

FREQUENTLY ASKED QUESTIONS (FAQs)

Primary Care Training and Enhancement: Training Primary Care Champions

Funding Opportunity Number: HRSA-18-013

Eligible Entities

1. Is this opportunity only available to universities?

Answer: This opportunity is not only available to universities. Any eligible organization can come in as an applicant; however, the applicant organization must include or partner with the following organizations:

1. An academic medical school or physician assistant school; and
2. One or more community-based primary care sites. Applicants are encouraged to partner with National Health Service Corps-approved sites. Sites also can be health centers, rural health clinics, and Indian Health Service sites.

2. Is it a requirement that the school or university be the lead on the project?

Answer: No.

3. Can a Federally Qualified Health Center Look Alike (FQHC-LAL) with NHSC status, a teaching hospital, or a Teaching Health Center be the lead on the project?

Answer: Yes. Eligible applicants include accredited schools of allopathic or osteopathic medicine, academically affiliated physician assistant training programs, accredited public or nonprofit hospitals, or a public or nonprofit private entity that the Secretary has determined capable of carrying out such grants. All applicants must also meet the program requirements of partnering with an medical school or physician assistant school and one or more community-based primary care sites.

4. How will it be determined that a public or nonprofit private entity meets the Secretary's assessment of capability of carrying out such a grant? Is there a pre-submission vetting process?

Answer: There is no pre-submission vetting process. Public or nonprofit private entity applicants must demonstrate the capacity to meet the requirements and carry out the grant program in their application submission.

5. What is meant by an "academically affiliated" physician assistant program?

Answer: A program that has been accredited through the accrediting body for physician assistant programs. The program would also be part of-an accredited institution.

6. If a physician assistant program is provisionally accredited can they apply?

Answer: Yes, but must provide documentation of provisional accreditation from the accrediting body.

7. Are nurse practitioner programs eligible for this opportunity?

Answer: Nurse practitioner programs are not eligible to apply for this opportunity; however, beyond the minimum number of required physician and/or physician assistant fellows, applicants may choose to train additional primary care fellows in other health professions and/or recruit interprofessional fellowship teams including Nurse Practitioners.

Required Partnerships

8. What is a community-based primary care site?

Answer: A community-based primary care site must be located in the community it serves and not in a hospital or academic medical center. To show that your site is a community-based primary care site you must describe how the community-based primary care site is located in and engaged with the community, such as collaborations with local community leaders and organizations to improve health or membership of community members on the primary care organization's Board.

9. Does the school of medicine have to be associated with a physician assistant program?

Answer: No.

10. Would a family medicine clinic affiliated with a medical school be an eligible partnering site?

Answer: In the purpose and needs section of the narrative you must describe how the family medicine clinic is community-based, including the population served.

11. Would the ambulatory care practice of a teaching hospital serve as a partner?

Answer: A community-based primary care site must be located in the community it serves and not in a hospital or academic medical center. In the purpose and needs section of the narrative you must describe how the ambulatory care practice is community-based, including the population served.

12. Is the partnering site who pays the salary of the potential fellow doctor obligated to continue their contract during the period of this fellowship?

Answer: Fellows must continue to provide clinical services and conduct their health care transformation project at the primary care site through the course of the fellowship program. Understanding and commitment to these requirements should be delineated in a letter of agreement from each partnering primary care site. There are no requirements regarding how these partnership agreements are established.

13. How do you demonstrate partnerships? What constitutes proof of an existing partnership between the medical school and community partner?

Answer: A project organizational chart is requested in Section IV.2.v, **Attachment 3**. This chart should delineate the relationship, roles, and responsibilities of all partner organizations. Letters of agreement from required partners outside of the applying organization (e.g. medical or physician assistant school and community-based primary care sites) must be submitted in **Attachment 2**.

14. Basically this program is to train and provide skills to existing providers in a community-based clinic/health center around health care transformation. Is the academic institution the one providing this training?

Answer: The partnerships should be established to meet the needs of the community. The academic institution could provide training, mentorship, and/or evaluation support.

15. What about working across states? We work with several FQHCs across four states.

Answer: You can work across states.

16. What can the payment arrangements be?

Answer: There are no requirements about what payment arrangements look like. Applicants are encouraged to establish arrangements that meet the needs of all partners to achieve the program requirements.

