

Request for Proposals: Exemplary Practice Narrative Writers

NATIONAL RURAL ACCOUNTABLE CARE CONSORTIUM

MARCH 2019

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

Jack Newsom
NATIONAL RURAL ACCOUNTABLE CARE CONSORTIUM |
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SUBMISSION DETAILS

Submission Deadline

All submissions for responding to this request must be submitted, as stated below, no later than: **April 1, 2019**

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:

Jack Newsom
Chief Programs Officer
781-454-5827
Email: jnewsom@nationalruralaco.com

Electronic Submissions

Only electronic submissions in response to this Request for Quotation will be accepted. However, they must meet the following criteria:
Sent via email to: jnewsom@nationalruralaco.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-based to value-based care by creating affordable, replicable frameworks that result in improved population health and clinical quality at a lower cost. We support our enrolled clinical practices to build the internal infrastructure and workflows needed to manage population health with a focus on improving care, reducing unnecessary costs and utilization and on improving patient satisfaction and engagement. Program graduates commonly move into ACOs, CPC+, and private payor value-based payment arrangements. The NRACC also provides technical assistance for clinicians for the Medicare Quality Payment Program.

THIS RFP IS INTENDED TO IDENTIFY A WRITER/VENDOR FOR SERVICES NOT TO EXCEED \$1.8 MILLION IN FEDERAL FISCAL YEAR 2019. THE RFP IS INTENDED TO ADD THE WRITING EXPERTISE NEEDED FOR NRACC TO ACHIEVE AND EXCEED PROGRAM COMMITMENTS FOR DEVELOPMENT OF DATA-DRIVEN NARRATIVE STORIES THAT PROFESSIONALLY CONVEY THE PERFORMANCE OF TOP-PERFORMING EXEMPLARY PRACTICES. THE WRITER WILL HAVE ACCESS TO PERFORMANCE DATA ABOUT THE PRACTICES AND WILL BE INVITED TO INTERVIEW THE EMPLOYEE WHO DELIVERS SERVICES FOR THE PRACTICE IN ADDITION TO INTERVIEWING A PRACTICE REPRESENTATIVE, AS NEEDED. THEY WILL ALSO BE ASKED TO EDIT AND IMPROVE EXISTING DRAFT NARRATIVES, ADDING CHARTS AND GRAPHIC ELEMENTS, AND REFINING THE STORIES. THE WRITER MAY ALSO WORK WITH NRACC'S DATA AND ANALYTICS VENDOR TO SUPPORT DEVELOPMENT OF CHARTS AND GRAPHS. THE FINAL PRODUCT WILL BE 500 PROFESSIONAL-QUALITY EXEMPLARY PRACTICE NARRATIVES, GRAPHS AND CHARTS, THAT HIGHLIGHT AREAS OF STANDOUT PERFORMANCE. WE SEEK TO HAVE THE FIRST 200 STORIES COMPLETE BY JUNE 15, 2019, ANOTHER 200 COMPLETE BY AUG. 15, 2019, AND THE FINAL 100 COMPLETE BY SEPT. 15, 2019, FOR A TOTAL OF 500.

BUSINESS OVERVIEW & BACKGROUND

National Rural Accountable Care Consortium is a 501(c)(3) organization that has been awarded a \$31 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 3,000 practice locations in the United States, Guam and the U.S. Virgin Islands.



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, NRACC has also been challenged by capacity issues to adequately convey in writing the performance of our best practices.

Writing expertise is sought through this Request for Proposals to assist NRACC to write and edit data-driven stories for our 500 best-performing exemplary practices. In short, contracting with a professional writer/firm would add the capacity and expertise needed for NRACC to achieve our program commitments, and to accelerate our rate of practice transformation in the final year of the grant.

DETAILED SPECIFICATIONS

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 5/1/2019 please do not submit a response to the RFP.

REQUIREMENTS 1: Draft a plan for collecting and incorporating relevant interviews, data and demographic information that demonstrates NRACC's programmatic impact on our clients' ability to advance program aims.

- Plan for an estimated 8000 hours writing: up to 16 hours of interviews, data collection, writing, and editing per practice

REQUIREMENT 2: Develop a plan to create an Exemplary Practice Performance Story for 500 clients. The intent of these stories is to articulate and showcase our top practices' performance in a compelling and understandable manner, focusing on the following outline. The written narrative will convey the data-driven details of a transformed clinical practice for an audience that will include health care purchasers, CMS program leaders and potentially patients.

1. Organize the practice performance story as if the presenter were preparing for a 6-8 minute "elevator" speech conveying a value proposition to payers and patients. The practice leadership is telling the story with the performance information they use and manage by.
2. The story is in the practice's own language and delivered in their own style.



