

STATE OF WYOMING  
DEPARTMENT OF HEALTH  
PUBLIC HEALTH DIVISION  
CHRONIC DISEASE PREVENTION PROGRAM  
6101 YELLOWSTONE ROAD, SUITE 510  
CHEYENNE, WY 82002

REQUEST FOR APPLICATION  
NO. CDPP006

## **Healthcare Systems Prediabetes Assessment and Referral Grant**

OPENING DATE  
January 2, 2019

APPLICATION SUBMISSION CLOSING DATE  
February 1, 2019  
11:59 PM (MST)

DEPARTMENT OF HEALTH REPRESENTATIVE: AUDRIANNA MARZETTE  
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## FUNDING OPPORTUNITY OVERVIEW

### 1. DESCRIPTION:

The Wyoming Department of Health (WDH) Chronic Disease Prevention Program (CDPP) is accepting applications for a Healthcare Systems Prediabetes Assessment and Referral Grant designed to support Wyoming healthcare systems that provide direct patient care in the implementation of a sustainable policy or systems change within the organization to identify and refer eligible patients to Centers for Disease Control and Prevention (CDC) recognized Diabetes Prevention Programs (DPPs).<sup>1</sup> Organizations who are awarded the grant will be required to partner with one or more CDC-recognized DPP and develop an Electronic Health Record (EHR)-integrated system to identify patients with prediabetes or at risk for type 2 diabetes and refer those patients to the DPP.

### 2. RATIONALE:

The American Diabetes Association reported that 29.1 million Americans, or 9.3% of the population, have diabetes. Risk factors for diabetes include family history, obesity, sedentary lifestyle, and presence of health problems such as high blood pressure, high cholesterol, or history of gestational diabetes. Diabetes remains the seventh leading cause of death in the United States (U.S.)<sup>2</sup> and continues to be the leading cause of kidney failure, non-traumatic lower-extremity amputations, and blindness among adults aged 20-74 years.<sup>3</sup>

The CDC reports that 84 million Americans have prediabetes. Prediabetes is a serious health condition that affects one out of three adults in the U.S. Additionally, only one out of ten people who have it are aware that they do. A person with prediabetes has a blood glucose level higher than normal, but not high enough for a diagnosis of diabetes. As a result, he or she is at higher risk for developing type 2 diabetes, heart disease, and stroke. Without diagnosis and treatment, 15% to 30% of adults with prediabetes will develop type 2 diabetes within five years.<sup>4</sup>

Adults with prediabetes can benefit from lifestyle interventions such as the National DPP. Lifestyle changes often help to delay or prevent the onset of type 2 diabetes. Increasing physical activity and implementing a healthy diet can be very effective in achieving a healthy weight. A National Institutes of Health randomized-controlled trial showed that people with prediabetes who participated in a lifestyle change program and achieved 5-7% weight loss reduced their risk of developing type 2 diabetes by 58% (71% for people over 60 years old). Additionally, participants who completed a DPP were one third less likely to develop type 2 diabetes even ten years after completion of the program. These programs are offered both in person and online.<sup>1</sup> Additional information about the National DPP can be found on the CDC website at <https://www.cdc.gov/diabetes/prevention/index.html>.

Healthcare providers play a large role in their patient's healthcare. Providers can discuss risk status, order lab screening tests, and make recommendations for management of prediabetes, including referral to a DPP. By screening, testing, and referring eligible patients to DPPs, more at-risk adults in Wyoming will obtain accurate and timely diagnoses and proper management of their condition. Incorporating this activity into a policy or system within a healthcare organization – particularly

one embedded in their EHR can help maintain sustainability of screening, testing, and referral activities.

The Community Preventive Services Task Force (CPSTF) and the U.S. Preventive Services Task Force issued recommendations for clinicians, specifying screening and testing guidelines for adults aged 40 to 70 years who are overweight or obese, with additional risk factors which include physical inactivity, family history of diabetes, high-risk race/ethnicity (e.g., African American, Latino, Native American, Asian American, Pacific Islander), women who delivered a baby weighing 9 pounds or were diagnosed with gestational diabetes mellitus, hypertension, women with polycystic ovarian syndrome, and a history of cardiovascular disease. Additionally, recommendations suggested that all patients with laboratory results in the prediabetes range be referred to a DPP to reduce type 2 diabetes risk.

