



VHA Office of Academic Affiliations

Request for Proposals

NEW SITES-STAGE II

Centers of Excellence in Primary Care Education/I-APACT

FY16-FY19

Centers of Excellence in Primary Care Education

Stage 2 New Sites

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Purpose of the RFP

The Office of Academic Affiliations (OAA) is soliciting proposals to support **high performing Patient Aligned Care Teams (PACTs) who formally include an interprofessional group of trainees as one component of their primary care practice**. These interprofessional academic PACTs or I-APACTs are defined as “a primary care clinical practice that includes educating health professions trainees from more than one profession together as an integral component of its mission.” I-APACTs seek to fulfill the dual missions of delivering patient-centered, team-based, high quality care and providing education that prepares health professions graduates to work in and lead a team-based, patient-centered practice. An I-APACT can be distinguished from other PACTs through inclusion of trainees from mental health, advanced practice nursing, pharmacy, medicine and other health professions in meaningful workplace roles for delivering primary care collaboratively.

In ongoing support of VA’s national transformation of its primary care delivery system to PACT, attracting and preparing future health professions workforce for practice remains a priority. Current training models that emphasize separate, parallel education of health professionals and autonomous, physician-directed care delivery are viewed as inadequate to this new practice model. Centers of Excellence in Primary Care Education (CoEPCE) will implement and evaluate interprofessional training models designed to more effectively align health professional education with patient-centered primary care practice models.

Background

In 2010, five CoEPCE sites were competitively selected to participate in this strategic demonstration project in support of the academic/primary care mission. This request for proposals will culminate in selection of additional sites to participate in a Stage II model of CoEPCE. Selected sites will work in collaboration with the Office of Academic Affiliations, national Coordinating Center and the Stage I CoEPCE sites. Newly selected sites will help support the local integration of selected/packaged lessons learned from Stage 1 in the form of interprofessional implementation and educational kits. Newly selected sites will also be responsible for assessing local gaps in interprofessional education, and will continue to develop and implement systems, resources and tools grounded in interprofessional, collaborative practice and leadership. Center leaders and staff of newly funded CoEPCEs will be expected to serve as nationally recognized experts in primary care education within clinical delivery system redesign.

An essential component of patient-centered primary care practice is interprofessional teamwork. High-functioning teams require collaboration between physicians, nurse practitioners, pharmacists, social workers, clinical psychologists, physician assistants, nurse care managers, medical assistants, LVN’s and clinical administrators. In order to transform the primary care delivery system, physicians, nurses, pharmacists and psychologists and other professions must each be engaged as leaders, clinicians and educators. Their collaboration in the development of this application and in the leadership and operations of the CoEPCE is essential. Educational partnerships with local academic affiliates can also critically influence the organization and culture of the VA learning environment. Therefore, successful educational partnerships are essential as well. Further, patient-centered clinical practices with strongly motivated leadership and high-functioning interprofessional teams are also essential. VA and academia must absolutely work together to create the culture change that will support an effective primary care delivery system into the future.

Please Note: Sites currently funded through Office of Academic Affiliations for other Centers of Excellence are ineligible to apply for funding under this announcement; however, partnerships with other OAA funded programs are highly encouraged. For clarification or unique situations you may contact Laural.Traylor@va.gov or 562.826.5974 in the Office of Academic Affiliations.

Goals for Stage 2 - New Sites

1. **Structural Improvement and Refinement:** Development and improvement of structural aspects of interprofessional Academic PACTs such as specific interprofessional leadership models and variation in the number, type and “dose¹” for specific trainee cohorts.
2. **Integration of Existing Practices:** Implementation of selected curriculum and promising practices from Stage I and the resulting implementation kits².
3. **Innovation:** New sites will continue to develop new strategies and products that address gaps in interprofessional primary care education.
4. **Curricular domains:** Programs will focus on a program model based on the following: Shared Decision Making; Sustained Relationships; Interprofessional Collaboration and Performance Improvement.
5. **Integration of mental and behavioral health in primary care:** Sites shall collaborate with the Coordinating Center to improve curricular integration for mental and behavioral health in primary care.

NOTE: Selected sites may be required to have key individuals participate in telephone based planning sessions and attend a national meeting (meeting tentatively scheduled for May 5-8, 2015) prior to actual funding (October 1, 2015).

