

Blue Cross Blue Shield of North Dakota
Rural Health Information Technology (HIT) Grant Program - Year Seven
UND RFP 176-2008

(Deadline: Received (not postmarked by), no later than 5:00 pm CST Thursday, October 1, 2008)

Funding Period (January 1, 2009 – June 30, 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 for this grant program. 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 Tuesday, July 1.

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 clearly marked UND RFP #176-2008 and received (not postmarked by), no later than 5 pm CST, Thursday, October 1st, 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 November 10, 2008. Grantees will be selected according to criteria specified by BCBSND. Notification to applicants and any correspondence will occur through Lynette Dickson, Program Director.

Conclusion

These grants are designed to further ongoing collaborative relationships among North Dakota health care organizations by funding rural health network initiatives that focus on the integration and appropriate communication of health care information. The availability of, and access to, relevant health information will improve the clinical decision-making process and continuity of care of rural North Dakotans.

Program Guidance
Blue Cross Blue Shield of North Dakota
Rural Health Information Technology (HIT) Grant Program Year Seven – 2008
UND RFP 176-2008

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Funding Period (January 1, 2009 – June 30, 2010)

Program Purpose

The purpose of the BCBSND Rural Health Grant Program is to serve and show benefit to rural North Dakotans and their health needs. **The program supports individual organizations or coalition/networks working collaboratively through innovative programming to strengthen North Dakota’s rural health system through the use of health information technology (HIT).**

The program establishes the following primary focus areas:

- Improving access to health care
- Providing effective and efficient health care
- Improving the quality of care and patient safety

Applicants must identify **at least one** or more of the above mentioned focus areas in their proposal. Due to the complex nature associated with HIT systems, applications that involve a coalition/network is strongly encouraged; however, applications involving a single organization are permissible. In the case of a single organization applicant, it must be clearly established how the applicant will address connectivity for the patient and the provider and/or provider system. For those projects involving a coalition/network of partners, the proposal must establish the partnership/membership; roles and responsibilities of the partners/members; the actual collaborative nature/purpose of the project, and the rationale for pursuing a project involving multiple partners.

Background

The BCBSND identified HIT as a fundamental need for rural health in North Dakota. While other aspects or approaches are important to the overall improvement of the rural health system, there is a growing consensus that technology can play a significant role in addressing not only system issues, but also population health status. According to Dena Puskin, ScD, Director, federal Office for the Advancement of Telehealth (OAT), there is an emerging technology base and need occurring in rural health throughout the country. Dr. Puskin established three areas:

- Integration of information systems within institutions and across health institutions.
- Application of technology to improve quality of care.
- Emphasis on lower cost applications to address and improve disease management and informatics to benefit the patient base.

In the Institute of Medicine (IOM), *Quality Through Collaboration: The Future of Rural Health*, the argument is presented that an information communication technology (ICT) or HIT, infrastructure must be an important part of a redesign of the health care system. “ICT offers many new opportunities for rural residents to access health information, communicate with the health system from home for clinical and administrative purposes, and manage their chronic conditions more effectively.” (p. 143) The report also speaks to the continuing need for the health system to address quality improvement

through information. “The better information health care professionals have, the better they can diagnose illness, identify health improvement opportunities, discuss treatment options with patients, implement interventions, and achieve desired outcomes.” (p. 142) It is the ultimate improvement of health outcomes or population health status that BCBSND seeks to address in this program. Further evidence of the national scope of the ICT potential is found at the highest levels of the federal government. President Bush, in his 2004 State of the Union message, called for a commitment that all Americans have an electronic health record (EHR) within 10 years. (p. 151)

Health Information Technology can encompass many applications such as described below:

- **Electronic Health Record (EHR):** This is a computer-based patient record maintained by health providers (e.g., hospitals, clinics, nursing homes, home health providers) that maintains information about a patient’s health status and care. It focuses on tasks and events associated with patient care and optimized for use by a clinician who may include clinical and patient data which can include demographics, diagnosis and treatment data, test results, progress notes, medications, medication interactions, and insurance and billing data.
- **Personal Health Record (PHR):** This is a computer-based patient record maintained by the patient and/or informal care givers. Here the focus is technology that is made available to the patient for him or her to use and may include preventive health information (e.g., diet and exercise notes and tracking), health education material, medication, medication interactions, treatment plans for chronic conditions, and tracking of health behaviors and key indicators.
- **Internet Connections:** About 63 percent of the U.S. population (and 53 percent of the rural population) use the internet. Of those using the Internet, approximately 74 percent use it to access health information. (IOM, p. 152) According to the IOM, 80 percent of family physicians use the Internet. Internet access can enhance communication between providers and patients/informal caregivers, providers with other providers, and even patients with other patients (e.g., the use of on-line “chat rooms” to create an Internet-based support group for chronic disease); facilitate access to information/data bases for both providers and patients (e.g., medical libraries and decision support systems for clinical applications such as alerts and guidelines); create a common list serve for provider to provider education and/or community health education; strengthen networks of providers with teleconferencing (e.g. education, information exchange, meetings); etc.
- **Telemedicine/Telehealth:** This covers an expansive set of interactions. The IOM report cites an Agency for Healthcare Research and Quality (AHRQ) study that found the most common uses of telemedicine/telehealth to be the following: consultations and second opinions (80%), diagnostic test interpretation (47%), chronic disease management (36%), post-hospitalization or post-operative follow-up (28%), emergency room triage (26%), visits by specialists (22%) and services in patients’ homes (14%). According to Dr. Puskin the three most common conditions addresses by this technology are mental health, dermatology, and diabetes. Telemedicine/telehealth is general conducted as a store-and-forward method (still frame images, voice and/or sound recordings and medical data such as a patient history, physical exam, and test results are recorded, stored, and transferred forward to another site) or as real-time two-way audio/video methods (local provider and/or patient interact at one site with a provider(s) in another site).

