

Yvonne: We can hear you.

Chenelle Norman: Great, thank you, Yvonne.

Jelili: All right, well thank you for joining us everyone, this is Jelili with APHL. We are delighted to put together this request for a proposal for newborn screening system quality improvement project. Thank you for that lovely picture. And now I'm just going to turn it over to Chenelle who is going to lead us through this important discussion here, so Chenelle.

Chenelle Norman: Great, thank you, Jelili. Good afternoon everyone we're super excited to have you on the call and excited to share this new quality improvement QI project. My name is Chenelle Norman, and I'm the manager for newborn screening quality improvement here at APHL. Today's call agenda as we have here on the screen includes an overview of the QI project, funding, timeline, and application. This call is being recorded and will be posted online. If you have any questions we are requesting that you hold them until the end of the presentation. In addition, everyone's lines are muted, but we will unmute them towards the end of the call when we are opening up for questions. All right, so why don't we go ahead and get started. The newborn screening system quality improvement project RFP is seeking up to 30 newborn screening programs to participate in a CQI collaborative. This collaborative is in partnership with the Colorado School of Public Health including partners from the Center of Public Health Innovation and is supported by HRSA. The goals of APHL and our partners in facilitating the newborn screening systems quality improvement project include engaging and supporting newborn screening programs in a multidisciplinary CQI collaborative, providing facilitation and coaching around CQI, using data to track outcomes. And lastly, developing strategies for replicating, sharing, and sustaining the work of newborn screening programs.

Chenelle Norman: Eligible applicants include all US and territorial states including NBS programs and stakeholders who, one, have identified a quality improvement project of interest, and two, submit a letter of intent demonstrating support from institutional leadership, by July 1, 2019, so please be sure to keep that date in mind. Program expectations for applicants include submitting quality indicator data into the new steps data repository, submitting monthly data to a new step staff, and providing additional data if needed such as readiness data if working on new disorders. Program expectations, additional program expectations include successful applicants will be expected to attend monthly webinars, and one in-person annual meeting, submit an MOU, and have signed contracts by September 23rd. Dates for the webinars and in-person meeting will be provided prior to the start of the program. I'm going to turn it over now to Yvonne who will introduce herself and go into more detail about expectations for MOU's, Yvonne?

Yvonne Kellar-Guenther: Thank you so this is Yvonne Kellar-Guenther, and I am the program evaluator for New Steps. And the MOUs, most of you probably have one, but

they're understandings between APHL and the state newborn screening program so that you can share data with us. And so just so you know, we don't require that you have an MOU to get funding, but if we are tight on funding we will give preference to states that have a signed MOU because as Chenelle just explained our goal is for you to enter data into the data repository. And we need this data, we need it to be able to look at how the group that's funded is progressing, and we need it to be able to also do coaching and guidance. So if you don't have an MOU you'll be asked to do one, but also just so you understand in the funding if we're tight the preference will be given to the states that have it. So I'll turn it back to you for funding.

Chenelle Norman: Great, thank you, Yvonne. And again if you have any questions about any of the items that we've just sort of went over feel free to ask us towards the end, and we're also available for you to reach out to during the RFP process. All right, why don't we talk a little bit about funding. Applicants may request funding for any duration between September 1, 2019 to August 31, 2023, and RFPs will be issued on a biannual basis. There's also no limit to the number of applications your program submit, so you're able to submit as many proposals between 2019 and 2023. Lastly, please note that in order to accommodate for the varying needs and sizes of each state as it relates to a CQI project, and also to support innovation, there is no funding ceiling. Funds can be used for but are not limited to the following cost related to the implementation of your CQI project, that may include staff time, travel to quality improvement meetings and training, development of educational materials, cost to host in-person sessions, cost for lab materials equipment, etc. And here we provide an overview of the project timeline, the next important date as we mentioned previously that we'd like for you to keep in mind is July 1st, which is a date for the letter of intent, that's the due date for the letter of intent.

