

# Linking PRAMS and Clinical Outcomes Data Multi-Jurisdiction Learning Community

## Request for Application FAQ

### How does ASTHO define “Learning Community”?

ASTHO defines a learning community as a group of state, territorial, and jurisdictional health leaders and staff, and multi-sector community and statewide partners who have a common interest in a subject or area designed to achieve sustainable change and improvement within a specific topic area. Participants share results and learn from each other, thereby improving their ability to achieve rapid yet significant progress.

### How is “Patient-Centered Outcomes Research” defined by this RFA?

According to The Patient-Centered Outcomes Research Institute, “Patient-Centered Outcomes Research helps patients, and their caregivers communicate and make informed healthcare decisions, allowing their voices to be heard in assessing the value of healthcare options.”

### What organizations are members of the Interagency Workgroup?

The interagency workgroup consists of subject matter experts primarily from governmental and academic institutions.

### Who is eligible to apply for this funding opportunity?

All states, territories, and jurisdictions with a current PRAMS project that have met or have the capacity to meet the response rate threshold of at least 55% for at least one calendar year during Phase 8. Applicants must be in good standing with ASTHO to be eligible to apply.

### How do applicants apply for this opportunity?

ASTHO must receive applications by 11:59 p.m. ET, Friday, June 4, 2021. Please submit an electronic copy of the application to Britta Cedergren at [PRAMS@astho.org](mailto:PRAMS@astho.org). Incomplete applications or applications received after the deadline will not be considered.

### If an applicant has further questions, will there be an informational session held prior to the final submission date?

Yes, ASTHO will support interested applicants to offer guidance and address specific questions about the RFA. An informational conference call will be held on Tuesday, April 20, 2021 at 2 p.m. ET. Interested parties may contact Britta Cedergren at [PRAMS@astho.org](mailto:PRAMS@astho.org). Q&A will be posted regularly on <https://astho.org/funding-opportunities/> under the heading, “Linking PRAMS and Clinical Outcomes Data Multi-Jurisdiction Learning Community.”

### RFA Informational Call

An informational call for interested applicants will be held on **Tuesday, April 20, 2021 at 2 PM ET**. Please register in advance for this call using this [link](#).

For same-day access, teams may use:  
<https://astho.zoom.us/j/97680850283>

Meeting ID: 976 8085 0283

One tap mobile

+13017158592,,97680850283# US (Washington DC)

+16468769923,,97680850283# US (New York)

Interested parties may also direct questions to Britta Cedergren through [PRAMS@astho.org](mailto:PRAMS@astho.org).

### Timeline

- April 5, 2021: RFA released
- April 20, 2021: RFA informational Call
- June 4, 2021: 11:59 p.m. ET: Application submission deadline
- June 25, 2021: Awardees announced
- Project period: May 2021 – April 2022, with August – April 2022 subject to project continuation and funding from the CDC. If additional funding becomes available, the project may be extended.

### What documentation must be included in the proposal?

Applicants are asked to provide the following information for the proposal:

1. A 250-word Proposed Approach that describes the approach and strategy for accomplishing the requested project activities. Provide a brief outline of approach, strategy, identified data sets to be linked, how data would be used or potential priority analyses, proposed partnerships, and plans for sustainability to achieve the deliverables and learning community expectations. A formal workplan will be completed as part of the learning community, after award.
2. A description of the applicant's experience and quality of performance on recent work completed with similar scope. Include information about familiarity with and understanding of the topic, and information about the agency and its capacity to perform the services required within the timeframe. See the RFA suggestions of demonstrated prior experience.
3. A cover letter and letter of support from the state, territory, or jurisdiction health official that includes the name, title, and contact information (email and phone) for each of the learning community team members that will attend the virtual learning sessions and virtual ASTHO Learning Community kick-off meeting. Additionally, please identify a point person for ASTHO correspondence and include a financial/contract contact with name, title, and contact information. Required team members must provide an attached CV.
4. A detailed contractor budget template is included as **Attachment A**, containing detailed projected costs for the completion of the project. Include salary, fringe benefits, other direct costs, and indirect costs, as appropriate. If indirect costs are included on your budget, please provide a copy of your approved Indirect Cost Rate Agreement. A budget narrative must accompany the budget and indicate the costs associated with each proposed activity.
5. A response to the draft contract included as **Attachment B**. This draft agreement represents the memorandum of understanding (MOU) that ASTHO and successful applicants will enter. Review the agreement's terms and conditions with your contracts officer and confirm that if selected, you will enter into this agreement, or identify and include any proposed changes with your proposal application. ASTHO reserves the right to accept or decline any proposed changes to the terms and conditions.

*Please refer to the official RFA for additional requirements.*

### Do applicants need to have any current infrastructure for data linking and data sharing and performing multi-site analyses based on this data to apply to be a part of the learning community?

No, applicants without any current infrastructure around data linking and data sharing can still apply to be part of the learning community. If your state, territory, or jurisdiction currently has no processes in place for data

sharing and data linking, you must include a timeline and documentation for establishing these agreements with partners as part of the application. This timeline must include an agreement with at least one clinical data linkage partner (e.g., hospital discharge, vital records, Medicaid claims, and All-Payer Claims databases) and be completed within 30 days of grantee acceptance.

If your state does already have processes in place for data sharing and data linking, you should submit documentation to demonstrate the existence of these processes as part of the application. Documentation includes Memorandums of Agreements, Institutional Review Board approvals, and/or data sharing agreements.

