

Funding Opportunity

**Electronic Case Reporting (eCR) for Tribal Nations**

#### Funding Opportunity Overview

With support from the Centers for Disease Control and Prevention, the National Indian Health Board (NIHB) is offering a funding opportunity for Tribes, Tribal organizations, consortium of Tribes, Tribal Epidemiology Centers (TEC), or other Tribal bodies with public health authority to begin the implementation process of electronic case reporting (eCR) directly to the Tribal public health authority (PHA). As sovereign governments, Tribal Nations are inherently public health authorities and have the legal authority to receive case reports on conditions of interest to them (“of interest” is generally defined by law or emergency public health authority). Tribes and Tribal public health authorities have faced difficulties in receiving real time infectious disease case reports. Electronic case reporting (eCR) can provide real time data to Tribal public health authorities to ensure a swift investigation process.

Electronic case reporting (eCR) is a tool that PHAs can use to author according to their needs and interests and receive immediate feedback on reportable conditions and possible outbreaks. eCR is the automated, real-time exchange of case report information between electronic health records (EHRs) and public health agencies. eCR securely transfers patient and clinical information from healthcare providers to public health for disease tracking, case management, and contact tracing.

Public health agencies receive the following benefits from eCR:

* Provides more timely and complete data to support outbreak management and monitor disease trends
* Efficiently monitors the spread of reportable diseases like COVID-19 during outbreaks and public health emergencies
* Reduces response time with automated information
* Improves communication and collaboration with healthcare by enabling bidirectional data exchange

Visit [CDC’s eCR website](https://www.cdc.gov/ecr/index.html) to learn more about eCR, why it is important, and how eCR works.

There are 4 objectives for recipients of this funding opportunity:

Objective 1: PREPARE: Recipient will assess current processes and identify needs and gaps to successfully transition to an eCR system.

Objective 2: CONNECT: Recipient will establish the systems and processes needed to receive eCR data directly to the Tribal public health authority by connecting to the Association of Public Health Labs (APHL) Informatics Messaging Service (AIMS).

Objective 3: AUTHOR: Recipients will establish a set of criteria, or rules, that will be used by Association of Public Health Laboratories Informatics Messaging Services (AIMS) to send the designated eCRs of Tribal citizens directly to the Tribal public health authority.

Objective 4: COORDINATION and PARTNERSHIP: Recipients will establish the necessary internal processes to ensure timely and successful project implementation.

NIHB will fund 2 high quality proposals from eligible applicants **for $350,000 each.[[1]](#footnote-2)**

The completed application is due by **Thursday, March 17, 2022 at 11:59PM ET.** The project period will run for approximately 8 months or from **April 1st 2022 – December 31st 2022.**

NIHB will host a

**Pre-Application Webinar**

**Monday, February 28, 2022**

**2:00pm ET**

Register for the Pre-Application Webinar by [clicking here](https://us02web.zoom.us/meeting/register/tZEkceCurTgqH9Q1czzUuMv-YMtF7NiOkljr) or cut and paste this address into your browser:

<https://us02web.zoom.us/meeting/register/tZEkceCurTgqH9Q1czzUuMv-YMtF7NiOkljr>

Additional questions about this RFA may be directed to Karrie Joseph, kjoseph@nihb.org

NIHB will not answer any questions or provide any information that may provide an unfair advantage to any applicants.

**Eligibility**

In order to be considered eligible for this funding opportunity, the following criteria must be met:

* Applicants must be a federally recognized Tribal Government, Tribal organization, or inter-Tribal consortium as defined in the Indian Self-Determination and Education Assistance Act, as amended. Tribal Epidemiology Centers, as Public Health Authorities are also eligible to apply.
  + Applicants may be currently in receipt of or are welcome to apply for other NIHB funding opportunities.

#### Project Requirements

Selected recipients must agree to:

* Complete all activities in an agreed upon work plan
* Sign and return a Subrecipient Agreement with NIHB that stipulates the amount of funds to be distributed, a schedule of funds distribution, Tribal points of contact, and project activities. NIHB will furnish the Agreement after funding decisions are made.
* Designate one main point of contact to serve as the project coordinator. Even if this person will not be leading all project activities, the Tribal partner must designate one individual with whom NIHB will directly communicate on all matters related to this project. This person will be responsible for submitting the final report, participating in conference calls, and completing evaluation activities.
* Permit NIHB to share project success, lessons learned and tangible products as part of a broader information dissemination strategy
* Participate in cohort learning events coordinated by NIHB
* Participate in regular project check-in calls
* Participate in project evaluation activities
* Submit a final report and financial statement to NIHB by **December 31, 2022, 11:59PM ET.**

NIHB will provide selected sites with:

* Specified amount of funds.
* Technical assistance from NIHB as requested
* Networking and learning opportunities with other Tribal and non-Tribal entities

#### Application Process

1. Participate in the optional pre-application conference call on Monday, February 28, 2022 at 2:00pm ET.
2. Complete the application and attach the work plan, budget documents, indirect cost rate agreement (if applicable), letter of support and audit documentation in an email to Karrie Joseph, [kjoseph@nihb.org](mailto:kjoseph@nihb.org) with “eCR Application *Tribe or Tribal org name*” in the subject line.
3. The following will comprise a complete application package:

