

VA Centers of Excellence in Patient-Centered Specialty Care Education

1. PURPOSE AND OVERVIEW

a. **Request for Proposals:** The Office of Academic Affiliations (OAA) solicits proposals to establish VA Centers of Excellence in Patient-Centered Specialty Care Education (“Centers”) that will foster the transformation of clinical education and patient care by preparing graduates of health professional schools and programs to work in and lead patient-centered interdisciplinary and/or interprofessional teams providing specialty care in the setting of coordinated longitudinal primary care.¹

Centers will utilize ambulatory settings, such as VA’s Patient-Aligned Care Teams, inpatient settings, and/or transitions between inpatient and outpatient settings to develop and test innovative approaches for providing timely, patient-centered specialty care to Veterans consistent with the core competencies of patient-centered clinical practice. Centers will evaluate these improvement efforts for effects on desired educational and clinical outcomes.

More than anything else, this project is about culture change and ‘disruptive innovation’. First and foremost, the models must be patient-centered, respecting the preferences of patients and making patients integral members of the treatment team. Proposed interventions should leverage the use of technology and the principles of system redesign to deliver specialty care that is more accessible to Veterans and more efficient. They should also enhance consultative services to primary care clinicians, specialty-primary care communication, and transitions between various sites and levels of care. Collaboration between selected sites and sharing of best practices will be expected.

NOTE: Health professions education programs may use different terms when referring to their trainees. Examples include: student, resident, intern, fellow, and learner. This RFP uses the term trainee to refer to the learners in any profession at any level of training.

b. **Eligibility to Apply:** All VA facilities and Independent Outpatient Clinics (IOCs) with patient-centered practices that can accommodate trainees and the specialty innovations described are eligible to apply. Centers of Excellence will be single site awards. No multiple facility or VISN applications will be accepted. However, multiple practice sites administered under the same station number will be allowed. For example, a parent facility may engage several community-based outpatient clinics (CBOCs) in this project.

Successful applicants will demonstrate strong executive and programmatic leadership support and a documented record of innovation in education and clinical practice. Executive and programmatic leadership support from at least one affiliated medical school is essential. The involvement of other health professional schools and trainees is strongly encouraged. VA

¹ “Interdisciplinary” refers to collaborative, team-based care or decision-making body in which several specialties *within the same profession* are involved. One example is care delivery involving an orthopedist, neurologist, and physiatrist. “Interprofessional” refers to collaborative, team-based that includes members from more than a single health profession. “Multi-professional” refers to multiple professions working in parallel, rather than collaboratively in teams.

facilities and academic affiliates must be strongly committed to the foundations of patient-centered education and practice.

c. Expected Annual Budget: Three Centers of Excellence (COE) will be implemented in Fiscal Year 2012. Each Center will be funded up to a maximum of one-half million dollars (\$500,000) annually for core costs (e.g., personnel, consultation services, educational materials, non-IT equipment, supplies, travel). In addition, new trainee positions via stipend allocations may be provided (if required and justified) to facilitate innovation and support the training model(s) described. Funding of trainee positions will be separate from Center funding. Subject to VA appropriations, Centers will be funded for three years (FY 2012-14). The intent of the RFP is to provide “start-up” funding only. Facilities are expected to sustain successful innovations once funding has ceased. Facility leadership must describe how they intend to continue support for successful programs.

2. BACKGROUND AND RATIONALE

In parallel with VA’s national transformation of its primary care delivery system, preparing the future health professions workforce for practice in new specialty care environments is a priority. Testing new ways of interconnecting primary and specialty care is of special interest. COEs in Patient-Centered Specialty Care Education will assess *clinical care and training models designed to more effectively align specialty education and care and with patient-centered primary care practice models*.

3. EDUCATIONAL GOALS AND OBJECTIVES

a. The Accreditation Council on Graduate Medical Education (ACGME) has defined core competencies for resident education. [Available at: <http://www.acgme.org/outcome/comp/compMin.asp> .]

