Implementation Technical Assistance (TA)

Open Request for Information

Contact
Shannon Jorgenson, Contract Specialist
sjorgenson@ruralcenter.org

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U65RH31261, Delta Region Health Systems Development, $4,000,000 (0% financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
PURPOSE

The National Rural Health Resource Center (The Center) seeks potential subcontractors to provide Technical Assistance (TA) with the implementation of action plans in the following areas: financial and operational; quality of care and transitions of care; practice management and revenue cycle management.

BACKGROUND

The Center is a nonprofit organization dedicated to sustaining and improving health care in rural communities. The Center provides technical assistance, information, tools and resources for the improvement of rural health care. It serves as a national rural health knowledge center and strives to build state and local capacity. The Center operates at a $5.1 million annual budget.

Through the Delta Region Community Health Systems Development (DRCHSD) Program, The Center, along with the Delta Regional Authority (DRA), and the Health Resources Services Administration’s Federal Office of Rural Health Policy (FORHP) have partnered to support selected hospitals, clinics and communities with an opportunity to receive technical assistance (TA).

The DRCHSD program supports selected rural hospitals and clinics receive comprehensive services to identify and address health care needs to strengthen the local health care system. The goal is to make in-depth system enhancements to position the organization and community for population health. To support selected organizations with meeting program goals, the technical assistance (TA) services are designed to improve processes that increase operational efficiency, improve financial position, as well as quality of care and transitions of care. Selected organizations have previously completed the following assessments: financial and operational; quality of care and transitions of care; practice management and revenue cycle management. Leaders developed action plans from these assessments to adopt best practices to improve processes. They are now working to implement the action plans.

The purpose of this solicited TA is to support selected organizations with the implementation process. The Contractor shall utilize action plans developed
from the previous assessments to help providers with the implementation process based on the Contractor’s area of expertise. Therefore, the Contractor should have a working knowledge of either physician practice, revenue cycle, financial, operational and/or quality improvement best practices to include reporting of key performance indicators (KPI) and quality measures. The Contractor should clearly indicate the area of expertise within this broad list of TA services and define the methodology to the provision of services. Provision of services could be delivered through onsite direct, hands-on training session and virtual TA. Virtual TA could include, for example, one-on-one coaching calls, group coaching calls and educational webinars. Methodology could include a combination of services, which should be clearly defined to include the number of on-site days and/or off-site activities. Proposals should indicate the cost and approach for one organization or a specified number of multiple type of facilities.

The Center and the selected hospitals and clinics will identify specific TA needs. The Contractor shall work collaboratively with The Center to coordinate the planning and delivery of TA. The Contractor shall utilize available resources and best practice tools available through The Center’s website (particularly the Rural Hospital Toolkit for Transitioning to Value-based Systems) to support implementation process, build organization’s knowledge base and promote sustainability. Contractor shall utilize the program tracking data as listed in the hospital/clinic action plan and/or recommended KPI and quality indicators from the assessment reports to guide the hospital / clinic with ongoing process improvements and project follow up activities. Contractor shall report to The Center through regularly scheduled meetings to review progress and discuss next steps. Contractor shall provide a summary of TA activity to The Center and the selected organization. The summary could include, but not limited to, general recommendations for ongoing implementation of best practices and/or transition to value strategies that support the completion of the action plan and program goals, as well as tracking and reporting of measures defined by the program and assessment report.

This RFI supports professional fees to provide the TA services, but does not cover additional assessments, planning and development activities, nor the Contractor’s proprietary resources and tools.
The approach consists of stepwise processes that allow each hospital and community to tailor the community health plan to fit their needs, as well as to help them to meet the following eight (8) goals:

1. Improve financial position and increase operational efficiencies
2. Implement quality improvements that support an evidenced-based culture for improved health outcomes
3. Address workforce recruitment and retention needs
4. Increase use of telemedicine to fill service gaps and access to care
5. Ensure access to and availability of Emergency Medical Services
6. Integrate social services to address socio-economic challenges
7. Enhance coordination of care and develop a community care coordination plan
8. Strengthen the local health care delivery system to position for population health

TASKS TO COMPLETE

The selected Contractor(s) will complete the following tasks.

1. Develop approach for needed TA with The Center
2. Submit work plan to The Center for review and comments to include:
   a. Strategy and activities
   b. Purpose, goals and objectives
   c. Service delivery date(s)
   d. Completion dates
   e. Milestones, if applicable
3. Review workplan in coordination with The Center and hospital / clinic CEO
4. Schedule regular/weekly standing meeting with The Center throughout the term of the project
5. Submit summary to The Center in word compatible format
6. Submit summary to the hospital / clinic CEO in pdf format
PROPOSAL SUBMISSION REQUIREMENTS

Please provide:

• Organization Name, Address, Point of Contact, and Contact information
• Basic description of areas of expertise, services, include method of delivery, personnel, materials
• Estimate of cost to complete, separate based on the outlined scope of work. For example, equipment, personnel for training, implementation support, travel expense
  o Break cost down by site and provide an hourly rate for follow up coaching and or support
• Expected timeline to complete work
• Describe the organization’s liquidity management plan, or how liquid assets are managed to meet cash needs for expenditures during the contract period
• Description of previous experience in scope of work, with emphasis on Delta Region, rural organizations (hospitals and clinics), and the needs of rural communities
• Location of organization headquarters, note if it is in a DRA county
• Attest that organization and employees that will work on this project are not debarred, suspended, or proposed for debarment by the Federal government and consents to a search of the Excluded Parties List System (FAR 9.404) to verify the contractors written acknowledgement that the contractor, or its principals, is not debarred, suspended, or proposed for debarment by the Federal Government (FAR 52.209-6).
• Attest that the organization or employees of the organizations does not have a financial interest in The Center or any of the facilities supported in the DRCHSD program. If a financial or potential financial conflict exists, disclose to The Center the details.
  o A financial interest can be directly or indirectly, through business, investment, or family:
    ▪ An ownership or investment interest in any entity with which the Organization has a transaction or arrangement,
    ▪ A compensation arrangement with the Organization or with any entity or individual with which the Organization has a transaction or arrangement, or
• A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Organization is negotiating a transaction or arrangement.
  o A financial interest is not necessarily a conflict of interest. A person who has a financial interest may have a conflict of interest only if the appropriate governing board, committee or Federal Office of Rural Health decides that a conflict of interest exists.
• Two references or letters of support from past or current clients that can provide feedback on performance

DRA Region, Small Businesses, Service Disabled Veteran Owned, or Women-Owned Small Business concerns are encouraged to respond.

Submit proposals to Shannon Jorgenson at sjorgenson@ruralcenter.org.