

# Asthma Supplemental Funding Opportunity ANNOUNCEMENT



## Mississippi Quality Improvement Initiative II (MSQII-2)

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## Part I. Overview Information

- A. Funding Agency Name:** Asthma Program, Mississippi State Department of Health Office of Health Data and Research
- B. Funding Opportunity Title:** Mississippi Quality Improvement Initiative II (MSQII-2) Asthma Supplemental Funding
- C. Dates**

Application Deadline Date: Monday, October 15, 2018 at 5:00 p.m. U.S. CST

Notice of Awards: October 19, 2018

**This announcement is only for non-research domestic activities supported by the Centers for Disease Control and Prevention (CDC). If research is proposed, the application will not be reviewed. For the definition of research, visit: <http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>.**

### D. Executive Summary

The Asthma Program within the Office of Health Data and Research (OHDR) of the Mississippi State Department of Health (MSDH) announces the availability of funds to implement the Mississippi Quality Improvement Initiative II (MSQII-2) Asthma Supplemental Funding Initiative. Asthma is a lifelong disease characterized by constriction and swelling of airways. Asthma symptoms can be triggered by environmental factors, such as allergens like pollen and dust mites, or irritants like tobacco smoke. Severe asthma episodes can be life-threatening. According to the Mississippi Behavioral Risk Factor Surveillance System (BRFSS), 12.9% of adults report ever having been diagnosed with asthma (lifetime asthma) and 8.1% of adults report that they currently have asthma (current asthma). An estimated 12.4% of children ages 0-17 have lifetime asthma, and approximately 8.9% of children have current asthma (MS BRFSS, 2015). This Funding Opportunity Announcement (FOA) supports the implementation of cross-cutting approaches to promote health, prevent and control asthma and its risk factors.

#### Purpose

The primary purpose of this FOA is to assist clinical practices with implementing system-wide changes that positively impact their entire patient population. The long-term goals are as follows:

- 1) Increase implementation of quality improvement processes in health systems.
- 2) Increase use of team-based care in health systems (i.e. nurses, pharmacists, nutritionists, physical therapists and patient navigators/community health workers).
- 3) Increase use of health-care extenders, such as pharmacists and community health workers, in the community in support of self-management of asthma.

## **E. Eligibility Requirements**

- 1) Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Private Practices are eligible to apply.
- 2) Healthcare organizations must have Electronic Health Records (EHR) with the ability to provide clinical baseline data.

## **F. Award Information**

**Type of Award:** Contract between the Mississippi State Department of Health Asthma Program and Contractor

**Fiscal Year:** 2018-2019

**Approximate Number of Awards:** 3

**Application Due Date:** October 15, 2018

**Approximate Average Award:** \$10,000

**Estimated Budget Period Length:** 9 months

**Budget Period:** December 15, 2018 to August 31, 2019

**Number of Years of Award:** Contingent upon funding availability

**Anticipated Announcement of Award:** October 19, 2018

\*Funding is awarded on a competitive basis.

\*All awarded sites must engage a Pharmacist and/or Community Health Worker as members of the healthcare team.

Throughout the project period, the MSDH Asthma Program's commitment to continuation of awards will be contingent on the availability of funds, evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government. This does not constitute a commitment by the MSDH Asthma Program to fund the entire period.

## **Part II. Full Text**

### **A. Problem Statement**

Asthma is a lifelong disease characterized by constriction and swelling of the airways. Symptoms include coughing, wheezing, and chest tightness. Asthma symptoms can be triggered by environmental factors, such as allergens like pollen and dust mites, or irritants like tobacco smoke. Severe asthma episodes can be life-threatening. The overarching goal of this project is to improve the quality of life for Mississippians, to ensure better health outcomes that reflect Healthy People 2020 goals and the National Public Health Priorities and Strategies.

As of 2016, Mississippi has an estimated population of 2,988,726. "White, non-Hispanic" is the predominant racial/ethnic group comprising approximately 59.3% of the population; with "Black/African American, non-Hispanic" as the second largest group accounting for over 38% of the population; and Asian, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander accounting for 3% of the population.

