

Announcing
Blue Cross Blue Shield of North Dakota
Rural Health Information Technology (HIT) Grant Program - Year Seven
Funding Period (September 15, 2008 - February 15, 2010)

Introduction

The Center for Rural Health, University of North Dakota (UND) School of Medicine and Health Sciences is pleased to announce that Blue Cross Blue Shield of North Dakota (BCBSND) will offer a seventh year of funding for their rural health grant program.

Vision

Keenly aware of the significant stress North Dakota rural areas face in providing for their local health needs, BCBSND seeks to support those communities who demonstrate an effective plan to successfully improve health care delivery to the rural population by utilizing HIT. The company desires to stimulate new thinking about what can be, as opposed to what has always been in the health delivery status quo. Financial support based on established criteria will be awarded to those applicants whose proposals benefit rural North Dakotans and their emerging health needs in a society and industry undergoing accelerated change.

Attributes of the BCBSND Rural HIT Grant Program

The BCBSND seeks projects that demonstrate *collaborative* efforts involving rural health care facilities and whose measurable outcomes improve access, safety, quality, effectiveness and efficiency of health services to the population residing in rural North Dakota. As in past years, proposed grant programs must address the high priority health needs of a rural population through the planning and implementation of an HIT infrastructure.

Special consideration will be given to programs that:

- Work collaboratively with other health care facilities (not owned by one entity) to achieve economies of scale.
- Demonstrate a solid planning process for implementation and adoption of HIT.
- Increase exchange of health information along the continuum of care.
- Help patients transition between health care settings.
- Reduce duplicative and unnecessary testing and services.
- Impart best practices guidelines to providers and patients.
- Develop and implement a program with an emphasis on rural pharmacy applications.

Since the delivery of health care services involves many disciplines and organizations, it is important to pursue a coordinated approach to the planning and adoption of health information technology that builds on existing networks and infrastructures. Networking among rural providers with provider systems from the tertiary centers (Fargo, Grand Forks, Bismarck and Minot) will be central to building more stable rural health care delivery systems and addressing some of the workforce supply issues challenging the rural areas.

Projects should place emphasis on the development of systems that improve the exchange of health information along the continuum of care. Such HIT systems can involve provider-to-provider

relationships (e.g., rural/rural, rural/urban, hospital/hospital, clinic/clinic, hospital/clinic, hospital/pharmacy, hospital/clinic/pharmacy, etc.) and/or provider-to-patient (e.g., patient/provider communication, personal health care record, etc.). *Those projects whose focus is the retainer of consultants, preservation of the status quo, acquisition of duplicative technology, addition of unnecessary capacity, reimbursement maximization or salary enhancement for particular individuals or entities will not be funded.* Preference will be given to applicants with participating status with BCBSND.

Financial Award

BlueCross BlueShield of North Dakota will make funds available in the total amount of \$400,000. The individual awards will be made on a competitive basis to successful applicant(s). It is anticipated that five to seven grants ranging from \$40,000 to \$65,000 will be awarded. The committee will consider grants of greater amount if an applicant is applying on behalf of a network of healthcare facilities, and the request will support the HIT infrastructure for the network. *Preference will be given to applicants that propose to work collaboratively with healthcare facilities that are not all owned by one main organization.*

Application Process

BlueCross BlueShield of North Dakota, Rural HIT Grant Program is administered through the Center for Rural Health (CRH) at the University of North Dakota, School of Medicine and Health Sciences.

The grant process will begin with submission of a **letter of intent, which must be received (not postmarked by), no later than 5 pm, Friday, May 23, 2008.** The letters of intent will be reviewed by a BCBSND review panel. This panel will select the applicants who will be invited to submit a full proposal. All applicants will be notified by the CRH by Friday, June 13th. The complete grant guidance will be distributed by UND, Department of Grant and Contracts, to each applicant that is invited to apply. **Completed grant proposals must be received (not postmarked by), no later than 5 pm, Friday August 1, 2008.**

Proposals will be reviewed and grantees selected by a review panel with representatives from the Center for Rural Health, North Dakota Health Care Association, North Dakota Department of Health, UND, School of Medicine and Health Science, North Dakota Healthcare Review and BCBSND Board of Directors by August 29th, 2008. Grantees will be selected according to criteria specified by BCBSND. Notification to applicants and any correspondence will occur through Lynette Dickson, Program Director.

If you decide to apply:

A letter of intent is required.

Letter of intent must include:

- (1) Applicant's complete contact information (Project Title, Applicant Name, Address, City, Zip code; Key-contact: name, title, phone number, fax, email address)
- (2) Basic problem to be addressed.
- (3) Intent of the project (i.e., improve access, quality/patient safety, efficiency, effectiveness of health care delivery).
- (4) Proposed solution to the problem/issue (goals and objectives).
- (5) Brief description of planning/implementation process (completed or proposed).
- (6) How you intend to measure the process and impact of your proposed project.
- (7) Support requested (total being requested and what the funds will cover).

(8) List of members/partners, if the proposal involves a formal/informal network.

Format: There is a three page limit; use 12 point font; Arial or Times New Roman and 1 inch margins.

Submission: Please submit your letter of intent (as an attachment) electronically to Lynette Dickson, ldickson@medicine.nodak.edu. If you are unable to send via email please mail to Lynette Dickson Center for Rural Health, 501 N Columbia Rd. Stop 9037, Grand Forks, North Dakota 58202. It must be **received (not postmarked by), no later than 5 pm, Friday May 23, 2008.**

Eligibility

A. For purposes of implementing the activities described in the proposal, single or coalition/network (informal/formal) based proposals can involve a variety of organizations, citizen groups, and individuals including, but not necessarily limited to, the following: hospitals, clinics, medical and nursing providers, nursing facilities, public health units, mental health providers, dental clinics, tribal health providers, home health agencies, pharmacies, EMS units, academic centers, and other appropriate community and health organizations. This may include community and economic development organizations, school districts/systems, human service organizations, aging services, and faith-based entities. A coalition is defined as two or more separate legal entities.

B. Both established and/or new partnerships/networks are strongly encouraged. If the applicant has had prior working relationships with the identified partner(s) this needs to be described in the letter of intent as well as in the final proposal. A new coalition/network must state how the program effort will benefit from the collaboration. *Preference will be given to applicants that propose to work collaboratively with healthcare facilities that are not all owned by one main organization.*

C. The applicant may form a coalition with organizations that are public or private, for-profit or non-profit.

D. The applicant may be located in an urban or rural area; however, the true benefit of the proposed project and its outcomes must accrue to rural North Dakota residents and communities. The applicant may have headquarters outside of North Dakota but the proposed activity must target rural North Dakota. For purposes of this program, rural is defined as any geographic area beyond a twenty-five mile radius from the cities of Minot, Bismarck, Grand Forks, and Fargo, North Dakota. A majority of the grant funds must be expended either in a rural area or in a manner that has direct impact on the rural service area.

E. Grant awards will be made to one organization (the applicant). The applicant represents either itself in a solo proposal or an entire partnership under a coalition/network proposal. That organization must be capable of receiving and administering grant funds. If the proposal involves a coalition/network, the applicant is responsible for distributing any funds to the partners listed for their areas of responsibility.

F. Preference will be given to proposals that have participating status with BCBSND.

For further information contact:

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Program Director

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