Academic Partnerships

Of primary importance, over the course of the funding period, sites will be expected to have relationships with the following academic affiliate partners:

- Schools of Medicine
- Schools of Nursing Nurse Practitioner programs
- Schools of Pharmacy or VA-based pharmacy training programs
- Schools of Psychology or VA-based psychology training programs
- One other disciplines school or program (social work, podiatry, RN, LVN training program, etc)
-

Mental Health Primary Care Integration (MHPCI)

Stage II of this project will specifically focus on the integration of mental health into I-APACT as a priority. In this respect, successful sites will also need to have an established integrated mental health team within PACT or a nationally approved Primary Care Mental Health Integration (PCMHI) Team or be in the process of implementing a PCMHI Team. In addition, sites need to be willing to move towards a greater level of collaboration and integration with their existing PCMHI Team. Finally, sites must have an established psychology fellowship training program or be in the process of implementing a psychology fellowship training program that will ensure

¹ We use the term “dose” to describe the total exposure of the learner in any profession to the learning activities of the IAPACT (COEPCE). These learning activities include “workplace learning” (direct patient care, indirect patient care including charting, reading about individual patients, panel management, teamlet huddles, precepting as appropriate to the profession/role, telephone/teleconference care, discussing patient care with supervisors, quality improvement team meetings), “formal instruction” (scheduled conferences for didactics or case discussions related to IAPACT activities including “teaching” panel management, performance improvement, shared-decision making, etc.), and “reflective practice” (time spent talking about learning experiences that take place in IAPACT for the purpose of making sense out of the workplace experiences). The actual description or category of the activity may vary by profession but can be quantified as “hours per week”. For example, direct patient care activities can be tracked as “half-days” or “hours” and converted to “hours” using a typical duration of a half-day session.

² 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.

at least 30% of the overall training time of each psychology trainee will be based around managing an assigned/defined population of primary care patients.

It is recommended that potential applicants review information and recommendations on the following website: <http://www.va.gov/oaa/APACT/keypublications.asp>

Proposal Requirements and Eligibility

Proposed site goals must be in alignment with the national VHA recommendations and standards around Academic PACT (I-APACT) “[Academic PACT: A blueprint for primary care redesign in academic practice settings](#)” and testing of these concepts in the field is expected. Site goals should also align with strategies found in the following commonly accepted authority documents: [IPEC Competencies](#), [AHRQ Guidelines for Performance Improvement](#) and [National Center for Interprofessional Practice and Education](#) (Nexus).

Letters of Intent are required prior to the full package submission (reference instructions). Proposal narratives should focus on: 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. Proposal narratives should show evidence of collaborative development among engaged professions from the academic (“curricular”) side and the practice (“learning environment”) side.

Site leadership will be required to be established at the beginning of the 2016 Fiscal Year (October 1, 2015). Trainee cohorts should be established and ready to start by the 16/17 Academic Year (July 1, 2016). Thus, sites will have approximately 9 months to integrate plans and curriculum and build the infrastructure for the trainee cohorts starting in July 2016.

Up to a maximum of \$750,000 may be awarded to new Centers beginning 10/1/15 through 9/30/19 (4 fiscal years and 3 academic years).

Prerequisite Checklist - Stakeholder Engagement and Responsibilities

- Selected sites 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](#)")
- Selected sites must provide evidence that site under consideration is a high-performing PACT
- Selected sites must agree to leadership staffing models (Ref: "[Center Staffing](#)")
- Selected sites must agree to trainee model. (Ref: [Center Trainees](#))
- Selected sites have in place or agree to establish a Mental Health Primary Care Integration team.
- Selected sites must agree to commit to Coordinating Center timelines, communication strategies and reports for the duration of the project (Ref: [Timelines](#))
- Selected sites 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](#))
- Selected sites must contribute to local and enterprise evaluation strategies for the duration of the funded project. (Ref: [Evaluation](#))
- Selected sites AND facility leadership must formally agree to protected time for directors, associate directors, faculty, administrative/data analyst and other staff as requested in the budget and 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 (as is customary), and that financial support for those activities are supported by the Medical Center's medical care and/or VERA educational indirect funds. (Ref: [Letters of Support](#)).
- Facility must maintain properly executed affiliation agreements with all educational institutions participating in the selected Center
- Facility 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
- Affiliate leaders will be expected to attend occasional stakeholder meetings.
- Affiliate leaders should support the development of VA clinician educators in the CoEPCE with faculty appointments both within profession specific affiliates and across professional affiliations (to support cross-pollination of faculty).
- 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.

Step 1: Letter of Intent

Interested sites must initially respond with a **Letter of Intent (see: [LOI-Step 1](#)) due Friday, January 14th, midnight EST**. Prior to submission of an LOI, closely consider requirements in the pre-requisite checklist. Respondents must be prepared to demonstrate early evidence that their PACT team is high functioning and that a group of interprofessional trainees (as specified in the guidance) are or will become a part of the PACT team by July 2016. Provide information that indicates high level performance in PACT such as PACT Gold recognition, PACT Implementation Progress Index (PI² rankings) or other assessments of performance. Proposed leadership must have strong working relationships with facility leadership and academic affiliates and those relationships are described in the letter of intent. Programs must also describe current or planned primary care mental health integration.

Step 2: Invited Submissions for Full Proposals - Narrative

Invitations will be sent to selected sites to submit full proposals by January 21st with full proposals due March 4, 2015. Those sites determined most promising for the next phase of the Centers of Excellence in Primary Care education will compete for centers. Invitees will use the guidelines throughout the RFP and respond to select questions in tandem with the "[Goals for Stage 2](#) of this document" to provide a summary of your site's proposed program.

