CMH Association of Michigan and the National Council

Michigan Practice Transformation Academy

APPLICATION

# Submission Instructions

Completed applications must be submitted online by **11:59 p.m. ET on Friday, June 28, 2019**.

*Please note: only completed applications will be reviewed.*

# Questions

Any questions regarding the Michigan Practice Transformation Academy should be directed to Chris Ward at CWard@cmham.org or (517) 374-6848.

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| **Michigan Practice Transformation Academy** |
| **Part 1: Team Profile** |
| Organizations participating on this team (max 2) | 1.2. |
| Number of participants on Team (max 10) |  |
| **Part 2: Team Contact Person** |
| First Name: |  |
| Last Name: |  |
| Job Title: |  |
| Organization: |  |
| Email Address: |  |
| Phone #: |  |
| **Part 3: Member Organization Profiles**  |
| **Organization 1** |
| Organization Name: |  |
| Type of Organization: | * Payer
* Provider
 |
| **Practice Transformation Lead**  |
| First Name: |  |
| Last Name: |  |
| Job Title: |  |
| Email Address: |  |
| Phone #: |  |
| **Practice Transformation Lead Alternate** |
| First Name: |  |
| Last Name: |  |
| Job Title: |  |
| Email Address: |  |
| Phone #: |  |
| **Organization 2** |
| Organization Name: |  |
| Type of Organization: | * Payer
* Provider
 |
| **Practice Transformation Lead**  |
| First Name: |  |
| Last Name: |  |
| Job Title: |  |
| Email Address: |  |
| Phone #: |  |
| **Practice Transformation Lead Alternate** |
| First Name: |  |
| Last Name: |  |
| Job Title: |  |
| Email Address: |  |
| Phone #: |  |
| **Part 4: Short Answer Section** |
| Please describe your motivation for applying to the Michigan Practice Transformation Academy. Why is preparedness for value-based payments a priority for your team? (Examples include; system pressures, lack of common understanding across internal stakeholders, lack of a framework, etc. (max 400 words) |
| The Stretch Project is a unique initiative customized to address each respective team’s transformation efforts. Please provide a brief overview of a proposed Stretch Project for your team (see example stretch projects in the Request for Application). (max 400 words) |
| **Part 4: Attachments** |
| Letters of Support from CEOs*Please note: Letters of Support must clearly articulate acknowledgement and support for Practice Transformation Lead’s participation in all program activities, including in-person meetings, webinars, and coaching calls, as well as implementation of a Stretch Project.*  |
| **Part 5: Participation Checklist & Authorized Signature** |
| I affirm that my team will attend/participate in all required Practice Transformation Academy activities. | * I agree
 |
| I understand the participation fee for the Michigan Practice Transformation Academy is $4,000 per team/stand-alone organization. If selected, my team commits to paying the participation fee by \_\_\_\_\_\_\_\_.  | * I agree
 |

Signature of Team Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to apply for the Michigan Practice Transformation Academy.