

High Impact Pilots (HIP) Cooperative Agreement

High Impact Pilots (HIP) Cooperative Agreement Funding Opportunity Announcement (FOA) Informational Session

Monday, May 23, 2016, 2:00 p.m. – 3:00 p.m., ET



Housekeeping

- This Webinar is being recorded and will be made publically available at https://www.healthit.gov/techlab/pilots/high-impact-pilots
- All phone lines will be muted during the presentation
- If you have questions, please enter them into the chat log box or raise your hand
 - All questions will be answered in the form of an FAQ and be made publically available each week on the HIP and SEA FOA pages on healthit.gov

HIP: https://www.healthit.gov/techlab/pilots/high-impact-pilots

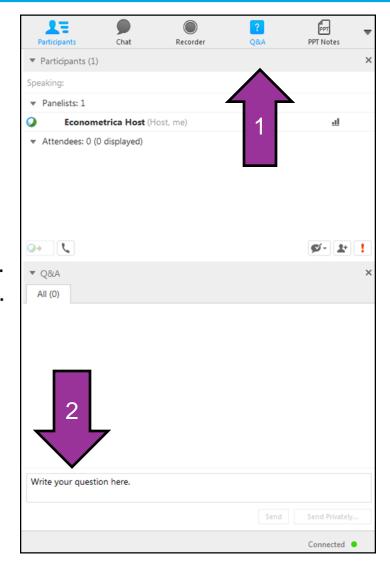
SEA: https://www.healthit.gov/techlab/pilots/standards-exploration-awards



How to Ask a Question

 If you have any questions during the presentation, please follow the instructions below.

- How to use the Q&A function:
 - Make sure your Q&A function is enabled.
 - 2. Write your question to the panelists here.
- All questions will be answered in the form of an "FAQ" after the presentation is finished.





Additional Questions

If you have additional questions after today's webinar session, please direct them to the following email address:

ONC.Techlab@hhs.gov



Background

- May 9th: ONC released two FOAs High Impact Pilots (HIP) and Standards Exploration Awards (SEA)
- HIP: \$1.25 million (3-7 expected awards)
- Cooperative Agreements
- Period of Performance: 12-months total
- Letters of Intent due by June 10, 2016
- FOA Applications due by July 8, 2016



Project Objectives

- Focus on addressing interoperability through implementation of Technology Solutions
- Support increased use of health information technology solutions
- Incentivize use of standards from the Interoperability Standards Advisory (ISA) and newly emerging standards
- Lessons learned, and evidence generated, by these Cooperative Agreements will help advance industry understanding of health IT's potential



Priority Categories and Subcategories:

- Comprehensive Medication Management
 - Drug Cost at Care
 - Opioid
- Care Coordination
 - Care Plan
 - Closed-Loop Referral
- Labs
 - Full-Loop Labs
- Self-Identified



Impact Dimensions

- Practice Efficiency
- 2. Safety
- 3. Privacy & Security
- 4. Clinical Quality
- 5. Patient Experience
- 6. Cost Efficiency
- 7. Interoperable Exchange

HIP: Choose 3 out of 7 SEA: Choose 1 out of 7



Standards

- Recipients must use best available standards or emerging alternative standards from the 2016 Interoperability
 Standards Advisory ("ISA") - a coordinated catalog of best available standards and implementation specifications developed and used to meet specific interoperability needs
- If there is no standard included in the 2016 ISA that addresses a need for interoperability within the applicant's Project, applicants may propose, and must justify rationale if using an alternative standard that can meet unaddressed, compelling needs of the evolving health care ecosystem in lieu of using a standard from the 2016 ISA



FOA Framework

| Priority Category | Sub Category | Impact Dimensions | | | | | | |
|---|-----------------------------|---|--------|-----|---------------------|-----------------------|--------------------|---------------------------|
| | | Practice Efficiency | Safety | P&S | Clinical Quality | Patient Experience | Cost Efficiency | Interoperable Exchange |
| Comprehensive Medication Management | Drug Cost at Care | | | | | | | |
| | Opioid | | | | | | | |
| Laboratory Data Exchange | Full-Loop Labs | | | | | | | |
| Care Coordination | Care Plan | | | | | | | |
| | Closed- Loop Referral | | | | | | | |
| Self-Identified | N/A | | | | | | | |
| Award Requirements | | High Impact Pilots Awardees must address 3 out of 7 Impact Dimensions (\$100K - \$500K) Standards Exploration Awardees would need to address 1 out of 7 Dimensions (\$50K-100K/award) Must first look to using standards in the Interoperability Standards Advisory and, if not, justify rationale Must complete pilot within 12-month period of performance | | | | | | |



