

May 26, 1999

## REQUEST FOR PROPOSALS FOR NEW CLINICAL PROGRAM INITIATIVES

*NOTE: VHA Directive 98-009 is rescinded.*

1. This Veterans Health Administration (VHA) Notice announces the opportunity for VHA organizational elements to compete for startup funding for new clinical program initiatives.

*NOTE: Initiatives should offer a new medical or health care intervention (not education or research) that is expected to enhance health outcomes.*

a. Proposed programs should not be currently mandated programs nor replicate something already proven successful (although a new approach employed in the private sector might be proposed for adaptation to VHA).

b. Each proposal is expected to incorporate clear plans for evaluating the success (or failure) of the new clinical program initiative and articulate plans for dissemination of a successful program.

2. As articulated in VHA's Prescription for Change, "The new veterans healthcare system supports innovation, empowerment, productivity, accountability and continuous improvement." This notice represents a mechanism for soliciting and supporting new clinical program initiatives to ensure that VHA concentrates appropriate resources on developing and evaluating promising innovations that, if shown to enhance the quality or productivity of the health care we provide, might be replicated beyond the test site(s). New clinical program initiatives that have been approved to date are listed in Attachment A.

3. VHA will accept proposals requesting funding for new clinical program initiatives on a semi-annual basis. Up to \$10 million will be set aside annually from the National Reserve Fund to support approved projects. Approximately half of the available funds may be allocated for each semi-annual review.

a. Most proposals are expected to include requests limited to 12 months of funding for a pilot program. With strong justification, proposals may request up to 24 total months of support; if approved, funds beyond the initial year of the award will be contingent upon availability of funds and a satisfactory progress report. Requests for more than 24 months of funding will not be considered.

b. Progress reports for proposals awarded 13 to 24 months of funding are to be submitted within 2 weeks following completion of 9 months activity, to the Office of Policy and Planning (105). Final reports are required for all funded new clinical program initiatives; these are to be submitted to the Office of Policy and Planning (105) within 60 days following the end of the total funding period. Final reports should not exceed five pages in length; they must include a summary of "lessons learned" and plans for sharing positive results.

#### 4. General Requirements

a. **Origination, Required Coordination and Approvals.** Proposals may originate from any organizational level or location within VHA. Applications should be coordinated and approved by appropriate facility leadership and the Network Director. Applications may involve more than one site, but leadership should be located clearly at one specific site. If an application originates within a VHA Headquarters organizational entity, the entity must obtain agreement from a specific Veterans Integrated Services Network (VISN) to pilot test the proposal. Proposals must be coordinated among parties with significant programmatic or implementation interests, including the appropriate facility clinical leadership, facility Director(s), Network Director(s), and VHA Headquarters program officials.

b. **VISN Matching Funds.** VISNs implementing the initiative are expected to provide matching support in cash or in kind. The proportion of matching funds provided by the VISN is one factor considered in ranking proposals for funding.

c. **National Interest.** Proposals should articulate the relationship of the proposed innovation to national VHA interests and how, if successful, the innovation might be replicated and applied beyond the test site(s).

d. **Strategic Planning Links.** Proposed programs are expected to contribute to one or more elements of VHA's strategic goals as embodied in Prescription for Change or similar programmatic goals and/or strategic objectives. Proposals also are expected to be consonant with Network business plans or VHA strategic goals and objectives

e. **Measures of Success.** Proposals are expected to incorporate explicit mechanisms for measuring and evaluating the success (or failure) of the pilot clinical program initiative in terms of specific performance measures. The evaluation plan is another major factor considered in rating proposals.

5. **Application Requirements.** Applications are to meet the following requirements.

a. **Administrative Content.** Applications are to contain the following information in numbered order and are to be no more than fifteen pages in length (excluding VA Form 10-0373, New Program Proposal, abstract, table of contents, transmittal letter, and any letters of support). Description of the proposed new clinical program initiative should be up to nine pages, with up to six pages available for description of the evaluation plan. Applications should be typed on standard-sized (8 ½ by 11 inch) white paper, single-spaced, with a font size no smaller than 12 characters per inch.

