



**HRSA 2016 Grant Opportunity
Primary Care Training &
Enhancement Awards
(HRSA-16-042)**

PAEA WEBINAR

Presenter

Tony Miller, M.Ed., PA-C

Chief Policy & Research Officer, PAEA

Purpose

The overarching purpose of the PCTE program is to strengthen the primary care workforce by supporting enhanced training for future primary care clinicians, teachers, and researchers.

Deadline:
December 16, 2015
(11:59 PM ET)

Nuts and Bolts

- 14.9 million anticipated overall: PA allocation of 1.8m
- Estimate 37 awards overall beginning July 1, 2016
- Awards are for five years (assuming Congress appropriates \$)
- Limits
 - \$250,000 per year single project*
 - \$500,000 per year collaborative project*
- Multiple applications from organizations not allowed
- Awardees from last year not eligible

* Includes modified indirect at 8%

Who

- Accredited public or non-profit PA programs are eligible including provisionally accredited programs* but not those on probation
- Lead applicant must be from: family medicine, gen. pediatrics, gen. internal medicine, medical students, physician assistant students or faculty from one of the preceding
- Collaboration must propose training across the continuum and across PC disciplines
- Collaborative projects must include at least two of the following professions: PC physicians, PAs, NPs, dentists, mental health providers, pharmacists and other allied health professionals

Important Notes

- “Applicants for the FY16 PCTE must focus on training for transforming healthcare systems, particularly enhancing the clinical training experience of trainees.”
- “Applicants must describe how your proposed activities will increase diversity in the health workforce...”
- “Applicants must also propose an evaluation plan focused on assessment of outcomes related to graduate career choices and patient access, quality of care, and cost effectiveness in the clinical training environment.”

(my emphasis)

Examples of Outcomes

- Rate of graduates/program completers practicing in primary care, at least 1 year after program completion
- Rate of graduates/program completers practicing in underserved areas, at least 1 year after program completion
- Patient service provided by graduates/program completers
- Quality of care provided by graduates/program completers
- Patient service provided by trainees and faculty at participating PCTE clinical training sites
- Quality of care provided by trainees and faculty at participating PCTE clinical training sites
- Cost of care provided by trainees and faculty at participating PCTE clinical training sites

Applicants may use funds to plan, develop, and operate programs that:

1. *Provide training experiences in new competencies as recommended by the Advisory Committee on Training in Primary Care Medicine and Dentistry—including training in integrated care with other health professionals, in interprofessional teams that include diverse professions outside of medicine and dentistry, in team-based practice models such as the Patient-Centered Medical Home, and in leading practice transformation.*²
2. *Provide training in the field of family medicine, general internal medicine, or general pediatrics for medical students, interns, residents, or practicing physicians.*
3. *Provide training to physician assistant students.*
4. *Train physicians who plan to teach in family medicine, general internal medicine, or general pediatrics.*
5. *Train physicians or physician assistants teaching in community-based settings.*
6. *Operate joint interdisciplinary and interprofessional graduate degree programs in public health and other professions to provide training in environmental health, infectious disease, disease prevention and health promotion, epidemiological studies and injury*
7. *Provide need-based financial assistance in the form of traineeships and fellowships to students, residents, practicing physicians or other medical personnel, who are participants in any such program and who plan to work, teach, or conduct research in family medicine, general internal medicine, or general pediatrics. Activities to support trainees must be consistent with the FY 2016 focus of the PCTE program to train primary care providers for transforming healthcare systems. **Stipends are not allowed for medical residents or medical students.***

Characteristics of Transformed Health Care Systems

- Providers across the care continuum participate in integrated or virtually integrated delivery models,
- Care is coordinated across all providers and settings,
- There is a high level of patient engagement and quantifiable results on patient experience,
- Providers leverage the use of health information technology to improve quality,
- Providers perform at the top of their license and board certification,
- Population health measures are integrated into the delivery system, and
- Data is used to drive health system processes.

Projects that address the social determinates of health while addressing health care delivery transformation are encouraged

Preferences

Section 791(a)(1) of the PHS Act provides for funding preferences for the PCTE program. Applicants receiving a funding preference will be placed in a more competitive position among applications that can be funded. A funding preference is available for applicants that:

- a) demonstrate a high rate for placing graduates/program completers in Medically Underserved Communities or demonstrate a significant increase in the rate of placing graduates/program completers in MUC settings over the preceding 2 years; or
- b) are new programs as defined in this funding opportunity announcement (FOA).

What Can You Use Funds For?

