Implementation Science to Improve Patient Care
Solicitation of Letters of Intent

**Purpose:** The UCLA Clinical and Translational Science Institute, the Southern California Clinical and Translational Science Institute, and the Los Angeles County Department of Health Services (LAC DHS) have formed a partnership to develop and test interventions to enhance quality, efficiency and patient-centeredness of care provided by the LAC DHS (see pp. 2-4 for designated areas of improvement). This solicitation requests letters of intent that describe ideas for such programs from which formal applications for funding will be selected.

**Description of Pilot Grant Program:** The participating CTSIs and the DHS intend to issue two pilot grants of up to $75,000 each for up to one year to support the design and small scale implementation of interventions within DHS that will achieve the goals of quality, efficiency and patient centered care. The DHS will provide additional resources and operational support for the selected projects. When completed, successful pilot projects will serve as a base for sustaining extramural funding to implement and formally evaluate the intervention(s) on a larger scale and longer timeframe within DHS. Acceptable funding mechanisms include but are not limited to NIH R01, R21, R03; PCORI, AHRQ, CDC, and CMS Center for Innovation.

**Eligibility:** Awards will be made to research teams consisting of investigators from UCLA and/or USC working closely with investigators and staff members from DHS to design and conduct the pilot project. Multisite collaboration is encouraged. All USC and UCLA faculty in any series (tenured/non-tenured) including adjunct and professional research series may apply. Participating CTSIs and DHS will work with applicants to help them assemble research teams to conduct their pilot projects (see below).

**Letter of Intent (LOI):** Applicants should submit a brief LOI that describes:
1] The challenge in DHS health care that they propose to address
2] The intervention or approach that they propose to develop and pilot-test
3] The expertise proposed for the project, including the names and expertise of the PI and known co-investigators as well as any additional areas of expertise that will be required for investigators not yet identified
4] The expected impact of the intervention on quality, efficiency and patient centeredness of care within DHS

**Submission:** LOIs should be submitted through [this website](#). Questions can be addressed to Dr. Allison Orechwa ([Allison.Orechwa@med.usc.edu](mailto:Allison.Orechwa@med.usc.edu)) at USC or to Anne Skinner ([ASKinner@mednet.ucla.edu](mailto:ASKinner@mednet.ucla.edu)) at UCLA. The deadline for submissions is November 7th, 2016.

**Review:** LOIs will be reviewed by representatives of the participating CTSIs and the DHS for potential to improve quality, efficiency and patient centeredness of care within the LAC DHS delivery system. Applicants should describe how the proposed research contributes to DHS delivery system goals, and its potential for/relevance to large-scale implementation within DHS and dissemination of findings more broadly. We encourage proposals related to productivity, implementation and improvement, and patient experience.

**Next Steps:** Applicants whose LOIs are chosen for further consideration will be invited to an informational meeting about full pilot proposals to be held in early December 2016. At that time, representatives from the participating CTSIs and the DHS will be available to work with applicants to assemble research teams and identify enabling resources (e.g., access to EHR) that will be needed for their pilot projects. Those teams will be invited to submit full pilot grant proposals early in 2017.
DHS-USC-UCLA Implementation Science to Improve Patient Care
Pilot Grant Program
DHS Designated Areas for Improvement

Outpatient Delivery System Transformation and Prevention

- Integration of Behavioral Health and Primary Care
  - Alcohol and Drug Misuse (SBIRT)
  - Care coordinator assignment
  - Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)
  - Depression Remission at 12 Months CMS159v4
  - Screening for Clinical Depression and follow-up
  - Tobacco Assessment and Counseling

- Ambulatory Care Redesign: Primary Care
  - Alcohol and Drug Misuse (SBIRT)
  - REAL and/or SO/GI disparity reduction
  - REAL data completeness
  - Screening for Clinical Depression and follow-up
  - SO/GI data completeness
  - Tobacco Assessment and Counseling
  - CG-CAHPS: Provider Rating
  - Colorectal Cancer Screening
  - Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)
  - Controlling Blood Pressure
  - Documented REAL and/or SO/GI disparity reduction plan
  - Ischemic Vascular Disease (IVD): Use of Aspirin /Antithrombotic
  - Prevention Quality Overall Composite #90
  - Primary Care Redesign metrics stratified by REAL/SOGI

