



May 3, 2021

Announcement for Grant Applications

Advancing Practice Transformation in Ambulatory Practices

A funding opportunity for Care Transformation Organizations

The Maryland Health Care Commission (MHCC) seeks grant applications from Care Transformation Organizations (CTOs)¹ to engage qualifying primary care and specialty practices in a practice transformation program. Eligible CTOs must be approved by the Centers for Medicare & Medicaid Services (CMS) for participation in the Maryland Primary Care Program (MDPCP).^{2, 3} This grant will fund CTOs to complete practice transformation activities for approximately 50 practices. Grant activities support the broad goals of the Total Cost of Care Model by preparing practices to participate in new models of care delivery.

Transforming practices that are focused on optimizing throughput under fee-for-service is critical to keep pace with a changing health care landscape. Increasingly, practices face pressure from payors to move from fee-for-service to an alternative care delivery (ACD) model. ACD models incentivize practices to deliver efficient, high quality care, while improving health outcomes. To succeed, practices must be able to deliver team-based, patient-centered care and effectively use health information technology (health IT). This grant aims to help prepare primary care and specialty practices to participate in private payor ACD models.

A crucial role of CTOs is to recruit practices that can benefit from coaching on specific topics and approaches, as well as tools to help sequence and manage change. In general, practice coaching provides structure and dedicated time to focus on quality improvement efforts essential to succeed in an ACD model. CTOs will complete a practice transformation readiness assessment (assessment) in collaboration with participating practices. The assessment covers multiple areas of a practice, such as person and family-centered care; continuous data-driven quality improvement; and sustainable business operation. Assessment findings will inform the

¹ For purposes of the MDPCP, a CTO is defined as an entity that hires and manages an interdisciplinary care management team capable of furnishing an array of care coordination services to Maryland Medicare beneficiaries attributed to participant practices. More information is available at: health.maryland.gov/mdpcp/Documents/MDPCP%20FAQs%20-%20State%20Guidance.pdf.

² The MDPCP is a key delivery reform program under the Total Cost of Care Model that supports the overall health care transformation process and allows primary care providers to be instrumental in prevention, management of chronic disease, and preventing unnecessary hospital utilization. More information is available at: health.maryland.gov/mdpcp/Pages/home.aspx.

³ The application period for CTOs to apply to participate in the MDPCP is closed.

development of a practice-specific training plan by CTOs to guide completion of the complex undertaking of fundamental changes in how practices operate. CTOs will help practices achieve their improvement goals through the completion of specific transformation milestones required under this grant.

Grant ID Number: MHCC 21-014
Issue Date: May 3, 2021
Title: Advancing Practice Transformation in Ambulatory Practices

Application Due: May 24, 2021 by 4:00pm (EDT)

Please submit all application-related materials to Melanie Cavaliere at: melanie.cavaliere@maryland.gov.

This Announcement for Grant Applications can be found on MHCC’s website at: mhcc.maryland.gov/mhcc/pages/home/procurement/procurement.aspx.

This grant announcement is not a binding expression of MHCC’s intent to award a grant. The MHCC reserves the right, at its discretion, to change or modify information that is represented in whole or in part in this grant announcement.

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I. ABOUT THE MARYLAND HEALTH CARE COMMISSION

The Maryland Health Care Commission (MHCC) is an independent State regulatory agency whose mission is to plan for health system needs, promote informed decision-making, increase accountability, and improve access in a rapidly changing health care environment. The MHCC provides timely and accurate information on availability, cost, and quality of services to policy makers, purchasers, providers, and the public. Four Centers comprise MHCC that evaluate, regulate, and influence health care in Maryland. The Centers for Health Care Facilities Planning and Development and Quality Measurement and Reporting are organized around provider organizations to address health care cost, quality, and access. The Center for Analysis and Information Systems conducts broad studies using Maryland databases and national surveys, and has specific responsibilities relating to physician services. The Center for Health Information Technology and Innovative Care Delivery supports advancing value-based care and diffusion of health IT statewide to promote a strong and flexible health IT ecosystem that shifts focus from quantity of care delivered to improving health outcomes through coordinated care delivery.