17. Can nursing homes be used to qualify for the required community-based primary care site partner?

Answer: Yes. If first and foremost the nursing home setting is located in the community it serves and not in a hospital or academic medical center and provides primary care services as defined on page 6 of the NOFO. And secondly, if the nursing home employs the primary care physician or physician assistant providers and can therefore commit these individuals to the fellowship program, then the nursing home can qualify as the required community-based primary care site partner.

On the other hand, if the nursing home does not employ the physicians or PA providers, then the qualifying partner would need to be the primary care organization that employs these providers and can commit them to the fellowship program. In this case, the nursing home can be a partner and/or the applying entity if they have an appropriate letter of agreement, and the nursing home can be a site where the fellows provide primary care services and conduct their transformation projects.

Required Activities

18. Must the fellowship experience be uniform, or would it be acceptable to offer 2 tracks with 1 being a more intensive, requirement-heavy option?

Answer: There is no requirement for fellowships to be uniform. In the case of multiple tracks, the expectation is that for any 2 year period, there will be a minimum of 8 unique primary care physician or physician assistant fellow completers and over the 5 year project period, there will be a minimum of 20 unique primary care physician or physician assistant fellow completers. You must submit a training chart with the expected number of fellows to be recruited, trained, and projected to complete the program for each year of the grant period (NOFO Page 13). If you propose multiple fellowship tracks, these should be clearly delineated in the training chart. Note that these are the minimum number of fellows required and HRSA encourages you to maximize your training numbers within the allowable budget.

19. Please describe in greater detail what "health care transformation" means to HRSA. What expectation(s) does HRSA have for the outcomes of the health care transformation(s) that occur as a result of the supported activities?

Answer: Page 1 of NOFO lists characteristics and we match closely with the CMS State Innovation Models (SIM) awards program. Fellows' health care transformation projects are expected to include clear evaluation plans to determine the impact of these projects on improving health among the community served in the primary care site.

20. What trainees should the fellows be trained to teach in the primary care setting?

Answer: Likely trainees would be medical students and physician assistant students. However, there are no restrictions to the type of trainees to be taught by fellows.

21. Does the training need to be in the clinical facility? Or can it be provided at another setting? Does the training need to offer CME credits?

Answer: Training does not need to occur in the clinical facility and does not need to offer CME credits. Fellows must continue to provide clinical services

and conduct a health care transformation project in the community-based primary care site through the course of the fellowship.

22. Are there any requirements around the mentors needing to be from the academic or clinic site? Also, do mentors need to be a MD/DO or Physician Assistant or can they be from another profession with a specialization in a certain area?

Answer: Faculty and staff with the necessary knowledge, skills, and experience to implement the training and mentorship of primary care champion fellows can be mentors. The mentors can be from the academic or clinic site and need not be a MD/DO or Physician Assistant.

23. Can the fellows receive training via distance learning or by attending a seminar at the medical school?

Answer: The NOFO did not specify the methods of delivery of training in order to allow for flexibility in developing methods of delivery that will be effective in delivering content to learners. The strategies used for distance learning must be described.

24. Given that these are practicing physicians, is there an expectation about how much time the fellows would spend engaged in fellowship activities vs. providing care?

Answer: There is no program requirements regarding how much time the fellows must spend engaging in fellowship activities vs. providing care.

25. Is it plausible to consider the first year a planning year, followed by 2 cohorts of 8 fellows for 2 years?

Answer: We have not allowed for a planning year, so programs that are ready to start and those who reflect this in their work plan will be competitive. The project period start date is September 1, 2018. The fellowship program should start within the first few months after receiving the award.

Fellow Requirements

26. Are the fellowships available to physicians and physician assistants who are new to the profession?

Answer: No. The fellowship is only available to physicians and physician assistants who have been in practice for at least two years in community-based primary care sites.

27. Is this a pre-residency fellowship?

Answer: No. This is a post-residency fellowship. This program is focused on individuals who have experience in practice. The physician or PA must be in practice for at least 2 years by the start of the fellowship program.

28. Are residents eligible to participate as fellows?

Answer: No.

29. For a physician assistant program, do fellows need to be pursuing post-graduate education (i.e., they already have obtained their PA degree) or can fellows be students currently enrolled in a master's PA program?

Answer: Fellows will be PAs who have completed their PA training programs and been practicing in a community-based primary care site for at least two years.

30. Do physicians who hold J1 waivers qualify?

Answer: No. Physicians with J1 visas/waivers would not qualify. Page 9 of the NOFO states that every trainee receiving support must be a citizen of the United States or a foreign national having a visa permitting permanent residence in the United States.