Requirements: Include a 1 page executive summary of the project and up to a maximum of twenty (20) total pages of narrative. (Staffing, trainee and budget tables and in-kind support detail, letters of recommendation and timelines are excluded from the count.)

TRANSFORMATION

(This section is worth 30 Points in the Scoring Rubric)

1. **Interprofessional Engagement.** Detail how work done at the site will inform and support patient-centered, interprofessional primary care education. What will you do, what outcomes do you expect and what culture changes might you anticipate? Describe the nature and extent of your proposed partnerships, how your proposal was jointly conceived and developed with professional stakeholders and academic affiliates. Specify the commitment of each partner to the site's success.
2. **Leadership Engagement and 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 changes to your current PACT leadership model will affect your program. (Ref: [Center Staffing](#))
3. **Center PACT Implementation.** Describe your site's degree of PACT implementation (Include evidence).
4. **Exportable Patient-Centered Products.** Reflect on how your PACT 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). How might these priorities contribute to future exportable products in an Inteprofessional Academic PACT?
5. **Education Program 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 as applicable. Each trainee must have longitudinal sustained relationship with patients, faculty, staff and peer learners. I-APACT is intended to be a clinical experience-based educational program, not a classroom educational program. Instructional design must include opportunities for each trainee to spend in 1) workplace learning (developmentally appropriate activities of actual practice for which the trainee is preparing, not limited to direct one-to-one patient care); 2) reflective practice for debriefing

and making sense of workplace experiences, and 3) 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 Primary Care PACT is aligning or will align 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 PACT will educate trainees from different professions together with a focus on workplace learning activities. ([“Academic PACT: A blueprint for primary care redesign in academic practice settings”](#) Executive Summary Recommendation #6)
- c) **Proposed Curriculum**. Explain your proposed curriculum with specific attention to 1) expected learning outcomes or competencies, 2) assessment methods to determine if desired competencies are achieved, and 3) instructional strategies to support desired learning. Specific both individual learner components and team-based components. (Over time, a goal of this funding support will be to create a cadre of education specialists and curriculum design expertise that prioritizes workplace learning and the expertise to package and prepare products to share with future I-APACT sites) Describe a limited number of desired and achievable educational outcomes. Relate the educational outcomes to specific learning objectives, teaching methods, 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.
- d) **Continuity of Education** How will interprofessional faculty preceptors be identified? Trainees must have access to longitudinal sustained relationship with, faculty, staff and peer learners. How will this be accomplished in your PACT?
- e) **Continuity of Care**. Describe how your PACT 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)
- f) **Continuity of Learning**. Describe the current learning relationships in your PACT. How might these be improved? ([“Academic PACT: A blueprint for primary care redesign in academic practice settings”](#) Executive Summary Recommendation #3).

Include the following relationships and describe how you would prioritize these 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)

- g) **Core Domains.** Sites will develop and integrate curriculum addressing: Shared Decision Making³; Sustained Relationships⁴; Interprofessional Collaboration⁵; and Performance Improvement⁶. Briefly describe some potential priorities at your PACT within these domains.
 - h) **Dose (review earlier definition of dose in Footnote) and Scheduling (review Academic PACT Blueprint Document around Structure).** Briefly describe “exposure/dose” for trainees to your PACT, some of the 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.)
 - i) **Access.** Describe how your Center might optimize patients’ access to their primary care provider and team while optimizing continuity of care and continuity for learning.
6. **Faculty Development.** Define your proposed faculty. (“[Academic PACT: A blueprint for primary care redesign in academic practice settings](#)”) Executive Summary Recommendation #2). What are your PACT’s faculty and staff developmental needs and how will you address these?
7. **Primary Care Mental Health Integration** - This RFP is making integration of mental health into IAPACT a priority. To be successful, sites will need to have an established integrated mental health team or Primary Care Mental Health Integration (PCMHI) team, or be in the process of implementing a PCMHI Team. In addition, sites need to be willing to move towards a greater level of collaboration and integration with their existing mental health team or PCMHI team. Finally, sites must have an established psychology fellowship training program that is willing to affiliate with the CoEPCE. The psychology fellowship program affiliating with the CoEPCE must ensure that at least 30% of the fellow’s training time will be immersed in CoEPCE curriculum and in managing an assigned/defined continuous population of primary care patients.
- a. Please describe your current integrated mental health team or PCMHI Team. If you do not have such an integrated mental health service within PACT, please describe your plans to develop such a program. For your information, many of the important functions that define collaborative mental health care in PACT are described in the Primary Care-Mental Health Integration (PCMHI) Functional Tool (ref: http://www.mirecc.va.gov/cih-visn2/Documents/Clinical/PC-MHI_Functional_Tool_v10_090712.pdf).

