

Advancing Practice Transformation in Ambulatory Practices

PRACTICE APPLICATION

Overview

The Advancing Practice Transformation in Ambulatory Practices Program (program) is designed to assist qualifying primary care and specialty practices (practices) engage in practice transformation with the support of a Care Transformation Organization (CTO).¹ Practice transformation is a cornerstone of health care reform aimed at helping practices move from episodic care delivery to coordinated, high-value, patient-centered services.² Transformation is a continuous process to improve care, achieve better outcomes, reduce costs, improve staff satisfaction, and address social determinants of health. Improving the way care is delivered is central to reform efforts. Alternative care delivery (ACD) models provide a means to change the way care is delivered and reimbursed through greater teamwork and integration, more effective care coordination across settings, and greater attention to population health.³ Increasing health care costs are a key influence in the development of ACD models.⁴ ACD models can improve revenue predictability and protect practices against public health disruptions, such as the COVID-19 public health emergency, by transitioning away from fee-for-service to alternative reimbursement options such as population health payments linked to quality.⁵

A CTO is an organization recognized by the Centers for Medicare & Medicaid Services (CMS) under the Maryland Primary Care Program to assist practices with transformation efforts. CTOs provide an array of advanced care delivery support services to practices, including care coordination, care transitions, standardized beneficiary screening, and data tools and informatics.⁶ To succeed in ACD models, practices must be able to deliver team-based, patient-centered care and effectively use health information technology (health IT). Planning for a future state where ACD models become the predominant option for practices is critical. Helping

¹ More information about the program is available at:

mhcc.maryland.gov/mhcc/Pages/apc/apc/apc_practice_transformation.aspx.

² Donahue, K. E., Newton, W. P., Lefebvre, A., & Plescia, M. (2013). Natural History of Practice Transformation: Development and Initial Testing of an Outcomes-Based Model. *Annals of Family Medicine*, 11(3), 212–219. Available at: doi.org/10.1370/afm.1497.

³ Burwell S. M. (2015). Setting Value-Based Payment Goals--HHS Efforts to Improve U.S. Health Care. *The New England Journal of Medicine*, 372(10), 897–899. Available at: doi.org/10.1056/NEJMp1500445.

⁴ American Cancer Society, Alternative payment, and care delivery models in oncology: A systematic review. April 2018. Available at: acsjournals.onlinelibrary.wiley.com/doi/full/10.1002/cncr.31367.

⁵ Revcycle Intelligence, Designing Alternative Payment Models for Health System Resiliency. October 2020. Available at: revcycleintelligence.com/news/designing-alternative-payment-models-for-health-system-resiliency.

⁶ CMS, Maryland Total Cost of Care Model Maryland Primary Care Program Request for Applications: Version 3.0. Available at: innovation.cms.gov/media/document/request-applications-rfa-2021-pdf.

practices assess where they are on the continuum of transformation is an important first step to achieve the goals of practice transformation. CTOs provide resources, services, and support to assist practices in achieving practice transformation objectives, including implementing workflow changes; assistance in utilizing health IT systems; and performing risk stratification and screening.⁷

Practices interested in participating in the program must complete this application and submit it to the Maryland Health Care Commission (MHCC) with all required supporting documentation. Participation in the program is voluntary. Submission of an application does not guarantee practice admission into the program. Practice selection is based upon an applicant's score and available grant funding. CTO funding to assist practices is available for a limited number of practices. Click [here](#) for more information about the program.

