VHA Office of Academic Affiliations

Request for Proposals

Stage 2 Continuation Support

Centers of Excellence in Primary Care Education

FY16-FY19

Centers of Excellence in Primary Care Education

Stage 2 Continuation Support

Table of Contents

Purpose of the RFP 3

Goals for Stage 2 3

Proposal Requirements and Eligibility 3

Overview/Checklist: Stakeholder Engagement and Responsibilities 4

Narrative 5

A. Transformation 5

1. Expansion. 5
2. Leadership Philosophy. 5
3. Center PACT Implementation. 5
4. Exportable Patient-Centered Products 5
5. Curriculum Design. 7

B. Infrastructure 8

1. Communication and Collaboration 8
2. Data Management 9
3. Evaluation 9
4. Staffing staffing 9
5. Trainees 13
6. Budget 15
7. In Kind Support 15
8. First Year Budget Request 16

C. Supportive Documentation 18

1. Letters of Support 18
2. Coordinating Center Expectations 20
3. Rating and Evaluation of Proposals 20
4. Timelines Timelines 21
5. Important Dates 21
6. Submission Instructions 22

Purpose of the RFP

The Office of Academic Affiliations (OAA) is soliciting proposals to extend support to those existing VA Centers of Excellence in Primary Care Education ("Centers") that will continue innovative work and expand the reach of transformative primary care education. These flagship Centers will develop, introduce and support essential systems and tools grounded in interprofessionalism, collaborative practice, leadership and academic and other partnerships. Center leaders and staff will continue Center development and work as nationally recognized experts in the alignment of primary care education within clinical delivery system redesign. Center goals will include continued preparation of health professionals to practice in, lead, and improve patient-centered, team based primary care in VA and the Nation.

Goals for Stage 2

1. **Improvement and refinement:** Ongoing development and improvement of Academic PACT to include expansion of leadership models and trainee population.
2. **Creation of exportable assets:** Development and validation of performance and competency assessments of trainees and faulty, and performance of educational and clinical programs, learning environments, curricula and other key assets. Such tools shall be packaged into "implementation kits[1]" that will be made available (disseminated) to the VA and the Nation.
3. **Implementation**: Because the development and dissemination of an "implementation kit" is innovative, dissemination strategies must be tested and continuously improved. Participating sites will work closely with the Coordinating Center, and in most cases lead, the development, packaging, technical assistance, support and testing of implementation products emerging from the project.
4. **Continued innovation:** Pursuit of new strategies and products that address gaps in interprofessional primary care education
5. **Curricular domains:** Centers shall continue the goals for curriculum addressing: Shared Decision Making; Sustained Relationships; Interprofessional Collaboration and Performance Improvement.
6. **Integration of mental and behavioral health in primary care**: Centers shall substantially expand clinical and educational emphasis on integration of mental and behavioral health in primary care.

Proposal Requirements and Eligibility

All goals must be in alignment with the national VHA recommendations and standards around Academic PACT (APACT) "Academic PACT: A blueprint for primary care redesign in academic practice settings" and embrace strategies around the following commonly accepted authority documents: IPEC Competencies, AHRQ Guidelines for Performance Improvement and National Center for Interprofessional Practice and Education (Nexus).

Proposal narratives should **address both ongoing and new** elements of the program. Centers should consider: continuity of care, longitudinal learning experiences, faculty and staff development, sustained relationships for patients, trainees, faculty and staff, optimization of patient and population health, development and validation of metrics to evaluate educational outcomes, system improvement, and development of collaborative education and leadership models.

Eligibility to Apply: Only current Centers are eligible to apply. Up to a maximum of $750,000 may be awarded per Center beginning 10/1/15 through 9/30/19 (4 fiscal years).

[1] *Implementation kit. An implementation kit is the aggregation of instructional and operational resources (tools), along with the instructions (using all appropriate instructional designs) for assessing the readiness of the environment to implement the new practice, advice about strategies for adoption, and advice about assessing and improving the adoption. The implementation kit is intended to support replication of promising practices.*

