Responses to Questions

Request for Proposals: Demonstration Projects for Providers to Reduce Hypertension among Priority Populations

UPDATED March 14, 2019

Question 1:
We provide health care services to incarcerated individuals. Although they would not be permitted to have the blood pressure monitors in their individual cells, these patients do have the ability to use blood pressure monitors located at the fitness centers in each prison for self-measuring their BPs. Therefore, if we applied for this grant, we would not be referring to community SMBP programs and using home blood pressure monitors; instead, we would utilize our own SMBP program and the blood pressure monitors in the fitness centers within our prisons. Would this be acceptable?
Answer 1:
Yes.

Question 2:
Is the award amount noted in the RFP for directs only or directs plus indirect costs? Answer 2:
Answer 2:
The total award amount includes indirect costs.

Question 3:
Are there any indirect cost rate restrictions for this grant?
Answer 3:
No, however, if the indirect looked outside of the norm, ACPM might ask for a justification for the rate, such as a federal agreement or documentation that establishes your standard rate.

Question 4:
How much of the May 20-23 meeting would the Project Director need to attend? Is the airfare, hotel, etc. is intended to be in the budget for the April-July 2019 time period?
Answer 4:
Grantees will need to attend one day of the meeting, date TBD. The Principal Investigator or designee would attend. Applicants do not need to include travel or conference registration in their budgets for the start-up period, as these costs will be paid by ACPM.
Question 5:
Are there rules (or guidance) about the monitors that should be used for the SMBP? We have bought one type of home BP monitor, but the larger cuffs cost twice as much as the monitor itself. We are interested in obtaining feedback (and price point) of cuffs others have used and liked. This will also help us create our budget as we’d plan to use a significant amount of the dollars to purchase equipment.
Answer 5:
There are not rules or guidance on the monitors to be used for Self- Measured Blood Pressure programming. The primary goals of the project are to improve screening, testing and referring the patient population (African-American males 35-64); funding for blood pressure monitors is included as a program cost to support your goals. They are not intended to be the main focus of the program, but you may use funding for them if it would otherwise be a barrier to improving patient outcomes. Each organization will need to construct its proposed budget based its own approach and use of SMBP as a strategy.

Question 6:
Please describe team make-up (# of members) and roles of team members.
Answer 6:
ACPM cannot describe the team make-up and roles of team members. Each applicant must identify the team members appropriate to supporting the activity proposed by the applicant.

Question 7:
What are the activities/tasks that make up the start-up phase?
Answer 7:
ACPM cannot describe the start-up activities for the applicant. Each applicant must identify the start-up phase activities appropriate to supporting the activity proposed by the applicant.

Question 8:
Please elaborate on this activity: Collect feedback/data regarding patient progress and follow up regarding health and participation status of patients.
Answer 8: Please see SECTION 3- DATA COLLECTION AND EVALUATION, Item 17 in the online application form for the minimum summary metrics to be collected by the grantee. Applicants may propose to share additional metrics or performance measures (as in Section 2, item15c) for the demonstration project.

Question 9:
What are approved activities for which the money can be used?
Answer 9:
Applicants must make the case to use funding for activities that support the four goals in the About the Grant Section and must meet the Grant Requirements and Award Expectations in the Call for Proposals.

Question 10:
How often should updates be submitted and how detailed should the updates be?
Answer 10:
We anticipate one mid-term and one final report during the start-up phase and yearly thereafter.

Question 11:
How often will peer-to-peer mentoring be done and what does it entail?
**Answer 11:**
We anticipate a monthly, one-hour telephone conference call. Call agendas will be dictated by the needs of the grantees.

**Question 12:**
The Call for Proposals indicates that we must be available for marketing videos and other promotional materials and promising practice case studies to be developed by ACPM, as allowable by the awardee’s institutional guidelines. How often will this take place? Will it be scheduled with advanced notice or as needed? Will we have to be available in person? Will this be of staff only or are you seeking the same from patients as well?

**Answer 12:**
Promotional activities will vary by grantee. In the proposal response, the applicant must indicate only if they would be willing to participate. Applicants may refer to institutional guidelines or restrictions regarding participation, including that of patients. Any opportunities for these activities will be scheduled in advance; ACPM will respect awardees’ institutional guidelines.

**Question 13:**
Is the monthly check in with ACPM Faculty via scheduled phone meetings or email? If phone meetings, how long will they last?

**Answer 13:**
The monthly check-in calls with Faculty will be by telephone and will nominally be scheduled for an hour, but the length will depend on the assistance needs of the awardee that particular month.

**Question 14:**
What is the timeline and frequency of data submission?

**Answer 14:**
Data submission of baseline metrics for the population to be served is due with the final report at the close of the start-up phase. Future data submission will be part of the mid-year and final annual reports each year thereafter.

