Welcome!

25 YEARS
VIRGINIA HEALTH CARE FOUNDATION

Defeating the Deadly Double: Diabetes and Depression

RFP Workshop

September 18, 2017

25 YEARS
VIRGINIA HEALTH CARE FOUNDATION

DDD Purpose and Goals

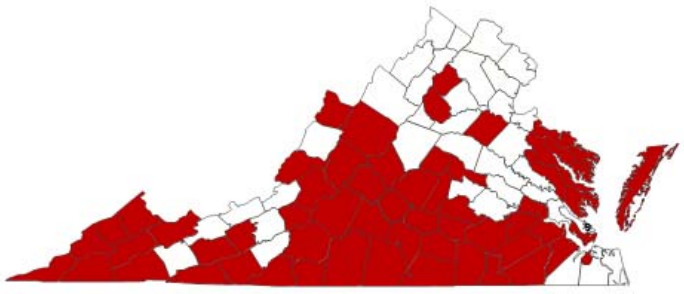
Purpose

Reduce depression in diabetic health safety net (*HSN*) patients so they can more fully and successfully engage in their diabetes treatment plans by elevating the degree of behavioral health integration within HSN organization participating in DDD.

Goals

- Meaningfully reduce patient and population scores on the PHQ-9
- Meaningfully reduce patient and population A1C levels
- Meaningfully reduce patient and population body weight and BMI

Virginia Localities in the *Diabetes Belt*



The Virginia localities in **red** have a diabetes diagnosis rate of **11% or higher** (*CDC, 2013*).
The US diabetes diagnosis rate in 2013 was 7.18%.
See the handout for Virginia localities with diabetes diagnosis rates of 11% or higher.

Overview

Defeating the Deadly Double is designed to provide health safety net (*HSN*) organizations that are interested and prepared to **elevate their level of behavioral health integration** with the financial and substantive wherewithal to do so.

To make this transformation manageable, *DDD* is using a **population health approach** that focuses specifically on **diabetic patients with depression**.

DDD grantees will **target at least 100 active patients within a specific HSN site who have diabetes and** a **PHQ-9 score of 10** or greater.

Overview

***DDD* grantees are expected to:**

- Systematically **identify existing/new diabetic patients** with depression (PHQ-9 score of 10+)
- **Review and determine how to improve existing protocols** to achieve a process and workflow that regularly incorporates behavioral assessment with their primary medical care. Determine evidence-based practices.
- Develop identified **clinical protocols**
- Determine how best to **incorporate new protocols** into practice workflows
- **Use best practices** to inform the new protocols. These include adoption of motivational interviews, engaging each patient in crafting an individualized care plan with patient-directed goals,
  - Maintain **regular contact with DDD patients** (*appointments, calls, texts*)
  - Focus on **patient motivation**, assess patient readiness for change, and give encouragement to "restart" as needed
  - Develop an individual **depression relapse prevention strategy** with each patient to reduce reoccurrence
  - Develop **customized care plans** to ensure ongoing diabetes control, with regular clinical care
- Establish a **clear, evidence-based patient education** strategy

DDD grantees should demonstrate **team cohesion** and an **ability to gather and submit program-related** data.

Leadership/Integrated Care Team

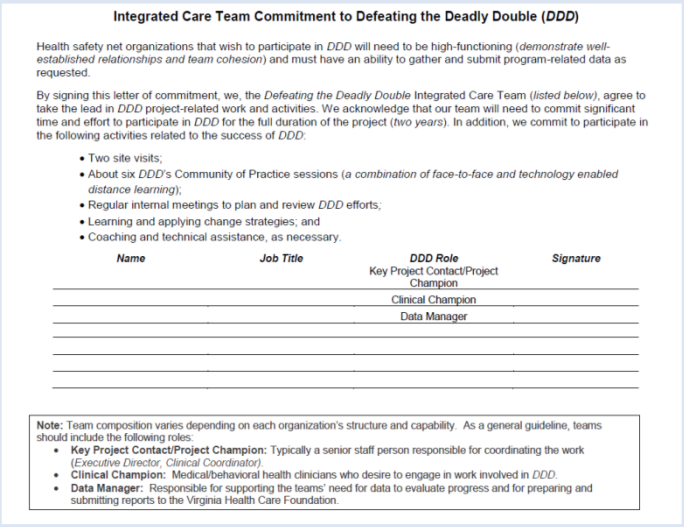
Who Should Be on the Leadership/Integrated Care Team?