Chenelle Norman: Also keep in mind RFP responses are due by August 5th and awardees will be notified by August 23rd. And for those awardees that have been selected it will be expected that you have a signed contract between your state and APHL by September 23rd. So for the remainder of this call we're going to walk through the QI project application, which includes Appendix A, Applicant Questions, Appendix B, Project Charter, Appendix C, First Quarter Action Plan, Appendix D, the Budget and Budget Justification. And lastly, Appendix E, which is not required of everyone to complete, which is the readiness tool. This is only required if you're working on a project focus on your disorders and Yvonne will talk a little bit more about this as well. So Yvonne's going to go ahead and start with evaluation criteria for the RFP.

Yvonne Kellar-Guenther: Okay, thank you. So in your RFP this table is part of that, so what you're going to see is that as we score the applications each part has different weights to it. And so 25 points the highest weighted is around the project data and around explaining the problem. There are 20 points for the charter action plan and the budget justification. 15 for impact and sustainability. And then as Chenelle just said if you're doing a project but with a new disorder, so Pompe,

MPS1, XAL-D, SMA, or any disorder that gets added to the RUSP during the funding period we ask that you complete the readiness tool. So we're going to go through and talk about the parts of the application and highlight what we're looking for as reviewers, so if I could get the next slide please. So this is also in the RFP, this is the first appendices. And we're going to actually right now go through each question and talk about what we're looking for, so next slide.

Yvonne Kellar-Guenther: So the first question in Appendix A is where you provide an overview of the bigger problem that you're focused on and then what your CQI focus will be. So in question one we want to see the forest and the trees, the tree that you're going to focus on. So we really need to understand the bigger issue that you're moving towards and this issue may take your program a year to address, 5 years to address, 20 years to address. But we need to have a sense of what it is and how you know that this is a problem, and then we need to know what your CQI focus is going to be. And this would be something smaller that's going to move you towards solving or addressing that larger challenge. And so your larger challenge may be timeliness and then your smaller one maybe as we go through I'll give you other examples, but it might be that you focus on courier. What we're looking for, so next slide, what we're looking for is that we really understand the larger challenge that you have. And so we're looking for you to explain how you know this challenge exists, and so what are you not seeing that you thought you would see.

Yvonne Kellar-Guenther: What are you seeing that you don't want to see, or what are you not seeing enough, or too much of, right? So things that what a level, what's the symptoms that tell you that this is a challenge you need to address for your program. And then we need to get a sense of how big this challenge is, and so is this something that you think you can address in five years, is this something that you think you could do in a year? How long do you think you're going to be working towards addressing this problem. And then what's your small test of change something that you're going to do in that first quarter or for a first set of quarters to try to move you towards solving that challenge. So the next slide what we're going to look at when we score your application is if we understand the problem, if we understand the larger issue that your program is trying to address and then how your small tests of change fits into or moves you towards addressing that larger problem.

Yvonne Kellar-Guenther: Again, if you were dealing with courier maybe as your larger problem or timeliness in courier, but your small test of change is on data entry we're not going to see those as being connected. And so one of the things that we're looking for that we understand how what you're doing is moving towards you solving that larger issue. So next slide please, so question number two then really gets it with the root causes. So where question one provides us an overview for the bigger challenge, the small test of change and describes it, the symptoms of what you're seeing or not seeing. Question two is going to help us understand what you think the root causes, and so then again when we look at your continuous quality improvement activity, we'll understand how that's

getting you towards your larger goal. So next slide, what we'd like is in question two we'd like you to map out the process that you're going to be focusing on, and then helping us understand where the block is in that process.

Yvonne Kellar-Guenther: And I'll give you examples here in a minute, but just that's really what we're looking for is an understanding of the pieces that come together and then where the block is that you'll be starting your CQI project on. So next slide, so for this part what we're really focusing on is that we understand the root cause analysis, so we got again symptoms of the problem was in question one and question two, you're laying out for us what your root cause is so that we understand why your CQI program is addressing this. So let me walk you through an example starting on the next slide. So your process might be that the babies born and then we take the newborn screening sample. And then what you're maybe seeing is that the results aren't being reported within five days of life, so the ideal system is a baby's born, results reported with five days of life. This is too big of a system to map, so we're not looking for a map that talks about everything that happens between when the baby's born and the report goes out.

