

improved as a result of the SIMIS network.

ICT Projects

1. Effectiveness—extent to which application describes how health outcomes and systems of care would be improved through integrating the health disparities collaborative care model with information and communications technology.

2. Efficiency—extent to which application demonstrates how inefficiencies such as lost medical records, lab results, and ineffective appointment systems will be eliminated through combining information and communications technology with the care model.

3. Safety and Risk Management—extent to which application demonstrates how decision support would be used throughout the delivery system; such as how primary care provider order entry will prevent medication or lab errors.

4. Patient-Family Centeredness—extent to which the application documents how patients will be connected to their health information and describes support/educational tools, such as disease management patient information and on-line support groups.

5. Equity—extent to which the application demonstrates that all populations, including racial and ethnic minorities and uninsured populations, are receiving high quality care and care that is customized to meeting their needs.

6. Timeliness—extent to which the application demonstrates electronic communication between providers and clinicians, for example, a cutting edge appointment system developed for rapid responses to patient needs.

Funding Preference: A funding preference is defined as the funding of a specific category or group of approved applications ahead of other categories of applications. A preference will be given to approved applications proposing to serve sparsely populated rural or frontier areas.

Funding Priorities

A funding priority is defined as the favorable adjustment of aggregate review scores of individually approved applications. Applications for grant support may be submitted without requesting a funding priority; however, approval of a funding priority will enhance an applicant's competitive score.

ISDI, SIMIS and ICT Projects

1. Programs Demonstrating Appropriate Use of Technological Improvements

Because significant efficiencies in the delivery of health care services can be realized through the appropriate use of technological improvements, a priority will be placed on applications that incorporate such improvements to enhance the quality of care, increase the efficiency and effectiveness of operations, and reduce costs. Applicants are encouraged to consider how their proposals might use telehealth and/or new emerging technologies to achieve their project goals. The advent of communication tools such as distance learning, remote patient monitoring, personal data assistants (PDAs), interactive video, satellite broadcasting, and store-and-forward technology are just some of the many health-care focused technological applications that can help improve access to care either directly or indirectly by improving the efficiency of health care providers. Applicants that propose such improvements will receive 2 additional points.

ICT Projects Only

Priority will be given to those applicants with public/private collaborators with an existing track record in the development or support of ICT, networks, and health disparities collaboratives for health centers working collaboratively with the State PCA. Applicants meeting this priority will receive 3 additional points.

Priority will be given to projects that address a technical methodology and approach that meets current technology capabilities and marketplace standards, as specified by the two BPHC documents, Functional Requirements for Practice Management Systems and Functional Requirements for Electronic Medical Records (available on Web site: <http://www.bphc.hrsa.gov/chc/>). Applicants meeting this priority will receive 3 additional points.

Estimated Amount of Available Funds: For fiscal year 2003, approximately \$600,000 will be available for ISDI planning projects; approximately \$1,800,000 will be available to support ISDI development projects; approximately \$2,500,000 will be available through the SIMIS; and approximately \$3,000,000 will be available to support ICT development projects.

Estimated Project Period: ISDI Planning Projects—up to 2 years; ISDI Development Projects—up to 4 years; SIMIS Projects—up to 3 years; and ICT Projects—up to 3 years.

Estimated Number of Awards: It is anticipated that the following number of awards will be made: ISDI Planning Projects—3 to 6 awards; ISDI Development Projects—10 to 15 awards; SIMIS Projects—4 to 6 awards; and ICT Projects—up to 5 awards.

Estimated Average Size of Each Award: The estimated costs are expected to vary considerably. Award will range from \$75,000 to \$200,000 for ISDI Planning Projects;—\$150,000–\$525,000 for ISDI Developmental Projects; \$150,000 to \$500,000 for SIMIS Projects and \$450,000 to \$750,000 for ICT Projects.

FOR FURTHER INFORMATION CONTACT: Applicants may contact the following individuals:

For ISDI: Lisa Dolan-Branton at LDolan@hrsa.gov or (301) 594–4306.

For SIMIS: Jayne Bertovich at JBertovich@hrsa.gov or (301) 594–4318.

For ICT: Lisa Dolan-Branton at LDolan@hrsa.gov or (301) 594–4306.

Paperwork Reduction Act: The application for the Integrated Services Development Initiative has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act. The OMB clearance number is 0920–0428.

Public Health System Reporting Requirements: Under these requirements (approved by the Office of Management and Budget under OMB number 0937–0195), a community-based non-governmental applicant must prepare and submit a Public Health System Impact Statement to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date. This statement must include:

1. A copy of the face page of the application (SF 424) and
2. A summary of the project, not to exceed one page, which provides:
 - a. A description of the population to be served,
 - b. A summary of the services to be provided, and
 - c. A description of the coordination planned with the appropriate State and local health agencies.

Executive Order 12372: These programs have been determined to be subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs by appropriate health planning agencies, as implemented by 45 CFR part 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under