



**REQUEST FOR APPLICATIONS
GRADUATE MEDICAL EDUCATION
NEW PROGRAM GRANT - 2019**

**ISSUED BY:
STATE OF WISCONSIN
Department of Health Services
OFFICE OF POLICY INITIATIVES AND BUDGET**

**APPLICATIONS ARE DUE
NO LATER THAN 12:00 NOON
ON APRIL 18, 2019**

**SUBMIT ELECTRONICALLY TO:
LINDA.McCART@WI.GOV**

**FOR QUESTIONS, CONTACT:
Linda McCart at Linda.McCart@wi.gov**

LATE APPLICATIONS WILL NOT BE ACCEPTED

**NEW GRADUATE MEDICAL EDUCATION PROGRAM GRANT
WISCONSIN DEPARTMENT OF HEALTH SERVICES**

REQUEST FOR APPLICATIONS - 2019

TIME LINE

MARCH 1, 2019	COMPETITIVE APPLICATION RELEASED VIA DHS WEB SITE
MARCH 12, 2019	QUESTIONS DUE BY 12:00 NOON CT
MARCH 14, 2019	RFA CONFERENCE CALL FOR APPLICANTS @ 10:00 A.M. CT
MARCH 15, 2019	FAQS POSTED TO DHS WEB SITE
APRIL 18, 2019	APPLICATIONS/PROPOSALS DUE BY 12:00 NOON
MAY 21, 2019	NOTIFICATION OF AWARDS
JULY 1, 2019	CONTRACT START DATE

REQUEST FOR APPLICATIONS
WISCONSIN DEPARTMENT OF HEALTH SERVICES
NEW GRADUATE MEDICAL EDUCATION PROGRAM GRANT

1. Introduction

2013 Wisconsin Act 20 authorized the Department of Health Services (DHS) to establish a grant process to support development of new graduate medical education (GME) programs. The purpose of this document is to provide entities considering establishing such programs with information to assist in preparing and submitting applications for funding. Support for development of new GME programs is limited to primary care, general surgery, and psychiatry. The effective date of contracts awarded under this funding opportunity will be July 1, 2019.

The DHS GME Initiative is supported by the Division of Public Health, the Division of Medicaid Services, and the Office of Policy Initiatives and Budget and reflects the priorities of DHS. A small advisory group of external stakeholders help guide the Initiative.

- 1.1 **Goal:** To increase access to quality health care by increasing the number of physicians practicing in rural and underserved areas of Wisconsin.

1.2 **Purpose:**

To assist rural hospitals and groups of rural hospitals in developing accredited GME programs in family medicine, general internal medicine, general surgery, pediatrics, and psychiatry. Grants may also be used to establish new addiction medicine and addiction psychiatry fellowship programs.

2. Statutory Authority

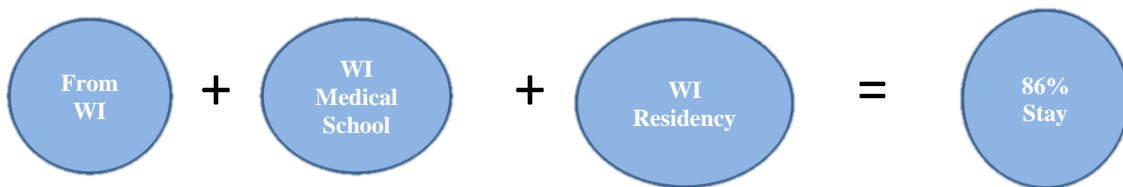
- 2013 Wisconsin Act 20, § 1899, Wisc. Stat. 146.63 – grants for new GME program development
 - \$2.5 M per year, biennial appropriation
 - Targeted specialties – family medicine, general internal medicine, general surgery, pediatrics, and psychiatry
 - Grant period - three (3) years
- 2013 Wisconsin Act 20, § 1900, Wis. Stat. 146.64 – grants to expand existing GME programs
 - \$750,000 per year, continuing appropriation
 - Targeted specialties – family medicine, general internal medicine, general surgery, pediatrics, and psychiatry
 - Grant period – length of the residency, e.g., 3, 4, or 5 years
- 2017 Wisconsin Act 26 – grants for addiction medicine and addiction psychiatry
 - New specialties under both GME programs
 - Grant period –2 years
 - Participating physicians – primary care, general surgery, psychiatry

