

Quality Improvement in Health Systems Request for Proposals (RFP)

Frequently Asked Questions

- 1. Are health systems/practices required to report NQF18 and NQF59, or can alternate definitions of hypertension control or diabetes poor control be used?**

As part of this funding opportunity, local health departments (LHDs) are required to report both NQF18 and NQF59 for all target practices at least quarterly. LHDs should clearly describe their capacity to meet this requirement in their proposals. Data, including baseline data, must be consistent with the NQF definitions. Proposals using alternate definitions will be deemed ineligible. Alternate definitions limit the Center's ability to compare LHD projects and to aggregate data across LHD projects to evaluate the overall impact of this work.

- 2. What is the purpose of reporting NQF18 and NQF59 data?**

The purpose of the RFP is to use data to drive system level changes to improve health outcomes over time. LHDs are required to work with health systems/practices to report and monitor NQF data and to use these data for quality improvement purposes. Providers should be engaged in the process and regularly review the NQF data, at the practice and/or provider level.

- 3. Are there any restrictions on how the grants funds can be used?**

Yes. Funds may **not** be used for gift cards or other incentives, food, lobbying, the purchase of medical equipment (including blood pressure cuffs/monitors), the delivery of evidence-based community programs (such as the Chronic Disease Self-Management Programs), or the provision of direct clinical services.

- 4. How does this funding opportunity differ from the "Identifying Undiagnosed Hypertension in Health Systems" RFP?**

Through the implementation of health systems improvement interventions based on clinical quality data, this funding opportunity aims to help providers and patients manage chronic conditions to improve hypertension and diabetes outcomes. The focus is on improving outcomes for patients with uncontrolled hypertension and/or diabetes. The "Identifying Undiagnosed Hypertension in Health Systems" RFP focuses on creating and/or improving policies, systems, and environmental changes to improve the identification and diagnosis of patients with hypertension. While all LHDs are eligible for the "Quality Improvement in Health Systems" RFP, only LHDs not currently funded through the State and Local Public Health Actions (1422) Grant are eligible to apply for the "Identifying Undiagnosed Hypertension in Health Systems" RFP.

5. If a LHD is also applying for the “Identifying Undiagnosed Hypertension in Health Systems” RFP, why must the LHD choose different target health systems/practices for each proposal?

Each funding opportunity has different priorities and different outcomes to measure success. Implementing both sets of strategies within the same practice could result in competing priorities and diminish outcomes. To promote the success of both projects, LHDs should identify practice needs, decide which funding opportunity the practice needs best align with, and apply for one or both funding opportunities accordingly. Please note that it is acceptable to apply for both RFPs and to identify separate target practices for each proposal, even if the practices are part of the same larger health system, as long as data can be pulled separately for each target practice.

6. Can applicants use of existing tools like American Heart Association 360, or other tools?

Yes, LHDs can use evidence-based tools and resources.

7. How will the aggregate data warehouse the Mid-Atlantic Association of Community Health Centers (MACHC) is working to develop affect this RFP? How will we prevent duplication?

The MACHC data warehouse aims to aggregate data based on standardized quality measures and will allow Federally Qualified Health Centers (FQHCs) to use aggregated data for quality improvement, but the data warehouse development is still in progress. LHD applicants would need to work with individual FQHCs to determine their capacity to report and use aggregated quality data for quality improvement. Applicants are not required to work with FQHCs and are encouraged to seek relationships with private practices for this project.

8. Can applicants give partners funding to help pay for nurses or community health workers?

Nurses and community health workers cannot receive funds to provide direct services, including the provision of clinical services, one-on-one consultation, or group program delivery. Funds may be used to support positions that serve a facilitation role, such as facilitating referrals to community programs.

9. In regards to the RFP awardee reporting requirements, please provide clarification and assistance in understanding the process mapping requirement.

For the process mapping requirement, applicants will work with their target health systems or practices to identify who is responsible for each task. Understanding the system or practice workflow and staff roles will assist in determining how processes can be streamlined and improved. Currently, CCDPC does not have a required, structured format for the process mapping. CCDPC will provide additional guidance and resources to funded LHDs, early in the award period, such as facilitating peer-to-peer sharing with LHDs that have completed similar work.

10. With the process mapping requirement, is it true that there are no expectations to change the existing roles and process? Just reporting on the status quo?

No, the purpose of the process mapping is to identify where systems or processes can be improved. LHDs should consider needs and capacity when selecting target health systems/practices.

11. For the non-allowable funding, if community health workers can facilitate linking resources, just not clinical care, can they do a workshop?

No, that would be program delivery, which is non-allowable.

12. Can you please provide examples of what is allowable with the funding under this RFP?

There are a wide range of activities that are allowable. For example, staff time, expenses associated with making referral system improvements or making modifications to an electronic health record (EHR) system, supplies and other materials to support the quality improvement efforts, etc.

13. The RFP includes increasing engagement of non-physician team members as a possible strategy. Since direct services are not allowable expenses, could you please give one or two examples of how the funding could support his strategy?

With the process mapping requirement, LHDs work within practices to identify roles and responsibilities, including how non-physician team members are engaged. This information can be used to implement changes that will improve workflows, ensure that roles and responsibilities are clearly defined, and ensure that team members are working at the highest level of their credentials. This is one acceptable example of an approach that works to increase the engagement of non-physician team members.

14. What examples of education or screenings would be allowed?

Providing education to providers or medical staff members with the intent to improve delivery of care is allowable. Screenings and education for patients are generally not allowable.

15. Can we give a stipend to pharmacists in the same manner we fund private practices?

This decision would be made by the grant review team on a case by case basis. Depending on how you plan to use pharmacists in this project, this could be allowable. However, funding cannot be used to pay for pharmacists to conduct provide one-on-one consultation, to provide any other form of care delivery, or to deliver patient workshops. An example of how a pharmacist could be engaged is to have the pharmacist participate in team meetings, conduct chart reviews, and provide recommendations to physicians or non-physician team members. The sustainability of a systems level intervention should always be taken into consideration.