NOTE: Federally qualified health centers and practices currently enrolled in an advanced alternative payment model or practice transformation initiative are not eligible to participate in the program. **Practices must have implemented a certified electronic health record system (EHR)⁸ to be considered for this program.**

Application Process

1. All sections of this application must be completed in entirety. The application must include a letter of support from the practice's clinical leadership. The letter should be at least two paragraphs and describe at least three goals the practice aims to accomplish by participating in the program. The letter must articulate the overall transformation expectations and commitment of practice leadership to meet the aims of this grant, including, but not limited to, engagement of clinical leadership with the care team. The individual authorizing the application must be a signatory authority of the practice.
2. Submit the completed application and a letter of clinical leadership support to mhcc.grants@maryland.gov. Applicants will receive an email acknowledgement from MHCC upon receipt of the application.
3. During the application evaluation process, MHCC may request additional information from an applicant. Upon completing a review of the application, MHCC will take one of the following actions:
 - a. Notify the applicant via email that they have been approved as a participant in the program; or

⁷ CMS, Maryland Total Cost of Care Model Maryland Primary Care Program Request for Applications: Version 3.0. Available at: innovation.cms.gov/media/document/request-applications-rfa-2021-pdf.

⁸ See key terms below for more information.

b. Notify the applicant via email that they were not selected for participation in the program.

4. Approved practices will be listed on MHCC's website.

NOTE: All information submitted in this application is subject to the Maryland Public Information Act, General Provisions Article (“Gen. Prov.”) §§ 4-101 to 4-601 (2014).⁹ The Maryland Public Information Act requires that MHCC deny a request for disclosure of any of its records that contain confidential commercial or financial information or trade secrets. See Gen. Prov. § 4-335.¹⁰ Therefore, it is important that an applicant clearly identify any information provided in an application that the applicant believes falls within the meaning of Gen. Prov. § 4-335 and should be withheld by MHCC in response to any Public Information Act request. Information pertaining to the protection of your information by MHCC is contained in the Maryland Public Information Act: oag.state.md.us/Opengov/Chapter3.pdf on pages 3-19.

Key Terms

Alternative Care Delivery Models (ACD models) – incentivize quality and value and include a component of risk for health care practitioners (practitioners). Some examples of ACD models are Accountable Care Organizations¹¹, Patient-Centered Medical Home¹², and bundled payment models¹³.

Care Transformation Organization (CTO) – an entity that hires and manages an interdisciplinary care management team capable of furnishing an array of care coordination services.¹⁴

Certified Electronic Health Record Technology – an electronic record system that:

- Contains health-related information on one or more individuals; and
- Is certified by an authorized testing and certification body designated by the Office of the National Coordinator for Health Information Technology.¹⁵

⁹ The full text of the Maryland Public Information Act, Gen. Prov. §§ 4-101 to 4-601, can be accessed online at: advance.lexis.com/ or on the website of the General Assembly of Maryland at: mlis.state.md.us, under the “Statutes” Law tab on the home page.

¹⁰ Available at: mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ggp§ion=4-335&enactments=false.

¹¹ More information on Accountable Care Organizations is available at: cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO.

¹² More information on Patient-Centered Medical Home is available at: pcmh.ahrq.gov/page/defining-pcmh.

¹³ More information on bundled payment models is available at: catalyst.nejm.org/doi/full/10.1056/CAT.18.0247.

¹⁴ More information on CTOs is available at: health.maryland.gov/mdpcp/Pages/care-transformation-organizations.aspx.

¹⁵ More information on certified electronic health record technology is available at: healthit.gov/topic/health-it-and-health-information-exchange-basics/what-are-electronic-health-records-ehrs.

Health Information Exchange (HIE) – enables authorized health care practitioners to appropriately access and securely share patients’ medical information electronically across disparate health care systems.¹⁶

Health Information Technology (health IT) – generally consists of the following three components: EHRs, HIE, and telehealth. Widespread use of health IT can help improve the quality of patient care, reduce medical errors, and achieve cost savings through greater efficiency.¹⁷

Practice Transformation – workflow and care delivery changes that enable a practice to deliver high-quality care that is efficient, coordinated, and patient-centered to improve patient health outcomes and reduce health care costs. Key drivers¹⁸ of practice transformation include:

- Patient and family-centered care design which allows the practice to tailor care delivery to meet the needs of individual patients and the entire population served.
- Continuous data-driven quality improvement to understand performance at all levels and bring together monitoring and measurement systems, health information technology, and empower practice staff to innovate and improve.
- Sustainable business operations that provide the infrastructure and capabilities to support practice staff, efficient workflows, and positive patient experiences.

