Improving Health Care Workforce Wellness:
A Pilot to Reduce EMR Burden

Tuesday, August 15, 1:00-2:30 PM

Today's Agenda

► **Welcome Introduction**

► **Meeting Guidance/Housekeeping**

► **RFA Overview**

Meeting Guidance/Housekeeping

- Please remain on mute during presentation

- Add questions to the chat; or use "raise hand"

- Meeting is being recorded for internal use

- Following the meeting, an FAQ document will be posted to the District Grants Clearinghouse (see RFA p. 29), including

  – Questions and answers from this meeting

  – Questions submitted via email* (pcorfa@dc.gov) through August 30, 2023

  * Please note: Answers to questions submitted via e-mail will be added to the FAQ as they are received; questions will not be answered individually over phone or by email.

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General Information

- Eligible applicants:

  – Non-profit organizations

- Anticipated # of awards:

  – One (1)

- Anticipated amount of funding available:

  – $440,000

- Key dates:

  – Application submission deadline: Sept 6, 2023, 6:00pm

  – Anticipated award start date: Nov 1, 2023

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RFA Overview:

Improving Health Care Workforce Wellness: A Pilot to Reduce EMR Burden

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DC Health

Mission Statement

The District of Columbia Department of Health promotes health, wellness, and equity across the District, and protects the safety of residents, visitors, and those doing business in our nation's capital.

Strategic Priorities

❖ Promote a culture of health and wellness

❖ Address the social determinants of health

❖ Strengthen public-private partnerships

❖ Close the chasm between clinical medicine and public health

❖ Implement data driven and outcome-oriented approaches to program and policy development

Healthcare Workforce Burnout

- An urgent & significant U.S. public health challenge needing immediate attention

    - *U.S. Surgeon General*

- *The Great Resignation*: Workers across all sectors are increasingly reconsidering and reprioritizing the role of work in their lives.

- Burnout & related factors among primary drivers of healthcare workforce attrition

- Burnout impacts not only individual workers, but also patients, health care organizations, communities/society more broadly

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Organizational Drivers of Burnout

- "While addressing burnout may include individual-level support, *burnout is a distinct workplace phenomenon that primarily calls for a prioritization of systems-oriented, organizational-level solutions.*"
  - *U.S. Surgeon General*

- Organizational drivers/mitigators commonly correlated with burnout include:
  - Organizational culture, climate, and work environment (e.g., leadership, communication, collaboration)
  - Work system factors (e.g., workload, work schedules, work hours, work processes/environment, administrative/technical burden, pay)

- Administrative burden, particularly related to EMR/patient portal messaging, most often cited contributor to burnout by respondents to DC PCO Request for Stakeholder Input (Nov-Dec 2022)

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EMR Burden

- Commonly cited by clinicians as the most important stressor in their practice

- Research literature has shown associations between EMR-related burnout and
  - In-basket messages and EMR alert load
  - Time spent on EMR
  - EMR functionality and usability
  - Cognitive load
  - Organizational support
  - General use of EMRs
  - Documentation/clerical burden
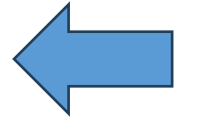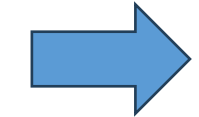
- Commonly cited issues among respondents to DC PCO Request for Stakeholder Input include
  - Difficulty working in/navigating EMR
  - Lack of comprehensive and/or ongoing training
  - Increased in-basket message volume
  - Time spent on EMR/in-basket outside of work

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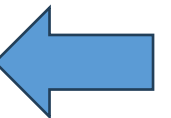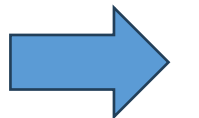
Purpose (p. 10)

- The purpose of this funding is to test and evaluate technology solutions to reduce Electronic Medical Records (EMR) documentation time, a key driver of primary care provider burnout.

- The funding, distributed by an administrative agent, will cover:

  - up-front cost to purchase technology; and

  - protected time for providers to train on and implement a technology solution.

Approach (p. 16)

- Grantee will serve as an administrative agent for the pilot; key functions are to:

  1. Advertise funding to wide variety of primary care providers, ranging from single practitioner and multi-provider practices to FQHCs and health systems.

  2. Review and confirm eligibility of organizations

  3. Distribute funds to at least eight (8) unique organizations

  4. Provide funding up to the allowable amount

  5. Ensure funds are used only for allowable activities

  6. Collect data from sites before and after implementation of technology solution

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Award Information (p. 10)

- Amount of funding available*:
  - $440,000 in locally appropriated funds is anticipated for the first budget period
- Performance and Funding Period*:
  - Budget Period 1: November 1, 2023 – September 30, 2024
  - Budget Period 2: October 1, 2024 – September 30, 2025
- Eligible applicants:
  - Non-profit, community-based organizations are eligible to apply for grant funds under this funding opportunity.
- Anticipated # of awards*:
  - One (1)

* The number of awards, budget periods, and award amounts are contingent upon the continued availability of funds, grantee performance and compliance, and strategic priorities of DC Health.