To screen patients for prediabetes, providers can have patients complete a prediabetes risk assessment and arrange for pre-visit lab testing before a planned care appointment. This will allow face-to-face engagement with the patient to discuss the results at the visit.<sup>5</sup> Providers can also retrospectively identify patients by running a query in their EHR. Henry Ford Health System found that using their EHR to create a patient registry of patients at risk for type 2 diabetes increased effectiveness to screen, test, and refer patients to CDC-recognized DPPs.<sup>6</sup> Utilizing the EHR to identify patients at risk for prediabetes allows for consistency across providers in a clinic and for program sustainability.

Use of automated Clinical Decision Support Systems (CDSS) can lead to improvements in patient care. A review by the CPSTF found that CDSS leads to significant improvements increasing the quality of care in screening, testing, and treating patients.<sup>7</sup> Advanced CDSS provide clinicians with important information that might otherwise have been unavailable or overlooked and delivers it in the form of alerts issued within EHR workflows. This can include reminders about a patient's clinical condition or relevant clinical data. CDSS can also deliver suggestions based on evidence-based best practices. CDSS can increase compliance with recommendations, guidelines, and protocols in medication prescription patients.<sup>8</sup>

The Prevent Diabetes Screen, Test, Act Today (STAT) website provides a toolkit with materials to help healthcare providers set up a prediabetes registry using their EHR. Patients with a BMI  $\geq 25$  kg/m<sup>2</sup> ( $\geq 23$  for Asians) and blood glucose or HbA1C levels in the prediabetes range qualify for an evidence-based DPP. Recognizing the potential for and benefit of using the EHR to screen and identify those at high risk of diabetes during office visits often leads to better patient outcomes, improved population health, and referrals.<sup>9</sup>

#### References:

1. 2018 Diabetes Prevention Recognition Program Standards and Operating Procedures <https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf> (page 4), Accessed on December 5, 2018.
2. CDC National Diabetes Prevention Program Website <https://www.cdc.gov/diabetes/prevention/index.html>. Accessed on December 13, 2017.
3. National Diabetes Fact Sheet, 2011 [https://www.cdc.gov/diabetes/pubs/pdf/ndfs\\_2011.pdf](https://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf) , Accessed December 4, 2018.

4. CDC Prediabetes: Could It Be You? Infographic <https://www.cdc.gov/diabetes/pubs/images/prediabetes-inforgraphic.jpg>. Accessed on December 4, 2018.
5. AMA Step Forward: Pre-Visit Planning <https://edhub.ama-assn.org/steps-forward/module/2702514>, Accessed December 9, 2018.
6. Henry Ford MaComb Hospital. AMA <https://www.ama-assn.org/press-center/press-releases/henry-ford-macomb-hospital-ama-partner-patient-registry>, Accessed December 5, 2018.
7. Implementing Clinical Decision Support Systems <https://www.cdc.gov/clinical-decision-support.htm>, Accessed December 12, 2018.
8. Computerized clinical decision support systems <http://www.countyhealthrankings.org>, Accessed December 12, 2018.
9. Why Screen for and Treat Prediabetes [www.niddk.nih.gov/why-screen-for-prediabetes](http://www.niddk.nih.gov/why-screen-for-prediabetes), Accessed December 11, 2018.

### 3. OBJECTIVE:

The objective of this grant is to increase the number of Wyoming adults at risk for diabetes who are screened and referred to CDC-recognized lifestyle change programs for type 2 diabetes prevention through a healthcare system's EHR.

### 4. ELIGIBLE APPLICANTS:

The CDPP is seeking applications from Wyoming organizations that are in good standing with the Wyoming Secretary of State and registered on SAM.gov. Healthcare organizations that provide direct patient care and use an EHR are eligible to submit an application. Eligible organizations may include but are not limited to: hospitals, primary care clinics, diabetes education centers, nursing homes, cardiac rehabilitation centers, urgent care clinics, and public health offices. Organizations must be located within 50 miles of an existing CDC-recognized DPP. To view the registry of CDC-recognized DPPs, please go to [https://nccd.cdc.gov/DDT\\_DPRP/Registry.aspx](https://nccd.cdc.gov/DDT_DPRP/Registry.aspx). Awardees will be held responsible for the performance of the contract. Awardees must report activities to the CDPP.

