**Department of Veterans Affairs (VA) Program Announcement**

**Veterans Health Administration (VHA) Office of Rural Health**

**Washington, DC March 2014**

Rural Expansion of Specialty Care Access Network

Extension for Community Healthcare Outcomes (SCAN-ECHO)

REQUEST FOR PROPOSALS

# PURPOSE

The Rural Expansion of SCAN-ECHO Request for Proposals (RFP) collaboration between the Offices of Rural Health (ORH) and Specialty Care Transformation (SCT) is intended to help fulfill VA’s mission to serve rural and highly rural Veteran populations. Funding under this RFP will allow primary care providers working in rural VA facilities and those facilities that mainly serve rural Veterans to fully participate in the SCAN-ECHO initiative. The goal of SCAN-ECHO is to assist primary care providers in the management of complex chronic medical conditions and to expand rural Veterans’ access to medical care. This program builds capacity among primary care providers (PCPs) including physicians, nurse practitioners, and physician assistants to manage patients with chronic and/or complex conditions via case-based learning and co-management of patients. The intended outcomes include: 1) improved access to specialty care services, 2) reduction in fee-basis and travel costs, 3) improved quality of care, and 4) improved Veteran and provider satisfaction.

# BACKGROUND

SCAN-ECHO is an approach to provide specialty care consultation, clinical training, and clinical support from specialty care teams to rural primary care providers using video teleconferencing equipment. Key elements of the program include instruction by specialists as well as case presentations by primary care providers largely based on consults for treatment plan development. The specialist documents the treatment plan that becomes a part of the medical record. Other primary care providers have the opportunity to listen to the discussion and learn from the advice given by the specialist.

Approved SCAN-ECHO specialty clinic topics include: Heart Failure, Hepatitis C/liver, HIV, Neurology, Chronic Pain Management, Chronic Obstructive Pulmonary Disease (COPD), Chronic Kidney Disease, Vascular Medicine and Women’s Health. Find the SCAN-ECHO [master schedule](http://vaww.infoshare.va.gov/sites/specialtycare/SCSTransformation/SEclinics/default.aspx) here.

The potential benefits from implementation of SCAN-ECHO for primary care providers and their host facility include: earning no cost Continuing Medical Education/Continuing Education Units (CMEs/CEUs), increased professional interaction with colleagues, and access to a specialty care team allowing participating providers to enhance their ability to treat specific disease states while becoming local experts to other providers in their facilities and VISNs. The potential benefits are especially significant in rural areas, as rural providers may feel less professionally isolated and enjoy greater job satisfaction thru a SCAN-ECHO opportunity. In addition, Veterans will have greater access to specialty care, with shorter drive times.

The VA SCAN-ECHO pilot began in 2011 and now has 11 “hubs” located in VA medical centers (VAMCs) across the country with 4 to 8 specialty teams in each one. Approximately 350 VA community based outpatient clinics have participated in SCAN-ECHO sessions as the “spokes” and the majority continue to participate. In Fiscal Year 2013, ORH supported the rural expansion of SCAN-ECHO. This pilot supported 48 rural and highly rural “spoke” sites with the participation of over 100 rural PCPs.

The SCAN-ECHO pilot is currently undergoing a formal qualitative and quantitative evaluation by Quality Enhancement Research Initiative (QUERI). Evaluators are assessing improvement in quality of care, travel miles saved, beneficiary travel savings, and Veteran and provider satisfaction. Evaluators are also assessing the impact of SCAN-ECHO on provider retention, which is especially important in rural clinics.

Preliminary results from the Vascular Medicine SCAN-ECHO program indicate that clinic wait times have significantly dropped, and the efficiency of participating clinics has markedly improved. The Pain SCAN-ECHO program has increased the number of chronic pain patients that can now be treated in nearby VA clinics due to participating PCPs’ increased expertise and knowledge. Preliminary results from clinics participating in Hepatitis C SCAN-ECHO indicate not only significant savings from travel reimbursement, but also a significant reduction in fee-basis care. Qualitative data from participating providers is generally very positive, including reporting that there is improved care collaboration with specialists; an improvement in the quality of care delivered; an improvement in the ability to manage chronic conditions locally; and less workplace burnout.