An example of a description of an ideal program is co-located PC-MHI staff who are physically embedded in primary care and collaborate as part of the PACT team. These staff provide diagnostic and psychopharmacologic consultation as well as brief, problem-focused therapies. All PC-MHI staff collaborate with primary care providers on longitudinal, measurement-based care for common mental health and substance use disorders. This site utilizes an approved Care Manager program (either TIDES or BHL) to monitor Veterans and adjust treatment as necessary. Active supervision by a psychiatrist or APN of a team of PC-MHI staff provide measurement-based management of a panel of

³ **Shared Decision-Making:** Care is aligned with the values, preferences and cultural perspectives of the patient. Curricula focus is on communication skills necessary to promote patient’s self-efficacy.

⁴ **Sustained Relationships:** Care is designated to promote continuity of care; curricula focus on longitudinal learning relationships.

⁵ **Interprofessional Collaboration:** Care is team based, efficient and coordinated, curricula focus is on developing trustful, collaborative relationships.

⁶ **Performance Improvement:** Care is designed to optimize the health of populations; curricula focus on using the methodology of continuous improvement in redesigning care to achieve quality outcomes.

Veterans as a component of our evidence-based strategy. This strategy provides decision support to the roles of all PACT team members in treating mental health disorders in primary care; delivers education and activation to the Veteran; enhances communication between the Veteran and all members of their PACT team; and manages referrals to specialty mental health care until attendance at the appointment, when referral is clinically necessary.

- b. Few integrated mental health teams or PCMHI teams within PACT have achieved full collaboration and integration within PACT. However a degree of high integration will be important for sites to be successful. Please use the Substance Abuse and Mental Health Services Administration (SAMHSA) Chart “Six Levels of Collaboration/Integration) http://www.integration.samhsa.gov/integrated-care-models/CIHS_Framework_Final_charts.pdf to guide your description around your current or planned integrated mental health team or PCMHI Team. In addition, please describe your plans to move toward a higher level of collaboration and integration.
- c. Please describe the integrated psychology fellowship program that will affiliate and donate at least 30% of a fellow’s time to the COEPCE. Comment if there is a need to alter an existing program to create rotations, or whether there is an existing psychology fellowship ($\geq 30\%$) operating in PACT that could affiliate into your COEPCE plans. In addition, please comment if your site has other mental health training programs operational within PACT (psychiatry residents, psychiatric ARNPs) that would be willing to affiliate into your COEPCE plans.

PEOPLE, PROCESS AND FACILITES

(30 Points Ref [Scoring Rubric](#))

1. Communication and Collaboration

Program leadership at the site 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. Selected sites will put into 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, Designated Education Officers (DEO’s), the national Academic PACT workgroup representatives and academic affiliates. Site 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 Center shall establish an Interprofessional 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 Interprofessional Academic PACT more broadly. This committee shall report to the facility's academic affiliations committee and champions from both groups should ensure a line of communication with the VISN Interprofessional Academic PACT workgroup. The response shall describe structure and function of this committee, and letters of support shall address agreement to participate.

Briefly describe how you envision communication and collaboration strategies working within your proposed CoEPCE.

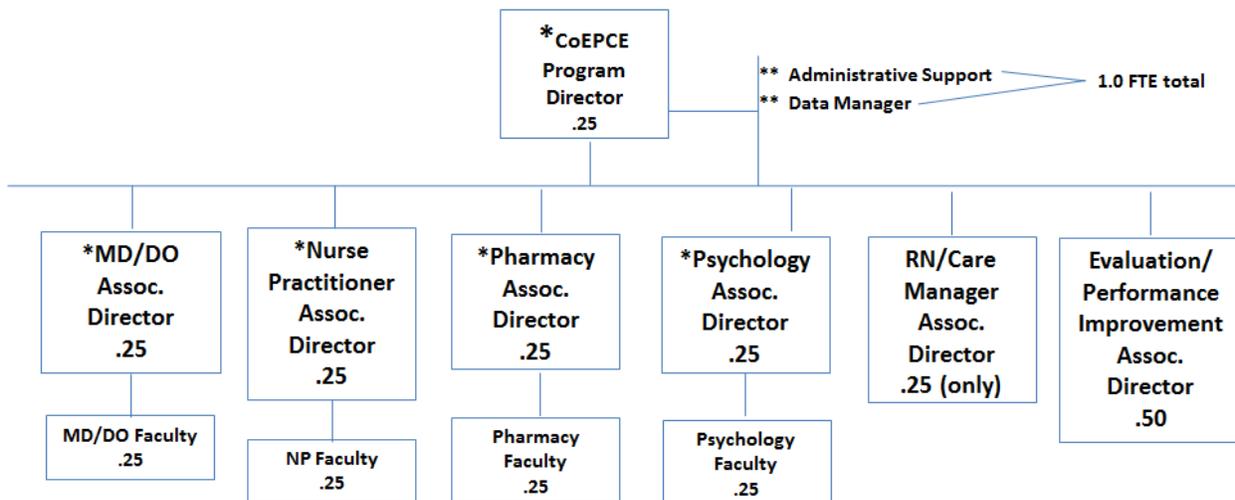
Name your first year affiliate partners (three of the following: school of medicine and school of nursing nurse practitioner program, pharmacy or psychology school or program or other discipline’s school or program (may include VA-programs)

Briefly describe the proposed working relationship between affiliate and primary care leadership at your facility.