- Plan, develop, operate programs that:
 - Program providing training experiences: integrated care. IP teams, team-based practice models (PCMH), & practice transformation
 - Training of PA students
 - Training of physicians planning to teach in PC disciplines
 - Training of physicians and PAs teaching in community health settings
 - Joint graduate degree programs in public health
- Need-based financial assistance – traineeships or fellowships
 - PAs training to be teachers or researchers
 - PA students?
 - \$22,920 max for PA students per year if allowed

Key Considerations

- Transformation of health care delivery systems
- Collaborative projects across levels of training (including graduates – potential faculty) and professions (PC disciplines of medicine, PAs and dentistry)
- Veterans focus encouraged
- Evaluation plan appears critical! *
 - Graduate outcomes
 - Patient access
 - Quality of care—CQI focus
 - Cost effectiveness in clinical training environment

* HRSA to provide evaluation contractor for technical assistance

Getting Started...

Organization must register:

- Dun & Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov>)
- Some institutions may have to file compliance certificates (generally already done if participating in federal student aid programs)

Even if you have had federal grants already, be sure your organization is still active and that an Authorized Organization Representative (AOR) is approved

Application Format Requirements

- The total size of all uploaded files may not exceed the equivalent of 70 pages when printed by HRSA.
- The 70 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.
- Additional guidance is provided in Section 4 of the SF-424 Application Guide (web link in FOA)

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 5 Review Criteria*

Major Sections

- Project Abstract 4-5 required elements (write last)
- Project Narrative
 - Purpose & Need
 - Response to Program Purpose
 - Methodology & Approach
 - Workplan (include template, annual training chart & logic model)
 - Resolution of Challenges
 - Impact
 - Evaluation & Technical Support Capacity
 - Project Sustainability
 - Organizational Information, Resources & Capabilities
 - Budget & Narrative
 - Attachments (1-9)

Sample Work Plan Template (<http://bhpr.hrsa.gov/grants/technicalassistance/worktemplate.docx>)

This is a sample Work Plan template. It is provided as one example of the type of Work Plan required in grant applications for HRSA's Bureau of Health Workforce. Other types are acceptable. The requirement can be found in the FOA at Section IV.2.ii. Project Narrative, Response to Program Purpose (b) Work Plan.

Goal:

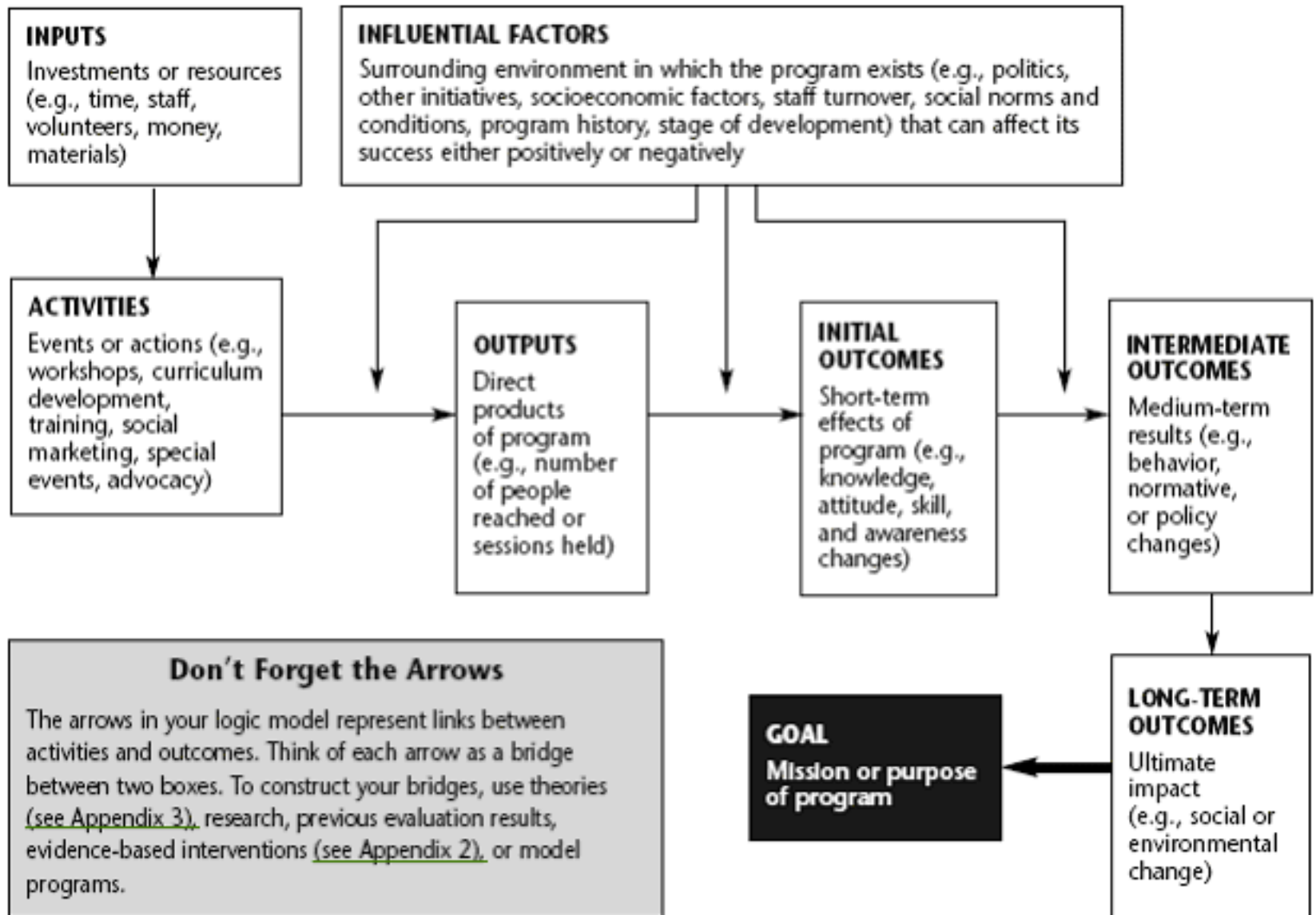
Measurable Outcome(s):