3. Rationale

Numerous reports document a dearth of primary care providers, general surgeons, and psychiatrists, with extreme shortages in rural and other underserved areas. This shortage results from several factors, including an aging population, poorer population health, increases in chronic conditions, aging physicians, unabated retirements of health care workers, and an insufficient supply of skilled individuals to meet increased demand. Physician shortages have been shown to reduce quality care by limiting access to preventive care and increasing the likelihood of unnecessary hospitalization.

The lack of physicians also has an economic impact on communities. Health care clinics and physician practices provide employment opportunities and enhance the attractiveness of communities as a place to live and work. A number of studies estimate that a single physician can have a direct impact of more than \$1 million on a community’s economic well-being by creating jobs, purchasing goods and services, and supporting communities through the tax revenues they create.

Wisconsin has taken several steps to address this urgent need. These actions include increasing the number of students in medical schools, raising public awareness, creating more career pathways for the health care workforce, and strategic investment in new and existing GME programs. Health care leaders have also learned that the “Grow Our Own” equation¹ works: an individual that resides in or has family ties to state, graduates from an in-state medical school, completes an in-state residency, and becomes a new physician with an 86 percent likelihood of remaining in the state to practice.



It is the additive effect of the three key factors that significantly increases the odds of new physicians remaining in state. That is, graduation from a Wisconsin medical school means a 38 percent retention, completing a residency in-state alone results in 47 percent retention; combining these two factors increases retention to 70 percent. When having other ties to Wisconsin is added, the retention rate increased to 86 percent.²

3. Available Funds

DHS anticipates making several awards under this Request for Applications (RFA).

Grant Amount: \$750,000 maximum per grantee
Grant Period: 3 years

¹ Wisconsin Hospital Association, 2018.

² Wisconsin Hospital Association. “100 New Physicians a Year: An Imperative for Wisconsin.” 2011.

Grant Target: Development of New GME programs in one of the following specialties:

- ◆ Family Medicine
- ◆ General Internal Medicine
- ◆ General Surgery
- ◆ Pediatrics
- ◆ Psychiatry
- ◆ Addiction Medicine
- ◆ Addiction Psychiatry

3.1 Use of Funds

DHS New GME Program Grant funds shall be used to assist rural hospitals and groups of rural hospitals in procuring infrastructure and increasing case volume to the extent necessary to develop accredited GME programs with a substantial number of rural training experiences. For purposes of this RFA, rural is defined as any hospital not located in a designated “1st class” city.

3.2 Allowable Costs

Grant funds may be used for, but are not limited to:

- Project manager
- Consultants
- Program staff, e.g., program director, program coordinator
- Curriculum development
- Rural clinical site recruitment and development
- Rural faculty recruitment, engagement (e.g., participation in curriculum development, resident recruitment), development/training, and support, (e.g., honoraria, academic appointments, increased administrative time)
- Accreditation fees and site visits
- Resident recruitment, e.g., marketing materials, fees associated with FREIDA™ and the National Resident Matching Program®, travel expenses, hotels, and meals
- Technology updates for remote access

3.3 Unallowable Costs

DHS New GME Program Grant funds **shall not** be used for:

- Capital improvements, including, but not limited to, architectural consultation and renderings, remodeling and new construction
- Resident salary and fringe or other direct resident expenses
- Research
- Supplanting or replacing existing funds from other sources for the same purpose

3.4 Required Match

The DHS New GME Program Grant requires the applicant to provide matching funds of a minimum of 50 percent, i.e., if the grant request is for \$100,000 the applicant must provide \$50,000 in matching funds, either cash or in-kind.