❖ **Proposals must demonstrate how the intervention(s) will enhance at least three of the ACGME core competencies. [One of the three must be ‘systems-based practice’ or ‘practice-based learning and improvement.’]**

b. Interdisciplinary and Interprofessional Collaboration: Generating and testing the effectiveness of interdisciplinary and interprofessional educational programs to prepare trainees to practice collaboratively in teams is a foundational goal of this initiative.

❖ **Proposals must include interventions that involve interprofessional and/or interdisciplinary collaboration. Note: Including interprofessional collaboration is preferred.**

c. Patient Centeredness: The proposed intervention must link directly to VA’s core requirement that health care should be patient-centered.

❖ **Proposals must consider patient preference in the provision of specialty care.**

d. Performance Improvement: Trainees must understand the methodology and seminal importance of process and outcome assessment and continuous performance improvement.

❖ **Proposals must include data-driven performance improvement processes.**

4. ADDITIONAL PROGRAM REQUIREMENTS

a. In addition to addressing the Educational Goals and Objectives described above, proposals must:

- Include a description of what types of trainees will be involved in the interventions
- Include a detailed description of how trainees will be involved in the interventions
- Be informed by an analysis of facility consultation requests from primary care clinics/teams to specialists and/or from CBOC clinics/teams to specialists. Such analyses should justify the target intervention based upon one or more of the following:
 - Reducing unnecessary requests
 - Increasing timeliness of responses
 - Seriousness of the underlying diagnosis (e.g., r/o prostate or breast cancer)
 - Other criteria deemed appropriate to meeting patients' wishes (e.g., patient complaints, contacts with patient representatives, results of focus groups)
- Include one or more interventions to improve the provision of specialty care to Veterans and/or the interactions of specialists and primary care practitioners
- Include at least one medical or surgical specialty or subspecialty. For example, interventions could be between a medical subspecialty and primary care or between a surgical specialty and primary care. [*Preference: one medical AND one surgical specialty/subspecialty involved.*] Alternatively, interventions could include collaborative care provision involving both surgical and medical specialties.

b. Examples of potential initiatives/interventions:

- Use of technology to facilitate access of primary care clinicians and trainees to specialty expertise – e.g., telemedicine, similar to Project ECHO², e-consults, or VA's SCAN [Special Care Access Network] projects
- Embedding specialty fellows or residents in primary care clinics (e.g., ½-day per week)
- Interprofessional clinics involving trainees (e.g., Spine clinic, Pain clinic)
- More standardized, efficient and effective approaches to transitions of care involving trainees (e.g., between specialties; from a specialty to primary care; from primary care to specialties; from inpatient to outpatient)

c. Trainees: Proposals may incorporate existing trainees or request additional trainees to carry out the initiative. Plans for recruiting and phasing in trainees should be delineated. *Trainee positions added as part of this special initiative do NOT count against a facility's FTEE ceiling and will become 'base' allocations of trainee positions.*

d. Training Sites: Training sites must be committed to one or more interventions for providing specialty care to Veterans. Proposals should identify the ambulatory or inpatient

² ECHO stands for Extension for Community Healthcare Outcomes, which is an innovative healthcare program developed by clinicians at the University of New Mexico Health Sciences Center to treat chronic and complex diseases in rural and underserved areas of New Mexico (see <http://echo.unm.edu/> for details).

sites that will serve as the training venues. Outreach from one site to another (e.g., parent facility to CBOCs) is highly encouraged and will be given priority.

e. **Faculty and staff support:** Training sites must have appropriate preceptors for the trainees.

5. CENTER OF EXCELLENCE REQUIREMENTS

Applications for a VA COE in Patient-Centered Specialty Care Education must meet all of the requirements listed below. **Instructions for the Letter of Intent are outlined in paragraph 8 below.** For sites approved to submit a full proposal, please use Attachments A through F to describe the Center's application. **Proposals that do not include all of the information requested in the Attachments will be excluded from consideration.**

- a. **Core Narrative.** See Attachment A for instructions and an outline of the Core Narrative.
- b. **Center Staff:** Follow the instructions in Attachment B to provide a staffing plan for the Center. Funding will be provided to support core staff with key roles in developing, implementing, and evaluating the Center's programs. The Center Director must be a respected clinician-educator and hold a faculty appointment in an affiliated health professions school.