Overview/Checklist: Stakeholder Engagement and Responsibilities

- ☐ Centers shall have substantive evidence of facility leadership and academic affiliate engagement and in-kind support documented in letters of support. (Ref: "In-Kind Support" and "Letters of Support")
- ☐ Centers must agree to one of two staffing models (new or modified staffing model. (Ref: "Center Staffing")
- ☐ Centers must agree to trainee expansion model. (Ref: Center Trainees)
- ☐ Centers must agree to commit to Coordinating Center timelines, communication strategies and reports for the duration of the project (Ref: Timelines)
- ☐ Centers must contribute to site and enterprise-level metric implementation and data mining strategies, guidelines and processes for the duration of the funded project (Ref: "Academic PACT: A blueprint for primary care redesign in academic practice settings" Executive Summary Recommendation #5 and Data Management)
- ☐ Centers must contribute to local and enterprise evaluation strategies for the duration of the funded project. (Ref: Evaluation)
- ☐ Centers AND facility leadership must formally agree to protected time for directors, associate directors, faculty, administrative/data analyst and other staff as requested in the staffing model (Ref: Letters of Support).
- ☐ Facility letters of support (Ref: Letters of Support) shall be prepared to the attention of OAA, Chief Academic Affiliations Officer. Letters should detail commitment to Academic PACT and the Center's role in development and improvement of Academic PACT strategies and the diffusion of promising practices within VA. Letters shall include statement of commitment to Center goals and the mission of Academic PACT, indicate support of the program and detail in-kind support.
- ☐ Facility leadership must formally acknowledge that trainee precepting and supervision time is not included in this funding, and that financial support for those activities supported by the Medical Center's medical care and/or VERA educational indirect funds. (Ref: Letters of Support).
- ☐ Facilities must maintain properly executed affiliation agreements with all educational institutions participating in the Center
- ☐ Facilities must ensure sufficient administrative and clinical space be provided to carry out the mission of the program, including space to support teaching and learning for small group and team meetings including teaching conference/precepting space that is nearby the clinical workplace trainees use as part of the CoEPCE workplace learning activities
- ☐ Affiliate leaders must be engaged in and supportive of Center activities. Academic partners should work with the DEO and proposed program leaders as partners in the development, coordination and submission of proposals
- ☐ Affiliates will be expected to attend stakeholder meetings as established by the project and related to host facility efforts and communication plans.
- ☐ Affiliate leaders should support VA clinician educators associated with the project with faculty appointments at the named affiliate for the specific profession.
- ☐ Affiliate letters of support (Ref: Letters of Support) shall be addressed to the attention of OAA, Chief Academic Affiliations Officer. Letters should detail commitment to Academic PACT as well as the Center's role in development and improvement of Academic PACT strategies and the diffusion of promising practices within VA. Letters shall include statement of commitment to Center goals and the mission of Academic PACT, indicate support of the program and detail in-kind support.

Narrative

Use the guidelines throughout the RFP and answer the questions below in tandem with the "Goals for Stage 2 on Page 3 of this document" to provide a summary of your Center's proposed program. Include a 1 page executive summary of the project. (Total page count twenty (20) including executive summary. Staffing, trainee and budget tables and in-kind support detail, letters of recommendation and timelines are excluded from the count.)

A. Transformation

1. **Expansion.** Detail how work done at the Center will inform and support the expansion of patient-centered primary care education beyond the pilot phase. What did you do, what was learned, what changes in culture occurred, what lessons will be built upon? Describe the nature and extent of your partnerships, how your proposal was jointly conceived and developed, and the commitment of each partner to the Center's success. Include evidence from your site evaluation efforts to justify your responses to these questions.

2. **Leadership Philosophy.** Describe your site's proposed collaborative leadership model and philosophy. (Ref: "Academic PACT: A blueprint for primary care redesign in academic practice settings" Executive Summary Recommendation #7). Describe how anticipated changes to the leadership model will affect your program. (Ref: Center Staffing)

3. **Center PACT Implementation.** Reflect on and describe your Center's degree of local general PACT implementation (Include evidence).

4. **Exportable Patient-Centered Products.** Reflect on how your Center prioritizes proactive, patient-centered, population-team based care. (Ref: "Academic PACT: A blueprint for primary care redesign in academic practice settings" Executive Summary Recommendation #4).

   Think about this in terms of the development and dissemination of the implementation kits that your Center will focus on. "Implementation Kits" are not simply toolkits or a warehouse of resources and links. Implementation Kits are fully designed models of implementation strategies that target key topic areas. Implementation Kits will ultimately include instructional materials, performance support resources such as checklists and templates, self- assessment strategies, success measurement strategies and other tools for successful adoption of a product. Some kits might also consider the use of consultation or live support. ***The Coordinating Center will provide resource support for the development, dissemination and evaluation of these implementation kits.**

Respond to the following questions. You will then summarize your responses in the grid below.

Implementation Kit: Describe key lessons, assets, performance and competency assessments and/or interventions your Center developed that have promise of national exportability and implementation. What product do you propose develop? Target at least one product for each year of funding. **(Box A)**

Stakeholders: Describe the audiences for these products. **(Box B)**.

Outcomes: What do you expected to happen as a result of this product. **(Box C)**

Dissemination: How will the implementation kits, tools and assets will be made available for adopters. (**Box D**)?

Integration: How will your target audience/adopters use these products? **(Box E)**

Key Activities: Explain what you need to do to achieve completion of your products. (**Box F**)?

Resources: What might you need that has not been provided? Keep in mind Coordinating Center adjunct support. **(Box G)**

Timelines: Explain stages and dates. **(Box H)**

Stage 2 Implementation Kits/Deliverables and Timelines:

From your summary above, provide a clear/concise/measurable table of deliverables. (Deliverables are specific products that funded sites will have committed to develop over the course of the funding period. These deliverables should map to stage 2 goals) (Page 3).

