Delaware Health
And Social Services

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: September 15, 2015

HSS 15 047

IDENTIFYING, SUPPORTING AND STRENGTHENING HEALTH SYSTEMS UTILIZING NATIONAL QUALITY FORUM MEASURES 0018 AND 0059 FOR QUALITY IMPROVEMENT IN HEALTH OUTCOMES AMONG PATIENTS WITH UNCONTROLLED DIABETES AND HYPERTENSION AND EARLY IDENTIFICATION OF PREDIABETES

(SHORT TITLE – QUALITY IMPROVEMENT IN HYPERTENSION AND UNCONTROLLED DIABETES)

FOR

DIVISION OF PUBLIC HEALTH

Date Due: October 20, 2015
11:00AM

ADDENDUM # 1 Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE MENTIONED BID.
Responses to questions received by the deadline of September 8, 2015.

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Quality Improvement in Hypertension and Uncontrolled Diabetes
Questions & Answers
RFP #HSS-15047
September 15, 2015

1. What are the page limitations for preparing a proposal?

   There is no page limit but you have to realize we have to read all the proposals.

2. What is the estimated level of effort for an award for this proposal?

   You as the bidder need to determine the "level of effort" required to meet the RFP's *Scope of Services.*

3. Is the state able to share the intended budget for the project?

   The total funding amount is not to exceed $300,000. However, a budget must be developed by the applicant.

4. I am interested in teaming with another company on this RFP. Do you have information on other companies that are interested in this RFP that I could contact?

   It would be up to the bidder to align the *"Scope of Work"* with the partner(s) who would be most appropriate to effectively accomplish the objectives of the RFP. Unfortunately, we do not have information on other interested companies.

5. Is this RFP opportunity related to CDC grant 1422 (Chronic Disease Prevention and Health Promotion) and/or 1305 (State Public Health Actions)?

   This RFP aligns with the work of the CDC grant objectives of 1305.

6. Does the selected vendor have direct responsibility for Domain 1, or is the work in Domains 3 & 4 directly affecting the outcomes in Domain 1? The following closing statement requires clarification: The work of this RFP supports Domain 3 and 4 with outcomes providing linkages to Domain 1.

   This RFP work aligns with Domains 3 & 4, however, the work's outcome and defined measurable objectives as a reportable link to Domain 1.

7. This text is more specific than the Short Term Performance Measure listed on page 5, 14th bullet: "Proportion of health care systems with policies or practices to refer persons

with diabetes to a DSME program." Would it be appropriate to encourage providers to refer to the program that best meets their patient/practice needs (as long as it is either an AADE-accredited, ADA-recognized, State-accredited or Stanford-licensed DMSE program)?

A DSME program incorporates all of the programs above. There are generally two types in the 1305 work. This would be an accredited (AADE, ADA or State) or the Stanford DSMP program. The work of this RFP should secure methods in assuring referrals are being made to these programs. Any or all of these would benefit a patient with diabetes. In Delaware, only 50% of people age 18 or older are having some type of formal diabetes education. Our goal is to increase these numbers and for more people with diabetes receive some type of formal education to learn how to manage their diabetes.

8. Are pharmacists permitted to act as care extenders within a practice in Delaware? If not, is it expected that the selected vendor will work with stakeholders to move legislation in the direction of pharmacists serving as care extenders? Or is the expectation that pharmacists will fulfill this role in their employment pharmacy?

   The intention is not to seek legislation but to identify ways that pharmacists have a role in the patient's wellbeing and part of the patient's health team.

9. Does the vendor define the activities in the technical proposal? Is the evaluation of proposed cost based on each activity as it corresponds to the written technical?

   Activities should be defined by the vendor. Evaluation cost is based on the work being performed and if the outcomes (including activities and performance measure outcomes) are being met.

10. Should the technical proposal be written and priced based on a 1-year period of performance? Or is the proposal to be written and priced to cover the 1-year contract term plus the 3 optional 1-year periods (total of 4 years)? If the proposal is to be for all 4 periods, is a total for each period and a grand total for all 4 years to be included in the pricing?

    The proposal should be written for a 1-year period only and the budget based on that 1-year period of work.

11. Is there a required budget template the vendor should use for this RFP, and is there a budget limitation/guidance?

There is no required budget template. See response #3 for budget maximum for a 1-year period.

