



**STATE OF DELAWARE
DELAWARE HEALTH CARE COMMISSION
REQUEST FOR INFORMATION (RFI)
HSS-15-022**

PRACTICE TRANSFORMATION SERVICES

Key Dates

Release Date: 1/21/15

Response Date: 2/16/15

A. INTRODUCTION & BACKGROUND:

Delaware aspires to be a national leader on each dimension of the Triple Aim: better health, improved health care quality and patient experience, and lower growth in per capita health care costs. In 2013, the Delaware Health Care Commission (HCC) convened stakeholders across Delaware – including consumers, providers, payers, community organizations, and state agencies – to work together to develop a strategy to achieve these goals. The culmination of that work was the development of Delaware’s State Health Care Innovation Plan (SHIP). Delaware was recently awarded a four-year, \$35 million State Innovation model (SIM) Testing Grant from the Centers for Medicare and Medicaid Services (CMMI) to support the implementation of the SHIP. Combined with additional investments being made by purchasers, payers, and providers of care in Delaware, grant funds are intended to support changes in health care delivery to create more than \$1 billion in value through 2020.

Delaware is working to implement this strategy over the next four years. There are six core elements to Delaware’s approach to health system transformation:

1. Transformation of primary care through patient-centered medical homes (PCMHs), accountable care organizations (ACOs), and other innovative delivery models

2. A workforce learning and development program focused on delivering team-based, integrated care
 3. Multi-payer transition to value-based payment models statewide (Pay for Value and Total Cost of Care), with 90% adoption of new payment models by primary care providers by 2018
 4. An innovative multi-payer provider performance scorecard, composed of quality, experience, utilization, and cost measures tied to new payment models
 5. A statewide population health improvement program linking community-based health initiatives with the delivery system
 6. Patient engagement to support individuals to manage their own health and health care
- Delaware's approach to delivery system transformation will focus on more integrated and coordinated care for the highest risk individuals (approximately the 5-15% of individuals with the greatest need for care, typically those with multiple complex chronic conditions and/or behavioral health needs).

Leaders from Delaware's provider community have emphasized that delivering this type of care requires real change for many primary care providers. As a result, Delaware's plan calls for significant commitment of funding to support provider practice transformation. It is expected that many providers will use this funding to engage with expert vendors to support them in practice transformation activities – ranging from assessment of current capabilities, to on-site coaching and/or distance learning enabling refinements to practice workflow and operations over a 1-2 year period. Delaware stakeholders have identified a set of “transformation milestones” practices should work to achieve within 1-2 years of beginning their transformation.

Some practices in the state have already begun practice transformation activities; however the current belief is that most practices have not yet started this process. Delaware's plan calls for new practices to begin transformation activities beginning in the fall of 2015.

Please note: The HCC is also releasing an RFI for care coordination services. These are distinct from practice transformation services and are also expected to “go live” in late 2015.

B. DELAWARE'S HEALTH CARE SYSTEM:

Delaware has a population of approximately 925,000 across three counties including urban, suburban, and rural communities. Some facts about its health care system include:

- A relatively low level of uninsured (<10% of the population)
- Two major commercial payers

- Medicaid program that fully expanded following the Affordable Care Act
- According to the Health Resources and Services Administration (HRSA) and the US Census Bureau, all of Kent and Sussex Counties and portions of New Castle County (NCC) are federally designated shortage areas for primary care and dental care. There are approximately 38 of 131 primary care and 24 of 131 dental care census tracts in NCC deemed HPSAs. Mental health care designated shortage areas include all of Sussex County, 2 community-based facilities in Kent County and 3 community-based, 1 hospital and 1 correctional facility in New Castle County.
- Six major health systems, three Federally Qualified Health Centers with 10 locations statewide, and a Veterans Affairs hospital
- ~1,200 PCPs across ~500 practices, with ~75% of PCPs in groups of five or fewer
- Multiple innovative care models emerging, including:
 - Co-location of services (e.g., primary care and behavioral healthcare)
 - Population-specific care coordination (e.g., for a specific condition such as heart disease)
 - Patient Centered Medical Homes
 - Accountable Care Organizations
- Advanced health IT infrastructure, including:
 - Industry-leading Health Information Exchange with strong connectivity to acute care hospitals and labs, and emerging connectivity to other ambulatory care sites
 - Electronic medical records penetration of ~80%

