

2022 CRICO-Directed Grant Program Announcement: *Developing and Implementing Ambulatory Safety Nets for Breast, Colorectal, Lung and Prostate Cancers*

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CRICO-Directed Grant Program Purpose

On October 25, 2021, CRICO's Board of Directors approved \$9.8M in grant funding to support the implementation of Ambulatory Safety Nets in its member organizations.

CRICO will be collaborating with its membership to prioritize, implement, and sustain Ambulatory Safety Nets (ASN) for colorectal cancer, first, and then breast, lung, and prostate cancers. ASNs are a high reliability system for abnormal test result management. Implementation will commence in the first quarter of 2022.

CRICO member organizations that do not provide care for patients related to the diagnosis of colorectal, prostate, breast, or lung cancer may propose an alternative close-the-loop process appropriate for their patient population and MPL risk profile.

Important Dates

Applicants wishing to participate in implementation collaboratives beginning on January 3, 2022 must submit their proposal no later than December 1, 2021

Ambulatory Safety Nets Background

One of the four 2020–22 CRICO Strategic Goals involves full adoption across CRICO's member organizations of one to three key patient safety initiatives known to meaningfully enhance patient safety and reduce medical professional liability.

In 2020, CRICO convened an initiative selection committee to recommend focused patient safety initiatives for adoption. The committee reviewed initiatives that CRICO's membership has previously supported, initiatives that have demonstrated success in the literature, as well as other initiatives raised by member representatives for further consideration. By consensus, the group chose "Closing the Loop on Missed Diagnoses with High MPL Risk."

Our goal is for each CRICO member to implement and fully adopt an intervention that will reduce gaps in the timely diagnosis of breast, colorectal, prostate, or lung cancer attributed to missed opportunities to:

1. Appropriately screen asymptomatic patients
2. Work up patients with symptoms or complaints
3. Communicate results, consultation assessments, and follow-up care plans

The intervention being developed to prevent these diagnostic delays is the Ambulatory Safety Net (ASN) Program. Safety nets, which have demonstrated efficacy in reducing diagnostic delays, have been successfully implemented at two CRICO institutions, as well as at Kaiser Permanente.

Safety nets are a high reliability system for abnormal test result management and follow up that includes:

1. Registries and reports that identify patients who have abnormal test results that require follow up
2. A centralized team with EHR access to perform chart review, evaluate if the follow-up plan is consistent with current evidence, enter telephone encounters, send staff messages to appropriate clinicians, and schedule the additional tests/imaging required. These staff monitor the medical record to ensure follow up occurs.

A CRICO member working group decided that the first ASN to be designed would be for colorectal cancer prevention and diagnosis. This decision was based on our knowledge that: 1) there has been successful implementations of colorectal cancer ASNs at several CRICO institutions; 2) the intervention is clear; and 3) members demonstrate interest in implementing this as the first effort.

Opportunity

Recipients of grant funding will be required to participate in implementation collaboratives that are centralized at CRICO, and to use the tools that were created by a working group of providers and subject matter experts from the CRICO community. These tools: the Patient Safety Adoption Framework & Guidance and the Developing and Implementing a Colorectal Cancer Ambulatory Safety Net intervention guide will be utilized first for a colorectal cancer ASN and then ASNs for other cancers.

To achieve that objective, CRICO will accept proposals from its membership that commit to do all the following:

- Participate in implementation collaboratives
- Collect and submit measures identified in the intervention guides
- Participate in design working groups to design ambulatory safety nets for breast, lung, and prostate cancers
- Complete implementation readiness assessments
- Implement and sustain a colorectal cancer safety net
- Implement and sustain safety nets for breast, lung, and prostate cancers

The work plan for continued design, implementation of a colorectal cancer ASN, and then implementation of further cancer-related ASNs will follow the estimated plan below.

	2022				2023				2024				2025			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Design Intervention																
Lung																
Breast																
Prostate																
Implementation Collaboratives																
Colorectal																
Lung																
Breast																
Prostate																
General																

Design Working Groups

Design and implementation activities will require specialists from various clinical domains (e.g., urology, pulmonology, and gastroenterology) to assist in the development of inclusion and exclusion criteria, as well as the design and implementation of communication workflows.