	A	B	C	D	E	F	G	H
Year	**Implementation Kit** (At least one tangible product per funded year)	**Target Audience**	**Intended Outcomes** What is your vision for this product?	**Dissemination Process**	**End User Integration**	**Key Activities** (most important tasks required to achieve intended outcomes)	**Resources**	**Timelines**
1								
2								
3								
4								

5. **Curriculum Design.** At least 30% of the overall training time of each trainee participating in this program must be devoted to managing an assigned/defined population (panel) of primary care patients at VA as applicable. Each trainee must also have access to longitudinal sustained relationship with patients, faculty, staff and peer learners. Trainee time must be spent in workplace learning (developmentally appropriate activities of actual practice for which the trainee is preparing, not limited to direct one-to-one patient care), reflective practice for debriefing and making sense of workplace experiences, and didactic activities that support learning in the workplace with the majority of time spent in workplace learning. Reflect on the following components:

   a) **Learning Environment -** Describe how your Center is aligning both quality care and the education of the next generation of health care practitioners as an inseparable mission. ("Academic PACT: A blueprint for primary care redesign in academic practice settings" Executive Summary Recommendation #1)

   b) **Interprofessionalism.** Briefly describe how your Center educates trainees from different professions together with a focus on workplace activities. ("Academic PACT: A blueprint for primary care redesign in academic practice settings" Executive Summary Recommendation #6)

   c) **Proposed Curriculum.** Explain your proposed curriculum in terms of the current funding initiative. (A primary goal of this funding is to support education specialists, curriculum design expertise that prioritizes workplace learning and expertise to package and prepare products to share with future Academic PACT sites)

   d) **Core Domains.** CoEPCE will continue goals for curriculum addressing: Shared Decision Making; Sustained Relationships; Interprofessional Collaboration; and Performance Improvement. Briefly describe your priorities within these domains and the metrics your Center proposes to support education, patient care and your system performance.

   e) **Dose and Scheduling.** Briefly describe "exposure/dose" for trainees to CoEPCE, scheduling challenges and how they will be addressed in collaboration with your partners. (Think about teacher/trainee/supervision/transitions of care models and consider continuity, communication, quality care, and curriculum in terms of workplace learning, didactics and reflective practice, including how these items are being improved and expanded.)

   f) **Educational Outcomes.** Describe a limited number of desired educational outcomes. (Remember, we want to be able to look at achievable outcomes). Relate the educational outcomes to specific learning objectives, the teaching methods that will be used to achieve them, and the measures that will track progress toward the desired outcomes. Discuss specific competencies and how they will be managed in models of teaching and learning. Address workplace learning, didactics and reflective practice. How are these items being improved and expanded?

   g) **Access.** Describe how your Center optimizes patients' access to their primary care provider and team while optimizing continuity of care and continuity for learning. Please address team assignments and responsibilities as related to continuity (see below).

   h) **Continuity.** Think about what was learned in Stage 1 plus rationale for continuity design for the future. Identify priority relationships and any compromises that might need to be made. How are faculty preceptors identified? Discuss how your site addresses continuity and frequency in the PACT Each trainee must also have access to longitudinal sustained relationship with patients, faculty, staff and peer learners. The multiple dimensions of these sustained relationships may conflict with each other in the design of workplace relationships. Describe how and why you will prioritize specific longitudinal sustained relationships (e.g. learners and their staff teamlets).

Include the following relationships:

- Trainee/teamlet (continuity between the trainee and the other members of the teamlet);
- Trainee/preceptors (continuity between the trainees and their preceptors);
- Trainee/trainee (continuity between trainees within and across professions);
- Faculty/faculty (continuity between preceptors of different professions);
- Patient/teamlet (continuity between the patient and the general teamlet);
- Patient/faculty (continuity between the patient and the preceptors)

6. **Continuity of Care**. Describe how your Center ensures continuity of patient care. Reflect on panel sizes and clinics, practice opportunities, precepting, and supervision. Use FTE and ratios as appropriate. ("Academic PACT: A blueprint for primary care redesign in academic practice settings" Executive Summary Recommendation #3)
7. **Continuity of Learning**. Describe the learning relationships in your Center. ("Academic PACT: A blueprint for primary care redesign in academic practice settings" Executive Summary Recommendation #3).
8. **Faculty Development.** Define your faculty. ("Academic PACT: A blueprint for primary care redesign in academic practice settings" Executive Summary Recommendation #2). What are your Center's faculty and staff development needs and how will you address these?

B. Infrastructure

1. **Communication and Collaboration** - Center leadership will be required to define a formal communications plan and reporting relationship with the Coordinating Center, local primary care leadership, local medical Center leadership, local VISN Academic PACT Workgroup leadership and affiliate leadership. Centers will have in place communication and knowledge management mechanisms to share concepts, evaluation activities and outcomes, barriers, challenges, successes, strategies, etc with facility and VISN leadership, councils and committees, DEO's, the national Academic PACT workgroup representatives and academic affiliates. Center leadership and key staff will also be required to participate in regular meetings with Coordinating Center consultants and/or topic driven technical assistance or community of practice groups as defined by the Coordinating Center. The facility shall establish an Academic PACT advisory committee, consisting of leadership from the academic affiliates and clinical leadership at the VAMC to address issues of CoEPCE in particular and local implementation of academic PACT more broadly. This committee shall report to the facility's academic affiliations committee. The response shall describe structure and function of this committee, and letters of support shall address agreement to participate.

   a) **Center Partnerships:** Name your affiliate partners (at least one affiliated school of medicine and school of nursing nurse practitioner program, and one pharmacy and one psychology school or program (can include VA-programs)

   b) **Communication Plan:** Briefly discuss how your partnership (facility, affiliates and other) relationships have evolved. What gaps in interprofessional education have you identified with these partners? What is your future plan for addressing these gaps? Describe your plan for ongoing communication and reporting to include all stakeholders indicated in the paragraph above.

   c) **Collaboration:** Briefly describe the proposed working relationship between educational and primary care leadership at your facility. Describe how you are managing culture change.

