U.S. Department of Health and Human Services

AHRQ Agency for Healthcare Research and Quality
Advancing Excellence in Health Care ● www.ahrq.gov

Supporting Primary Care to Advance Cardiovascular Health in States with High Prevalence of Preventable CVD Events (U18)

Technical Assistance Conference Call
For RFA-HS-20-002
March 17, 2020

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AHRQ **Conference Call Overview**

- Introductions
- Background
- Review of the U18 Request for Applications
- Frequently asked questions
- Open Q&A

- **Note**: The RFA should be considered the source document for applications.

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AHRQ **Brief Background**

- Addressing Cardiovascular Disease Burden
- Improving the Uptake of PCOR Findings: EvidenceNOW
- Developing State-level Capacity to Support Primary Care Practice Improvement

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Overarching Goal

- The main goal of this RFA is to **improve heart health** and help **reduce cardiovascular disease disparities** by engaging with primary care practices to **disseminate and implement patient-centered outcomes research (PCOR) findings** to improve care delivery.

Two-prong purpose

- To fund dissemination and implementation of PCOR clinical and organizational findings into primary care practices
- To catalyze the development of a sustainable, State-based external primary care quality improvement (QI) support infrastructure
- AHRQ is interested in applications:
  - ► From States with the highest cardiovascular disease (CVD) burden
  - ► From States that currently have limited capacity to provide QI support to primary care practices

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States with High CVD Burden

- For the purposes of this FOA, a State with high CVD burden is defined as a State with a rate of CVD events in the highest quartile according to Million Hearts®
- AHRQ strongly encourages applications from States with the highest rates of CVD in the U.S.
- Applicants must clearly identify their rate of CVD events and provide strong justification for how they will be addressing significant CVD burden across their own State.

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AHRQ What do we hope to learn?

1. Learn how public and private organizations within a State can work together to develop a State's capacity to provide external QI support to primary care practices in order to accelerate the dissemination and implementation of PCOR findings

AHRQ What do we hope to learn?

2. Learn how developing a State's overall capacity to support QI programs can lead to sustainable gains in the overall quality of the State's primary care, improvement of heart health, and reduction of health disparities in the State

AHRQ What do we hope to learn?

3. Learn what models and approaches are effective in:
   - improving the uptake of PCOR evidence in primary care, and
   - building a sustainable, external QI support infrastructure that brings together stakeholders, coordinates QI activities across initiatives, and establishes a statewide network of engaged primary care practices

Guidance for Applicants (I)

Applicants must:
- Establish a **Cooperative**
  - ► Bring together partners and resources
  - ► Develop an external QI support infrastructure
- **Build a network** of primary care practices and stakeholders across the state
- Develop a comprehensive, multi-component, evidence-based approach for a **heart health improvement project**
  - ► Recruit and work with 50 practices across the State

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Cooperatives

- Cooperatives are State-level entities, established by the applicant, which will provide a variety of QI support services to primary care practices to help build their capacity to engage in improvement activities and implement the best evidence to deliver high-quality care, with an initial focus on improving heart health.

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Cooperatives

- Effective Cooperatives will bring together the skills, experiences, and resources of State and local organizations.
  - ► *Local and state primary care organizations*
  - ► *Local, state, and/or regional organizations dedicated to improving care*
  - ► *Large health systems*
  - ► *State and local public health agencies*
  - ► *Private and public payers in the region*
  - ► *Consumer/patient advisory and/or advocacy groups*

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External QI Support Infrastructure

- An external QI support infrastructure is primarily the human infrastructure essential to helping primary care practices develop improvement capacity.
- It provides the staff, resources, and supports needed to help practices identify improvement needs, develop skills, and engage in continuous quality improvement.
- It provides tailored **practice support**, including **assessment, training, problem-solving, networking, and coaching** to help primary care practices achieve their improvement goals.
- This support is intended to foster, to the extent possible, the development of internal capabilities that practices can apply to new challenges over time.

