SYNC 2019/2020 Tuition Assistance Project Focus Areas

The Virginia Department of Health will cover the full SYNC Program tuition and hotel costs for teams that **select one of the following projects** as the focus of their Capstone Project and comply with the **2019/2020 Terms of Agreement.**

To qualify, teams should select one focus area from the options below (Diabetes, Hypertension/High Blood Cholesterol/Heart Disease/Stroke or Cancer).

- If selecting Diabetes or Hypertension/High Blood Cholesterol/Heart Disease/Stroke, please select one or more indicators that you will measure for your Capstone Project.
- If selecting Cancer as your focus area, please select 1 of the 3 options (screening, survivorship, trials) as well as one or more intervention/s for your option choice.

	Diabetes (Select one or more)
	# of patients referred to a diabetes self-management education and support (DSMEs) program
	# of patients (with diabetes) referred to pharmacy locations/pharmacists using patient care processes that
	promote medication management or DSMEs
	# of patients served within healthcare organizations with systems to identify people with prediabetes and refer them to CDC-recognized lifestyle change programs
	# of patients referred to and/or working with a community health worker (CHW) to improve diabetes health outcomes
	# of patients referred to a CDC-recognized lifestyle change program (NDPP - National Diabetes Prevention Program) through a bi-directional referral system
	# of people reached by tailored communication /messaging to increase awareness of prediabetes and the National DPP
	# of participants enrolled in CDC-recognized lifestyle change programs
	# of patients educated through a telehealth delivery site for diabetes management (DSMEs programs)
	# of patients educated through a telehealth delivery sites for type 2 diabetes prevention (NDPP programs)
	# of patients screened for diabetic retinopathy
	# of patients (with diabetes) identified in EHR system for CKD and/or referred for CKD follow-up care
	Hypertension, High Blood Cholesterol, Heart Disease and Stroke (Select one or more)
	# and % of patients within healthcare systems/hospitals/clinics with systems to report the following standardized
	clinical quality measures for the management and treatment of patients with high blood pressure and
	cholesterol. (e.g. NQF 0018 Controlling High Blood Pressure, CMS347 Statin Therapy for Prevention and
	Treatment of Cardiovascular Disease, and NQF 0467 Acute Stroke Mortality Rate)
	# and % of patients with hypertension or high blood cholesterol who are monitored for healthcare disparities and in order to inform the management of hypertension and cholesterol. (e.g. ICD-10-CM Z Codes)
	# of partnering pharmacists engaged in the practice of medication therapy management to promote medication
	self-management and lifestyle modification for high blood pressure and high blood cholesterol.
	% improvement in blood pressure control and cholesterol management among patients based on innovative activities (NQF 0018)
	# and % of patients within healthcare systems/hospitals/clinics with policies or systems to encourage self- monitoring of high blood pressure tied to clinical support.
	# of patients engaged with a CHW in clinical and/or community settings for cardiovascular disease and stroke
	prevention.
	# of patients encountered through a clinical-community referral system tracking bi-directional referrals for
<u> </u>	evidence-based lifestyle change programs for people with high blood pressure and high blood cholesterol.
	# of patients encountered through telehealth delivery sites established in underserved areas that promote
	cardiovascular disease and stroke prevention and rehabilitation, as well as the management of hypertension and
	HBC.
\sqcup	# of patients referred to a home-based cardiac rehabilitation program that utilizes remote patient monitoring.