- Ambulatory Care Redesign: Specialty Care
  - Closing the referral loop: receipt of specialist report
  - DHCS All-Cause Readmissions – Statewide Collaborative QIP measure (Measure Specs - rationale in Appendix A & B)
  - Influenza Immunization
  - Post procedure ED visits
  - Referral Reply Turnaround Rate
  - Specialty Care Touches: Specialty expertise requests managed via non-face to face specialty encounters
  - Tobacco Assessment and Counseling

- Patient Safety in the Ambulatory Setting
  - Abnormal Results Follow-up - BIRADS
  - Abnormal Results Follow-up - INR
  - Abnormal Results Follow-up - K+
  - Annual Monitoring for Patients on Persistent Medications
• INR Monitoring for Individuals on Warfarin

• Prevention: Cancer Screening and Follow-up
  o Breast Cancer Screening
  o Cervical Cancer Screening
  o Colorectal Cancer Screening
  o Receipt of appropriate follow-up for abnormal CRC screening

• Prevention: Obesity Prevention and Healthier Foods Initiative
  o BMI Screening and Follow-up
  o Partnership for a Healthier America’s Hospital Health Food Initiative external food service verification
  o Weight Assess & Counsel for Child/Adolescents - BMI
  o Weight Assess & Counsel for Child/Adolescents - Nut
  o Weight Assess & Counsel for Child/Adolescents - Physical Activity

Targeted High Risk or High Cost Populations

• Improvements in Perinatal Care
  o Baby Friendly Hospital designation
  o Exclusive Breast Milk Feeding (PC-05)
  o OB Hemorrhage: Massive Transfusion
  o OB Hemorrhage: Total Products Transfused
  o PC-02 Cesarean Section
  o Prenatal and Postpartum Care (Prenatal)
  o Prenatal and Postpartum Care (Postpartum)
  o Severe Maternal Morbidity (SMM) per 100 women with obstetric hemorrhage
  o Unexpected Newborn Complications
  o Hemorrhage Safety Bundle

• Care Transitions: Integration of Post-Acute Care
  o DHCS All-Cause Readmissions – Statewide Collaborative QIP measure (Measure Specs - rationale in Appendix A & B)
  o H-CAHPS: Care Transition Metrics
  o Medication Reconciliation - 30 days
  o Reconciled Medication List Received by Discharged Patients
  o Timely Transmission of Transition Record

• Complex Care Management for High Risk Medical Populations
  o Care coordinator assignment
  o Medication Reconciliation – 30 days
  o Prevention Quality Overall Composite #90
  o Timely Transmission of Transition Record

• Transition to Integrated Care: Post Incarceration
  o Alcohol and Drug Misuse (SBIRT)
  o Controlling Blood Pressure
  o Prevention Quality Overall Composite #90
Screening for Clinical Depression and follow-up
Tobacco Assessment and Counseling

Comprehensive Advanced Illness Planning and Care
  - Advance Care Plan
  - Ambulatory Palliative Team Established
  - MWM#8 - Treatment Preferences (Inpatient)
  - MWM#8 - Treatment Preferences (Outpatient)
  - Palliative care service offered at time of diagnosis of advanced illness
  - Proportion admitted to hospice for less than 3 days

Resource Utilization Efficiency

  - Antibiotic Stewardship
    - Avoidance of antibiotic treatment in adults with acute bronchitis
    - Avoidance of Antibiotic Treatment with Low Colony Urinary Cultures
    - National Healthcare Safety Network (NHSN) Antimicrobial Use Measure
    - Prophylactic antibiotics discontinued at time of surgical closure
    - Reduction in Hospital Acquired Clostridium Difficile Infections

  - Resource Stewardship: Therapies Involving High Cost Pharmaceuticals
    - Adherence to Medications
    - Documentation of Current Medications in the Medical Record
    - High-cost Pharmaceutical Ordering Protocols