The Center Director must be willing and able to develop and maintain collaborative relationships with academic affiliates and VA clinical leadership; to develop, implement and assess educational programs, and to support faculty and staff development. The Director must have or be provided at least a 3/8ths VA appointment. A co-director or associate directors may be appointed if appropriate and justified. All of these individuals will require at least 25% protected time for leadership responsibilities (specify the level of protected time in the Center's budget).

A variety of additional staff may be necessary to support trainee activities. Specialty physician preceptors and/or clinical educators in the appropriate discipline, with anticipated percentage of protected time for the project should be identified. The support of a data manager and/or a project manager may be desirable. Consultation with experts in education, educational evaluation, statistics, sociology, anthropology, or other areas, may also be helpful. Proposals must describe how these individuals will support trainees in their learning and clinical activities.

- c. **Center Budget:** Use Attachment C to prepare the Center's first-year budget. The Center's core budget will be up to \$ 0.5 million annually, with the potential for annual renewal for two years beyond the start-up year. Renewals for Fiscal Year 2013 and 2014 will be contingent on VA's budget allocation and the Center's performance. Center funding is ear-marked to support the activities, including evaluation, undertaken to transform specialty care delivery and trainee education and must not be used for routine clinical care delivery.

Center funds may be used for personnel, consultation services, educational materials, equipment, supplies, travel and other expenditures, as permitted by VA policy. Up to \$100,000 of the first annual budget may be targeted to non-recurring infrastructure expenses, primarily equipment. Center funds may also be used for other operational

costs, including equipment, travel and facility renovation. **Information technology (IT) requests cannot be directly funded by this initiative.** Obtaining appropriate IT infrastructure will be the responsibility of the facility/VISN. IT needs must be separately documented and included in the facility's/VISN's proposed IT spend plan.

With guidance provided by OAA, each approved Center will be required to submit an annual budget request after the first year. Budget requests must account for all leadership, teaching and administrative costs. Salary support for key individuals should be paid from Center funds, and **assurances of appropriate release time must be provided by facility leadership.** If contracts or Intergovernmental Personnel Act (IPA) agreements will be used to secure specialized consulting support, identify each of the functions involved and justify the use of non-VA personnel.

Facility, VISN and affiliate resources may also support Center activities. Contributed support must be negotiated in advance with the requisite management officials (e.g., medical center director, VISN director, medical school, associated health or nursing school dean) and any agreements should be described in detail. Cost sharing may include personnel, equipment, travel, and facility maintenance and renovation.

- d. **Center Trainees:** Use **Attachment D** to summarize the types and numbers of trainees associated with the Center. Trainees can be deployed from present allocations. Additional training positions may be requested if needed and justified. *Funding of trainee positions will be separate from Center funding.*
- e. **Biographical Sketches:** Instructions for submitting brief biographical sketches of key Center personnel are provided in **Attachment E**.
- f. **Local and VISN Support:** Medical Center and VISN leadership must endorse the application and assure support in their letters of support (see **Attachment F**).
- g. **Letters of Support:** Instructions for submitting letters of support from VA and affiliate executive and program leadership are provided in **Attachment F**.
- h. **Affiliation Agreements:** Facilities must have properly executed affiliation agreements with all educational institutions participating in the Center.
- i. **Reporting Requirements:** Annual reports will be reviewed administratively by OAA to ensure that the Center's performance meets expectations. A standardized annual report template will be used to collect this information.
- j. **Anticipated Awards and Funding Period:** OAA expects to approve at least three proposals. Approved Centers will be funded for three years beginning in *Fiscal Year 2012 (January 1, 2012) and continuing through September 30, 2014*, contingent on VA's budget allocations. Before initial funding is released, each Center will be required to submit an updated first-year budget plan.
- k. **Early Termination:** If a Center demonstrates unsatisfactory performance, the Center Director 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.