(1) Abstract. The first page of the proposal should be an abstract of the overall proposal, page numbered "i". The abstract should not exceed one page. It should include the following information in the format and order specified:

(a) **Project Identification**

1. Initial application; or
2. Revision or Resubmission. **NOTE:** *If b, specify:*
  - a. *Previously assigned #;*
  - b. *Primary Applicant (s): First Name, Last Name, Degree(s);*
  - c. *Lead VA health care facility;*
  - d. *Pilot sites (specify all, including lead if applicable); and*
  - e. *Project Title.*

(b) **Brief Project Description** (350 word limit) Articulate primary objectives of the proposal. Describe the key elements of the proposed new clinical program initiative. Briefly note the rationale for the proposed innovation, including its potential national interest. Specify primary pertinent VHA strategic objectives. Identify proposed key measures of success.

(c) **Anticipated costs.** At bottom of the abstract (page i), present the following information in the format specified; articulate “in kind” contributions in dollars:

Anticipated duration of requested project (total months): \_\_\_\_\_  
Total Projected Cost (\$): \_\_\_\_\_  
Year 1 Request (\$ and FTE): \_\_\_\_\_ Year 1 Network Contribution \$: \_\_\_\_\_  
Year 2 Request (\$ and FTE): \_\_\_\_\_ Year 2 Network Contribution \$: \_\_\_\_\_

(2) **Contents.** This is to be “page number “ii.” List all sections of the application (including any appendices) and the initial page number for each.

(3) **Proposal Narrative.** The narrative should include the following sections.

(a) **Objectives of proposed initiative.** Articulate the goals and/or objectives of the proposed clinical program innovation.

(b) **Links to national interest, VHA strategic goals and objectives.** Explain the relationship of the proposed innovation to national interests. Describe how the proposed initiative is expected to contribute to specific objectives and/or proposed actions in VHA strategic goals and/or objectives (include specific plan, objective number and title).

(c) **Description of specifics.** Description of specific innovation and implementation plans, timeline and milestones (including reference to Gantt chart to be placed at end of narrative section). If the proposal includes optional levels of activity, articulate explicitly what each of the levels would be expected to accomplish. Specify the minimal program size in terms of

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funding, Full-time Employee Equivalent (FTEE) and workload required. Identify and articulate any economy of scale considerations. If the proposal requires funding for more than one year, include a justification for the requested (up to 12 additional months) additional funding and a statement of how the project will be managed if out-year funding is not approved. Clearly describe the facilities and resources required, indicating which are available and which would be obtained if the initiative is funded. Include space, data processing capacity, access to VA staff and major equipment and/or supplies. Describe the role of each member of the clinical program initiative team (including evaluation personnel) and how any necessary coordination will be accomplished. Describe the track record of lead personnel and of participating facilities in implementing similar or related programs. Describe track record of evaluation personnel in conducting similar evaluations.

(d) **Background and rationale.** Present rationale, including any available supporting information from literature or pilot tests, for the expectation that the initiative will meet the articulated goals and/or objectives.

(e) **Links to validated guidelines.** Describe the relationship of plans proposed to specific validated practice guidelines, if applicable and/or appropriate.

(f) **Relationship to VHA or Network business plans.** Explain how the proposal relates to current VHA and/or Network business plans.

(g) **Coordination.** Indicate which offices have been involved in developing and/or reviewing the proposals and which are in support of, or opposed to, the proposal. Reference appended letters of support where appropriate. ***NOTE: Letters of support from elected officials should not be submitted or solicited.***

(h) **Measures of success.** Describe proposed performance measures, including quality measures and associated specific performance requirements, for the clinical program initiative. Articulate pertinent links to existing national or network performance measures; fully specify explicit measures. Specify plans for collecting and analyzing evaluation data, and the degree of performance to be attained to justify continuation of the program without centralized funding. Specify anticipated indicators for success and suggest plans for accomplishing broader dissemination and adoption of the innovation (by other facilities and networks), if successful.

(i) **Summary.** Summary of expected “added value” of the requested funding, in terms of anticipated accomplishments attributable to the new clinical program initiative. (Include a Gantt chart for clarity of anticipated accomplishments and related milestones; reference sample in Attachment B).

(4) **Appendices.** Appendices should include only:

(a) Transmittal letter approved and signed by VISN Director or appropriate Chief Officer.

(b) Biographical sketches of key personnel (specifically, program managers and key evaluation personnel).