Telehealth – the delivery of somatic and or behavioral health services using telecommunications and related technologies to support care delivery.¹⁹ Telehealth can include the following technologies:

- Real-time audio video conferencing: virtually connects patients with practitioners (sometimes referred to as e-visits) and may serve as an alternative to an in-person visit.
- Store-and-forward: uses non-real-time communication (e.g., email) to send clinical information (e.g., x-ray) to health care practitioners for clinical review offline.
- Remote monitoring: collects and transmits data on specific health indicators (e.g., blood pressure or heart rate) to health care practitioners for tracking purposes.

¹⁶ More information on HIE is available at: healthit.gov/topic/health-it-and-health-information-exchange-basics/health-information-exchange.

¹⁷ More information on health IT is available at: healthit.gov/topic/health-it-and-health-information-exchange-basics/improved-diagnostics-patient-outcomes.

¹⁸ More information on practice transformation key drivers is available at: mhcc.maryland.gov/mhcc/pages/apc/apc/documents/TCPI_Change_Package.pdf.

¹⁹ More information on telehealth is available at: americantelemed.org/resource/why-telemedicine/.

- Mobile Health: use of mobile communications devices (e.g., tablets and smartphones) for the delivery of health services, information, and education.

Section A: Practice Information

1. Contact Information:
 - a. Practice Name (legal name)
 - b. Doing Business As (if different from legal name)
 - c. Address
 - d. City
 - e. State
 - f. Zip
 - g. Practice Telephone Number
 - h. Practice Fax Number
 - i. Website Address (if applicable)
 - j. Practice Contact Person
 - k. Title
 - l. Practice Contact e-Mail Address
2. Which of the following best describes your practice?
 - a. Single Specialty
 - b. Multi-Specialty
3. Specify your practice specialty.
 - a. Primary Care (specify)
 - b. Other (specify)
4. Specify practice ownership-type.
 - a. Independent
 - b. Hospital
 - c. Other (specify):
5. Specify how your practice heard about the program:
 - a. Webinar
 - b. Phone Outreach

- c. Email Outreach
- d. MedChi Newsletter
- e. Other (specify)

6. Specify practice definition of full-time and part-time (i.e., number of hours worked) and total staff in each category

Practice Definition	Full-time	Part-time
Number of hours worked		
Total Staff		

7. Complete in full the table below with all part and fulltime staff. Additional rows can be added as an attachment if needed.

Type	Status (Full-time/Part-time)	Full Name	Unique NPI Number(s)
Physicians	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
Nurse Practitioners	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
Physician Assistants	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
Clinical Nurse Specialists	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
Other (specify)	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.

Section B: Health Information Technology

8. Specify the EHR system used in your practice.

- a. Allscripts
- b. Amazing Charts
- c. Athena
- d. Cerner
- e. eClinicalWorks
- f. Epic
- g. GE
- h. NextGen
- i. Practice Fusion
- j. Other (specify)

9. Does your practice offer services through telehealth?

- a. Yes
- b. No

10. Specify the Chesapeake Regional Information System for our Patients (CRISP) service(s) (Unified Landing Page) used to support care delivery in your practice.

CRISP Services	Yes	No
Health Records	<input type="checkbox"/>	<input type="checkbox"/>
Patient Snapshot	<input type="checkbox"/>	<input type="checkbox"/>
Imaging Worklist	<input type="checkbox"/>	<input type="checkbox"/>
Image Exchange	<input type="checkbox"/>	<input type="checkbox"/>
Encounter Notification Service (ENS)	<input type="checkbox"/>	<input type="checkbox"/>
CRISP Reporting Service (CRS)	<input type="checkbox"/>	<input type="checkbox"/>