1. **Research Opportunities:** This initiative is an educational and clinical performance improvement project. Evaluative activities meant to support ongoing improvement, as opposed to producing generalizable knowledge, are normally exempted from human subject research oversight requirements. However, we anticipate that the initiative may generate ideas and opportunities for publication of observational data as well as hypothesis-driven research. Evaluative studies which are intended to be submitted for publication and any related research projects will be subject to IRB approval. Funding for ‘spin-off’ studies would have to come through alternate channels. *Center funds provided as part of this Program Announcement cannot be used to support research activities.*

6. **GOVERNANCE AND TRAINEE POLICIES**

a. **Governance and General Policies:**

- 1) OAA maintains overall responsibility for the administration of VA’s Centers of Excellence in Patient-Centered Specialty Care Education.
- 2) **Trainee Liability and Expenses.**
 - a) Trainees will be protected from personal liability while providing professional services as a trainee at a VA facility under the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679(b)-(d).
 - b) Except as specified above, expenses connected to trainee recruitment, educational activities, or research are not funded under this program. Transportation to the VA facility and housing arrangements are the sole responsibility of the trainee.
- 3) **OAA Support for Trainees.** OAA will provide funds (separate from Center funding) to VA facilities for trainee stipends and fringe benefits when involved in activities of the Center. Nursing and other Associated Health trainees may be paid directly by VA. Payment of physician or dental residents’ stipends and benefits through a disbursement agreement is recommended. Disbursement agreements cannot be used to fund administrative costs of residency training programs. *Note: trainee positions do NOT count against facility FTEE ceilings and become part of the facility’s ‘base’ allocations (i.e., the positions will continue beyond the award period of the Center).*

b. **Physician Trainees:**

- 1) **Accreditation.** Unless an innovation waiver is obtained, academic institutions providing physician trainees to Center programs shall comply with the Program Requirements for Residency Education (e.g., as available on the ACGME website: <http://www.acgme.org>) or other applicable program standards.
- 2) **Program Sponsorship.** *No new residency programs sponsored in the name of a VA facility may be initiated.* Likewise, no expansions of existing VA-sponsored GME programs may be requested. Only accredited programs and training years are eligible for support, except for Chief Residents.

3) Appointment and Compensation of Physician Residents.

- a) **Appointment authority.** Appointments will be made under 38 U.S.C. 7406.
- b) **Stipend determination.** The stipends of individual positions or fractions of positions will be based on PGY levels and VA stipend rates based on the local index hospital. Resident positions may be paid directly or reimbursed under a disbursement agreement only for the time spent in educational activities at the VA facility, with excused absences as defined by VA policy (e.g., didactic sessions).

c. Nursing and Associated Health Trainees:

- 1) **Accreditation.** All nursing and “associated health” trainees (defined here as non-physician trainees) included in activities of the Center shall comply with the Program Requirements promulgated by the respective discipline’s educational accreditation bodies and with VA provisions for training in those disciplines.
- 2) **Program Sponsorship.** All trainees included in activities of the Center must be in programs sponsored in the name of an affiliate *or* in internships and residencies typically sponsored by the VA, such as psychology internships and postdoctoral training programs or residencies in optometry, pharmacy and podiatry.
- 3) **Appointment and Compensation of Nursing and Associated Health Trainees.**
 - a) **Appointment authority.** Appointments will be made under 38 U.S.C. 7405.
 - b) **Stipend determination.** The stipends for individual positions or fractions of positions will be based on the discipline, educational level, and geographically adjusted VA stipend rates.

