Objective: The Expert Review Panel (ERP) convened to discuss and determine which LOIs would be invited to submit full proposals.

Meeting Date: Monday, May 11, 2015

Meeting Time: 1:00PM- 5:00PM Eastern Time

Number of LOIs submitted for review: 68
Number of LOIs invited to submit full proposals: 20

List of Letters of Intent invited to submit full proposals:

**AMERICAN COLLEGE OF EMERGENCY PHYSICIANS:** VTE in the Emergency Department: A Team-Based Approach to Improving Transitions of Care

**AMERICAN THROMBOSIS AND HEMOSTASIS NETWORK:** Transition of Care for Patients with Venous Thromboembolism at ATHN Affiliated Sites

**BAPTIST HEALTH LEXINGTON:** Community Based Transitions of Care for Venous Thromboembolism

**BETH ISRAEL DEACONESS MEDICAL CENTER, INC.:** Interdisciplinary Collaboration to Improve Transitions of Care for DVT/PE

**ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI:** An Integrated Model of Care Management, Innovative Technology, and Pharmacy Solutions to Improve Transitions of Care for Patients with Acute Venous Thromboembolic Disease

**JAMAICA HOSPITAL:** Care Transition Management of Post-hospitalized Patients with Either Deep Venous Thrombosis or Pulmonary Embolism Diagnosis, Utilizing the Telehealth Approach

**KAISER FOUNDATION RESEARCH INSTITUTE:** The Impact of a Bedside e-Program on the Transition of Care for Short-stay Patients Discharged Home with Pulmonary Embolism

**MASSACHUSETTS GENERAL HOSPITAL:** Expanding Multidisciplinary Treatment of Pulmonary Embolism Beyond the Hospital

**PENNSYLVANIA MEDICAL SOCIETY:** Improving Readmission Rates for Venous Thromboembolism through Education and Enhanced Patient Follow-Up Following Hospital Discharge and Transition to an Ambulatory Care Setting
SOCIETY OF HOSPITAL MEDICINE AKA: SOCIETY OF HOSPITAL MEDICINE: Inpatient VTE - Improved Treatment, Transitions & Engagement of Patients (INVIT2E Program)

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE: Community-based VTE Care Transitions Coordinated Through a Senior Services Organization

THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER: Cancer Outcomes Augmented thru Safe Transitions - Piloting a Venous Thromboembolism (VTE) Transition of Care Program

TOLEDO HOSPITAL: Jobst Vascular Institute-ProMedica Venous Thromboembolism (VTE) Transition-of-Care Initiative: a Multiphase Approach

TRUSTEES OF INDIANA UNIVERSITY: Home Treatment of Patients with Venous Thromboembolism Diagnosed in the Emergency Department (ED)

UNIVERSITY OF COLORADO HEALTH: Improving Transitions of Care for Patients with Venous Thromboembolism as a Large Tertiary Care Academic Medical Center

UNIVERSITY OF KENTUCKY MARKEY CANCER CENTER: A Pilot Study to Improve Treatment Outcomes and Adherence Through Structured Transitions of Care in Gynecologic Cancer Patients with VTE from Inpatient to the Ambulatory Care Setting at a Large Academic Medical Center

UNIVERSITY OF MARYLAND MEDICAL CENTER: Venous Thromboembolism (VTE) Application (App) Designed for Patients and their Caregivers to Ease the Transition from Hospital to Home/Community and Improve Patient Outcomes Post-VTE

UNIVERSITY OF MASSACHUSETTS: Anticoagulation Medical Home

UNIVERSITY OF UTAH, COLLEGE OF PHARMACY: Patient Journey’s in Venous Thromboembolism (VTE): A Comprehensive Model of the Drivers of Self-Reported Patient Risks and Harms as they Transition from Hospital to Home

WEILL CORNELL MEDICAL COLLEGE: The Weill Cornell Vascular Program for Thrombosis and Deep Venous Health: a Transitional VTE Clinic for New York/Presbyterian Hospital-Weill Cornell Medical College