Request for Proposals: Improving Electronic Health Records & Health Information Exchange to Achieve Improved Quality Data Reporting

NATIONAL RURAL ACCOUNTABLE CARE CONSORTIUM

MAY 2019

National Rural Accountable Care Consortium
7280 NW 87th Terrace #210
Kansas City, MO 64153

CONFIDENTIALITY STATEMENT

SUBMISSION DETAILS

Submission Deadline & Disclosures
All submissions for responding to this request must be submitted no later than:
June 14, 2019.

NRACC reserves the right to:
  A. Reject any proposal that is not received by the response deadline or is otherwise nonresponsive to the RFP.
  B. Reject any or all proposals submitted in response to the RFP.
  C. Request additional information from any respondent.
  D. Withdraw the RFP at any time and for any reason.
  E. Modify the RFP or extend the submission deadline at any time and for any reason.
  F. Make multiple or partial bid awards.

Submission Questions and Clarification
You may contact the following person if you have any questions or require clarification on any topics covered in this Request for Quotation:

Robin Moody
NRACC Executive Director
Email: rmoody@nationalruralaco.com

Electronic Submissions

Only electronic submissions in response to this Request for Quotation will be accepted. They must meet the following criteria:

Sent via email to: Hal Weintrub <hweintrub@caravanhealth.com>

Document standards:
- Must be in Microsoft Word or PDF format
- Must be sent encrypted to protect confidential information

INTRODUCTION AND EXECUTIVE SUMMARY

The National Rural Accountable Care Consortium (NRACC) is a national leader in the transformation of rural community health care systems from fee-for-service to value-based care through development of affordable, replicable frameworks that improve population health and clinical quality while reducing cost growth. Program graduates commonly move into Accountable Care Organizations (ACOs), the Comprehensive Primary Care Plus initiative (CPC+), and private payor value-based payment arrangements. The NRACC also provides technical assistance for clinicians reporting to the Medicare Quality Payment Program.

THIS RFP IS INTENDED TO IDENTIFY A VENDOR FOR <u>SERVICES NOT TO EXCEED $1.1 MILLION IN FEDERAL FISCAL YEAR 2019. THE SELECTED VENDOR WILL FURNISH SUPPORT TO CLINICAL PRACTICES FOR OPTIMIZING ELECTRONIC HEALH RECORD FUCTIONALITY AND HEALTH INFORMATION EXCHANGE PROCESSES WITH THE AIM OF EFFECTIVELY AND EFFICIENTLY TRACKING AND REPORTING RELEVANT CLINICAL DATA</u>. THE RFP IS INTENDED TO ADD THE HEALTH CARE TECHNICAL EXPERTISE NEEDED FOR NRACC TO MEET AND EXCEED PROGAM COMMMITMENTS AND TO ENSURE OUR PROGRAM INTERVENTIONS CAN BE SUSTAINED AT CLINICAL PRACTICES AFTER THE END OF OUR PROGRAM. THIS PROJECT PLACES SPECIAL FOCUS ON SUPPORTING CLIENTS TO EXTRACT AND DISPLAY EVIDENCE OF PRACTICE TRANSFORMATION SUCCESS VIA DEVELOPMENT OF SUSTAINABLE QUALITY MEASURE REPORTING AND HEALTH INFORMATION EXCHANGE PROCESSES. EACH PRACTICE WILL RECEIVE A CUSTOMIZED REPORT DETAILING SPECIFIC ACTIONS THAT THEY CAN TAKE TO IMPROVE THEIR ELECTRONIC HEALTH RECORD AND/OR HEALTH INFORMATION CAPACITY SO THEY MAY MAINTAIN AND IMPROVE UPON THE POSITIVE CHANGES ACHIEVED WITHIN THE NRACC PROGRAM.

BUSINESS OVERVIEW & BACKGROUND

National Rural Accountable Care Consortium (NRACC) is a 501(c)(3) organization that has been awarded a $31.8 million Practice Transformation Network grant from

the Centers for Medicare and Medicaid Innovation (CMMI). By the completion of our program, we will serve more than 8,000 clinicians at nearly 3,000 practice locations in the United States, Guam and the U.S. Virgin Islands.

NRACC Serves Clinicians Nationwide

OPPORTUNITY

The NRACC's three most impactful service delivery interventions to date have focused on enhanced workflows supporting Annual Wellness Visits, development and implementation of Chronic Care Management programs, and reduction in unnecessary hospitalizations through our care coordination tools. While we have achieved significant success in our program, many of our clients are small practices in rural areas. We estimate that 20% of our current clients (approximately 160 practices) do not have Electronic Health Record (EHR) systems that meet the standards proscribed for 2015 edition certified electronic health record technology (CEHRT). This puts the providers at a distinct disadvantage relative to the Medicare Quality Payment Program and participation in value-based models. Furthermore, it is increasingly important to appropriately share data with other health care providers who care for the same patients. Practices, particularly smaller and more rural ones, need help developing Health Information Exchange strategies. This need is felt by all current clients (approximately 800 practices).