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Guidance for Applicants (II)

Additional Considerations:
- Encourage applications that use **practice facilitation** as a central and unifying strategy within the comprehensive approach
- Encourage applications that allow **adaptations** at the practice level
- Encourage **pilot testing**, but begin larger implementation within 18 months of start

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AHRQ **Guidance for Applicants (III)**

- **Conduct a comprehensive robust evaluation** of all phases of the project, including the establishment of the Cooperative, the development of the network, and the heart health improvement project.
  - ► Measure the **practice's capacity for quality improvement** (at baseline and at the end of the intervention at minimum) – include CPCQ
  - ► Measure **hypertension** and **smoking cessation** measures (at baseline and at the end of the intervention at minimum)

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AHRQ **Guidance for Applicants (IV)**

- **Conduct a comprehensive robust evaluation**
  - ► **Measure implementation** of the approach to QI support at aggregate and practice level
  - ► Assessment of the **internal and external practice** context in which the approach is implemented.
  - ► Applicants are encouraged to collect a mix of **qualitative and quantitative** process and outcome measures throughout all phases of the 3-year grant.

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AHRQ **Guidance for Applicants (V)**

- Plan to participate in a separate, **overarching program evaluation** to be conducted by an external contractor.
  - ► 10% FTE evaluation liaison
  - ► Agree to share de-identified evaluation data and project documentation with the external evaluator.
  - ► Participate in qualitative data collection activities with the external evaluator.

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AHRQ Guidance for Applicants (VI)

- Plan to complete work within **36 months** of start date
- Plan to start work with practices within **6-12 months** of award
- Begin implementation project with 50 practices within **18 months**

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AHRQ Guidance for Applicants (VII)

- **Propose a dissemination plan** - the plan should consider dissemination of interim findings to State and local stakeholders while the project is still in progress.
- **Integrate sustainability planning** into all aspects of the project and develop a plan to maintain the Cooperative and its network of practices and professionals beyond the conclusion of the project.

AHRQ Guidance for Applicants (VIII)

- Plan and budget for three team members to **travel to Washington, DC** once a year for each year of the grant to participate in an annual grantee meeting
- The first meeting will be held in late 2020 or early 2021

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FOA Basics

- AHRQ is utilizing the U18 mechanism – this is a **Cooperative Agreement**, which means there will be substantial AHRQ programmatic involvement
- AHRQ anticipates making up to 4 awards
- Grants are limited to $2 million total costs in any given year and $4.5 million total costs for the entire project period
- The project period may not exceed 3 years

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Eligible Organizations

- Grants are made to organizations, not individuals
- Eligible organizations that may submit and lead applications include:
  - ► Public and non-profit private institutions
  - ► Units of local or State government;
  - ► Eligible agencies of the Federal government.
  - ► Indian/Native American Tribal Governments and Designated Organizations
  - ► For-profit organizations
- Foreign institutions are not eligible to lead applications

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Program Director/Principal Investigator

- Any individual with the knowledge, skills, and experience required to carry out the proposed research is eligible to serve as the project's PD/PI
  - ► There are no degree requirements
  - ► The PD/PI must be accountable to the organization submitting the application
- Applicants may propose multiple PDs/PIs

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The Application (I)

The Research Strategy section is limited to **28 pages** and must contain the following sections (with recommended page limits):

1. The State, the Cooperative, and the Project Team (6 pages)
2. Engagement with Primary Care Practices and Stakeholders (3 pages)
3. Approach to PCOR D&I and QI support (6 pages)
4. Evaluation Plan (6 pages)
5. Dissemination Plan (2 pages)
6. Sustainability (3 pages)
7. Project Timeline (2 pages)

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The Application (II)

- Each section of the FOA includes details of what should be included in the application.
- Read the entire FOA completely and carefully.

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A few reminders on budget

- AHRQ does not accept modular budgets
  - ► AHRQ only uses the detailed Research & Related Budget
- The budget ceiling is for total costs
  - ► Total costs = Direct + Indirect costs
- Matching funds are welcomed and encouraged, but not required

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Review Criteria (I)

- The review criteria provide an outline of both what AHRQ is seeking and the questions peer reviewers will be asked to consider
- The Significance of the application will be based upon its ability to:
  - ▶ Address significant CVD burden
  - ▶ Create external primary care QI support
  - ▶ Increase dissemination and implementation of PCOR findings into primary care practices
  - ▶ Result in new, sustainable capacity for the State
  - ▶ Produce information and tools useful to other States interested in providing external QI support

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Review Criteria (II)