Yvonne Kellar-Guenther: Instead, on the next slide, what we're looking for there's a lot of different things that happen between when the baby's born and when the results are reported, so maybe you're past that you're looking at is the courier and that's what you would map out. So maybe what's happening is you're not getting specimens within three days of life, and you would like to address that. Maybe your courier is losing a lot of specimens and so you want to come up with a better tracking system, so those are two things that might explain why between the baby being born you're not getting the results reporter within five days of life. Maybe it's not the courier, maybe the path that you want to focus on and map out is your demographic input. And so the baby is born, and you're not reporting out the results because you don't have the correct information to call the families, or you can't read the information, or what you're finding is that babies born at the beginning of the week maybe it's taking longer for the demographic information to be entered because they can't be tested on time, but towards the end of the week that's not a problem.

Yvonne Kellar-Guenther: And so your project would focus more on how to reduce the barriers, or the blocks that are happening at the beginning of the week, maybe choose path number three, and you're finding that there's something in the way that the tests are set up, the timing of the testing being one. How you've organized or do the punches, something that's getting in the way of the five days of life. That map that you're going to present to us in question two is really about just one piece, so next slide. And so if you choose courier you could walk through the steps, the map would be the steps between when that specimen is picked up by the courier to when it's delivered. And then in that map and in those pieces you would say, "Okay, this is the part where we think the block is happening, this is the root cause, this is what we're going to focus on." So next slide, so the other piece is when you look at those paths that I just showed, sometimes they

represent newborn screening stakeholders outside the newborn screening program. So the other thing that we're going to look at for evaluation is if you're trying to fix a system or part of a system outside of the newborn screening state program and you do not have key partners, then you will be scored lower.

Yvonne Kellar-Guenther: So we're looking to see who's on your team. And if you're going to address a courier issue you need to have someone from the courier program be part of your team. If you're going to address an issue, say what you want to address is after the results reported out and getting them diagnostic testing, you would need to involve ... Your team should include a clinical specialist who is part of that process once you pick it up. So it's not just the past that you're taking but you need to be able to talk about what's within your sphere of immediate influence of your program and what's outside. And if it's outside of your program who are the partners that are going to be part of your team to help you address that and test that. This is not about us testing other systems, it's about the team representing all the systems that will be tested. So the next slide, question number three really gets at data. So you can't have continuous quality improvement without data you have to know where you start. You have to be able to tell if there's been an improvement or not.

Yvonne Kellar-Guenther: So as Chenelle already explained we want quality indicator data, and in some cases quality indicator data may be able to track the changes. You really have to think of the scope, continuous improvement needs to happen quickly and so we need to see that you can get 10 points of data within a couple months. And so if you're doing quality indicators and you're looking at it monthly it would take you 10 months to see if this change has had the impact, that's not the size of project that we're looking at. We're really looking at projects where within a few months you know if this is something that you need to take to the next level or not, so we want to know what data you're going to collect. So back to our courier example, if the problem is the logging or losing specimens there's no quality indicator that gets at that. So what are you going to collect to see that they don't lose specimens, what are you going to collect to see the time between when the specimen gets picked up to when it's received at the lab. So there might be some data that you're already collecting that you can use to look at that and you can use to look at the day's.

Yvonne Kellar-Guenther: Demographic data, there's no quality indicators specifically, I mean there's a bigger one that gets at the quality of the data entered, but there's nothing about do you remove the backlog that happens Monday through Wednesday, and so what's the data that you're going to collect to get that. And maybe your program already has this data, which would be great to know. But if it doesn't have that data we'd need to know how you're going to start it. If you do have the data, describe to us what it is that you're collecting, what you're going to look for so that we as the evaluators can look to see if that makes sense for what you say that you're going to measure. The next slide, so really what we're looking at is can you tell us if the data already exists. Can you tell us what you'll actually be collecting, what that data will look like. And then and again, we

have to know that you can get this data, do these 10 observations within a few months for it to be a true small test of change. Next slide.