NRACC has been challenged to hire and train professional and experienced individuals capable of developing strategies specific to helping small and rural practices create measurable approaches to improving their technology platforms. One important implication of limited EHR systems is that it affects quality reporting specific to NRACC's program commitments. Improvement of technology platforms will make it easier for small and rural practices to report quality measures and clinical processes in an accurate and timely manner. This in turn increases reporting rates from these clients to NRACC. Additionally, technology improvement goes directly to alternative payment model (APM) readiness. To the extent that practices are well prepared for APM participation, they will be more likely to successfully graduate from the NRACC's program.

The NRACC seeks a vendor capable of providing EHR planning and support for the approximately 160 practices with inadequate EHR systems. This includes health information exchange (HIE) support as well as planning specific to meeting the needs of the Shared Savings Program and the latest promoting interoperability requirements in the Quality Payment Program for all of the approximately 800 current practices. Work may include site visits, as needed.

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DETAILED SPECIFICATIONS
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For each of the following, please either indicate that you either ***currently*** *do or do not* support the requirement. If you currently support the requirement, describe how you support it. If you do not currently support the requirement and are willing to do so, please provide a brief description (no more than one page, 12 point font) of how you will implement the requirement and an anticipated completion date. If you are not able to contractually commit to providing the service by 6/28/2019 please do not submit a response to the RFP.

REQUIREMENT 1: Develop a plan for the approximately160 practices with sub-optimal electronic health record (EHR) systems to improve quality data monitoring and reporting capacity.

1. Identify the right set of clients with help from NRACC.
2. Develop options and educational materials for practices
    a) May vary by specialty
    b) May vary by what is the dominant system in an area
    c) May vary by pricing and configuration options
3. Develop and operationalize methodologies for implementing new systems or improving existing systems.
4. Rollout communications and support to practices
5. Measurably improve quality data reporting capabilities and timeliness

REQUIREMENT 2: Develop a plan for all approximately 800 practices specific to health information exchange (HIE) collaboration and excelling at promoting interoperability.

NRACC clients will be at different levels of sophistication relative to HIE integration and success with HIE collaboration. However, APM success demands proficiency. Therefore, it is critical to help all clients.

1. Develop individualized options and educational materials for practices
    a. May vary by specialty
    b. May vary by state and local initiatives
    c. May vary by EHR system
    d. May vary by nature of relationship with system

2. Ability to make recommendations for rapid improvement of promoting interoperability scores and patient care.
3. Development of individual practice level reports and guidance.

REQUIREMENT 3: Privacy and Security
1. Describe in detail your steps to protect Protected Health Information (PHI) from security breaches.

REQUIREMENT 4: Training and Support
1. Please describe your training program and what support is offered.

REQUIREMENT 5: Program Evaluation Experience
1. Please describe your experience completing rigorous program analyses in short periods.

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QUOTE PROPOSAL

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All proposals and other documentation submitted in response to the RFP:
1) Become NRACC property.
2) Will not be returned by NRACC.
3) Must be clearly marked as confidential, if your company considers any material or information contained in its proposal or other documentation confidential.