C. PURPOSE OF THIS RFI:

HCC issues this RFI in order to gain a better understanding of the nature and scope of services offered by high-quality service providers. The results of this RFI will inform development of detailed implementation plans for supporting clinicians in Delaware with practice transformation services. HCC will NOT award a contract on the basis of this RFI. A subsequent Request for Qualifications or Request for Proposal to formally pre-certify, pre-qualify, or select vendor(s) to work with practices in Delaware may follow this RFI.

D. OBJECTIVES OF PRACTICE TRANSFORMATION AND POTENTIAL PROVIDER NEEDS:

Stakeholders in Delaware recognize that delivering integrated and coordinated care requires meaningful changes to workflow and practice patterns, in addition to new tools

and often new individuals as part of care teams. Delaware's providers will have direct incentives to demonstrate improvement in five areas (shown below) as part of Delaware's multi-payer performance scorecard.

- **Panel management.** Understanding the health status of a practice's patient panel and setting priorities for outreach and care coordination based on risk.
- **Care management.** Providing proactive care planning and management for high-risk patients.
- **Patient engagement.** Performing patient outreach, health coaching, and medication management.
- **Team-based care coordination.** Integrating care across providers within the practice, across the referral network, and in the community. This includes integration of primary care practices with behavioral health providers.
- **Access improvement.** Introducing changes in scheduling, coverage outside traditional hours of operation, telephone or electronic visits, or other means by which to enable greater access.

Delaware also expects providers to seek support for the following additional services and capabilities.

- **Performance management.** Using reports to drive improvement and participation in value-based payment models. Mining data to support meeting quality goals or to obtain recognition/certification through a national program (e.g., NCQA certification for PCMH). Ongoing evaluation of practice progress against goals and assessment of the effect of new changes (e.g., in practice workflow) on outcomes
- **Business process improvement.** Budgeting and financial forecasting, practice efficiency and productivity, and coding and billing.
- **Referral network management.** Promoting use of high-value providers and setting expectations for consultations.
- **Health IT enablement.** Implementing connectivity to electronic health records (EHR) and health information exchange (HIE), and training to use tools that enable coordinated care.

E. INFORMATION REQUESTED:

Delaware's primary care providers work in a variety of contexts. Consider the following archetypes:

- Large health systems, medical groups, or independent practice associations (>25 PCPs) with relatively sophisticated capabilities to implement and maintain workflow changes

- Medium-sized practices (5-25 PCPs) that may be strong on one or more of the transformation elements listed above but require significant support to address all of them
- Small practices (<5 PCPs) with relatively less administrative/IT infrastructure and a limited track record in addressing the transformation elements listed above

Note: These archetypes are not exhaustive. Some large practices may have relatively limited infrastructure to support practice transformation, while some small practices may have already implemented significant change.

Please provide the following information:

1. Please complete the following table to describe your organization’s relative experience or interest in delivering services to meet each of the needs outlined below—for each, indicate either “Extensive experience”, “Some experience”, “Interest in developing”, or “Neither experience nor interest.” In doing so, please rely on the brief definitions provided in Section D (above). Please also list below up to three [Other] provider needs for practice transformation support (if any) that you believe should be considered for inclusion in any procurement of practice transformation support to follow this RFI, again indicating for each your organization’s relative experience or interest.

Provider need for transformation support	Your experience or interest
Panel management	
Care management	
Patient engagement	
Team-based care coordination	
Access improvement	
Performance management	
Business process improvement	
Referral network management	
Health IT enablement	
[Other]	
[Other]	
[Other]	

2. Keeping in mind the practice archetypes described above, please describe the services, processes, and structures you would use to address the needs outlined in your response to question #1. Please describe the typical length of time needed to achieve meaningful results, how you typically validate whether practices have achieved transformation in specific areas (e.g., on-site reviews, audits), and how your organization’s performance is evaluated by other clients.
3. Please describe the resources and personnel you typically deploy (e.g., transformation coaches, remote support, IT systems), frequency of on-site visits, duration of relationships with practices. How does this vary by practice size and location?