Chenelle Norman: Thanks Yvonne, so for question four we want to see that applicants are fully invested and committed to participating throughout the QI project, so it's helpful to highlight resources that you have that will ensure your team is successful in meeting all program expectations. So we'll be looking at things such as having identified a project lead, who did your team include. We will also want to highlight that teams have to include individuals representing lab and follow-up. Teams should also include other key partners if needed and demonstrate staff and leadership support. For questions five, you really want to get a sense of how your CQI project is going to have an impact, and specifically, how will your CQI project have an impact not only in your lab, but what will the public health impact be on the community you serve, and that might be infants, parents, and families.

Yvonne Kellar-Guenther: Also, on the last one the other group that might be impacted might be the providers, and so maybe you're able to reduce a waiting list for the clinicians and so that would be something that you could describe in your impact. Sorry, you can go back at the [crosstalk 00:19:40]. Sorry, I need to go back two slides.

Chenelle Norman: [crosstalk 00:19:46] sorry, there we go.

Yvonne Kellar-Guenther: That's okay, so question six is really around sustaining the efforts and this is a little different than in past projects that we funded. So we're not looking for you to see that you're going to have a rule changer fee increase, what we're really looking for is how you're going to sustain these small tests of change. And so if you come up with a system to reduce backlog for demographic data entry how do you keep that going? If you come up with a system where you're going to educate careers on the importance of newborn screening to try to make sure that they get the specimens in on time, how do you keep that going with the turnover? So what are you building into your programs to have these ongoing efforts? If you do a test of change and it doesn't work, how are you going to sustain the culture of CQI in your program. And so that's what we're kind of looking for in this answer, so the next slide. So I kind of do this with the next one, so when you think about the continuous quality improvement, the PDSA cycle that you all love so much.

Yvonne Kellar-Guenther: The A stands for ask, adapt, or abandon. So act is that your small test of change went well, this is something that you want to keep going like the courier education. What are the structures or what are you going to get in place to keep that going and make sure that as there's turnover, as things evolve you can keep doing. Adapt would mean that you were close, but not quite close. And same with abandon is what you did didn't work, so both of those if you have to adapt or abandon it, that's where you would have to have this culture of continuous quality improvement. And so how are you going to keep the resources going to keep doing these small tests of change to get this data to look at where you're

at and to keep move and forward, so that's what we're looking for in this question.

Chenelle Norman: Great, so we've finished walking through Appendix A, which is essentially a series of questions that we're asking related to your project and the concept behind your project. We're now going to walk through Appendix B, which is a project charter. Some of you may be familiar with the project charter and some of you may not be, but we're just going to take some time to talk a little bit about project charters. So before starting any CQI project you always want to start with a project charter. This is a good time to gather your team and sit with your whole team to develop the charter so that you are all on the same page as it relates to the project aim and measures. Project charters are really important tools that sort of get everyone on an even basis and an even understanding of what's expected. And it's an also very helpful tool to go back to as a reminder of the project purpose, expectations, and aim. In order to develop a strong project charter it's important that you define a clear aim or outcome measure, clearly identify the root cause, which Yvonne already spoke about a little bit. And also develop the outcome you are trying to achieve so the outcome you are trying to achieve.

Chenelle Norman: So why don't we [crosstalk 00:22:57]-

Yvonne Kellar-Guenther: Before we move, so what you guys do in Appendix A is going to influence most what ... You probably should start with appendix B. But the information in appendix B will very strongly be influenced by what you write an A or vice-versa, they will influence each other so we won't see a root cause explanation here that is different than what you provided above. So just understand that these two pieces inform each other and that's why when you look at the evaluation criteria you see that this data piece is Appendix A and B, so there is that overlap. We understand that those two things are similar but not quite the same, so thank you.

