

CALL FOR PROPOSALS



Assessing new tools for chronic disease
management and health behavior change

Request for Information Deadline: April 12, 2004

PROGRAM OVERVIEW

Purpose

The *Health e-Technologies Initiative* is a \$10.3-million national program of The Robert Wood Johnson Foundation that supports systematic research in the evaluation of interactive eHealth applications for health behavior change and chronic disease management. The program of funded research will advance understanding of whether and how these applications improve the processes and outcomes of care for culturally diverse groups of patients/consumers and support provider adherence to evidence-based care. This Call for Proposals focuses on evaluating the functional components of secure patient-provider portals intended to promote and integrate health behavior change and chronic disease management into care processes by enabling and enhancing patient-provider communication.

Eligibility Criteria (page 9)

- Applicant must have access to a currently operating secure patient-provider portal that has industry-standard security technologies, is HIPAA-compliant and supports functionality/access for both provider and patient groups.
- The applicant organization and the proposed research must be housed and conducted, respectively, in the United States or its territories.
- Both non- and for-profit organizations may apply (public-private collaborations are welcome).

Selection Criteria (page 10)

- Existence of a robust, currently operating secure patient-provider portal with a critical mass of key functions and users.
- Potential for the research to elucidate factors about patient-provider communication that can serve to promote and integrate health behavior change and chronic disease management into care processes.
- Primary focus of the research is on patient outcomes.
- Broad impact on the field of eHealth.
- Appropriate methodology and evaluation plan.
- Generalizable results.
- Strength of research team and dissemination plan.

Total Awards

- 24-month awards of up to \$400,000 each, with total available funds of \$2.45 million.
- Up to 8 awards will be funded in 2004.
- Projected start date of September 2004.

Deadlines

- April 1, 2004 (4 p.m. EST)—Deadline to register for optional applicant informational teleconference.
- April 12, 2004 (2 p.m. EDT)—Deadline for submission of request for information (RFI).
- May 2004—Deadline for submission of full proposals (by invitation only).

How to Apply (page 13)

All information must be submitted online. No hard-copy applications will be accepted. For detailed information about the submission process, and to begin it, please visit the *Health e-Technologies Initiative* Web site at www.hetinitiative.org.

Additional information may be obtained by contacting:

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BACKGROUND

eHealth, the use of interactive technologies to facilitate improvements in personal health and in health care services, is a rapidly evolving field that holds promise for improving the quality of care that all Americans receive. As eHealth advances, more patients/consumers (referred to here as “patients”) are interested in using technology-based tools such as the Internet and electronic messaging as a way to communicate with their health care providers, access their personal medical data and obtain supplemental sources of health information. While patients continue to consider their doctors as the most reliable and credible source of health information and medical advice, and nearly all physicians in the U.S. have used Web-based technologies, much work needs to be done to link patients and their health care providers electronically in a way that meets all their needs, as well as those of health care institutions, managed care organizations and health plans.

Examples of specific functions that are likely to enable and enhance patient-provider communication and potentially improve patient outcomes include secure electronic patient-provider communication tools; electronic medical records (EMRs—also known by a variety of names including electronic patient/health records, computer-based patient records); personal health records (PHRs); electronic prescribing, appointment scheduling and referrals to other health care providers; and health promotion/disease prevention or chronic disease management programs.

An increasing number of health care organizations, community groups, health plans and for-profit technology designers are responding to consumer demand and their own interests in improving patient-provider communication, containing costs, providing reliable health information, reducing medical errors, enhancing efficiency and obtaining market distinction, by making these functions available through some form of patient-provider portal. Portals are unique, secure Internet-based sites that are accessible by patients and their providers and that contain a range of software tools and functions.

While early evidence suggests that some of the functions being offered via portals have the capacity to improve the processes, outcomes and quality of care for health behavior change and chronic disease management, limited research has been conducted to evaluate the effectiveness of those functions when offered via portals. The research also has not adequately addressed whether the use of these technologies ultimately improves the health of the patients who use them.

THE PROGRAM

The *Health e-Technologies Initiative* is a \$10.3-million national program of The Robert Wood Johnson Foundation (RWJF) that supports systematic research in the evaluation of interactive eHealth applications for health behavior change and chronic disease management. The goals of the *Health e-Technologies Initiative* are to expand the body of knowledge about the efficacy, costs, cost-effectiveness and overall quality of those eHealth applications currently in use for health behavior change and chronic disease management, and to expand the body of knowledge about how to evaluate, compare and improve them.

