



E000789

GUIDELINES AND REVIEW PROCEDURES FOR ARTHRITIS
PROGRAMS

A. BACKGROUND

Congressional action on the RMP appropriation for FY 1974 included an earmark of "up to \$4,500,000" for planning and development of pilot arthritis centers. This document sets forth the governing RMP arthritis program guidelines and related information for activities to be carried out with these funds. In developing the guidelines, the Division of Regional Medical Programs has had the benefit of informal consultation and advice from RMP coordinators, members of the American Arthritis Association, and the National Advisory Council on Regional Medical Programs.

B. PROGRAM EMPHASIS AND DEFINITION

"Pilot arthritis centers" is defined for purposes of this RMP initiative as organized pilot programs of patient referral and care delivery which relate existing skills and resources at all community levels for the optimal provision of care to arthritis patients in a defined population. The goal of the arthritis program is to develop, strengthen, and improve arthritis care delivery in order to achieve more accessible, efficient and high quality care for arthritis victims. Programs will be developed and processed through the RMP's in order that Regional counsel and assistance will be available to applicants so that arthritis programs can benefit directly from the health care delivery experience and resources developed within the Regions.

C. TYPES OF ARTHRITIS PROGRAM ACTIVITIES

Activities developed should contribute to organized programs of patient services relating expanded skills and resources to all community levels for optimal provision of care to arthritis patients in the population served. Programs approved for support should project exemplary demonstrations of community mobilization and coordination of health resources through delivery systems responsive to the needs of the community. Both care providers (physicians, nurses, and allied health) and consumers should be involved in planning and executing proposed pilot programs. Characteristic activities contemplated within pilot arthritis programs include, but are in no way limited to development such as:

1. Community arthritis clinics to broaden the care delivery base, as well as to augment multidisciplinary diagnosis and treatment of adult and pediatric arthritis.
2. Home and "half-way" care programs to improve care access, and reduce patient loads on hospitals and clinics.
3. Center-to-center, and center-to-clinic integration of services which expands the specialty base of patient services, and accelerates the dissemination of advanced care methods and techniques. Particular note should be taken of opportunities to relate to VA, publicly-sponsored rehabilitation, and other operating health services.
4. Community advisory bodies representing provider and consumer interests to maintain surveillance and evaluation of activities, and facilitate the coordination of community services. Such groups might also establish liaison with other arthritis and chronic disease programs, as well as undertake studies of care delivery problems.

5. Alternative sources of service funding to sustain program viability when RMP funding ends.
6. Program-wide reporting system to aid patient referral, prevent patient loss from the system, reflect program progress, and to indicate program deficiencies to program authorities.
7. Standards of care quality and procedures for improved services.
8. Professional education, including physician, nursing, and allied health personnel refresher courses to improve quality of care, and motivation to act on arthritis disease in a positive and united manner.
9. Public education programs to motivate patients to seek qualified provider services, and to formulate more positive public attitudes toward arthritis.

D. OBJECTIVES OF PILOT ARTHRITIS ACTIVITIES

1. Patient Care

- a. Improved access to competent care, including multidisciplinary treatment planning encompassing conservative management to prevent, reduce, or delay pain and loss of function.
- b. Expeditious referral of patients to appropriate care in the least care-intensive setting.
- c. Improved diagnosis and treatment.
- d. Reduced loss of work caused by arthritis.
- e. Reduced pain and loss of function due to arthritis.

2. Facilities and Services

- a. Integration of arthritis services with existing care delivery services.
- b. Optimal utilization of health personnel.
- c. Development of new care delivery methods responsive to special needs.
- d. Accelerated exchange of advanced technical and semi-technical information.
- e. Effective program evaluation system.

E. FINANCING

Awarded for approved pilot arthritis programs will be in addition to the regular RMP program award. The amount allocated for arthritis will be indicated under "Remarks" of the Notice of Grant Award (Form HSM-457). Arthritis funds may not be rebudgeted to other activities without prior written approval by the Division of Regional Medical Programs.

To avoid misunderstanding, applicants should be clearly advised that the arthritis funds provided in PL 93-192 are available in FY 1974, only, and therefore will be one-time grants. The funded programs should include development of third-party payment mechanisms, or rigorously seek recovery of costs for services to maintain program viability. Existing restrictions on the use of RMP funds apply to these grants; e.g., direct patient care costs, research, construction, etc.

F. APPLICATION REQUIREMENTS

Applications for support of pilot arthritis programs should be submitted separately (not included as a section) from applications for regular RMP program support. However, discrete or different arthritis programs within the same RMP may be presented in a single application.

For each application (form RMP-34-1), only one Face Page (Page 1), and one set of Assurances and Certifications (Page 2) are required. The Face Page should show the entire amount, both direct and indirect costs, if the application includes several discrete program proposals. Each discrete pilot arthritis program proposal involving different local sponsors (or applicants) must have a separate Page 3 and Page 16 for each separately sponsored program component, or activity. In lieu of Page 15, a Program Description must be submitted for each arthritis program providing essential points or elements noted below, "Program Description". Description of each component, or element of the overall arthritis application should normally be less than 20 pages.

G. PROGRAM DESCRIPTION

Arthritis program descriptions should include the following information:

1. Title and project number assigned.
2. Name of the sponsoring institution, or organization.
3. Name, current title and address of the proposed Project Director.
4. Total RMP funds requested, and the period for which such support is requested.

A description of the substantive nature and activities of each component of a pilot arthritis program is required (component examples: establishment of clinics; refresher professional education; home care delivery).

The description should include:

1. The output objectives stated in concrete and specific terms (e.g., to provide at least one-half, or 500, of the primary physicians in the area with four hours of instruction in the proven methods for diagnosing rheumatoid arthritis).
2. The geographic area and/or target population to be served (e.g., all

primary physicians practicing in the greater metropolitan area).

3. The anticipated number of persons that will be served by the proposed activity expressed in terms of -
 - a. persons trained (e.g., 500 physicians); and
 - b. persons served by persons trained (e.g., an estimated 10,000); or
 - c. persons served directly, given direct patient services as part of a demonstration project (e.g., 75-100 persons will receive physical therapy).
4. Brief description of the plan of action (or methodology) for achieving the stated objectives.
5. Names, and/or titles of persons to whom any reports will be made, and reporting, or activity review schedules.
6. Summary budget (page 16) indicating-
 - a. personnel, equipment and supplies and other costs, including any overhead, for which RMP funds are requested; and
 - b. non-RMP support that will be available, including funds or services-in-kind from participating institutions or agencies, other public sources, and patient fees for services rendered.
7. Need and prospects for continuation support following termination of RMP funding, including the anticipated sources, amounts and nature of such support (e.g., patient fees, services-in-kind).
8. An evaluation plan to monitor program progress, including criteria to be applied, and the schedule of evaluation activities.

H. APPLICATION SUBMISSION REQUIREMENTS