Rural Provider and Health Care Staff
Training and Education Initiative (RPSTI)

REQUEST FOR PROPOSALS (RFP)

1. PURPOSE - The Veterans Health Administration (VHA) Office of Rural Health (ORH) invites proposals for the implementation of locally-based training and education program(s) for health care providers (physicians, nurse practitioners, physician assistants), other clinical staff (nurses, clinical pharmacists, psychologists, and social workers), and/or health care support staff (e.g., clerks, administrative officers, clinic managers, etc.) working in rural *VHA facilities (i.e., Veterans Affairs medical centers (VAMC), community based outpatient clinics (CBOC), outreach clinics). This Award allows for the implementation of locally developed plans to establish a training and continuing education program within VAMCs and associated rural clinics that mainly serve rural and highly rural Veteran populations.

The ultimate goal is to establish innovative, cutting-edge training and educational programs that do not require travel; utilize the latest technology, utilize existing content, if possible; and are convenient and easily accessible for providers and clinical staff working at rural VA health care facilities. Using VA resources and infrastructure, VA facilities in collaboration with other VA and/or non-VA entities, such as but not limited to, the Office of Specialty Care Transformation, Primary Care Clinic Operations, Geriatric Research Education and Clinical Centers (GRECC), Mental Illness Research, Education and Clinical Centers (MIRECC), Office of Women’s Health Services, the National Center for Organizational Development (NCOD), and/or local Area Health Education Centers (AHEC), or State Offices of Rural Health (SORH) etc., will have the opportunity to establish locally-based VA training and education experiences for rural VA providers, other clinical staff, and health care support staff.

2. ELIGIBILITY CRITERIA FOR FACILITIES
VAMCs located in rural or highly rural areas or “Parent” VA facilities (which do not need to be in rural areas) that have CBOCs, Outreach Clinics, or Telehealth Clinics in designated rural or highly-rural areas wishing to have an organized education and training program for providers and staff. [Go to below link to determine rurality of your facility.]

*Rurality of a VA facility can be determined by going to http://vaww.pssg.med.va.gov/PSSG/pssg_urhr_service_cboec_summary.htm
3. ELIGIBILITY CRITERIA FOR PROPOSALS

Criteria proposals must meet in order to be considered eligible for application under this RFP.

a) Only one application may be submitted per VAMC.
   
o) However, collaborating facilities within a Veterans Integrated Service Network may submit a joint proposal; that proposal will be considered the VAMC application for each facility participating in the application.

   o Specific plans for program logistics (program leadership, training and education schedules, curriculum development, learning objectives, and training delivery method is necessary).

   o Rural CBOCs, outreach clinics, and telehealth clinics must apply through their parent facility.

4. BACKGROUND

Rural health care providers and other clinical staff experience significant barriers to accessing relevant continuing education and training necessary to keep their clinical skills current. Results from a recent survey indicate that both rural VA primary care providers and nurses are very interested in receiving clinical training on providing care for patients with Traumatic Brain Injury, Diabetes, polypharmacy, cognitive decline, and other complex chronic diseases. In addition, the literature indicates that rural providers and other clinical staff report high levels of professional isolation. These factors can contribute to difficulty in retaining skilled health care providers in rural areas.

Rural clinic support staff members are frequently hired from the surrounding community and are not familiar with VHA operations and systems. Although they participate in new employee orientation at their parent VAMC, it can be challenging to assimilate the large amount of new information and to keep up with the many dynamic changes in VHA that could affect patient care or patient relations.

Not only is continuing clinical education and training a critical issue for rural providers but also training in health care delivery issues such as patient referrals both in and out of the VA system, communication with and support from the parent facility, timely access to patient records, Patient Aligned Care Team training, access to specialty care, appropriate and effective use of telemedicine, and urgent care. In addition, informal polling results from a sample of the rural VA workforce indicated that training and education of CBOC administration staff on topics such as handling walk-ins, efficient use of clinic space, using telehealth equipment, provider recruitment, Veteran transportation and reimbursement issues, communication with surrounding community and knowledge of VA services is urgently needed. Further a recent quantitative National survey of rural VA providers indicated that the number one focus of quality improvement training should be on coordination of care with VA and non–VA providers.

It is recognized that most urgent training and education needs and barriers to receiving training vary from facility to facility. Therefore, ORH is offering this RFP so that facilities
can structure their rural site training and education program to meet their needs in terms of content and mode of delivery.

It is anticipated that training and education of providers and health care support staff working in rural VA facilities will contribute to the integration of those remote sites into VHA organizational culture and result in greater patient satisfaction, smoother clinical operations, increased retention of clinic workforce and higher quality of care. In addition, increasing the skills of local VA providers through continuing education can result in increased access to care for rural Veterans with complex conditions obviating further travel to VAMCs.

5. PROGRAM DESCRIPTION
The RPSTI RFP provides a mechanism for funding salaries, educational materials, equipment and other infrastructure costs associated with developing and delivering training and education for providers, clinical staff and non clinical staff working in rural and highly rural VA facilities. Sites may apply for up to $250,000 per year for up to 3 years of program support.

6. IMPLEMENTATION TIMELINES
a. Program Implementation:
   i. Approved sites should expect to receive funding no later than October 2013 (beginning of fiscal year 2014).
   ii. Sites will establish their programs, develop curriculum, define training outcome objectives; go through EES accreditation process if new content is developed and Continuing Medical Education/Continuing Education Units are desired; and begin training in first year of funding.
   iii. Milestones and accomplishments will be reported to ORH quarterly, starting January 2014.
   iv. Funding for RPSTI will cover three consecutive fiscal years 2014 – 2016 (October 1, 2013 – September 2016) subject to fund availability.

b. Post award follow-up and tracking: Programs and positions allocated under the RPSTI will be closely monitored to evaluate outcomes in this training and education effort. Information about program implementation, numbers of types of providers trained, and number and types of educational offerings will be reported to ORH quarterly. ORH will work closely with the selected sites to establish evaluation criteria, and will provide ongoing consultation and monitoring. It is expected that sites will collaborate to share success stories and challenges and thus learn from each other.

7. PROGRAM APPLICATIONS
Completed applications are due August 30, 2013. See Attachment A for proposal template and instructions.

8. POLICIES
Governance. ORH maintains overall responsibility for administration of RPSTI. If any new educational materials are created, they must go through the Employee Education System Process if Continuing Education Credits are desired. Learn more about the 11 national and two state accreditations for continuing education credits/hours here. http://vaww.ees.lrn.va.gov/Products_and_Services/17489.pdf. Any telehealth or
videoconferencing equipment required for provider training must be approved by the Office of Telehealth Services.

**ORH Support.** ORH will provide funds to VA facilities for training and education and infrastructure support. Sites may apply for *up to $250,000 per year* in program support, provided by ORH, for *up to three years*. These funds may be used for:

- Medical Care and Medical Care Support funding (recurring) (such as faculty support, project lead support, technicians, health administration clerks, contracts);
- Administrative support (e.g., scheduling of training and education sessions);
- Equipment such as telehealth and videoconferencing equipment that is directly related to training at the remote sites; simulation equipment, educational materials and supplies, etc. Please note that no Information Technology equipment will be funded.
- Travel, lodging, and subsistence support for trainers/educators, provided the rural training site is outside of the normal commuting distance to and from their home (per VA regulations).
- Infrastructure modifications and minor construction (such as remodeling existing space): this category of funding is limited to up to $100,000 of additional Non-recurring funding in the first year of proposal implementation.

### 9. PROPOSAL EVALUATION CRITERIA

**a. Site Characteristics.**

The VA health care site must be located in a designated “rural” or “highly rural” area. While some experience with provider training and education is desirable, some parent facilities may not have an established track record. In such circumstances, a commitment to excellence by facility leadership will be especially important. Rural VA training sites must demonstrate:

- VISN, facility, and clinical leadership commitment to build and sustain an outstanding learning environment in a rural or highly rural setting. Strong leadership from a qualified and experienced Designated Learning Officer is especially important.

- Space, equipment, and clinical personnel with appropriate qualifications to oversee the provider education and training program development and implementation. Resources provided by this initiative may be used to defray the cost of educational infrastructure development (For example: curriculum development, and/or teaching space renovations).

- Having sufficient clinical activities and workload to support expanded training and educational programs.

- Where appropriate, existing or potential partnerships between the VA facility and existing VA (GRECC, MIRECC) and non VA entities, such as AHEC or SORH.

- Administrative infrastructure to support an expanded training program. Each site must have a substantial time commitment for the Project Director. The Project Director is specific to the RPSTI project at least on a part time basis, and must act as the main point-of-contact and provide oversight to the RPSTI program.
b. **Evidence of sound strategies for programmatic and learner evaluation.**

Evaluation plans will be reviewed for the presence of:

- Correspondence to the educational objectives
- Training and Educational outcomes (both subjective and objective)
- Clinical performance outcomes, where and when appropriate
- Staff satisfaction with the program, where and when appropriate
- Feedback from providers/staff on how new educational opportunities affected their attitudes/intentions to remain working at a rural VA facility
- ORH reserves the right to require that a standard set of programmatic outcome measures developed by ORH be reported on a quarterly basis.

c. **Reviewers will focus on:**

- The strength and clarity of the training and educational objectives
- How well the training and education plan addresses the local training and education needs
- Innovation in training and education delivery framework
- Commitment to sustaining successful programs
- Plans to periodically reassess rural provider training and education needs

d. **Funding Justifications.** Please justify all funds requested.

- Fill out the table regarding funding in ATTACHMENT B.
- Reviewers will evaluate the appropriateness of all proposed expenditures
- Facilities should note that not all funding item requests may be approved.
- Any matching funding or support from the facility or, VISN should be noted on a separate sheet.
- Use of funds must conform to VA policies and procedures.

10. REVIEW PROCESS

a. **Review Committee:** Applications will be reviewed by an ad hoc, inter-professional review committee appointed by ORH. Reviewers will have demonstrated expertise and leadership in rural provider training and education.

b. **Scoring of Applications:** Applications will be scored according to the selection criteria for sites.
11. SCHEDULE

June 2013  Release of RPSTI RFP
Aug. 30, 2013  Applications due to ORH via VISN Rural Consultant
Sept. 13, 2013  ORH notify facilities about the approval or disapproval of proposal.
Oct. 1, 2013  Sites are funded for Fiscal Year 2014
Oct. – Dec. 2013  Site Training and Education Program implementation begins
Jan.  2014  First Quarter Progress Report due
Oct. 1, 2014  First Annual Report due

12. ORH CONTACT PERSON
General information: Please contact Nancy Maher, Program Analyst, at Nancy.Maher@va.gov (202) 461-1774

13. SUBMISSION INSTRUCTIONS
a. Preparation of applications: ORH recommends that considerable thought and dialogue precede the drafting of an application. VA Designated Learning Officer (DLO), involved clinical leaders, (VA program site directors, rural providers and rural clinical staff, service chiefs, or the VA Chief of Staff) and collaborating or affiliated programs should be involved in these discussions.

Rural VA sites in proximity to an AHEC are strongly encouraged to consider collaboration with the nearest AHEC whenever program synergies may potentially result. Collaboration with a rural Federally Qualified Health Center (FQHC) that sponsors accredited education programs may also be possible and is desirable. Collaboration with non-profits, private facilities and other community resources are also encouraged.

b. Submission instructions: Applicant sites will submit proposals through their VISN Rural Consultant.

c. Faxed or mailed applications will NOT be accepted.