

REQUEST FOR APPLICATIONS
Million Hearts
Blood Pressure Self-Monitoring Tied with Clinical Support Learning Collaborative

The Healthy Living through Environment Policy and Improved Clinical Care (EPICC) Program, housed within the Utah Department of Health (UDOH), is seeking proposals. The goal of this project is **to promote team based care and improve control of high blood pressure** by working with interested primary care clinics to **implement blood pressure self-monitoring tied with clinical support**.

Background

The Agency for Healthcare Research and Quality (AHRQ) recently reviewed the effectiveness of blood pressure self-monitoring tied with clinical support in treating hypertension patients. Based on evidence from 49 studies, AHRQ concluded that home blood pressure monitoring plus follow up care is more effective than usual care.

Furthermore, the AHRQ analysis determined that effective follow-up interventions had the following characteristics in common:

- Were delivered by trained health care professionals
- Included regular communication of home blood pressure readings to the appropriate member of the healthcare team, such as through a patient portal
- Provided feedback in which support and advice were customized based on patients' reported information, such as through a patient portal
- Involved real-time adjustment of medication

The national Million Hearts Initiative has emphasized the important role that using established hypertension treatment guidelines has in improving clinical care. You can find more information and examples of treatment protocols here: <http://millionhearts.hhs.gov/resources/protocols.html> and resources from the Utah Million Hearts Coalition here: <http://healthinsight.org/bloodpressure>

Purpose of Request for Applications (RFA)

EPICC seeks to work with primary care clinics to implement an intervention centered on self-monitoring that includes participation in a learning collaborative where clinics discuss successes and barriers. It is anticipated that this RFA will result in a maximum of 10 contracts each totaling \$5,000. \$1,000 of the \$5,000 can be used for purchase of blood pressure monitors. In the result that fewer clinics apply, more money will be allocated to each clinic.

All projects must be completed by June 30th, 2018.

This RFA, having been determined to be the appropriate procurement method to provide the best value to the State, is designed to provide interested offerors with sufficient basic information to submit proposals meeting minimum requirements. It is not intended to limit a proposal's content or exclude any relevant or essential data. Offerors are at liberty and are encouraged to expand upon the specifications to evidence service capability under any agreement.

Eligibility

Clinics that provide primary care to Utahns are eligible to apply. **Contact Kelly Robinson** kellyrobinson@utah.gov or (801)538-6295.

Preference may be given to clinics that serve higher proportions of underserved communities as defined by socioeconomic status, race/ethnicity, geography, and other populations identified to be at-risk for health disparities. Additionally, preference may be given to clinics participating in the Million Heart Excellence in Blood Pressure Award assessment located at <http://healthinsight.org/bloodpressureaward>

Clinics that have previously received EPICC funding to develop a self-monitoring program are not eligible to apply.

Award and Funding Restrictions

Each clinic that meets the requirements of the grant will be funded \$5,000. Clinics will be reimbursed based on achievement of agreed upon milestones.

All contractors will also receive regular support and technical assistance from the Utah Department of Health Healthy Living through Environment Policy and Improved Clinical Care Program (EPICC) staff.

Funds cannot be used for research or to provide direct services, such as patient care, screening, lab tests, medication, or individual patient education.

No more than \$1,000 of the total funds can be used to pay for equipment.

Funds will be used to develop or improve the process an organization follows to ensure quality care is provided to patients. This will include:

- Monthly calls for the first quarter (July to October) then calls every other month
- Discussion on developing/improving a data collection system to give providers current and accurate data, as well as to track patient care and outcomes
- Training of providers and staff in new procedures or education techniques
- Developing protocols for patient follow-up and referral
- Developing/improving patient self-management education programs
- Monitoring new process success, and making adjustments as necessary

Grant Schedule

- | | |
|--------------------------------|-----------|
| 1. Request for proposal posted | 4/1/2017 |
| 2. Application due to UDOH | 5/1/2017 |
| 3. Project completion | 6/30/2018 |

Application Requirements

1. Review background information and requirements
2. Complete the Application (See Appendix A)
3. **Send completed application to Kelly Robinson kellyrobinson@utah.gov by Monday, May 1st 2017**

Proposal Evaluation Criteria

A committee will evaluate project proposal applications against the following weighted criteria. Each area of the evaluation criteria must be addressed in detail in the project proposal application.

<u>Weight</u>	<u>Evaluation Criteria</u>
70 %	Demonstrated ability to meet the scope of work (see RFA Evaluation Score Sheet in Appendix C for a further breakdown of this component).
30 %	Demonstrate Million Hearts Partnership (awardee or coalition member). Demonstrate a need and/or expertise that will enhance the learning collaborative.

NOTE: Appendix C includes the score sheet that will be used to evaluate applications.

Please ensure all proposals and related materials are sent to Kelly Robinson by Monday, May 1st 2017 at 5 PM.

Expectations if Funded

Should you be awarded funding, the following learning collaborative phone calls will be required. Time and dates of calls will be determined by the group.

