

***Pursuing Excellence in Clinical Learning Environments***  
**Pathway Leaders**  
**Quality Improvement: Health Care Disparities Collaborative**

**Request for Proposals**

The Accreditation Council for Graduate Medical Education (ACGME) is pleased to announce a new opportunity within its ***Pursuing Excellence in Clinical Learning Environments*** (*Pursuing Excellence*) initiative, which aims to promote transformative improvement in the clinical learning environments of ACGME-accredited Sponsoring Institutions through peer Collaboratives. This new Collaborative will be part of the ***Pursuing Excellence Pathways Leaders*** component, which seeks to optimize resident and fellow engagement in selected Focus Areas of the Clinical Learning Environment Review (CLER) Program.

Each *Pursuing Excellence* Collaborative brings together teams from eight to 10 Sponsoring Institutions on an 18-month journey to develop and test new models that equip resident and fellow physicians with the skills they need to better engage in systems-based approaches to delivering safe, high-quality care throughout their careers. To create transformative change, the participants of each Collaborative subsequently share successes with the broader community of clinical learning environments (CLEs).

**Pathway Leaders**  
**Quality Improvement: Health Care Disparities Collaborative**

The ACGME is seeking teams from up to 10 ACGME-accredited Sponsoring Institutions to participate in the Quality Improvement: Health Care Disparities Collaborative. Sponsoring Institutions who participate in this Collaborative will be committed to developing a robust, sustainable program to prepare their residents and fellows to better engage in systems-based quality improvement approaches focused on health care disparities. During the 18-month Collaborative, teams will benefit from:

- Enhanced engagement in systems-based quality improvement activities
- Enhanced engagement in understanding and addressing health care disparities in their organization
- Working with a framework for engaging early learners in quality improvement efforts to address health care disparities within their CLE—shaped by the CLER findings and input from the National Collaborative for Improving the Clinical Learning Environment (NCICLE)
- An interactive experience, with the opportunity to share and learn from peers within the graduate medical education community

- Facilitated review and guidance from faculty members with national and international expertise in health care disparities and program evaluation (addressing measurement, analysis, sustainability)

Goal of the Collaborative:

The goal of the Quality Improvement: Health Care Disparities Collaborative will be to increase resident and fellow engagement in quality improvement, with a particular focus on health care disparities. To do this, the Collaborative will use a framework developed by NCICLE’s Quality Improvement: Focus on Health Care Disparities Work Group that places residents and fellows on a deliberate pathway to obtain quality improvement skills that advance the CLE’s strategic goals related to eliminating health care disparities within its organization.

Over the course of the 18-month Collaborative, participating institutions will use the NCICLE framework to develop, implement, and evaluate models to acculturate residents and fellows into the CLE’s goals and practices for improving care, specifically towards eliminating health care disparities. The NCICLE framework includes four key new clinician skills related to quality improvement efforts to eliminate health care disparities. These skills, as well as accompanying desired behaviors, are outlined below:

<b>New Clinician Skills</b>	<b>Desired Behaviors</b>
Align with Quality Improvement Culture	<ul style="list-style-type: none"> <li>• Demonstrates basic knowledge of the QI tools and methods being used within the CLE</li> <li>• Recognizes the CLE’s QI priorities and specifically any QI priorities for HCD</li> <li>• Understands the CLE’s QI culture and operations, including the value of QI across the CLE and not limited to one clinical area</li> </ul>
Recognize Health Care Disparities	<ul style="list-style-type: none"> <li>• Understands both health disparities and health care disparities, as well as their potential causes</li> <li>• Demonstrates awareness of the CLE’s community health needs assessment findings and how the CLE is attempting to address health disparities in the community</li> <li>• Demonstrates ability to identify groups of patients who by their social/economic/cultural or physical limitations may be at risk for receiving inequitable care within the CLE</li> </ul>
Participate in Analysis of Health Care Disparities	<ul style="list-style-type: none"> <li>• Understands how QI data can inform the CLE’s ability to identify and address both health disparities within the community served by the CLE and health care disparities occurring within the CLE</li> <li>• Demonstrates ability to use data to identify issues leading to inequitable health care delivery within the CLE</li> </ul>
Translate and Act on Health Care Disparities	<ul style="list-style-type: none"> <li>• Participates in interprofessional QI projects to eliminate health care disparities occurring within the CLE</li> </ul>