Mississippi Population by Race, 2016		
Race	Number	Percent
White	1,772,995	59.3
Black	1,127,116	37.7
Other	88,615	3.0
Total	2,988,726	100.0

Source: MSDH Vital Statistics, 2016

Mississippi has the highest percentage of residents identifying as "Black/African American" in any U.S. state. While the Jackson Metropolitan Area has one of the largest proportions of African Americans of any metro in country, the largest concentration live in the Mississippi Delta, located in the western part of the state between the Mississippi and Yazoo rivers. Mississippi experiences unique challenges in meeting the health needs of its citizens. The state leads the nation in an array of health and social issues that impact the health of the state's population. Mississippi is among states with higher unemployment rates, where by June 2017, the state had an unemployment rate of 6.1% compared to the national rate of 4.5% (Labor Market Data Publication, 2017). There is 22.5% of the population in the state at or below the poverty level, compared to the nation at 15.6%. The state's per capita income was \$20,956. The median household income for the state was \$39,464. These social burdens directly link too many of the health disparities affecting Mississippi.

Uninsured Mississippians account for 21% of the population. The increased health risks and racial disparities in health outcomes of Mississippi residents are exacerbated by a lack of adequate medical treatment, physicians, health insurance, and transportation. Fifty-one of Mississippi's 82 counties are considered medically underserved, a result of a lack of physicians and health care facilities (HRSA, 2011). A symptom of this underserved is that the Mississippi Medicaid population has the fourth largest percentage of Medicaid enrollees in the nation (20%) (Kaiser Family Foundation, 2011). In 2015, asthma accounted for about 52 deaths in Mississippi (MS Vital Statistics, 2015).

According to the Behavioral Risk Factor Surveillance System (BRFSS), the number of people with current asthma continues to increase in the United States, affecting approximately 8.9% of individuals (28.3 million) in 2014 compared to 8.4% in 2004. In Mississippi (MS), 12.9% of adults report ever having been diagnosed with asthma (lifetime asthma) and 8.1% of adults report that they currently have asthma (current asthma) (MS BRFSS, 2016). An estimated 12.4% of children ages 0-17 have lifetime asthma, and approximately 8.9% of children have current asthma (MS BRFSS, 2015). According to Mississippi Youth Risk Behavior Survey (YRBS) data, the percentage of students who had ever been told by a doctor or nurse that they had asthma was 25.6% in 2015 compared to 19.4% in 2013, a significant increase. There were 1,871 hospital visits and 14,208 emergency department visits related to asthma. During the years 2011-2015, there were 257 deaths due to asthma in Mississippi; many of which could have been prevented with proper education and treatment (MS Vital Statistics).

## B. Scope of Work:

**Below are the required Team-Based Care measures for reporting:**

Percent of patients with diagnosis of persistent asthma on anti-inflammatory medication (NQF 0047/UDS)
Percent of patients with a diagnosis of asthma with a severity assessment score: Intermittent or Persistent: mild, moderate, severe)
Percent of patients with documented Asthma Action Plan
Percent of patients exposed to environmental tobacco smoke (ETS) – Assessment/Screening
Percent of patients exposed to environmental tobacco smoke (ETS) – Intervention Plan
Number of ED visits or hospitalizations in the past 6 months

**Successful applicants will support the goals of the MSQII-2 Asthma Supplemental Funding by accomplishing the following objectives within the project period:**