Matching funds may include, but are not limited to:

- Expenditures for program development made during the prior six months

- Capital improvements required to meet accreditation requirements; limited to no more than 35 percent of the required match
- Funds provided by partner organizations, including a sponsoring institution, e. g., administrative support, office space, faculty training

Grant funds from other State sources **shall not** be considered as matching funds. Funding for direct resident expenses, e.g., salary, fringe, malpractice insurance, housing allowance, etc., **shall not** be considered as matching funds.

4. Eligible Applicants

Eligible applicants are rural hospitals or a group of rural hospitals³ and other health care organizations that meet the following criteria.

- Applicant has initiated development of a new GME program in one of the targeted specialties that will meet the accreditation requirements of the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) by the end of the three-year grant period. The proposed new program must be designed to include a minimum of eight weeks of clinical training in a rural area over the course of the residency and prioritize graduate medical students with ties to Wisconsin; or
- Applicant has initiated planning to add a new track to an existing accredited GME program that includes a substantial number of *new* rural clinical training experiences. The new track must have a separate ACGME or AOA accreditation number. Priority for alternative tracks will be given to those that include new resident positions.

5. Award Criteria and Requirements

This section articulates the criteria with which each application will be reviewed by a rating panel and scored. The application should be organized consistent with these items and the outline in the Application Checklist included in this RFA. Terms used in this RFA are defined in Appendix A.

5.1 Abstract /Summary– 10 points – one page only, single-spaced, 11 point font

The applicant's response:

- Briefly explains how the proposed program helps meet the long-term goal of increasing access to quality health care in rural communities
- Articulates the rationale for developing a new program in one of the targeted specialties – family medicine, general internal medicine, general surgery, pediatrics, psychiatry or addiction medicine or addiction psychiatry, or adding a new, separately accredited track to an existing program
- Briefly describes the rural component of the program and how it will benefit rural populations
- Identifies partners
- Includes the amount requested and the proposed grant period

³ For purposes of this RFA, 2013 Wisconsin Act 20 defines rural hospitals as any hospital that is not located in a city designated as "1st class" city.

5.2 Establishing a New GME Residency Program, Addiction Fellowship or an Alternative Track

- **Program Planning - 30 points**

The response provides a description of the planning activities that have been completed to date (as of March 2019), including, but not limited to:

 - ♦ When planning began and what the catalyst was
 - ♦ Organizations participating in the planning group
 - ♦ Whether a feasibility study was completed; if so, when, by whom, and with what result
 - ♦ Whether technical assistance or consultation has been provided; if so, on what topic, when, and by whom
 - ♦ Who the sponsoring institution is
 - ♦ Hospital board response and/or concerns

- **Rural Training – 30 points**

The response provides a brief description of current thinking or decisions about rural clinical training, including:

 - ♦ Potential sites
 - ♦ Size of patient panel(s)
 - ♦ Experience of the site in providing medical education
 - ♦ Anticipated length of time in the rural setting(s)
 - ♦ Which program year(s) the rural training will be done
 - ♦ Demographics of the population(s) served in the rural area
 - ♦ Faculty status, including experience teaching and whether honoraria or other compensation will be provided

- **Business Plan – 40 points**

The response highlights the experiences and capacity of the applicant and key partner organizations (e.g., sponsoring institution, hospitals and clinics, health plans), to develop an accredited GME program. This portion of the response shall address, but is not limited to, the following.

 - ♦ **Capacity** - The response describes the organizations' prior experience with medical education; discusses the ability to develop and implement an accredited program, specifically addressing the recruitment and engagement of rural faculty; and provides information about how the grant will be managed and monitored. The response identifies staff to be hired and proposed responsibilities.