2. **Data Management** - In a move to monitor patient care and education, existing PACT metrics should take into account the needs of trainees and their education program while ensuring quality outcomes for patients ("Academic PACT: A blueprint for primary care redesign in academic practice settings" Executive Summary Recommendation #5) PCMM process for identifiable teamlets must be standardized at the Center during the first three months of the funding period (by January 2016) in a way that teamlet data is available in third quarter reports. Teamlets must be structured to support continuity. "Floating" faculty (intermittent faculty/staff) who do not contribute to program continuity are discouraged.

    a) Describe how you monitor patient care and education AND ensure quality outcomes for patients.
    b) Identification of teamlets: Define how CoE teamlets will be identified in VA record systems, and how patients and panels are structured such that PCMM identifies the assignment of teamlet/trainee/preceptor/supervisor. If your Center has a unique way of capturing this information, describe the work your Center has done and how it might be exported to other Centers and the field.

3. Evaluation

a) **Enterprise Evaluation –** Centers will be required to participate in a separate enterprise level planning process for Phase III Evaluation. The timeline for this is expected to occur early in 2015. Enterprise-wide evaluation will continue to focus on, program operations, educational outcomes, dissemination and adoption. Some of these evaluation activities will be conducted under the auspices of "operations activities" as defined in VHA Handbook 1058.05 (VHA Operations Activities That May Constitute Research).). Centers are also expected to maintain timely compliance with organized enterprise data collection activities as requested by the Coordinating Center in order to evaluate the Center activities and enterprise efforts.

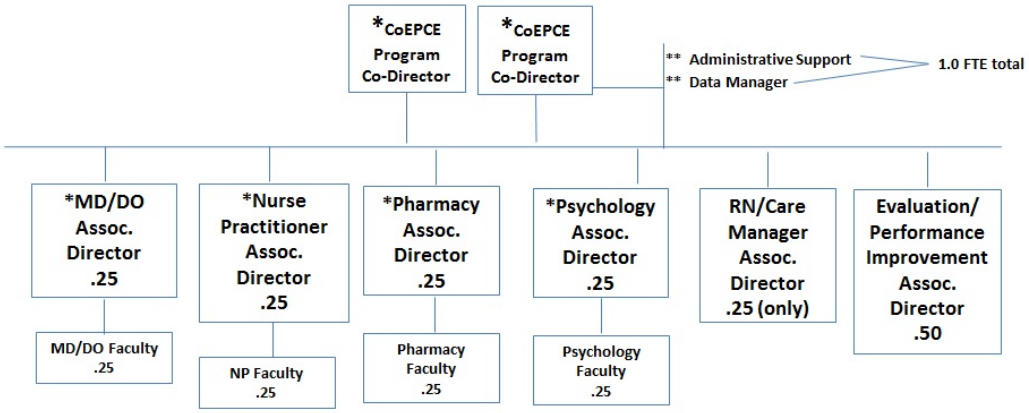
b) **Local Evaluation -** In Stage 2 of this project, Center's local evaluation shall emphasize evaluation of faculty, curriculum, instruction, and measurement strategies related to the implementation products/deliverables the Center is pursuing. Centers may continue with their current Center-specific evaluation activities if they contribute to the refinement of CoE activities and demonstrate achievement of Center outcomes. Centers should describe each evaluation activity, the methodologies used and the expected findings with implications for future center expansion.

c) Evaluation Plan: Given the intent of the project and using the guidance above, describe your Center's Evaluation Plan.

4. Staffing

The graphics below demonstrates staffing model structures for Stage 2 participation. (**Please consider models carefully as they will consume a significant piece of an overall budget**)

Modified Model

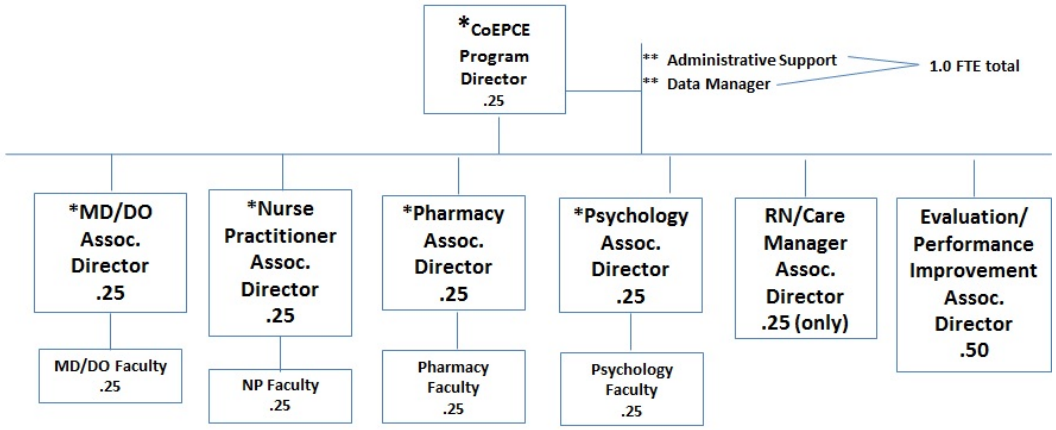


* Any individual (except the RN Care Manager and the Administration and Data Manager Support) may serve up to 3 roles at a maximum of .75 FTE.

** The roles of Administrative Support and Data Management may be split, or this role may be served by one individual at a minimum of GS9 salary line.