Chenelle Norman: Yeah, thank you for clarifying. So what we wanted to do is take some time to kind of walk through an example of a strong aim statement, root cause, and process measures. So we're going to take weight loss, for example. Let's say I want to reduce my body mass index or BMI. In order to do this successfully I first define a SMART goal, and again, many of you may be familiar with SMART goals and some of you may not be. But SMART goals are essentially goals that are specific, measurable, attainable, relevant, and timely. An example would be what we have here on the slide, by December 31, 2019 I will reduce my body mass index, BMI, from 33 to 29 to improve my overall health. So here we see that we've clearly identified the when, so when we are going to achieve our goal, December 31, 2019. The what, we're reducing our body mass index from 33 to 29. The how much, of course, here again, reducing the BMI from 33 to 29 and the Y, which is essentially to improve our overall health. However, as you know there are many factors that influence weight gain including genetics.

Chenelle Norman: When thinking about root-cause first focus on the things that you can change, we can't change our genes or at least not for now. Then identify the underlying factor that is the cause for in this example the weight gain. For instance, let's say my diet hasn't changed much, but due to a recent injury I've become more sedentary, so I decide to increase my level of activity. So we've identified our aim using SMART goals and we've identified the root cause inactivity. So now we're going to talk a little bit about process measures. In the weight loss example a process measure would be a measure that is both relevant to the overall goal, which here is losing weight, and to what was identified as the root cause, which we identified as inactivity. So in this case a process measure could be number of miles walked daily. So for the first part of the project charter you define the aim, the root cause, and the process measures. For the second part of the project charter shown here, you will then define your team and who you will be engaging with for the project.

Chenelle Norman: All teams must include one lab staff and one follow up staff, which we previously mentioned. Also keep in mind it's important that your team is multidisciplinary and encompasses individuals across the state newborn screening program. If working with other newborn screening stakeholders, highlight how you engage them both during the project, and how that relationship will be sustained after the project. Yvonne, anything you'd like to add regarding the project charter before moving forward?

Yvonne Kellar-Guenther: No, thank you.

Chenelle Norman: Great. All right, so we talked about Appendix A and B, now we're going to cover appendix C, which is the first quarter action plan. Participants selected for the QI project will be required to submit action plans on a quarterly basis. The action plan is broken up into quarters to ensure that the changes you are testing are small-scale, realistic, and manageable. The idea behind CQI is small scale change, and so to complete a year-long action plan would not be true CQI. Also here on the slide please take note that for each month in the timeline you'll see a label for T-Test, I-Implement, an S-Spread. T means, again, testing, so this is if you are implementing a PDSA or thinking about a change that you'd like to test you would indicate T in that month. If you're actually implementing a change, I, you will indicate that under the month in the action plan as I. And this, for example, would be a change that results an improvement that you've tested and would now like to implement into the lab workflow.

Chenelle Norman: And then lastly S spread is another thing that you can indicate within action plan. And this is what you would use if let's say you've tested a change, you've implemented the change, and it's really been successful, and now you want to spread that change. And so you're either going to do that by either sharing lessons learned or sharing that across the different departments or labs, or actually implementing that in workflows across other departments as well. So just keep in mind these different letters when thinking about the different tests

that you are either testing, implementing, or spreading. [crosstalk 00:28:32] also please note.

Yvonne Kellar-Guenther: Oh go ahead.

Chenelle Norman: No, I was just going to say, please note that it's not expected that you list all eight changes on this action plan. We're just asking to see at least one change that you're expecting to either test, implement, or spread, but if you have more than you're welcome to add more. You were going to add something, Yvonne?

Yvonne Kellar-Guenther: Yeah, so as this is what we talked about the 10 data points, we're really talking about within this quarter, so I said two months because I want to give you time to start and to stop. But we would expect that you would be able to get to collect the data to do the tests within this one action plan, this one quarter, so that's why we are focusing on 10 data point.

Chenelle Norman: Okay, appendix D is really focused on the budget and the budget justification. For the budget it's important to think through and consider all expenses related to your CQI project. You may revisit the previous slides to see what expenses are covered by the grant. You can also reach out to us if you have any questions or concerns in completing this budget section. Also, we just want to keep in mind when creating your budget justification, you want to ensure that you keep in mind what a good budget justification looks like, which clearly describes how each line item and/or personnel are essential in achieving project goals and aims, provides rationale for acquiring items, and matches and account for the total dollar amount requested in the original budget that you submitted. So making sure that your budget justification is in line with the budget that you submit. [crosstalk 00:30:25]. All right and the [crosstalk 00:30:27]. No go ahead, yeah.