Section C: Care Delivery Activities

11. In your practice, estimate the frequency that activities occur in support of each category below:

Care Delivery Concept	Never	Occasionally	Frequently
<p>Capability to Analyze and Document Value</p> <p><i>Developing capabilities including skills in data extraction and analysis and in using business practices and tools to understand the organization's finances.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Coordinated Care Delivery</p> <p><i>Care is organized and information is shared among all participants concerned with a patient's care to achieve safer and more effective care. Participants may include specialty care, hospitals, home health care, community services and supports, and public health.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Efficiency of Operations</p> <p><i>Streamlining workflows and maximizing value across practice operations.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Engaged and Committed Leadership</p> <p><i>Visible and sustained leadership to change the practice culture by working collaboratively with staff to identify and remove barriers to transformation.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Enhanced Access</p> <p><i>Limiting barriers and providing reliable access to care where and when patients need it (e.g., 24/7 continuous access to care teams via phone, email or in-person visits).</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Optimal Use of Health IT</p> <p><i>Use of technology to support evidence-based care delivery and clinical decision-making, and to share appropriate and timely information across the medical</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Care Delivery Concept	Never	Occasionally	Frequently
<i>neighborhood and with patients and families.</i>			
<p>Organized Evidence-based Care</p> <p><i>Embedding evidence-based guidelines into daily clinical practice where each encounter is designed to meet the patient's preventive and chronic illness needs (e.g., identifying high risk patients and ensuring they are receiving appropriate care management services).</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Patient and Family Engagement</p> <p><i>Patients, families, and/or their representatives working in active partnership in the practice to improve direct care, practice design and governance, and practice policy to achieve better outcomes.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Population Management</p> <p><i>Delivering safe and equitable care for an entire patient population in ways that better allocate resources to keep people well. Includes risk stratification and redesigning and delivering services that are guided by integrated clinical and administrative data and enabled by health information technology.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Practice as a Community Partner</p> <p><i>Identifying and collaborating with community partners to enhance service offerings, patient and family engagement, address social determinants of health and health disparities.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Quality Improvement Strategy</p> <p><i>Use of frameworks to guide planning, organizing, monitoring, and sustaining quality improvements.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Staff Vitality and Joy in Work</p> <p><i>Staff feel both physically and psychologically safe, appreciate the</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Care Delivery Concept	Never	Occasionally	Frequently
<i>meaning and purpose of their work, have some choice and control over their time, experience camaraderie with others at work, and perceive their work life to be fair and equitable.</i>			
<p>Strategic Use of Practice Revenue</p> <p><i>Sound business practices, including budget management, the calculation of return on investment, and patient and family/caregiver feedback to inform the practice’s business operations and opportunities for revenue enhancement.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Team-based Relationships</p> <p><i>Organizational support for care delivery teams accountable for the patient population including defining roles and distributing tasks among care team members to reflect the skills, abilities, and credentials of team members.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Transparent Measurement and Monitoring</p> <p><i>Transparent use of data by defining measures, monitoring them, and sharing metrics with staff to monitor and improve performance, quality, and service continuously.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section D: Attestation

By submitting this application, and if approved for the program, your organization agrees to be listed on MHCC’s website, including practice name, address, phone number, website address, and any other information as requested by MHCC.

I affirm under perjury and penalty that the information provided in this application is true and correct to the best of my knowledge and belief. I also understand that any false information provided shall be a cause for denial of this application or revocation of any approval granted.

I recognize that all costs associated with the activities undertaken for the program are at the expense of the applicant. I understand that MHCC is not responsible for any costs incurred in an applicant’s pursuit of program application.

Note: *The individual signing this application must be a signatory authority of the practice.*

Electronic Signature:

Entering an electronic signature or typing a name in the signature box above is the equivalent of a physical signature.

Printed Name:

Title:

Date:

SUBMIT A COMPLETED APPLICATION AND ALL REQUIRED DOCUMENTATION TO

mhcc.grants@maryland.gov

FOR ASSISTANCE, PLEASE CONTACT MHCC BY TELEPHONE AT 410-764-3282