CoEPCE Stage 2 Staffing Model Modified 10/8/14

New Model



* Any individual (except the RN Care Manager and the Administration and Data Manager Support) may serve up to 3 roles at a maximum of .75 FTE.

** The roles of Administrative Support and Data Management may be split, or this role may be served by one individual at a minimum of GS9 salary line.

CoEPCE Stage 2 Staffing Model New 10/8/14

Note: Center leadership in the Co-Director model or the new model/Director role and the associate director roles, **must** be comprised of individuals with documented, combined expertise in both operations and education. All individuals (with the exception of the RN care manager and the administrative support/data manager) must maintain faculty appointments at the associated academic affiliate. **Program evaluation** will occur at the enterprise level and Centers will be responsible for helping to develop this plan starting in early 2015. Educational resource evaluation will be locally coordinated. Centers should additionally consider funding support for educational research and evaluation, implementation kits and other assets at the local level.

Staff Descriptions

Director: The Center's Director is the visionary leader of the Center. This individual is an expert interprofessional PACT educator (nursing, pharmacy, psychology, **or** medicine with faculty appointment at affiliate) who has in-depth experience as a leader and is acknowledged by the facility and academic leaders as such. The director must have experience in fiscal management, human resources, PACT operations, respective profession training program, and faculty and staff development. The Director will serve as the central liaison to facility and affiliate leadership and coordinating Center. The Center Director will be responsible for overall Center operations and will provide supervision to Associate Directors, faculty and administrative support personnel. The Director must have at least 5/8ths VA appointment and 25% protected time devoted to this role.

Associate Directors: Associate Directors (nursing, physician assistant, pharmacy, psychology, and medicine with faculty appointment at affiliate) must have experience as a PACT clinical educator and will serve as primary liaisons between the Center and their respective profession training program. The Associate Directors will ensure compliance to profession specific accreditation requirements. Associate directors together will lead the development, implementation, validation, packaging and dissemination of interprofessional educational products. Associate directors will monitor and ensure the quality, quantity and consistency and that the Center's interprofessional curricula is aligned with the mission and goals of the project. Each Associate Director must have at least 5/8ths VA appointment and 25% protected time devoted to this role. An Associate Director may also serve as Director as an additional duty, with the proportion of effort summative to a total of at least 50% for the combined responsibilities.

Associate Director of Evaluation and Performance Improvement: This position will be responsible for leading the Center's evaluation program. At the local level, this individual will oversee and participate in all local evaluation projects to ensure high technical quality, relevance to both the local Center and enterprise missions, and timely completion. This individual will ensure that the local evaluation program includes evaluation of faculty, curriculum, and measurement strategies related to dissemination and adoption. This individual will be the primary point of contact with the Coordinating Center on all communication related to evaluation and data collection requests, and will be a standing member of the Coordinating Center Evaluation Workgroup and other workgroups as required. This individual will participate in the enterprise level planning process for the Phase III evaluation to be initiated in early 2015, and may acquire responsibilities related to the Phase III evaluation based on this planning process.

Faculty: Center Faculty (nursing, physician assistant, pharmacy, psychology, **and** medicine with faculty appointment at affiliate) must have experience as a PACT clinician. All Center Faculty will be responsible for participating in the development, implementation and evaluation of an interprofessional curriculum under the guidance of the associate director and director. Faculty will serve as trainee preceptor and mentor. Faculty will perform assessments of trainee learning and competency.

Administrative Lead: Administrative leader responsibilities may include project management and coordination, preparation of correspondence, regular communication with local and national stakeholders, development of operational procedures and policy, support and development of communication plans and dissemination efforts, budget management, support travel activities, participate in performance improvement activities, and oversee administrative operation activities of the Center. As a key team member, the Administrative lead should have good overall understanding of the mission and goals of the Center and participate in core meetings and activities. This role may or may not be combined with the Data Manager position.

Data Manager: The Data Manager responsibilities include working closely with the Evaluation and Performance Improvement Associate Director and the Coordinating Center to support both local and enterprise data management and evaluation activities. This individual will participate in the Coordinating Center Evaluation Workgroup and performance improvement activities. Responsibilities include developing and implementing data collection methodologies, extracting and analyzing data, developing reports, and ensuring that privacy and security standards are maintained. Data managers should have experience with analysis of VA databases and quantitative/qualitative evaluation software. This role may or may not be combined with the Administrative Lead role.

Center Staffing Model: Summarize your staffing model.

Staffing Grid Detail: In the grid below, identify Center Directors, Associate Directors, Faculty and other core staff by name. Describe qualifications, roles in the Center, and present level of VA salary support ("Present VA Effort"). For each individual, indicate proposed level and source of support. In addressing proposed support, consider three potential sources: COE funded, VA facility/VISN funded, Affiliate funded. Think carefully and creatively about the benefits of contributed support by the VA facility/VISN and Affiliate funding). Add as many rows to the table as necessary. Note: The specific level of protected time should be identified and included in the Center's budget. **Please note: CoEPCE funding shall not pay for protected time for clinical precepting and supervision. Protected time paid from this award shall include only curriculum and product development.**