Yvonne Kellar-Guenther: It's hard not staying mute. The last appendix is the readiness tool and so again as Chenelle explained this is only for people who are doing a project looking at implementation of Pompe, MPS 1, X-ALD, SMA, and any other disorder added to the RUSP during the funding period. There is nothing in the new steps repository where we can track on progress. And so the readiness tool will be our way to track progress and again to look kind of across states and to understand how things are going we'll use the readiness tool. So as part of your submission you have to complete the readiness tool for all the conditions, even if it's not one that you're focusing on. And if you've already done the readiness tool you have to update it by July 12th, so that we have that as part of your application. You will contact Chenelle if you need information or if you need login information. But if you need other help or if Chenelle is gone, then Sarah or I can also provide you with the information that you need to complete the readiness tool.

Yvonne Kellar-Guenther: Please note that we have added some new fields in the readiness tool. And so even if it was up to date a week ago it's not up to date now because

we've added some fields in phase two. So contact us if this is something that you're going to need to do as part of your application, and we will make sure that you can get it done, thank you.

Chenelle Norman: Great, thank you, so now we're going to ask for a bit of feedback. We want to get a sense of how we can best support you as you are completing and submitting the RFP. So we have a few poll questions, which I will pull up now. And everyone should be able to see this on their screen. Great, and so if you can see this on your screen, if you can take a moment maybe a couple of seconds or so just to read the first question, which says, after reviewing the application, do you think your team will need any assistance with completing the RFP? If you can take a moment to reply to that question and then we will share everyone's responses. Again, this will help us get a sense of how to best support you, and other applicants throughout the RFP process. All right, give it a few more seconds. All right, so it looks like more than half, a little more than half will need assistance. Okay, so that's really helpful. And again, we will be available, myself especially, will be available to provide assistance. And I will be sharing my contact information as well.

Chenelle Norman: All right, so for our next question so now that we have a sense of whether or not you will require support, our next question is what sections of the application do you think your team will need the most support. So please keep in mind when answering this question you can select multiple options so select all that apply what sections of the application you think your team will need the most support in. All right looks like the project chart is the biggie, and close second is the action plan, followed by the budget. All right, that's really helpful, so I'll go ahead and share those results. All right, so it looks like the project charter, again, project charter for the first quarter action plan and then the budget justification, so that's very helpful as well to know that. And then we have one more question here that we are going to ask and this is around providing more structured availability around support that we can provide. So would office hours be a helpful resource in supporting your team with RFP, so essentially what this would look like is me providing office hours throughout the next two months or so to assist individuals just to drop in via phone to ask any questions that they may have.

Chenelle Norman: And looks like it's a strong yes, so what I will do then is after this call I will send out some office hour dates and times to the group, and then will also share that on collaborate as well. So thank you all for answering those questions. All right, so before we end here just want to share some additional resources to help support the development of your or RFP responses. So these slides will be available after this call, and once you receive the slides you can click on the links here where you will be able to access sample project charters, simple root cause analysis, and sample action plan. Also, we have our contact information here in case, again, you have any questions feel free to email myself as well as Sikha. And of course, if you have any questions about the readiness tool or anything that Yvonne went over we are happy to put you in touch with her as well. And

then we also have the RFP website link here and link to our new step web page. So now what we are going to do is open the lines up for folks to questions. I'm going to go ahead and unmute every one and once I do just mute yourself just so we don't have any background noise if you're not asking a question.

Chenelle Norman: Sorry, all right, so everyone is-

Speaker 5: The conference has been unmuted.

Chenelle Norman: ... everyone is unmuted, if you can just mute yourself if you don't plan to ask a question. If you do want to ask a question you can go ahead and ask.

Cheryl Harris: Hi, this is Cheryl Harris in Louisiana. We have been mandated from state legislations to cost-benefit analysis to add the remaining conditions that we don't have on the panel to our panel. Would that be something we can consider for this RFP?

Jelili: The answer is yes.

