

Children's Hospital Graduate Medical Education Quality Bonus System (QBS) Initiative Response Form Instructions

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-xxxx-New. Public reporting burden for this collection of information is estimated to average 32.41 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857.

In order to qualify for the QBS payment, CHGME awardees must submit a CHGME QBS Initiative Reporting Form with their FY 2019 reconciliation application. The complete CHGME QBS Initiative Reporting Form must describe the hospital's initiatives, resident curriculum, and direct resident involvement in the following areas:

- a. Integrated care models (e.g., integrated behavioral and mental health, care coordination across providers and settings)
- b. Telehealth and/or health information technology
- c. Population health
- d. Social determinants of health, and
- e. Additional initiatives to improve access and quality of care to rural and/or underserved communities

Section 1

Item 1(a) - Provide the CHGME supported Organization's Official Name as it appears on the FY 2019 CHGME Application in HRSA form 99.

Item 1(b) - Provide the CHGME Doing Business As Name (DBA) for the CHGME supported Organization as it appears in the FY 2019 CHGME Application on HRSA form 99.

Item 1(c) - Provide the website of the freestanding children's hospital where resident training is supported by the CHGME funds.

Item 1(d) - Provide the city where the freestanding children's hospital is physically located.

Item 1(e) - Provide the state where the freestanding children's hospital is physically located.

Item 1(f) - Provide the zip code where the freestanding children's hospital is physically located.

Item 1(g) - Provide the county where the freestanding children's hospital is physically located.

Item 1(h) – Provide the name of the individual authorized to sign for the applicant institution as it appears in the FY 2019 CHGME Application on HRSA form 99, Section #3.

Item 1(i) – Provide the date that this form was verified by the person listed in Item 1(h).

Item 1(j) – Provide the title of the individual authorized to sign for the application listed in Item 1(h).

Sections 2, 3, 4, 5, 6

In each topic area (Sections 2, 3, 4, 5, 6), CHGME awardees must describe at least one initiative that their hospital is engaging in that is aimed at improving access and quality of care, particularly to rural and/or underserved communities. If your hospital is engaging in numerous initiatives in each topic area, please describe up to three (3) initiatives. Describe each unique initiative in a separate section (Section 1a, Section 1b, Section 1c). In determining which initiatives to highlight, please include those that are likely to have the greatest impact on patient access and quality and those that involve the most residents and/or involve the highest level of resident engagement.

Item (a) - Provide the name of the initiative that is summarized in this section. If your hospital is not currently engaged in an initiative in this area, please type "No Current Initiatives".

Item (b) – Select the initiative type(s) that best describes the initiative summarized in this section. If your hospital is not currently engaged in an initiative in this area, please select N/A.

Item (c) – Select the role of the CHGME hospital or awardee organization in this initiative. If your hospital is not currently engaged in an initiative in this area, please select "N/A".

- Major participating organization- Hospital serves as a recognized as a lead in this quality initiative and has a record of regular ongoing participation.

- Lead Organization/Co-Lead- Hospital that serves as the recognized lead on the quality initiative or is co-leading and sharing the quality initiative efforts with another organization.
- Supporting Organization- Hospital that supports this quality initiative with average participation.
- Not Applicable- Hospital's involvement does not apply to any of the selections

Item (d) – In 250 words or less, provide a brief narrative discussing the initiative's purpose and goals. If your hospital is not currently engaged in an initiative in this area, please type "N/A".

Item (e) – Provide the names of any of partnering organizations in this initiative. If none, please type "N/A".

Item (f) – Select "yes" if residents are actively involved in this initiative. Select "no" if residents are not actively involved in this initiative. If your hospital is not currently engaged in an initiative in this area select "N/A".

Item (g) – Select approximately the number of residents who are actively involved in this initiative. If your hospital is not currently engaged in an initiative in this area or if no residents are actively involved, please select "N/A".

Item (h) – Select the best choice that describes the level of resident involvement in this initiative.

Item (i) – In 200 words or less, provide a brief narrative discussing any outcomes and/or highlights of this initiative. If your hospital is not currently engaged in an initiative in this area, please type "N/A".

Item (j) – In 200 words or less, provide a brief narrative describing current or future benefits of this initiative for CHGME trainees. If your hospital is not currently engaged in an initiative in this area, please type "N/A".

Item (k) – Select "yes" if you will be submitting any additional supporting documentation describing this initiative with your form as an attachment. Select "no" if you will not be submitting any additional supporting documentation describing this initiative with your form as an attachment. Supporting documentation is any document that describes and/or supports the quality initiative the hospital's participating in during the period specified, outlining its goals, execution, and the hospital's involvement.

Additional comments:

The time period hospitals should consider when reporting activities should match the inclusive dates of the subject cost reporting period found in line 4.02 of the FY 2019 CHGME Reconciliation application. For example, Hospital A's inclusive

dates for FY 2019 are 7/1/2018-6/30/2019. In the QBS Initiative Response Form, Hospital A would report on all quality initiative participation that occurred within this time frame.

Submission Instructions

After you review and verify that the form is complete, please save the PDF with the file name FY 19 CHGME QBS. Upload this file in the HRSA 99-5 - Supporting Documentation Section. Please upload any QBS supporting documentation as a separate attachment in this section.

Definitions

Experiential learning - the process of learning through hands-on learning experiences in inpatient, outpatient, and nontraditional clinical settings.

Health information technology (IT) - the electronic systems health care professionals – and increasingly, patients – to store, share, and analyze health information. Health IT includes: electronic health records (EHRs), Personal health records, electronic prescribing, privacy and security. Many health systems utilize information technology to identify higher risk patients, facilitate quality improvement initiatives, and improve patient outcomes.

Field placement - provides trainees the opportunity to integrate the knowledge, skills, and values learned in a more formal classroom setting with the practical experiences.

Integrated care models – a conceptual model for how a graduated spectrum of health services wherein a health system delivers primary care services and coordinates with behavioral health care, oral health care, and/or public health strategies and interventions. The purpose of such a model is to improve services for consumers and achieve improved health outcomes.

Population health- the health outcomes of a group of individuals, including the distribution of such outcomes within the group. These groups are often geographic populations such as nations or communities, but can also be other groups such as employees, ethnic groups, disabled persons, prisoners, or any other defined group. Note that population health is not just the overall health of a population but also includes the distribution of health outcomes within a population.

Rural - a geographical area located in a non-metropolitan county, or an area located in a metropolitan county designated by the Federal Office of Rural Health Policy as being considered rural.

Social determinants of health- conditions (e.g., social, economic, and physical)in the environments in which people are born, live, learn, work, play, worship, and

age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Telehealth - the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

Underserved - geographic location or population of individuals eligible for designation by the federal government as a Health Professional Shortage Area, Medically Underserved Area, Medically Underserved Population, or Governor's Certified Shortage Area for Rural Health Clinic purposes. As an umbrella term, Medically Underserved Community (MUC) also includes populations such as homeless individuals, migrant or seasonal workers, and residents of public housing.

Additional definitions can be found at the following site:
<https://bhw.hrsa.gov/grants/resourcecenter/glossary>