7. REVIEW PROCESS

- a. **Review Committee:** An ad hoc, interprofessional review committee designated by the Chief Academic Affiliations Officer will assess applications. Reviewers will have demonstrated expertise and leadership in education, patient care and research.
- b. **Selection Criteria:** Applications will be scored according to the following criteria:
 - 1) All requested information is provided
 - 2) Clarity of educational objectives and proposed interventions
 - 3) Potential to enhance primary care/specialty collaboration
 - 4) Degree of interprofessional and/or interdisciplinary collaboration
 - 5) Potential to enhance access to specialty care, patient satisfaction and quality of care
 - 6) Meaningful involvement of trainees in the proposed interventions
 - 7) Facility consultation data analysis and linkage to the proposal, including predicted impact on specialty training program(s) as number and type of consults change
 - 8) Degree to which the educational experience of trainees will be enhanced, including any proposed or anticipated curriculum changes
 - 9) Quality of the affiliation relationships and the support of the affiliate for the initiative
 - 10) Linkage of objectives to ACGME competencies
 - 11) Linkage of objectives to methods of evaluation of the trainee (competency focused), the training program (overall performance), and the institution (facility performance measures, operational efficiencies, and patient outcomes)

12) Feasibility of the budget to accomplish the proposed project

8. APPLICATION INSTRUCTIONS

a. **Letter of Intent:** Letters of Intent are **due no later than 11:59 pm Eastern, July 22, 2011 and must be sent via e-mail** to (VHACOOAA@va.gov). They should be addressed to the Chief Academic Affiliations Officer. Feedback will be returned to the facility by August 11, 2011. Approved sites may submit a full proposal.

Provide a statement of how your facility would implement one or more innovations in the delivery of specialty care to Veterans enrolled in primary care and at the same time incorporate trainees into the related interprofessional and/or interdisciplinary educational models.

Please include the following sections in your letter and observe the word limits. *Letters of intent that do not follow these guidelines will be excluded from consideration.*

(1) Transformative Potential (Limit: 200 words):

(a) Provide a brief overview of the principal strengths of *your* Center and how these will contribute to the transformation of clinical education and the relationship between primary care practice and specialty care practice.

(b) Describe each proposed intervention in delivery of patient-centered care in terms of:

i. What intervention(s) is (are) proposed?

ii. How did you identify the target intervention(s)?

iii. How will the intervention enhance the relationship between primary care and specialty/subspecialty care?

iv. Address how the Center's educational programs will be *sustainable* once demonstration project funding ceases and *generalizable* within and outside of VA.

(2) Goals and Objectives (Limit: 250 words):

(a) Mission: Capture the overall aim of *your* Center in a succinct mission statement.

(b) Describe how trainees would be integrated into the proposed intervention(s) and interprofessional and/or interdisciplinary treatment teams.

(c) Outline "critical" outcome measures and methodologies you propose to use to establish the effectiveness of the new care delivery system and curriculum

(3) Academic Partners (Limit: 150 words):

(a) Identify your academic partner(s)

(b) Describe current and expected working relationships between VA and the academic partners, including training programs.

(c) Address how you will manage the culture changes precipitated by shifting education from profession- or specialty-specific to shared endeavors.

(4) Local VA facility and VISN Support (Limit: 150 words):

- (a) Describe whether facility and VISN executive leadership anticipates any difficulties meeting the requirements specified in the Program Announcement.
 - (b) Provide proposed solutions to any problems identified and indicate whether VA leadership has endorsed these solutions.
 - (c) Describe current and expected working relationships at your facility between educational and clinical leadership, primary care and specialty leadership, and (if appropriate) medical and nursing or other associated health leadership
- (5) **Training Sites** (Limit: 150 words): Summarize the attributes of the identified training sites, emphasizing what makes them robust educational environments for trainees.
- (6) **Trainee Cohorts** (Limit 200 words):
- (a) Describe the key trainee cohorts involved in the specialty care initiative.
 - (b) Detail any changes in the training time allocated to specialty care clinical experiences.
 - (c) Address whether the program can be implemented within current trainee allocations or whether additional positions allocations will be requested.
- (7) **Center Leadership** (Limit: 150 words): Identify the Center Director and any Co-Directors or Associate Directors. Summarize their current clinical and educational roles at VA and the identified affiliates. Explain how their current responsibilities will be modified to provide the protected time required to lead this project.
- b. Full Proposal:** Facilities selected to compete for a Center must submit full proposals following the instructions provided in Attachments A through G. **Full proposals are due by 11:59 pm September 21, 2011** using an online submission process.
- c. Preparation of Applications.** The VA Designated Education Officer (DEO) [Associate Chief of Staff for Education or similar title] should be the focal point for coordination and submission of the Letter of Intent and Full Proposals. The proposed Center Director must assume responsibility for preparation of the application materials, but must establish lines of communication with the DEO, affiliate DIO, and other relevant program directors.
- d. General:** See **Application Checklist** for the required sections of the proposal.
- a. File formats.** Word, Excel, PDF or TIF files formats may be used. Letters must include a signature (i.e., a scanned copy of an original, signed document).
 - b. Font and margin sizes.** Font size must be 12-point for narrative portions. Margins must be at least one inch all around (excluding headers and footers).
- e. Online submission instructions:**
- 1) Facilities selected to submit a full proposal will be given a link to submit all required documents.
 - 2) All portions of the application will be uploaded as files. See below for full instructions.
 - 3) The COE application site will be opened and ready to accept applications when Letter of Intent feedback is provided to facilities. Proposals may be changed or edited until the

