Primary Care Faculty Development Initiative (PCFDI)
Request for Applications

1. BACKGROUND AND RATIONALE

The scope, scale, and pace of developments in healthcare have not been matched by adaptations
in the training of primary care physicians. Such developments beg for reconsideration of how
primary care physicians are prepared for practice, and this is the business and responsibility of
the primary care communities. There is national interest in securing a modernized foundation of
primary care for a new health care delivery system for all. The American Boards of Family
Medicine, Internal Medicine, and Pediatrics, along with the Health Resources and Services
Administration (HRSA) and the Josiah Macy Jr. Foundation are working together to effect this
change by combining expertise and resources to create a national faculty development program
conducted by the Oregon Health and Science University. This initiative will build on empiric
evidence of “what works” in faculty development and early pilot efforts to improve training in
primary care.

New health care payment methodologies, with an emphasis on primary care are being pilot-
tested in multiple venues. Many employers have declared they are unwilling to pay for health
care that is “business as usual” and want transformed primary care practices for their employees.
The urgent need for an expanded and better prepared and more effective primary care workforce
has been recognized by multiple constituencies, yet the current design of physician residency
programs is not well aligned to meet this need. Two significant challenges currently face primary
care training programs in family medicine, internal medicine and pediatrics. The first is that
many of the ambulatory training sites lack the necessary infrastructure and care processes to
function as a patient-centered medical home (PCMH). The second is that the majority of faculty
leading and teaching in the ambulatory setting have not been trained in many of the
competencies required to deliver effective care and lead within the context of a PCMH.

Just as practice in a PCMH requires new skills on the part of faculty, so too do methods and
systems of evaluation, which will be required with the initiation of the ACGME’s Next
Accreditation System in 2013. Faculty will be expected to assess learners’ achievement of
specialty-specific milestones (refinements of the original ACGME competencies by specialty)
against expected levels of performance. In addition, the specialties of Family Medicine, Internal
Medicine and Pediatrics are developing, “entrustable professional activities (EPAs)”. These are
essential professional activities that define a given specialty and represent the ACGME
competencies embedded within the clinical context of the specialty. The three disciplines have
begun discussions about developing a subset of EPAs that transcend specialties to be more
effective and efficient in their development and use. For example, an EPA that is applicable to all
primary care physicians is, “Use quality improvement methods to improve care for a population
of patients.”

2. PURPOSE AND OVERVIEW
a. Request for Applications:
The Primary Care Faculty Development Initiative (PCFDI) pilot program is being conducted by Oregon Health & Science University (OHSU) pursuant to contract HHSH250201200023C with the U.S. Department of Health and Human Services, Health Resources and Services Administration. We are soliciting applications for participation in the PCFDI to empower primary care faculty within the three primary care disciplines of family medicine, internal medicine, and pediatrics to embrace fully the changes involved in adopting the Patient Centered Medical Home (PCMH) model of care. This national initiative seeks to help “fill the gap” in faculty competencies through an ambitious training and development program to prepare faculty to practice in the new model, develop innovative educational methods to train residents to practice in this new model, and become leaders in studying and disseminating these new methods. The three boards believe that competent physicians emerge from training that takes place in competent care delivery systems and by preparing teams of faculty across the three primary care disciplines, the educational community can accelerate changes to residency training necessary to meet the needs of the public. By extension, training faculty to be change agents will also facilitate changes in the systems and infrastructure of the ambulatory training sites. This is a unique opportunity for residency faculty to participate in this Pilot Program that will inform the feasibility and strategy of a national rollout of a faculty development initiative to all primary care training programs.

More than anything else, this initiative is about developing our primary care faculty to be the change agents we need to prepare our residents for a new model of care. We are seeking teams of internal medicine, family medicine and pediatrics residencies who embrace innovation and change, who have started the redesign process in their residency continuity practices and are ready to work together. What makes this program different from other faculty development initiatives is the emphasis on application of learning in a competent local clinical environment through collaborative efforts of the three disciplines.

b. PCFDI Pilot Program:
The six key components of the PCFDI are: 1) Leadership, 2) Change Management, 3) Teamwork, 4) Population Management, 5) Clinical Microsystems and 6) Competency Assessment. These components all connect directly to patient centered care from the perspective of a primary care residency. They reveal the inseparable linkages and alignment needed between practice change and residency program change, patient care outcomes and educational outcomes, skills of faculty and skills of learners. They overlap and together coalesce for participants around practical, local efforts to change our residency to produce a better product that people want and the country needs.