Proposal Requirements

Eligibility

- A. For purposes of implementing the activities described in the proposal, single or coalition/network 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.

Program Funds

- A. While a financial cap has not been developed for individual awards, applicants should exercise discretion in their requests. BCBSND will make funds available in the total amount of \$400,000 for this grant program. 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.

B. The time frame for implementing the individual grants will be 18 months, with an *anticipated* funding period of January 1, 2009 – June 30, 2010.

C. Equipment acquisitions are permitted. However, the BCBSND Rural Health Grant program is *not intended to be a capital or equipment oriented grant*. If funds for equipment purchases are requested, the applicant must demonstrate how such equipment will be used in conjunction with the goals and objectives of the program. Funds cannot be expended for the purchase, construction, or the renovation of facilities or property.

D. If the BCBSND Rural HIT Grant Program will be used to augment existing funds for the same or similar activity presently supported by a federal, state, or private foundation grant, please explain the source and use of those funds. For example, if the applicant and/or the grant partners are currently implementing a HRSA, Rural Health Outreach, Rural Network Development, or Rural Hospital Flexibility grant and seek the continuation or expansion of those activities, through the BCBSND initiative, provide the review panel with details.

E. A direct financial match on the part of the applicant or coalition is not required. However, cost participation (e.g. in-kind, physical space, etc.) is encouraged.

F. Grant funds are intended to support achievement of program goals and objectives. Therefore, funds cannot be used for independent projects sponsored by individual members. The proposal must show how all activities interrelate for the general and specific benefit of the identified service area and target population.

Scope of Activity

A. The proposal must identify at least one of the focus areas to be addressed (i.e. improve access, efficiency/effectiveness, and quality/patient safety of health care delivery). More than one area can be targeted.

B. Proposal Sections

(1) Need Statement (20 points)

- a. Describe the general health issue, if applicable, the proposal seeks to address.
- b. Use current demographic data, health statistics, and background material. If data are older but still represents the most current data available, please note this fact. Reference the data with citations.
- c. Describe how the needs were identified (secondary or existing data, planning process, survey/assessment, community/staff meetings, etc.).
- d. Explain how the applicant and/or its partners participated in identifying a common area/regional problem. If additional partners also participated, identify those organizations and explain their role.
- e. Describe the target population and the target service area of the proposal.
- f. Describe the current access, quality, and/or cost barrier(s) that exist.
- g. Demonstrate that a problem exists in the service area and that the problem is not presently being addressed by any other effort. Indicate that the proposal is not a duplicative activity, that a competing entity does not presently operate a similar program in the identified service area.

- h. Describe, if appropriate, previous efforts to improve access, efficiency/effectiveness and quality/patient safety of health care delivery
- i. Describe current health services and also explain service gaps.
- j. The use of charts, graphs, tables, etc. are encouraged.

(2) Project Description (30 points)

- a. Describe, in appropriate detail, the focus area (e.g., improve access, efficiency/effectiveness, and quality/patient safety of health care delivery) that your proposal addresses.
- b. Describe the planning process for the implementation/adoption of the proposed HIT project that has been completed or will be completed as part of this proposal (e.g. assessments of current workflow and employee readiness; vendor selection, training, etc.)
- c. Describe a clear, coherent work plan that is aligned with **measurable** goals, objectives and activities to address the problems/issues identified in the focus area. **Use both narration and a chart/grid/matrix to demonstrate the specific goals, objectives, activities, time lines, and responsible parties to accomplish your project.** (Chart/grid/matrix may be included as appendix, does not count against 12 page limit.)
- d. Explain the role and responsibility of the coalition/network members (if appropriate) in accomplishing the goals and objectives. Show how members will collaborate or work together to implement the project. If a working relationship presently exists or has existed offer explanatory detail showing what was done, success of those efforts, and/or barriers encountered. A new coalition must describe how the program effort benefits due to the collaboration.
- e. Clearly and precisely relate the goals and objectives to the identified needs. For example, if a goal relates to improving patient outcomes through the development of an electronic medical record this should correspond with issues discussed in the needs section. The project description must concretely and directly address what is to be done under the project (the specific action of the project) and it must directly relate back to the needs previously described.
- f. Describe the role of the community members and/or the community organizations in the project. How will the community be kept informed?
- g. Describe how the project will benefit the target audience and the service area.
- h. Describe how the partners will benefit.
- i. Describe how the project will ensure the future of health care service delivery for the target audience and service area.
- j. If the project is based on a program that has worked in another community, please explain.

