

NIH Pain Consortium
Centers of Excellence in Pain Education



Altarum Institute/Palladian Partners

REQUEST FOR PROPOSALS

National Institutes of Health Pain Consortium
Centers of Excellence in Pain Education (CoEPEs)

ANSWERS TO QUESTIONS

Date: January 20, 2012



#	Question	Answer
1.0 ELIGIBILITY/PARTNERSHIPS		
1.01	Is this open to Canadian centres/universities as well?	<p>The proposal for this firm fixed price contract must be submitted by an accredited medical, dental, nursing, or pharmacy professional school located within the United States. As noted in "Appendix A: Cover Page," one applicant organization must be listed with the name of one contact person from that organization.</p> <p>The lead U.S. applicant organization may partner with other organizations and/or associations, either within or outside the United States. These partners can provide content, technical, management, or other types of expertise. Specific roles and responsibilities for personnel from partners must be clearly described in the proposal and associated costs delineated in the budget.</p> <p>Partnerships between associations/organizations/institutes/companies and eligible applicants are encouraged.</p>
1.02	Would an academic teaching hospital in partnership with a University health professions school be eligible to submit?	
1.03	Are centers from outside USA eligible to apply?	
1.04	Are foreign institutions eligible to apply?	
1.05	Can a teaching hospital affiliated with a medical school apply for this grant, or must the application be submitted by and for the medical school?	
1.06	Can an academic teaching hospital affiliated with and in collaboration with a health professional (e.g. medical) school apply as an Eligible Offeror?	
1.07	Could the xxxxx, an independent 501(c)3, pursue this grant?	
1.08	Will the foreign medical school be eligible to apply?	
1.09	We are a xxxxx program in the department of xxxxx hospital affiliated with a university and attendant medical school. We have a premier xxxxx program. Are we eligible to apply for the grants?	
1.10	Can a hospital apply for this funding opportunity or does it need to be a "health professional school"?	
1.11	Is there some reason that physical therapy is not in the RFP and could not be included?	
1.12	Will the profit institute/company be the collaborator?	
1.13	Please confirm and clarify the eligibility requirements as stated in the RFP whether organizations such as xxxxx [Association] would qualify to apply for this grant opportunity.	
1.14	Can a professional organization that is not an accredited teaching institution partner with an eligible applicant to submit a proposal?	
1.15	Given the uniqueness of xxxxx, the complexity of this collaboration, and the willingness of the xxxxx institutions to work together with the Center, is it possible for the xxxxx in collaboration with all of	

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	these schools - to be the applicant and facilitator for the response?	
1.16	Would it also be acceptable to include a school of social work as a collaborator?	
1.17	Could you please clarify whether you will accept joint proposals involving institutions in the US and the UK?	
1.18	The RFA reads as though this is only available to schools of medicine, nursing and pharmacy, or consortia of those schools. Do you believe there is any chance that they would review a response from a consortium of xxxxx?	
1.19	Are foreign institutions eligible?	
1.20	We would like to know if eligible institutions can partner with other institutions of higher education (that do not have medical, dental, nursing, or pharmacy schools) who have expertise in pain management?	
1.21	Might there be a way for us to reach pain education curriculum developers to explore the possibility of partnership with us using our existing xxxxx platform (or another if preferred) to deliver on-line, media enhanced education for practitioners in training?	
1.22	Does "multiple schools" mean different schools within a single institution within a large multi-school University, or only to other collaboration between entirely separate academic entities?	Either interpretation is acceptable.
1.23	Although collaborations between schools within institutions are encouraged, is it a requirement that proposals include more than one school? Is a single school within a university allowed to apply?	Single schools within a university are eligible.
2.0 BUDGET		
2.01	Would like to ask if the indirect costs allowed are included in the maximum budget amount per year? Or is it in addition to?	All costs, direct and indirect, must be included in the budget. The targeted maximum value is \$95,000 for the first year of funding and \$90,000 each for the second and third years. However, proposals with multiple collaborations, exceptional reach, and/or comprehensive curriculum resources may request funding above those values with justification for the increased funding request. Final funding amounts will be evaluated during the negotiation period.
2.02	Are the funding levels cited in the RFP inclusive of the federally approved institutional indirect rate? That is, do they represent total costs?	
2.03	Are Indirect Costs included in the \$95,000 maximum for 1st year? Or, do we add our Indirect on top of that amount?	