Assessments of learners will be integrated throughout the program. Collaborative efforts to define EPAs that are applicable to all primary care physicians will help to support and sustain learning communities. Thus, the intent of the PCFDI is to frame the work of faculty development in the context of EPAs and milestones as appropriate and integrate this framework into the sessions in a meaningful way.

To pilot-test this initiative, we will select 4 teams of residencies, each team having nine faculty (three faculty from each of the three disciplines of family medicine, internal medicine and pediatrics). Since the long term goal of the PCFDI is to create learning collaboratives and
communities of practice at the local/regional level, it is our intent to center the training for the pilot in one of the ten HRSA geographic regions [HRSA Region Map]. It is our hope that this program announcement encourages dialogue among the primary care residency programs in a region that will foster applications from several teams of residencies.

Participating faculty will train together in a 3 day “Train-the-Trainer” meeting in the Spring of 2013 followed by a “Booster” meeting 9-10 months later. Following the initial meeting, a team of expert faculty will visit each team of residencies selected for this program to provide ongoing coaching and assist faculty in the application of new skills gained in the program. Educational webinars, which will offer the opportunity for training broader groups of faculty, residents and clinical staff are anticipated.

Participating faculty will acquire skills through a combination of instructional and experiential activities and are expected to apply these skills back in their respective residency continuity practices through the design and implementation of an educational innovation project. Faculty will receive ongoing updating and coaching to assist them with their innovation and the necessary refinement and application of skills learned during the yearlong program.

c. **Eligibility to Apply:**
All ACGME-accredited residency programs in family medicine, internal medicine and pediatrics are eligible to submit an application. The application must come from a **team of residency program leaders in the three primary care disciplines** who desire support for their faculty engaged in residency re-design and practice transformation. All programs on the team must have been awarded a cycle length of at least 3 years in their prior ACGME accreditation visit. No applications from a single residency will be accepted.

We are seeking residencies that have begun their journey toward a patient centered medical home and have programmatic leadership support for change. It is expected and in fact, desirable that the residency continuity practices in the 3 programs per team are in quite different places along their respective journeys. A **collegial relationship and programs located within reasonable commuting distance of one another is desired for the programs to work together in the most productive way.** The team of residencies does not need to have the same institutional sponsor. Including community-based residency programs is encouraged.

d. **Expected Support:**
There will be no out of pocket costs for the residency training programs to participate in this initiative. All travel, expenses and training materials will be provided for each faculty member to attend the initial 3 day training meeting in Spring 2013 and a “Booster” 2 day meeting 9-10 months later. Following the initial meeting, a team of expert faculty will visit each team of residencies selected for this program to provide ongoing coaching and assist faculty in the application of new skills gained in the program. Educational webinars, which will offer the opportunity for training broader groups of faculty, residents and clinical staff are anticipated.

While the faculty development program will cover direct costs of the program, participating residencies must commit to permitting full participation of three individuals for a total of 5 days
of direct face-to-face time plus interval opportunities to work on residency changes, periodic webinars, direct consultation with program faculty and evaluation activities.

3. APPLICATION REQUIREMENTS
Applications for the Primary Care Faculty Development Initiative must meet all of the requirements listed below. This is a two step application: Step 1 is a Letter of Intent that you intend to submit a full application and Step 2 is the full application.

STEP 1: Letter of Intent

Letters of Intent will serve as an indication of interest in the Primary Care Faculty Development Initiative and will provide important planning guidance for the PCFDI Steering Committee. Letters of Intent will NOT be used in the selection process.

Letters of Intent are due no later than Dec 14, 2012 and must be sent via e-mail to the contractor (Oregon Health & Science University at contact@pcfdi.org). Include “Letter of Intent for PCFDI” in your email subject line.

