
MLC-3 RFP: Public Health Systems Performance Improvement through Quality Improvement Learning Teams (QuILTS)

Question and Answer Session
January 20, 2010

This project is funded through the Robert Wood Johnson Foundation in
collaboration with the National Network of Public Health Institutes



Context

- 16 State Multistate Learning Collaborative (MLC-3)
 - In its 3rd Phase (MLC-3).
 - MLC-1: (NH was not part of)
 - MLC-2: Regionalization, Workforce Development
 - MLC-3: Performance Improvement
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Purpose of MLC-3

- National:
 - Bring state and local stakeholders to together in a community of practice to
 - Prepare local and state health departments for national accreditation & contribute to the development of national voluntary accreditation
 - **Advance application of QI methods that result in specific measurable improvements, and institutionalization of QI practice in public health**
- NH:
 - Apply performance improvement techniques using QuILTS to improve PH systems and health outcomes linked to those systems: ***Link process to outcomes***

MLC-3

Performance Improvement Target Areas

- Capacity
 - Assure competent workforce
- Status
 - Reduce the Burden of tobacco-related illness
 - Focus: improvement of smoking cessation practices based on the model outlined in *Treating Tobacco Use and Dependence*, a Public Health Service-Sponsored Guideline (the 5 As)

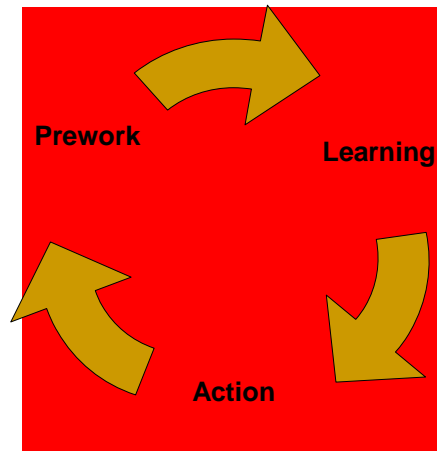
Fit with other NH initiatives

- Turning Point Initiative
- MLC-2
 - NH PHIAP initiative
 - NPHPS State PH system assessment
 - Identified 6 strategic priorities
 - Regionalization
 - Capacity assessment (NACCHO tool)
 - NH Citizens Health Initiative
 - Health capacity priorities: tobacco, alcohol, nutrition, activity

QuILTS:

What is a Learning Collaborative?

- Involves individuals from different teams or organizations trying to resolve an issue, meet regularly, and evaluate changes
- **Formal processes include participation in regular meetings, workshops and regular reporting of QI activities and results**
 - IHI Model: PDSA approach
- **Community level and national level**



Proposals: 5 Sections

1. Table of Contents

2. Description of submitting organizational entity (20 pts)

- Describe primary organization, and fiscal agent if different
 - Describe qualifications of key project staff involved in the practice of the 5 As to pregnant women
 - May include direct care providers or administrative staff **(include resumes)**
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3. Description of the QuILT (20 Points)

- Identify partner members, internal and external (if applicable), and describe any experiences
 - w/ organizing or working as a learning team
 - participating in learning collaboratives
 - How will a Quality Improvement team of diverse health professionals engage in
 - the MLC-2 project?
 - the performance improvement process?
 - supporting the work of the QuILT?
 - Include any knowledge or expertise related to performance improvement activities
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4. Description of the 5 A's Initiative within your organization (50 points)

- Complete a *Readiness Survey* (provided in RFP)
 - Briefly describe the history of implementing the 5 A's in your organization
 - When initiated?
 - Who is involved?
 - How has it been successful?
 - What challenges have you faced?
 - What data sources exist to measure progress/outcomes?
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5. Budget and Budget Narrative

- Include itemized budget and narrative
 - The \$10,000 is intended to support improvement efforts focused on an existing process – it is not intended to support and implementation process
 - Costs for attending MLC functions are covered by RWJF
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Timeline

RFP released	January 14, 2010
Q & A session	January 20, 2010
Proposals due	February 10, 2010
Notification by	February 24, 2010
Kickoff meeting (day long)	March 9, 2010
MLC Site Visit (day long)	April 12, 2010
Meetings	Every other month, alternating with every other month site visits
Ongoing communication throughout Final Meeting: April 2011	

Contact

Please send any additional comments/questions in writing* to:

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**I will answer questions in writing and forward to all*