CENTER STAFF **Name of VA Facility:**						
Name	**Current VA and Academic Affiliate Roles**	**Center Role**	**Present VA Support (FTEE)**	**Proposed COE Support (FTEE)**		
				COE Funding	**VA Funding**	**Affiliate Funding**
		Director				
		N.P. Associate Director				
		MD/DO Associate Director				
		Pharmacy Associate Director				
		Psychology Associate Director				
		RN Care Manager Associate Director				
		Evaluation/Performance Improvement Assoc. Director				
		Administrative Support				
		Data Manager				

		Psychology Faculty				
		MD/DO Faculty				
		NP Faculty				
		Pharmacy Faculty				

5. Trainees

OAA will provide stipend support for recurring and new positions as justified, **over and above support awarded from this proposal**. Trainee cohort population should continue to increase over time. Centers shall meet accreditation standards for all disciplines**.**

Center proposals shall include the following trainees:

a) physician residents in either Internal Medicine or Family Medicine

b) **adult/gerontology primary care nurse practitioner students**

c) **nurse practitioner residents**

d) **pharmacy residents**

e) **psychology fellows and;**

f) **at least one other associated health profession (dietician, physician assistant, social work, registered nurse) at any appropriate academic level**

g) other professions/academic levels (optional)

The trainee cohorts must be structured in a way that expands upon the previous year's cohort and maintains a balance of trainees that is symbiotic in relation to the needs of other trainees and the patient populations. (Centers should also consider PACT guidelines related to teams in VA and associated panel sizes).

Trainee Population: Prepare a brief summary in the space below of your proposed trainee population in the new funding period. How will your trainee population increase over the funding period, and what steps will you take to ensure a balance of interprofessional trainees? Address accreditation standards for all included disciplines.

Trainee Table

Use the table to list all trainees expected to be involved in activities of the Center by discipline and level in their educational program. Trainees MUST continue to spend 30% of their time in core CoE activities. For the purposes of this table "trainee" refers to unique individuals rather than training positions through which multiple individuals may rotate. We are looking for a sense of program scope rather than funding needs.

To provide a sense of the potential growth and mix of your program, please estimate trainee numbers for the 1st, 2nd and 3rd years of the educational program, starting with the academic year beginning July 1, 2015.

Discipline	Program	Unique Individuals			
		AY 15/16	AY 16/17	AY 17/18	AY 18/19
Medicine	Internal Medicine Residents (PGY-1)				
	Internal Medicine Residents (PGY-2)				
	Internal Medicine Residents (PGY 3)				
	Internal Medicine Chief Residents				
	Family Medicine Residents (PGY-1)				
	Family Medicine Residents (PGY-2)				
	Family Medicine Residents (PGY-3)				
	Family Medicine Chief Residents				
Nursing	Primary Care Nurse Practitioners students (Masters/DNP)				
	Primary Care Nurse Practitioners Residents				
Pharmacy	Post Pharm D Residents				
Psychology	Post Psychology Residents				
Social Work					
Other (specify)					

6. Budget

Each of five current Centers of Excellence may seek continuation funding to begin FY 2016 (with trainee cohorts continue uninterrupted including AY 2015-2016 and thereafter) and continue through FY 2019 (4 fiscal years). This will allow support for AY 2015-2016 through AY 2018-2019 (4 academic years). Selected Centers will be funded up to a maximum of **seven-hundred and fifty thousand dollars annually** for costs as permitted by VA policy (e.g., personnel, consultation services, educational materials, equipment, supplies, travel, conference attendance for dissemination and faculty development purposes and evaluation). Space and Information Technology requests cannot be funded by this initiative. **Office of Academic Affiliations will fund trainee positions (as determined appropriate) in a significant and separate line of stipend allocations to populate the Centers and support patient-centered primary care in VA.**

PLEASE NOTE: **Center funding shall not be used to support routine clinical care delivery which includes precepting/supervision of trainees.** In addition to the application (first year) budget, each approved Center will be required to submit an annual budget request thereafter. Guidance will be provided by OAA's Coordinating Center prior to each annual budget due date.

IMPORTANT! Center activities must be supported by in-kind support, including facility, VISN, affiliate and community resources. VA is providing significant financial support and expertise for the development of trainees AND staff to lead interprofessional team based care for VA and the community. **It is expected that both VA and affiliates will provide significant in-kind support.** Examples might include faculty, specialized curriculum development, release time from teaching duties to support CoE activities, salary and benefits of institution employees who take on activities related to the project, professional expertise and consultation, use of equipment (e.g., sim learning activities, technologies) or space (e.g., conference or class room space for special events), faculty and staff time, administrative support, human resource services, support for data management or reports from executive leadership offices or other resources.

All contributed support must be negotiated in advance with the requisite individuals (e.g., Medical Center Director, VISN Director, school deans). Prepare a brief summary of in-kind support as indicated above. **Please also include a summary of support from the previous funding period.**

7. In Kind Support

- **Space** Specifically discuss your Center's space resources or constraint. If constrained, how are you addressing these constraints?
- **Other In Kind Support**
    - Previous Funding Period (AY11-to date)
        1. **FACILITY:** Clearly describe your in kind support from your local leadership during the previous funding period.
        2. **AFFILIATES:** Clearly describe your in-kind support from your affiliates during the previous funding period.
    - Future Funding Period (Starting FY16)
        1. **FACILITY:** Clearly describe your in kind support your local leadership agreed to for the proposed funding period.
        2. **AFFILIATES:** Clearly describe your in-kind support your affiliates agreed to during the previous funding period.