### 5. FUNDING AVAILABLE AND NUMBER OF AWARDS:

Total funding available for this RFA is forty-five thousand dollars (\$45,000.00). Funding will be awarded to two applicants with a maximum award amount of twenty-two thousand five hundred dollars (\$22,500.00) per award. Applicants are not guaranteed maximum amount of funding and prospective recipients are expected to submit a budget that is appropriate for the project plan and scope.

### 6. RFA APPLICATION DETAILS:

Applications will be accepted through February 1, 2019 at 11:59 PM Mountain Standard Time. Only completed applications will be accepted. Requests for deadline extensions will not be considered.

### QUESTIONS:

Applicants will be allowed the opportunity to email questions regarding this funding opportunity through January 25, 2019. All questions should be submitted to Audrianna Marzette, Chronic Disease Prevention Specialist, at [audrianna.marzette@wyo.gov](mailto:audrianna.marzette@wyo.gov). Answers to all questions will be posted publically on the CDPP website. Please include “RFA: Question” in the email subject line.

### OPTIONAL APPLICANTS CALL:

Applicants will have the option to participate in an optional applicants call. The call will take place on January 9, 2019 from 10:00 AM to 11:00 AM. Register in advance for this meeting at: <https://zoom.us/meeting/register/dae3aeccb012ad687510d14dfea9e911>. After registering, you will receive a confirmation email containing information about joining the call.

### SUBMITTING COMPLETED APPLICATION:

Applicants should submit a completed application via email to Audrianna Marzette, Chronic Disease Prevention Specialist, at [audrianna.marzette@wyo.gov](mailto:audrianna.marzette@wyo.gov). Please submit a single PDF document and include “RFA: Application Submission” in the email subject line. Applications must be submitted by February 1, 2019 at 11:59 PM Mountain Standard Time.

Following submission, applicants will receive a confirmation email verifying receipt of the application within two business days.

### NOTIFICATION OF AWARD OR NONAWARD:

Applicants will receive written notice by February 22, 2019, as to whether the application has been approved to be funded wholly, in part, or not funded. Selected applicants will begin the contract process with the CDPP. All funded activities must be completed within the term of the contract.

#### 7. TERM OF CONTRACT:

The anticipated contract term for the Diabetes Prevention Grant is April 1, 2019 through March 31, 2020. **Awardees will be required to expend grant funds by June 29, 2019.** There will be no opportunity for renewal of funding.

#### 8. NON-APPROVED USE OF FUNDS:

The CDPP will not be able to fund programs that are not part of a strategic plan that addresses the objective of this grant. Below is a list of examples of activities and other items that are not allowable under the grant. This list is not all inclusive and all programmatic activities must be approved by the CDPP.

- 8.1 One time activities or event that are not considered evidence based, such as assemblies, speakers, “fun runs,” etc. Additionally, community gardens, farmers markets, greenways, or other similar developments cannot be funded.
- 8.2 Programs funded through other sources; supplanting funds.
- 8.3 Direct service to clients/constituents, e.g., medical nutrition therapy sessions with a dietitian.
- 8.4 Provision of professional development by unqualified individuals or use of programs that do not have a strong evidence base e.g., promoting a specific dietary supplement or for-profit exercise program. Programmatic activities must be approved by the grantor. Please see “resources” section below for examples of evidence-based programmatic activities.
- 8.5 Capital construction projects or purchase of building or other long-term funds.
- 8.6 Purchase of computers, other technological devices (e.g., iPad), or office equipment other than standard consumable supplies.
- 8.7 Payment of expenses for lobbying.
- 8.8 Food and beverages of any type for any meeting or event.
- 8.9 Gifts, prizes, or other compensations for trainees or participants.

