

**Request for Proposals for Funding Opportunity:
AmeriCares Chronic Disease Care Program (CDCP) and the Transforming Prediabetes Care Initiative**

2014-2016 – AmeriCares Transforming Prediabetes Care Initiative: A National Demonstration for Free and Charitable Clinics under the CDCP, being implemented in collaboration with the American Medical Association (AMA), is both a funding opportunity and an opportunity to participate in a multi-clinic evaluation and collaborative.

Summary

AmeriCares U.S. Medical Assistance Program is pleased to announce a funding opportunity for free and charitable clinics to participate in the Chronic Disease Care Program (CDCP) and the Transforming Prediabetes Care Initiative. AmeriCares will award **\$10,000 grants to seven free and charitable clinics** for this two-year grant initiative. The Transforming Prediabetes Care Initiative at AmeriCares is being implemented with the support of the American Medical Association (AMA). This activity is aligned with the AMA’s strategic focus on [improving health outcomes](#), which aims to reduce the incidence of prediabetes in U.S. patients.

Initiative Goals: Build capacity in free and charitable clinics; increase the identification of prediabetes among clinic patients; improve health-related outcomes for patients with prediabetes through the implementation of an evidence-based lifestyle intervention; improve quality of care; enhance prevention efforts.	
Key Intervention: Implementation of the CDC’s National Diabetes Prevention Program (DPP) shown to delay or prevent the onset of type 2 diabetes through weight loss, increased physical activity and adoption of healthy lifestyle changes.	
Additional Resources & Support	<ul style="list-style-type: none"> - Clinics will be awarded \$10,000 over the course of 2 years (\$5,000 a year) - Clinics will receive a tablet to support data collection & reporting efforts - Clinics will receive incentives to utilize for patient engagement and participation in the lifestyle intervention classes (a limited number/ value will be provided) - Clinics will be reimbursed for travel and registration expenses related to training
Initiative Collaborators	<ul style="list-style-type: none"> - American Medical Association, Improving Health Outcomes - University of Illinois at Chicago (UIC) – overseeing the research & evaluation of the CDCP
KEY DATES	
RFP Posted	August 4, 2014
Application Deadline	September 22, 2014
Notification Date	September 30, 2014
Grant Period Start Date	October 1, 2014
Grant Period End Date	December, 2016
Link to Application	Application & Implementation Proposal (online submission)

Initiative Description & Guidelines

Prediabetes is a preventable health condition that increases the risk of developing type 2 diabetes, heart disease and stroke. Estimates show that 79 million people in the United States have prediabetes, but less than ten percent are aware of their condition. The overall goal of the CDCP is to build the readiness of free and charitable clinics to address prediabetes through prevention, adoption of technology and implementation of evidence-based interventions.

Eligibility Criteria & Requirements for Free and Charitable Clinics

1. Currently have a 501 (c)(3) or operate as a program component or affiliate of a 501(c)(3) organization
2. Provide essential services to patients regardless of their ability to pay
3. Provide at least 20 hours or more of medical care a week
4. Engagement in the initiative for the duration of the 2-year grant period, including regular data reporting
5. Electronic medical record (EMR) to allow for reporting
6. Report de-identified data to AmeriCares for the purposes of research, evaluation and dissemination to the larger free and charitable clinic sector *(see Appendix C)*
7. Clinics must obtain informed patient consent for evaluation purposes and for patient participation in the Transforming Prediabetes Care Initiative (forms will be provided)
8. Ability and willingness to utilize a patient registry to identify, track and manage prediabetic patients (training will be provided)
9. Agreement to train clinical staff and have clinical staff involvement in the adoption of practice guidelines and use of patient registries
10. Leadership engagement around the clinic’s participation in the initiative; leadership must sign a letter of agreement with AmeriCares *(see Appendix D)*
11. Participate in initiative related activities, including webinars, trainings, onsite visits and ongoing technical assistance specific to project implementation, data collection and reporting requirements as well as participate in public relations activities
12. Organize and deliver the type 2 diabetes prevention lifestyle intervention classes through the clinic to prediabetic patients; a minimum of 60 patients must be enrolled in the Lifestyle Intervention over the course of the grant period (for the purposes of research, participation will be limited to English speaking patients)
13. Complete and submit a detailed [Application and Implementation Proposal](#)

Application and Proposal Submission Instructions

Free and charitable clinics applying for this initiative should detail in the Application/ Program Implementation Proposal how they will use existing resources and staff in addition to community partnerships to ensure successful implementation of the Transforming Prediabetes Care Initiative.

Please follow the steps below to complete and submit your proposal for consideration.