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Target Population (p. 16)

- Grantee shall provide sub awardee funds to
  - outpatient health sites,
  - that provide primary care to underserved populations,
  - as evidenced by ≥45% of site's primary care encounter volume allocated to DHCF beneficiaries (Medicaid, Alliance), sliding-fee, or uncompensated care.

Location of Services (p. 18)

- Grantee must be located within the District of Columbia.
- Funds must be delivered to sub-awardees in the following settings
  - Outpatient ambulatory health sites providing primary medical care
  - Outpatient clinical sites located in a Primary Care Health Professional Shortage Area (can be verified through HRSA Data Warehouse)

Program Strategies (p. 17)

- Applicants shall demonstrate how the proposed project plan will impact each of these areas and demonstrate their organizational capacity to do so.

  - Advertising program (co-branded with DC Health) to primary care providers in DC.

  - Managing eligibility of providers and disbursement of funds.

    - ❖ Sub-awarded funds must be delivered to at least eight (8) unique qualified organizations in the District.

  - Collecting data from sub-awardees and reporting to DC Health for 90% or more of primary care providers awarded funding.

    - ❖ Evaluation Area 1: Provider Burnout and Intent to Leave

    - ❖ Evaluation Area 2: Provider Documentation Time

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Evaluation Area 1: Provider Burnout & Intent to Leave (p. 17)

- Key Performance Indicators (Outcome)

  – Intent to Leave, measured before and after implementation of technology solution

    o Questions provided in RFA

  – Wellness Scale, measured before and after implementation of technology solution

    o Mini-Z 2.0; link provided in RFA

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Evaluation Area 2: Provider Documentation Time (p. 18)

- Key Performance Indicators (Process)

  - Provider-reported documentation time (7-day periods, preceding & after implementation) for:

    o Primary medical visits

    o Patient portal/telephone encounters/web messages

  - Data from EMR event logging* (30-day periods, preceding & after implementation) for:

    o Primary medical visits

    o Patient portal/telephone encounters/web messages

  - Number of primary care encounters/visits with the provider during the grant period

  - Number of primary care encounters/visits with the provider during the grant period from Medicaid, Alliance, sliding fee, and/or uncompensated care

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Pre-Application Requirements (p. 8)

- Applicants must be registered in the federal Systems for Award Management (SAM) and the DC Health Enterprise Grants Management System (EGMS).

- Complete EGMS registration **two weeks** prior to application deadline.

- Start constructing and uploading your application components into EGMS at least a week prior to the application deadline.

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Application Requirements (pp. 19-23)

- The complete application package should include the following:

❖ Proposal Components

- Project Abstract
- Project Narrative
  (10-page maximum)
- Work Plan
- Budget Table
- Budget Justification
- Organizational Chart
- Letters of Support (2)

❖ Eligibility Documents

- Certificate of Clean Hands
- Current Business License
- Current Certificate of Insurance
- Copy of Cyber Liability Policy
- IRS Tax-Exempt Determination Letter
- IRS 990 Form
- Current List of Board of Directors, on Letterhead, Signed and Dated by a Certified Official from the Board
- Assurances, Certifications, and Disclosures

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Indirect Costs (p. 30)

- Costs not readily identifiable with a particular project/activity, but required for operating the organization and conducting grant-related activities

  - (i.e., operation and maintenance of building and equipment, depreciation, administrative salaries, general telephone services and general travel and supplies).

- For locally-funded grants, DC Law 23-185* allows any grantee to

  - apply a federal Negotiated Indirect Cost Rate Agreement (NICRA) to grant funds/approved budget;

  - negotiate new percentage indirect cost rate with the District grantmaking agency;

  - use previously negotiated rate within the last two years from another District government agency; or

  - use an independent certified public accountant's calculated rate using OMB guidelines.

- *If grantee does not have an indirect rate from one of the four aforementioned approaches, the grantee may apply a de minimis indirect rate of 10% of total direct costs.*

* Nonprofit Fair Compensation Act of 2020 (D.C. Official Code sec. 2-222.01 et seq.)

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Office of Risk Management

- Grants Insurance Coverage Requirements

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Evaluation Criteria (pp. 24-25)

- Criterion 1: Administrative Experience (20 points)

- Criterion 2: Implementation (40 points)

- Criterion 3: Data Collection and Reporting (30 points)

- Criterion 4: Capacity (10 points)

Key Dates

- Notice of Funding Announcement Date: July 21, 2023

- Request for Application Release Date: August 4, 2023

- Pre-Application Meeting Date: August 15, 2023

- Last Day to Submit Questions: August 30, 2023

- Application Submission Deadline: September 6, 2023

- Anticipated Award Start Date: November 1, 2023

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