

**Department of Veterans Affairs (VA)
Veterans Health Administration (VHA)
Washington, DC**

**Program Announcement
Office of Rural Health
November 2012**

**Rural Expansion of Specialty Care Access Network
Extension for Community Healthcare Outcomes (SCAN – ECHO)**

REQUEST FOR PROPOSALS

1. PURPOSE

The Rural Expansion of SCAN-ECHO Request for Proposal (RFP) is collaboration between the Office of Rural Health (ORH) and the Office of Specialty Care Transformation to fulfill VA's mission to serve rural and highly rural Veteran populations. Funding under this RFP will allow primary care providers working in VA 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 using telehealth technology and clinical management tools. This program builds capacity among primary care providers (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, and 3) improved Veteran and provider satisfaction.

2. 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 (or 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

There are presently 11 VA SCAN – ECHO Centers in 10 different Veteran Integrated Service Networks (VISNs). Approved SCAN-ECHO specialty clinics include: Cardiology, Diabetes, Gastroenterology, Hepatitis C, Infectious Disease, Neurology, Pain Management, Pulmonary, Nephrology, Spinal Cord Injury, Vascular Medicine and Women's Health. For this pilot program, 4 of the 11 VA SCAN-ECHO Centers (San Francisco, Cleveland, Seattle and Ann Arbor) will be participating and will be offering specialty care training in Chronic Obstructive

¹Pulmonary Disorder (COPD); Diabetes; Hepatitis C; Vascular Medicine; Pain and Heart Failure.

There are many potential benefits from implementation of SCAN-ECHO for primary care providers, including earning no cost Continuing Medical Education/Continuing Education Units (CME/CEU), increased professional interaction with colleagues, and access to a specialty care team, allowing participating providers to enhance their ability to treat specific disease states and become local experts to other providers in their facilities and VISNs. The potential benefits are especially important in rural areas, as rural providers may feel less professionally isolated and enjoy greater job satisfaction, and Veterans will be able to more easily access specialty care and have to drive less for appointments.

3. Eligibility Criteria

- a. Participating primary care providers must be located in a VA facility or site of care that is located in an area that is designated as rural or highly rural as currently defined by VHA* and/or the primary care providers must be located in a VA facility that mainly serves rural or highly rural Veterans (greater than 60% of enrolled Veterans are designated “rural” or “highly rural”**). A VA facility can be a medical center, a community based outpatient clinic, an outreach clinic or mobile clinic.
- b. The disease module(s) selected must 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 must be fairly prevalent in the local Veteran population.
- c. Participating primary care providers must commit 10% of their time to this program for the duration of the pilot. (Activities must include: participation in weekly SCAN-ECHO televideo sessions and seeing patients in SCAN-ECHO disease states/conditions as required. Activities may also include teaching/educating other facility providers on SCAN-ECHO topic area content.) This may be accomplished by a 10% reduction in patient panel size for each full time provider participating, or a reduction in other administrative or clinical commitments. ORH funding may be used to pay for additional provider time to offset these reductions in panel size so that

*At this time, the Department of Veterans Affairs utilizes the US Census Bureau’s definition for “Urban”, “Rural” and “Highly Rural” area: Census Bureau-defined urbanized area, which is any block or block group having a population density of at least 1000 people per square mile.

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

Highly Rural Area: An area having < 7 civilians per square mile

**Data on enrolled rural and highly rural population may be obtained from VHA Support Service Center’s Current Enrollment Cube.

the total number of Veterans served by that facility does not decrease. In any event, the total number of Veterans served by the participating facility must not decrease due to implementation of the program.

- d. At least two facilities must participate per application.
- e. Each participating facility must have an operable T1 line.
- f. Only one application per disease module per medical center (parent facility) may be submitted. However, the parent facility can submit an application for more than one disease module. Collaboration with appropriate specialty providers when preparing a response to this RFP is encouraged.
- g. Participating facilities must agree that pilot program will be included in the evaluation that will be conducted by the Specialty Care Transformation Initiative Evaluation Center.
- h. Collaborating facilities within a VISN may submit a joint proposal; that proposal will be considered the medical center application for each facility participating in the application.
- i. There must be documentation of VISN and parent facility support to participate in this program.

4. Pilot Program Description

The Rural Expansion of SCAN-ECHO RFP provides a mechanism for funding the implementation of this specialty training program in VA facilities as described above. ORH will offer funding support so that participating providers can set aside 10 percent of their time, as well as provide funds for the necessary infrastructure including Clinical Video teleconferencing equipment, space renovations, and project management support to facilitate the implementation of the program. ORH will also fund some clinical equipment necessary for provision of specialty care by participants such as spirometers for the COPD training module.

Each specialty clinic lasts 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 cases frequently 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. Other facility providers or PACT members are also expected 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 for as long as they wish. Specialists will be 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 competency of other facility providers or PACTs to enable a higher proportion of Veterans to be managed by primary care, thereby reducing dependence upon referrals to specialty services at the parent VA facility 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 must reflect local rural Veteran clinical needs. Approaches to select the most appropriate disease model may include i) examining past records to determine which specialty care service is most often referred for fee-care, ii) according to primary provider interest, iii) assessing volume and categories of specialty consults, iv) evaluating specific medication use, and iv) propensity to access specialists in respective VISNs.

As stated above, funding will be provided for program management. The program manager should identify patients that can be referred to specialist trainees through registries (SCAN-ECHO personnel can help train manager to do this). In addition, this individual should organize meetings for participant instruction to other facility providers. The program manager will collect information for a basic assessment of the program by participating facility including, the number and nature of cases presented during the pilot, and reduction in the number of patient referrals during and immediately after pilot program. Higher level programmatic evaluation will be done by the Specialty Care Transformation Initiative Evaluation Center.

5. Proposal submission

Completed proposal form – (see Attachment A) must be submitted to ORH through the VISN Rural Consultant by December 6, 2012. A signed letter of support from the VISN Director and the parent facility Director must be submitted as well.

Proposal forms must include information regarding the following to be considered:

- Number of rural Veterans impacted

- Prevalence of the diagnosis among rural Veterans in the facility catchment area
- Names of participating providers

6. Timeline

- Application Reviews Completed – December 18, 2012
- Awardees notified and funds sent to station – December 20, 2012
- One hour clinics begin – January 7, 2013
- One hour clinics end – July 3, 2013
- Applicant evaluation reports due to ORH – August 16, 2013

7. ORH/Specialty Care Transformation Contact Persons

Please contact Nancy Maher, ORH Program Analyst at Nancy.Maher@va.gov or Thomas Klobucar, ORH Program Analyst at Thomas.Klobucar@va.gov or Susan Kirsch, Clinical Advisor, Office of Specialty Care Transformation at Susan.Kirsh@va.gov if you have any questions.