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2.04	Is the indirect budget added to or included within the \$95,000 maximum budget for year one, assuming the latter right now?	
2.05	We will have xxxxx outside institutions, each with possibly xxxxx schools/programs involved. Please give some guidelines about the possible budgetary accommodations that can be made. We expect to develop xxxxx modules.	
2.06	Assuming the indirects are part of the \$95,000, is there any way to negotiate an increase in funding because, once indirects are removed, there will not be sufficient funds remaining to conduct the project?	
2.07	Does the maximum levels for funding during the three years include indirect costs or will indirect costs be in addition to the maximum levels?	
2.08	The scope of the effort we envision will require principals with effort in each of the xxxxx schools as well as quite a few content experts in each. This scope feels to us like a xxxxx budget. Before we organize the components in coming weeks, we'd like to know if this size of budget is feasible.	
2.09	Is the budget by year as published inclusive of indirect costs?	
2.10	Can you please clarify if the budget is inclusive of an IDC rate or is it in addition too?	
2.11	Is the budget by year as published inclusive of indirect costs?	
2.12	Can we expect an increase in budget allotments based on the many Schools and several Universities included? Will we be informed in advance or only during later negotiations should our grant be accepted?	
2.13	I have a question about specific language within the RFP: "In cases where several schools collaborate to submit a proposal together, we will consider adjusting these maximum values." Are you referring to several schools within the same institution or to several institutions or both? Are multi-institutional proposals permitted and/or encouraged? In the case of multi-school and/or multi-institutional proposals that include a budget that exceeds the 95/90/90 cap, is it necessary and/or advisable to request permission to exceed	Permission to exceed the cap is not required but should be justified in the application. Collaborations either within or between institutions are acceptable.

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	the cap before crafting the application?	
2.14	Does the budget allow for salary support for faculty who are content experts and/or educational design experts? Salary support for staff is mentioned (p. 10) but we envision that the development of these educational materials would require significant input from xxxxx faculty and would want to budget for this content expertise, if possible.	Yes, salary support for all contributors is acceptable with appropriate justifications and descriptions of roles.
2.15	Is the marketing plan expected to be budgeted, or proposed for future implementation by NIH or the awardee?	Yes, the marketing/dissemination plan must be included in the proposal and budget for years 2 and 3.
2.16	Can a grantee ask for salary support for Web-based teaching expertise ?	Yes, salary support for all contributors is acceptable with appropriate justifications and descriptions of roles.
2.17	Is the contract budget intended to support the technology implementation, or is that being provided as a resource by NIH for all the centers?	Awardees will prepare content and insert the content into templates; Altarum/Palladian will facilitate template creation and will manage the uploading of the content into the NIH Pain Consortium centralized repository of resources created through the CoEPEs project.
2.18	The indirect rate here at xxxxx is xx% for grants and xx% for contracts – please clarify if this is a grant or a contract, seeming to be the latter.	This is a firm fixed price contract.
2.19	When funding could be increased for including multiple schools, do you mean within the same university or across different institutions?	Either scenario may be considered.
2.20	Will this be a firm fixed price contract based on the Federal Acquisition Regulations (FARs)?	Yes.
2.21	If CE is to be offered will the NIH or the awardee be responsible for all components; e.g., should it be included in the budget?	Costs to create Continuing Education resources should not be included in the proposal or budget.
2.22	Should we include scholarship in the proposal?	Academic excellence is encouraged. No scholarship funds should be part of the budget.