(c) Letters of support (e.g., from important program participants and/or consultants if applicable and/or VISN Director for network where pilot is planned, if a Chief Officer initiative). Letters of support from elected officials should not be submitted or solicited.

b. **Technical Content.** *NOTE: For instructions on filling out VA Form 10-0373, see Attachment C.* Information not requested on this form (such as: estimation procedures for workload, FTE, and costs; rationale for shifts in resources; and justification for funds requested for equipment or supplies) should be provided on separate pages. Provide the following information on VA Form 10-0373.

(1) Workloads. Specify whether at local VA medical center or VISN). Include:

- (a) Appropriate workload measures,
- (b) Workload estimation procedure,
- (c) Workload projection by year, and
- (d) Workloads shifted from overlapping programs, with rationale for shift.

(2) FTE. Specify whether at local VA medical center or VISN. Include:

- (a) FTE estimation procedure,
- (b) FTE requirements, by type of employee by year, and
- (c) FTE shifted from overlapping programs, by type of employee by year with rationale for shift.

(3) Costs. Specify whether at local VA medical center or VISN. Include:

- (a) Cost estimation procedure,
- (b) Net funding requirements by year, including years beyond the initial year,
- (c) Funding that can be shifted from overlapping programs by year, and
- (d) Cost savings and/or avoidance (if applicable).

c. **Signatures.** Each proposal should include as part of the appended transmittal letter evidence of support by the appropriate VISN Director(s) or Chief Officer(s). Evidence of coordination among involved parties and support by the local facility director(s) also is required.

d. **Due Date.** Applications must be received by the first business day after January 1 and July 1 of each year. *NOTE: Award dates are April 1 for January submissions and October 1 for*

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*July submissions.*

e. **Submission.** An unbound original and twelve copies of each application are to be submitted to:

Chief Research and Development Officer (124A) [Room 784]  
Department of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20420

**6. Proposal Review Process**

a. A committee of selected representatives from the field and the following VHA Headquarters offices will review applications:

- (1) Office of Under Secretary for Health,
- (2) Office of Policy and Planning,
- (3) Office of Patient Care Services,
- (4) Office of Performance and Quality,
- (5) Office of Research and Development,
- (6) Office of Finance, and
- (7) Office of the Chief Network Officer.

**NOTE:** *The Chief Research and Development Officer, or designee, will chair the review committee.*

b. Proposals are expected, at a minimum, to be responsive to this directive, complete, clear, and well organized. Proposal review criteria will emphasize:

(1) Significance, originality, and appropriateness of objectives in terms of encouraging promising new clinical program innovations of importance to VHA national interests, including evidence of clear and explicit potential contributions to VHA strategic objectives.

(2) Quality and feasibility of specific initiative and implementation plans. Consideration of this issue includes: how well initiative is defined; evidence of appropriate coordination and collaboration; evidence of facility and/or network interest (including degree of matching funds offered); consistency with VHA and/or Network business plans; and rationale supporting the possibility for the initiative's meeting articulated goals and/or objectives (including links to validated practice guidelines, if applicable).

(3) Quality and appropriateness of proposed performance measures and plans for collecting and analyzing evaluation data, including proposed indicators and plans (if warranted) for broader dissemination and potential adoption of the innovation.

(4) Track record of proposed program leadership and of participating site(s) based on evidence regarding:

- (a) Successes in applying other clinical program innovations, or
- (b) Commitment to applying new clinical program innovations.

(5) Appropriateness of proposed budget and “added value” of National Policy Board’s contribution.

(6) Anticipated “added value” of expected accomplishments and timeliness relative to projected total costs of proposed new clinical program initiative.

c. Applications will be reviewed and those recommended for approval will be prioritized within 2 months of the receipt date; others will be notified within 4 weeks of the review. Proposals recommended for approval will be forwarded to the Policy Board, which will make recommendations regarding funding within the following 6 weeks. Final funding decisions will be made by the Under Secretary for Health.

d. Applicants should be notified of the final funding decision approximately 3 months after the proposal receipt date.