- a) Provide the Mississippi State Department of Health Asthma Program with patient performance data on Asthma, Medication Adherence, and Self-Management.
- b) Work with MSDH Asthma Program staff and MSQII-2 consultant to select a team of at least five staff, which includes a senior leader, physician champion, clinician, technical support or data analyst, pharmacist/community health worker, to participate in the MSQII-2 Asthma Supplemental Asthma Funding Initiative. The Senior Leader is generally an executive within the organization. The ideal senior leader has ultimate authority to allocate time and resources needed to achieve the team's aims. In addition, this individual has administrative authority over all areas affected by the changes the team will test and champion the spread of successful changes throughout the organization.
- c) Participate (MSQII-2 Clinical Team) in three Learning Sessions, monthly webinars/conference calls, and two site visits. There will also be educational sessions and activities for health information technology staff, admitting/receiving staff, and Pharmacists. The Senior Leader is encouraged to attend all learning sessions; however, it is expected that they attend at least the first and third sessions. Learning sessions provide an opportunity for team members to share experiences, enhance learning, and expand the implementation of successful change concepts using the Expanded Chronic Care Model. Additionally, the senior leader will attend a minimum of one team meeting per month in the clinic and review each monthly report generated by the MSQII-2 Asthma Supplemental Funding Initiative.
- d) Prepare and submit quarterly narrative reports on healthcare systems and organizational changes, the Expanded Chronic Care Model. A report format will be provided.
- e) Devote time to healthcare systems improvement activities learned, hold monthly clinical team meetings with the entire MSQII-2- Asthma Supplemental Funding Initiative. Clinical Team, and apply skills learned. Document in monthly progress reports.
- f) Participate in all aspects of the MSQII-2-Asthma Supplemental Funding Initiative, integrate work of the MSQII-2-Asthma Supplemental Funding Initiative into the overall organization, and continue reporting on all measures.

## **C. Professional Resources Available**

### **Continuing Education Opportunities**

- a) Stanford Chronic Disease Self-Management Program (CDSMP) is a 6-week program for 2.5 hours per week that teaches anyone living with a long-term health condition, family members, friends or caregivers better ways to cope and manage his or her health by:
  - Setting goals that are feasible
  - Working with your healthcare provider
  - Making daily tasks easier
  - Relaxing and managing stress

## D. Application

<b>1. Contact Information</b>			
<b>Healthcare Organization:</b>			<b>Type: FQHC, RHC, and Private Practice (Please circle)</b>
<b>Executive Director/Chief Executive Officer/Owner:</b>		<b>Email Address:</b>	
<b>Lead Project Contact:</b>		<b>Email Address:</b>	
<b>Address:</b>			
<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone Number:</b>		<b>Fax Number:</b>	
<b>2. Describe the overall organizational structure and services provided.</b>			
<b>3. Describe core project management to execute the MSQII-2 supplemental award, including the roles and responsibilities of project staff.</b>			
<p>Day-to-day responsibility for key tasks such as:</p> <ul style="list-style-type: none"><li>a) Leadership of the project:</li><li>b) Project team members:</li><li>c) Monitoring of the project's on-going progress:</li><li>d) Preparation of reports and program evaluation:</li><li>e) Communication with partners:</li><li>f) Ability to attend Learning Sessions:</li></ul>			
<b>4. Electronic Health Records: Describe your IT Support.</b>			

Are you currently using Electronic Health Records?	
Name of EHR Vendor?	
Do you have IT Support? (onsite or contractual)	
Do you use a third party software to run your quality reports (ex. I2I, crystal reports)? If so, please provide name and contact information	
<b>5. Explain how your organization is currently using Health Information Technology (HIT) to improve asthma practices.</b>	
<b>6. Please provide information about the patient population served from January 2016 to December 2016.</b>	
<b>Demographic Characteristics:</b>	<b>Number of Patients</b>
Male	
Female	
Black	
White	
Hispanic	
Other	
Age (18 years and older)	
<b>Insurance Status:</b>	
Medicaid	
Medicare	
Private	
Uninsured	
<b>Disease Diagnosis and smoking status:</b>	<b>Number of Patients</b>
Asthma (ICD-9: 493 or ICD-10 codes: J45-J46)	
<b>7. Describe any collaboration(s) with internal or external partners to manage and treat asthma.</b>	

**8. Does your facility have an in-house Pharmacy? If not, are you currently partnering with a community Pharmacy for medication adherence?**

Will a Pharmacist be a member of the Clinical Team and participate in all aspects of the MSQII-2 Asthma Supplemental Initiative?

Will a Community Health Worker be a member of the Clinical Team and participate in all aspects of the MSQII-2 Asthma Supplemental Initiative?