## Key Dates

Request for Proposals Closes	October 3, 2018
Announcement of Participant Organizations	November 9, 2018
Kick-Off Webinar	November 30, 2018 1:00-3:00 p.m. Central
Pre-Learning Session Work	December 2018-January 2019
First Collaborative Learning Session	February 5-7, 2019
Intersession Learning Period 1	February-June 2019
Second Collaborative Learning Session	June 12-14, 2019
Intersession Learning Period 2	June-November 2019
Third Collaborative Learning Session	November 19-21, 2019
Report Out at the 2020 ACGME Annual Educational Conference	February 27-March 1, 2020

## Expectations

This will be a working Collaborative. Faculty members will serve as mentors by sharing expertise, facilitating learning across members of the Collaborative, assisting in the development of plans for ongoing assessment and improvement, and building a model for dissemination to the broader graduate medical education community.

It is up to the participating organizations to envision and develop their QI activity using a model developed from the NCICLE Quality Improvement: Focus on Health Care Disparities Work Group framework—including the new clinician skills outlined in the table above—that is specific to their learning environment. Each applicant institution will be expected to:

- Secure a commitment from CLE leadership and graduate medical education to support a quality improvement initiative to address health care disparities that aligns with the priorities of the CLE;
- Secure a commitment from CLE leadership and graduate medical education to provide resources to develop, implement, and test the initiative in the CLE, including letters of support;
- Commit to implementing NCICLE’s health care disparities QI framework for training their residents and fellows;
- Financially support a travel team of three to five members to participate in three, two-and-a-half-day Collaborative meetings, as well as intersession calls and activities throughout the 18-month Collaborative;

- Participate in periodic assessments (to be administered by the ACGME) to measure (1) resident and fellow engagement in addressing health care disparities at their CLE and (2) program implementation at participating sites to better understand the lessons that emerge from systems-based approaches to addressing health care disparities;
- Commit to sharing progress reports and de-identified aggregated results with other members of the Collaborative and with the graduate medical education and local CLE communities at large; and,
- Participate in the 2020 ACGME Annual Educational Conference presentation on the work of the Collaborative.

## **Participants**

Any ACGME-accredited Sponsoring Institution with a status of Continued Accreditation is eligible to apply. Each Sponsoring Institution applicant must identify one participating site to serve as the CLE test site for the duration of the Collaborative.

Team membership needs to include the designated institutional official (DIO) and a mixture of leaders from graduate medical education (e.g., program directors, faculty leaders, resident/fellow leaders) and the CLE (e.g., chief medical officers, chief nursing officers, and chief quality officers). *Note: Although there is no limit on the size of the working teams at the local level, travel teams for in-person meetings will be limited to three to five participants per CLE to maximize engagement within the Collaborative.*

## **Background and Resources**

The *CLER National Report of Findings 2018*<sup>1</sup> noted that few CLEs appeared to have a formal strategy to address health care disparities or a systematic approach to identifying variability in the care provided to or clinical outcomes of their patient populations at risk for health care disparities. In addition, a limited number of CLEs were engaged in comprehensive efforts to identify and eliminate health care disparities in a systematic manner; it was uncommon for residents and fellows, faculty members, or program directors to be involved in these efforts.

In light of these findings, NCICLE recommends that CLEs begin to equip new clinicians with the skills needed to engage in quality improvement behaviors soon after these clinicians begin clinical practice in the CLE. NCICLE also recognizes that, as a key component of these quality improvement efforts, the CLE is responsible for making new clinicians aware of the CLE's goals and resources for identifying and addressing health care disparities within the walls of the CLE. This responsibility includes planning for, designing, and providing ongoing opportunities to model improvement practices for new clinicians. To guide CLE leaders in these areas of importance, NCICLE's Quality Improvement: Focus on Health Care Disparities Work Group is creating a document detailing the role of the CLE in preparing new clinicians to engage in quality improvement efforts to eliminate health care disparities.<sup>2</sup>

NCICLE recognizes that disparities in "health" and "health care" are related, but not synonymous, concepts. A "health disparity" refers to a higher burden of illness, injury, disability, or mortality experienced by one population group relative to another. A "health care disparity" typically refers to differences between groups in health insurance coverage, access

to and use of care, and quality of care received.<sup>3</sup> Eliminating health care disparities requires periodic review of performance measures to identify disparities in patient care or outcomes, targeted quality improvement efforts to address these disparities, and ongoing analyses to assess these efforts.