What Do I Need to Include in the Letter of Intent?
Include the following information combined into one document and attach to your email submission:

a) Statement that you intend to submit a full application and will participate in evaluation activities of the PCFDI. Include an attestation that you have notified the respective DIO’s for each of the three residencies of your intent to apply to the PCFDI. Institutional support is an important ingredient in this initiative.

b) Name of Contact Person, designated as the “Team Leader” for purposes of the application (a faculty member from one of the three disciplines of family medicine, pediatrics and internal medicine). The Team Leader should be the focal point for coordination and submission of the Letter of Intent and must assume responsibility for preparation of all materials.

c) Sponsoring Institution of Team Leader

d) Address, Email, Telephone, and FAX of Team Leader

e) Complete the following for EACH of the three residency programs on your team:
   a. Name and sponsoring institution

Step 2: Full Application

Please use Attachment A to describe the application. Proposals that do not include all of the information requested in the Attachment will be excluded from consideration.

a. Core Narrative: See Attachment A for instructions and an outline of the Core Narrative.

b. Letters of Support: Letters of support should be addressed to the PCFDI Selection Committee and must be signed. They should address the key opportunities and barriers to successful implementation of the proposed innovations as seen from the special vantage point
of the author. **Letters of support are required from the Residency Program Director or Department chair for each discipline, and the Designated Institutional Official (DIO). Each letter is not to exceed 2 pages.**

c. **Participation Requirements:** Each approved team of residency leaders from the three primary care disciplines must identify three faculty per program to attend the face-to-face training session (Spring 2013) and follow-up Booster training 9-10 months later. One of the three faculty from each residency program should hold an educational leadership role in the program (e.g. associate residency director, curriculum director) and it is desirable to include a faculty member in an ambulatory clinical leadership role from each residency. The three faculty participants from each residency program will be expected to apply lessons learned from the program to initiate and implement: 1) changes in ambulatory practices to move towards a PCMH; 2) strategies to educate faculty and residents in the skills needed to effectively practice in a PCMH; and 3) methods for assessing residents achievement of milestones.

d. **Reporting Requirements:** At the conclusion of the PCFDI, each team of residencies will submit a final project report regarding their educational innovations. A standardized annual report template will be used to collect this information. Faculty and programs must participate in the collection of all PCFDI evaluation measures and agree to share information on progress, including successes and missteps.

e. **Anticipated Pilot Period:** OHSU expects to approve four proposals, i.e. four teams of three residencies from the primary care disciplines.

f. **Early Termination:** If a residency program demonstrates unsatisfactory performance (e.g. failure to send faculty to training sessions, failure to comply with evaluation measures), the Team Leader will be notified. A corrective action plan must be submitted to the PCFDI Project Director by the date specified in the notification letter. The plan must address each deficiency identified. If corrective efforts are not fully successful within a stipulated period of time, participation in the program will be terminated.

g. **Research Opportunities:** This initiative is an educational and clinical performance improvement project. Evaluative activities meant to support ongoing improvement, as opposed to producing generalizable knowledge, are normally exempted from human subject research oversight requirements. However, we anticipate that the initiative may generate ideas and opportunities for publication of observational data as well as hypothesis-driven research. Evaluative studies intended for publication and any related research projects will be subject to IRB approval.

4. **REVIEW PROCESS**

a. **Review Committee:** An ad hoc, interprofessional expert panel of reviewers made up of members of the American Board of Family Medicine, the American Board of Internal Medicine, and the American Board of Pediatrics will assess applications. Reviewers will have demonstrated expertise and leadership in education, patient care and/or research.
b. **Review Criteria:** Procedures to assess the merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. The PCFDI has four (4) review criteria. All applications will be reviewed and scored using the following criteria and weights:

**Criterion 1: Collaborative Potential (20 points)**
- Evidence of current collaboration among the three disciplines.
- Strength of the proposed collaboration.

**Criterion 2: Clinical and Educational Environment (18 points: max=6 per residency)**
- Degree to which the individual residency programs are engaged in educational re-design.
- Degree to which the individual residency programs are engaged in practice transformation.

**Criterion 3: Transformation Potential (30 points: max=10 per residency)**
- Degree to which the proposed innovations have potential for achieving desired outcomes based on design and the impact of the innovations.
- Degree to which the proposed innovations involve input and support beyond the faculty level.

**Criterion 4: Sustainability (12 points: max=4 per residency)**
- Degree to which the proposed innovations are aligned with broader institutional efforts.
- Degree to which institutional environment contributes to the probability of successful implementation and maintenance.