(3) Project Management and Partner Responsibility (10 points)

- a. Include information on applicant's ability to manage the grant funds (e.g. previous grant project management).
- b. If appropriate, describe how the coalition partners will share management and decision making.
- c. Explain project coordination and communication.
- d. Describe the current resources, skills, and staffing expertise that will be applied to the project.

- e. Describe the role and responsibility of each partner, where appropriate.
- (4) **Project Sustainability (10 points)**
- a. Describe specifically how the proposed technology implementation process will continue once the funding period ends.
- (5) **Evaluation (15 points)**
- a. Describe the method and process measures for assuring that the proposed goals and objectives are achieved by the proposed timeline.
- b. Describe how you will measure the impact of the proposed project (e.g., improve access, efficiency/effectiveness, and quality/patient safety of health care delivery).
- c. Describe the process by which data/information for these measures will be collected, compiled analyzed and shared with participating entities.
- (6) **Memorandum of Agreement (required for coalition/network based proposals) (5 points)**
- a. Provide a MOA stating the role and responsibility of each partner. If resources (in-kind or financial) are provided, describe that contribution. Have each partner organization sign the document. This is intended to help both the grant reviewers and the applicant to understand that **all** partners are committed to the project and are aware of their role, responsibility on the proposed project.
- (7) **Line Item Budget Worksheet and Budget Narrative (10 points)**
- The budget is divided into two parts: a line-item budget worksheet and a budget narrative. The worksheet lists costs associated with the proposed budget. The budget narrative is where you describe in detail how the funds requested for each line item will be spent and how the amount was determined. Use your best judgment when projecting expenses.
- NOTE: If for example, your facility is planning to implement an EHR which will cost approximately \$425,000 and you are requesting \$65,000 *be specific as to what the requested funds will be used for*. **DO NOT** simply indicate that you are requesting a specific amount, for example, \$65,000 which will be applied to an overall \$425,000 project. Specify what each item/staff time/training, etc. the \$65,000 will be used to support.

Format

Maximum application length is twelve pages (one side of page). If you include appendices, those are not counted against the twelve page limit, but please, provide only pertinent information. Minimum 12 font, using Times New Roman or Arial; double spaced; one inch margins. Charts and tables may use no smaller than 10 font. All pages must be numbered.

NOTE: In providing charts, graphs, maps etc. make certain that when copied in black and white no information is blocked out or lost. We have seen nicely designed tables that have some rows shaded and or colored maps that when copied comes out solid black and the critical information is not available to the reviewer which can detrimental to the proposal.

Key Components of Proposal - Check List (Assemble the proposal in the following order)

- A. Cover sheet with project name, UND RFP number and contact information (applicant organization, lead contact person/ title, address, city, county, state, zip, phone, fax, e-mail). (Not included in the 12 page limit)
- B. Table of Contents (Not included in the 12 page limit)
- C. Project abstract (maximum length one page, not included in the 12 page limit)
 - a. Provide a brief description of the problem and the focus area. (e.g., improve access, efficiency/effectiveness, and quality/patient safety of health care delivery)
 - b. Provide a brief description of the plan to address the selected focus area.
 - c. Statement of partners and their roles in relation to the proposed program.
 - d. Provide a brief description of what you plan to measure, how you plan to measure it and the proposed outcome or impact.
 - e. State the **total dollar amount** being requested.
- D. Proposal
 - (1) Need Statement
 - (2) Project Description
 - (3) Project Management and Partner Relationship
 - (4) Project Sustainability
 - (5) Evaluation
- E. Memorandum of Agreement (Not included in the 12 page limit)
- F. Letters of Support (maximum of three) (Not included in the 12 page limit)
- G. Budget (Not included in the 12 page limit)
- H. Budget Narrative (Not included in the 12 page limit)

7. Submission of Grant

Please submit one original and 10 copies (double sided & 3-hole punched) to Lynette Dickson. All proposals must be clearly marked **UND RFP 176-2008**. All proposals must be **received (not postmarked by), no later than 5:00 pm CST Thursday, October 1, 2008**.

Faxed applications will not be accepted.

<u>Hand Deliver - Physical Address</u>	<u>Mailing Address</u>
UND Center for Rural Health School of Medicine & Health Sciences Attn: Lynette Dickson 501 North Columbia Rd. Room 4909 Grand Forks, ND	UND Center for Rural Health School of Medicine & Health Sciences Attn: Lynette Dickson 501 North Columbia Rd. Stop 9037 Grand Forks, ND 58202-9037

UND accepts no responsibility for non-receipt and delays in receipt caused by mail carrier.

Acceptance or non-acceptance of an application: The review panel reserves the right to accept or not accept any or all applications or parts of the application, and to waive formalities.

For information on the grant or its application please contact:
Lynette Dickson, Program Director
UND, Center for Rural Health, School of Medicine and Health Sciences
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ldickson@medicine.nodak.edu