Task Timetable

| Task Number | Task | Deliverable | Due Date |
|------------------------|--|--|--|
| Task 1.1 | Project Plan Execution | Schedule Kick-Off Meeting with ONC | Within 10 business days of award |
| Subtask 1.2 | Project Plan Execution | Submit Final Project Plan to ONC | Within 4 weeks of award |
| Subtask 1.3 | Interoperability Proving Ground Entry | Submit an entry into the ONC's Interoperability Proving Ground website (IPG) summarizing their awarded Project | Within 6 weeks of award |
| Subtask 1.4 | Deployment of Technology Solution | Hold Kick-Off Meeting with Project Collaborators | Within 5 business days of ONC approval of Project Plan |
| Subtask 1.5 | Present Project Results on Virtual Webinar | Presentation of Project Results on Virtual Webinar | Six months after the date of award |
| Task 2 | Submit Final Report | Final Report | End of 12–month period of performance |
| Task 3 (if applicable) | Engagement with Standards Development Organizations | Copy of Transmittal to Standards Development Organizations | 30 business days prior to the end of the period of performance |



Deliverables

- Recipients will be required to present Project progress to date on a virtual webinar with ONC six months after the date of award
- Recipients will be required to submit Final Report at the end of the period of performance that includes a description of processes for implementing the Technology Solution, lessons learned, key findings, data related to measuring the Impact Dimensions, and a description of the Project's potential for widespread use
- In the event that the Recipient identifies gaps or changes to currently used standards it must work with the appropriate Standards Development Organization (SDO) to recommend updates to any standards and/or implementation guides per the SDO's guidelines

Example Measures – Priority Categories

| Priority Category | Example | | | |
|-------------------|--|--|--|--|
| Comprehensive | Point of care price transparency solutions use a standards- | | | |
| Medication | based approach to enable automatic access to prescription co- | | | |
| Management | pay information in real-time | | | |
| | Comprehensive medication management can be achieved | | | |
| | through team-based care involving pharmacists or pharmacy services | | | |
| Laboratory Data | A lab order is created by a clinician, sent to an outside lab, | | | |
| Exchange | administered by the outside lab as ordered and the results of | | | |
| | the lab test are returned to the ordering clinician into their | | | |
| | preferred EHR system | | | |
| Care Coordination | Primary Care Physicians (PCPs) that refer patients to a | | | |
| | specialist track the status of the referral and exchange | | | |
| | information with the specialist in order to manage subsequent | | | |
| | follow-up care | | | |
| | Patients with two or more chronic conditions require ongoing | | | |
| | management for which a patient-centered care plan is | | | |
| | electronically captured and shared | | | |
| Self-Identified | N/A | | | |
| | | | | |



Example Measures – Impact Dimensions

| Impact Dimensions | Example Measures |
|------------------------|--|
| Practice Efficiency | Demonstrated increase in number of providers accessing Prescription Drug Monitoring |
| | Program (PDMP) data within workflow |
| Clinical Quality | Improvements in HEDIS scores |
| | Lower Emergency Department re-admissions rates |
| | Improvements in population health outcomes |
| Cost Efficiency | Reduction in duplicate payments for lab services |
| | Reduction in staff resources necessary to accomplish standard processes |
| | Patient's prescription drug co-pay is displayed at the point of prescribing to aid decision- making |
| Patient Experience | Patient experience receiving care measured through Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPHS) |
| | Improvements in the number of patients viewing, downloading or transmitting their health information |
| | Increases in patient's ability to actively engage with their providers including uploading patient-generated health data |
| Safety | Reduction in the percentage of charts with allergies in free text versus structured or designated fields |
| | Reduction in the percentage of incorrect patient ID alerts in barcode medication administration |
| | Improvements in the patient matching rate |
| Privacy and Security | Improvements in the patient matching rate |
| | Increase in the use of encryption and secure transmission of health information |
| | Improvements in the access control that further limit risks of unauthorized disclosure |
| Interoperable Exchange | Increase in the proportion of individuals, office-based physicians, hospitals and |
| | behavioral health, long-term care and post-acute care providers that: send, receive, find |
| | (query) and use (integrate) electronic health information; have electronic information |
| | available from outside sources and make electronic health information available to |
| | outside sources; and use electronic health information to inform decision-making |