II. INTRODUCTION

Practice transformation is a cornerstone of health care reform. Increasing health care costs is a key influence in the development of ACD models designed to change how care is delivered and reimbursed.⁴ ACD models improve revenue predictability and protect practices against public health disruptions, such as the COVID-19 public health emergency, which halted traditional revenue streams for practices early in the crisis.⁵ Planning for a future state where ACD models become the predominant option for practices is critical. Helping practices assess where they are on the continuum of transformation is an important first step to achieve the goals of practice transformation.⁶

Practice transformation is intended to help practices move from episodic care delivery to coordinated, high-value, patient-centered services. The process results in observable and measurable changes to practice behavior overtime.⁷ Transformation is not a single step; rather, it is a continuous process as practices seek to improve care, achieve better outcomes, reduce costs, improve staff satisfaction, and address social determinants of health. Many practices have a narrow financial margin and minimal flexibility to dedicate existing resources to the tasks associated with practice transformation.⁸ CTOs can supplement practice resources to address

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 Peterson-KFF, Health System Tracker. How have health spending and utilization changed during the coronavirus pandemic? December 2020. Available at: <https://www.healthsystemtracker.org/chart-collection/how-have-healthcare-utilization-and-spending-changed-so-far-during-the-coronavirus-pandemic/#item-start>.

⁶ CMS.gov. 2014 Request for Information: Transforming Clinical Practices. Available at: [cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo).

⁷ CMS.gov, Transforming Clinical Practice Initiative. Available at: [innovation.cms.gov/innovation-models/transforming-clinical-practices](https://www.innovation.cms.gov/innovation-models/transforming-clinical-practices).

⁸ FIERCE Healthcare, *Cost up, revenues down for medical groups, survey finds*. January 2018. Available at: [fiercehealthcare.com/practices/for-doctors-costs-go-up-revenues-go-down-amga-survey-fred-horton](https://www.fiercehealthcare.com/practices/for-doctors-costs-go-up-revenues-go-down-amga-survey-fred-horton).

these challenges and guide practice change necessary to support longitudinal, prospective, and population-based care.^{9, 10}

In traditional primary care, physicians work independently in treating patients assigned to the practice. In a transformed primary care practice, physicians serve as leaders for a well-trained, highly functioning care team¹¹ in which the goal is to advance the health of the entire patient panel. Specialty and primary care practices share similar transformation goals, such as improving care coordination, reducing unnecessary and duplicative tests, enhancing communication, and measuring and improving performance. Practice transformation for specialists requires embracing a more population-based approach and providing better value.

III. OBJECTIVES

The MHCC plans to fund one or more CTOs to work with primary care and specialty practices¹² to implement changes that will prepare them to participate in an ACD model. Applicants must propose a strategy to transform practices consistent with the milestones in this grant (section V, Practice Transformation Milestones), which have proven effective in transforming clinical practices nationwide for improved care delivery and patient outcomes.¹³ The strategy must describe how the CTO plans to help practices complete the modules of the *Transforming Clinical Practice Initiative* (TCPI).¹⁴

CTOs are required to work with practices to complete a practice assessment to identify opportunities for improvement, support the redesign of practice workflows, and provide training to complete the TCPI requirements. Participating practices will complete key transformation milestones that place them on a trajectory to deliver value in the evolving care delivery and payment reform landscape. The MHCC will provide the names of practices who have successfully completed the program to private payors with ACD models, MedChi, The Maryland State Medical Society, the Health Services Cost Review Commission, and the Maryland Hospital Association. The practice names will also be posted on MHCC's website.

APPLICATION COMPONENTS/CRITERIA FOR SELECTION

This grant opportunity is open to CTOs approved by CMS to participate in the MDPCP. A decision to award a grant will be based on an evaluation of the information provided by each CTO in their application. The MHCC may request and consider additional information from a CTO; choose to fund one or more CTOs; withdraw the grant prior to an award; or terminate the grant at its discretion.

Criteria for CTOs to be considered for a grant award is weighted based on points (specified in parentheses on pages 3 and 4); applications must achieve a minimum of 90 points to be

⁹ Wagner EH, Austin BT, Von Korff M. *Organizing care for patients with chronic illness*. Milbank Quarterly 1996; 74:511–544. Available at: pubmed.ncbi.nlm.nih.gov/8941260/.