### **How will prior experience and infrastructure for data linking and data sharing reviewed and evaluated based on applicant proposals?**

Applicants will be evaluated based on the following:

- Written documentation through a cover letter and/or separate letter of commitment from the state, territory, or jurisdiction health official stating project support and pledging they will champion data access and sharing.
- Documented past access to vital records files with identifiers linked to PRAMS, and at least one primary clinical outcomes dataset for linkage.
- Documented approvals to link said datasets at the state level and permission to share de-identified datasets with CDC and external researchers through existing documentation or by referencing existing processes, templates, and a proposed timeline for securing approval to share.
- Description of capacity and experience linking vital records with clinical outcomes data, including linkages performed through HRSA SSDI, or publications using linked data.
- Capacity to analyze linked datasets and willingness to participate in multi-jurisdiction efforts.
- A proposed plan to sustain data linkage capacity and analyses to continue to monitor pregnancy-related outcomes into the future.

*Please refer to the official RFA for additional requirements*

### **Do applicants need to have a data dictionary for each data source established prior to the start of the project?**

No. Building a standardized data dictionary will be one of the learning community activities and will be completed with the technical assistance of the Interagency Workgroup and ASTHO's internal PRAMS, and Data and Informatics staff. Applicants do however need to demonstrate either existing data-linkage experience and capacity, or a clearly defined plan for linkage that must include a timeline and documentation for establishing these agreements with partners as part of the application. This timeline must include an agreement with at least one clinical data linkage partner (e.g., hospital discharge, vital records, Medicaid claims, All-Payer Claims databases) and be completed within 30 days of grantee acceptance.

### **What can be purchased under this RFA?**

All states, territories, or jurisdictions participating in the Linking PRAMS and Clinical Outcomes Data Learning Community are eligible to receive funding for a full-time equivalent (FTE) staff member or ASTHO field placement. Funds may be used for software, datasets, materials or supplies, and other project-related expenses, such as acquiring datasets or linkage software. Funds **may not** be used for equipment purchases. Per HHS requirements, funds awarded under this RFA are prohibited from being used to pay the direct salary of an individual at a rate in excess of the federal Executive Schedule Level II (currently \$199,300). Please refer to the RFA for details on allowable expenses.

States, territories, and jurisdictions should consider equipment as tangible personal property (including information technology systems) that has a useful life of more than one year and a per-unit acquisition cost

which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000.

### **How often are awardees expected to report project progress to ASTHO?**

At this time, awardees are expected to provide quarterly updates of progress to PRAMS staff and the Interagency Workgroup. ASTHO staff will make themselves available for meetings and technical assistance throughout the duration of the project period as requested by grantees.

### **What will be expected of grantees shortly after grants are awarded?**

Applicants will be expected to participate and actively engage in the following activities, including:

- Attending a virtual kick-off meeting with ASTHO and CDC.
- Attending all Learning Community activities, including *ASTHOConnects* virtual learning sessions, technical assistance calls, team-to-team learning opportunities, evaluation calls, and additional assessments.
- Developing and implementing a work plan (through the Learning Community), submitting quarterly progress reports, and participating in technical assistance site visits or conference calls with ASTHO staff, as needed.
- Providing information via needs assessments or key informant interviews to identify facilitators and understand barriers to data linkage to inform and refine technical assistance needs.
- Obtaining all documentation needed for data dictionaries.
- Obtaining all documentation needed for data linkages and data sharing, such as Memorandums of Agreement, Institutional Review Board approvals, and/or data sharing agreements.
  - States, territories, or jurisdictions may also show documentation to demonstrate existing processes and templates for data sharing and linkages, and/or should include a timeline for finalizing these agreements with partners as part of the application.
- Conducting data linkages and analysis resulting in de-identified linked datasets.
- Collaborating with the project Interagency Advisory Workgroup to identify priority activities that facilitate improved data linkage, share successes, and build sustainability plans.
- Working with the ASTHO and CDC to identify mechanisms for hosting and sharing data with external researchers.
- Participating in partner activities throughout the Learning Community to troubleshoot barriers, share best practices, and build upon successes.

### **Are applicants allowed to revise the proposed project approach and plan for sustainability, and response to the draft MOU agreement after submission?**

If an applicant decides to revise the proposed project approach and sustainability plan, or MOU draft agreement response, they will need to provide written documentation to ASTHO of the desired modifications. ASTHO will review this information and approve changes, if applicable. Please note this may cause delays in the project start.

### **When will applicants be notified of award status?**

Applicants will be notified by Friday, June 25, 2021. The review process consists of an initial review and scoring of applications by ASTHO and the CDC. Selected applicants will be required to participate in a kickoff call in July of 2021 to discuss projects and expectations.

### **How many individuals are required to participate in the learning community from each state, territory, or jurisdiction?**

The following representatives are required for participation in this project:

- a. PRAMS Manager
- b. Clinical outcomes dataset manager

- c. Maternal and Child Health (MCH) department representative (e.g., MCH Title V director, MCH epidemiologist, or similar)
- d. Informatics or IT representative
- e. Any additional participants as needed integral to the work of the project.

**Will assistance be provided to maintain and expand data sharing and data linking capabilities beyond the learning community membership timeline?**

Improvement and sustainability of clinical linkages to further identify and support future opportunities for patient-centered outcomes research and clinical quality improvement will be a core focus of the learning community. At this time, the funding period is the only time ASTHO can guarantee data sharing and linking training and technical assistance.

**If an applicant is not selected to participate in the learning community, is any other data linkage and data sharing support available?**

As a part of this project, ASTHO is committed to providing resources for states, territories, and jurisdictions to pursue similar activities on their own. Examples of these future resources include a report, data-linkage process maps, a podcast, and storytelling by participating sites.