**9. Please describe the type(s) of patient education currently being offered to patients with asthma. What is the staff's discipline who offers self-management sessions?**

**10. How is asthma data currently being reported? To whom or what organization is that data being reported?**

## **F. Budget**

A budget is not required for this application. The Mississippi State Department of Health Asthma Program will provide a budget to those awarded. Funding must not be used for the following:

- a) Awardees may not use funds for research.
- b) Awardees may not use funds for clinical care.
- c) Awardees may not use funds for salaries related to the delivery of patient care or education.
- d) Awardees may not use funds for construction.
- e) Awardees may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- f) Reimbursement of pre-award costs is not allowed.
- g) Awardees may not use funds for any kind of impermissible lobbying activity designed to influence proposed or pending legislation, appropriations, regulations, administrative actions, or Executive Orders (“legislation and other orders”). These restrictions include grass roots lobbying efforts and direct lobbying. Certain activities within the normal and recognized executive-legislative relationships within the executive branch of that government are permissible.

## **G. Application Review Criteria**

**Organizational Capacity (15)** – The extent to which the applicant:

- a) Describe the type of organization applying, its organizational structure. (5)
- b) Describe the services provided. (5)
- c) Describes its ability to address health equity. (5)

**Project Management (15)** – The extent to which the applicant:

- a) Describe who will have day-to-day responsibility to execute the MSQII-2 Supplemental Asthma Funding award for key tasks such as: leadership of the project; team members, monitoring of the project’s on-going progress; preparation of reports; program evaluation; communication with partners. (10)
- b) Describe the staff’s ability to participate in all phases of the MSQII-2 Supplemental Asthma Funding Initiative, including Learning Sessions. (5)

**Data Collection and Reporting (50)** – The extent to which the applicant:

- a) The applicant clearly articulates the Health Information Technology support, including IT staff and EHR vendor information. (10)
- b) Describe how the organization is currently using Health Information Technology to identify patient population and use data to improve patient asthma health outcomes. (10)
- c) Describe the advantages and challenges of deriving data from electronic health records and addressed how the latter will be overcome. (5)
- d) Provide data at a population level. (20)
- e) Describe how asthma data is currently being reported and to what organization. (5)

**Collaboration (5) – The extent to which the applicant:**

- a) Describes any collaboration (s) with internal or external partners to educate and treat asthma. (3)
- b) Describe established partnerships with onsite or in house or community pharmacies for medication adherence, including collaborative practice agreements with Pharmacists. (2)

**Project Resources (15) – The extent to which the applicant:**

- a) Describe types of patient education offered to address asthma, including those which are culturally competent and addresses health disparities. (5)
- b) Describe any existing self-management programs or lifestyle intervention programs for management of asthma. (10)

**H. Application Review Process**

**Phase I Review:** All eligible applications will be reviewed for completeness and responsiveness by an assigned review panel. Incomplete applications and applications that are non-responsive to the eligibility criteria will not be reviewed. Applicants will be notified that the application did not meet eligibility and/or published submission requirements.

**Phase II Review:** An objective review panel will evaluate complete and responsive applications according to the criteria listed in the criteria section of the FOA. Applicants will be notified electronically if the application did not meet eligibility.

Applicants may receive up to 100 possible points as follows:

Application Sections	Possible Points
Organizational Capacity	15
Project Management	15
Data Collection/Reporting	50
Collaborations	5
Project Resources	15
<b>Total Possible Points</b>	<b>100</b>

**I. Submission Requirements**

Please direct specific inquiries to the Mississippi State Department of Health Asthma Program (601) 576-7688.

**Application Deadline Date:** **Monday, October 15, 2018 at  
5:00 p.m. U.S. Central Standard Time**

**Notice of Awards:** **October 19, 2018**

**Applications should be emailed or faxed to the address below:**

Email to [jasmine.williams@msdh.ms.gov](mailto:jasmine.williams@msdh.ms.gov)

Or

Mississippi State Department of Health Asthma Program  
Office of Health Data and Research

Attn: Jasmine Williams  
Fax to (601) 576-8168

**J. Award Administration Information**

Awardees will receive an electronic copy of the Notice of Contract Award (NCA) from the Mississippi State Department of Health Asthma Program. The NCA will be emailed to the CEO, Owner or Project Lead for the healthcare organization. Unsuccessful applicants will be notified by email.