FOAs Timeline

| HIP Cooperative Agreements: Key Dates | | | | |
|--|-----------|-----------|--|--|
| Activity | Start | Finish | | |
| FOAs Publically Released | 5/9/2016 | 7/8/2016 | | |
| Letters of Intent Due | 5/9/2016 | 6/10/2016 | | |
| Application Period End | 5/9/2016 | 7/8/2016 | | |
| Award Recipients Announced (Targeted) | 8/29/2016 | 8/29/2016 | | |
| Award Period of Performance Begins (Targeted) | 9/6/2016 | 9/5/2017 | | |



FUNDING, ELIGIBILITY, AND APPLICATION INFORMATION



Summary of Key Details

| Type of Award | Cooperative Agreement |
|------------------------|-----------------------|
| Available Funding | \$1,250,000 |
| Number of Awards | 3-7 |
| Application Due Date | July 8,2016 |
| Anticipated Award Date | August 29,2016 |
| Performance Period | 12 months |
| Anticipated Start Date | September 6, 2016 |



Notice of Intent

- Applicants are encouraged to submit a nonbinding email notice of intent to apply.
- Submit by June 10, 2016, 11:59 p.m. ET.
- Identify:
 - Name of applicant organization.
 - Organization type.
 - City and State.
 - ■FOA No. NAP-AX-16-005.
 - ■Title: **High Impact Pilots (HIP).**
- Send to: <u>ONC.TechLab@hhs.gov</u>.



Eligible Applicants

- Private nonprofit institution/organizations, public nonprofit institution/organizations, and private or for profit organizations with proven knowledge of and familiarity addressing interoperability through implementation of health information technology
- Applicants may apply for both the HIP and the SEA Cooperative Agreement Programs
 - In the event an applicant chooses to apply for both Programs, they must select different Impact Dimensions for their applications

Application Process

- Applicants must:
 - Submit all material electronically through <u>Grants.gov</u>; this process is outlined in the FOA.
 - For assistance with submitting applications on <u>Grants.gov</u>, please contact the <u>Grants.gov</u> Helpdesk at <u>support@grants.gov</u> or call at (800) 518-4726.
 - Have a Dun & Bradstreet (D&B) Universal Numbering System (DUNS) number.
 - Register in the System for Award Management (SAM) at www.sam.gov; allow a minimum of 5 days to complete the registration. If you are already registered in SAM and have not renewed your registration in the last 12 months, you must renew your registration.
 - Ensure the application meets application requirements and page limits.

Application Components

| Component | Limit |
|---|-------------|
| Project Abstract | < 500 words |
| Project Narrative | 25 pages |
| Form SF-424, Application for Federal Assistance | No limit |
| Form SF-424 A, Budget Information for Non-Construction Programs | No limit |
| Form SF-424 B, Assurances for Non-Construction Programs | No limit |
| Budget Narrative | No limit |
| Form SF-LLL, Disclosure of Lobbying Activities | No limit |
| Letters of Commitment | No limit |
| Proof of Nonprofit Status (if applicable) | No limit |
| Indirect Cost Agreement(s) | No limit |
| Work Plan | No limit |



Project Abstract

The abstract represents a high-level summary of the project that can be understood without reference to other parts of the application and that provides a description of the proposed project, including the project's goal(s), objectives, overall approach, anticipated outcomes, products, and duration.

Format:

- Not more than 500 words single-spaced
- Project title
- Applicant name
- Physical address
- Contact name
- Contact phone numbers (voice, fax)
- Email address
- Web site address, if applicable



Project Narrative

- The Project Narrative should address the elements articulated in the Program Description/Purpose and Structure and Approach sections of the FOA.
- Align with the Performance Goals/Program Milestones and Merit Review Evaluation criteria presented in the FOA.
- If an application does not follow the outlined format, it will not be considered for further review.
- Format:
 - Double-spaced and no more than 25 pages.
 - Formatted to 8 ½" x 11" (letter size) plain white pages.
 - Either Cambria or Times New Roman font.
 - 1" or larger margins and font size 11 or greater



Budget Narrative and Budget Forms

- Complete the following budget forms to document costs of proposed project activities:
 - Budget Narrative on how the proposed budget aligns with the applicant's project narrative
 - Application for Federal Assistance, Form SF-424
 - ■Budget Information for Non-Construction Programs, Form SF-424A
 - Assurances for Non-Construction Programs, Form SF-424B
 - Disclosure of Lobbying Activities, Form SF-LLL
- Detailed budget instructions are provided in the FOA

The Office of the National Coordinator for Health Information Technology

Project Plan

 Please refer to Page 17 of the Funding Opportunity Announcement for the detailed requirements of the Project Plan

- Format:
 - Formatted to 8 ½" x 11" (letter size) pages.
 - 1" or larger margins.
 - Font size 11 or greater.