Chenelle Norman: Yes, absolutely Cheryl, that would count.

Cheryl Harris: Thank you.

Chenelle Norman: And can I just ask once you do that cost-benefit analysis would your team plan on expanding on how and actually implementing that disorder condition to your panels?

Cheryl Harris: Yes. We would definitely work with partners such as Medicaid to make sure it's the same cost for testing and reimbursement and things like that.

Chenelle Norman: Great, yes, that will definitely count as a project then.

Sabra: This is Sabra from Alaska. Would projects more focused on long-term follow-up and tracking for specifically thinking for us we do absolutely no tracking or have any idea how CCHD screening is going. We mandate it and do nothing. And my dream would institute a system of identifying is it actually working, are we catching kids, and how are their outcomes in addition to expanding it to things like are hemoglobin trait kids actually getting CBC's when we tell them to, that sort of thing.

Chenelle Norman: Sure, yes, that would count as well, yes. You would consider an application focused on that as well.

Sabra: Thanks.

- Chris: So this is Chris from [inaudible 00:39:42]. On page four [crosstalk 00:39:45] implementation of new disorders, is it just restricted to disorder there on the RUSP or would your APHL entertain adding a disorder that's not on the RUSP?
- Sikha: Chris, this is Sikha, we would definitely entertain the addition of disorders that are not on the RUSP so long as [crosstalk 00:40:07] training processes. [crosstalk 00:40:14].
- Chris: What?
- Sikha: Yeah, we will entertain that, yes, that's fine.
- Chenelle Norman: Okay, so [crosstalk 00:40:22] if you could let us know what you're thinking of so that we could set something up in the readiness tool to track that, that would be really helpful for us.
- Chris: Okay, perfect. And then this is Chris again, as far as the funding amount is there any amount that's too ridiculous where you guys would absolutely say no way.
- Sikha: So Chris this is Sikha, yes, the answer to that question is yes, but we don't know what that number is. If you look at the budget you don't have to use the template that's provided in the RFP, but we really want the budget to demonstrate the true cost associated with implementing the quality improvement that you come up with. We want everyone to know that there are a finite amount of resources for these awards. We are budgeted for about 30 at varying levels of funding, but just be cognizant that this is a competitive RFP and there are limited resources. So while there is no ceiling if a proposal comes through that is a higher budget than we've typically funded before if the proposal is really able to demonstrate the impact of that quality improvement it will be judged on that merit.
- Chris: Okay, thank you.
- Eva: Hi, this is Eva from California. Is there any kind of tool available for budget allocation when we are working on presenting a budget proposal in terms of how to divide it for personnel, and the different aspects of the proposal?
- Chenelle Norman: That's a great question. I don't know of any, but we can certainly look into that. Yvonne, have you come across any tools such as that?
- Yvonne Kellar-Guenther: No, we haven't, we've always had more of a set budget what could and couldn't be covered. But I think that we can definitely look into it.
- Sikha: Yeah, we'll definitely look into that and let the group know if we find anything.
- Eva: Thank you.

Sikha: Yeah, you're welcome.

Chenelle Norman: Any other questions? There are a few in the chat box that we will go ahead and answer, so the first is, will these slides be available after this webinar. The answer is yes. And if yes, where can I find them? You will have them posted on the RFP website page, and we will share that link via collaborate as well. The other question is you mentioned earlier that a state program can apply for multiple projects, can you please elaborate within the same fiscal year or an annual basis. So multiple projects on an annual basis depending on the length of your project. So say your project is two years and then you want to reapply for another project within that 2019 at 2023 time frame, then once that project is completed you're able to reapply with a new project. And then the other question can we apply EVQI projects uniquely specific to our state MBS program needs? Yes, and again, if you have questions about your specific QI projects, feel free to email me, and I'm happy to let you know if it's an appropriate project that we would consider.