- Pay special attention to the Research Approach
- Reviewers will be considering six areas:
  - ▶ Overall approach to PCOR dissemination and implementation through QI support
  - ▶ Approach to establishing the Cooperative
  - ▶ Approach to establishing a Network
  - ▶ Approach to heart health improvement project
  - ▶ Approach to evaluation
  - ▶ Approach to dissemination

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AHRQ Selection Criteria

- AHRQ will consider the following in making award decisions:
  - ▶ Scientific and technical merit of the proposed project as determined by scientific peer review
  - ▶ Availability of funds
  - ▶ Responsiveness to goals and objectives of the FOA
  - ▶ Relevance and fit within AHRQ research priorities, as well as overall programmatic and geographic balance of the proposed project to program priorities
  - ▶ Burden of CVD in the applicant's State

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Important Dates

- Letters of intent are due **April 10, 2020**
- Earliest submission date is **February 21, 2020**
- Application due date is **May 22, 2020**
- Peer review is estimated to be **August/September 2020**
- Grants start date is estimated to be **December 2020/January 2021**

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Letter of Intent

- Highly encouraged, non-binding, not required
- Letter of intent should include:
  - ► Number and title of this funding opportunity
  - ► Descriptive title of proposed activity
  - ► Name, address, and telephone number of the PDs/PIs
  - ► Names and institutions of other key personnel
  - ► Participating institution(s)
- The letter of intent can be sent electronically to:
  - ► Email: state-DI-capacity@ahrq.hhs.gov

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Additional Help

- Scientific/Research Contact:
  - ► Robert McNellis
  - ► Email: Robert.mcnellis@ahrq.hhs.gov
- Peer Review Contact:
  - ► Gniesha Y. Dinwiddie, PhD
  - ► Email: Gniesha.Dinwiddie@ahrq.hhs.gov
- Financial/Grants Management matters:
  - ► Steven Young
  - ► Email: Steven.Young@ahrq.hhs.gov

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Frequently Asked Questions (FAQs)

- Q: If our state is not in the highest quartile of CVD event are we still eligible to apply?

- A: Yes, AHRQ strongly encourages applications from states with the highest rates of CVD, but all states are eligible to apply.
  - ▶ It will be important to provide strong justification for how you'll be addressing significant CVD burden in your state.
  - ▶ You may submit evidence from other data sources, e.g. BRFSS, CDC Atlas, etc., as part of the justification.
  - ▶ Significant CVD disparities are also important to highlight.

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FAQs

- Q: The RFA calls for engagement of 50 practices, is it required to engage practices across the entire state, or is it acceptable to engage practices in one or two diverse regions?

- A: The Network should engage all primary care practices across the State.
  - ▶ For the heart health improvement project, across the state is ideal, but a few diverse regions would be acceptable, especially in larger states.
  - ▶ Note: A minimum of 50 practices should be engaged in the improvement project over the entire period of the grant – not 50 per year.

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FAQs

- Q: Are co-PIs or multiple PIs from the same institution permitted?

- A: Yes, they may also be from different institutions.

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ÁHRQ **FAQs**

- Q: Will AHRQ accept multi-state proposals? May our research plan include multiple states?

- A: No, the application should establish a Cooperative, build a Network of primary care practices and develop an improvement project in a single State.

ÁHRQ **FAQs**

- Q: Is this focused on adults or can this expand to include kids and adolescents? Could practices which care for both adults and children and adolescents be engaged?

- A: The main focus is on adult patients but practices that care for patients across the lifespan (e.g. family medicine) may engaged.

ÁHRQ **FAQs**

- Q: May we engage with Indian Health Service or Tribal health entities as part of this project?

- A: Yes, we encourage you to engage with all primary care practices in the State, and if possible include them in the heart health improvement project.

AHRQ FAQs

- Q: If we want to include a specific approach to quality improvement, like academic detailing or practice facilitation does AHRQ have resources to train people?

- A: Yes, AHRQ has a number of resources available including a practice facilitation curriculum and how to guide, Tools for Change, Evidence for Heart Health (which includes academic detailing guides from NaRCAD), TeamSTEPPS and many others.

AHRQ Open Forum

- The operator will assist in queuing questions from participants.

- If time does not allow for all questions to be answered, please submit your questions via email after the call.

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