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2.23	As an educational institution we do not maintain documentation of hours worked for its faculty and staff with the exception of undergraduate students, but rather maintains documentation to support time expended on federal projects based on percentages of effort worked. This documentation is maintained in accordance with OMB Circular A-21, FAR 31.3. We would like to request that we be allowed to submit a budget for this proposal based on percentages of effort in lieu of hours.	Percentages of effort must be converted to hours.
3.0 CURRICULUM CONTENT/FOCUS/APPROACH		
3.01	Can you please clarify whether a focused approach is desirable, in which all of our education materials are concentrated within the same theme (e.g., we submit all xxxxx case-based scenarios on xxxxx) or whether it's more desirable for us to distribute our efforts across our areas of excellence (e.g., have each of our xxxxx scenarios cover a different priority area-xxxxx). Alternatively, would it be desirable for a single case-based scenario to cover multiple themes (e.g., xxxxx)?	All of these approaches are acceptable.
3.02	There are topics suggested for xxxxx, but also "Specialized Topics" listed on page 9. The instructions on page 8 indicate that we are allowed to merge multiple topics or add new topics. Does this mean we can merge topics only within those suggested for xxxxx or can we cross into the topics suggested for the other disciplines xxxxx as well?	You may merge topics across disciplines.
3.03	Some of the suggestions for educational approaches (e.g., traditional didactic lectures, workshops, small group presentations, and clerkships) listed on Page 8 would not seem to lend themselves very well to electronic dissemination (i.e., the web-based, interactive cases with downloadable pdfs requested on page 10). Can you please clarify how you would see these approach examples realized as web-based, case-based scenarios?	All curriculum resources must have an electronic component so that they can be posted on the NIH Pain Consortium's website.
3.04	Would it be possible for Altarum/ Palladian to post the web content templates for the scenarios to provide some idea of what these will look like? This would help to make the end-product more concrete.	The <i>New England Journal of Medicine</i> Interactive Medical Cases (http://www.nejm.org/multimedia/interactive-medical-case) are examples of online case-based scenarios. Templates will facilitate the formatting and uploading of content into this type of online resource.
3.05	What exactly is the template you will provide? Can you give an example?	

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3.06	What is the format of the end product; e.g, flash, html and can we create our own format. HTML, and will get technical assistance in putting online.	<p>All curricula should be self-contained and portable. Curricula should meet the following standard web technical specifications:</p> <ol style="list-style-type: none"> 1. HTML4 + Cascading Style Sheets (CSS) 2. No tables used for layout—purely style sheet layouts 3. Compatible with IE7, IE8, IE9, Firefox 3.5.16–Firefox 9.0.1, and Chrome 14.0.814.0–Chrome 16.0.912.75 4. Video: Embedded YouTube videos <ol style="list-style-type: none"> a. Original movie files should also be provided as a backup. 5. Section 508 compliant: For example, all content must be accessible with CSS or JavaScript turned off; videos must include closed captions; all figures, images, and charts require ALT text or long text descriptions; and data tables and forms should be labeled and tagged for screen readers. For more information about accessibility requirements, please visit http://www.howto.gov/web-content/accessibility. <p>We will provide base templates, which will include branding and style guidelines.</p>
3.07	Is it better to propose that we develop the curriculum according to your Web content templates (i.e., New England Journal of Medicine Interactive Medical Cases standard), or is it appropriate to submit a custom built Web-based platform that contains the required content? Or perhaps we can do both? We would be fine to comply with any of these approaches.	
3.08	Are more extensive and complex case scenarios than the NEJM acceptable; e.g., using videos, is there a length maximum/minimum?	Yes, videos are encouraged; there are no maximum/minimum length standards, but all should be within reasonable time constraints for the curriculum resource purposes for which they are designed.
3.09	Is synchronous vs. asynchronous learning the intent?	Either/both approaches can be used.
3.10	Is this independent learning, facilitated learning, or both?	
3.11	Independent learning or facilitated learning?	
3.12	Should a center be virtual or actual—eg, learners can come to the site?	
3.13	How much content per case is to be included; calculated by # of hours, academic credit, competency, or other?	Include enough content to make a case of significant teaching value.
3.14	Should foundational content be included as a basis for the cases or referenced via another resource?	Yes, foundational content as a basis for cases is preferred, although references to other sources are acceptable.