Please include the following items in your quote to be considered for this proposal:
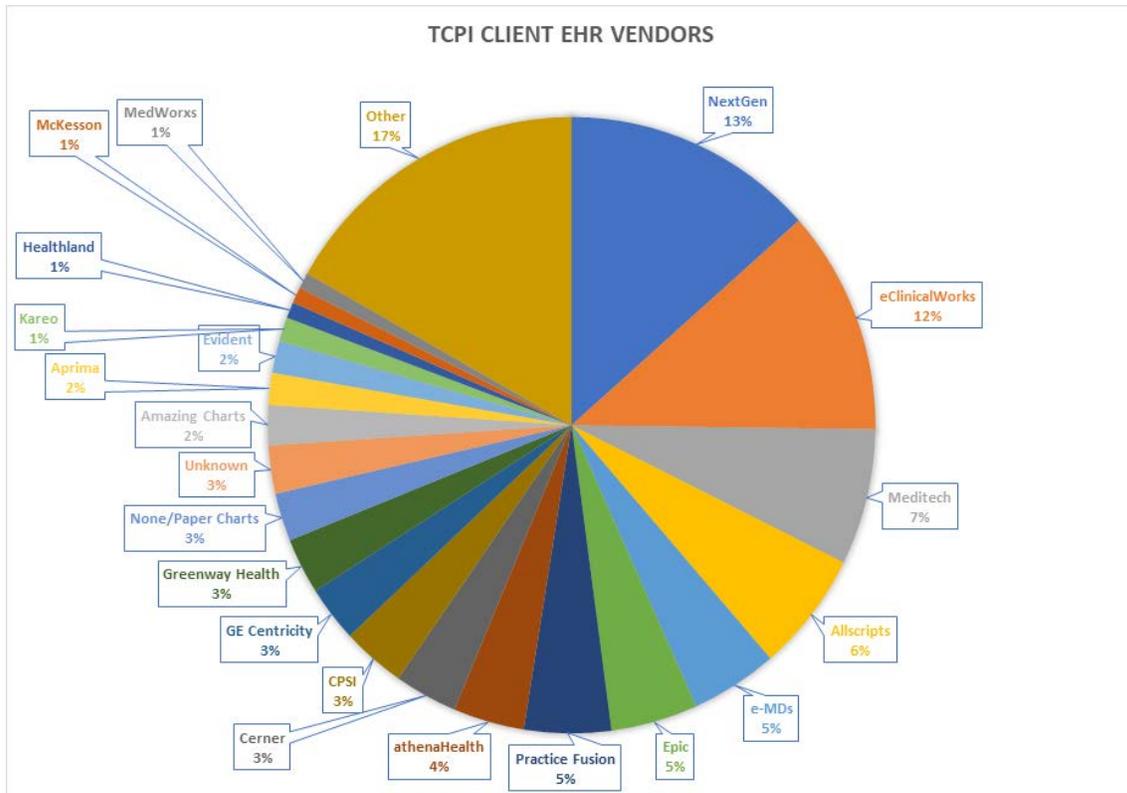Name (Contact):
Company:
Address:
Phone Number:
Email:

Please include the following in your proposal:
1. Up-front implementation fees
2. Estimated timeline and initial project plan.
3. Estimated resource commitment
   a. Hourly rates
   b. Total fees
4. All other fees (including training and support)
5. Two organizations that are currently using your solution at the enterprise level
6. Describe your methods of ensuring quality in your product.
   a. How do you track and report on bugs, data errors, missing data, etc?
   b. What is the process for requesting new functionality?
   c. How do you prioritize issues for resolution?

APPENDIX A: EHR Types, National Rural Accountable Care Consortium clients

EHR Vendor	Number of Accounts*
NextGen	32
eClinicalWorks	28
Meditech	17
Allscripts	15
e-MDs	11
Epic	11
Practice Fusion	11
athenaHealth	9
Cerner	8
CPSI	8
GE Centricity	7
Greenway Health	7
None/Paper Charts	6
Unknown	6
Amazing Charts	5

Aprima	4
Evident	4
Kareo	3
DocLinks	2
Exscribe EHR	2
Healthland	2
Intelligent Medical Software	2
McKesson	2
MedWorxs	2
Office Ally	2
Avisena	1
Azalea Health	1
DataTel	1
Elekta Mosaiq	1
eMedpractice	1
EMS Charts	1
Eye Cloud	1
GE Healthcare	1
Health System Technology	1
Healthfusion	1
HomeCare	1
LSS-MPM	1
MEDENT	1
MedHost	1
Medical Mastermind	1
MediCat	1
Meditouch	1
Medstreaming	1
Merge Ortho EMR	1
Moderning Medicine	1
MTBC	1
NEMO Health	1
OmniMD	1
PDS	1
Practice Partner	1
Praxis	1
Raintree Systems	1
RPMS	1
Soapware	1

Suncoast Solutions	1
Ulrich Medical Concepts	1
Varian	1

*Accounts may have multiple practice locations

APPENDIX B: NRACC SUPPORTED QUALITY MEASURES

NRACC Quality Measures Reported by Clients
1. NQF 0034: Colorectal Cancer Screening
2. NQF 0043: Pneumonia Vaccination Status for Older Adults
3. NQF 0041: Preventive Care and Screening: Influenza Immunization
4. NQF 418: Preventative care and screening for clinical depression and follow up
5. NQF 0028: Tobacco use screening and cessation intervention
6. NQF 0419: Documentation of Current Medications in the Medical Record
7. NQF 0059: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
8. NQF 0018: Controlling High Blood Pressure
9. NQF 0101: Falls: Screening for Fall Risk
10. NQF 0052 Use of Imaging Studies for Low Back Pain