ATTACHMENT A.

REQUEST FOR PROPOSAL (RFP) SCHEDULE OF ACTIVITIES AND PROGRAM BACKGROUND

SECTION 1.0 – PROGRAM BACKGROUND:
The Colorado State Innovation Model (SIM) and the Transforming Clinical Practice Initiative (TCPI) are examples of statewide transformation programs that will be supported by qualified practice transformation organization (PTO) vendors who will be selected through this RFP; there may be other large scale efforts in the future which will require comparable competencies for which selected PTOs will be eligible to provide practice transformation support to assist the University of Colorado in achieving programmatic goals.

Background on SIM:
Over a four period, February 2015 through January 2019, the State of Colorado will receive up to $65 million from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), Center for Medicare and Medicaid Innovation (CMMI) under the State Innovation Model (SIM) program to implement and test its State Health Care Innovation Plan. Colorado’s plan, entitled “The Colorado Framework,” creates a system of clinic-based and public health supports to spur innovation. The state will improve the health of Coloradans by: (1) providing access to integrated primary care and behavioral health services in coordinated community systems; (2) applying value-based payment structures; (3) expanding information technology efforts, including telehealth; and (4) finalizing a statewide plan to improve population health. CMMI funding will assist Colorado in integrating physical and behavioral health care in more than 400 primary care practices and community mental health centers comprised of approximately 1,600 primary care providers. In addition, the state will work to establish a partnership between their public health, behavioral health and primary care sectors.

For more information on SIM visit: www.ColoradoSIM.org

Background on TCPI:
The CMMI-funded Transforming Clinical Practice Initiative is designed to help clinicians achieve large-scale health transformation. The initiative is designed to support more than 140,000 clinician practices over the next four years in sharing, adapting and further developing their comprehensive quality improvement strategies. The initiative is one part of a strategy advanced by the Affordable Care Act to strengthen the quality of patient care and spend health care dollars more wisely. It aligns with the criteria for innovative models set forth in the Affordable Care Act:

- Promoting broad payment and practice reform in primary care and specialty care,
- Promoting care coordination between providers of services and suppliers,
- Establishing community-based health teams to support chronic care management, and
- Promoting improved quality and reduced cost by developing a collaborative of institutions that support practice transformation.
SECTION 2.0 – PURPOSE:
To effectively reach participating practices across Colorado, the University will collaborate with multiple PTOs selected to provide the approved technical assistance required to achieve successful practice transformation. This Request for Proposals (RFP) is soliciting proposals from qualified practice transformation organizations to support the University in providing practice transformation support and other related activities and work collaboratively with community partners to accomplish project –specific goals that will be defined in specific statements of work.

This RFP is seeking to establish a pool of approved vendors to serve as PTO’s to provide either, or both, of the following supportive functions to help practice transformation:

1. Providing practice facilitation to health care practices to accomplish the goals and milestones set out for SIM, TCPI, and potentially other projects in the future. This includes facilitating practice changes to effectively incorporate the core functions of advanced primary care delivery that include but is not limited to those areas outlined in detail in Section 4. B. of this Attachment.

2. Providing clinical health information technology advisor (CHITA) services for practices to more effectively use their information technology resources and capacity to support statewide initiatives; this may include, but not limited to support in the areas outlined below and in additional detail in Section 4. C. of this Attachment:
   a. Accurate data capture to facilitate quality measure reporting
   b. Enhanced care team communication around data
   c. Registry utilization
   d. Risk stratification

SECTION 3.0 – BUSINESS ARRANGEMENT:
The University will establish a Master Services Agreement (MSA) with approved PTO vendors and establish purchase orders for the provision of specific services to individual practices that are identified and matched to PTOs as described below. As specific program needs for PTO services are identified, the University will develop and work with PTOs to develop project-specific statements of work defining the particulars of the project such as timelines, milestones, measures, deliverables, compensation/payment and other details and incorporate these specifics that will be included as appendices to the MSA.

This solicitation will result in a list of approved providers of practice transformation services to practices in programs for which the University is responsible to provide practice transformation support. Fees will vary depending on the requirements of the program; they may range from $5,000 to $25,000 or more per practice. The University will set the fees paid to the PTO based on unique program expectations which vary in resource commitment, including the duration of engagement, change package implementation which require different levels of depth and intensity of transformation services provided, as well as a variance in milestone and timelines. PTO’s may choose not to accept specific program offerings.
SECTION 4.0 - ESSENTIAL FUNCTIONS:

A. Essential PTO Functions:

Approved PTOs will provide practice facilitation and/or clinical health information technology advisory (CHITA) services that will include common activities as well as area specific activities that includes but is not limited to the functions described below.

1. Collaborate with other organizations and individuals working with practices, which may include a Practice Facilitator, a CHITA, a Regional Health Connector (RHC), and/or representatives from a health information (HIE) exchange, the Regional Care Collaborative Organization (RCCO), a health system, an Independent Practice Association (IPA), or other groups. It is essential that all organizations work together, which may require meetings outside of practice meetings to plan and coordinate efforts to bring the greatest value to the practices with the least amount of disruption. This may mean joint meetings with the practice or others to optimize the resources available to the practice.