9. RESOURCES:

The following web links provide some resources that may be helpful:

“CDC National Diabetes Prevention Program”

<https://www.cdc.gov/diabetes/prevention/index.html>

“Preventing Type 2 diabetes STAT Toolkit”

<https://preventdiabetesstat.org/>

“National DPP Referral Strategies”

<https://www.acpm.org/page/dppreferral>

“DoIHavePrediabetes.org Prediabetes Screening”

<https://doihaveprediabetes.org/>

“Centers for Disease Control and Prevention Diabetes Data and Statistics”

<https://www.cdc.gov/diabetes/data/>

10. TIME LINE:

<b>January 2, 2019</b>	RFA opens
<b>January 9, 2019</b>	Optional Applicants Call, 10:00 AM – 11:00 AM
<b>January 25, 2019</b>	Last day to submit questions
<b>February 1, 2019</b>	Applications due by 11:59 PM (MST)
<b>February 22, 2019</b>	Applicants notified in writing of acceptance/rejection
<b>April 1, 2019</b>	Estimated start of contract

11. RESERVED RIGHTS:

The CDPP reserves the right to:

- 11.1 Reject any or all applications received in response to this RFA;
- 11.2 Not make an award to any applicant who is not in good standing at the time a contract is awarded;
- 11.3 Withdraw the RFA at any time, at the agency's sole discretion;
- 11.4 Make an award under this RFA in whole or in part;
- 11.5 Negotiate with the successful applicant within the scope of the RFA in the best interests of the State;
- 11.6 Disqualify any applicant whose conduct and/or application fails to conform to the requirements of this RFA;
- 11.7 Seek clarifications and revisions of applications;
- 11.8 Use historic information obtained through site visits, business relationships, and the State's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA;
- 11.9 Amend the RFA to correct errors or oversights, or to supply additional information as it becomes available;
- 11.10 Change any of the scheduled dates;
- 11.11 Eliminate any mandatory, non-material specification that cannot be met by all of the prospective applicants;

11.12 Waive any requirement that is not material;

11.13 Conduct contract negotiations with the next responsible applicant, should the CDPP be unsuccessful in negotiating with the selected proposer;

11.14 Utilize any and all ideas submitted in the applications received;

11.15 Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an application and/or to determine an applicant's compliance with the requirements of the solicitation; and

11.16 Cancel or modify contracts due to the insufficiency of appropriations.

12. APPLICATION REVIEW PROCESS:

Applicants will be evaluated based upon the weighted evaluation factors described in Appendix A. A group of reviewers will be established to evaluate all completed applications and make recommendations based upon final scores. The CDPP may contact an applicant for clarification or questions related to the application.

## APPLICATION

### 1. GENERAL FORMAT REQUIREMENTS:

Applications must follow the general requirements when submitting to this RFA:

- 1.1. Application must be typed in Times New Roman, no smaller than 11 point font, with 1 inch margins on standard paper (8.5" x 11").
- 1.2. Applications must be organized by sections labeled below (in bold).
- 1.3. Applications must be submitted as a single PDF file and include all application requirements.

### 2. APPLICATION REQUIREMENTS:

2.1. **Cover Sheet.** Please include the following applicable information in your cover sheet: (1 page maximum)

- a. Name of Applicant Organization (as registered with the Wyoming Secretary of State)
- b. Tax ID
- c. DUNS Number
- d. Physical Address of Applicant Headquarters
- e. Mailing Address of Applicant Headquarters (if different)
- f. Name of Contact Person
- g. Title of Contact Person
- h. Phone of Contact Person
- i. Fax of Contact Person (if available)
- j. Email of Contact Person
- k. Name of Authorized Signatory Person
- l. Title of Authorized Signatory Person
- m. Email of Authorized Signatory Person

2.2. **Proof of SAM.gov registration.** Provide a copy or printout of SAM.gov registration. This is required for all entities receiving federal funds.

2.3. **Abstract.** Provide a summary of this application, which includes a description of: (1 page maximum)

- a. An overview of the healthcare organization.
- b. Organizational members involved in developing this application and implementation of the project.
- c. The EHR used by the healthcare system.
- d. The overall approach to the project, including desired short- and long-term outcomes of an EHR-integrated system to identify patients with prediabetes or at risk for type 2 diabetes at the organization.
- e. A brief explanation of your organization's plans for evaluation and monitoring.

