



Integrated Michigan Patient-centered Alliance in Care Transitions (I-MPACT) Participation Commitment Letter

By submitting this commitment letter, the participating hospital and physician organization(s) partners (we call this a “cluster”) agree to actively participate in the activities of the I-MPACT collaborative quality initiative (CQI), supported by Blue Cross Blue Shield of Michigan & Blue Care Network.

Signing this commitment letter reflects that cluster participation will be for one year, with the opportunity to continue to participate on an on-going basis (as the collaborative continues to evolve and grow).

Expectations for participation from clusters include the following:

Prior to cluster kick-off meeting:

1. Identify Initiative Leads (at least one leader from each PO and one from the hospital) who will be administratively responsible for the activities of the cluster and ensure the requirements/ goals are met by their cluster. They will be point of contact for the cluster and facilitate the work of the cluster.
2. Identify a target population to initially focus on for care transition improvement efforts. This population should be identified prior to your signing this commitment letter. The target population choices are listed below and largely align with Center for Medicare and Medicaid Services (CMS) populations targeted for episode cost reduction:
 - i. Acute Myocardial Infarction
 - ii. Congestive Heart Failure
 - iii. Pneumonia
 - iv. COPD
 - v. Patients discharged to a skilled nursing facility
3. Assemble a Core Team for the Initiative. The core team should include —
 - a. Initiative leads
 - b. Care providers (physicians, nurses, pharmacists, case managers, social workers etc...)
 - c. Two patients or a patient and caregiver from the target population
 - d. Project associate(s) — these are the individuals that are hired using the FTE support provided by BCBSM to support the initiative (there is more information about the project associate FTE in the I-MPACT coordinating center commitments section of the commitment letter)
 - i. Project Associates should be hired as soon as possible after signing the commitment

letter. The Coordinating center will provide a list of responsibilities they will be expected to perform in addition to any other duties clusters may assign to them.

- Until a Project Associate is hired, the hospital and/or PO will need to identify someone who can fulfill the duties of the Project Associate until one is formally identified/hired.
 - ii. Provide FTE with space and resources necessary to perform their duties as outlined in the job description posted for hiring. For data collection, we expect a laptop computer (or equivalent) with high speed internet connectivity.
4. Core Team expectations —
- a. To be actively involved as stakeholders and participate in collaborative-wide development activities
 - b. Participate in root-cause analyses, develop interventions, and develop, test and implement measurement systems
 - c. Participate in the local cluster meetings and coordination of all cluster activities.
 - d. Submit defined data elements as requested.
 - e. Attend the kick-off event specific to their cluster (entire team) and attend ongoing collaborative wide meetings (selected core team members). However, the entire team, including patient/caregiver advisors, is encouraged to attend the collaborative wide meetings if possible.
 - f. Ensure that the Project Associate(s) from the Core Team and initiative leads or their designees participate in CQI calls and collaborative-wide meetings
 - g. Vet ideas and solicit input from stakeholders as needed, develop expectations for future collaborative participants and share progress and lessons learned with collaborative participants. (These discussions will happen primarily via conference call and e-mail. Key areas of discussion will include collaborative structure and function, proposed interventions, measurement system development, and future collaborative work).
 - h. The Core Team is typically about 8-12 members; additional team members who will assist with I-MPACT but will not have Core Team responsibilities can be added as “Extended” team members.
5. Support the involvement of patients/caregivers as partners in the core team and encourage them to provide feedback and share their experiences and perspectives to add value to the project and help improve patients’ experiences with care transitions.
6. Work with the coordinating center to coordinate and schedule care transition observations to gather qualitative baseline data on current discharge processes of the identified target population.
7. Collect relevant baseline data that already exists within your organizations and bring it to the kick-off event.

After cluster kick-off meeting:

1. Collaborate with the I-MPACT Coordinating Center to track/collect/review to establish baseline performance for chosen target population. Data elements include, but are not limited to: 30 day all-cause readmission rate, rate of scheduling post discharge visit to primary care physician or appropriate follow-up clinician within 7 days of discharge, and rates of ED visits within 7, 14 and 30 days post discharge.
2. Adhere to established goals and timelines for implementation of interventions and data submission

including but not limited to:

- a. Selecting no more than three initial interventions to implement in target population
 - i. One intervention must be aimed at ensuring patients have a follow-up appointment to see their primary care physician or appropriate follow-up clinician within 7 days of discharge scheduled prior to them leaving the hospital.
- b. Adhering to collaborative-wide data quality standards, timelines for intervention implementation and data submission and reporting requirements.

Compliance with these engagement and participation activities is expected for continued participation in the I-MPACT collaborative and is linked to the ability to receive the FTE funding (see below) to support I-MPACT efforts within your organization(s). If the Coordinating Center and BCBSM identify any significant participation challenges or barriers we will work with your cluster to resolve them prior to taking any steps related to terminating participation.

I-MPACT Coordinating Center/BCBSM commitments:

1. Communicate collaborative related activities in a timely and efficient manner.
2. Support local initiative efforts with technical expertise (e.g. trained observers to gather qualitative data) as requested by the local initiative leadership.
3. Support local quality and data collection efforts by providing salary support for up to .5 of a full-time employee (FTE) Program Associate for each hospital and PO to work on quality improvement and program implementation efforts. If the entity does not want to use the funds for salary support, there is the option to submit a detailed budget to the coordinating center on how the funds will be used to support the work. The coordinating center will review the proposal and work with the organization to reach a conclusion that is mutually acceptable.
 - POs working with more than one hospital on I-MPACT will receive funds to support a 0.5 FTE for the first hospital and funds for a .25 FTE for each additional hospital they work with. For example if a PO is working with Hospital A and Hospital B to improve care transitions for patients in one of the target populations listed above, they will receive a total of 0.75 FTE in funding support.
4. Facilitate the identification of initial and subsequent cohorts of participating hospitals and POs in the CQI program.
5. Develop a clinical database and data registry including data collection and processing procedures.
6. Complete initial training of local collaborative staff and provide ongoing training as needed.
7. Assist collaborative sites with any participation issues that arise, including support to engage patients/families/caregivers in the collaborative.
8. Provide at least one (1) day of onsite observation of discharge processes for target population.
9. Facilitate meetings to support the quality improvement activities and to share lessons learned.
10. Audit data submissions from participating organizations by performing site visits as necessary; provide timely and informative feedback to each participating hospital and PO based on the site visits.
11. Assist with identifying where synergies can be created between I-MPACT and other Collaborative Quality Improvement (CQI) projects a hospital or PO might be participating in and/or other quality measures impacting incentives and reimbursement.



The signatures below represent our (Hospital and PO) initiative leadership commitment to active and engaged participation in I-MPACT.

Hospital Name: _____

Physician Organization Name(s): _____

Selected Target Population: _____

| Name (Printed) | Signature | Role | Hospital Name | Date |
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**Integrated Michigan Patient-centered Alliance on Care Transitions (I-MPACT)
2016 Fall Cohort Participant Contact List**

Hospital Name:

Physician Organization Name(s):

Cluster Name:

Please provide contact information for both the Hospital/PO Initiative Leads and Core teams

| Name | Hospital/PO Name | Role (in initiative) | Primary Phone | Primary Email | Initiative Lead | Core Team | Extended Team |
|------|------------------|-------------------------|---------------|---------------|--------------------------|--------------------------|--------------------------|
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