 - ♦ **Ongoing Operations/Sustainability** – The response describes proposed plans for how the GME program will be supported and funded (prior to Medicare reimbursement) for the first class of residents following the end of the grant period, including coverage of the resident's salary, fringe, and malpractice insurance.

5.3 Benchmarks – 15 points

Each application shall be structured such that the result is an accredited GME program by the end of the grant period. Benchmarks to achieve this result must be clearly stated, realistic, and consistent with the purpose of this RFA. Benchmarks are framed as measurable outcomes that can realistically be achieved during the funding period. Targeted completion dates are given. The response includes a description of how the benchmarks will be tracked. Key benchmarks will be included in the performance-based contract for successful applicants. **Achievement of these benchmarks will determine the approval or disapproval of quarterly invoices for payment.**

5.4 Budget and Budget Narrative – 45 points

The applicant develops a line-item budget for allowable costs for each year of the grant (state fiscal year – July through June). Proposed costs are reasonable for establishing an accredited GME program. The total budget does not exceed the maximum grant amount for the three-year period. The budget narrative includes justification/explanation for each item and explain/indicate how amounts were calculated.

The budget and budget narrative clearly delineate the amount and source(s) of matching funds, including how the amounts were calculated. Matching funds are consistent with the grant requirements and **do not** include funds from other State grants. If capital improvements are considered as a portion of the match, the amount does not exceed 35 percent of the required match. There is a clear description of these projections and/or expenditures and how they are related to meeting accreditation requirements.

Budget templates are in Appendix B.

5.5 Work Plan and Timeline – 10 points

The work plan identifies activities beginning July 2019 (the effective date of the contract) needed to develop, implement, and operationalize the new GME program. Each activity includes the expected beginning and completion dates and responsible parties (reference by position titles). The work plan is sequentially reasonable within each year of the proposed budget.

5.6 Reporting Requirements

The selected applicant (grantee) agrees to submit quarterly financial and status reports within 30 days of the end of each quarter. The grantee must also submit annual financial and progress reports within 60 days of the end of each budget period. The annual reports will fulfill the requirement for the 4th quarter reports. DHS will provide templates for the reports.

6. Questions and Clarifications

A conference call to address questions related to this RFA is scheduled for 10:00 a.m. CT on March 14, 2019. The conference call information is below.

Phone: 1.877.820.7831
Access Code: 252480

Potential applicants are encouraged to submit questions concerning this RFA prior to the call (preferably by noon on March 12, 2019) **via email to:**

Linda McCart
Policy Chief
Office of Policy Initiatives and Budget
Linda.McCart@wi.gov

Questions sent or asked prior to the conference call will be held and addressed during the conference call, (i.e., individual questions submitted will not receive a private response). The questions and answers discussed during the call will be posted to the DHS web site, <https://www.dhs.wisconsin.gov/business/solicitations-list.htm>, as soon as practical following the call.

7. Submission of Application

All applications must be typed, double-spaced with 11-point font and shall include the Application Cover Sheet, included in this RFA. All pages must be sequentially numbered and organized according to the Application Checklist (also included in this RFA). Applications shall not exceed **25 total pages**, as follows.

- ◆ No more than **15 pages** for the abstract, program planning, rural training, and business plan.
- ◆ No more than **10 pages** for the benchmarks, budget, budget narrative, work plan, and any other relevant material such as letters of support.

All applications shall be submitted electronically to Linda McCart, linda.mccart@wi.gov, **no later than 12:00 noon on Thursday, April 18, 2019**. Receipt will be acknowledged.

Only one application per targeted specialty may be submitted.

8. Award Procedures

Each application received by the deadline will be reviewed and scored by an external Rating Panel. The Panel may request clarifications or additional information; such requests will be made through the DHS Project Director, Linda McCart to the applicant contact person.