1. Complete the CDC’s Capacity Assessment to determine if the DPP is appropriate for your clinic	- Click here to download
2. Review additional relevant materials and resources to support your proposal submission	- See enclosed Appendices - Visit Safety Net Center to access additional resources & info
3. Complete & submit the CDCP Application and Implementation Proposal by September 22, 2014	- Application & Implementation Proposal proposals will be submitted electronically
4. Required documents to upload to application or submit via email (using the address below)	- Organization budget, proof of 501(c)(3) status, signed Letter of Agreement

Organizational Background

AmeriCares is a nonprofit global health and disaster relief organization that delivers medicines, medical supplies and aid to people in need around the world and across the United States. Since it was established in 1982, AmeriCares has distributed more than \$11 billion in humanitarian aid to 164 countries. AmeriCares U.S. Medical Assistance Program provides donated medicines, vaccines and medical supplies, as well as other capacity building support, to more than 650 free clinics, community health centers and other safety net organizations serving the uninsured and underinsured. With generous support from the General Electric (GE) Foundation, AmeriCares launches its free clinic Chronic Disease Care Program to build the readiness of free and charitable clinics to address chronic disease through prevention, adoption of technology and implementation of evidence-based interventions.

AmeriCares Contact Information

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Appendix A: Initiative Highlights & Benefits to Participation

1. The Transforming Prediabetes Care Initiative: A National Demonstration Program for Free and Charitable Clinics is designed to advance and elevate the work of free clinics throughout country and showcase what free and charitable clinics can do as a group, with a focus on prediabetes and prevention.
2. AmeriCares will award \$10,000 to each clinic for their participation in this 2-year initiative, as well as a tablet to support data collection & reporting, travel and training related expenses, and incentives to offer to patients recruited for the DPP Lifestyle Intervention.
3. Capacity-building opportunity focused on prevention for free and charitable clinics.
4. Provides an opportunity for clinics to participate in national research study; the interventions will be standardized among participating clinics, and the data and results will be aggregated.
5. Findings from the evaluation of the Prediabetes Initiative, being conducted by the University of Illinois at Chicago, will be targeted for publication in peer reviewed journal articles and disseminated to the entire free and charitable clinic sector.
6. Participation in this initiative provides free and charitable clinics a chance to highlight their contribution to a national demonstration in local, state and national advocacy efforts.
7. Participating clinics will receive formal training on the Centers for Disease Control and Prevention's (CDC) National Diabetes Prevention Program; clinics will have the ability to apply for national recognition through the CDC for their efforts. AmeriCares will provide support to clinics around submitting data to the CDC to be considered for recognition.
8. AmeriCares will monitor and support the ongoing implementation of the program. This includes ongoing technical assistance, monthly calls, webinars, etc. that will be provided by a trained healthcare coach; onsite visits and trainings will also be included. Clinics will also receive support/ guidance on recruitment and retention strategies related to patient enrollment in the DPP Lifestyle Intervention classes.
9. AmeriCares will foster and cultivate a learning community among the participating free clinics. We will provide regular opportunities to share lessons learned and best practices, participate in trainings and webinars, building a strong network of support and collaboration among participating clinics.
10. AmeriCares and the University of Illinois at Chicago will provide training on data collection, reporting and Institutional Review Board (IRB) procedures. Data monitoring and reporting throughout participation in the program will improve clinic capacity to report on clinic- and patient-level outcomes in the future.
11. Skills and strategies used to enhance services around prediabetes care (including implementing elements of the chronic care model, such as patient registries, motivational interviewing, patient self-management support, etc.) are transferrable to other areas of chronic disease management. Participation in this initiative will result in enhanced capacity and also position clinics to meet some of the key standards of the patient-centered medical home model.
12. A clinic assessment will be completed at the start and end of initiative to determine how elements related to the transformation of patient care were impacted by participation in the initiative.

Appendix B: Staff Roles and Qualifications

Overview & Role of the Prediabetes Care Manager(s)/ Lifestyle Coach(es)

Clinics chosen to participate in the AmeriCares Transforming Prediabetes Care Initiative under the Chronic Disease Care Program (CDCP) will be required to assign designated staff to oversee the implementation of the initiative at the clinic, including participating in required training, data collection and reporting and acting as the liaison between AmeriCares and clinic staff.

The role of the Care Manager(s)/ Lifestyle Coach(es) as it pertains to leading the CDC's National Diabetes Prevention Program (DPP) is to coordinate and guide patients through the 16 session/ 6 post-core session intervention, facilitate group discussions, reinforce learning for participants, provide information and support to participants, maintain high expectations and offer praise, and ensure accountability. The Care Manager(s)/ Lifestyle Coach(es) guides people through the process of change and is instrumental to the success of the initiative.