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3.15	Should we include instructor or facilitators guide?	An instructor/facilitator guide is not required, but one can be included if it is appropriate for the resource.
3.16	How do you define curriculum resources; do you want the teaching materials, or a complete lesson plan ready for implementation?	Either scenario is acceptable; the goal is to have resources that can be drawn upon as a course is created and taught. Implementation is essential, so if a full lesson plan is the best way to ensure implementation, then please include.
3.17	Does this RFP assume a prior level of learning? Independent learning or facilitated learning?	The proposed curriculum resources may or may not assume a prior level of learning. If prerequisites are needed, they should be clearly indicated and resources to complete the prerequisites should be made available or included in the curriculum resource itself.
3.18	Can the materials developed be used in other venues since they will be part of the public domain?	Yes.
3.19	This leads to my question. Page 16, item 5 states a "minimum of two case-based scenarios are required for Year One; two or more additional case-based scenarios are required in Year Two." Would it be considered a strength of the application if we were to provide documentation that our joint capabilities to generate case scenarios and share them with other sites extend well beyond the sample case scenarios that we select for our proposal? Or, should we place our primary emphasis upon presenting 2-4 case scenarios and keep descriptions of our infrastructure to a minimum?	Two to four case-based scenarios are the minimum. More quality scenarios would be a strength. Demonstration of the implementation of these scenarios as teaching tools would also be a strength.
3.20	Will alternative pedagogical strategies be accepted in lieu of the required case based scenarios especially in later years when there has been more time to develop alternatives?	The case-based scenarios are required; however, creative approaches, such as alternative pedagogical strategies, are encouraged.
3.21	Is there any focus on xxxxx?	We can provide no comment on content priorities. Please see Table 1 in the RFP for topics for which we are seeking curriculum resources.
3.22	Is there any prioritizing of the curriculum resource topics listed in the RFP?	
3.23	Is there going to be special attention to patient's who may be xxxxx or xxxxx?	
3.24	Can a curricular focus be on xxxxx?	
3.25	Would a Center focused on xxxxx fit the remit?	
3.26	Would a single comprehensive module examining the needs of xxxxx be entertained?	Yes. Please see Table 1 in the RFP for topics for which we are seeking curriculum resources.
3.27	Should a module or scenario be directed at a specific level of training, or area of specialization or	We are open to a variety of approaches.

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	should each module have comprehensive breadth and depth within the bounds the specific case being discussed?	
3.28	Will xxxxx Centers be considered for this CoEPE support? If yes, is it mandatory to have xxxxx component?	A variety of different combinations of curriculum resources from different types of organizations/centers will be considered.
3.29	Can we submit 3 different case scenarios for year 1?	Yes.
4.0 TARGET AUDIENCE		
4.01	Would you be interested in funding a CoEPE with a focus on medical student and resident education as the curriculum?	Yes, although note that the emphasis of the initiative is early training.
4.02	Are we to present/develop curricula to teach and educate medical students, nurses, physicians (primary care, and specialists)? Who is/are the target audience?	The primary target audience for the curriculum resources is students in their early years of training, specifically, medical, dental, nursing, and pharmacy students.
4.03	Can the CoEPEs focus primarily on residency training, or must they focus on training medical students?	Yes, the CoEPEs can focus on residency training, although we prefer the inclusion of some medical student training in the curriculum resources.
4.04	The question I have concerns the education level that this RFA is targeting. I'm thinking that the primary target would be prescribers, i.e. creation of case-based training for doctoral level medical and dental students. But the RFA also asks for collaboration with medical, dental, pharmacy, and nursing schools which requires targeting undergraduate level students. The training should be appropriate for what level of student?	We are seeking proposals that will educate students preparing to receive the following degrees/certifications: M.D., D.D.S., Ph.D., RN, and Pharm.D.
4.05	Is the call for learning modules (directed to students) or teaching modules (directed to faculty) or both? We believe both but wanted to clarify.	Resources will be used by faculty to teach students.
5.0 MISCELLANEOUS QUESTIONS		
5.01	To be more clear, will individual centers of excellence be chosen entirely based upon the scores and merit of the application? Or will there be some degree of alignment with the selection of the centers of excellence with the individual Institutes missions? To give examples, I could imagine that NIDA would centers of excellence that have a thematic focus related to education of pain and prescription opioids. On the other hand, I could see NCCAM wanting a thematic focus related to pain and complementary medicine approaches. Can you	<p>In addition to the scores and merit of the applications, other factors, such as the balance of types of curriculum resources available from all selected centers, will be considered when choosing CoEPEs.</p> <p>Yes, there will be some degree of alignment between the selection of CoEPEs and the goals of individual sponsoring NIH Institutes and Centers.</p> <p>Yes, individual NIH Institutes will be interested in proposals aligning with their goals in pain</p>