12. Is the vendor to provide a payment schedule in the cost proposal? Are payments to the vendor only going to be made as each milestone is completed/accomplished? Or is the vendor going to be able to request monthly progress billings related to milestones defined?

Payments will be made in accordance to submittal of monthly invoices. Monthly invoices should be billed in accordance to the work performed during the billable month.

13. What is the definition being applied to "health systems," e.g. all providers, primary care practices, nurse-based primary care clinics, providers practicing within hospital systems, safety net providers, urgent care clinics?

Health systems would be all above and others, such as, Federally Qualified Health Centers.

14. Are subspecialty-care practices that care for Diabetes or Hypertension (e.g. Endocrinology or Cardiology practices) to be included in monitoring?

The RFP applicant would need to determine those entities in the health system that would be best to meet the defined goals. However, this purpose of this RFP is much deeper than monitoring; it's more aligned with system changes to improve health outcomes.

15. In addition to the "institutionalization and monitoring of aggregated/standardized data at the provider and system level," will the state facilitate the collection of data from managed care organizations operating in the state?

It will be the responsibility of the applicant to determine the methodology for collecting the data, including from MCOs operating in the state.

16. Are health systems/practices that are located outside the geographical boundaries of the state, but that care for many Delaware residents included? If so, are there a minimum number of Delaware residents, proportion of the practice that are Delaware residents or distance from the state borders that define eligibility for inclusion?

The work should be for those health systems located in the state Delaware. It will be the applicant's responsibility to identify the best approach in addressing the goals of this RFP.

17. For health systems or practices located within the state of Delaware that care for out-of-state residents, should those residents be excluded from the data collection?

    Data collection should include In-state residents only.

18. For referrals to CDC-recognized lifestyle programs for Hypertension and DSME programs for Diabetes, are only programs located within the state to be considered?

    Yes, the Stanford DSMP or ADA, AADE or State accredited programs or the DPP for prediabetes and/or hypertension.

19. Does the project envision the initial use of sampling of Delaware providers to enable more in-depth queries and interventions that will be subsequently scaled up to include potentially all relevant providers or does it envision reaching out to all providers broadly?

    The RFP intent is about system changes, utilizing patient data to improve health outcomes. This should be conducted in a much broader approach and not through random sampling.

20. As part of the landscape assessment process, does the Department intend to include in its data collection providers who may still be using paper records or is it focused on those providers who have already adopted EHRs?

    The work aligns with those health systems utilizing EHRs. However, identification of those health systems not utilizing EHRs can be beneficial to the work. Part of the goal of this project is to promote paper data driven practices in becoming electronic data driven through an EHR.

21. What does the Division of Public Health envision as the awardee's role in increasing reimbursement for DSME and CDC lifestyle change programs?

    The RFP is to provoke ways to reach objectives that are associated with the 1305 grant. You as an applicant need to determine which is most appropriate and their role in the project (if any).

22. Is the definition of team-based care exclusive to medical/allied personnel or does it envision inclusion of non-medical (such as community-based organizations and CHWs) team members?

Team base care would be inclusive of all (both medical and nonmedical), in order to meet optimum care for the person with diabetes and/or hypertension.

23. Is this grant based on funding from CDC 1305 and 1422 grants?

This RFP is based on funding from the CDC 1305 grant.

24. What is the annual budget dedicated to this project?

See response #3 for budget maximum for a 1-year period.

25. Once the dashboard is established for the two NQF indicators, are other NQS measures anticipated to be collected and reported through this same dashboard?

No, only the two NQF measures identified in this RFP will be reported on.

26. Is there a functioning HIE? Is there a plan to build a state-based health information exchange?

Yes there is (DHIN), however this RFP work is based on current funding from CDC and the state-based health information is not at that level to successfully achieve the needs of the grant reportable and/or project goals. Data collection is only one component of the goals of this RFP.

27. Are these measures elements being reported now?

Yes these measure elements are being reported to the current incumbent.

28. Is there an incumbent?

Yes there is an incumbent.

29. What is the contract value of the incumbent's award?

See response #3 for budget maximum for a 1-year period.

30. What is the total number of FTEs the incumbent utilizes to fulfill their contract?

As the applicant you need to determine the number of FTEs to efficiently and effectively meet the needs of the RFP. Methodology and application to achieve measurable outcomes

have no one-way approach, so each RFP will be reviewed individually.

31. Is this project financed fully by federal dollars or state general funds?

Approximately at this time the project is funded 90% through federal dollars and 10% tobacco settlement dollars, however funding sources and percentages could change.