Application Responsiveness and **Objective Review**



Application Review Process

- Submit all application materials electronically through <u>Grants.gov</u>
- Grants.gov issues an email receipt upon successful submission.
- ONC issues receipt upon successfully obtaining files from Grants.gov
- Applications are reviewed for responsiveness and categorized as pass/fail
- All applications that pass the review for responsiveness are forwarded for objective review
- Once objective review is complete, ONC may make award
- ONC is not obligated to make an award if none of the applications meet the intent of program requirements or if funding levels or availability changes



Application Responsiveness Criteria

Applicants **not** meeting the following completeness criteria will be administratively eliminated and not sent for merit review:

- The applicant meets the eligibility criteria
- The application is received by the deadline required by July 8, 2016, 11:59 p.m. ET through http://www.grants.gov
- The application contains all required components (e.g., Program Narrative, SF-424)
- The application meets all formatting and length requirements
- Appendices and attachments are not used as a mechanism to exceed page limits of the Project Narrative

Merit Review Criteria

- Responsive applications are forwarded for merit review.
- Merit review conducted by a review panel of at least three experts in their field from academic institutions, nonprofits, and local and Federal Government agencies.
- Applications can receive a maximum of 100 points, using the following scale:

| Merit Review Criteria | Points |
|--|--------|
| Understanding the Requirements | 15 |
| Staff Qualifications, Roles and Responsibilities | 15 |
| Technical Approach and Organizational Capacity and Readiness | 35 |
| Proposed Impact Dimensions | 10 |
| Reasonableness of the Budget Narrative | 10 |
| Innovation and Development of Technology Solutions | 15 |

Merit Review Criteria Understanding the Requirements

- The extent to which the applicant has identified a thoughtful and coherent set of challenges and opportunities associated with the adoption and use of health IT standards to support interoperability
- The extent to which the applicant understands the proposed Priority Category that will be addressed through this Project
- The extent to which the applicant understands the health care system and the need to increase adoption, interoperable exchange, and the integration of relevant data from external sources or unaffiliated organizations
- The extent to which the applicant understands and communicates the scalability and impact their proposal will have across the industry



Merit Review Criteria Staff Qualifications, Roles, and Responsibilities

- The extent to which organizations roles and responsibilities are clearly defined and aligned with the goals and outcomes of their Project
- Strength of evidence that the project brings the highest level of talent for the chosen focus area and that the Project will integrate the efforts of these experts Description of talent should include: Project management, health IT standards expertise, and ability to evaluate outcomes



Merit Review Criteria Technical Approach and Organizational Capability and Readiness

- The extent to which the proposal addresses the identified challenges
- The balance and appropriateness of the proposed Project scope, Project timeline, and Project management plan
- The extent to which the applicants have the resources and infrastructure to accomplish Project objectives and deliverables



Merit Review Criteria Proposed Impact Dimensions

 The extent to which the applicant has communicated a valid and useful set of measurements associated with their selected impact dimensions



Merit Review Criteria Innovation and Development Technology Solutions

 The extent the Technology Solution proposed by the applicant to support the advancement and use of standards shows innovation and creativity, as well as demonstrated alignment with the goals of widespread interoperability in health



Merit Review Criteria Budget Narrative/Justification

- Proposed levels of effort of the project director and key personnel are adequate to advance the project in accordance with timelines
- Budget is justified with respect to the adequacy and reasonableness of resources requested, and the amount of the budget allocated to administration is minimized while still allowing coherent management of an integrated project
- Adequate justification to support costs included in the budget



Questions

- All questions must be submitted in writing either via the chat box during this Webinar or emailed to ONC.Techlab@hhs.gov
- All questions will be answered in the form of an FAQ and be made publically available each Monday on the HIP and SEA FOA pages on healthit.gov
- HIP: https://www.healthit.gov/techlab/pilots/high-impact-pilots
- SEA: https://www.healthit.gov/techlab/pilots/standards-exploration-awards



Q&As

- Thank you for attending!
- We will remain online for 5 minutes please submit any remaining questions via the Q&A function on this webinar page
- To see the FOA on <u>Grants.gov</u> or to apply, go to http://www.grants.gov/web/grants/viewopportunity.html?oppld=283657
- For assistance with submitting applications in <u>Grants.gov</u>, please contact the <u>Grants.gov</u> Helpdesk at <u>support@grants.gov</u> or call at (800) 518-4726



Please submit your questions.

5 Minutes Remaining



Please submit your questions.

3 Minutes Remaining



Please submit your questions.

1 Minutes Remaining



end this session.

Thank you for attending.