For the purposes of this program, a portal is defined as a secure Internet-based site containing software tools that offer a range of functionality and access by both patients (including, possibly, their agent—parents/guardians, spouses/partners, lay care assistants) and their providers to a wide array of database-driven content. Portals differ from public Web sites in that they use advanced security technologies (e.g., encryption and password protection) to ensure the privacy and confidentiality of patients' protected health information (PHI). These portals are also compliant with federal Health Insurance Portability and Accountability Act (HIPAA) regulations with respect to the collection of PHI to enable the provision of quality health care.

As mentioned, a portal can house a variety of components and tools for access by patients that range from viewing static or non-tailored general health information to engaging with highly interactive, tailored, patient-specific behavior change applications. For the purposes of this program, the portal must contain at least two of the four key functions listed below (the examples given in each category are meant to be illustrative only):

1. Bi-Directional Clinical Communication, including:
 - Secure messaging/e-mail—electronic messaging systems for *clinical* communications about non-urgent medical concerns between patients and their providers with technological security to maintain confidentiality of patients' PHI.
 - Visits/consultations—electronic appointments and/or consultations between patients and their providers that may have more structured parameters than messaging (e.g., time and content restraints, copays).
2. Administrative Transaction Capability, including:
 - Prescribing—the ability of patients to electronically request and/or obtain prescriptions and/or refills, as well as the technologies that enable providers to record and transmit prescriptions electronically to printers and/or pharmacies.
 - Appointment scheduling—technologies that allow patients to electronically request or schedule appointments and tests with their health care providers.
 - Referrals—technologies that enable patients and their providers to electronically request, obtain or transmit referrals to other health care providers and services.
3. Patient Access to Electronic Records, including:
 - Electronic medical record (EMR)—a patient medical record stored in an electronic format and often housed within a physician practice, clinic or integrated delivery system with little or no data entered by the patient; the EMR includes such elements as documented patient problems and diagnoses,

clinical interventions, lab/test results and prescribed medications. Access to an EMR is controlled by the entity in which it is housed.

- Personal health record (PHR)—a patient medical record that is electronically stored; patients control information in and access to data within their PHR, which may contain details from multiple EMRs, as well as data entered by patients (e.g., nonprescription medications and supplements utilized, alternative and complementary modalities of care).

4. Health Behavior Change and Chronic Disease Management Programs, including:

- Health promotion/disease prevention—interactive applications that teach/communicate/support specific patient health behaviors, such as physical activity, proper nutrition and tobacco use cessation.
- Chronic disease management—interactive applications that enhance patient self-management skills and strategies for coping with and managing chronic diseases and conditions such as heart disease, asthma, HIV/AIDS, cancer, diabetes and mental illness.

Portals may contain other functions accessible to patients and/or providers, but these are not considered key functions under this Call for Proposals. The integration of the key functions listed is of particular interest because patients may achieve the most benefit when these components are incorporated.

This program seeks to stimulate evaluation research on these key functions that are being used on currently operating portals to the extent that these functions can help promote and integrate health behavior change and chronic disease management into care processes. Such research should focus on one or more of the following topics:

- Enhancing patient health status, outcomes and healthy behaviors.
- Improving communication between patients and providers.

- Encouraging and augmenting patient activation, involvement and decision-making in the care process.
- Increasing access to traditionally underserved populations (addressing issues of language, literacy and cultural relevance for ethnic and racial minorities, older adults, low-income families and people with disabilities).
- Improving efficiency in the processes of care.
- Enhancing cost-effectiveness.
- Demonstrating patient and provider satisfaction.

The following are potential research questions to be addressed:

- Does patient-provider secure messaging via a portal enhance the quality of care and improve patient activation and involvement?
- Does access to an EMR or PHR via a portal increase a patient's understanding of his or her health and empower shared decision-making with providers?
- Do patients with chronic disease improve their self-management skills and symptom monitoring via access to functions on a portal?
- Do portals enable greater access to quality health information and services for traditionally underserved populations?
- What impact do specific functions of a portal have on improving efficiency and reducing the costs of care?
- Which functions of a portal work best with which patient- or disease-specific populations?

Because the *Health e-Technologies Initiative* is designed to broaden the scope of dialogue and inquiry in the field of eHealth, all grantees must agree to make public specific data from their projects as a condition of RWJF support. These include:

- A description of the project being funded including experimental design, a general explanation of the technology under review, and aggregate data about study participants.