Implementation Teams

The implementation team would consist of the core ASN team (medical director, project manager, patient navigator(s)) with the optional addition of a specialist in the same field as the ASN and/or an IT specialist. Even if specialists in the field of the ASN being implemented are not formally added to the implementation team, CRICO expects that they will be frequently consulted by the implementation team and will be invited to attend monthly calls.

When estimating required personnel to sustain ASNs, applicants should consult the business case appendix found within the intervention guide for colorectal cancer safety nets (pages 49-50). Note also that CRICO has estimated that a single academic medical center might expect to manage 200 patients annually in an ambulatory safety net for colorectal cancer that is geared specifically toward recall and interval colonoscopy.

Funding Categories

CRICO will support the following domains of funding for participating institutions:

1. Funding will support up to one-year equivalency for Implementation Team personnel for ***all four safety nets***, including medical director, project manager, and patient navigators.
2. Funding up to \$25,000 per implementation team will be available to support collaboration with specialists.
3. Funding up to \$100,000 per implementation team will be available to support collaboration with Information Technology staff to develop patient registries.

Grant Funding Amount Guidance

A proposal submission should not be considered a guarantee of an award amount.

Total awards will be based following criteria:

- Scope of safety nets (e.g., estimated number of patients expected in safety nets) – see the safety net scope section of the proposal template below
- Existing and needed personnel
- Existing and needed resources for information technology

Funding may be used to supplement but not supplant existing resources.

Funding will be distributed in scheduled installments and based upon completion of implementation milestones and participation in implementation collaboratives.

Grant Eligibility Requirements

This grant announcement is open to CRICO member organizations. CRICO will accept one proposal per institution and/or system. Please confer within your institution and/or system before submission.

- Atrius Health
- Beth Israel Lahey Health
- Children’s Medical Center Corporation
- Cambridge Health Alliance
- Dana-Farber Cancer Institute
- Judge Baker Children’s Center, Inc.
- Mass General Brigham
- Massachusetts Institute of Technology
- President & Fellows of Harvard College

Institutions that are either not within a system or are not included within their system’s proposal may submit a separate proposal. Proposals will require leadership level approval and documented support thereof (e.g., Letter of Support from CMO)

Additional Requirements

- CRICO will hold a centralized leadership role in all aspects of the implementation.
- Participation in an implementation collaborative is required –[click to see our implementation collaborative document](#) (PDF). Please note that the implementation collaborative is expected to meet monthly and be hosted and led by CRICO.
- Please see performance metrics described in the colorectal cancer implementation guide. Grantee will be required to submit summary performance metrics to the implementation collaborative.
- Completion of readiness assessments, as described in the implementation framework and guidance, will be required.
- Principal Investigators must agree to dedicate at least five percent annualized effort to approved projects during the grant cycle.
- All research is to be conducted at CRICO member organizations.
- As the CRICO/RMF Standard Grant Contract Template will be used for all successful project awards, applicants are encouraged to — before commencing with your proposal — review this document and ensure their institution will agree to these terms as CRICO/RMF will **not** accept any requested changes to the template.
- Formal Interim and Closing Reports will be required.
- Presentations at CRICO meetings may be required.

Grant Performance Period

The performance period for funded projects is up to four (4) years. Extensions to this performance period may be requested.

Budget Guidance

The budget must be on the CRICO provided spreadsheet and list all direct and indirect costs associated with the proposed project for the entire project period, including a breakdown of these costs and how the total requested award amount was determined. **Proposals that include modification to the budget template formulas will be declined and investigators will be asked to resubmit using an unmodified CRICO budget template.**

Please use appropriate budget categories as outlined below:

Personnel

Base salaries of personnel may not exceed the [NIH salary cap](#) in effect at the time of application.

Principal Investigators must agree to dedicate at least five percent annualized effort to approved projects during the grant cycle.

Please list the following for each person involved in the proposed project (include paid and unpaid staff).

