.g. posters, pamphlets) that convey the message that clinical staff can help them quit smoking. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Assesses smoking status of all patients at every point of service (paper or EMR). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Screens all patients at every point of service for level of addiction (How soon after waking do they smoke). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Reminds to document all interventions for tobacco use (advise, assistance and follow up recommendations). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Has a staff person that is responsible for coordinating smoking cessation services. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. The Human Resource Dept promotes quitting incentives (discounted or free NRT) for employees. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Recommends that clinicians provide smoking cessation interventions to all patients who smoke. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Refers patients that want to quit to 1-800-Try-To-Stop, NH Smokers' Helpline or www.trytostopnh.org. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Refers patients that want to quit to counseling treatment through the Quit Works-NH fax referral or electronic referral. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Encourages the use of stop smoking medications (e.g. the Patch, Zyban) when not otherwise contraindicated. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Use billing CPT code(s) that are available for tobacco treatment and counseling. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. What do you see as barriers to changing your system to follow the 5A's model for treating tobacco dependent patients? Check all that may apply.

Knowledge	
Beliefs	
Educational Training	
Resources available on-site	
Appointment visit length	
Patient compliance/attitude	

Appendix C

PUBLIC HEALTH SYSTEMS performance improvement through QUALITY IMPROVEMENT LEARNING TEAMS

BUDGET FORM

Applicant Organization:

Budget Period:

PERSONNEL

Name	Position	Base Salary	% Time	Total	Grant Support	Other Support
SUBTOTAL						
Fringe Benefits (at ____ %)						
SUBTOTAL						

OTHER DIRECT COSTS

<i>Travel</i>		
Supplies		
Telephone/Communications		
Postage & Shipping		
Copying & Printing		
Meeting expenses		
Other:		
Other:		
SUBTOTAL		

INDIRECT COSTS (at ____ %)		
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EQUIPMENT:		
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<i>CONTRACTUAL</i>		
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TOTAL		
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Appendix D

PUBLIC HEALTH SYSTEMS PERFORMANCE IMPROVEMENT THROUGH QUALITY IMPROVEMENT LEARNING TEAMS

GRANT APPLICATION COVER SHEET

Project Title:

Applicant Organization:

Federal Tax Identification Number:

Address:

City/State/Zip:

Phone Number:

Fax:

Name of authorized official: (please print)

Signature of authorized official:

Title:

Project Director or contact person:

Financial Officer:

Name:

Title:

Address:

Phone:

Fax:

E-mail:

Name:

Title:

Address:

Phone:

Fax:

E-mail:

Total Funds Requested: