

The New Jersey Heart Disease and Stroke Program  
Diabetes Prevention and Control Program  
2017 Request For Applications (RFAs)

**NOTICE OF FUNDING OPPORTUNITY – FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)**

**Part I. Executive Summary**

**The New Jersey Department of Health- Heart Disease and Stroke Prevention Program**

**(NJDOH- HDSPP) announces the availability of Fiscal Year (FY) 2017 funds to increase implementation of quality improvement processes and use of team-based care (TBC) in health systems to control blood pressure and glycated hemoglobin (A1C). The NJDOH is seeking nine (9) Federally Qualified Health Centers (FQHCs) to adopt strategies to increase the utilization and monitoring of aggregated/standardized quality measures at the provider and systems level, and increase engagement of non-physician team members (e.g. nurses, pharmacists, and patient navigators) in high blood pressure (HBP) control and diabetes management. Approximately \$47,371 is available for each award. FQHCs located in Atlantic, Camden, Monmouth, Essex, and Passaic counties that have participated, or are participating, in the Team-based care/Electronic health record Enhancement (TEE) assessment\*, administered by DOH-HDSPP, are encouraged to apply for this competitive funding opportunity. Applications will be reviewed and scored. See pages 10-11 for Review information. The project period is 9 months (October 1, 2016 - June 29, 2017) with a 9-month budget period. The anticipated award date is October 1, 2016.**

**A Technical Assistance Meeting will be held on June 10, 2016, for all organizations that have submitted a Letter of Intent (June 3, 2016). This technical assistance meeting will provide the opportunity for potential applicants to review, clarify and ask questions about the information presented in this RFA. No further technical assistance on the RFA will be provided after this meeting.**

This RFA supports statewide implementation of cross-cutting approaches to promote health, and prevent and control chronic diseases and their risk factors. In addition, this RFA promotes evidence based strategies to manage and treat HBP and diabetes. Over the next two years, the DOH-HDSPP will engage all 20 FQHCs to participate in the TEE assessment and future funding opportunities to promote enhanced electronic health record (EHR) functionality and multidisciplinary approaches to control blood pressure and A1C.

\* The TEE assessment was developed by NJDOH-HDSPP to document and evaluate health care systems' capacity for treating patients with HBP and diabetes, through the use of health information technology and clinical care protocols. Findings from the TEE assessment generate evidence based recommendations for enhancing EHR performance and team-based care.

**This RFA focuses on two (2) required project objectives:**

- increasing quality improvement processes in health systems
- increasing use of team-based care in health systems

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**The short-term outcomes of this project are:**

- increased proportion of health care systems with EHRs appropriate for treating patients with HBP
- increased proportion of health care systems with EHRs appropriate for treating patients with diabetes (PWD)
- increased proportion of health care systems with policies or practices to encourage a multidisciplinary approach to blood pressure control
- increased proportion of health care systems with policies or practices to encourage a multidisciplinary approach to A1C control

**The intermediate outcome of this project is:**

- increased proportion of patients with HBP that have a self-management plan (may include medication adherence, self-monitoring of blood pressure levels, increased consumption of nutritious food and beverages, increased physical activity, maintaining medical appointments)

**The long-term outcomes of this project are:**

- increased proportion of adults with known HBP who have achieved blood pressure control
- decreased proportion of patients with diabetes (PWD) with an A1C > 9

**Part II. Funding Opportunity Description**

**Background:**

Cardiovascular disease (CVD) is the leading cause of death in the United States. 1 in every 4 deaths in the United States is a result of cardiovascular disease<sup>1</sup>. The economic burden placed on the health care system resulting from cardiovascular disease is staggering. Annual direct and overall costs resulting from CVD are estimated at \$273 billion and \$444 billion, respectively and are increasing every year<sup>2</sup>. Primary risk factors such as hypertension (HTN)/HBP and diabetes are significant contributors of cardiovascular disease.

About 70 million American adults (29%) have high blood pressure; only about half of American adults (52%) have their blood pressure under control<sup>3</sup>. High blood pressure costs the nation \$46 billion each year in direct and indirect costs<sup>3</sup>.

Diabetes continues to be the leading cause of kidney failure, non-traumatic lower-extremity amputations, and blindness among adults aged 20-74. Prediabetes – a serious health condition that increases the risk of developing type 2 diabetes, heart disease and stroke – is a condition that remains underdiagnosed in the adult population. Only 7% of people with prediabetes are aware of their condition. According to CDC research, 79 million Americans – 35% of adults aged 20 years and older – have prediabetes and half of all Americans aged 65 years and older have prediabetes<sup>5</sup>. The direct and indirect costs of diabetes are \$174 billion a year<sup>6</sup>.

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Among New Jersey residents, heart disease and stroke are the first and third leading causes of death respectively. In 2011, a total of 18,192 residents died from heart disease and 3,385 died from stroke<sup>7</sup>. Hypertension is a common chronic condition that increases the risk for heart disease and stroke. The CDC reports that reducing the average systolic blood pressure by only 12-13 mmHg could reduce deaths from cardiovascular disease by 25%. Despite this, only about half of the people with high blood pressure have the condition under control<sup>8</sup>. In New Jersey, approximately 31% of adults report ever being told they had hypertension. Furthermore, research suggests that 1 in every 5 people with high blood pressure are unaware of having the condition<sup>9</sup>.

In NJ, diabetes is the sixth leading cause of death<sup>10</sup>. The number of adults who have diabetes has been increasing over time<sup>11</sup>. Currently, over 625,000 New Jersey adults have diabetes<sup>11</sup>. Controlling diabetes decreases the risk for diabetes-related complications including end-stage renal disease and blindness<sup>12/13</sup>.

These data show the burden of these two chronic diseases continue to rise. Preventing and controlling HBP and diabetes require strategies that foster systems-level changes in health care systems.

The Office of the National Coordinator for Health Information Technology (ONC) describes “meaningful use” as the use of certified EHR technology in a meaningful manner (for example electronic tracking of outcomes on a HTN patient) and ensuring that the certified EHR technology is connected in a manner that provides for the electronic exchange of health information to improve the quality of care<sup>14</sup>. Research has shown that EHR implementation, interoperability, and meaningful use improves quality, safety, and efficiency<sup>15</sup>, reduces health disparities<sup>15</sup>, engages patients and families in their health<sup>16</sup>, improves care coordination<sup>17</sup>, improves population and public health<sup>18</sup>, and ensures adequate privacy and security protection for personal health information<sup>19</sup>.

Empirical evidence suggests that the use of TBC models can increase patient satisfaction<sup>20</sup>, improve health outcomes<sup>21</sup>, reduce costs<sup>22</sup>, and improve quality of care<sup>23</sup> among chronically ill patients. More specifically, HBP and diabetes outcomes significantly improve when TBC models consisting of doctors, nurses, patient navigators, pharmacists, and other medical professionals are used<sup>24/25</sup>. By leveraging EHR functionality and TBC models, the state of NJ looks to improve the effective delivery and use of clinical and preventative services associated with HBP and diabetes.

The TEE assessment has been piloted with one volunteer FQHC with great success. To date, five (5) FQHCs have participated in the TEE assessment. Since then, HDSPP secured funding for participating FQHCs to adopt recommendations generated from the assessment to enhance EHR and TBC interventions.

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**Purpose:**

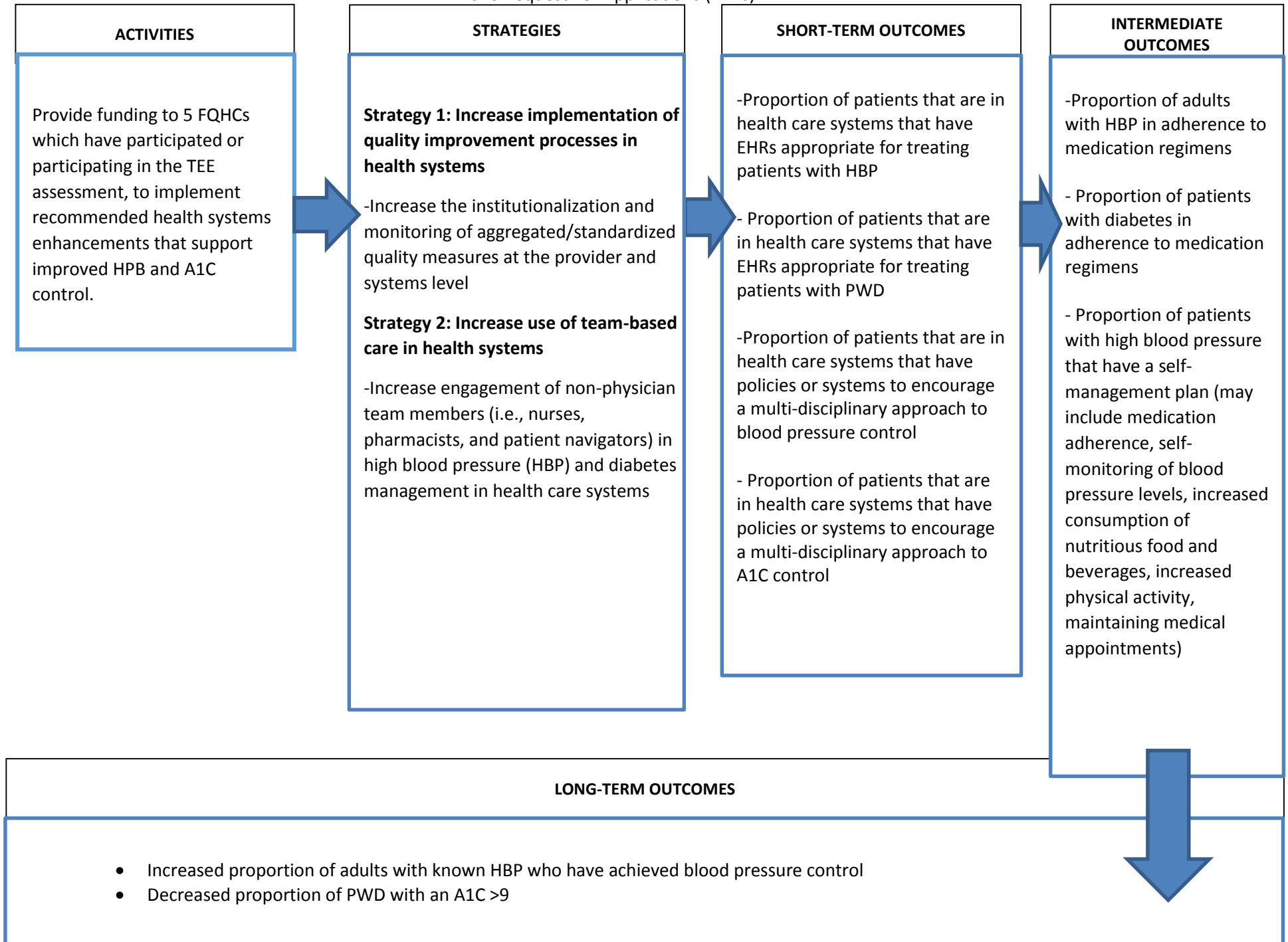
The purpose of this grant is to increase quality improvement processes in health systems, in addition to, increasing use of team-based care, by increasing EHR adoption and the use of health information technology to improve performance; the institutionalization and monitoring of aggregated/standardized quality measures at the provider and systems level; and increasing engagement of non-physician team members (e.g. nurses, pharmacists, and patient navigators) in health care systems for HBP and diabetes management. This will be accomplished by providing funding to nine (9) **FQHCs located in the following target areas: Atlantic, Camden, Monmouth, Essex, and Passaic counties** that have participated, or are participating in, the TEE assessment. Recommendations made by the DOH-HDSPP as a result of the TEE assessment will guide the implementation of quality improvement processes in one of the following areas: EHR modification or TBC models.

Approximately \$47,371 will be available for each award. The 9-month project period will begin on October 1, 2016 through June 29, 2017.

**Additional Data:**

- **Healthy People 2020** - *This* project addresses the “Healthy People 2020” focus area of Diabetes available at <http://www.healthypeople.gov>
- **Healthy New Jersey 2020** - This project also addresses the “Healthy NJ 2020” focus area of Diabetes, which aligns with HP2020 available at <http://www.state.nj.us/health/chs/hnj2020/objectives.shtml>
- **The Guide to Community Preventive Services**, <http://www.thecommunityguide.org/index.html>
- **Million Hearts®**  
<http://millionhearts.hhs.gov/index.html>

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**Part III. Application Criteria**

Applicants must submit a detailed project narrative, describing how the applicant will implement activities supporting the TEE Assessment recommendations. DOH-HDSPP will provide feedback and technical assistance to awardees to finalize work plan activities post-award. The narrative should not exceed 10 pages (single spaced, Calibri 12 point, 1-inch margins, and numbered pages). Content beyond 10 pages will not be reviewed.

The project narrative must include all the bolded headers outlined under this section. It should be succinct, self-explanatory and organized in the order outlined in this section so reviewers can understand the proposed project. The description should address activities to be conducted over the entire project period.

- A. **Project Abstract Summary** (Maximum of 2 paragraphs) - The project abstract should be a self-contained, brief description of the proposed project to include the purpose and outcomes. This summary must not include any proprietary/confidential information.
  
- B. **Needs Assessment** - For your target population/patients, the applicant must describe core information to understand **the burden of HBP and diabetes in your service area, document your control rates for blood pressure and A1C**, and describe how the proposed project will facilitate improvements in these areas.
  - **Target Population/Patients:** Applicants should ensure that data, including burden data, are used to identify strategies and/or communities within their service area that have poor environments and/or are disproportionately affected by HBP and diabetes. Disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities) should be considered. The applicant should address how they will be inclusive of specific populations that are disproportionately affected by HBP and diabetes.
  
- C. **Organizational Capacity** - Applicants must describe their organizational capacity to achieve the project objectives.
  - Applicants should focus their work in such a way that the maximum number of patients can be reached through the enhancements being proposed

The applicant should describe core project management to execute the award, including the roles and responsibilities of project staff.

- The applicant should specify who will have day-to-day responsibility for key tasks such as: leadership of the project; monitoring of the project's on-going progress; preparation of reports; program evaluation; and communication with vendors and DOH- HDSPP.

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The applicant should provide information about any contractual organization(s) that will have a significant role(s) in implementing program strategies and achieving project outcomes.

- The applicant should also describe how any consultants and/or vendors will contribute to achieving project outcomes.

**D. Project Objectives:**

- **Increasing quality improvement processes in health systems**
- **Increasing use of team-based care in health systems**

In order to increase and enhance implementation of quality improvement processes and TBC for patients with HBP and diabetes in their health systems, FQHCs will develop a plan for adopting recommendations from the TEE assessment in one of the following areas: **EHR Modification** or **TBC**. Evidence-based best strategies are, but not limited to:

**EHR Modification**<sup>26</sup>

- Upgrade current utilization of clinical-decision support for blood pressure/A1C control
- Establish provider preferences for available clinical decision support tools
- Identify and monitor high-risk diabetic and HBP patients
- Develop reminders for providers to follow-up with high-risk diabetic and HBP patients

**Team-Based Care**<sup>27</sup>

- Facilitate communication and coordination of care support for HBP/diabetes management among various team members
- Establish regular, structured follow-up mechanisms to monitor patients' progress for HBP/diabetes and schedule additional visits as needed
- Actively engage patients in their own care of HBP/diabetes by providing them with education about HBP/diabetes medication, adherence support (for medication and other treatments), and tools and resources for self-management (including health behavior change)

**E. Methods/Strategies** - The applicant must provide a clear and concise description of the project strategy or strategies the applicant intends to use to meet the required outcomes. Applicants should use and reference the TEE assessment as a source of evidence-based program strategies to support the outcomes.

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**F. Plan for Sustainability** – The applicant must describe how proposed interventions will be sustained beyond the expiration of the grant period. Include strategies that will likely lead to continued support of the enhancement of health systems regarding patients with HBP and diabetes.

**G. Evaluation** -Applicants must provide an overall target-specific evaluation, clearly identifying the outcomes the applicant expects to achieve by the end of the project period (for example, increasing the proportion of patients being screened for HBP and diabetes).

The plan must:

- Describe how recommendations will be used to enhance health systems interoperability regarding patients with HBP and PWD.
- Describe the type of evaluations to be conducted (i.e. process and/or outcome).
- Describe potentially available data sources.
- Describe how evaluation findings will be used for continuous program and quality improvement.

***Awardees will be required to collect and report outcome performance measures to DOH-HDSPP quarterly.***

**Part IV. Eligible Applicants**

Eligible applicants must be a Federally Qualified Health Center (FQHC) that has participated, or is participating in the TEE assessment administered by DOH-HDSPP, and located in the following target areas: Atlantic, Camden, Monmouth, Essex, and Passaic counties.

**Proof of Eligibility:**

Applicants **must** answer the following questions and provide documents requested. **Failure to provide required documentation will result in disqualification.** Please attach the requested documents to your application.

1. Does your organization currently have valid Internal Revenue Services (IRS) 501(c) (3) tax-exempt status? **Attach a copy to your application.**

2. Has your organization participated in or is participating in the TEE assessment administered by DOH-HDSPP? **Attach a description of that process.**

**Part V. Use of Funds** - Upon award, the recipient shall ensure that funds are immediately accessible and used for activities described in approved work plans. Funds must be used as follows:



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- No more than 65% of the total award can be allocated for salary and fringe or consultant fees for dedicated staff. As a percentage of salary, the fringe rate cannot exceed 37.95%.
- No less than 35% of the total grant award Grantee must be used for programmatic funding.

Funds may be used to support:

- Equipment, supplies, or educational materials for the purpose of enhancement of systems (e.g., patient navigator training)
- Recipient may use funds for the purchase of software suites and/or programs (e.g., EHR Module upgrades)
- In-state travel only and related expenses for project staff to carry out specified duties and to attend mandatory meetings and trainings.
- Costs associated with providing training for potential partners.

**Funding Restrictions** - Please refer to Appendix A for Cost Controlling Initiatives, which must be taken into account while planning the programs and writing the budget, are as follows:

- **Recipient may not use funds for direct service activities.**
- **Recipient may not use funds for clinical services.**
- Recipient may not use funds for purchasing vehicles.
- Recipient may not use funds for travel outside of the state of New Jersey.
- Recipient may not use funds for research.
- Recipient may not use funds for construction.
- Recipient may not use funds for food or refreshments.
- Recipient may not use funds for interest on loans for the acquisition and/or modernization of an existing building.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services.
- Recipient may not use funds for tuition reimbursement.

**Part VI. Application Submission Information** – Applicants are required to **submit proposals online**. Applicants must name the file “FQHC.name of county.initials of health center” (for example, a submitted proposal by Zufall Health Center would have the file name of FQHC.Morris.ZHC) and upload it as a PDF file on the DOH **System for Administering Grants Electronically (SAGE) system**:

**Your organization must be registered on SAGE:**

- ***If your organization is already registered in SAGE, you will be able to log on and begin the application process once the application is available (date will be provided at the Technical Assistance Meeting).***

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- ***If your organization has never registered in SAGE, you will be sent guidance for gaining access after your LOI has been received.***

**Submission Dates and Times:** Applications must be submitted, via the SAGE system (<https://enterprisegrantapps.state.nj.us/NJSAGE/Login.aspx?APPTHEME=NJSAGE>) no later than 12:00 Noon on July 1, 2016. Paper submissions will not be considered.

- Incomplete grant applications will not be considered and will be disqualified. **Applications that do not meet the above criteria will not be considered and will be rejected.** Selected applicants will be notified of funding decisions on or about July 1, 2016.

**Letter of Intent Deadline Date (via email): June 3, 2016 by 12:00 noon. LOIs must be submitted, via email, to:**

LorieAnn Wilkerson-Leconte, M.P.H.  
Diabetes Prevention and Control Program  
[LorieAnn.Wilkerson-Leconte@doh.nj.gov](mailto:LorieAnn.Wilkerson-Leconte@doh.nj.gov)

**In addition to the proposals, applications must include:**

1. A detailed budget and work plan with timetable.
2. A letter of support from the agency head.
3. The deliverables associated with the application.
4. Any required documents such as agency Travel Policy, Salary Policy, Affirmative Action Policy, Copy of Interest Bearing Account, Proof of Non-profit Status (if applicable), NJ Charities Registration (if applicable), Consultant Agreements (if applicable), Plan for Sustainability, annual Audit Report, Statement of Total Gross Revenue, Application for Tax Clearance.

**Part VII. Application Review Information** - In scoring applications, eligible applications will be evaluated against the following criteria during review:

**Review Criteria**

Applicants should submit an application to include the following components:

**Needs Assessment (10 points)**

- The extent to which the applicant understands the burden of HBP and diabetes in their service area, control rates of HBP and diabetes, and describing how the proposed project will facilitate improvements in HBP and diabetes control.

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**Organizational Capacity (20 points)**

- The extent to which the applicant has demonstrated that the work being performed will reach the maximum number of people through the enhancements being proposed.

**Project Objectives (30 points)**

- Extent to which objectives are specific, measurable, achievable, realistic and sustainable (SMART).
- Extent to which stated objectives will address the recommendations to applicant's system change.

**Methods/Strategies (15 points)**

- Extent to which the applicant provides a clear and concise description of the project's strategy or strategies the applicant intends to use to meet the required outcomes.

**Plan for Sustainability (5 points)**

- The extent to which applicant include strategies that will likely lead to continued support of the enhancement of their health systems.

**Evaluation (10 points)**

- The extent to which the applicant has described how the project will be measured and reported.

**Budget (10 points)**

- Extent to which budget costs are specific and tied to project objectives and planned interventions as outlined in the "Project Objectives" section.

**Review and Selection Process**

- Phase I Review:** All eligible applications will be initially reviewed for completeness by the HDSPP staff. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance to Phase II review. Applicants will be notified, via email, that the application did not meet eligibility requirements.
- Phase II Review:** An objective review panel will evaluate complete and responsive applications according to the criteria listed in the criteria section of the RFA. Each application will be reviewed and scored by two (2) reviewers.
- Phase III Review:** Scored applications will be ranked by the entire review panel and award recommendations will be presented to DOH-HDSPP.

**In addition, the following factors may affect the funding decision:**

**DOH may fund out of rank order to achieve geographic and/or programmatic diversity.**

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**Anticipated Announcement and Award Dates:**

Successful applicants will anticipate notice of funding on or about October 1, 2016, with a start date of October 2, 2016.

**Agency Contacts**

DOH encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

Marvin C. Nichols, Jr.

Program Officer, Heart Disease and Stroke Program

[marvin.nichols@doh.nj.gov](mailto:marvin.nichols@doh.nj.gov)