For questions or more information, call Debbie Campbell (501) 280-4743 or email her at Debbie.campbell@arkansas.gov

Arkansas Department of Health

Apply for grant assistance

Grants will be awarded through a competitive application process and allocated based on need and availability of funds. For more information on how to apply, contact Debbie.campbell@arkansas.gov.

The cost to participate

Each learning session has a minimal expense for team registration, plus mileage expenses. This fee covers learning sessions, webinar/conference calls, e-mail support and technical assistance. Grant funds can cover these expenses.

Primary care practices expectations

- Primary care delivered by provider-led team
- Primary care assesses the patient's risk status and stratifies interventions
- Patient populations (diabetes, cardiovascular disease, hypertension) are managed according to guidelines
- Population clinical outcomes, patient satisfaction and use of evidence-based recommendations are tracked, trended and transparent

ACT targets

- Practice readiness assessment of strengths, gaps, workforce, infrastructure and workflows
- Clinical practice leadership training
- Improvement in practice management and data measures

Disease Management by ACT

- Quarterly learning sessions
- Adequate staffing per provider panel
- Support system to manage patient barriers including literacy, language and transportation
- Improved no-show rate and medication adherence
- Stratification of risk for each patient and for the population

25 hours of Continuing Education Credits will be available to predetermined specialties.

Course administrator: UAMS Department of Family and Preventive Medicine, CME Division

Quality Improvement in Chronic Illness Care

Consultant, Connie Sixta, RN, PhD, MBA

Better Outcomes in Chronic Disease Takes Teamwork

ACT

Arkansas Clinical Transformation Collaborative

What is the Arkansas Clinical Transformation (ACT) Collaborative?

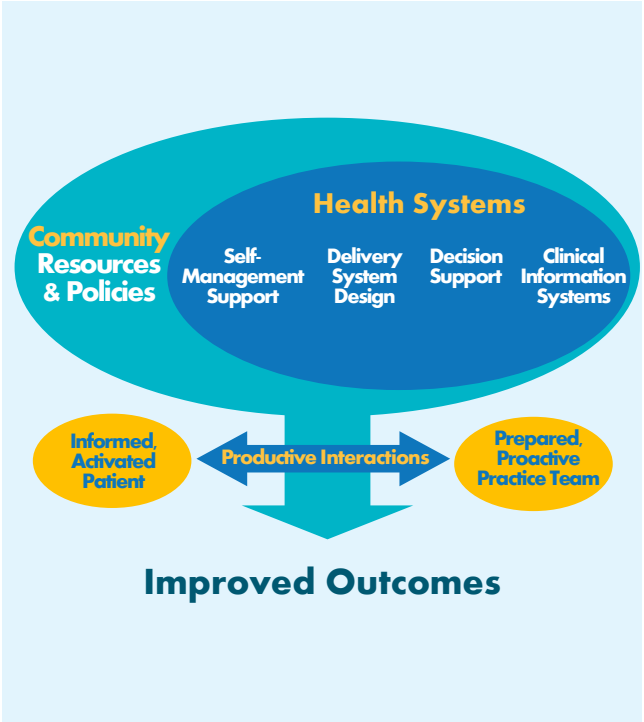
ACT focuses on a more extensive care transformation to help clinics improve how they manage their chronic disease population:

- By enhancing data management and reporting
- By implementing practice management principles
- By implementing the Planned Care Model in an effort to align medical practices with evidence-based clinical guidelines
- By preparing health care practices for implementation of meaningful use (MU) and Patient-Centered Medical Homes (PCMH)

Collaborative partners include the Arkansas Department of Health's Chronic Disease Prevention and Control Branch and the Tobacco Prevention and Cessation Program. Other partners include the Community Health Centers of Arkansas, Inc., the Arkansas Foundation for Medical Care, DHS-Division of Medical Services, Randy D. Walker Clinic, the UAMS Geriatric Education Center, and the UAMS Department of Family and Preventive Medicine, CME Division.

How ACT supports you?

- Prepares your practice for PCMH Basic or Advanced certification
- Determines strategies to meet your needs
- Offers prework support to:
  - assure that practices and provider panels are accurate for data reporting
  - recommend ways to modify EMR registries and templates to manage the patient population and produce accurate baseline data reports
  - train the provider champion and improvement team for quality patient care
  - map current clinical processes
  - review provider and staff responsibilities
  - provide written monthly feedback regarding data improvement and adequacy of change
  - conduct monthly webinar/conference calls to highlight problem areas and provide support



What practices ensure

- Provider champion and team support the practices redesign and are dedicated to improving patient outcomes
- Provider champion and team holds weekly team meetings to select changes to be tested and evaluate the new processes and their outcomes
- Submit timely monthly data reports and change reports
- Provider team attends ACT monthly webinar/ conference calls
- Provider and team attend ACT learning sessions

Reasons to Apply

- Enhance patient-centered interactions
- Identify and manage high-risk patients
- Improve practice quality
- 25+ hours of CME
- Grant funds offset out-of-office cost
- Networking opportunities with other practices
- Being proactive rather than reactive to new model of health care delivery
- Short-term financial investment small compared to long-term reward
- Guidance on data reporting system

Who can participate?

- Primary care practices affiliated with a hospital, health system or practice network
- Private primary care practices (defined as family, internal medicine practices or specialty practices that serves as primary care centers for patients)
- Community Health Centers of Arkansas, Inc. (CHC)
- Arkansas Health Education Centers (AHEC)