



CareOregon

Care Support and System Innovation Program

315 SW Fifth Avenue, Suite 900

Portland, OR 97204

2009 Program Description

Introduction/Background

The CareOregon Care Support and System Innovation (CSSI) Program was created in response to the Institute of Medicine's (IOM) "call to action to improve the American health care delivery system" (*Crossing the Quality Chasm: A New Health System for the 21st Century*). The CSSI Program focuses on the six aims for improvement outlined in the IOM report by supporting organizations' efforts to develop and implement improvement strategies that transform health care into a safe, effective, patient-centered, timely, efficient and equitable system.

- Safe—avoiding injuries to patients from care that is intended to help them.
- Effective—providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit.
- Patient-centered—providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions.
- Timely—reducing waits and sometimes-harmful delays for both those who receive and those who give care.
- Efficient—avoiding waste, including waste of equipment, supplies, ideas and energy.
- Equitable—providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socioeconomic status.

Goals

The goals of the CSSI Program are to:

1. Foster a culture of evidence-based practice and continuous improvement in CareOregon provider organizations.
2. Provide training, coaching and technical assistance to CareOregon providers
3. Empower providers over time with the skills, knowledge and resources to create and sustain the substantial changes necessary to transform health care

The CSSI Program seeks to support provider organizations that identify and support teams to lead projects and initiatives that improve health care delivery and outcomes. These teams will use the Model for Improvement to create change in their organizations. Each project demonstrates improved design, outcomes reporting, institutional commitment and capability.

Model for Improvement

The Model for Improvement was developed by Associates in Process Improvement (and described in detail in *The Improvement Guide: A practical approach to enhancing organizational performance*, (Langley et al, 1996). This model is used by leading improvement organizations in health care, such as the Institute for Healthcare Improvement (IHI) and Intermountain Health in Utah. The Model for Improvement will be used to accelerate improvements for the CSSI-funded project and create potential for spread throughout the organization. Other change/improvement methods provider teams find helpful may also be used.

It is critical for project success that the teams have the support of organizational leadership. Therefore, project proposals will be evaluated based on organizational capacity, leadership support and team experience and readiness to lead these efforts.

Project Teams

Based on the success of past CSSI-funded projects, CareOregon will fund projects that identify an improvement team defined by the applicant organization. Teams will include at least one member who will serve as the coach or leader. Other members likely will include individuals with clinical and/or technical expertise, day-to-day leadership responsibilities and data collection and analysis experience. Each team will have a sponsor or champion who can support the project goals, meet with the team coach on a regular basis and facilitate the work of the team when obstacles arise. We will provide improvement training to all team members and give coaches additional training and support throughout the year. It is critical that a coach is selected from existing staff and is given the time and support needed to lead the project.

Funding Categories and Eligibility Criteria

There are five categories of CSSI funding:

1. Improvement Projects, Ambulatory Care-Based
2. Improvement Projects, Hospital-Based
3. Whole System Primary Care Delivery Renewal Projects
4. Business Practice Viability
5. CareOregon Solicited Projects

1. Improvement Projects, Ambulatory Care-Based

Ambulatory care-based projects focus on improving health outcomes for a defined patient population that includes but is not limited to CareOregon members.

Examples of defined populations include:

- Patients with depression or other behavioral health diagnoses.
- Patients in categories that research shows face health disparities due to ethnicity, language, income, geographic or other barriers.
- Pregnant women.
- Patients with diabetes, asthma, congestive heart failure and/or chronic obstructive pulmonary disease.
- Newborns.
- Children.
- Children with asthma, ADHD or other health conditions

Projects will be expected to have an impact on the defined patient population based on evidence-based care or emerging best practices. Examples of projects include, but are not limited to:

- Team-based care delivery.
- Proactive panel management.
- Patient- or customer-driven care.
- Direct access.
- Integrated behavioral and physical health.
- Specific chronic disease management.
- Complex care management.
- Pregnancy/prenatal care.
- Patient self-management groups.
- Pain management.

Participation and Eligibility Criteria for Ambulatory Care-Based Projects

Primary care providers—Participating CareOregon primary care providers (defined as using a single tax identification number) with more than 500 CareOregon members assigned (as of July 2008) are eligible to apply for funding. Providers may submit an application with other clinics or through an IPA if they can demonstrate clinical integration and use of funds through a coordinated project.

Specialty care providers—Participating CareOregon specialty care providers (defined as using a single tax identification number) that provided care for at least 500 CareOregon members in 2007 are eligible to apply for funding. Organizations may submit an application with other participating providers (such as through an IPA) or with affiliated organizations that use separate tax identification if they demonstrate clinical integration and use of funds through a coordinated project.