32. Is there an established community workgroup or advisory board for this effort?

No, there is no advisory board or community workgroup.

33. Have providers been participating in this effort to date? Or will this effort be new to them?

Yes, providers/practices have been participating in this effort.

34. If providers are currently participating, what, if any, incentives are there for participation?

Incentives would be determined by the applicant and included as part of the RFP proposal.

35. If providers are not currently participating, is there a budget for any form of provider participation? Or should the vendor include a proposed incentive plan for provider participation and budget for such?

Since this is a new proposal, it should be viewed as if currently there are no provider practices participating in the project. This needs to be determined by the applicant as part of the proposal, as well as a budget.

36. Are staff expected to be based in particular locations?

The applicant needs to determine staff and their appropriate geographic location as part of their proposal.

37. Will office space be provided by DHSS for awardee's staff dedicated to this project?

No office space will be provided by DHSS or DPH for awardees for their staff who are dedicated to this project.

38. Does DHSS have any evidence-based guideline for prediabetes screening or should the vendor propose using a nationally accepted guideline?

When addressing needs of patients with diabetes, utilizing National Guidelines is appropriate and recommended.

39. Is DHSS expecting the vendor to utilize EHR capabilities to identify prediabetes? Or is the vendor free to leverage any other technology capability for this purpose?

The expectation of this work is to utilize EHRs in-order to identify and improve health outcomes among patients who have uncontrolled diabetes and/or hypertension. Also it's expected of the applicant to develop methods for early identification of prediabetes to promote patient wellness and/or prevention in the development of type 2 diabetes.

40. Of the health systems expected to participate in this program, how many are all users of Meaningful Use Stage I (2011 Edition) Certified EHRs and how many are users of Meaningful Use Stage II (2014 Edition) Certified EHRs?

It is the applicant's responsibility to identify the health systems to participate in this project; therefore the Meaningful Use Stages are unidentified at this time.

41. One of the long-term performance measures refers to "hospital discharge rate for diabetes."
    a. Should this be "hospital admission rate for diabetes"?
    b. How frequently does DHHS receive hospital discharge data set?
    c. Will the hospital discharge data set be made available to vendor at no cost or should the vendor add this cost as a line item? If later, then what are the costs during the program contract period?

a. Since these measures were pre-identified by CDC. It would be hospital admission rate for diabetes.
b. The data can be requested at any time.
c. Our program epidemiologist would run the data; therefor there would be no cost to the vendor.

42. Will the project fund changes to EHR data capture and workflow or are such changes the responsibility of the health systems? Is this cost somehow bundled into some incentive/cost reimbursement arrangement between the state and the participating physician group?

The total project funds will not change. Participation rates and workflow changes should be projected as health systems and/or practices onboard and accounted for accordingly during year-1 budgeting.

43. Does the State have access to information gathered through the DHIN (or other means) that the contractor would be able to use, or does this information have to be independently obtained?

No, partial requirement of the RFP is to develop a mythology to obtain and track the information.

44. The RFP includes a document titled "EMPLOYING DELAWAREANS REPORT." In which category of scoring criteria does this form fall, and how is the response to the form weighed in the selection of a contractor?

This form is required by the statues stated and is a requirement of the RFP. The absence of this form could cause the proposal to be considered non-conforming as defined in Section IV.B.8 of this proposal.

45. How do you define an "...EHR appropriate for treating patients with diabetes?"

That will be determined from reviewing the applicant's proposal. There are certain EHR capabilities that assure optimal health for the patient. We are looking for an applicant who is aware of the EHR operations, its abilities and inabilities.

46. How do you define short-, intermediate-, and long-term?

Exactly as written in the RFP, these are predetermined written objectives by the funding agency, CDC.

47. How do you define "...adherence to medication regimens?"

That will have to be determined by the applicant. This work is defined by the two NQF (0018 and 0059) measurements, therefore patients with diabetes having an A1C less than 9 and/or controlled hypertension under 140/90. Adherence to medication regimens would contribute towards good control.

48. Will a proposal be considered which allows for the completion of the long-term goals without the completion of the short-term goals, or intermediate-term goals?

No; short, intermediate and long-term goals are a requirement of our funding source, CDC. These goals are written exactly as presented in the 1305 grant that was awarded to the state of Delaware. All goals are required annually as a reportable of the grant.