- The organizations, grant partners and the principal investigator to whom funds have been awarded.
- The amount of funds awarded.
- All results and data generated under the grant (i.e., sample characteristics, attrition rates, outcomes) subject to RWJF's general requirements for producing data files for public use.
- Measures, instruments, tools, models or methodologies developed under the grant.

Applicants will be responsible for complying with their host organization's Institutional Review Board policies and procedures, as well as federal HIPAA regulations.

RWJF recognizes the importance of protecting proprietary and patented technologies that might be utilized for grants under this program. Grantees will not be required to provide data regarding the research and development stages of any technologies being tested (i.e., activities that occurred prior to the funding period). However, all activities outlined in proposal applications, as well as data generated from the work, are considered appropriate information that may be shared. Any proprietary concerns about data sharing for technologies being tested under this program should be specifically addressed in the application process. Applicants will be instructed to identify those sections of their proposals that contain such proprietary information.

The *Health e-Technologies Initiative*, its National Advisory Committee members, and RWJF will have access to the information provided by applicants in both the request for information and full proposal submission stages. However, this information and the related review processes—including the name of any organization or individual that has submitted or may be collaborating on a project, the application content, all discussions and reviews about any application, subsequent recommendations for funding awards, and who reviewed specific proposals—will be kept confidential.

We reserve the right to use aggregated, de-identified data from submissions (including the removal of any proprietary information) or to grant third-party access to such data for research purposes.

To advance the field of eHealth evaluation, the *Health e-Technologies Initiative* will require applicants to consider adopting common measures, where appropriate, to enable comparability among funded projects.

While the *Health e-Technologies Initiative* will help grantees disseminate the results from studies funded under this program, grantees are strongly encouraged to publish their findings under their own auspices.

ELIGIBILITY CRITERIA

- Applicant organizations must have access to a currently operating secure patient-provider portal which must:
 - Contain two of the four key functions described (bi-directional clinical communication, administrative transaction capability, patient access to electronic records, health behavior change/chronic disease management programs).
 - Include industry-standard security technologies (e.g., encryption, password protection, etc.) and be HIPAA-compliant.
 - Support some level of functionality/access for both provider and patient groups.
- Applicant institutions must be housed in the United States or its territories; no individuals may apply.
- The proposed research must be conducted in the United States or its territories.
- Both non- and for-profit organizations may apply (public-private collaborations are welcome), and may submit more than one application.

SELECTION CRITERIA

The following questions will be used as an overall guide for the application screening process:

- Does the applicant's portal have a sufficiently significant number of users, functions and transactions to carry out the proposed research?
- Does the applicant (and any collaborators specified) have the experience and capacity to implement and complete the proposed research?
- Is the topic of the proposed research consistent with the goals of this Call for Proposals and the *Health e-Technologies Initiative*?

Specific criteria used to assess eligible proposals will include how clearly and completely the submission:

- Substantiates the existence and provides compelling evidence of a robust, currently operating portal and its functions to be studied, including having a critical mass of users (e.g., patients, providers), functions (e.g., messages, prescriptions, records' access) and volume of transactions, in order to conduct scientifically rigorous research. Preference will be given to applications that demonstrate the integration of the key functions listed above.
- Demonstrates the purpose and significance of the research topic and potential benefits of the proposed study, including any theoretical basis, to elucidate factors about patient-provider communication that can help promote and integrate health behavior change and chronic disease management into care processes.
- Establishes that the primary focus of the research is on patient outcomes.
- Delineates the broader impact that the proposed research and its outcomes will have on the field of eHealth.

- Defines an appropriate methodology and evaluation plan (design, measures, analysis) within the scope of the proposed work and establishes its feasibility for the topic under study.
- Demonstrates a willingness to work with *Health e-Technologies* project staff to adopt common measures, where appropriate, to enable comparability among funded projects.
- Uses replicable methods and is likely to produce generalizable and reproducible results.
- Documents the strength, skill set and experience level of the principal investigator and/or the research team.
- Describes a dissemination strategy for the outcomes of the research.
- Delineates the basis for and nature of all collaborations/partnerships, if any are proposed.
- Documents the financial viability of the host organization for successfully completing the proposed project.

In addition to fulfilling these criteria, the *Health e-Technologies Initiative* will try to achieve a diversity of grantees based upon the types of processes and outcomes studied, target populations being researched, and the nature of the applicant organizations.

In-kind resources and collaborations with other funding sources, including those between non- and for-profit organizations, are strongly encouraged, but are not necessary for grants to be awarded. However, the program recommends collaborations to pool human and financial resources and knowledge, and will look favorably upon proposals with convincing and clearly delineated cooperative efforts.