The Panel's recommendations for funding will be provided to DHS and forwarded to the DHS Secretary for approval. All applicants whose proposal is reviewed and scored shall receive written notice of the determination by DHS. Each applicant whose proposal was not approved shall be given an opportunity to discuss the decision with the Project Director.

9. General Information

- Definitions
The terms used in this RFA are defined in Appendix A.

- **News Releases**
News releases regarding this award or any part of the proposal shall not be made without the prior written approval of DHS. Copies of such releases or other public stories about the award during the contract period will be submitted to DHS within 30 days from the date of initial publication.

- **Budget Modification**
Justifiable modifications may be negotiated during the course of the contract only through prior consultation with and mutual agreement of the parties.

**CHECKLIST,
GUIDELINES and APPENDICES**

The following information is provided to assist applicants in preparing
a quality, competitive response to the Request for Applications.

- I. Application Checklist
- II. Application Cover Sheet
- III. Definitions (Appendix A)
- IV. Budget Templates (Appendix B)

- I. **Application Checklist.** The completed application must include the following and shall be organized according to the outline below.

- 1. Application Cover Sheet
- 2. Abstract
- 3. Proposal Narrative
 - ◆ Program Planning
 - ◆ Rural Training
 - ◆ Business Plan
- 4. Benchmarks
- 5. Budget
- 6. Budget Narrative
- 7. Work Plan
- 8. Other Information, *optional*

Application Cover Sheet

Section A - APPLICANT INFORMATION

1. Targeted Specialty Program: Insert Name of the Targeted Specialty			Number of Residents Anticipated: Insert Number
2. Applicant: Insert Name			
Address: Insert	City: Insert	State: Insert State Abbr.	Zip: Insert
3. Primary Contact: Insert Name			E-mail: Insert
			Telephone: Insert
Address: Insert	City: Insert	State: Insert State Abbr.	Zip: Insert
4. Fiscal Agent (if different from Applicant): Insert Name			E-mail: Insert
			Telephone: Insert
Address: Insert	City: Insert	State: Insert State Abbr.	Zip: Insert
5. Employer Identification No.: Insert Number			

SECTION B - BUDGET SUMMARY

10. Enter the total proposed budget and the budget for each year of the grant. Do not include the required match in the total.
Note: The maximum amount per grant is \$750,000.

Total funds requested: \$ _____

Requested funds per year:

\$	Year 1	\$	Year 2	\$	Year 3
----	--------	----	--------	----	--------

Is the applicant seeking or planning to seek funding from the Wisconsin Rural Physician Residency Assistance Program? _____

11. NAME, TITLE AND PHONE NUMBER OF OFFICIAL AUTHORIZED TO COMMIT THE APPLICANT ORGANIZATION TO THIS AGREEMENT

Typed Name of Official: _____ Title: _____ Phone: _____

Signature: _____

Date: _____

Appendix A – Definitions

The following definitions shall apply for purposes of this RFA.

1. Accredited Program – an established GME program in one of the targeted specialties that is fully accredited by the Accreditation Council for Graduate Medical Education (ACGME), by the American Osteopathic Association (AOA) or by both; accredited programs have a unique accreditation number.
2. Addiction Medicine Fellowship Program – a medical specialty, certified by the American Board of Addiction Medicine or accredited by the ACGME, focused on the prevention, treatment and management of addiction.
3. Addiction Psychiatry Fellowship Program – a medical subspecialty within psychiatry, certified by the American Board of Psychiatry and Neurology or accredited by the ACGME, focused on the evaluation, diagnosis and treatment of individuals with one or more disorders related to addiction.
4. Alternative Track – an existing, accredited GME program in one of the targeted specialties that seeks to add or expand rural training experiences; may include the addition of new resident positions; alternative tracks must have an established partnership with a rural hospital or group of rural hospitals and shall have a separate accreditation number.
5. Fellowship – a post-residency training period of 1 – 2 years in a subspecialty, e.g., addiction, which allows a physician to develop a particular expertise that may have a related subspecialty board. For such programs to be eligible for grants under the DHS GME Initiative the fellowship program must meet ACGME accreditation standards or other nationally recognized standards from national boards or other organizations and be related to the goal of the grant.
6. Graduate Medical Education – the period of didactic and clinical education in a medical specialty that follows the completion of a recognized undergraduate medical education and which prepares physicians for the independent practice of medicine in that specialty, also referred to as residency education.
8. Program – a structured educational experience in graduate medical education designed to conform to the program requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
9. Resident – any graduate medical student in an accredited GME program.
10. Rotation – a clinical educational experience of planned activities in selected settings, over a specific time period, developed to meet the goals and objectives of the GME program.
11. Rural Hospital or Group of Rural Hospitals – hospitals that are not located in a 1st class city; priority for funding will be given to hospitals located in rural areas (see definition 4.12) that are jointly

