

## Telehealth Collaboration Application - Reference Guide

Thank you for your interest in the Telehealth Collaborative. Below you will find helpful information regarding the application process.

This collaborative is open for any EMSC state partnership program that is interested in enhancing their ability to treat children or youth with special health care needs (CYSHCN) or children with behavioral health emergencies through telehealth. We are recruiting participants regardless of location, patient volume, inpatient capabilities, or pediatric expertise. The telehealth advisory committee will tailor collaborative activities to meet the needs and ongoing activities of selected states/ territories.

A minimum of 5 states/ territories and a maximum of 14 states/ territories will be invited to participate in this collaborative. The number of teams selected will be determined based off of application ranking, projected budgets, and focus population(s). For more information about this collaborative, click [here](#) to visit the EIIC website.

This application is due by **October 31, 2020 at 11:59 PM CT.**

### Application Overview

#### Focus Population

It is recommended that each team only focuses on 1 population. If your team chooses to focus on both populations please plan to include your reasoning in the “Demonstrated Need for Focus Population” section.

#### Demonstration of Commitment - 10 points

In order to fulfill the demonstration of commitment section, please download, complete, and submit the Letter of Intent and the Sub Information Form. To complete the Letter of Intent, please fill in all sections that are highlighted in yellow. To complete the Sub Information Form, please fill in the “Title of Proposal” in Section A and all of Section B through F. In Section E, the Statement of Work will be fulfilled by your submitted application. No additional Statement of Work is requested. Please note that the Sub Information Form will likely require consultation with the contracts office of your institution.

#### Itemized Budget & Justification Narrative - 10 points

Each team needs to submit a suggested budget that requests between \$25,000 - \$50,000 for this collaborative. The suggested budget should include necessary costs related to staffing/ personnel, travel, equipment and supplies, conference and meeting planning, and any indirect costs. Be advised that the purchase of telehealth equipment will be limited to devices that are less than \$1000 each. In addition to the itemized budget, teams will be expected to submit a budget justification outlining why they are requesting their specified

amount and how this money will aid their efforts to improve telehealth with respect to their chosen population in their state/ territory.

Presence of a Pediatric Readiness Medical Recognition Program - 5 points

The presence of a Pediatric Readiness Medical Recognition Program is not required to participate in the collaborative. In certain states this may serve as a leverage point for implementation of telehealth services. However, it is recognized that many states and territories are working towards developing a pediatric readiness recognition program however, as of yet, have not formally recognized facilities. Any effort towards development of a Pediatric Readiness Medical Recognition Program is viewed favorably. In order to determine your state/ territory’s presence of a Pediatric Readiness Medical Recognition Program, you will be asked to identify which stage of development best fits your state/ territory (see image below).

<b>Pediatric Readiness Medical Recognition Program: Stages of Development</b>	
Stage	Description
0	No progress has been made towards developing a statewide, territorial, or regional program that recognizes hospitals that are able to stabilize and/or manage pediatric medical emergencies
1	Research has been conducted on the effectiveness of a pediatric medical facility recognition program (for improved pediatric outcomes), and/or developing a pediatric medical facility recognition program has been discussed by the EMSC Advisory Committee and members are working on the issue.
2	Criteria that facilities must meet in order to receive recognition as being able to stabilize and/or manage pediatric medical emergencies have been developed.
3	An implementation process or plan for the pediatric medical facility recognition program has been developed.
4	The implementation process or plan for the pediatric medical facility recognition program has been piloted.
5	At least one facility has been formally recognized through the pediatric medical facility recognition program.

If you select stages 0-4, you will be asked to provide further description of your state/ territory’s plans to implement a Pediatric Readiness Medical Recognition Program. If you select stage 5, you will be asked to state how many hospitals in your state/ territory have been formally recognized as well as the total number of acute care hospitals in your state/ territory.

## Proposal Narrative

The proposal narrative is recommended to be a maximum of 10 pages (**Times New Roman 12-point font with 1-inch margins**) and should include responses for the Population Demographics, Demonstrated Need for Focus Population, Telehealth Regulations, Infrastructures, and Incentives, Poised for Implementation, and Team Composition sections.

- Population Demographics - 20 points

Please describe the population of children in your state/ territory, with special emphasis on your chosen focus population. This should include rural, tribal, urban, and suburban communities.

- Demonstrated Need for Focus Population - 10 points

Please describe the challenges facing the chosen focus population in your state/ territory with special attention to the impact that public health crises have had on this population, the availability and distribution of pediatric healthcare providers and emergency services, and the potential impact of a telehealth program.

- Telehealth Regulations, Infrastructure, and Incentives - 5 points

Please describe any telehealth regulations, laws/ policies, infrastructures, and/or incentives that exist in your state/ territory to support telehealth. If you know of any upcoming initiatives that will be implemented during this collaborative, you may include them in your response. Additionally, if you are looking for additional telehealth resources in your area, please consider reaching out to your [Regional Telehealth Resource Center](#).

- Poised for implementation - 20 points

Please describe your proposed strategy to implement a telehealth program that will address the needs of your chosen focus population for your state/ territory. Reference should be made to prior or current efforts that might serve as leverage points to implement telehealth in your state/ territory. Please note that while you're being asked to provide a proposed strategy tailored to your chosen focus population in your state/ territory, this strategy may change during the course of the collaborative based on guidance and best practices from the advisory council and other participating states/ territories.

- Team Composition - 20 points

Please identify who will be serving on your core team. This should include each individual's name, background/ experience, time allotted to this project, any prior collaboration, and why they are best suited for this role. See the image below for

required and optional team members for your core team. This is not an exhaustive list of optional team members and you are able to add additional members not listed below if you believe they will enhance your core team.

REQUIRED TEAM MEMBERS	OPTIONAL TEAM MEMBERS
State Partnership Program	Family-to-Family Health Information Center/Family Voices
General Pediatrician	American Academy of Child and Adolescent Psychiatry
CYSHCN/Pediatric Behavioral Health Specialist	Child Psychologist
State/Territory health department	State/Territory hospital association
Emergency Medicine/Pediatric Emergency Medicine Physician	Rural Hospital Association
Family Representative	Tribal healthcare community
Telehealth provider	Social worker
Emergency care network representative	Child Life Expert
Rural health representative	Regional disaster coalition (strongly encouraged)
	AAP,ACEP, ENA, NASEMSO, ACS representatives

If you plan to partner with another agency/ consultant, please provide information on their background/ experience related to your chosen focus population and what role they will play on your core team.

Notifications of selection will be sent out to applicants by November 30, 2020.

For more information, questions, or issues, please email John Bohls, MHA at [john.bohls@austin.utexas.edu](mailto:john.bohls@austin.utexas.edu).