EVALUATION AND MONITORING

RWJF will conduct an assessment of the program. As a condition of accepting RWJF funds, grantees will be expected to participate in this process.

Grantees are also expected to meet RWJF requirements for the submission of narrative and financial reports, and to submit periodic information as needed for overall project and performance monitoring and management. Project directors will be asked to attend periodic meetings and give progress reports on their grants. At the close of each grant, the applicant agency is expected to provide a written report on the project and its findings, suitable for public dissemination.

USE OF GRANT FUNDS

Project funding will be commensurate with the size and scope of the proposed activities. Grant funds may be used for project staff salaries, consultant fees, data collection and analysis, meeting costs, project-related travel, supplies, computer software and other direct costs essential to the proposed project, including a limited amount of equipment. In keeping with RWJF policy, grant funds may *not* be used to subsidize individuals for the costs of their health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, or as a substitute for funds currently being used to support similar activities.

Principal investigators are expected to participate in annual grantee meetings or technical assistance training sessions, and funds for such meetings should be included in the proposed budget.

Funds are for evaluation research, *not* program development. Funds under the *Health e-Technologies Initiative* may not be used for infrastructure or technology development except to the extent that minor technological enhancements may be required to conduct the proposed research.

HOW TO APPLY

There are two stages in the competitive application process:

- (1) submission of a Request for Information (RFI), and, *if invited*,
- (2) submission of a full proposal and line-item budget for a grant.

Organizations wishing to apply for grant funds must complete the online RFI on the program's Web site, www.hetinitiative.org, by Monday, April 12, 2004 at 2 p.m. EDT. No hard-copy applications will be accepted.

Submissions that do not address the research topic in this Call for Proposals will not be reviewed; nor will RFIs or full proposals that are submitted after the deadline, do not follow format instructions, or are incomplete.

RWJF does not provide individual critiques of proposals submitted.

Frequently asked questions and answers about the application process are posted on the Web site of the *Health e-Technologies Initiative*. Applicants are strongly encouraged to review these before submitting their RFI. In addition, the *Health e-Technologies Initiative* will host an applicant teleconference call (listed in the Timetable on page 15) to answer questions about the program and the application and selection processes. Participation in this call is strongly encouraged, but is not required. National Program Office (NPO) staff will also be available to answer questions and provide technical assistance to potential applicants in the development of proposals.

PROGRAM DIRECTION

Direction and technical assistance for the *Health e-Technologies Initiative* are provided by the National Program Office, which is located at:

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1249 Boylston Street, Third Floor
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Responsible staff members at the NPO are:

- David Ahern, Ph.D., *National Program Director*
- Judy Phalen, M.P.H., *Deputy Director*
- Jennifer Neiley, M.A., *Communications Specialist*
- Rolanda Flammia, *Administrative Coordinator*

Responsible staff members at The Robert Wood Johnson Foundation are:

- Stephen Downs, S.M., *Senior Program Officer*
(lead staff officer for the project)
- Robin Mockenhaupt, Ph.D., *Deputy Group Director, Health Group*
- Paul Tarini, *Senior Communications Officer*
- Sara Thier, M.P.H., *Program Associate*
- Fran Ferrara, *Grants Administrator*
- C. Tracy Orleans, Ph.D., *Senior Scientist*

TIMETABLE

April 1, 2004 (4 p.m. EST)

Deadline to register for the optional applicant informational teleconference on April 2, 2004. Participants must pre-register online at www.hetinitiative.org. Teleconference details will be provided upon registration.

April 2, 2004 (2 p.m. EST)

Optional group teleconference for registered potential applicants.

April 12, 2004 (2 p.m. EDT)

Deadline for receipt of Request for Information (RFI). Must be submitted online at www.hetinitiative.org.

April 2004

Applicants will be notified if they have been invited to submit a full proposal.

May 2004

Deadline for receipt of full proposals.

July 2004

Notification of awards.

September 2004

Grants begin.

October 2004

National grantee meeting.

ABOUT RWJF

The Robert Wood Johnson Foundation® is the nation's largest philanthropy devoted exclusively to health and health care. It concentrates its grantmaking in four goal areas:

- To assure that all Americans have access to quality health care at reasonable cost.
- To improve the quality of care and support for people with chronic health conditions.
- To promote healthy communities and lifestyles.
- To reduce the personal, social and economic harm caused by substance abuse—tobacco, alcohol and illicit drugs.

*This document, as well as many other
Foundation publications and resources, is available
on the Foundation's Web site:*

www.rwjf.org

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