PAEA WEBINAR:

HRSA 2012 TRAINING GRANT OPPORTUNITY
Purpose

• Plan, develop, and operate an education program to train physician assistants to practice in primary care settings; and

• Plan, develop and operate an education program for individuals who will teach primary care in physician assistant training programs, preparing trainees to enter practice in primary care settings.

Deadline:
May 8, 2012
(8:00 PM ET)
Presenters

Dave Keahey, MSPH, PA-C
Associate Program Director,
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HRSA Guest Commentator:
Shannon Bolon, MD, MPH
HRSA Branch Chief, Primary Care Medical Education Branch
HRSA Mission and Goals

HRSA provides national leadership, program resources and services needed to improve access to culturally competent, quality health care.

As the Nation's access agency, HRSA focuses on uninsured, underserved, and special needs populations in its goals and program activities:

- Improve Access to Health Care.
- Improve Health Outcomes.
- Improve the Quality of Health Care.
- Eliminate Health Disparities.
- Improve the Public Health and Health Care Systems.
- Enhance the Ability of the Health Care System to Respond to Public Health Emergencies.
- Achieve Excellence in Management Practices
2012 Financial Scope

- $2,500,000.00
- Approximately 11 grantees (variable based on many factors)
- No >$220,000/year
- Max $1,000,000
- 2012-2016 (5 years)
- Funding starts August 1, 2012
New Programs:

Provisional accreditation is acceptable. An applicant with provisional accreditation must demonstrate that full accreditation is expected during the grant’s project period.
Connected with a grants management division in your institution?

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registry (CCR) http://www.ccr.gov.
- Identify the organization’s E-Business POC (Point of Contact)
- Confirm the organization’s CCR “Marketing Partner ID Number (MPIN)” password
- Register an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider
- http://fedgov.dnb.com/webform
Application Format Requirements

- The total size of all uploaded files may not exceed the equivalent of 65 pages when printed by HRSA. The total file size may not exceed 10 MB.
- The 65 page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit.
Methods may include the following:

- Innovative teaching strategies
- Practice-based learning
- Community based training settings
- Professional competencies and competency assessment
- Faculty development
- Role modeling
- Innovative assessment strategies and feedback
- Inter-professional training and collaborative educational approaches
- Use of electronic technology
- Evidence-based approaches to improve primary care training and practice
- Quality improvement educational activities linked to public health outcomes
Three Two funding preferences
(Attachment 7)

- The applicant has a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities (MUC);
- During the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates in such settings;
- The applicant utilizes a longitudinal evaluation and reports data from such system to the national workforce database. (*In development for future grant competitions*)
Requesting the Medically Underserved Community (MUC) Funding Preferences

- Have a high rate for placing graduates in clinical practice settings having the principal focus of serving medically underserved communities; or
- During the two-year period preceding the fiscal year for which an award is sought, have achieved a significant increase in the rate of placing graduates in such settings, or
- Meet the criteria for a new program provided below in “Qualifying for the MUC Preference as a New Program.”
Requesting the MUC Preference by Demonstrating “High Rate”

- To qualify for the MUC Preference by demonstrating high rate, an applicant must have a high rate of placing graduates in MUCs for the last two years (2010 and 2011) when compared to the rest of the 2012 competition applicants. Report the answer as a decimal rounded to the nearest hundredth:
  
  \[
  \frac{\text{2011 grads practicing in MUC} + \text{2010 grads practicing in MUC}}{\text{(all 2011 graduates + all 2010 graduates)}}
  \]

- The rate defining the threshold for “high” will be determined . . . by calculating the median rate of PAs working in MUC preference eligible sites from the pool of applicants . . .
To qualify for the MUC Preference by demonstrating significant increase in rate, an applicant must demonstrate a greater increase of graduates currently practicing in MUC Preference eligible sites when compared to the pool of 2012 competition applicants requesting the MUC Preference by demonstrating a significant increase in rate. The numerator will be the difference between the number of graduates currently practicing in an MUC Preference eligible site in 2011 and 2010. The MUC Preference will be awarded to those applicants whose increase in rate is greater than the median.
Veterans (p. 30)

- Up to 4 of the 30 points (Response) will be awarded to applicants that demonstrate Helping Veterans Become Physician Assistants (Narrative sections: Organizational Information, Methodology, Work Plan, Resolution of Challenges)

- Impact of the activities to improve the quality of PA education for veterans including but not limited to veteran specific recruitment and retention strategies, accepting transfer of military college credit hours, and alternate curricula for veterans with medical training and/or experience (2 points possible)

- Quality of the needs assessment and outcome data supporting these activities (2 points possible).

- For more information for Veteran’s, please visit: http://www.paeaonline.org/index.php?ht=d/sp/i/132462/pid/132462
Evaluation Plan (p. 22)

- Ensure adequate resources are requested to conduct an evaluation that meets ... requirements
- Evaluation strategies should be evidence based
- Each objective should have at least one outcome measure
- A logic model can be used to describe the relationships between the needs statement, objective, and outcome
- Longitudinal assessments of trainee outcomes for five years after project completion are encouraged (e.g. graduates’ employment site and practice type, future education and training, certifications, and publications).
Evaluation Plan (p. 22)

- Description of technical capacity to successfully evaluate the project throughout the entire project period. Include evaluation team personnel in the Staffing Plan (Attachment 2).

