Innovation Award
Dear Cardiac and Pulmonary Rehabilitation Professional:

Thank you for your interest in the 2017 WISCPHR Innovation Award. The purpose of the Innovation Award is to acknowledge those programs that have enhanced their delivery of care for a patient population, in a unique and creative way, beyond the traditional model of Cardiac and Pulmonary Rehabilitation. By recognizing and highlighting examples of these innovative programs, it may foster other cardiac and pulmonary rehabilitation programs to broaden and diversify their program services to expand the scope of services provided and patients serviced.

Innovative Program:

Innovation is the development of new customer value through solutions that meet new needs, inarticulate needs, or old customer and market needs in new ways. This is accomplished through different or more effective products, processes, services, technologies, or ideas that are readily available to markets, governments, and society. Innovation differs from invention in that innovation refers to the use of a better and, as a result, novel idea or method, whereas invention refers more directly to the creation of the idea or method itself. Innovation differs from improvement in that innovation refers to the notion of doing something different (Lat. innovare: "to change") rather than doing the same thing better.

Innovative program components include:

- Population identification processes
- Research basis for program
- Collaborative practice models
- Patient education (may include primary prevention, secondary prevention, behavior modification programs, self-management, and compliance/surveillance)
- Routine reporting/feedback loop (may include communication with patient, physician, health plan and ancillary providers, and practice profiling)
- Process and outcomes measurement, evaluation, and management

The application form for the Innovation Award is below and the criteria are based on the definition for innovative programs (see above). Complete and concise, yet detailed, responses to the various sections of the application are requested, and should fully define your program service and describe your innovative approach beyond the traditional model of care. The maximum point value for each section is provided in parenthesis. Previous award winners are listed below and are not eligible for the 2016 Innovation Award.

Thank you for your application for the 2016 WISCPHR Innovation Award and your willingness to not only showcase your program, but also share your programs success in broadening the scope of care and patient population serviced within our state. We look forward to the opportunity to review your application.

Sincerely,

The WISCPHR Innovation Award Committee, a sub-committee of the Leadership Committee
Examples of past WISCPHR Innovation Award winners:

2016:

**St. Elizabeth’s Hospital- “Breathe at Ease” COPD Care-Management Program**
Pro-active disease management program created with hospital systems insurance company, Network Health to manage care of those with COPD by improving quality of life and decreasing costs related to emergency room visits and hospitalizations.

2015:

**Aspirus Wausau Hospital- ADAPT (Aspirus Diabetes, Assessment, Prevention, Transition Program)**
Program designed to help people at risk for developing diabetes to reduce their risk by losing weight, becoming more active, learning to problem solve, manage stress, and make more healthy choices for a lifetime.

2014:

**Upland Hills Health- Cancer Empowerment Program**
Program designed to provide a service for patients with cancer to improve their quality of life and to exercise in a safe environment when there are no other programs offering this currently.

**Baldwin Area Medical Center- Heart Failure Program**
Program designed to reduce hospitalizations and re-hospitalizations, while improving long-term clinical outcomes, patient experience, and quality of life.
INNOVATION (Formerly known as SOS) AWARD APPLICATION

Facility__________________________________________________________

Program / Project Name____________________________________________

Address___________________________________________________________

Contact person_____________________________________________________

Phone_________________________  FAX______________________________

Email_____________________________________________________________

Introduction – In 100 words or less please complete the following statement; “We believe our program is unique and innovative because …” (10 points)

1. Population Served by the program (up to 5 points)

   • Specify and describe the unique population selected for this program or service. Examples include:
     - Clinical populations currently served (CR, PR, and VR)
     - Subgroup within CR / PR /VR (i.e. dyslipidemia)
     - Primary prevention groups
     - Other Clinical conditions or populations (Obese, cancer, osteoporosis, etc)
     - Children, elderly, women, minorities, underserved (rural), etc

   • Specify how this population was identified and how their needs were identified.
   • Identify other opportunities within this target population (referrals or procedures)
   • Explain considerations given to underserved or rural populations.

2. Research basis for program (up to 5 points)

   • Indicate the specific guideline(s), scientific evidence, or research articles used in planning this program.

3. Collaborative Practice Model (broad community of caregivers) (up to 15 points)

   • Describe in detail your model of collaboration – how have you worked to include a variety of caregivers into your program?
   • Who are the caregivers involved in this collaborative process (identify members of the team)?
     - CR/PR staff
     - Physician
     - Other health care professionals
     - Other ancillary departments
     - Community-based organizations
     - Family
     - Health plan providers
     - State/federal government agencies

   • Provide specific evidence in support of a well-defined collaboration process.
   • Describe (or show evidence of) how participant results are shared among all team members.
   • Describe or provide examples of the communication process.
4. **Patient self-management education (up to 10 points)***
(Including primary prevention, behavior modification, compliance and surveillance)

- Provide details of the education process used and explain how it encourages patient self-management.
- State the process for identifying barriers to learning, determining state of readiness for learning, and identifying patient’s preferred learning style.
- Identify by what means education information is provided to the patient/participant.
- Describe **behavior modification** techniques or interventions used.
- Explain how patient / participant **compliance** to treatment plans is tracked and how issues of non-compliance are addressed.