# Pilot Program Description

The “ rural expansion of SCAN-ECHO RFP” provides a mechanism for funding the implementation of this specialty training program in rural and highly rural VA facilities, as well as those VA facilities that serve a majority of rural Veterans (50% or greater). ORH will offer funding to support 1) participating providers time; 2) necessary infrastructure acquisitions/improvements including Clinical Video Tele-conferencing (CVT) equipment and space renovations; 3) project management support (administration) to facilitate the local implementation of the program; 4) clinical equipment necessary for provision of specialty care by participants (such as spirometers for the COPD training module); and 5) support for a clinical coordinator at a participating VAMC or the parent facility of participating community based outpatient or mobile clinics.

Each specialty clinic duration is 16 weeks, with one hour per week spent with the SCAN-ECHO specialty team. Of this hour, one third is devoted to formal instruction by the specialist from the SCAN-ECHO Center and the remaining time is devoted to case presentations by participants. **Each participating provider must agree to identify and present at least one case during the 16 week pilot.** In addition to attending the SCAN-ECHO weekly call, the primary care provider will be expected to see patients referred from other providers who have advanced or difficult clinical concerns within the SCAN-ECHO topic area. E-consults and/or telephone based consults between sessions will be supported by the specialty care hub site. Other facility providers or Patient-Aligned Care Team (PACT) members are also encouraged to participate in the patient care, education, and training associated with SCAN-ECHO. After the 16 week pilot is completed, participating providers may continue to attend SCAN-ECHO sessions with their specialty care team when they are able. Specialists are expected to continue to provide consultation and collaboration when requested.

In addition, instructing other facility providers (i.e., registered and licensed practical nurses, physician assistants, and other primary care providers) on the SCAN-ECHO topic area is a program priority. The ultimate goal is to upgrade the skill sets/knowledge of other facility providers or PACTs to enable a higher proportion of Veterans to be managed by VA primary care providers located closer to home, thereby reducing dependence upon referrals to specialty services at the parent VAMC or at non-VA sites of care.

Each application must specify the disease module training they would like to receive. In addition, the training selected should reflect local, rural Veteran clinical needs. Approaches to selecting the most appropriate disease model may include 1) examining past records to determine which specialty care service is most often referred for fee-care; 2) according to primary provider interest; 3) assessing volume and categories of specialty consults; 4) evaluating specific medication use; and 5) propensity to access specialists in respective VISNs.

As stated above, funding will be provided for program management. The clinical coordinator should identify patients that may be candidate cases for PCPs and PACTs to discuss. In addition, the clinical coordinator should organize meetings for participant instruction to other facility providers. The clinical coordinator will be responsible for the collection of information for a basic assessment of the program by participating facilities including: the number of dates, and nature of cases presented during the pilot; the number of times the participating provider joins the sessions; and reduction in the number of patient referrals during and immediately following the pilot program. Higher level programmatic evaluation will be completed by the SCAN-ECHO Evaluation team.

Upon receipt of an award from ORH, participating facilities will receive an implementation guide with standardized templates for scheduling, tracking and coding. The VHA Specialty Care Transformation (SCT) SCAN-ECHO program manager will schedule an orientation call with each project lead to cover the implementation guide before the pilot commences. The SCT SCAN-ECHO program manager will create a list serve for all SCAN-ECHO participants to encourage dialogue and share best practices. The hub sites will track participation for each session. Cases are tracked by consults in the VA Computerized Patient Record System (CPRS).

# Facility Eligibility Criteria

* 1. Participating primary care providers must be: 1) part of a VA facility or site of care that is designated as rural or highly rural as currently defined by VHA\*,and/or2)located in a VA facility that mainly serves rural or highly rural Veterans (greater than 50% of enrolled Veterans are designated “rural” or “highly rural”). A VA facility can be a medical center, a community based outpatient clinic (CBOC), or a mobile clinic. **Contact your VISN Rural Consultant (VRC) to determine your facility’s eligibility to participate. Find your VRC here** [**http://www.ruralhealth.va.gov/rural-consultants.asp**](http://www.ruralhealth.va.gov/rural-consultants.asp)
	2. The disease module(s) selected should have the potential to have a significant impact on the health of rural Veterans in the participating facility catchment area (i.e., the disease module selected should be prevalent in the local Veteran population, and/or be responsible for a high volume of specialty consults or fee care and be demonstrated in the application).
	3. Participating primary care providers must be able to commit time to this program for the duration of the pilot. (**Required activities include: participation in at least 75% of weekly SCAN-ECHO tele-video sessions, and presentation of at least one case during the 16 week pilot**. Activitiesmay also include teaching/educating other facility providers on SCAN-ECHO topic area content.) Time commitment may be accomplished by reduction in patient panel size for each full-time provider participating, or a reduction in other administrative or clinical commitments.

\* Urban Area: Census Bureau-defined urbanized area

 Rural Area: Any non-urban or non-highly rural area

 Highly Rural Area: Any areas in counties having <7 civilians per square mile

ORH funding may be used to pay for additional provider time to offset these reductions in panel size. The total number of Veterans served by the participating facility must not decrease due to implementation of the program.

* 1. A minimum of one facility and one provider must agree to participate per application. If a facility has only one PCP, participation in this RFP is discouraged due to expected difficulties in coverage.
	2. Each participating facility must have an operable T1 line. A T1 line can only be funded by VA Office of Information and Technology (OIT).
	3. Only one disease module per application may be submitted. The sponsoring (parent) facility, however, can submit multiple applications for more than one disease module. Collaboration with appropriate specialty providers when preparing a response to this RFP is encouraged.
	4. Collaborating facilities within a VISN may submit a joint proposal.
	5. Participating facilities must agree to participate in the evaluation that will be conducted by the SCAN-ECHO evaluation team.
	6. There must be documentation of VISN and sponsoring facility support to participate in this program.

# Proposal submission

Completed proposal template – (see Attachment B) must be submitted to ORH through the VISN Rural Consultant (VRC) by April 18, 2014. A signed letter of support from the VISN Director and the sponsoring (parent) facility Director must be submitted as well. Proposal templates should include information regarding the following to be considered:

* Number of rural Veterans potentially impacted
* Prevalence of the diagnosis among rural Veterans in the facility catchment area
* Names of participating providers

# Proposal Review Criteria

* 1. Evidence of VISN and Parent Facility Support.
	2. Participating Facility must be located in a rural or highly rural facility as defined by VHA and/or serve a simple majority (50% or greater) of Veterans from rural or highly rural areas.
	3. Discussion of choice of disease module (e.g., disease/condition is prevalent in facility panel, or specialty care for disease or condition is difficult to obtain locally or requires significant travel to VAMC, volume of specialty consults, provider preference.)
	4. Evidence of commitment of at least one PCP’s participation in at least 75% of SCAN ECHO sessions.
	5. Discussion of local program management, i.e., how participating PCP’s time will be covered, plan for training other members of PACT team on specialty care topic, plan for patients to be referred to SCAN –ECHO trained PCP, plan for identifying patients for case presentation, plan for collecting basic program assessment information described in Section 3 above.
	6. Evidence of commitment to participate in the formal evaluation that will be conducted by QUERI at the end of the pilot.

# Timeline

* Proposals due to ORH– April 18, 2014
* Awardees notified–April 30, 2014
* Orientation Calls begin – May 5 - 9, 2014
* One hour clinics begin – May 12, 2014
* Pilot ends –September 12, 2014
* Participation in SCAN-ECHO evaluation – August and September 2014

# Technical Assistance

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