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| Section A and B: Contact information and scope of work narrative |  |
| Section C: Budget and Budget Narrative |  |
| Section D: Completed work plan (template provided) |  |
| Indirect Cost Rate Agreement (if claiming indirect costs) |  |
| Copy of most recent audit including the schedule of findings |  |
| Signed letter of support from Tribal official |  |

1. Complete the project application and submit required documents. Contact Karrie Joseph, [kjoseph@nihb.org](mailto:kjoseph@nihb.org) if you have any questions. No applications will be accepted by fax or postal mail. NIHB shall confirm the receipt of all applications.

#### Selection Process

* Incomplete application packages will not be reviewed.
* All complete applications will be reviewed by a team of qualified public health professionals.
* NIHB shall notify all applicants of the status of their application by **April 1, 2022.**

## APPENDIX A: APPLICATION

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Instructions: Fill out this application in its entirety by typing directly into this document. **All completed applications should be sent to** Karrie Joseph, [kjoseph@nihb.org](mailto:kjoseph@nihb.org) **by March 17, 2022, 11:59pmET**

# SECTION A: TRIBAL OR TRIBAL ORGANIZATION AND CONTACT INFORMATION

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| 1. NAME OF Public Health Authority (TRIBE, TRIBAL ORGANIZATION, TEC, etc. |  |
| **CONTACT INFORMATION** |  |
| 2. Contact information for the individual to receive notification of application status: | Name: |
| Title: |
| E-mail Address: |
| Mailing Street Address: |
| City, State, Zip Code: |
| Phone number: |
| 3. Name and address where funding check should be sent should applicant receive the funding | Pay to the order of: |
| Mailing Street Address: |
| City, State, Zip Code: |

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| **PROJECT COORDINATOR CONTACT INFORMATION** | |
| 4. Contact information for the individual to serve as Project Coordinator (if the same as above, then leave all fields blank). **This person will be the main point of contact and be responsible for submitting all deliverables, participating in conference calls, and completing evaluation activities.** | Name: |
| Title: |
| E-mail Address: |
| Phone Number: |
| Cell Phone Number |
| Mailing Street Address: |
| City, State Zip Code: |

# SECTION B: APPLICATION NARRATIVE AND SCOPE OF WORK

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| **Description of Need *(400 words maximum).* Please add a description of your current capacity and process for case reporting, including software used and challenges you encounter with reporting Reportable Conditions and receiving case report data for case investigations.** |
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| **Description of Improvements *(400 words maximum).* Describe how this project will increase your capacity and improve the current process.** |
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| **Describe Beneficiaries *(400 words maximum).* Answer who will benefit from the project and how they will benefit.** |
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# SECTION C (Required): Budget and Budget Narrative

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| **Please attach a line-item budget and budget narrative with this application as separate Word, Excel, or PDF documents.**  The requested award amount should be appropriate to the level of effort required to engage in the proposed scope of work and produce the deliverables outlined in the workplan.  Expected budget categories include: salary, consultant, travel, supplies, equipment, other (subscriptions, fees, computer/internet services, printing, postage, etc.).  **Awards may not be used for**: direct support to external individuals (e.g., delivery of patient care), construction projects, purchase large equipment, food or beverages, support ongoing general operating expenses or existing deficit, endowment or capital costs, or lobbying of any kind.  **Awards can be used for**: salaries and wages, contractors, equipment, supplies, educational materials, implement training(s), or complete other activities in the workplan, infrastructure or IT improvements (restricted to up to 10% of total budget), and indirect costs (to claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the cognizant federal agency. If you are claiming indirect costs, a **copy of the most recent indirect cost rate agreement must be provided with the application).**  These funds will be provided as follows:   |  | | --- | | 50% of the subaward will be paid at the beginning of the subaward cycle to begin activities included in the work plan. The balance of the subaward will be paid upon successful completion of all deliverables and NIHB’s receipt of the project deliverables and final report. | |

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| **SUPPORTING DOCUMENTATION** |
| Please select the corresponding box for all supporting materials being submitted with the application package (they can be added as additional pages to this document or as a separate attachments).  Letter of Support from Tribal Health Official/Leader or the leadership of a Tribal organization (mandatory). The signed letter of support should be from the Tribal health department’s or the organization’s director or CEO, the chair of the Tribal Health committee, Tribal chairperson, or other official that oversees all or a portion of the public health activities. The letter should include the relevant body’s awareness of and/or commitment to the project activities and support for completion of all deliverables.  Indirect Cost Rate Agreement (if applicable)  Copy of most recent audit with schedule of findings  Other (optional) (please identify:      )  The applicant may submit additional supporting documentation. However, these are not required for a complete application package. |

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| **SECTION D: PROPOSED SCOPE OF WORK** |
| The workplan below contains pre-filled objective and activities that are required of all sub-awardees. Expand the table as needed to add additional activities to meet the objectives. |

