**TCDI Hospital Application** **Review and Scoring Process**

**Review Team:** Review team will consist of the following:

* 2 ACH Staff member
* 2 Workgroup Member (Community Member)
* 2 TA staff member (OHSU)

## Review Process

* Each Reviewer will go through 5 applications (6 reviewers total)
	+ Applications will be split up between reviewers to ensure that the same reviewers are not scoring all the same applications
* Reviewers will rank each sub- section based on the following scoring criteria:
	+ **1 – Poor:** Very few strengths and numerous major weaknesses
	+ **2 – Fair:** Some strengths but at least one major weakness
	+ **3 – Good:** Blend of strong elements and moderate weaknesses (no major weaknesses)
	+ **4 – Very Good:** Mostly strong with only minor weaknesses
	+ **5 – Exceptional:** Strong across the board with essentially no weaknesses
* Scores will be averaged between the three reviewers to get the final score for the organization
* Each section will have an area to provide comments. Comments should be used to outline concerns, strengths, and areas that the reviewers feel require additional information. If additional information is requested please clearly not that in the comments section.
	+ Each partner will have 2 weeks (Oct 15 – 26) to respond back if there are any concerns with the application or sections that require additional information
	+ NCACH staff will connect with partners to provide additional follow up questions from reviewers and ensure applicants have an opportunity to ask any clarifying questions.
	+ Reviewers will have an opportunity to adjust scores after additional information is provided. Final scores will be based on the average of the average of any adjusted scores in the final review process
	+ During the week of October 29, the review team will discuss any applications for which new information has been provided or for which significant disagreement exists. After reviewers make any final adjustments, scores will be released to partners
	+ If partners do not pass the application process after the second review, they will have time to resubmit their project plan when the next report is due at a reduced funding amount
		- i.e. Organizations who resubmit December 2018 will be eligible for 60% of funding

## Review Timeline

* **September 28, 2018:** Applications due by 5PM
* **October 1 – 12, 2018:** Scoring will be completed by reviewers
* **October 15 – 26, 2018:** Initial scores will be shared with partners. This will include:
	+ NCACH staff will follow up with hospital partners to address incomplete information
	+ Meeting with hospital organizations about scores and timelines for implementation (i.e. training for TCM nurses, EPIC integration/training, etc.)
	+ Draft MOUs distributed to partners that outline scope of work moving forward.
		- This will allow time for partners to have MOUs reviewed by legal team if needed
* **October 29 – November 2, 2018:** Reviewers may adjust scores based on additional information provided by partners
* **November 3, 2018:** Final scores provided to partners after reviewers complete final evaluations
* **November 5:** MOUs to be signed by partners and implementation begins

**Section Scoring:**Each section will be scored by the reviewer and applicant will receive a final score for application with estimated funds earned. The implications on overall application funding varies by section as follows:

* **Section I:** Partners must pass this section to proceed forward with the application. If this sections is not complete and partner receives a passing grade. The partner will not get funded for the application.
* **Section II – IV:** Each section is scored individually. If a partner passes 2 of the 3 sections, they can still receive funding for the application and continue completing work on approved processes.
* **Section V:** Partners must pass this section to proceed forward with the application. If this sections is not complete and partner receives a passing grade. The partner will not get funded for the application.

 **Section I: Organization Information:** *See final scoring sheet*

**Section II: Transitional Care Management:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sub-Section** | **Questions** | **Score** | **Weight** | **Total Points** (Score x Weight) |
| **Project Description Part 1** | Does the applicant clearly articulate the proposed project? Specifically, does that clarity include the current state of Transitional Care Management in their organization and a detailed plan on how they will move forward? |  | 2 |  |
| **Project Description Part 2** | Alignment with Project Description – Does the proposed project align with the overall project description provided by NCACH. If not, is sufficient justification provided on the deviation from the model? |  | 1 |  |
| **Target Population** | Does the applicant describe the specific population they are expecting to reach within the proposed project? Does it align with the regional target population?  |  | 1 |  |
| **Timeline** | Does the applicant describe the major milestones and the implementation timeline in the project? Does it provide specific dates (i.e. Q1 of 2019) for when work will be completed? |  | 1 |  |
| **SDOH** | Does the project articulate how they will be addressing the health concerns of the patient outside of the clinic walls through better connection with services that address the social determinants of health of the patient? |  | 1 |  |
| **Sustainability** | Does the applicant state how the proposed project will lead to lasting and self-sustaining improvement? Does the applicant discuss how they will cover the cost of a TCM Nurse in the future?  |  | 2 |  |
| **Project Budget** | Does the applicant provide a budget that accounts for all funds requested?  |  | 2 |  |
| **Total Score** |  |

**Section Comments:**

 **Section III: Emergency Department Diversion:**Each response should clearly articulate the work partners are doing with each selected approach they choose. The score for each section reflect how the partner adequately responded to the questions for all selected approaches.