- A Senior/Key Person Profile and a Senior Key Personnel Biographical Sketch must be provided for the lead evaluator.
Guidance for Applications with Partnering Entities (Attachment 4)

- Applicants are *encouraged to partner with other entities* to maximize training resources and opportunities and to increase the quality and success of the proposed project. Partners include but are not limited to other *PA or health profession education programs, community organizations, community based practice sites, and public health entities*.

- Applicants must provide a *memorandum of understanding for each partner in Attachment 4*. Applicants can submit one memorandum signed by multiple partners if the entities share the same arrangement with the applicant.
Trainee Expenses

• Although trainee support, including tuition, books, program fees, and reasonable living expenses during the period of training are allowable, **applications should emphasize building infrastructure, enhancing curriculum quality, providing community based clinical experiences, and strengthening education** on the full breadth of primary care skills for students and faculty.

• Trainee stipends are allowed. Stipends may only be used for cost of living expenses during the period of training. (p. 17)
Don’t Forget:

The applicant must include this statement in the budget justification:

“Federal grant funds will not replace current levels of non-Federal support for proposed grant activities.”
Writing the Grant

- *Use* the Program Guidance!
- Create the outline from the Program Guidance
- One person should coordinate the grant
- Assign action items and timelines for each objective
- Liberal use of tables and timelines help the reviewers understand your grant application
- *Write the content to be consistent with the 6 Review Criteria*
• Project Abstract--1 page
• Project Narrative
  • Introduction
  • Organizational Information
    • Helping veterans become physician assistants activities
  • Needs Assessment (Rationale)
  • Methodology
  • Work Plan
  • Resolution of Challenges
  • Evaluation Plan* 
  • Dissemination

*Ensure adequate resources are requested to conduct an evaluation that meets the requirements

• Attachments
  1. Eligibility Documentation
  2. Staffing Plan and Position Descriptions
  3. Project Organizational Chart
  4. Letters of Agreement and/or Description(s) of Proposed/Existing Contracts
  5. Letters of Support
  6. Request and Documentation for Funding Preferences (Att. 6)
  7. Accomplishment Summary – Required only for Competing Continuations and applicants who received PCTE Physician Assistant Training in Primary Care grant funds in 2008, 2009, 2010, and 2011 only
  8. Tables, Charts
  9. Institution Diversity Statement
Application Review Information
100 Points Total--6 Criteria (pp. 30-32)

• Need (12 pts)
  • Narrative section: Needs Assessment

• Response (30 pts—up to 4 of the 30 points will be awarded to applicants that demonstrate Helping Veterans Become Physician Assistants Activities)
  • Narrative sections: Narrative sections: Organizational Information, Methodology, Work Plan, Resolution of Challenges

• Evaluative Measures (20 pts)
  • Narrative sections: Evaluation Plan

• Impact (20 pts)
  • Narrative sections: Methodology, Resolution of Challenges, Evaluation Plan and Dissemination

• Resources/Capabilities (10 pts)
  • Narrative sections: Organizational Information, Methodology, Work Plan, and Evaluation

• Support Requested (8 pts)
  • Budget Justification, Organizational Information
Budget Periods:

- Budget period 1 is August 1, 2012-July 31, 2013
- Budget period 2 is August 1, 2013-July 31, 2014
- Budget period 3 is August 1, 2014-July 31, 2015
- Budget period 4 is August 1, 2015-July 31, 2016
- Budget period 5 is August 1, 2016-July 31, 2017
Administrative and National Policy Requirements, pp.38-41 (Formerly “Public Policy Issuance”)

- Trafficking in Persons
- Smoke-Free Workplace
- Human Subjects Protection
- Financial Conflict of Interest
- Cultural and Linguistic Competence
- Diversity
- Healthy People 2020
- National HIV/AIDS Strategy (NHAS)
- Oral and Mental Health
- Health IT
Key Points

• Know the purpose of HRSA grant support
• Identify program needs within the HRSA framework
• Strongly consider investing faculty time as HRSA grant reviewers
• Register at Grants.gov or become familiar with grants management at your institution (DUNS, POC, MPIN, AOR)
• Study the Program Guidance (don’t be intimidated)
• Address “Administrative and National Policy Requirements”
• Use the Program Guidance as an outline
• Use the Review Criteria as a sub-outline
• Write the content in the comprehensive framework and congruent with the 6 Review Criteria (pp. 30-32) “Do your own review”
Key Points

- From the outset, use tables from the Program Guidance to track faculty and students (disadvantaged, gender, race, ethnicity, medically underserved training and employment)
- Continuously track data for future reporting on performance reviews and progress reports
- Contact successful Program Directors (PIs) to see if they will share copies of their grants

Helpful FAQ Resource:

Questions?

Please contact:

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or

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