4. Please describe the pre-conditions (e.g., IT systems, competencies, payer mix), if any, that a practice must meet to enable a successful partnership with your organization.
5. Please suggest a pricing model(s) that would make development of practice transformation services in Delaware viable and attractive (e.g., flow of funds, fixed versus variable pricing, performance-based arrangements). Note any upfront investments required and risks you perceive. Please also comment on the minimum scale, if any, that your organization would need to consider participating.
6. Please describe your current presence in Delaware, if any. Describe the overall approach you would take to providing services in Delaware, including the source of on-the-ground personnel, whether you would establish a local managerial presence, and how much development time would be required before you could go live with services. How many practices do you typically support at one time? How rapidly can you scale to support additional practices? Include a discussion of any challenges you foresee and how you, the State of Delaware, or other stakeholders may address them.
7. Briefly describe how your organization's history and experience aligns with the goals of Delaware's plan. Provide contact information, relevant workforce size, and other pertinent information regarding your business. Include a description of your current client base (e.g., number of practices, typical size and organizational structure).
8. While primary care is the initial focus of Delaware's transformation initiative, achieving integrated care may require operational changes for other providers as well. Please comment on the approach you would take to supporting multi-specialty, behavioral health, and other practices that are not exclusively focused on primary care. (OPTIONAL)

F. INSTRUCTIONS FOR RESPONDING:

Contact Person and Submission

HCC is the sole point of contact with regard to all matters relating to this RFI. All communications concerning this RFI must be addressed to the contact person:

Michelle Amadio
Executive Director
Health Care Commission
Margaret O'Neil Building
410 Federal St, Suite 7
Dover, DE 19901
(302) 739-2730
Michelle.Amadio@state.de.us

Submissions of responses are to be in either hard-copy delivered to the address below or electronic PDF to:

Kieran.Mohammed@state.de.us no later than 11:00 A.M. on February 16, 2015.

Hardcopy responses should be mailed to:

Kieran Mohammed, Purchasing Services Administrator
Herman Holloway Campus
Main Administration Building, Room 257
1901 N. DuPont Hwy
New Castle, DE 19720

Responses to this RFI should provide a straight-forward concise description of the Vendor's offer to meet the requirements of the RFI. Responses should be submitted electronically.

To streamline the review process, HCC asks that responses include:

1. A cover letter on the letterhead of the company submitting the responses. The cover letter must briefly summarize the vendor's ability to provide the services specified and identify all the materials and enclosures being submitted.
2. A contact person which includes a phone number and email address.
3. A table of contents with page numbers for each component of the response.
4. A reply to the requirements listed with a detailed description of how the vendor will provide each of the services outlined in this RFI. This part of the response should also include descriptions of any enhancements or additional services or qualifications the vendor will provide that are not mentioned in this RFI. Please limit this portion of your response to 20 pages or fewer, single or double-spaced with no less than 12-point font, and margins no less than 0.5 inches.

Neither HCC nor the State of Delaware shall be liable for any of the costs incurred by a vendor in preparing or submitting a response, including, but not limited to preparation or the expenses associated with any presentations. Each response should be prepared simply and economically, providing a straight-forward, concise description of the vendor's ability. Emphasis should be on completeness and clarity of content.

As noted, electronic submissions will be accepted. Electronic documents must be in PDF format and provide all pertinent content of the RFI request. Please anticipate receiving an email confirmation from HCC within one week of submitting your response. If you do not receive an email confirmation within one week of submission, please follow-up directly with the point of contact provided above.

Tentative Schedule

RFI Issued: 1/16/15

Vendor Questions: 1/28/15

Answers to Questions published: 2/4/15

Responses to RFI Due: 2/16/15