Medical and behavioral health providers and others as needed to ensure that the care of patients with both depression and diabetes is coordinated to maximize positive outcomes.

What is the Role of the Leadership/Integrated Care Team?

- Take the lead in *DDD* project-related work and activities
- Commit the time and effort necessary to participate in *DDD* for the full duration of the project (*February 2018 – January 2020*)
- Participate in the following activities related to the success of *DDD*:
  - ✓ Two site visits
  - ✓ About six *DDD*'s Community of Practice sessions (*a combination of face-to-face and technology enabled distance learning*)
  - ✓ Regular internal meetings to plan and review the success of *DDD* efforts
  - ✓ Learning and applying change strategies
  - ✓ Coaching and technical assistance, as necessary

Leadership/Integrated Care Team



Integrated Care Team Commitment to Defeating the Deadly Double (*DDD*)

Health safety net organizations that wish to participate in *DDD* will need to be high-functioning (*demonstrate well-established relationships and team cohesion*) and must have an ability to gather and submit program-related data as requested.

By signing this letter of commitment, we, the *Defeating the Deadly Double* Integrated Care Team (*listed below*), agree to take the lead in *DDD* project-related work and activities. We acknowledge that our team will need to commit significant time and effort to participate in *DDD* for the full duration of the project (*two years*). In addition, we commit to participate in the following activities related to the success of *DDD*:

- Two site visits;
- About six *DDD*'s Community of Practice sessions (*a combination of face-to-face and technology enabled distance learning*);
- Regular internal meetings to plan and review *DDD* efforts;
- Learning and applying change strategies; and
- Coaching and technical assistance, as necessary.

Name	*Job Title*	*DDD Role*	*Signature*
		Key Project Contact/Project Champion	
		Clinical Champion	
		Data Manager	

Note: Team composition varies depending on each organization's structure and capability. As a general guideline, teams should include the following roles:

- **Key Project Contact/Project Champion:** Typically a senior staff person responsible for coordinating the work (*Executive Director, Clinical Coordinator*).
- **Clinical Champion:** Medical/behavioral health clinicians who desire to engage in work involved in *DDD*.
- **Data Manager:** Responsible for supporting the teams' need for data to evaluate progress and for preparing and submitting reports to the Virginia Health Care Foundation.

RFP Nuts and Bolts: Key Elements

VHCF will award grants to applicants that:

- Have at least a **0.5 FTE paid behavioral health professional**
- Have at least **300 active patients with diabetes** at the proposed site (*must verify*). At least 100 patients will be engaged in/benefit from *DDD* efforts over the grant period.
- Agree to regularly screen all patients with diabetes for depression using the **PHQ-9**.
- Agree to **monitor individual patient progress** at each patient appointment (*or at least quarterly*) by administering the **PHQ-9, recording weight, BMI and A1C levels** so they can be tracked throughout the grant period.
- Have the **capacity to track *and report* health encounters and outcomes** for *DDD* targeted patients both individually and as a group via an electronic medical record.
- Agree to **review their current diabetes management and care plans for patients and refine as necessary** to reflect best practices.

RFP Nuts and Bolts: Key Elements

VHCF will award grants to applicants that:

- Have **specific goals** and a **clear logistical plan** for carrying out the initiative, including protocol and workflow development to ensure integrated, coordinated care for all *DDD* patients with medical and behavioral health providers.
- Commit to **dedicate the time of key staff** necessary to the success of *DDD* (*time for data collection, protocol development/process improvement*)
- Ensure **access to all needed prescription medicines and diabetes management equipment/supplies** for *DDD* patients.
- Use or agree to use **effective and/or evidence-based diabetes education** tools.
- Identify a **project leader** who will accept responsibility for data collection and ensuring that *DDD* timelines and deliverables are met.