### Continue to work plan tables below

## PROPOSED SCOPE OF WORK- WORK PLAN TABLE

**All objectives and activities that are pre-populated in the work plan below are required. Expand the table as desired if you would like to add additional activities as you see fit to help you meet the objectives.**

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| **Goal: To increase Tribal knowledge around and begin the implementation process of electronic case reporting (eCR) directly to Tribal public health authorities.** | | | | | | |
| **Objective 1: PREPARE: Assess current processes and identify needs and gaps to successfully transition to an eCR surveillance system** | | | | | | |
| **Activity** | **Person(s) Responsible** | **Deadline** | | **Deliverable(s) / Outputs** | **Progress Notes**  **(leave blank – to be used during project implementation)** | |
| Activity 1.1: Attend eCR Tribal cohort meetings and scheduled trainings to increase knowledge and capacity around eCR. |  |  | | eCR Tribal Cohort meetings scheduled, agendas, and notes |  | |
| Activity 1.2: Conduct a review or scan of current case reporting processes and systems; and compare to existing processes and systems used by public health authorities (PHAs) currently receiving eCR. Gaps and needs to transition to a surveillance system will be identified. |  |  | | Completed review/scan |  | |
| Activity 1.3: Develop a report of the results of the review/scan and provide to NIHB and CDC. |  |  | | One (1) report |  | |
| **Objective 2: CONNECT: Establish the systems and processes needed to receive eCR data directly to the Tribal public health authority by connecting to the Association of Public Health Labs (APHL) Informatics Messaging Service (AIMS).** | | | | | | |
| **Activity** | **Person(s) Responsible** | **Deadline** | | **Deliverable(s) / Outputs** | **Progress Notes** | |
| Activity 2.1: Contact the Association of Public Health Laboratories Informatics Messaging Services (AIMS) and establish a communication channel. |  |  | | Documented communication channel established |  | |
| Activity 2.2: Create a Secure File Transfer Protocol (SFTP) or Simple Storage Service (S3) endpoint. |  |  | | Endpoint established |  | |
| Activity 2.3: Attend training(s) and/or webinar(s) to educate program staff around the use of the AIMS systems. |  |  | | Training/webinar attended, agenda, and notes |  | |
| Activity 2.4: Send AIMS team a list of zip codes that identify the Tribal jurisdiction. |  |  | | Tribal jurisdictional zip codes sent to APHL |  | |
| Activity 2.5: Test and implement an SFTP or S3 connection to AIMS to receive electronic initial  case reports (eICRs). |  |  | | Successful testing of SFTP or S3 connection |  | |
| **Objective 3: AUTHOR: Establish a set of criteria, or rules, that will be used by AIMS to send the designated eCRs of Tribal citizens directly to the Tribal public health authority.** | | | | | | |
| **Activity** | **Person(s) Responsible** | **Deadline** | **Deliverable(s) / Outputs** | | | **Progress Notes** |
| Activity 3.1: Establish the reportable conditions the Tribal public health authority (TPHA) plans to receive through eCR. |  |  | Reportable conditions established | | |  |
| Activity 3.2: Establish Reportable Conditions Knowledge Management System (RCKMS) authors. |  |  | Authors established | | |  |
| Activity 3.3: Meet with the Council of State and Territorial Epidemiologists (CSTE) and request authoring access. |  |  | Documented meeting with CSTE, agenda, and notes | | |  |
| Activity 3.4: Establish case criteria to be received by the TPHA. |  |  | Case criteria established | | |  |
| Activity 3.5: Publish rules for your condition(s) to production in RCKMS. |  |  | Conditions published | | |  |
| Activity 3.6: Develop a workflow process or plan around updating case criteria or establishing additional reportable conditions. |  |  | One (1) workflow process or plan developed | | |  |
| **Objective 4: COORDINATION and PARTNERSHIP: Establish the necessary internal processes to ensure timely and successful**  **project implementation.** | | | | | | |
| **Activity** | **Person(s) Responsible** | **Deadline** | **Deliverable(s) / Outputs** | | | **Progress Notes** |
| Activity 4.1: NIHB and the Sub-Awardee shall attend regularly scheduled meetings with the assigned program team to discuss project progress. |  |  | Regularly scheduled meetings, agendas, and notes | | |  |
| Activity 4.2: Work collaboratively with NIHB and the CDC to develop materials relating to eCR implementation at a Tribal public health authority. |  |  | Materials developed | | |  |
| Activity 4.3: Submit a report to NIHB documenting progress and deliverables at the end of the project period. |  |  | One (1) report | | |  |
| Activity 4.4: Hold internal project meetings to monitor workplan implementation, barriers and lessons learned. |  |  | Internal meetings held, agendas, and notes | | |  |
| Activity 4.5 Collaborate with in-jurisdiction healthcare organizations to educate about sending electronic initial case repots. |  |  | Collaboration notes | | |  |

1. Note that an earlier version of this Request for Proposals cited $250,000 as the award amount, which was incorrect [↑](#footnote-ref-2)