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	give any insight on this?	management education.
5.02	Upon review of the RFA, we did not find any guidance regarding the required format and content for the LOI.	At a minimum, the letter of intent must say the name of the organization that is planning to apply. Other details are optional.
5.03	For faculty, should we submit NIH style biosketches?	Any format is acceptable.
5.04	Key project staff members' "resumes"; what format? Does this mean in NIH biosketch for non-faculty? (see page 17)	
5.05	The proposal notes we should send "resumes"—are you looking for Curriculum Vitae or NIH biosketches?	
5.06	There is no Appendix C. Please send copy as attachment. (see page 15)	Appendix C is found within the RFP, which can be downloaded at http://www.altarum.org/project-highlights-pain-education .
5.07	There is no Appendix D. Please send copy as attachment. (see page 15)	Appendix D is found within the RFP, which can be downloaded at http://www.altarum.org/project-highlights-pain-education .
5.08	Please clarify the relationship between the curriculum resources and the web-based scenarios. If the curriculum resources we develop use traditional (i.e., not web-based) approaches, is it necessary that the curriculum resources are completely and directly translatable to interactive, web-based scenarios? Or are these 2 deliverables more separate, i.e. we create the curriculum resource to include case-based scenarios that can be translated (with help from Altarum) into interactive, web-based scenarios?	The curriculum resources can include case-based scenarios that can be translated (with help from Altarum/Palladian) into interactive, web-based scenarios. The preferred approach will be to integrate the case-based scenarios into the curriculum resource.
5.09	What are all the important center specific qualities to be considered for this CoEPE support?	Criteria for successful proposals are listed on p. 17 of the RFP under "VII. Proposal Review Process."
5.10	How would staff capabilities be assessed? Do we need to have prior extramural funding?	Staff capabilities will be assessed by examining how past/present capabilities and experience will support goals outlined in the proposal. No prior extramural funding is required.
5.11	Do you have suggestions for how we should organize our work plan?	No specific suggestions can be offered.
5.12	The RFP indicates that all materials become property of the NIH Pain Consortium, although authors are allowed to continue to use them after	All materials created through this project will be freely available on the NIH Pain Consortium's website. If the materials are a component of a

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	the performance period ends (p. 14). Does this permitted use include using the materials for revenue-generating activities (e.g., for-credit courses, workshops for which we charge a user fee, etc.)?	revenue-generating activity, such as a for-credit course or workshop for which a fee is charged, the fee for the course/workshop is acceptable. The materials remain a free resource.
5.13	How much technical support will Altarum/Palladium partners provide in terms of preparing the Web-based curriculum (actually producing the interactive components uploading/imbedding video/photographs or data)?	Awardees will prepare content and insert the content into templates that Altarum/Palladian will provide. The templates will include detailed instructions and guidelines. We will provide some technical assistance, which could include web troubleshooting or assistance with meeting the technical requirements. Altarum/Palladian will manage the uploading of content into the NIH Pain Consortium’s centralized repository of resources created through the CoEPEs project.
5.14	Is this correct: you are asking for a specific curriculum resource AND a specific curriculum (existing or new) in which the resource will be implemented - or is a curriculum resource simply another way of saying curriculum?	We use the term “curriculum resource” to broadly cover a variety of different resources that may vary in scope and depth.
5.15	Is a case-based scenario a curriculum resource, as the language implies; if not, what do you mean by curriculum resources and what are examples. You list these as separate deliverables, and I'm not sure how they differ.	A “curriculum resource” can be a case-based scenario, a video, a workshop, a lecture-based class, or any combination of these options plus others. A case-based scenario may be a component of a full curriculum, or it may be a stand-alone resource.
5.16	Whose servers are to be utilized; through the NIH or the awardees; who administers and tracks and maintains the website and content?	NIH and Altarum/Palladian will manage all aspects of hosting, server administration, and analytics tracking.
5.17	How many applications may be submitted per institution? Funded per institution?	There are no limits on applications submitted by or funded to a given institution.
5.18	What are the qualifications of the Project Manager?	We expect that applicant organizations will have different approaches regarding the best structure of personnel to achieve their goals in an efficient and cost-effective manner. For example, a Project Manager may be included who will handle day-to-day tasks, preparing invoices, ensuring the project remains within the budget, and managing timelines.
5.19	Will attribution of credit be associated with the materials?	Curriculum resource materials posted on the NIH Pain Consortium repository will provide credit to authors.
5.20	Why has the NIH Pain Consortium: Centers of	Altarum Institute/Palladian Partners, a contracting

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	Excellence in Pain Education RFP not been included in these weekly announcements of RFPs?	company, released the RFP. The weekly announcements you refer to are posted when a specific NIH Institute or Center releases an RFP.
5.21	If more than one group from an institution applies would there efforts be expected to be collaborative or independent in terms of both topic area and funding?	Either is possible.
5.22	How does this RFP fit into the big picture of the pain consortium that has been in existence for 15 years? Is there anything about the consortium that we should know/read about?	The CoEPEs initiative is one of the activities of the NIH Pain Consortium. For more information, please see the public NIH Pain Consortium website (http://painconsortium.nih.gov).