31. Do the physicians who participate in the fellowship have to be members of the academic institution? The local partner? Or both?

Answer: Fellows must have a position in a community-based primary care site and can be members of both academic institution and local partner.

32. Can you clarify the statement "The minimum number of fellows per training period is four physicians or physician assistants for one-year programs and eight for two-year programs."

Answer: If you choose to run a 1-year training track, you are expected to enroll a minimum of four physicians or physician assistants fellows per year (or combination of PAs and MDs) and if you are running a 2-year track, you are expected to enroll a minimum cohort of eight physicians or physician assistant fellows over the course of two years.

33. If we partner with two community-based primary care sites, do we need four fellows from each or can we have four between the two sites?

Answer: The expectation is that if you are a 1-year program and if you partner with two community-based primary care sites, you do not need 4 fellows from each site but can have 4 between the two sites.

34. Can we combine MD and PA candidates for Champions training?

Answer: Yes, an applicant can combine MD and PA candidates for the Primary Care Champions training.

35. Are physicians and PAs the only team members that are eligible for funding support?

Answer: You must meet the required minimum training numbers for physicians and physician assistants. Beyond the minimum requirements you may train additional primary care fellows in other health professions and/or recruit interprofessional fellowship teams. Funding support is allowable for these other health professionals so long as you meet the minimum requirements and stay within the funding ceiling of \$400,000 per year.

36. Do we need to have a unique cohort starting every year or 2 years? Or just follow that one cohort throughout the life of the project?

Answer: The expectation is to have a unique cohort starting every year or 2 years, depending on the length of the fellowship program, and that the applicant must train a minimum of 20 unique trainees within the five-year project period. If you are doing a two-year program, you will have the flexibility to do a one-

year program during the 5th year or continue with the two-year program in the 5th year understanding that the funding ends in the 5th year.

Loan Repayment Programs

37. May the fellows participate in loan repayment programs other than the National Health Service Corps (NHSC), such as third-party non-HRSA programs? Is there any prohibition of this?

Answer: There is no prohibition against fellows participating in other loan repayment programs. These loan repayment programs would not be participating with HRSA to offer a preference in selection for being a loan repayment candidate. We encourage you to make sure any individual in loan repayment continues to meet their loan repayment requirements.

38. Does the State Federal Loan Repayment Program (SLRP) qualify for the coordination with the National Health Service Corps program?

Answer: No.

Budget

39. Are there fellowship stipend or salary guidelines (i.e., 0.2 or 0.5 FTE)? Can it go as high as 1.0 FTE if justified (excluding benefits)?

Answer: There are no fellowship time or stipend guidelines in the NOFO. Applicants should develop programs that meet the needs of their organizations/partners. Please keep in mind that a stipend is provided as a subsistence allowance for fellows to help defray living expenses during the training experience. Stipend is not provided as a condition of employment, i.e., is not compensation (salary) for services. Please see page 18 of the NOFO for details.

40. Regarding eligible expenses, may funds be used to support direct personnel costs (e.g., project director) over and above the trainee costs?

Answers: Generally, yes, you may request any other costs (e.g., Personnel, Travel, Supplies, Consultants, Other, etc.) that are justified and support the

fellowship program as long as they are necessary and reasonable to grant objectives. Please see page 18 of the NOFO for details

41. Can the funding provided support the project that each trainee is expected to complete during the fellowship?

Answer: Yes, funding can be used to support the project that each trainee is expected to complete during the fellowship.

42. In our university, our providers are not released to do additional learning, such as MBA or training in Health Care Administration. Do we have to pay them?

Answer: No, you do not have to provide a stipend to fellows if you can achieve the program goals and requirements without a stipend.

Funding Preference

43. As a community based Family Medicine residency program, can we use our completers' statistics as documentation to calculate the request for funding preference?

Answer: No, you will need the data on graduates of the partnering medical school or PA training programs to apply for funding preference.

44. Over the past three or four grant cycles, have any applications actually been funded if they did NOT have the funding preference?

Answer: Yes, over the past three or four grant cycles, we have funded applications that did NOT qualify for the funding preference.

Other

45. Are Co-Project Directors allowed?

Answer: In the application, you must indicate one person as the project director. On the budget justification page, you can add a co-project director and justify this position in the budget narrative. Note, however, that the primary project director will be the formal point of contact for HRSA.