closing date for applications. Only authorized individuals may upload files or other information into the application database.

- 4) Faxed, mailed or e-mailed applications will NOT be accepted.

9. SCHEDULE

June 21, 2011

OAA sends Program Announcement to eligible facilities, VISNs, and appropriate Central Office officials. Program Announcement published on OAA website.

July 22, 2011

Facility Letter of Intent due in OAA Sent via E-mail to (VHACOOAA@va.gov)

August 11, 2011

Letter of Intent feedback provided to facilities

September 21, 2011

Full Proposals from eligible facilities due in OAA via an ONLINE submission process (link to be provided)

October 4-6 2011

Review committee evaluates applications and makes recommendations to the Chief Academic Affiliations Officer

October 14, 2011

OAA notifies facilities about the approval/disapproval of proposals

November-December 2011

Center budgets negotiated

July-September 2012

Trainees begin according to respective academic cycles

October 1, 2013

First annual progress reports due in OAA

10. OAA CONTACT PERSONS

a. **General information:** Judy Brannen at (804) 675-5481 or by Email (judy.brannen@va.gov) or Joanne B. Pelekakis at (202) 461-9593 or by e-mail (Joanne.Pelekakis@va.gov).

b. **Technical information:** For information regarding the online submission process, e-mail the OAA Help Desk (oaahelp@va.gov) or contact David Bernett at (803) 695-7935 or (314) 277-6476 or by e-mail (david.bernett@va.gov).

11. APPLICATION SUBMISSION CHECKLIST

- Attachment A: Core Narrative (Limit 20 pages)**
Upload Word document.
- Attachment B: Center Staff**
Must use table in Attachment B. Upload Word documents (table and narrative).
- Attachment C: Center Budget**
Must use table in Attachment C. Upload Word documents (table and narrative).
- Attachment D: Center Trainees**
Must use table in Attachment D. Upload Word documents (table and narrative).
- Attachment E: Center Governance**
Upload PDF or TIF document.
- Attachment F: Brief Biographical Sketches**
Must use VA Form 10-1313-5. Upload PDF or TIF documents.
- Attachment G: Letters of Support (Limit 2 pages each)**
Upload Word, PDF or TIF documents. Address to the Chief Academic Affiliations Officer (14).

Attachment A: Core Narrative for Full Proposal

Upload a Word document containing the **Core Narrative (limit 20 pages)**. Include specific sections addressing the following:

- **Center of Excellence Requirements**
 - Clinical and Educational Environment
 - Briefly describe the current clinical and educational environment
 - Include any clinical/workload or patient satisfaction data that is pertinent to how you selected which specialty consultative services to include in the COE proposal. Include at least one medical subspecialty or one surgical specialty or subspecialty
 - Transformative Potential
 - Detail the one or more clinical interventions designed to improve delivery of specialty care (e.g., timeliness, access, more patient-centered) in the setting of longitudinal primary care and/or to enhance the relationship between specialty and primary care
 - Training sites or modalities: describe any new training venues (e.g., CBOCs) or technologies (e.g., telemedicine, SCAN) that will be used for the initiative
 - Describe how trainees will be integrated into these new models of care delivery
 - Explain how trainees will be engaged in interprofessional and/or interdisciplinary, team-based care
 - Elucidate how shared decision-making and other hallmarks of patient and family centered care will be incorporated into the care delivery and training models.
 - Institutional Collaboration
 - Describe how the VA and its affiliates will interact to support the Center implementation
 - Sustainability
 - Describe how the innovation(s) will be maintained beyond the 3-year funding period of this award.
 - Generalizability
 - Describe the potential of the proposed innovations for implementation across VA and non-VA sites and/or programs
 - Describe the evaluation strategy, including important context, process, and outcome measures
- **Educational Program Requirements**
 - Educational Objectives
 - Curriculum Design
 - Outcome Measures & evaluation strategy – at each of the following levels:
 - Trainee, Program, and Institution
 - Trainees
 - Physician resident specialties, programs, and numbers of residents involved
 - Nursing and/or other associated health trainees involved
 - Indicate whether additional trainees are being requested to carry out the initiative

Attachment B: Center Staff

Summarize Center staffing using the table provided (see example). Identify the Center Director and any co- or associate directors by name. List other key staff by position (and name, if available). Describe the qualifications, major role in the Center, present level of VA salary support (“Present VA Effort”), proposed level, and source of support when the Center of Excellence (COE) is established (“COE-Related Effort”). In addressing proposed support, consider three potential sources: support provided by the demonstration project itself (“COE Funded”); support contributed by the local VA facility or VISN (“VA Contrib.”); and support contributed by academic affiliates (“Affiliate Contrib.”). As indicated in the example, proposed support does *not* have to equal 100%. Add as many rows to the table as necessary.

Attachment B: Center Staff (EXAMPLE)						
Name of VA Facility: KLM VA Health System						
Name/Positions	Qualifications	Center Role	Present VA Effort (FTEE)	COE-Related Effort (FTEE)		
				COE Funded	VA Contrib.	Affiliate Contrib.
SUSAN S. SMITH, MD ACOS/Ambulatory Care, and Professor of Medicine, XYZ School of Medicine, PDQ University	Internal Medicine 32 years, teaching 17 years, clinical 16 years, research	Center Director	0.875	0.625	0.25	0
JOHN D. DOE, PhD, RN Associate Chief of Nursing Education, and Clinical Instructor ABC School of Nursing, RST University	Nursing 15 years, teaching 7 years, research	Center Co- Director	1.0	0.625	0	0
ROBERT Q BROWN, PhD Assistant Chief Mental Health and Psychology Training Director	Psychology 14 years, teaching 20 years clinical	Asst. Program Director for Psychology & Evaluation	1.0	0.375	0	0
SANDRA A. EDUCATOR, EdD Associate Professor of Education, DEF School of Education, PDQ University	Education 12 years teaching and consulting	Educational evaluation consultant	N/A	Contract or IPA	N/A	N/A
TBA		Data Manager	0	0.75	0	0.25

Contributed Support: In a separate narrative, please comment on all instances of contributed support identified in the table, including support contributed by the local VA or VISN and support contributed by academic affiliates. In each instance, provide assurances that the requisite authorities have approved the arrangement. Outline the plan for sustainability of the interventions after the funding period concludes. This information should be uploaded as a Word document (**Limit: 1 page**).

Attachment C: Center Budget

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.
 - 6) **Other.** List any miscellaneous expenses. Core budget requests should *not* include IT expenses. Center IT needs will not be provided and should be submitted separately through the Medical Center/VISN's IT budget plan.

Budget Justification: In a separate narrative provide a brief justification for each major budget category. This information should be uploaded as a Word document (**Limit: 2 pages**).

- a. **Personnel:** For each position, describe how Center funds will be used to provide protected time for the Center Director and Co-Director and other core staff. If necessary, describe how their current responsibilities will be redistributed to provide dedicated support to the Center.
- b. **Contracts and IPAs:** For each contract and IPA, describe what services will be provided to the Center and why they cannot be provided by VA personnel.
- c. **Non-Personnel Expenses:** Justify major non-personnel expenses, by category.