¹⁰ Wagner EH. *Population-based management of diabetes care*. Patient Education and Counseling. 1995; 26:225–230. Available at: pubmed.ncbi.nlm.nih.gov/7494727/.

¹¹ Health Affairs, *Transforming Primary Care: From Past Practice To The Practice Of The Future*, May 2010. Available at: healthaffairs.org/doi/10.1377/hlthaff.2010.0045.

¹² A practice that has not completed practice transformation and is not participating in an ACD model.

¹³ CMS.gov Transforming Clinical Practice Initiative. Available at: innovation.cms.gov/innovation-models/transforming-clinical-practices.

¹⁴ *Ibid.*

considered for an award. An application must include a comprehensive response to Recruitment, completing the Readiness Assessment, Workflow Redesign, Training, and Reporting.

- A. *Recruitment*** (10 points) Practices will be identified following a CTO led 60-day practice recruitment period. Recruitment consists of identifying and enrolling primary care and specialty practices that can benefit from guidance to achieve practice transformation. CTOs must detail in their application a practice recruitment strategy with an emphasis on practices that lack the capability to complete the transformation process without assistance. Practices interested in the program must complete an MHCC program application. Selection is based by MHCC upon an applicant's score and available grant funding.
- B. *Readiness Assessment*** (10 points) – The Readiness Assessment will help identify where a practice is along the continuum of practice transformation and guide development of a practice specific training plan. CTOs are required to use the *TCPI Practice Assessment Tool*¹⁵ for assessing where practices are in the transformation process.
- C. *Workflow Redesign*** (20 points) – Workflow Redesign consists of remapping workflows and shifting responsibilities among practice staff to be more efficient and effective. Applicants are required to use the Office of the National Coordinator for Health Information Technology (ONC) Workflow Redesign Templates as a foundational template for assessing practice workflows.¹⁶ CTOs must work collaboratively with practice leadership to implement workflows reflective of the unique processes at each practice.
- D. *Training*** (55 points) – Practice training should minimally span 12-months, which is the least amount of time necessary for a practice to complete the milestones. Training must include virtual or in-person education sessions. CTOs are strongly encouraged to propose a strategy that includes group training sessions (capped at five unique practices per session). Practice training should occur at times that are least disruptive to practice office hours. Key practice staff and a physician champion from each practice must participate in each training session.

CTOs will guide practices through the TCPI Seven Support Change Package Modules.¹⁷ CTOs must use the TCPI Change Package (TCPI-CP) in developing the training curriculum.^{18, 19} The TCPI-CP contains change tactics necessary to achieve progress toward practice transformation. CTOs must use the TCPi Power Packs, which include

¹⁵ See n.13, *Supra*.

¹⁶ ONC's website, available at: [healthit.gov/faq/what-workflow-redesign-why-it-important](https://www.healthit.gov/faq/what-workflow-redesign-why-it-important) includes workflow redesign information from the National Learning Consortium.

¹⁷ TCPI Seven Support Change Package Modules. Available at: innovation.cms.gov/innovation-models/transforming-clinical-practices.

¹⁸ The TCPI Change Package is a compilation of interventions developed and tested by others to guide their transformation efforts. Available at: thenationalcouncil.org/wp-content/uploads/2020/03/Change-Package.pdf?dof=375ateTbd56.

¹⁹ Primary Drivers: Person and Family-Centered Care Design, Continuous, Data-Driven Quality Improvement, and Sustainable Business Operations.

actionable solutions to resolve practice-specific transformation challenges.²⁰ Practices are required to complete a quarterly Program Assessment Questionnaire (PAQ) to gauge transformation progress. CTO billing shall include a practice attestation that confirms monthly training activities. Practices that complete the program will receive an *MHCC Practice Transformation Program Completion Certificate*. Private payors with ACD models will be provided with the names of practices that complete the program.