What gaps in interprofessional education have you identified with these partners? What is your plan for addressing these gaps? Describe your plan for ongoing communication and reporting to include all stakeholders indicated in the paragraph above.

2. Staffing

The graphic below demonstrates a staffing model. You will also find general descriptions of these positions on the next page. (Please consider this model carefully as it will consume a significant piece of an overall budget)



* 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

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 (nurse practitioner, 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 programs. 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.

Nurse Care Manager: The nurse care manager has an important role in the PACT. Nurse care manager Associate Director will serve as expert in care management and panel management strategies and activities. This individual should have skills related to identifying high-risk patients, those with poorly controlled conditions and potential behavioral health comorbidities. The ability to integrate quality improvement strategies into the primary care team is essential. Additional expertise in performance improvement strategies (LEAN, PDSA, VATAMMACS, Six Sigma etc) are preferable.

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 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. An academic appointment for this individual is preferable as is experience in performance improvement strategies (LEAN, PDSA, VATAMMACS, Six Sigma etc) and protected time for the project.

Faculty: Center Faculty (nurse practitioner, 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 evaluate 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, have protected time on the project 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 and have protected time on the project. 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.

Proposed Center Staffing Model:

Center leadership, **must** be comprised of individuals with documented expertise in both operations and education. Consider the selection of your program director. Provide his or her experiential and academic credentials.

Describe strategies to ensure that other professions perspectives and needs are adequately addressed.

How will you ensure that program leaders (with the exception of the RN care manager and the administrative support/data manager) maintain faculty appointments at the associated academic affiliates.

Summarize your staffing model in the grid below.

Staffing Grid Detail: Using the staffing descriptions and the grid below, identify proposed Center Director, Associate Directors, Faculty and other core staff by name. (CV's may be supplied in an Addendum). 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 as this is a mandatory activity associated with trainee placement in any facility.**

CENTER STAFF

Name of VA Facility:

Name	Current VA and Academic Affiliate Roles	Center Role	Present VA FTEE	Proposed COE Support (FTEE)		
				COE FTE	VA FTEE	Affiliate FTEE
		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				

3. Space

Space needs in an Academic PACT are very different than space needs in a PACT. Following are some guidelines to consider as you think about space needs for your Academic PACT .

Clinical space that serves as the learning environment for an academic PACT must simultaneously 1) assure patient privacy and confidentiality, 2) provide trainees full access to authentic learning activities, and 3) support efficient care delivery. Sites should strive to design space with at least two rooms per provider (trainee or staff) allowing rooming the patient a single time while providing other team members co-visiting opportunities. Larger rooms more readily permit trainees (and staff) to engage multiple team members. Adjacent yet private teaching rooms allow team meetings that promote team and trainee case discussions and interprofessional socialization. Clinical practice space should be designed with input from clinicians and educators, and space should be assigned with the clinical and educational missions in mind.

Teaching activities require space (Table 1). For interprofessional learning in the workplace to occur, Academic PACT teams will require sufficient patient care space for face-to-face visits and shared medical appointments. In addition, team workspace during clinical care activities must be of sufficient size to accommodate the PACT team, associated trainees, and computer workstations. To protect patient privacy, multi-purpose conference room space near the clinical learning space will be necessary to support team meetings, teaching sessions, and spontaneous clinical care discussions among trainees from different professions. Table 1 compares space considerations for integration of trainees into the Academic PACT.

Table 1. Educational Space considerations

	No/Low integration	Moderate integration	High integration
Exam rooms	Trainees needs for exam rooms accommodated when faculty not using them	Trainees exam rooms integrated into operations plans; team alignment not considered	Trainees exam rooms sufficient in number and footage for interprofessional teamwork, longer appointments for teaching, and higher volume of visits for more experienced trainees
Team work space	Trainees and preceptors work separately from clinical PACT team	Trainees and preceptors work separately from clinical PACT team; conference rooms available on an as needed basis	Team work room large enough for staff, faculty and their trainees to work together in delivering care and teaching/learning
Team meeting and Educational space	Not available	Conference rooms available on an if available basis; Teams, including trainees, meet once monthly to discuss patient care issues	Conference room for 30 with white boards, LCD projector and computers available for team meetings, teaching and reflection; clinical team members included in all sessions

Available clinical and educational space impacts the design of the educational program and varies significantly across sites. Key points:

- Co-location of health professionals for patient care strains available clinical space
- Coordinating clinical space and clinical staff support for trainees requires collaboration with primary care leadership, an underappreciated aspect of the initiative
- Learning in the workplace to care for patients as a team requires sufficient space for teamlet huddles that include multiple trainees and teamlet staff members
- Learning in the workplace requires sufficient exam rooms to accommodate patient flow simultaneous with time for learning:
- Exam room turnover time is longer
- Exam room size must accommodate multiple individuals: patient (and family members), trainee(s), teamlet member(s), and faculty supervisor
- Learning in the workplace is enhanced when trainees are co-located for between visit care (e.g. a team work room) where they learn from each other and about each other's patients in unplanned, spontaneous, and opportunistic ways
- Co-location of health professionals for formal instruction requires conference room space with appropriate technical capabilities for simulation and instruction (All CoE sites have implemented portions of their curriculum using formal instructional methods: didactics, case discussions, and simulation. These sessions take place in conference rooms variably located in space adjacent to the clinical practice setting, the CoE leadership suite, or other locations)
- Most sites use shared space or proximal space for this leadership team. Shared space provides for more spontaneous reflection, problem solving, and shared leadership decision-making
- Sufficient access to Computers, Video Teleconferencing and Telehealth Technologies and other equipment

Consider the space components described above. Describe how your proposed space might be conducive to teaching and learning in an Academic PACT. Specifically discuss your Center's space resources or constraint. If constrained, how will you address these constraints?

TRAINEES

(20 Points Ref [Scoring Rubric](#))

OAA will provide stipend support for recurring and new positions as justified, **over and above funding awarded from this proposal**. Core trainees will spend at least 30% of their overall training time immersed in the I-APACT. Trainee cohort population should continue to increase over time. Sites shall meet accreditation standards for all disciplines.

1. Trainee Categories

Center proposals shall include the following trainees:

AY 16/17	AY 18/19	AY 19/20
3 of the following professions: Internal Medicine/Family Medicine Physician Residents, Nurse Practitioner Residents, Nurse Practitioner students, Pharmacy or Psychology Trainees	IM/FM Physician Resident	IM/FM Physician Resident
	Nurse Practitioner Students	Nurse Practitioner Students
	Nurse Practitioner Residents	Nurse Practitioner Residents
	Pharmacy Trainees	Pharmacy Trainees
	Psychology Trainees	Psychology Trainees
		* at least one other associated health profession (dietician, physician assistant, social work, registered nurse) at any appropriate academic level * Consider PACT Staffing model to guide trainee engagement

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. (Sites should also consider PACT guidelines related to teams in VA and associated panel sizes).

Trainee Description: Prepare a brief summary 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 any particular accreditation requirements that may pose a challenge in meeting 30% requirement for all included professions.

Describe how each trainee in your IAPACT will manage an assigned/defined and continuous population of primary care patients.

2. **Trainee Table:** Use the table to list all trainees expected to be involved in activities of the proposed Center by discipline and level in their educational program. Trainees MUST spend at least 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, 2016.

Discipline	Program	Individuals					
		AY 16/17 Existing Positions Converted to CoE	AY 16/18 New Positions	AY 17/18 Existing Positions Converte d to CoE	AY 17/18 New Positions	AY 18/19 Existing Positions Converte d to CoE	AY 18/19 New Positions
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	Adult Gerontology Primary Care Nurse Practitioners students						
	Nurse Practitioner Residents						
Pharmacy	Pharm-D Residents						
Psychology	Psychology Residents						
Social Work							
Other (specify)							

EVALUATION AND DATA MANAGEMENT

(10 Points Ref [Scoring Rubric](#))

1. Evaluation Plan

Selected sites will be required to participate in a separate enterprise level planning process for evaluation. Enterprise-wide evaluation will 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). Selected sites are expected to maintain timely compliance with organized enterprise data collection activities as requested by the Coordinating Center in order to evaluate activities and enterprise efforts. Local evaluation shall emphasize evaluation of trainees, faculty, curriculum, instruction, and measurement strategies related to the implementation products/deliverables the Center is pursuing.

Given the intent of the project and using the guidance above, describe your Center’s Evaluation Plan. Sites should describe each evaluation activity, the methodologies used and the expected findings.

2. Data Management Plan

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 currently monitor patient care AND how you might improve quality outcomes for patients through the integration of education.
- b) Identification of teamlets: Discuss how your teamlets will be identified in VA record systems, and how patients and panels might be structured such that PCMM identifies the assignment of teamlet/trainee/preceptor/supervisor.

BUDGET

(10 Points Ref [Scoring Rubric](#))

Funding for the program will begin FY 2016 (October 1, 2015). Sites will have about 9 months to operationalize their program prior to engaging trainee cohorts. Funding will continue through FY 2019 (4 fiscal years) unless the budget becomes unavailable. This will allow support starting AY 2016-2017 through AY 2018-2019 (3 academic years). Selected Sites will be funded up to a maximum of \$750,000, **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.**

PLEASE NOTE: 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! New Sites should consider in-kind support, from 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 local facilities and affiliates will contribute to this effort and provide 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.

1. In Kind Support

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.

2. 1st 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.

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

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

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

5. 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.