### **Application Review Process**

Applications will be evaluated on the following five criteria:

- 1) Organizational commitment, leadership, and team
- 2) Significance of the proposal to the aim of the Collaborative
- 3) Measurement and evaluation strategy
- 4) Sustainability strategy
- 5) Commitment to dissemination of both the team's learning and the learning of the Collaborative

Participants will be selected to represent a diverse range of CLEs.

Access and submit the application form at [www.acgme.org/pei](http://www.acgme.org/pei). For reference purposes, a copy of the application form follows. **Submit applications using the online form only.**

**\*\*The application deadline is 11:59 p.m. Central, October 3, 2018\*\***

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<sup>1</sup> Koh NJ, Wagner R, , Newton RC, Casey BR, Sun H, Weiss KB; CLER Program. Detailed Findings from the CLER National Report of Findings 2018. *J Grad Med Educ*. In press.

<sup>2</sup> NCICLE Quality Improvement: Focus on Health Care Disparities Work Group. *The Role of the Clinical Learning Environment in Preparing New Clinicians to Engage in Quality Improvement Efforts to Eliminate Health Care Disparities*. Chicago, IL: Accreditation Council for Graduate Medical Education. In press.

<sup>3</sup> [Ubrì P, Artiga S](#). *Disparities in Health and Health Care: Five Key Questions and Answers*. Kaiser Family Foundation. <https://www.kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/>. Published August 12, 2016. Accessed July 20, 2018.

Pursuing Excellence Pathway Leaders Collaborative Application  
Quality Improvement: Health Care Disparities

**Applications will be evaluated on the following three criteria:**

- 1) Organizational commitment, leadership, and team**
- 2) Significance of proposal to the aim of the Collaborative**
- 3) Measurement and evaluation strategy**
- 4) Viability of the sustainability strategy**
- 5) Commitment to dissemination of both the team's learning and the learning of the Collaborative**

**The deadline to submit applications is 11:59 p.m. on October 3, 2018.**

1. Proposal Title

## 2. Sponsoring Institution

Name of Institution:

Address:

ACGME Sponsor Code

Name of Primary Contact  
for Application:

E-mail Address of Primary  
Contact:

Phone Number of Primary  
Contact:

Name of Lead if Different  
from Primary Contact

E-mail Address of Lead if  
Different from Primary  
Contact

Phone Number of Lead if  
Different from Primary  
Contact

## 3. Hospital or medical center name, if not the same as the Sponsoring Institution

Name of Hospital/Medical  
Center:

ACGME ID Number:

Type of Ownership:

Framework to Engage Learners in Health Care Disparities

New Clinician Skills	Desired Behaviors
Align with Quality Improvement Culture	<ul style="list-style-type: none"> <li>• Demonstrates basic knowledge of the QI tools and methods being used within the CLE</li> <li>• Recognizes the CLE's QI priorities and specifically any QI priorities for HCD</li> <li>• Understands the CLE's QI culture and operations, including the value of QI across the CLE and not limited to one clinical area</li> </ul>
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Translate and Act on Health Care Disparities	<ul style="list-style-type: none"> <li>• Participates in interprofessional QI projects to eliminate health care disparities occurring within the CLE</li> </ul>

4. Please describe how you would design and implement a project to address the framework (limited to 500 words).

5. Please describe how your project will improve the outcomes of your learners (limited to 250 words).

6. Please explain how you would measure the success of your project (limited to 250 words).

7. Please describe the sustainability plan for your project (limited to 250 words).

8. Please list each member of your project team at your institution:

Name, Title, and Degrees:

9. List any additional team members:

10. Please attach bios for each member of the project team at your institution.

Please combine and submit all bios in a single PDF file.

Choose File
No file chosen

11. Please attach three letters of support from your institution's leadership.

One letter of support must be from the chief executive officer of the institution in which this project will be implemented. Please combine and submit all letters in a single PDF file.

Choose File
No file chosen

12. What are your expectations for participating in this ACGME Collaborative (limited to 250 words)?

13. Please note any additional comments or clarifications (limited to 100 words).

**If you have any questions, please contact [PEI@acgme.org](mailto:PEI@acgme.org).**