- 2.4. **Organization Overview.** Provide a brief summary of the healthcare system applying for this funding opportunity. Describe medical services provided, general patient population demographics, medical staffing, etc. Applicants should include an estimate of the number of patients that may have prediabetes that will be impacted by the proposed policy or system change. (1 page maximum)
- 2.5. **Electronic Health Record.** Applicant should describe the EHR used by the healthcare system. How do medical staff currently use the EHR for disease prevention (screening and referring purposes)? Does the EHR incorporate Clinical Decision Support Systems (CDSS)? What is the Information Technology (IT) staff support for EHR within the healthcare system? (3 page limit)
- 2.6. **Approach.** In narrative form, discuss the overall strategy to accomplish the aims of the project. Provide information about how the healthcare system plans to utilize their EHR for patient screening and referral. What CDC-recognized DPP does the healthcare system plan to refer patients to? Discuss potential problems, alternative strategies, and benchmarks for success. You may supplement your narrative with tables, timelines, or other tools to outline project approach. Additional questions to consider when writing your approach include: (10 page limit)
- a. Clinical Provider Compliance. How do you plan to ensure clinicians adhere to guidelines regarding screening, testing, and referring patients with prediabetes? What continuing education will be given to clinicians?
  - b. EHR. What relevant patient information is collected and stored in the EHR? Do providers have access to lab results and other information needed to identify patients at risk for diabetes? Does the healthcare system plan to integrate with the Wyoming Frontier Information Exchange (WYFI) Health Information Exchange?
  - c. Clinical Decision Support Systems. Does the EHR allow for reminders that will alert the clinic team member that screening patient should be screened/tested for prediabetes?
  - d. Referrals. What process will you use to refer eligible patients to a CDC-recognized DPP? How will you complete the referral feedback loop – will you have a system in place to follow-up on patient referrals?
  - e. Sustainability. How do you plan to ensure sustainability of your proposed strategy?
- 2.7. **Timeline.** Include a timeline detailing key milestones for project implementation.
- 2.8. **Evaluation and Monitoring.** Describe ability to evaluate efforts and provide process and outcome data to the CDPP. Describe how you will evaluate screening, testing, and referral activities within your healthcare system. This section must include the methods, techniques, and tools used to: 1) monitor whether the EHR screening, testing, and referral system is being implemented as planned, as well as identify processes for corrective actions if necessary; 2) monitor and track impact on patient populations (e.g. number of patients screened, number of patients referred, etc.); 3) ensure program data is collected and reported in a timely and accurate manner; and 4) compile a final report summarizing the implementation and final outcomes of the overall program. (4 pages maximum)

2.9. **Budget Narrative.** Use the template provided to describe and justify your proposed expenses. Expand as needed.

Expense Category	Item Description	Justification	Estimated Cost for Term of Grant
Personnel Salaries			
Fringe Benefits			
Contractual Costs			
Consultant Costs			
Supplies			
Travel			
Other (specify)			
Administrative Costs (capped at 10% of total award)			
		<b>Total Cost:</b>	

- 2.10. **Letter of Support.** Attach a letter of support from the CDC-recognized DPP that your organization plans to refer to. This letter should detail how the organizations plan to collaborate to increase the number of patients screened, tested, referred to, and enrolled in the DPP.
- 2.11. **Certificate of Authorization.** Complete the certification of authorization found on the next page.

## CERTIFICATION OF AUTHORIZATION

By submission of an application, the proposer certifies:

The person signing this proposal certifies that he/she is authorized to represent the company and is legally responsible for the decision as to the supporting documentation provided as a result of this application.

Proposer will comply with all federal and state regulations, policies, guidelines and requirements.

I certify to the best of my knowledge that the information contained in this application is correct, and solely the work of this agency. If awarded funding under this grant, I certify that this project will be conducted in accordance with funding source requirements and the assurances provided within this application.

I have been authorized by the agency's governing body to submit this application.

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Agent

## APPENDIX A: Weighted Evaluation Factors

Component of Application	Points Available
Cover Sheet and Abstract	2
Organization Overview	13
Electronic Health Record	15
Approach	30
Timeline	5
Evaluation and Monitoring	15
Budget Narrative	5
Letter of Support	15
<b>Total Possible Points</b>	<b>100</b>