- Name
- Degree(s)
- Role on project
- Annual % Effort
- Annual Base Salary
- Institutional Fringe Rate
- Total Salary requested
- Total Fringe requested

Travel

Travel by project staff must be directly related and beneficial to the project. Please detail expected costs per person, dates, location, the reason for the travel, and the research purpose as beneficial to the project.

Purchased Services

Please detail all vendor costs, service agreements, and any consultant wages paid (including names, rates and number of hours services will be performed on the proposed project).

Other Direct Costs / Resources

These non-personnel direct costs might include educational materials, teaching or office supplies, meeting necessities, etc.

Indirect Costs

CRICO/RMF has established an indirect cost rate of 15%. The total award will include both direct and indirect costs *combined*. Please note: Subcontractors may collect up to 15% of their total direct costs but subcontract costs may not qualify as an additional direct cost for the applicant/prime institution.

Budget Justification

Describe how the requested funds will be spent on each of the outlined budget categories. Describe the role, demonstrated expertise, and qualifications of all people involved in the grant, including effort levels to be contributed over the course of the project. Also provide a breakdown of how other cost items were determined as they pertain to the completion of specific aims and other project objectives.

Grant Budget Restrictions

CRICO/RMF grant funds may not be used to support the purchase of capital equipment, as defined by the [NIH](#). **CRICO/RMF grant funds may not be used to support software licensing costs.**

Submission Schedule

CRICO will publish the announcement on November 1, 2021. Thereafter, and throughout Q4 2021, CRICO will schedule conference calls with institutional leadership to review the opportunity, its parameters, guidance for applicants, and application methods. The opportunity will remain open at least through the end of 2022.

Applicants wishing to participate in implementation collaboratives beginning on January 3, 2022 must submit their proposals no later than **December 1, 2021**. CRICO will also accept proposals no later than **March 1, 2022** for members to join implementation collaboratives on April 1, 2022.

Application Submission Process

Completed applications (see ‘Application Checklist’ section below) must be submitted via our online grants management system: <https://www.grantinterface.com/Home/Logon?urlkey=crico>

Detailed instructions on how to register and begin the application process are found on the above-referenced site.

Application Checklist

Please note that proposals will be screened to ensure that there are no duplicates from the same system, hospital, or institution. Please confer within your institution and/or system before submission.

Please submit the following:

- Completed Proposal Template (see page 8; please do not alter the provided template)
- Detailed Budget -[visit this link](#) to the Excel spreadsheet, also found on the CRICO website (please do not alter the provided spreadsheet)
- Budget Justification (separate document)
- Letters of support must be submitted from the organization’s:
 - Chief Quality and Safety Officer or Chief Medical Officer
 - Primary Care Division or Department Chief
 - Population Health Division or Department Chief
 - Gastroenterology Division or Department Chief

If you have any questions regarding this announcement, please contact Jay Boulanger, Grants Director at jboulanger@rmf.harvard.edu or Jeff Timperi, Grants Manager, at jtimperi@rmf.harvard.edu . The grants team can also be reached by email at grants@rmf.harvard.edu

Application Proposal Template

Project Title

Start-End Date (not to exceed four (4) years; the anticipated start date is dependent on when the proposal is submitted; see Submission Schedule above)

Principal Investigator(s) [Name, title, email]

Individual to participate in Implementation Collaborative [Name, title, email]

Project Abstract [150-word maximum]

CRICO Resources: Please identify any CRICO resources (e.g., data, staff, facilities, etc.) that are necessary to successfully complete your project. For CRICO staff, please include an estimated, annual percentage of effort necessary.

Scope of Proposed Safety Net: Please list the institutions that will be covered by your safety net.

Scope Demographics:

- Intended clinical domain
- Number of hospitals intended to be covered
- Annual outpatient visit volume

Outpatient Visit Demographics:

- Size of primary care panels
- Size of screening population
- Testing volume

Proposed Staffing Model to Implement the ASN

Potential Project Obstacles, Likelihood, and Proposed Resolutions: Please identify anything that would severely impair the timeline, budget, or ability to achieve the projects goals. For each obstacle, please identify the likelihood of occurrence (high, medium, low) and the proposed resolution.

Sustainment Plan: Briefly describe the anticipated degree of sustainability without additional funding from CRICO.