3. Draft the performance story in 1-3 pages. Use clear exhibits (1-2 charts) that display the practice's exceptional performance.
4. **A general outline of the exemplary practice's performance story (Samples will be provided):**
 - 1) Who we are as a high performing practice
 - a. Practice Name; Location; Ownership Type
 - b. Practice Size and Scale: # of clinicians or providers; # of patients seen, # of locations
 - c. Characteristics of your patient population that effect priorities, aims or results (if applicable)
 2. Our bold aims and the performance that makes us high value to payers and patients
 - a. Our patient population groups that we use to define and live performance
 - b. The specific goals and aims for clinical outcomes, service quality and utilization that define us to patients and payers
 - c. The actual performance related to our program aims that distinguishes us. Express as methodologically sound, evaluation-based, quantitative results that would resonate with payers and patients (Consider using one or two simple charts to summarize performance.).
 - d. The way in which this performance is exceptional and high value to patients and payers.
 3. As a service delivery system, what we have in place that is producing high value performance
 - a. The service delivery elements (refence program AIMS and collected quality measures in Appendixes A and B) that work together in a powerful and exciting way to deliver high value performance. Briefly describe how they work together.
 - b. How a culture of Person and Family Engagement (PFE) drives and contributes to our performance. PFE elements may include meaningful utilization of NRACC's Patient Satisfaction Tablet Program, use of shared decision making, advanced care planning, or use of a Patient and Family Advisory Committee
 - c. A key intervention made to build this capability and culture.
 4. The factor most responsible for our high performance
 - a. In one sentence, what is most responsible for our success
 - b. A first or next step we encourage others to take as they establish a successful capability.
 - c. How enrollment in the NRACC program fomented this success

Note: Be creative in drafting the story but ensure that the key principles of performance are included. Each story should sound unique and exciting. It is describing who the practice is, what it does, and what it stands for.



REQUIREMENT 3: Demonstrated ability to communicate complex ideas clearly and concisely and ability to facilitate cross-functional meetings in order to influence high-impact narrative writing.

- 1) Able to provide 3-5 writing samples that display strength in data-driven narrative development with graphic elements. In health care, if possible.
- 2) Experience in conducting high-impact and efficient interviews with employees and customers to support high-quality narrative development
- 3) Experience with and knowledge of [Associated Press](#) writing conventions
- 4) Experience in writing about clinical practices or related health care businesses
- 5) Experience in working with multiple stakeholders to develop narrative stories. (In this case, clinical practices, service deliver employees, data vendors.)
- 6) Stories will need to be completed on this timeline:
 - i) 200 complete by June 15, 2019
 - ii) another 200 complete by Aug. 15, 2019
 - iii) the last 100 complete by or before Sept. 15, 2019.

REQUIREMENT 4: Privacy and Security

1. Describe in detail your steps to protect Protected Health Information from security breaches (E.g. sending stories in encrypted format).

REQUIREMENT 5: Program Evaluation Experience

1. Please describe your experience completing multiple deadlines in over a short period.

QUOTE PROPOSAL

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. 3-5 writing samples that display strength in data-driven narrative development with graphic elements. In health care, if possible.
6. Two similar organizations that are currently using your services
7. Describe your methods of ensuring quality in your product.
 - a. How do you track revisions and avoid version-control errors?
 - b. How do you ensure final drafts are flawless and professional grade, without typos or formatting errors?

APPENDIX A: NRACC PROGRAM COMMITMENTS

TCPI AIM	NRACC Commitment
Aim 1: Support more than 140,000 clinicians in their practice transformation work	Enroll 8,050 clinicians by March 30, 2019
Aim 2: Improve health outcomes for 5 million of Medicare, Medicaid and CHIP beneficiaries and other patients. (include numerator/denominator of patients improved)	Improve health outcomes for 35,511 patients by year 4 (Sept. 28, 2019)
Aim 3: Reduce unnecessary hospitalizations for 5 million patients.	Reduce unnecessary hospitalizations by 1,241 by the end of year 4
Aim 4: Generate \$1 to \$4 billion in savings to the federal government and commercial payers.	NRACC to achieve cost savings of \$188,008,040 by year 4
Aim 5: Sustain efficient care delivery by reducing unnecessary testing and procedures. (include percentage and numerator and denominator calculations)	Reduce unnecessary tests and procedures by 578 by the end of the program
Aim 6: Transition 75% of practices completing the program to participate in Alternative Payment Models. (include percentage and numerator and denominator calculations)	6038 clinicians graduated by year 4

APPENDIX B: SUPPORTED 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