sponsoring a new GME program in one of the targeted specialties; the group may include an academic partner or sponsoring institution (medical school, university or health system).

12. Rural – areas that meet the definitions from the Wisconsin Area Health Education Center System, including:
 - R1 – rural area with no population center greater than 2,500
 - R2 – rural area with population center between 2,500 – 9,999
 - R3 – rural area with population center between 10,000 – 49,999
13. Site – a health care organization providing clinical education experiences for residents.
14. Sponsoring Institution – the organization that assumes the financial and academic responsibility for a program of graduate medical education; the sponsoring institution has the primary purpose of providing educational programs and/or health care services.
15. Targeted Specialty – the GME specialty - family medicine, general internal medicine, general surgery, pediatrics, or psychiatry – targeted by the grant for development. Addiction medicine and addiction psychiatry fellowships may also be targeted for development.
16. Underserved Area – area designated by the Health Resources and Services Administration (HRSA) as a Medically Underserved Areas (MUAs), Medically Underserved Populations (MUPs) or Health Professional Shortage Areas (HPSAs).

APPENDIX B – BUDGET TEMPLATES

Please use the templates presented here as a guide for completing the budget components of the application. Other spread sheets with these broad categories are acceptable. Please provide a summary budget covering the request grant period by year.

The detailed budget shall include a brief description of each budget item and how amounts were calculated, either within the table or spread sheet or in a separate document labeled budget narrative.

Budget Summary

Category	Year 1	Year 2	Year 3	Total
Personnel				
Accreditation				
Program development				
Faculty development				
Rural faculty support, e.g., stipends or honoraria				
Resident Recruitment				
TOTAL				
<i>DHS Grant</i>				
<i>Match</i>				
<i>Other</i>				

Detailed Budget – Provide information for each grant year. Explain each item and how amount was calculated either within the table or in a separate document.

NOTE: Budget Items are examples only; applications may include additional (or fewer) items than are listed. The 50% match is not ‘dollar for dollar’; rather, the total must equal 50% of the total grant request. Each line item may or may not have a match.

Category	Budget Item	DHS	Match	Total
Personnel	Program Director/Coordinator			
	<i>Explanation & calculations may be included under each item or in a separate document.</i>			
	Program Specialist			
	Education Program Manager			
	Education Training Director			
	Associate Director			
Sub-total				
Accreditation	Site visit(s)			
	Application fee			
	Annual program fee			
	Institutional review			
Sub-total				
Program & Faculty Development	Curriculum development			
	Professional Conferences			
	Rural faculty recruitment, engagement, and development			
	Rural training site recruitment			
	Rural faculty support, e.g., honoraria, stipends, administrative time; explain in narrative			
	Consultant(s)			
	Professional dues & memberships			
	Community outreach			
Sub-total				
Resident Recruitment	Marketing materials			
	Web site development			
	Recruitment services & tools (e.g., FREIDA™, NRMP®)			
	Travel			
	Hotel accommodations			
	Meals			
Sub-total				
Total DHS Request				