Chenelle Norman: The other question I may have missed this earlier, my apologies, but what is the funding ceiling per QI project. So there is no funding ceiling, I repeat no funding ceiling. And then other questions what if we are not sure yet if we will need assistance? So I'm assuming that the assistance with the RFP, you feel free to email us if ever you do need assistance and if you don't that's totally fine, feel free to just apply when you're ready. And then the other question was the presentation recorded, yes it is. Our other questions here, are there other states that have applied for this RFP, and have also applied for funding through her stuff, for the newborn screen state evaluation program.

Sikha: So I'm happy to take that, so no one has applied yet for this particular RFP that we just talked about because it is just released. But states who have applied for the HRSA state evaluation program are able to apply for this funding opportunity, so there is no limit in that overlap. But please be mindful of applying for distinct activities or activities that can be measured in a distinct fashion so that you're not using funds to do the same work.

Jelili: You're not double dipping.

Sikha: Correct.

Yvonne Kellar-Guenther: All right, and then so I want to go back to the question on the assistance, if they don't know what they need now there's a rolling application. So after this first set they can still apply, it would just be at a later date.

Sikha: Right.

Chenelle Norman: Another question we have here, PA is struggling to come up with QI ideas that require funding, that's totally okay, Pennsylvania. Again, this is rolling so if you don't identify something during this application round you're able to ... Sorry, if

folks can use their phones, we're getting a bit of background noise here, and we're hearing someone's phone ringing in the back, so please-

Jelili: Mute everyone.

Speaker 4: We're going to mute everyone again.

Speaker 5: The conference has been muted.

Chenelle Norman: Sorry everyone, we had some mute everyone, but just want to make sure that I answer these last two questions. So Pennsylvania, it's okay if you're unable to identify QI project at this time. Again, this award is until 2023, and if you do know that there are challenges that your lab has, but you just can't figure out how to develop that into an RFP then feel free to reach out to me as well I'm happy to help you sort of do a bit of brainstorming about that as well. And then our last question we have recently noticed a trend and a delay to report for DNA reflecting how much wiggle room is there in providing funding for developing new technologies or decreasing testing time expense. So I think the developing new technologies piece not too sure, but the decreasing testing time an expense that certainly could be an improvement project that we would consider. We might have to have you elaborate a little bit more around developing new technologies. Another question, Kristina from Georgia asks, "Do you have examples of quality indicators that you can share?" We do, and we can certainly share that, again, via collaborate and with this group via email.

Chenelle Norman: Lastly, will there be set times that you can apply for the rolling funding? So the application ideally is due August 5th, but we will consider pending funds. We will consider additional applications after that, afterward, until we've sort of reached our max for that year. As Sikha mentioned it is competitive so applying earlier is recommended because, again, we're rolling pending funding. And then lastly, is there required travel? So the only travel that's expected is for the in person session that we will have, and this is annual, and selected applicants are expected to attend, so that is the only required travel that would be considered. All right, so ...

Speaker 4: Should we try to unmute again and-

Chenelle Norman: Yeah, so we're going to try to unmute everyone and hopefully if we can just have-

Speaker 5: The conference has been unmuted.

Chenelle Norman: ... If we just have everyone mute themselves so that we don't get background.

Yvonne Kellar-Guenther: Chenelle, this is Yvonne. For the quality indicator question, I just want to make sure that people are aware, these are the new subs quality indicators, which is different than a measure that would test a small test of change. And so

I just want to put that out there that what we're sharing are the new subs quality indicators, which would be larger chunks, more of the bigger challenges than the smaller.

Chenelle Norman: Right, thank you. And Laurie asked, "I apologize if this was addressed, what does the letter of intent include?" The letter of intent is whatever template you like, just really clarifying that you intend to apply and submit an application for this RFP. And that you have the support of leadership and anything else that you'd like us to know as it relates to your intention to apply. Any other questions? Everyone is unmuted so if you'd like to ask another question feel free to. Okay, well hearing no more questions, again, if you think of anything feel free to email myself or Sikha, and we will provide date and times for office hours. And again, this information will be provided both via e-mail to the attendees as well as via collaborate. Thank you everyone for attending and we look for receiving your applications.

Jelili: We do. Thank you everyone.

Chenelle Norman: Thank you.

Jelili: Bye-bye.

Cheryl Harris: Thank you.