RFP Nuts and Bolts: Eligibility

To be eligible for funding from ***Defeating the Deadly Double***, an applicant must:

- Be a private non-profit organization with 501(c)(3) tax-exempt status
- Meet VHCF's *DDD* pre-screening criteria
- Send a representative to today's RFP Workshop
- Submit **8 copies** of its proposal to VHCF by **5:00 PM on November 8, 2017 (*hardcopy only!*)**

RFP Nuts and Bolts: Proposal

A concise project narrative (*8 or fewer pages*) that describes each of the following:

Target Population

- Briefly describe what you know about your patients with diabetes (*e.g., overall number of patients with diabetes, age range, gender, weight, behavioral health status, and engagement in patient education*).
  - Include the number of **unduplicated active diabetic patients** that you served in FY17.
- How do you currently identify diabetic patients in your patient population?
- What is the average number of medical visits for your diabetic patients per year?
- Summarize your treatment protocols for diabetic patients.
- How do you currently identify patients with depression in your patient population? What are your protocols?

RFP Nuts and Bolts: Proposal

Your Organization

- Briefly describe the **nature and degree of integration** that currently exists between medical and behavioral health providers at your organization.
  - If your organization has multiple sites, please describe the degree of integration at the site that would participate in *DDD*.
- How has your organization approached clinical and/or operational improvements in the past?
- What, if any specific projects or initiatives has your organization undertaken to make these changes/improvements?
- What level of success have you achieved with those improvements?
- Are there any lessons you will apply to *DDD*?

RFP Nuts and Bolts: Proposal

Project Description

Indicate, in detail, what you are proposing to do with the grant and what you plan to achieve. **Be specific about your plans and how you will achieve *DDD* goals.**

- Provide a description of your operations before and after *DDD*. How do you address the needs of this population now and how will that change as a result of *DDD*? You may use a chart to show the changes and or/address some of these questions, if it is helpful.
- What does your organization currently do to identify patients with co-occurring diabetes and depression?
- Are there protocols for this?
- Do your medical and behavioral health clinicians work together to treat these patients in a structured coordinated fashion? If so, please describe.

RFP Nuts and Bolts: Proposal

- How does *DDD* fit into your existing approach to caring for patients with diabetes? To caring for patients with depression?
- How many patients with diabetes and depression do you expect to treat/engage during the 2-year grant period? How will you identify them?
- How many patient visits do you anticipate (*primary care, behavioral health, diabetes education*)? Literature suggests that patients with diabetes and depression should be seen every 4 – 8 weeks for a year, depending on the individual's needs and care plan.
- How will you address behavioral health needs?
  - ✓ What kind(s) of clinician(s) will provide integrated, coordinated care for *DDD* patients? Will patients participate in group visits? Individual visits? Both?
  - ✓ How is this approach different from what you do now?

RFP Nuts and Bolts: Proposal

- Does your organization have an existing diabetes education program?
  - ✓ Are all diabetic patients invited/included?
  - ✓ Is it individual, group or both?
  - ✓ Does it work? How do you know (*provide outcomes, if available*)?
  - ✓ Is it evidence-based?
  - ✓ What diabetes-education materials do you currently use? Do you plan to review them as a part of *DDD*?
  - ✓ Who provides the education?

RFP Nuts and Bolts: Proposal

- How will you ensure that the *DDD* patients obtain needed medicines (*insulin, oral glucose, antidepressants*) and supplies (*glucometers, test strips, syringes, tracking tools*)?
  - ✓ What prescriptions or supplies do you currently provide for patients with diabetes? With depression?
  - ✓ How will you ensure patients will have access to medicines and needed diabetic supplies without charge? [*Many are available via VHCF's The Pharmacy Connection (TPC)*]
  - ✓ VHCF expects the grantee will provide glucometers to patients who need them (*Free ones can be obtained through TPC or other donated resources.*). Applicants may request *DDD* funds for needed supplies that cannot be obtained free of charge.

RFP Nuts and Bolts: Proposal

What are you requesting funding for and why?

- What function(*s*) will any staff, equipment, materials or other items funded by *DDD* serve in meeting the goals of *DDD*?

Collaboration between Key Clinical Providers

- Which professional and/or administrative staff are key to the success of *DDD*?
- Provide specifics of the ways in which key staff/volunteers will work together.
- Include all of the areas of collaboration (*e.g., referrals, communication, technology, patient education, medications*).
- Please include job descriptions and an organizational chart that contains the roles and responsibilities of each of the key team members.