1. Participate in Learning Collaborative calls with EPICC staff and other grantees.

The purpose of these calls is to help problem solve and connect clinics with training and technical assistance opportunities. Tentative schedule for calls:

- a. **July 2017 – first call. Introductions. Schedule and Adobe Connect introduction.**
Goal: Each clinic understands the schedule, how to participate in the collaborative and is given resources explaining what validated machines are. Clinics will discuss distribution of equipment.
Deliverable for second call - each clinic will begin purchasing equipment and provide a receipt. Each clinic will provide a plan to distribute equipment to patients.
Funds associated with equipment purchase and planning deliverable - \$1,000
- b. **August 2017 – second call. Key Components of Home Blood Pressure Monitoring (HBP) Programs.** Goal: Each clinic understands key components of high blood pressure programs.
Deliverable for third call: Each clinic identifies how to pull a list of hypertensives (HTN) on their EHR and identifies criteria for choosing patients who will be given machines.
Funding associated with deliverable - \$500
- c. **September 2017 – third call. Control rates and HTN Registries – lessons learned.**
Goal: Share back lists of hypertensives and control rates discuss the success and challenges.
Deliverable for call four: Each clinic will identify how communication between the patient and the provider will occur.
Funding associated with deliverable: \$500
- d. **October 2017 – fourth call. Communication Channels in the Healthcare team (including the patient).** Discuss frequency of calls, share communication plans with patients. Goal: Clinics understand successful ways that the healthcare team can provide feedback and support to patients.
Deliverable for call five: provide copy of control rate at the next call.
Funding associated: \$500
- e. **December 2017 – Fifth call. Data Review – How do we know if this is working?** Review control rate from when the program started to current state. Discuss attrition and lessons learned so far.
Goal: Clinics understand how to determine successes and discuss barriers.
Deliverable for call six: Clinics determine how the healthcare team can make real time medication adjustments and discuss with the collaborative.
Funding associated: \$500
- f. **February 2017 –sixth call. Staff training – lessons learned.** Goal: Clinics share resources and lessons around staff training.
Deliverable for call seven: Hypertension treatment protocols – are you using a protocol? If

yes, how do you support physicians in using protocol consistently and how do you know it is working. If not, why not?

Funding associated: \$500

- g. **April 2017 – seventh call. Share back what resources are working or report on treatment protocols.** Goal: clinics share resources that they have found useful, information of attrition and report on treatment protocols.

Deliverable for call 8: Clinics come prepared with ideas on how they can sustain a home blood pressure program and report next steps.

Funding associated: \$500

- h. **June 2017 – eighth and final call.** Goal: Sustainability and next steps are shared.

Deliverable for this call: complete the evaluation and share with the group how you plan to sustain the program.

Funding associated: \$1,000

Total Funding: \$5,000

Appendix A: Project Proposal Application

Background Information

Coordinator Name: _____ **Email:** _____

Phone Number: _____ **Role in Clinic (i.e. MA, manager)** _____

Number of total patients your clinic serves: _____

Number of current patients diagnosed with hypertension: _____

Electronic Health Record you use (if any): _____

Project Details

Please respond to the following questions. Each response should be no more than 1 page single spaced (and can be less).

<p>1. <i>Please indicate whether you can determine your clinics' hypertension control rate. (If you cannot determine your clinics' hypertension control rate, this does not disqualify you from the collaborative.)</i></p>
<p>2. <i>If awarded funding, are you able to purchase home blood pressure monitors, cuffs, etc. and are you willing to distribute to clients?</i></p>
<p>3. <i>Are you able to recruit multiple members of the healthcare team (i.e. physicians, pharmacists, nurses, MAs, care coordinators, etc.) to participate in a home blood pressure monitor project? (They will not be required to be on calls.)</i></p>
<p>4. <i>Are you able to communicate home blood pressure readings to the appropriate member of the healthcare team? And if so, how?</i></p>

5. *Are you able to communicate with your patients who are given cuffs? If so, how? (i.e. portal, through dr., we call them):*

6. *Did you apply for the Million Hearts Award? If so, what level of award did you receive?*

7. *Does your clinic currently provide home blood pressure monitors to patients? (this does not disqualify you)*

8. *Can you commit to participating on most of the learning collaborative calls and working on the deliverables associated with each call? If so, what dates and times are most convenient?*

9. *Does your clinic serve typically underserved patients as defined by socio-economic status, race/ethnicity, geography, or other populations identified to be at-risk for health disparities? Please provide relevant justification such as proportion of patients on Medicaid.*

Appendix C: RFA Evaluation Score Sheet

**TITLE OF PROJECT AND SOLICITATION # (to be inserted by the Division of Purchasing)
RFA EVALUATION SCORESHEET**

Organization Name: _____

Evaluator: _____

Date: _____

Score will be assigned as follows:

- 0 = Failure, no response
- 1 = Poor, inadequate, fails to meet requirement
- 2 = Fair, only partially responsive
- 3 = Average, meets minimum requirement
- 4 = Above average, exceeds minimum requirement
- 5 = Superior

	Points Possible	Score (0-5)	Weight	Points
1. Demonstrated Ability to meet scope of work (70 points possible)		----		
Clinic shows ability to participate in calls	30		X6	
Clinic shows ability to include a health care team in the project	10		X2	
Clinic has the ability to purchase and track monitors	15		X3	
Clinic targets underserved population	5			
Clinic has ability to help other clinics (determined by Million Hearts award level and control rate)	10		X2	
2. Million Hearts Awardee (30 points possible)	30	*		
TOTAL EVALUATION POINTS	100			

* Purchasing will use the following cost formula: The points assigned to each offerors cost proposal will be based on the lowest proposal price. The offeror with the lowest Proposed Price will receive 100% of the price points. All other offerors will receive a portion of the total cost points based on what percentage higher their Proposed Price is than the Lowest Proposed Price. An offeror whose Proposed Price is more than double (200%) the Lowest Proposed Price will receive no points. The formula to compute the points is: Cost Points x (2- Proposed Price/Lowest Proposed Price).