Supportive Documentation

Letters of Support

Letters of support should be addressed to the Office of Academic Affiliations, Chief Academic Affiliations Officer, (Dr. Robert Jesse) and must be signed. They should address the key gaps and opportunities around the mission of the program from the vantage point of the authors. 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.

1. A Letters of Support (see checklist below) must provide specific written commitment to:

- Academic PACT and the new site's role in development and improvement of Academic PACT strategies and the diffusion of promising practices within VA;
- Protected time each for each Director, Associate 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

2. Affiliate Letters of Support (see checklist below):

- Letters of affiliate support should include a commitment to the Sites goals and the mission of Interprofessional 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 Associate Director for Patient Care Services/Nurse Executive
- Facility Designated Education Officer (DEO)
- Facility Associate Chief Nurse for Education, or equivalent
- Facility ACOS/Ambulatory Care, or equivalent
- 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

*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.

Coordinating Center Expectations

Centers of Excellence Coordinating Center: The Coordinating Center will facilitate the work of the new sites, foster collaboration across the sites and integration with the existing Centers of Excellence and/or provide expert guidance and vision of the overall program.

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: Sites must participate in regular meetings, site visits, prepare and submit semi-annual reports on time and other mechanisms to ensure expectations are met.

Early Termination: If a site 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. Sites should consider potential agenda items for this workgroup that might benefit from national discussion.

1. Rating and Evaluation of Proposals

Proposals will be reviewed by an expert panel - from the Offices of Academic Affiliations, the Office of Primary Care Services, Office of Nursing Services, and other experts. Proposals will be rated on the commitment to participate in the program based on the goals, objectives and expectations detailed in this document. See Scoring Rubric below

2. Scoring Rubric

The following scoring rubric will be used in review of the proposals. Only complete proposals will be considered.

Section	Content	Points
TRANSFORMATION	<p>Degree of alignment with Academic PACT blueprint; Authentic interprofessional collaboration and practice among trainees are proposed; Degree of site PACT implementation; Degree of site PCMHI in clinical model and in educational design; Potential for exportable patient-centered products;</p> <p>Clarity of educational program design, objectives, instruction, assessment of competence, and program outcomes; Continuity of care and learning is addressed in educational program design;</p> <p>Degree to which this educational program will enhance the current training program for each profession and address gaps in interprofessional primary care education</p> <p>Clarity of faculty development objectives and activities</p> <p>Transformational potential for facility, affiliates, VHA and external stakeholders</p>	30
PEOPLE, PROCESSES AND FACILITIES	<p>Degree of CoEPCE leadership preparation --academically and experientially</p> <p>Degree of commitment, communication and collaboration with facility leadership</p> <p>Degree of commitment, communication and collaboration with multiple affiliate leadership</p> <p>Adequacy of space for direct patient care, indirect patient care (share medical appointments, telehealth) precepting, teaching, administrative offices or describes planned solutions for addressing space needs</p> <p>Adequacy of equipment, i.e. computer workstations, teleconferencing, educational technology</p>	30
TRAINEES	<p>Includes all required trainees (medicine, nurse practitioner, pharmacy, psychology and one other health care profession) at mandated 30% of overall training program</p> <p>Diversity and numbers of trainees is sufficient</p> <p>Exposure/dose for trainees is addressed and adequate</p> <p>Addresses potential issues in scheduling interprofessional trainees</p> <p>Focuses on trainee competency</p> <p>Expansion of trainee cohort over time is addressed and sufficient</p> <p>Accreditation issues are addressed</p>	20
EVALUATION AND DATA MANAGEMENT	<p>Provision of a robust and appropriate local evaluation plan that includes evaluation projects focusing on curriculum, faculty, instruction, and measurement strategies related to dissemination and adoption</p> <p>Verification of commitment and contribution to enterprise-wide evaluation activities</p> <p>Proposed evaluation projects are linked with an overall conceptual framework or logic model of educational program design and trainee competency</p> <p>Appropriateness of evaluation methodologies and expected findings</p>	10
BUDGET	<p>Feasibility of the budget to accomplish the proposed project</p> <p>Degree of in-kind facility, VISN, affiliate and community support</p> <p>Funding is distributed equitably among the interprofessional faculty and trainees</p>	10

*Please note: In addition to the scoring mechanism, OAA may identify geographical, fiscal or other factors that may impact site selection.