Attachment C: First Year Budget				
Name of Facility:				
Personnel	Center Role	VA Grade/Step	% Effort (FTEE)	Funding Requested
VA Employees (List by Name or TBA)				
	Program Director			
	Co- or Associate Director			
	Clinician-Educator			
	Data Manager			
	Project Manager			
	[add rows as necessary]			
Contracts				
IPAs				
Consultants				
Total Personnel				
Non-Personnel	Description			Funding Requested
Equipment				
Supplies				
Learning Materials				
Other				
Travel				
Total Non-Personnel				
TOTAL REQUEST				

Attachment D: Center Trainees

**** See Sections 3 and 4 for detailed descriptions of expectations ****

Use the table to list all trainees expected to be involved in activities of the Center by discipline and level in their educational program. Enter specific categories of trainees under each major discipline heading, adding as many rows to the table as necessary. To provide a sense of the potential growth 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, 2012.

Discipline	Program ³	Unique Individuals		
		1 st Year	2 nd Year	3 rd Year
Medical subspecialty: [specify]				
	[add rows as necessary]			
Surgical specialty or subspecialty: [specify]				
	[add rows as necessary]			
Nursing or other Associated Health discipline: [specify]				
	[add rows as necessary]			

Attachment E: Biographical Sketches

Upload Brief Biographical Sketches for Center of Excellence Program Director and Co- or Associate Director as PDF files. Those of other key personnel and consultants may be added as appropriate, but are not required. **The biographical sketches MUST be on VA Form 10-1313-5.** Follow all instructions when completing the form. **Each biographical sketch is not to exceed 4 pages.**

VA Form 10-1313-5 can be found at <http://vaww4.va.gov/vaforms/medical/pdf/vha-10-1313-5-fill.pdf>.

³ **Indicate whether any NEW positions will be requested (# by year).** NOTE: specify by positions, not individual trainees. List separately from the individuals that will rotate through existing positions.

Attachment F: Letters of Support

Letters of support should be addressed to the Chief Academic Affiliations Officer and must be signed. They should address the key opportunities and barriers to successful implementation of the Center as seen from the special vantage point of the author. Pro forma letters are strongly discouraged. Letters should be obtained from the individuals listed below. 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.**

- Network Director (through VISN CMO and AAO)*
- Medical Center Director (through: Chief of Staff)*
- VA Designated Education Officer (DEO)**

*Must specifically provide assurances of commitment to the Center and guarantee the following:

- a. appropriate protected time for the Director and any co- or associate directors;
- b. appropriate protected time for clinician educators with significant teaching and mentoring roles and responsibilities in the Center;
- c. sufficient administrative, clinical and educational space;
- d. fiscal and human resource services support;
- e. access to health records and related data processing capability; and
- f. the storage and security needs of the Center.

**Must provide assurances that the following individuals are fully aware of and support the creation of the COE in Patient-centered Specialty Care.

- a. Program Directors of involved training programs
- b. VA Site Directors of involved clinical services
- c. Designated Institutional Official (DIO) at the affiliate
- d. Graduate Medical Education Committee for the affiliated sponsor of GME
- e. Nursing and other Associated Health leadership at affiliates, as appropriate
- f. VA Nursing and other Associated Health Site Directors, as appropriate

A single letter of support from the DEO is intended to replace the need for individual support letters from the officials or entities listed below. The DEO's letter must attest that all involved clinical services and training programs included in the proposal are willing to implement the proposed interventions and curriculum changes. The DEO must also attest that he/she has been consulted in the COE planning process and that any requests for new trainee positions have been received and are deemed appropriate. [Note: we strongly suggest that the DEO obtain these assurances in writing, either through e-mail or letters, and that relevant agreements are included in the minutes of the appropriate educational committees at the VA facility and the academic affiliates (e.g., Graduate Medical Education Committee),]