	Cancer Screening (specific to breast, cervical, colorectal, or lung cancer) Select one or more interventions			
☐ 1. Improve provider assessment and feedback protocol within health system and or clinic.				
	•	Regularly evaluate provider performance in delivering preventive cancer screening to clients and reporting		
		back to providers on their performance.		
	•	On a monthly basis, analyze and provide screening rates for each provider.		
	2.	Improve provider reminder or recall systems within health system and or clinic.		
	•	Provide in different ways, such as in client charts or by e-mail. This can entail improving clinical decision		
		support functions within a health system's EHR and clinic workflow.		
	•	Assess and optimize electronic health record (EHR) systems to improve screening rates.		
3. Provide client reminders to patients regarding screening they are eligible for.				
	•	Client reminders are written (letter, postcard, email, patient portal) or telephone messages (including		
		automated voice and text messages) advising people that they are due for screening.		
4. Address non-economic burdens or obstacles that make it difficult for people to access cancer screen				
	•	Reduce time or distance between service delivery settings and target populations.		
Modify hours of service to meet client needs.				
	•	Offer services in alternative or non-clinical settings.		
	•	Eliminate or simplify administrative procedures and other obstacles.		
	Ca	Cancer Survivorship Care Plans		
☐ 1. In		Improve the percentage of patients that reported having a treatment summary plan or survivorship care		
		plan.		
Promote the benefits and use of survivorship care plans with cancer survivors and their caregive				
	•	Promote systems change to integrate survivorship care plans into systems of care.		
	Develop, test, maintain, and promote patient navigation or case management programs that assist with			
		facilitation of survivorship care plans.		
	•	Teach survivors how to access and evaluate available information regarding survivorship care plans to make		
		informed decisions concerning their post-treatment care.		
	Cancer Clinical Trials			
	1.	Increase the number of cancer patients that participate in clinical trials.		
		 Identify, reduce, and/or address barriers to participation in clinical and research trials. 		
		• Provide education to physicians, other healthcare providers, patients, and caregivers on the availability,		
		purpose, and benefits of clinical and research trials.		
		 Promote policies that support availability of, patient access to, and participation in clinical trials. 		
		 Improve access to available, high quality educational resources describing clinical trial recruitment, 		
		eligibility, and participation.		

SYNC: Transforming Healthcare Leadership | VDH Terms of Agreement 2019 / 2020 Virginia Department of Health Chronic Disease / Cancer Intervention Scholarships

Expectations of each team include:

- If any of the requirements of this agreement are not met, or the capstone project falls outside of the VDH Terms of Agreement, the registered team is responsible for full tuition, and applicable hotel and per diem costs.
- **Team**: Each interprofessional team of up to 5 members must consist of at least 1 physician and 1 nurse.
- **Attendance**: The expectation is the same team members (with at least 1 physician and 1 nurse) must participate in each inperson and online session, unless further discussed with the SYNC staff.
- Travel: For teams traveling 60 miles or greater, and prefer overnight accommodations, teams are responsible for coordinating hotel reservations with SYNC staff and coordinating travel to/from in-person sessions. Team must submit any requested travel reimbursement within 30 days of the event to receive travel reimbursement.
- Learning Leader: Each team must designate (1) Learning Leader as the point of contact for technical assistance by SYNC and VDH staff. Learning Leaders are also responsible for the coordination of team members for in-person and online sessions, as well as internal meetings and progress on projects between sessions.
- Capstone Project Selection: Teams must select a project that will result in improved VDH-recommended Chronic Disease or
 Cancer health outcomes as identified by VDH. Project selections will be subject to a set of required data reporting (See
 Reporting). Projects will be reviewed by VDH staff to determine scholarship eligibility. Teams must confirm the selected
 project focus area to VDH by October 31, 2019 for full tuition costs to be covered. See Project Focus Areas for more details.
- Documentation: Each team member must complete necessary evaluation and survey forms throughout the program.
- Reporting: Teams must submit data associated with the selected VDH Chronic Disease or Cancer focus area. Baseline
 (October 2019), nine-month (July 2020), and twelve-month (October 2020) post project data will be collected to
 demonstrate outcomes of the capstone project. Aggregate measures will be shared with VDH for tracking, trending and
 analysis purposes.
- Online Learning Portal: Each team member must activate their account in the SYNC online learning portal.
- **Teach-back Session**: Each team must present their Capstone Project at the final SYNC Teach-back Session (PowerPoint template will be provided).

VDH Responsibilities:

- Tuition Costs: VDH, in partnership with MSVF, will cover full program tuition for each team.
- **Project Selection**: VDH will review proposed Capstone Projects for scholarship eligibility. Teams will be contacted if there are further questions before eligibility is determined.
- **Technical Assistance**: In addition to the SYNC staff, VDH staff will provide technical assistance regarding the Capstone Project and any associated data reporting. VDH staff will also schedule an on-site meeting with each scholarship recipient to support project outcomes and team learning.
- **Reporting**: VDH staff will work with approved SYNC teams on identifying data and outcome measures related to the selected Chronic Disease or Cancer project(s). VDH staff will develop and provide a data reporting template.

(Organization) hereby agrees to all req	uirements listed above:	
Authorized Organization Representative (Signature and Date)	Printed Name	

Submit this form signed and scanned to aswierczewski@msv.org ♦ Fax (804) 377-1056