## **7. Reports**

a. Applicants who receive approvals for 2-year funding (always contingent upon availability of funds and satisfactory progress) should submit (at the end of 9 months of funding) an information copy of the progress report to 124A, and an original plus two copies of the progress report for action to:

Chief Policy and Planning Officer (105)  
Department of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20420

b. A final report for each funded project is required. It should be submitted to the Chief Policy and Planning Officer (105). An information copy should be sent to the Office of Research and Development (124A).

**8. RESPONSIBILITY:** The Office of Research and Development (12) and the Office of Policy and Planning (105) are responsible for the contents of this Directive.

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***NOTE:** For information about proposal procedures and review, contact Shirley Meehan, MBA, PhD, Deputy Director, Health Services Research and Development Service (202-273-8287). For information about submission and/or processing of progress or final reports, contact the Office of Policy and Planning (202-273-8932).*

**9. RECISSIONS:** The VHA Directive 98-009 is rescinded. This Notice expires May 31, 2004.

S/ by Thomas Garthwaite, M.D. for  
Kenneth W. Kizer, M.D., M.P.H.  
Under Secretary for Health

Attachments

**DISTRIBUTION:** CO E-mailed 5/27/99  
FLD: VISN, MA, DO, OC, OCRO, and 200 - FAX 5/27/99  
EX: Boxes 104, 88, 63, 60, 54, 52, 47 and 44 - FAX 5/27/99

**ATTACHMENT A**

**NEW CLINICAL PROGRAM INITIATIVES THAT HAVE BEEN  
APPROVED TO DATE**

| <b>NUMBER</b> | <b>APPLICANT (PRIMARY SITE)</b>                       | <b>TITLE</b>  |
|---------------|---|---|
| 98-09-001     | Audrey Nelson, RN, PhD (Tampa)                        | A National Program Initiative to Evaluate Spinal Cord Medicine Clinical Practice Guidelines   |
| 98-09-004     | Willard S. Harris, MD (Tampa)                         | Quick Implementation of Web-Based Clinical Practice Guidelines through Instantaneous Links to Patient Data and Action Steps   |
| 98-09-005     | Roger Casey (VISN 8)                                  | One-VA Outreach Program for Homeless Veterans   |
| 98-09-013     | Robert H. Roswell, MD (VISN 8)                        | Care of Veterans with Life-Limiting Illness   |
| 98-09-014     | Thomas V. Holohan, MD<br>(VHAHQ/NY) (VISNs 3,6,12,22) | Critical Time Intervention (CTI) Pilot:<br>A Case Management Model for Dually-Diagnosed Homeless Veterans   |
| 98-09-017     | Helen C. Noel, ANP, PhD (VISN 1)                      | Health Care Resources Utilization, Patient Satisfaction, and Clinical Efficacy of Interactive Telecommunication and Technological Computer-Based-Information Systems in the Management of Underserved Veterans in the Home Care Setting |
| 98-09-019     | Richard R. Owen, MD<br>(VISNs 5,7,16,17)              | Nurse Coordinator Intervention for Implementing Schizophrenia Guidelines  |
| NPI-99-001    | William J. Marks, Jr., MD<br>(San Francisco)          | National VA Center for the Surgical Treatment of Parkinson's Disease and Movement Disorders   |

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|            |   |   |
|------------|---|---|
| NPI 99-006 | Robert T. Frame, DMD, MS, CHE<br>(Ann Arbor)                    | Homeless Veterans' Dental Care  |
| NPI 99-008 | Jeffrey Kraut, MD (West LA)                                     | Exercise for Increasing Venous<br>Capacitance for Pre-Dialysis Patients         |
| NPI 99-009 | Toni Lawrie, RN, WVC (Bay Pines)                                | Sexual Trauma Treatment Program   |
| NPI 99-014 | Robert Roswell, MD<br>Ocala (CBOC;VISN 8)                       | Cooperative Health Care Clinics: An<br>Innovative Demand Management<br>Strategy |
| NPI 99-015 | Thomas V. Holohan, MD<br><br>(7 SAMHSA and 6 VHA<br>CBOC sites) | National Mental Health and Substance<br><br>Abuse Services for Older Veterans   |





**ATTACHMENT C**

VA Form 10-0373, New Program Proposal, can be obtained from the VHA Forms Web site (<http://vaww.va.gov/forms/medical/searchlist.asp>) or by opening the following icon:



10-0373.pdf