- E. Reporting** (5 points) – Reporting is an important program requirement that is essential to demonstrate practices’ progress in completing the program milestones (see section V, Practice Transformation Milestones). A practice contact log (log)²¹ must be kept current by the CTOs. The log will include CTO practice engagement activities and the status of activities for each engagement. CTOs must routinely review the log before conducting practice outreach to eliminate practices from receiving multiple calls from CTOs participating in this grant. CTOs must participate in MHCC status meetings and submit a progress report to MHCC at least weekly.²²

IV. KEY INFORMATION

Application	A CTO must prepare, sign, and submit to MHCC a completed application consisting of items A-E in Section III.
Dates	<ul style="list-style-type: none"> • Non-binding letter of intent: 4 PM on May 11, 2021 (email to melanie.cavaliere@maryland.gov) • Application Due: May 24, 2021 • Award announcement (est.) target month – July 2021
Available Funding	Up to \$500,000 / approximately 50 practices
Financial Match	None required
Grant Period	Up to 24 months
Submission Guidelines	To be considered for an award, a qualifying applicant must sufficiently demonstrate how it meets or exceeds all required criteria in its application. Applications not exceeding 15 pages (excluding appendices) are preferred.
Modifications	The MHCC may at any time modify this <i>Announcement for Grant Applications</i> , withdraw this grant, or request modifications during the grant period as a condition of award, or terminate an award.
FAQs	Responses to inquiries regarding this <i>Announcement for Grant Applications</i> will be posted on MHCC’s Procurement webpage .
Contact	Questions and all application-related materials may be submitted via email to Melanie Cavaliere at: melanie.cavaliere@maryland.gov .

V. PRACTICE TRANSFORMATION MILESTONES

A CTO awarded a grant must report to MHCC on completion of all milestones in a manner specified by MHCC. This includes an attestation by the CTO of all services provided to a practice

²⁰ TCPi Power Packs were developed by the American College of Physicians® in collaboration with other TCPI grantees and CMS. Available at: acponline.org/practice-resources/business-resources/practice-transformation.

²¹ Accessible on Google Drive.

²² Key report elements include contacted practices, participating practices, milestone status, and estimated completion date for the work.

and a practice confirmation attestation. Below are three (3) milestones with funding amounts (specified in parentheses) that a CTO can earn for each practice they service (post award).

Milestone 1 – Readiness Assessment (\$800/per practice)

Readiness for practice transformation is critical to assess in order to develop and implement change management strategies that address practice specific needs. Determining a practice’s readiness to transform is the first step in the transformation process. Assessing practice readiness involves taking a close look at factors that contribute to the practice’s overall ability to change, those that help the practice prepare for specific interventions, and the motivation of individuals involved with change. A practice transformation assessment identifies areas where support is needed to help a practice complete the transformation process.

Milestone 2 – Workflow Redesign (\$2,000/per practice)

Workflow redesign is a key element to practice transformation allowing practices to examine current workflows and reengineer the way patients flow through the practice. Typically, practice workflows arise organically and often represent processes that do not reflect a team-based approach to care delivery. The system adopted by practices to accomplish specific goals can differ dramatically. Developing workflows that support coordinated care across the care team is foundational to maximize practice performance. Examining distinctive practice workflows with a focus on bottlenecks and pain points is a critical step in workflow redesign.

Milestone 3 – Training (Training – \$7,000/per practice)

Training practices to achieve sustainable change is an essential component of this grant. CTOs must include a comprehensive training plan that details how they will accomplish the aim of equipping practices with practical tools and knowledge to become high performers. CTOs shall propose a training approach that fosters patient and family-centered care design, continuous, data-driven quality improvement, and sustainable business operations.²³ CTOs shall describe in their application a training approach that is structured using the TCPI seven modules developed by CMS.

Invoicing for Training is to occur at the completion of the TCPI modules; CTOs can earn \$1,000 (flat fee) per module. A practice affirmation of module completion must be included with a payment request. Practices are eligible to receive quarterly payments of \$250 (\$1,000 maximum) for completing the PAQ. CTOs will be provided a PAQ link to distribute to practices quarterly. Funding to practices for completing the PAQ will be made by CTOs; reimbursement will be provided to CTOs separate from milestone payments as an additional payment to the per practice incentive.

