



**Request for Proposal**  
**Total Cost of Care – Development Site**  
**October 9, 2015**

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## I. General Background

### **Network for Regional Healthcare Improvement Overview**

The Network for Regional Healthcare Improvement (NRHI) is a national organization representing over 30 member Regional Health Improvement Collaboratives (RHICs). These multi-stakeholder organizations are working in their regions and collaborating across regions to transform the healthcare delivery system and achieve the Triple Aim: improving the patient experience of care, including quality and satisfaction; improving the health of populations; and reducing the per-capita cost of health care. The RHICs are accomplishing this transformation by working directly with physicians and other healthcare providers, provider organizations, commercial and government payers, employers, consumers, and other healthcare related organizations. Both NRHI and its members are non-profit, non-governmental organizations. Additional information about NRHI and its members can be found at [nrhi.org](http://nrhi.org).

### **Guiding Principles & Vision**

NRHI's overarching vision is to bring stakeholders together to improve health and healthcare in communities across the US through an active and engaged network.

The mission of the Network for Regional Healthcare Improvement is to help all of the stakeholders in communities across the country build the capabilities needed to take unified action to create lower-cost, higher-quality healthcare and to improve the health and productivity of their residents.

NRHI is a network of leading multi-stakeholder organizations from across the country engaging key players in health improvement and health care transformation. NRHI members are committed to improving population health and the quality and affordability of healthcare in the U.S. We promote community benefit over individual and organizational interests and believe that all stakeholders must work together to achieve change. NRHI members have different structures and operate in different markets but share common goals and priorities and adhere to the following shared principles:

1. **The status quo of our healthcare system is not acceptable in terms of its quality, safety or cost.** Though we are inclusive, neutral conveners of stakeholders, we are not neutral on the need for change.
2. **We strive for win-win solutions recognizing that change is required by all.** No single stakeholder group can 'fix' healthcare – it is the coordinated work of all stakeholders that will achieve transformation. Likewise no stakeholder group is to 'blame' for current system failings. Coordinated and aligned action is needed.
3. **We promote and actively pursue transparency of healthcare cost, quality and patient experience and outcomes.** We believe that transparent and reliable information is foundational to change. Every stakeholder needs fair and meaningful access to complete information to improve and evaluate performance and to redesign current practices.
4. **We believe the best solutions come from multi-stakeholder input.** We are voluntary, consensus-based entities and strive for a balance of priorities across groups. We value all perspectives and believe the multi-stakeholder process- while difficult- brings the richest ideas and the most lasting support.
5. **We work together to accelerate and scale innovation.** Each member brings unique value to the table and can inform best practice. Through the NRHI network we can share those lessons for rapid dissemination and national impact.

## **Total Cost of Care Project Background and Renewal Overview**

### **Project Background**

Beginning on November 1, 2013, five of NRHI's member Regional Health Improvement Collaboratives (RHICs) came together through the leadership of NRHI, and with support from the Robert Wood Johnson Foundation, to measure and report Total Cost of Care (TCoC) and Relative Resource Use in their respective regions. Knowing both the need for reliable transparent cost information and the burden of misaligned measurement, we sought to standardize measurement to provide trusted information and to enable meaningful comparisons across regions.

The original project goals were to:

1. Measure and report Total Cost of Care and Resource Use in a standardized way across five regions;
2. Create a process for benchmarking multi-payer commercial healthcare costs;
3. Identify the best ways to share cost information with key stakeholders in local communities to identify drivers of and reduce healthcare costs; and
4. Conduct focused work with physicians to help them use cost information to adopt practices that will reduce costs and improve care. Encourage them to serve as leaders in their communities.

All pilot goals were achieved:

1. Each region produced and distributed attributed practice level reports in their respective communities.
2. A benchmarking approach across five regions was developed and tested.
3. Each Regional Collaborative shared reports with community stakeholders.
4. Participating physicians were supported to lead change both locally and nationally with a reporting framework, strategy and practical approaches to affect change.

The accomplishments, challenges and lessons learned were shared on April 30, 2015 at the NRHI hosted National Summit, *Cost Transparency from the Ground Up*. A pilot overview and summary document are attached and describe the pilot goals, approach and findings. Additionally, the *Healthdoers Who Have Done It* booklet is a compilation of key lessons learned written by individual project team members. A copy of this booklet is also attached for reference purposes.

### **Renewal Overview**

NRHI and the five pilot RHICs were awarded a renewal grant ("Renewal" or "Phase II") by the Robert Wood Johnson Foundation for an 18 month period for May 1, 2015 through October 31, 2016.

The Renewal is a build-out of the original TCoC Pilot with critical new components that also recognize and leverage the work of non-RHIC organizations. The Renewal allows the original Pilot RHICs to further develop and use longitudinal data with standardized TCoC and Resource Use reporting and benchmarks, spreads the project to new regions, and tests new models for maximum leverage and adaptability in the rapidly changing healthcare transformation environment.

As part of the renewal, NRHI intended to recruit two new RHICs and one stand-alone All Payer Claims Database (APCD), the latter in order to develop and test a new model in which RHICs and

APCDs work in a complementary fashion to achieve reform – e.g. RHICs responsible for operationalizing change through the strength of their multi-stakeholder models, and APCDs aggregating and analyzing the claims data that enables the work of RHICs.