5. **Process / program outcomes evaluation** (how is success measured) *(up to 20 points)*

- Describe your patient outcomes tracking system.
  - What is evaluated?
  - How is it measured?
  - Describe outcomes to date (provide “n,” pre- & post-values, %change, & supporting narrative).
- Describe your program/process-related outcomes - how do you know your program is successful?
  - What is evaluated?
  - How is it measured?
  - Describe outcomes to date (provide pre- & post-values, %change, & supporting narrative).
- Describe in detail how these outcomes relate to the evidence-based guidelines (or scientific evidence) used as your guide in the creation of your program – are your results consistent with the published standards?

6. **Describe evidence of benefit gained from this program (up to 25 points)**

Describe the unique characteristics of your program or service that identifies a new approach toward delivery of care.

- **Operational Benefit:**
  - Evidence may include:
    - Growth documented by increased visits or patients
    - Enhanced efficiency and process as evident by improved productivity
    - Improved customer and/or physician satisfaction
- **Health Benefit:** Provide details to support observed health benefit of the program or service.
  - Evidence may include:
    - Increased health awareness and/or decreased health risk
    - Improved health of community (or population targeted) as evidence by improved health knowledge and/or behavior
    - Decreased hospital, physician or ER visits
• Financial Benefit: Provide details to support the financial benefits of the program or service and evidence that is more cost effective to the patient, payer and institution than traditionally delivered care.
  
  o Evidence may include one or more of the following:
    • Return on investment (how is it measured)
    • Description of revenue or reimbursement sources
    • Indication of cost savings
    • In-direct revenue enhancement elsewhere in organization
    • Any evidence of payer cooperation or support

**Submission Instructions**

Please submit an electronic copy of your completed application to the WISCPHR Innovation Award Committee BY MARCH 3rd — Lance Maerz (maerzl@uplandhillshealth.org) or Erik Samuelson (Erik.Samuelson@froedtert.com). Applications will be reviewed by the Innovation Committee and winners will be notified by April 17th, 2017.

The Innovation Award winner will be acknowledged at the WISCPHR Annual Meeting at the Olympia Resort in Oconomowoc on April 7-8th, 2017 and will be presented with an award along with a prize. In addition, WISCPHR will submit the Innovation Award recipient to the AACVPR Membership and Affiliate Relations Committee for consideration of the AACVPR Innovation Award. All WISCPHR Innovation Award submissions will be given the opportunity to present a poster at the Annual Meeting.

If you have any questions, please do not hesitate to contact Lance Maerz at 608-930-7160 or by e-mail at maerzl@uplandhillshealth.org. Thank you again for your interest and for your commitment to excellence in program development and patient care.

Please submit applications to: Lance Maerz at maerzl@uplandhillshealth.org or Erik Samuelson at Erik.Samuelson@froedtert.com or fax at 608-930-7253.

Applications are accepted in electronic format only. Faxed documents qualify as electronic submission. If you have supporting documentation and/or information which can not be submitted electronically, mail these items to Lance Maerz at (Lance Maerz, c/o Cardiopulmonary Rehab, 800 Compassion Way, Dodgeville, WI 53533).

**Application format**

• Application should be in a Word/word processor document or Adobe file
• Each required section header should be a separate paragraph or bullet
• Answers to each section can be in paragraph or bullet form, be sure to address each bullet for full credit. If a bullet point does not apply to your program please specify that it does not.
• Be sure to attach all additional information or supporting documents
2017 Innovation Award Checklist

☐ Review the definition of disease management. Does your submission meet the intent of the award?

☐ Does your submission describe a program which has reached beyond the traditional Cardiac/Pulmonary Rehabilitation Model?

☐ Have you submitted complete, yet concise answers to all sections of the application?

☐ Have you electronically submitted your application?

☐ If you have any supporting documentation and/or information which cannot be submitted electronically, have you mailed them in to Lance Maerz (contact information listed on application)?

☐ If you have previously submitted your program idea in prior years, have you clearly defined the uniqueness of this year’s submission?

☐ If you have any questions regarding applying, have you contacted a member of the WISCPHR Innovation Award Committee (Lance Maerz or Erik Samuelson)?

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