2. Improvement Projects, Hospital-Based

Hospital-based projects will be based on one or more of the following IHI “Protecting 5 Million Lives Campaign” interventions to reduce harm:

- Reduce surgical complications.
- Prevent pressure ulcers.
- Prevent methicillin-resistant staphylococcus aureus (MRSA).
- Deploy rapid response teams.
- Deliver reliable, evidence-based care for acute myocardial infarction.
- Prevent adverse drug events.
- Prevent central line infections.
- Prevent surgical site infections.
- Prevent ventilator-associated pneumonia.
- Prevent harm from high-alert medications.
- Deliver reliable, evidence-based care for congestive heart failure.
- Other demonstrated best practice/ evidence-based care project recommended by IHI.

Participation and Eligibility Criteria for Hospital-Based Projects

Participating CareOregon hospitals that provided inpatient care to 300 or more CareOregon members in 2007 are eligible to apply for funding.

3. Whole System Primary Care Delivery Renewal Projects

Whole system primary care delivery redesign including ALL of the following:

- Team-based care delivery.
- Proactive panel management.
- Patient/customer driven care.
- Direct access.
- Integrated behavioral health.

Participation and Eligibility Criteria for Primary Care Renewal Projects

Provider organizations that participated in Primary Care Renewal in 2008 are eligible to apply for participation in 2009 for spread of the model and building capacity rather than simply supporting current efforts.

4. Projects Solicited by CareOregon

CareOregon may solicit projects that further the CareOregon mission in a manner not outlined in this description. The CareOregon mission is to ensure that Oregon's vulnerable populations receive access to high-quality health care from a stable network by a well-managed, financially sound organization.

5. Business Practice Viability

In the first four years of the CSSI program, we found that it is difficult for many organizations to devote staff time and effort for improvement activities. It is particularly challenging for single practitioners and small clinics. This new category will provide funding and training to address fundamental clinic needs such as improved billing and collection processes, patient flow and scheduling, and staff satisfaction and retention.

Participation and Eligibility Criteria for Business Practice Viability

Participating CareOregon primary care providers (defined as a single tax identification number) with more than 50 CareOregon members assigned (as of July 2008) are eligible to apply for funding.

CSSI Funding Restrictions and Preferences

Capital improvements, such as building remodeling, medical equipment and computer hardware are not eligible for CSSI funding.

Preference is to fund portions of existing staff salaries for improvement teams rather than creating new positions.

CSSI Funding Payments

CSSI payments will be made to the provider tax identification number that is used for CareOregon claims payments.

CSSI Application

Visit CareOregon's web site (<http://www.careoregon.org/provider/provider.html> in the "What's New" section) to view and download the CSSI Program application. The CSSI application has four parts: Project Application Cover Sheet, Project Narrative, Project Budget and Letters of Support from the project sponsor/champion and the organization's CEO or equivalent.

CSSI Review Committee

CSSI applications are reviewed by a panel of experts who are not affiliated with CareOregon.

CSSI Application Deadline

The deadline for project applications is **December 15, 2008**.

Timeline for Decisions

Projects will be notified of funding decisions by approximately February 15, 2009. Notification may be delayed for applications that require clarification and/or revision.

Submitting an Application

E-mail the following to wolfordd@careoregon.org:

1. Cover Sheet (May be submitted in Microsoft Word or PDF format. Contact Diana Wolford at the e-mail above for a copy of this form.)
2. Narrative (May be submitted in Microsoft Word or PDF format.)
3. Budget (May be submitted in Microsoft Word, Excel or PDF format.)
4. Letters of Support from the project sponsor/ champion and the organization's CEO or equivalent. (May be sent by e-mail in PDF format or by postal mail to Diana Wolford at the above address.)

Funding Decisions

The CareOregon Board Finance and Audit Committee will determine funding levels for the CSSI Program each year. All decisions are subject to fund availability and are made at the discretion of CareOregon.

Training Sessions and Conference

Project teams will be expected to attend a one-day improvement training in March or April 2009. Team coaches will attend an additional day of training. Teams will attend at least two additional meetings throughout the year. These meetings may include other training sessions, affinity group meetings and the annual conference to showcase project accomplishments.

Reporting

Quarterly progress reports and a final report at the completion of the grant are required. Reports for the first and second quarters are required before the ensuing six-month period will be fund.

Further Information

To insure timely processing of applications, please contact CareOregon to verify the funding and eligibility criteria before submitting a proposal. CSSI Program Coordinator Diana Wolford can be reached at 503-416-1725 or wolfordd@careoregon.org.