RFP Nuts and Bolts: Proposal

Project Management

- Identify the individuals on the Leadership/Integrated Care Team who will implement and oversee the *DDD* initiative and their qualifications to manage it. Please include their resumes.
- What are their key strengths related to *DDD*?
- What are potential challenges/barriers facing the Team?
- How often will the Team meet?

RFP Nuts and Bolts: Proposal

Evaluation Plan

- Please commit to routinely measuring and recording the following information for each *DDD* patient and providing it in required HIPAA compliant reports to VHCF: PHQ-9 score, A1C, BMI and weight.
- Indicate what systems and/or tools you will use to gather and report the required data and information.
- What EHR does your organization use?

Timeframe for Implementation

- Provide a timeline for implementation of all key activities related to your *DDD* initiative.
  - We realize it takes time to get new initiatives off the ground, particularly to hire staff.
  - Proposal needs to strike balance between start up phase and getting the project implemented in a timely manner.

RFP Nuts and Bolts: Use of Funds

Yes	No
• New or expanded staff (*behavioral health provider, care manager/coordinator, dietitian, diabetes educator, community health worker*) • Project-related equipment/supplies (*laptop, printer, diabetes supplies*) • Other expenses important to successfully implement the initiative	• Supplant existing funds or replace funding from a previously existing source, either public or private, which has been reduced or eliminated. • Indirect costs, administrative assessments or fees of universities or other institutions with which a VHCF project is affiliated.

In addition to the amount grantees request,
VHCF will provide a stipend of $10,000/year ($20,000 total)
to each grantee in recognition of the time it takes to review and develop new protocols and workflows.

RFP Nuts and Bolts: Budget

Proposed Budget and Budget Rationale

Represents all revenue and expenses associated with the proposed initiative.

- Use the Budget Form supplied by the Foundation ***and*** include an itemized budget rationale
- Separate budgets for Year 1 and Year 2 (*24 month budget period, February 2018 – January 2020)*
- Addresses full scope of project (*medicines, supplies/equipment*)
- Show annualized salary and % FTE for all staff supported by grant
  - Market rate for salaries
- Justify purchase of any project-related equipment
- Income and expenses should match
- Refer to "Project Budget: Reference Sheet" in preparing the budget
- Make sure to include any local public and/or private **cash and/or in-kind contributions** that may be involved. **They are not required**, but will be appreciated.

RFP Nuts and Bolts: Attachments

Required Attachments

- Cover Sheet & Executive Summary
- Evidence of the prospective grantee's tax-exempt status
- Organizational chart indicating which component of the organization is accountable for project success and which are involved in the initiative
- Budgets on the form provided
- Budget narrative describing how funds will be used (*24 month grant period*)
- List of organization's Board of Directors and their affiliations
- Resumes of the *DDD Leadership/ Integration Care Team;* any evidence of their success administering prior grants and/or caring for patients with diabetes and depression.
- Job descriptions for any positions to be funded
- *DDD Leadership/ Integrated Care Team* Letter of Commitment (*using form provided)*
- Overall budget of applicant organization

RFP Nuts and Bolts: Sustainability

This grant initiative does not require prospective grantees to provide a plan to sustain the initiative beyond the 24-month grant period.

Important Dates and Deadlines

Pre-Proposal Workshop	September 18, 2017
Proposals due no later than 5:00PM* (*Hard copies only. No electronic submissions will be accepted.*)	November 8, 2017
Notice of Award	January 30, 2018
Grant Start Date	February 1, 2018

**No later than 5:00 pm in VHCF's office*
707 E. Main Street, Suite 1350, Richmond, VA 23219

Late proposals will not be accepted.

Please Contact Us With Questions

For complete grant guidelines go to:
http://www.vhcf.org/grants/

Denise Daly Konrad
Email: dkonrad@vhcf.org
Phone: (804) 828-5867

VHCF will post responses to questions that may be of interest to a broad audience on the *Defeating the Deadly Double* web page.

Helpful Resources

- Degrees of Behavioral Health Integration
- MacArthur Foundation Depression Management Tool Kit
- Integration Guide Supplement for Behavioral Health Integration
- Integrated Behavioral Health Partners in Health Tool Kit

These resources are available on the VHCF's *DDD* web page.