3. Standing Meetings Required

Activity	Participants	Timing	Start Date
<u>Coordinating Center Calls</u> Check-in, mentoring call, sharing call	CC Consultants, I-APACT Team Leadership	Monthly	October 2015
<u>Monthly Dissemination Call</u> Sites will share product development and/or progress	Lessons Learned/Dissemination (invite new/potential new sites)	Monthly (CC/Center Rotation)	January 2016
<u>Executive/Affiliate Leadership Call</u>	Facility and Affiliate leadership	Annually	Aug/Sep 2016
<u>Evaluation workgroup Call</u>	I-APACT/CoEPCE and Coordinating Center Evaluation Leaders	Monthly	October 2015

4. Important Dates/Timelines

Dec 19, 2014	RFP release for New Site Competition	
January 6, 2015	RFP Letters of Intent Technical Assistance	Tuesday, 3:00pm ET 800.767.1750 AC: 94216
Jan 14, 2015	Letters of Intent due for OAA Web Submissions	
Jan 21, 2015	Applicants invited to submit full proposals announced	
February 10, 2015	RFP Full Proposals Technical Assistance Call	Tuesday, 3:00pm ET 800.767.1750 AC: 94216
Mar 4, 2015	Full proposals from eligible facilities due in OAA via an ONLINE submission process (By midnight EST)	
Week of March 18, 2015	Expert Panel Review of Proposals	TBD
April 3, 2015	Award notification	
May 5,6,7, 2015	Selected sites should plan on sending representatives to the CoEPCE Annual Meeting	Hold the Date: Information to follow
Oct 1, 2015	FY16 and first year funding cycle begin	
Jul 1, 2016	First Academic Year Commences	

Submission Process

STEP 1: Letter of Intent Form

**ELECTRONIC LETTER OF INTENT
STAGE II FUNDING SUPPORT
CENTER OF EXCELLENCE IN PRIMARY CARE EDUCATION
(LOI: Due COB Friday, January 14th, 2015)**

Guidelines:

Prior to submission: Applicants should review the Request for Proposals-New Sites-Stage II: Centers of Excellence in Primary Care Education.

Submission Standard: The submission of a Letter of Intent infers that the submitting facility is in support of the foundational concepts described in the VA Whitepaper “[Academic PACT: Blueprint for primary care redesign in academic practice settings](#)”, and seeks an opportunity to apply for support to develop a new Center of Excellence in Primary Care Education with the goal of enhancing the interprofessional development of health professions trainees in the new models of care and in an Interprofessional Academic Patient Aligned Care Team.

Submission Guidelines: 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=25 , then select “register.”

Letters of Intent: This document and the 500 word narrative must be uploaded to OAA’s review site at: http://vaww.oaa.med.va.gov/rfp_general/default.aspx?PID=25 by January 14th, 2015, 8pm EST

Announcement of Invitation to submit full proposal: Sites invited to apply will be sent an email from Laural Traylor by January 21th, 2015. Invitees will then submit full proposals by: March 4, 2015.

LOI: Complete the following and submit this document and the :

Primary Point of Contact:	Role:	Point of Contact Telephone: Point of Contact Email:
Facility:	Director Name:	Associate Director Name:
Address:	City:	State: Zip:

List Proposed Directors and Associated Directors. Indicate credentials and discipline:	
Academic Affiliate Schools and Universities to Participate: (TBD-To Be Decided designations not acceptable)	VA Programs to Participate: (TBD-To Be Decided designations not acceptable)
List Academic Affiliate Leadership to be engaged:	List Program Leadership to be engaged:

Describe your site’s potential and vision (500 words or less).

Step 1 Letter of Intent Form Continued

Use the check box for minimal requirements to be invited to submit full proposal Check Box

I verify that: _____
VA facility (name)

- Has evidence as a high performing PACT and;
- Has Primary Care Mental Health Integration developed or is in process of being developed and;
- Can commit to RFP specified trainee models and;
- Can provide evidence of facility leadership and engagement and;
- Can provide evidence of academic affiliate and VA program office leadership and engagement and;
- Can commit to RFP Specified leadership and faculty staffing models and;
- Can provide documented in-kind support and;
- Can assure protected time for directors, associate directors, faculty, administrative/data analyst and other staff as detailed in the RFP and;
- Designated Education Officer can assure maintenance of properly executed affiliation agreements with all educational institutions participating in the selected new Center and;
- Trainee precepting time will be covered as customary by facility policy. RFP funds will not be used to support precepting time.

Primary Point of Contact Signature

Date

Thank you for your interest in pursuing a Center of Excellence in Primary Care Education. If you have questions about this Letter of Intent or the Request for Proposals, please contact: Laural.Traylor@va.gov or 562.826.5974.

STEP 2: Full Proposal Submission Instructions

Invited Full Proposals will be submitted by March 4, 2015.

*Do not submit a full proposal unless your facility has been invited to submit by Office of Academic Affiliations (based on the submission of the Letter of Intent)

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:

Proposal Format:

Font size must be 11-point or larger; Margins must be at least one inch all around; Page limits (see below).

Online submission instructions:

Applicants will submit the document in its entirety using an OAA Support Center password protected web portal. A special entry point has been established for submission of applications in response to this 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=30, then select "register."

Load all pertinent documents to this site to include in the following order:

- Cover Page (1 page not included in narrative page count)
- Executive Summary Page (Not included in narrative page count)
- Narrative (20 Pages or Less – Not including pages below)
- Center Staff Spreadsheet
- Center Staff CV/Biosketch
- 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.