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5. **APPLICATION INSTRUCTIONS**

Full proposals are **due no later than January 8, 2013** and must be sent via e-mail to the contractor (Oregon Health & Science University at contact@pcfdi.org). Include “Application for PCFDI” in your email subject line.

(1) **Preparation of Applications.** The Team Leader should be the focal point for coordination and submission of the application and must assume responsibility for preparation of the application materials.

(2) **General:**
   a. **File formats.** Word, Excel, PDF or TIF files formats may be used. Letters must include a signature (i.e., a scanned copy of an original, signed document; electronic signatures are allowed).
b. **Font and margin sizes.** Font size must be 12-point for narrative portions. Margins must be at least one inch all around (excluding headers and footers).

c. **Email Submission.** All portions of the application will be attached as files to the email submission.
   - **Attachment A: Core Narrative (Limit 10 pages)**
     Attach Word document to email.
   - **Letters of Support (Limit 2 pages each)**
     Combine all letters into a single PDF document and attach to email.

6. **SCHEDULE:**
   - Nov 14, 2012  
     Request for Application Announcement to eligible residency programs
   - Dec 14, 2012  
     Letters of Intent due
   - Jan 8, 2013  
     Full Proposals due
   - Jan 22, 2013  
     Review of applications completed
   - Feb 1, 2013  
     Applicants notified about the approval or disapproval of proposals
   - Spring, 2013  
     Initial PCFDI training

7. **CONTACT PERSON**
   Applicants may obtain additional information related to this program announcement by contacting:
   Patrice Eiff, MD
   PCFDI Project Director
   voicemail 503-494-6610
   or
   Rose Pergament
   PCFDI Project Coordinator
   voicemail 503-494-7821
   Oregon Health & Science University
   3181 SW Sam Jackson Park Road
   Portland, OR  97239
   email  contact@pcfdi.org

   **Technical Assistance:**
   There will be a technical assistance webinar for this program announcement to be held on November 27, 2012  2:00pm Eastern Time. The link for the webinar is **https://hrsa.connectsolutions.com/pcfdi_nov15_ta/**. To join the audio portion of the event, please call 1-866-916-7016 and enter passcode 7598240. When you connect to the Webinar, sign in as a “Guest” using your first and last name.
Attachment A: Core Narrative for Full Proposal

Attach a single Word document containing the Core Narrative (limit 10 pages). Combine the information from each individual residency program into a single document with each program clearly identified.

Place the following at the top of your Narrative:
(1) Name of Contact Person, designated as the “Team Leader” for purposes of the application (a faculty member from one of the three disciplines). The Team Leader should be the focal point for coordination and submission of the application and must assume responsibility for preparation of all materials.
(2) Institution of Team Leader
(3) Address, Email, Telephone, and FAX of Team Leader

**Complete the following on behalf of all three residency programs on your team (one page):**
(1) Collaboration
   a. Describe any collaboration already occurring among the 3 programs included on your team (e.g. evidence of shared primary care resources, collaborative training elements).
   b. Describe new collaborations you plan to forge as a result of participation in the PCFDI.

**Individual Residency Program Information:**
**Complete the following for EACH of the three residency programs on your team (3 pages for each program for total of 9 pages):**
(1) Name and sponsoring institution of the residency program
(2) Names and positions of the 3 faculty from the residency program who will participate in the PCFDI.
(3) Clinical and Educational Environment
   a. Describe training that you are already doing to prepare residents for practice in patient centered medical homes.
   b. Describe practice changes that you are already engaged in to move towards a PCMH model in your residency continuity practice.
(4) Transformation Plans
   a. Describe the aspects of your program you intend to change as part of the educational innovation project put forth by your faculty participating in the PCFDI. Explain how your ideas connect to the PCMH model of practice and what changes will need to occur in the practice to bring the educational innovation to fruition.
   b. Explain what input and support beyond the faculty level you have received from residents, clinical staff or patients to guide and influence your innovation.
(5) Sustainability
   a. Describe how the current educational and clinical practice environments contribute to the probability of successful implementation and maintenance.
   b. Describe how the innovation aligns with institutional efforts to improve the delivery of care or quality of patient care.
(6) Participation in Evaluation
   a. Include a statement of commitment that faculty and programs agree to participate in the collection of all PCFDI evaluation measures.