8. First Year Budget Request

Use the table to prepare a first year budget request, indicating expenditures in the categories listed below. Add as many rows to the table as necessary.

a. Personnel: List all personnel costs for the first 12 months of the project.

1) For each named individual, indicate the role in the Center, VA grade and step, and FTEE support and salary from the Center.

2) Identify all contracts and Intergovernmental Personnel Act (IPA) agreements.

3) Consulting services are limited to $500 per consultation or $2,500 per year, exclusive of expenses. Higher amounts must be approved by the Secretary of Veterans Affairs or be obtained through a contract or IPA.

b. Non-Personnel: List and describe other expenses for the first 12 months of the project by major categories.

1) Equipment: List each item of equipment to be purchased. Estimated equipment costs need to be consistent with current VA procurement policies and contracts.

2) Supplies: Itemize the cost of supplies, by major category (e.g., office supplies, printing costs).

3) Learning Materials: List any planned purchases for items such as books, media or manikins.

5) Travel. Explain planned travel and its relationship to Center activities. Budget must include travel for annual COE meeting of at least $1500 per person.

6) Conference attendance/registration: These funds must be used equally across professions to support participation in conference attendance and educational advancement

6) Other. List any miscellaneous expenses. Core budget requests should not include IT expenses. Center IT needs should be submitted separately through the Medical Center's IT budget plan.

First Year Budget						
VA Personnel (List by Name AND Degree or TBA) Add rows as needed	**Center Role**	**% Effort (FTEE)**	**VA Grade/ Step**	**Full Time Salary**	**% Time Donated (if any)**	**Total Funding Requested**
	Program Director or Co-Director as applicable to selected model					
	Co-Director as Applicable to selected model					
	Associate Director NP					
	Associate Educator MD					
	Associate Director Pharm					
	Associated Director Psych					
	RN Care Manager Associated Director					
	Evaluation/Performance Improvement Associate Director					
	Faculty NP					
	Faculty MD					
	Faculty Pharm					
	Faculty Psych					
	Administrative Lead					
	Data Manager					
IPAs						
Contracts						
Consultants						
SUB TOTAL						
Total Personnel						
Non-Personnel	**Description**					**Funding Requested**
Equipment						
Supplies						
Learning Materials						
Other						
Travel						
CoE Meeting						
Total Non-Personnel						
TOTAL REQUEST						

C. Supportive Documentation

1. Letters of Support

Letters of support should be addressed to the Chief Academic Affiliations Officer and must be signed. They should address the key gaps and opportunities around the mission of the program from the vantage point of the author. These letters MUST include information around the in-kind support that is being provided to support the goals of the project. Additional letters are welcome if they provide insights into the organization and function of the Center not already covered in the required letters. **Each letter is not to exceed 2 pages.**

VA Letters of Support (see checklist below) must provide specific written commitment to:

- ☐ Academic PACT and the Center's role in development and improvement of Academic PACT strategies and the diffusion of promising practices within VA;
- ☐ Protected time each for each Director, Associated Director and Faculty as funded;
- ☐ A minimum of 25% protected time for Associate Directors and at least four interprofessional clinician educators for teaching and curriculum/product development roles and responsibilities in the Center;
- ☐ A minimum of .25% protected time for the RN Care Manager Associate Director and a minimum of .50% protected time for the Evaluation and Performance Improvement Associate Director;
- ☐ Acknowledgement that precepting and supervision time is not included in the financial support and will be supported by the Medical Center as usual through educational and VERA in-direct funds;
- ☐ Letters should include in-kind contribution to this effort. Examples might include faculty and staff time, support for data management or reports from executive leadership offices or other resources;
- ☐ Administrative space to manage Center activities and evaluation;
- ☐ Clinical and educational space to support teaching and learning; including private space for small group and team meetings;
- ☐ Trainee access to CPRS remotely and related data processing capability;
- ☐ Fiscal and Human Resource support services;
- ☐ Electricity, heating, air conditioning, telephones and housekeeping support; and storage and security needs of the Center;
- ☐ DEO should indicate support and how they partnered in the development of the proposal

Affiliate Letters of Support (see checklist below):

- ☐ Letters of affiliate support should include a commitment to the Centers goals and the mission of Academic PACT in VA and provide evidence of partnership with VA in the development of the proposal;
- ☐ Affiliate letters should include in-kind contribution to this effort. Examples might include faculty time, university space for meetings, conferences or training, use of specific university resources, academic appointments or other resources

Checklist for Support Letters

- ☐ Network Director (through VISN Chief Medical Officer)
- ☐ Medical Center Director
- ☐ Facility Chief of Staff
- ☐ Facility Nurse Executive
- ☐ Facility Designated Education Officer (DEO)
- ☐ Facility Associate Chief Nurse for Education, or equivalent
- ☐ Facility ACOS/Ambulatory Care, or equivalent
- ☐ Facility Training Center Practice Director*
- ☐ Proposed Center Program Director and each proposed Associate Directors
- ☐ Designated Institutional Official (DIO) (for GME programs)
- ☐ Chair, Department of Internal Medicine
- ☐ Chair, Department of Family Medicine, if applicable
- ☐ Dean of Affiliated School of Nursing
- ☐ Director, Adult/Gerontology Primary Care Nurse Practitioner Program, or equivalent
- ☐ Facility Program Director – Psychology
- ☐ Facility Program Director – Pharmacy
- ☐ Affiliate medical school
- ☐ Affiliate nurse practitioner program
- ☐ Affiliate pharmacy school and/or director of VA sponsored program
- ☐ Affiliate psychology program and/or director of APA accredited VA-sponsored psychology program

*This letter should be from the individual with overall responsibility for primary care practice operations in the Center's proposed training sites. These will usually be "general medicine" practices. If other training sites (e.g., women's health clinics) are included in the Center's educational program, please provide letters from equivalent individuals in these sites as well.