Note – many of the elements included in this document are highlights from the CDC's Staff Eligibility, Skills and Roles and Sample Job Descriptions that is included in their Diabetes Prevention Recognition Program (DPRP) standards. A full listing of the CDC's criteria can be found in Appendix C in the DPRP Standards and Operating Procedures manual: http://www.cdc.gov/diabetes/prevention/pdf/dprp_standards_09-02-2011.pdf.

Required Training (coordinated by AmeriCares):

- 2-day, in-person training on the CDC's DPP curriculum (location of the training TBD; travel accommodations will be provided by AmeriCares)
- Webinar training and certification on the Institutional Review Board (IRB) process and human subjects research standards from the University of Illinois at Chicago
- Webinar training on the data collection and reporting processes related to the initiative, including the use of REDCap (online reporting database) and the administration of patient surveys
- Coordinate and participate in other trainings as they relate to the initiative over the course of the two-year grant period, including engaging additional clinic staff and providers in participation

Care Manager(s)/ Lifestyle Coach(es) Related Tasks:

Though the Care Manager(s)/ Lifestyle Coach(es) will be responsible for carrying out the tasks below, AmeriCares recommends the use of additional staff and volunteers to assist with these tasks.

- Participation in webinars, ongoing technical assistance, onsite visits and best practice sharing opportunities offered by AmeriCares and initiative partners (e.g., the American Medical Association, University of Illinois at Chicago).
- Recruiting, screening and registering eligible participants into the lifestyle program – includes utilizing motivational interviewing techniques and conducting readiness assessments with eligible participants; a minimum of 60 participants must be enrolled over the course of the two-year grant period (this will require more than one group to be facilitated as the average group ranges between 10-20 participants).

- Collecting active patient consent for enrollment into the program and for the purposes of evaluation. If additional staff members are involved in this part of the process, they must complete IRB training.
- Administering patient-completion questionnaires for the purposes of data collection and complying with all applicable laws and regulations, including those governing HIPAA, privacy and data security.
- Scheduling the DPP group classes, organizing program materials and delivering the program with adherence to the CDC-approved curriculum. Note, only staff trained in the DPP curriculum should deliver the lifestyle change classes.
- Preparing before each lifestyle intervention class, i.e., reviewing food logs, lesson plans, content for class, reminder calls to participants.
- Facilitating groups to optimize social interaction, shared learning and group cohesion; supporting and encouraging goal setting on weekly basis.
- Coordinating the use of volunteers to assist in organizing and delivering the DPP classes.
- Ensuring there is a plan in place for class coverage if the Care Manager(s)/ Lifestyle Coach(es) is unable to facilitate a class.
- Following up with participants outside of class if they are unable to attend; offering in-person makeup session opportunities.
- Recording session data for each participant – including attendance, body weight, total weekly minutes of physical activity, etc.
- Data collection and regular reporting into REDCap – elements of the data will have to be collected and reported at regular intervals, e.g., baseline, each session, quarterly, yearly (*see Appendix C for more information*).
- Developing and maintaining registry of prediabetic patients for the clinic; ensuring that relevant clinical information is updated in registry and shared with additional clinical staff involved in the care of that patient (with support and training).

Suggested Qualifications:

- Meet eligibility criteria, including skills, knowledge and qualities of Lifestyle Coaches provided by the CDC http://www.cdc.gov/diabetes/prevention/pdf/dprp_standards_09-02-2011.pdf
- Medical credentials (RD, RN, NP, PA) are preferred but not required
- Exceptional attention to detail for data collection and reporting purposes
- Strong interpersonal and communication skills – ability to guide behavior change in others, communicate empathy for participants, build strong relationships with individuals and build community within a group
- Knowledge of basic health, nutrition and fitness principles
- Knowledge of principles of behavior change and motivational interviewing techniques are preferred

Appendix C: Prediabetes Initiative Study Design **Patient Eligibility, Data Collection & Reporting Requirements**

Study Design Overview

- Nonrandomized prospective one-group study to test the efficacy of CDC's Diabetes Prevention Program in Free and Charitable Clinic settings
- Three primary outcomes for patients who enroll in the intervention: participation levels, weight loss, and physical activity
- Secondary outcomes for patients who enroll in the intervention: biomarkers, quality of life
- "Success" is aligned with CDC participation levels (9+ sessions on average) and their established standards for total weight loss (7%) and weekly physical activity (150 min)