2. Assist with the collection of required assessments for each practice, using standardized assessment instruments provided by the University of Colorado or others.

3. Facilitate practice change to achieve program specific milestones.

4. Develop in collaboration with each practice an individualized improvement plan to address their practice transformation and/or HIT/HIE needs.

5. Participate in any program evaluation activities.

6. Participate in PTO learning group activities.

B. Essential Practice Facilitator Functions:

1. Serve as liaison and facilitator/coach for practices participating in practice transformation activities.

2. Coach practices using a standardized approach based on specific program goals as will be defined in the project-specific statement of work (SOW).

3. Utilize the change package which will be defined in the SOW to support practices in establishing overall improvement aims and identified tests of change.

4. Provide effective practice facilitation to support delivery of comprehensive primary care that includes, but is not limited to:
   a. Engaged practice leadership
   b. A culture of continuous quality improvement
   c. Team-based care
   d. Empanelment
   e. Risk stratification
   f. Care management and care coordination
   g. Data driven decision-making
   h. Behavioral health
   i. Population management
   j. Engagement with local public health and community health organizations
   k. Access to and continuity of care
   l. Self-management support - goal setting and action planning with patients
   m. Collecting, reviewing, and reporting clinical quality measures
   n. Patient safety
   o. Assist the practice to utilize quality metrics reports to inform quality improvement
activities
p. Assess and document practice progression throughout the transformation process
q. Facilitate efficient, effective improvement team meetings
r. Link practices to available external resources, such as consultants, HIT technical assistance, and group learning opportunities to meet specific needs
s. Participate in the planning, hosting, and presenting of project-specific learning collaboratives
t. Effectively collaborate within and across organizations and partner teams, including but not limited to, regional health connectors, community organizations, CHITA’s, collaborating organizations, funders, and vendors
u. Assist and support the program office in summarizing and disseminating experience-related learning by way of team updates, written reports, and/or presentations as may be requested

C. Essential Clinical Health Information Technology Advisor (CHITA) Functions:
1. Support the HIT aspects of program-specific practice transformation milestones that typically include data-driven quality improvement, enhanced care team communication, registry utilization, quality measure reporting, risk stratification, population management, among other activities.
2. Assess potential gaps in practices’ HIT assets. Work with practices to identify, prioritize, and implement strategies to address HIT needs. When HIT needs outstrip the practice and project’s means, help practices link to available outside resources, such as those provided by EHR vendor support services and the HIE’s.
3. Help practices develop sustainable processes for validated reporting of clinical quality measures to external data aggregators. Provide feedback on clinical documentation workflows as well as clinical information workflows to improve the integrity of clinical quality measure reports.
4. Work with practices to develop a data quality plan that may include standardized policies and procedures for documentation of key information to ensure quality data for quality improvement use.
5. Identify HIT best practices within practices and disseminate lessons learned.
6. Actively participate in CHITA trainings and other ongoing planning, development, and learning community meetings.
7. Link practices to new HIT resources available through the local, state, regional and federal HIT programs such as the Regional Extension Centers, Health Information Exchanges, State Innovation Model funding, and others.

SECTION 5.0 - PTO/PRACTICE MATCHING PROCESS:
The University of Colorado will facilitate the process to match practices with appropriate, approved PTOs. Practice preference will be a primary factor in matching approved PTO vendors with individual practices. In addition to practice preference, other criteria that will enter into the PTO/Practice matching process includes: PTO staffing capacity, geographic region of the practice, PTO experience providing specific services that match practice’s needs, and presence of other restrictions (such as those based around membership, employment relationships, etc.). The final step in this process is the development and mutual agreement to a scope of work and compensation/payment for a PTO/Practice match.
SECTION 6.0 - QUALITY ASSURANCE AND PROGRAM MONITORING:
To ensure that practices are receiving the needed services from the matched PTO that will facilitate the transformation of the practice, the University of Colorado will establish a quality assurance process that will include monitoring a variety of indicators that will include, but not be limited to:

1. Completion of practice assessments in a timely manner
2. Submitting required field notes or other reporting expectations in a timely manner
3. Participation in PTO/Practice meetings and working groups
4. Contributing to collaborative learning session work groups to develop agendas and/or help with breakout groups and presenters
5. Reviewing measures with practices
6. Participation in training programs and learning networks
7. Favorable ratings on practice surveys regarding their experience with the program and the PTOs
8. Collaboration with other organizations working with the practices
9. Practice progress in meeting project-specific goals and milestones

When there are indicators or other issues that raise performance concerns, the University will conduct an assessment of the circumstances that may include interviews with the PTO and/or practice representatives. This assessment may result in a request for a corrective action plan and in some circumstances may result in the removal of the PTO from the approved vendor list.