2. Coordinating Center Expectations

Centers of Excellence Coordinating Center: The Coordinating Center will facilitate and/or drive the work of the individual Centers, foster collaboration across Centers and/or provide expert guidance and vision of the overall program. The Coordinating Center will include a core staff with administrative, clinical, educational and evaluative expertise.

Center proposals MUST commit to Coordinating Center timelines, regular reports, and contribute to enterprise-level and Center-level outcomes for the duration of the project and as established throughout by Office of Academic Affiliations Coordinating Center.

Communication and Reporting Requirements: Regular meetings, semi-annual reports and other mechanisms will be reviewed by OAA to ensure that the Center's performance meets expectations. A standardized, web-based semi-annual report template will continue to be used to collect this information and ensure that the Center's major accomplishments are recognized. Additional reports and communication mechanisms may be required as identified.

Early Termination: If a Center demonstrates unsatisfactory performance, the Program Director, Associate Directors and facility leadership will be notified. A corrective action plan must be submitted to OAA by the date specified in the notification letter. The plan must address each deficiency identified or funding will be suspended. If corrective efforts are not fully successful within a stipulated period of time, participation in the program will be terminated.

Note: Academic PACT Workgroup - An Academic PACT workgroup has been established nationally. Centers should consider potential agenda items for this workgroup that might benefit from national discussion.

3. Rating and Evaluation of Proposals

Proposals will be reviewed by a panel of staff from the Offices of Academic Affiliations, the Office of Primary Care Services, and supplemental expertise as required. Proposals will be rated on the commitment to participate in the program based on the goals, objectives and expectations detailed in this document.

4. Timelines

Activity	Participants	Timing	Start Date
Coordinating Center Call Check-in and mentoring call. Planning Phase for Oct 1, 2015 Start Date. OAA reporting and tracking mechanism.	CC Consultants, APACT Team Leadership	Monthly	January 2015
Technical Assistance Call Open call for trouble shooting, problem solving.	Relevant Stakeholders (Open Meeting)	Monthly	October 2015
Monthly Dissemination Call Centers will share product development and progress	Lessons Learned/Dissemination (invite new/potential new sites)	Monthly (CC/Center Rotation)	January 2016
Executive/Affiliate Leadership Call	Facility and Affiliate leadership	Annually	Aug/Sep
Evaluation Call Evaluation planning phase begins in January 2015 in preparation towards completing the Evaluation Phase 3 plan that will support Stage 2	APACT/CoEPCE and Evaluation Leaders	Monthly	January 2015

5. Important Dates

Oct 10, 2014	RFP release to Centers
Oct 22, 2014	RFP Preliminary Q&A 11:30am ET. 800.767.1750 AC: 26437
Oct 30, 2014	RFP Technical Assistance Call 11:30am ET. 800.767.1750 AC: 26437
Dec 17, 2014	Full proposals from eligible facilities due in OAA via an ONLINE submission process (By close of business)
Week of Jan 12, 2015	Finalize Proposal Reviews/Proposal Review Panel
Jan 26, 2015	Award notification
May 5,6,7, 2015 (proposed)	Annual meeting (Breakout or planning session for funded Centers)
Jul 1, 2015	AY15/16 Begins
Oct 1, 2015	FY16 and first year funding cycle begin

6. Submission Instructions

Cover Page: Include a cover page with the following information.

VISN Director Name(s):
Facility Name and Medical Director Name(s)
Station Number:
Project Title:
Point of Contact Name:
Point of Contact Title:
Point of Contact Phone Number:
Point of Contact Email:

Online submission instructions:

Applicants will submit the document in its entirety using an OAA Support Center password protected web portal, similar to the submission of regular OAA reports. A special application entry point has been established for submission of applications in response to this Program Announcement.

- VA staff with roles in preparing application materials may obtain a password for the OAA Administration Center by going to http://vaww.oaa.med.va.gov/rfp_general/default.aspx?PID=23 , then select "register." You will load all pertinent documents to this site to include in the following order:
  - ☐ Cover Page
  - ☐ Narrative (20 Pages or Less)
  - ☐ Center Staff Spreadsheet
  - ☐ Trainee Table
  - ☐ In Kind Support Detail
  - ☐ Budget Table
  - ☐ Letters of Support (individual files identified by contributor title)
- Applications may be changed or modified up to the closing date for applications. Only authorized individuals may upload files or other information into the application database.
- Faxed, mailed or e-mailed applications will NOT be accepted.

OAA CONTACT PERSONS

- **General information:** Please contact Laural.Traylor@va.gov at (562) 826.5974
- **Technical information:** For information regarding the online submission process, e-mail the OAA Help Desk (oaahelp@va.gov) or contact David.Bernett@va.gov or at (803) 695-7935 or (314) 277-6476.