VI. LETTER OF INTENT

An interested applicant is required to submit a non-binding letter of intent (LOI) to MHCC by the date specified in this grant announcement. The LOI should provide an overview of the CTO’s

²³ Primary drivers – TCPI-CP.

transformation goals and strategy, including a practice recruitment strategy. The LOI should also provide a list of potential practice recruits including the practice name, specialty, location and number of clinicians. Submitted LOIs must be signed by an executive of the CTO and sent to MHCC by the date specified in this grant announcement.

VII. TERMS OF GRANT

A. Project Timeframe

The grant period is up to 24 months. The MHCC may authorize a no-cost extension of the grant period if more time is needed to assess milestones and outcomes or terminate the grant early at its discretion.

B. Funding Amount

A total of \$500,000 is available for this grant. CTOs can earn financial incentives based on their completion of specified milestones for each practice (up to a \$9,800 maximum incentive per practice; excludes the \$1,000 quarterly practice payment for completing the PAQ). A financial match is not required.

C. Proposal and Change in Scope Request

All responses, assertions, and commitments made in an application, including any amendments to the application, will be part of the grant agreement. Fulfillment of program objectives and deliverables is expected. If an awardee wishes to request changes to their application, a change of scope request with justification must be submitted in writing by the awardee to MHCC for consideration. The MHCC approves requests at its discretion.

D. Funds Disbursement, Match, and Restrictions

Grant funds will be disbursed upon MHCC's receipt of a complete and detailed invoice, including supporting documentation. The invoice must be completed at least monthly (subject to change – see V, milestones 1-3) using an MHCC invoice template and must include the completed TCPI modules and practice attestation statement, and any supporting documentation, as necessary. All documentation included must be to the satisfaction of MHCC for reimbursement approval. On a monthly basis (subject to change), MHCC will make a (combined) single payment to a CTO based on a review of the CTO's milestone achievements. Monthly invoicing is due by the 15th of the following month for the prior 30-days.

No grant funds are paid towards: 1) clinical services that are otherwise being reimbursed through other sources, including, and not limited to, Medicare, Medicaid, or private payors; 2) reimbursement of costs incurred prior to the grant award; 3) meeting financial match requirements of other State or federal funds, 4) services, equipment or supports that are the legal responsibility of another party under federal or State law; and 5) goods or services not allocable to the approved program. Documentation for any final payment must be submitted no later than the last business day of the month after the grant period ends or the end date of an authorized extension of the grant period.

E. Final Deliverable

The awardee must agree to consult with MHCC in developing a final deliverable and is expected to collaborate with MHCC on the elements that will be included. The awardee must consider suggestions and recommended revisions deemed reasonably necessary by MHCC.

F. Registration

Prior to an entity conducting business in the State, it must be registered with the Department of Assessments and Taxation, State Office Building, Room 803, 301 West Preston Street, Baltimore, Maryland 21201. An applicant must complete the registration prior to the due date for receipt of applications.

G. MHCC Grant Actions

If it becomes necessary to revise this announcement before the due date for applications, amendments will be announced on [MHCC's Procurement webpage](#). The MHCC is not responsible for any costs incurred by an applicant in preparing and submitting an application or in performing any other activities related to a grant announcement. The MHCC reserves the right to cancel this announcement for grant applications (at any time), to accept, or reject any and all applications (in whole or in part) received in response to an announcement for grant applications, to waive or permit correction of minor irregularities, to request additional information or modification to an application, and to conduct discussions with all qualified or potentially qualified grant applicants in any manner necessary to serve the best interests of MHCC, and to accomplish the objectives of this grant announcement.

H. Enforcement Actions

If MHCC determines that an awardee is not complying with the grant terms, or the assertions and commitments made in its application, MHCC may take one or more enforcement actions, which range from those designed to allow the awardee to take corrective action (e.g., developing an improvement plan) to penalizing actions against the awardee (e.g., withholding payment or temporarily suspending an award disallowing costs, recouping payments made, or terminating an award). Different processes apply depending on the type of enforcement action. If an enforcement action is planned, MHCC will notify the awardee via email and indicate the effect of the action.

I. Press

Awardees are required to notify MHCC prior to referencing any grant-related activities in statements to the media regarding work related to the grant.