**Question 15:**
When is the plan to institutionalize the practices as a sustainability strategy due?

**Answer 15:**
Sustainability will be one of the sections required in each year’s annual final report.

**Question 16:**
What is meant in the Call for Proposals by a Social Determinant of Health component (SDOH)?

**Answer 16:**
It is a requirement of the grant to address a social determinant of health, either on the individual level or the community level. You would propose an activity based on your experience and observation on potential barriers to care and follow-up that are non-health related but that influence health. For a definition, please see this resource: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health.
Question 17:
What is the community component that is required; must we refer patients to another clinic for care?
Answer 17:
There is no required community component for care. A physician may follow up with the patient without referral to another clinic for care. The physician may refer a patient to a community-based program for help in self-monitoring, nutrition, exercise, other supportive programs to encourage success.

Question 18:
Is it acceptable to propose a multi-disciplinary care team, one that might include pharmacists, nurse practitioners and others?
Answer 18:
Yes, as long as the Principal Investigator for the grant is a physician.

Question 19:
Can we create a model in which patients are seen at multiple care clinics so that we can provide where the patient normally is seen? Can we work as a team in multiple clinics or must each clinic apply separately?
Answer 19:
There is no requirement that the grant be carried out by one single care provider, however, there must be one single grantee who coordinates the effort as a whole.

Question 20:
Can the awards be used for supporting the salary of the care-coordinator?
Answer 20:
Yes.

Question 21:
Do all the patients need to be served under Accountable Care Organization?
Answer 21:
No. However, if you currently operate as an ACO and you will also be working with patients outside of the ACO system, please describe how patient protocols and processes will remain the same between the two systems.

Question 22:
YMCA Community Centers can serve as an evidence-based SMBP programs?
Answer 22:
Yes. Note that the Principal Investigator must be housed within the health care provider.

Question 23:
What are the ACPM technical assistance, resources and tools, and expertise to achieve the goals of the project?
Answer 23:
ACPM is providing technical assistance from Faculty members who will consult once a month at minimum with grantees. This assistance will be customized to the needs of the grantee. ACPM and Faculty will also conduct a site visit to discuss these needs and possible resources at
ACPM or elsewhere that can be leveraged to assist grantees. The grantee will also have access to the ACPM Lifestyle Medicine Curriculum online, at a value of $1,000 per individual provider during the project demonstration period and up to 36 CME/MOC towards their professional development.

**Question 24:**
Is there a target number of patients that ACPM would like the demonstration project to initially target?

*Answer 24:*
No.

**Question 25:**
Must the awardee attend and present at the 2019 meeting in Pittsburgh?

*Answer 25:*
The commitment is for one day, Monday May 20, 2019. The session will be an informal grantee meeting, not a regular conference session. The brief, 5-minute presentation will consist of information from your application about your organization and the goals for this project.

**Question 26:**
Are travel expenses only covered for the project director? Allowed for other team members? For the Annual Conference?

*Answer 26:*
ACPM will cover the costs of one person from each grant; it is expected that the Principal Investigator or designee would attend.

**Question 27:**
May consultants be included as team members, i.e. item #10, “Identify other individuals who would be involved in this project”?

*Answer 27:*
Yes.

**Question 28:**
Are there any costs/items that this funding will not cover under “Other” in the budget?

*Answer 28:*
It is not possible to provide you with a comprehensive list of all the costs/items that are not permissible under this funding. As part of your budget and work plan documents, clearly explain how you will use the funding award to support the goals of the demonstration project.

**Question 29:**
How many individuals will have access to the Lifestyle Medicine Curriculum per site?

*Answer 29:*
Three.
Question 30:
I understand the ACPM would fund BP cuffs for self-monitoring, but in one of the responses it is noted that applying organizations might include in their budget proposal funds for supplementation. Is there an estimate of how many cuffs would be funded outside of the formal budget request?
Answer 30:
There are no mechanisms at this time for providing any funding outside the formal budget request for any purpose.

Question 31:
Self-monitoring seems to be a major emphasis per the website. Should self-monitoring be included in all proposals?
Answer 31:
Self-monitoring is one of the options open to applicants, but is not the only option for referral. The Call for proposals states that programs may refer to “evidence-based SMBP programs with clinical support and other related evidence-based lifestyle change programs” (emphasis added).

Question 32:
Is there guidance as to whether the scope of the project is best considered at one clinical site vs system wide? Our hospital system includes 11 CHCs (most are FQHCs) while I am physically based at just one site. I will potentially be collaborating with our quality team but curious if there is some guideline recommendation for project scope.
Answer 31:
Each applicant will need to decide the best way to leverage grant funds to improve screening, testing, and referring to reduce hypertension within its organizational structure. That could be one site which offers opportunities for scaling successful practices or it could be implementation and testing a system-wide change.

Question 33:
Would the SMBP Check.Change.Control by the American Heart Association qualify as an evidence-based program?
Answer 33:
ACPM does not provide a list of specific evidence-based programs related to the application and RFP process. Applicants are expected to provide a rationale for their selection of strategy or program.