**Approaches Selected:**  □ Reduce inappropriate ED Visits □ Patient Education on Access to Care

 □ Training Staff to utilize EDie system □ Integrate EDie into EMR

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| --- | --- | --- | --- | --- |
| **Sub-Section** | **Questions** | **Score** | **Weight** | **Total Points** (Score x Weight) |
| **Project Description Part 1** | Does the applicant clearly articulate the proposed project? Is each approach clearly identified in this section? |  | 2 |  |
| **Project Description Part 2** | Alignment with Project Description – Does the proposed project align with the overall project description provided by NCACH. If not, is sufficient justification provided on model deviation? |  | 1 |  |
| **Target Population** | Does the applicant describe the specific population they are expecting to reach within the proposed project? Does it align with the regional target population?  |  | 1 |  |
| **Timeline** | Does the applicant describe the major milestones and the implementation timeline in the project? Does it provide specific dates (i.e. Q1 of 2019) for when work will be completed? |  | 1 |  |
| **SDOH** | Does the project articulate how they will be addressing the health concerns of the patient outside of the clinic walls through better connection with services that address the social determinants of health of the patient? |  | 1 |  |
| **Sustainability** | Does the applicant state how the proposed project will lead to lasting and self-sustaining improvement?  |  | 2 |  |
| **Project Budget** | Does the applicant provide a budget that accounts for all funds requested?  |  | 2 |  |
| **Total Score** |  |

**Section Comments:**

 **Section IV: Community Based Integration:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sub-Section** | **Questions** | **Score**  | **Weight** | **Total Points** (Score x Weight) |
| **Description Part 1** | Does the applicant clearly articulate h0w the proposed projects selected will align with the work they will do with the community partners? Is there a clear plan identified with how the partner will work with community partners?  |  | 2 |  |
| **Description Part 2** | Does this section describe how the partner will use collaborative efforts with community partners to better address the healthcare needs of the whole person? |  | 1 |  |
| **Primary Care & Behavioral health Alignment** | Does this project articulate how the partner will connect with primary care and behavioral health providers to ensure that follow- up care occurs? Is there a clear understanding that the applicant has or will connect with outpatient providers prior to project implementation? |  | 1 |  |
| **Care Coordination Alignment** | Is the partner ensuring that their patients have the ability to connect with service providers who deliver care coordination outside of the clinic walls? Has the partner identified at least one community partner to assist with this process? |  | 1 |  |
| **Project Budget** | Does the applicant provide a budget that accounts for all funds requested? Does the budget demonstrate how partners will utilize funds to support community partners?  |  | 3 |  |
| **Collaborative Partners** | Does the partner have meaningful collaborative partners? Does the letter by partners articulate how the partnership will occur and the benefit it will provide patients?  |  | 2 |  |
| **Total Score** |  |

**Section Comments:**

**Section V: Measurement and Evaluation**

The applicant must pass every sub-section to receive funding through the application. Specific to Measurement. Please consider the following questions when you decide to pass or fail the applicant:

Does the organization have a way to track measure? If they do not currently have a way to track the measure, do they clearly explain their plan to start that process or did they provide an alternative proxy measures they will use to show results?

|  |  |  |
| --- | --- | --- |
| **Sub - Section** | **Measure** | **Result** |
| **Measurement**  | Follow-up post hospitalization physician/mid-level visits for all patients  | □ Pass□ Fail□ NA |
| **Measurement**  | All-cause hospital readmission rate (30 Days)  | □ Pass□ Fail□ NA |
| **Measurement** | Decrease in unnecessary outpatient Emergency Department visits | □ Pass□ Fail□ NA |
| **Measurement** | Decrease in patients with 5+ Emergency Department Visits in a calendar year | □ Pass□ Fail□ NA |
| **Measurement** | Additional measures as defined by the organization:1. 2.  | □ Pass□ Fail□ NA |
| **Attestation to Reporting Requirements** | Does the applicant attest to understanding and accepting the responsibilities and requirements for reporting | □ Pass□ Fail |

**Section Comments:**

**TCDI Hospital Final Scoring Sheet**Please fill out the final scoring sheet below for each section. Please indicate at the end of each section if the organization pass or failed. NCACH staff will take final results and quantify the implications of results on overall funding to partners to share with the review team. Failing one section does not automatically disqualify an organization from other funding available in the application process.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section** | **Organization Points** | **Total Points Available** | **Points needed** | **Result** |
| **Section I: Organization Information** *(Is all information filled out in section)* | NA | NA | NA | □ Pass□ Fail |
| **Section II: Transitional Care Management** |  | 50 | 30 | □ Pass□ Fail |
| **Section III: Emergency Department Diversion** |  | 50 | 30 | □ Pass□ Fail |
| **Section IV: Community Based Integration** |  | 50 | <2930 – 4041 - 50 | □ 0%□ 70%□ 100% |
| **Section V: Measurement and Evaluation** | NA | NA | NA | □ Pass□ Fail |

**Overall Application Comments:**