Patient Eligibility for Participation in the DPP Lifestyle Intervention Classes

- Participation will be limited to English speaking participants
- Patients age 18 years or older with last recorded body mass index (BMI) ≥ 24 kg/m² (≥ 22 kg/m², if Asian); AND
- Fasting plasma glucose of 100 to 125 mg/dl; OR
- Plasma glucose measured 2 hours after a 75 gm glucose load of 140 to 199 mg/dl; OR
- A1C of 5.7 to 6.4; OR
- Clinically diagnosed with gestational diabetes mellitus (GDM) during a previous pregnancy; OR
- Positive score on the Prediabetes paper screening test
(note – only 50% of participants may be eligible for participation without a blood-based diagnostic test)

Data Collection & Reporting Requirements

- All patients who enroll in the study will be followed for 12 months, regardless of completion of the DPP program; clinics will be required to collect active patient consent for participation
- Baseline measures for all eligible patients screened for the study: patient demographics, health literacy, visit history, readiness, height, weight, physical activity screening, minutes of physical activity, biomarkers (A1c, blood pressure, LDL), medication use, smoking status, quality of life, reason for participating/not participating
- Follow-up measures for patients enrolled in study:
 - Every DPP session: attendance, weight, completion of food logs, minutes of physical activity
 - Monthly: waist circumference
 - At 6 months: weight, waist circumference, physical activity screening, minutes of physical activity, biomarkers, readiness
 - At 12 months: weight, waist circumference, physical activity screening, minutes of physical activity, biomarkers, readiness, quality of life
- Data will be entered into REDCap, the customized online database developed specifically for this initiative; REDCap will be installed on tablet that will be provided to clinics for data collection and reporting

Appendix D: Letter of Agreement

Chronic Disease Care Program (CDCP) and the Transforming Prediabetes Care Initiative for Free and Charitable Clinics *Letter of Agreement*

This Agreement will serve to document the agreement between AmeriCares Foundation, Inc. (“AmeriCares”) and **Clinic Name** (“Affiliate”) regarding the Chronic Disease Care Program and the Transforming Prediabetes Care Initiative (“CDCP”). Below are specific terms and conditions of participation in the CDCP, which must be agreed to by the CEO/ executive director of participating clinics. Failure to adhere to these Terms of Agreement will result in the termination of this Agreement.

Terms of Agreement

1. Affiliate agrees to assign a staff member to manage the CDCP at their clinic and to complete required reporting. Affiliate will notify AmeriCares if the staff person designated to manage the CDCP at the clinic changes and will provide AmeriCares with the name, title, e-mail address and telephone number of a new staff person.
2. Affiliate agrees to engage with AmeriCares for the duration of the grant period (through 2016) and to allow staff adequate time to participate in trainings (on and off-site), webinars, and other regular technical assistance activities. Affiliate agrees to inform AmeriCares immediately if it becomes unable or unwilling to participate in the CDCP.
3. Affiliate agrees to use stipends, grants, and/ or other incentives (e.g., tablets/ iPads) provided by AmeriCares throughout the duration of the grant period only for clinic operations related to the CDCP. Tools such as tablets/ iPads must be used for data collection and reporting related to the CDCP and will not be replaced by AmeriCares if lost or damaged.
4. Affiliate will be responsible for collecting informed patient consent for the purposes of evaluation and research on the CDCP. Affiliate agrees to participate in activities related to the evaluation of the CDCP in collaboration with AmeriCares and the University of Illinois at Chicago, including but not limited to training and certification on human subjects research standards.
5. Affiliate agrees to allow AmeriCares to publicize their participation in the CDCP through both traditional and social media channels. Affiliate agrees to collaborate with AmeriCares and the GE Foundation on public relations activities, including photo and video shoots and media interviews. Affiliate will provide all waivers and releases for patient stories and photos/videos.
6. Affiliate agrees to submit a baseline report and reports at regular intervals to AmeriCares. Affiliate will also share at least one patient story per year. Affiliate agrees to inform AmeriCares immediately if it becomes unable or unwilling to participate in the CDCP and complete the reporting requirements.
7. Affiliate acknowledges that though AmeriCares will make every effort to obtain products, supplies and patient incentives to support affiliate efforts, AmeriCares is not obligated to provide donated products on an ongoing basis and Affiliate has a plan in place if AmeriCares does not provide the product donations anticipated.

- 8. Affiliate will defend, indemnify and hold AmeriCares harmless from and against any and all claims or demands of action brought by third parties and/or any governmental authority, arising out of or in connection with the CDCP, the medical items donated by the AmeriCares and/or the medical services provided by Affiliate. Neither party will be liable to the other party for any punitive, special, incidental or consequential or other similar damages arising directly or indirectly out of the transactions contemplated by the CDCP.

- 9. By signing this document, I certify that I am authorized to commit my organization to uphold and abide by the terms and conditions detailed above.

Clinic Representative Name
Clinic Representative Title

Leslie McGuire, Vice President
U.S. Partnerships and Programs

Date

Date