*** Time Frame (Start/End Dates by Month in Project Cycle)**

Major Objectives	Key Tasks	Person(s) Responsible	Start Date (By Month/Year in Project Cycle)	End Date (By Month/Year in Project Cycle)
1.				
2.				
3.				
4.				

Note: You can add as many major objectives as necessary for your program.

Components of a Basic Logic Model



Program: _____ (name) _____ Logic Model

Situation:

Inputs	Outputs		Outcomes -- Impact		
	<i>Activities</i>	<i>Participation</i>	<i>Short</i>	<i>Medium</i>	<i>Long</i>

Assumptions

External Factors

Application Review Information

100 Points Total— 5 Criteria (pp. 20-24)

1. Purpose and Need (10 pts)
2. Response to Program Purpose (35 pts)
 - Methodology/approach (20)
 - Work plan (10)
 - Resolution of challenges (5)
3. Impact (30 pts)
 - Evaluation & technical support capacity (25)
 - Project sustainability (5)
4. Organizational Information, Resources and Capabilities (10 pts)
5. Support Requested (15 pts)

Key Points

- Know the purpose of HRSA grant support
- Identify program needs within the HRSA framework
- PROOFREAD x 10
- Strongly consider investing faculty time as HRSA grant reviewers
- Study the Program Guidance (don't be intimidated)
- Use the Review Criteria
- “Do your own review”
- Keep in mind that progress and performance reports will be required

Why Grants Are Not Approved

(it is secret but we are guessing)

- Poorly written in terms of grammar, punctuation, spelling, flow and precision
- Did not follow directions – may not even get to reviewers
- Incomplete or missing sections
- Poor match between grant objectives and budget
- Poor match between budget and budget justification
- Poor match between what HRSA wants and what you want
- Lack of innovation or innovation is out of bounds (way out of the box)

Approved but not funded...

- Competition is high
- Did not get the funding preference bump
- Special considerations... "HRSA anticipates funding at least one awardee in each of the ten HHS regions.'

Key Points

- Collaborate (internally & externally)
- Faculty buy-in
- Read successful grant applications
- Outside reader to ensure anyone can understand
- Proofread x10
- Check your math on budget
- Show sustainability in narrative and budget

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 HRSA Resource

- <http://bhpr.hrsa.gov/grants/technicalassistance/index.html>

Logic Model – Kellogg Foundation

- <http://www.smartgivers.org/uploads/logicmodelguidepdf.pdf>

Further Questions?

Please contact:

Tony Miller

tmiller@paeaonline.org

As always, it is best to direct technical questions
to the HRSA Project Officer:

Anthony Anyanwu

Phone: 301-443-8437

aanyanwu@hrsa.gov

For More Information:

- **PAEA Pando Workshop – Grants 101**
 - November 10-11, 2015
 - Crystal City (Arlington), VA
 - To register: Forum.PAEAonline.org
 - Deadline: October 25, 2015
- **HRSA Technical Assistance Call**
 - November 5, 2015
 - 3:00 – 4:30PM (ET)
 - Call in: 800-369-1882
 - Participant Code: 1847935
 - See weblink in FOA



Q&A

Disclaimer: PAEA presents the information in this webinar as a service to its members. Information and responses to question are base on presenter's experience and review of HRSA materials. However, individuals are urged to use the PCTE Program Guide for the definitive resource and to contact HRSA Project Officer for official responses. The PCTE Project Officer is Anthony Anyanwu (301) 443-8437.

Special thanks to Dave Keahey, former chair, PAEA Government Relations & External Affairs Council