The overall goal of the Renewal is to evolve the TCoC project and show preparedness for national scalability. There are two major Objectives:

- **Objective 1** - Provide support for an additional period of activities tied to the original Pilot and original partner RHICs. The five original partnering RHICs are: Center for Improving Value in Health Care (CIVHC); Maine Health Management Coalition (MHMC); Midwest Health Initiative (MHI); Minnesota Community Measurement (MNCM); and Oregon Health Care Quality Corporation (Q Corp);
- **Objective 2** - Recruit new partners, including two RHICs and a state APCD, using an approach similar to that of the Pilot, in order to test spread and how the standardized core elements that emerged in the original Pilot can work in other regions including promotion of partnerships between entities that develop data (APCDs) and entities that can operationalize change through multi-stakeholder engagement (RHICs).

Following an RFP to recruit the expansion sites, only two sites were selected who met the requirements for participation. During that process, NRHI identified that a number of regions were not yet at a state of readiness and faced barriers which could not be resolved within the necessary timeline to participate.

In an effort to provide support for regions to overcome barriers, NRHI intends to provide funding for up to four new regions to participate in the Renewal in a limited capacity as further described below.

## **II. Proposal Requirements and Responses**

This section describes the benefits and requirements for participation in the Total Cost of Care Phase II as a Development Site and the process for submitting a proposal.

### **Benefits of Participation**

Throughout the Phase II RFP application process, we had multiple conversations with a number of entities who expressed interest in participating in the next phase of TCoC; however they experienced barriers they were unable to overcome in the necessary timeframe. Many indicated they would like to continue to stay engaged as they work through their individual barriers so they are ready for the next phase. These barriers include but are not limited to the following:

- Lack of access to allowed amounts
- Lack of data use agreements permitting transparency of total cost of care reporting
- No willing and/or able partner in their region to meet both data and engagement requirements
- Competing priorities/capacity issues
- Focus on larger and more foundational initiative (e.g. APCD build) that would enable more focused work such as TCoC reporting in the future

In an effort to increase the level of readiness of regions to report TCoC, RWJF approved the repurposing of funds originally intended for the third expansion site. Using this funding, NRHI will develop, package and test curriculum leveraging the content produced and expertise gained during the initial pilot.

NRHI regularly fields requests to learn about the TCoC project to help inform others work in progress or provide information to help a region determine if they should pursue TCoC reporting. The curriculum will be designed in a manner that allows organizations to assess their readiness, identify and understand the impact of barriers, and provide access to a variety of resources – from direct solutions to advisors or mentors. In addition to written content, the curriculum will include activities that provide feedback, including:

- Focus groups to engage those at various levels of readiness, build peer support and gather input that further informs the project and curriculum content;
- Develop a tool which allows interested sites to ‘self-assess’ their readiness and find out how they can begin to address their gaps;
- Develop a mechanism to match interested sites with subject matter experts or implementation experts who could advise on next steps;
- Share a robust resource library located on Collaborative Health Network’s HealthDoers platform; and
- Facilitate Q&A forums

The content will be written to target various audiences and accommodate different adult learning styles. Various modalities of training including videos, virtual classroom sessions, interactive discussions with subject matter experts (‘Coffee Chats’ and featured ‘Tech Talk Tuesdays’, etc.) could be used. The goal is to ensure that the content and resources provided are effective in moving sites to an increased level of readiness for TCoC reporting and engagement of key community stakeholders in the use of TCoC reporting. Selected sites will benefit from:

- Learning from and building on the experience of regions who have already reported TCoC in their communities– you do not have to start from scratch
- Access to targeted resources to meet specific needs.
- Assistance in addressing barriers
- Funding

### **Participant Expectations**

The TCoC Development Site RFP is focused on selecting new regions from across the country to participate in a limited engagement to provide feedback on curriculum and focus on a particular barrier. Participants will be expected to:

1. Utilize and test curriculum for effectiveness to address barriers;
2. Provide feedback on curriculum for improvements to curriculum;
3. Identify a project lead and participate in various project team meetings and workgroups;

4. Identify at least one Physician Champion and site representative to attend the National Physician Leadership Seminar (tentatively scheduled for August 2016 – Stanford University);
5. Identify at least one Employer Champion and site representative to attend the National Employer Engagement Seminar (tentatively scheduled for Spring 2016);
6. Author a written case study on the specific barrier and how it was overcome.

### **Deliverables**

In addition to participation expectations, specific deliverables include, but are not limited to:

- (1) Develop a work plan and assign appropriate staff to participate in various activities necessary to meet the deliverable outlined below. This includes individuals who will complete a regional assessment, test the curriculum, provide feedback on curriculum for improvement and work toward resolving the identified barrier;
- (2) Designate a lead staff person to serve as a Local Coordinator for project period;
- (3) Recruit a physician champion to accompany a member of your project team to the National Physician Leadership Seminar;
- (4) Recruit an employer champion to accompany a member of your project team to the National Employer Leadership Seminar;
- (5) Capture/share results with NRHI, its members, RWJF, Center for Healthcare Transparency and others, and participate in the dissemination of project results through the Collaborative Health Network and other forums to be determined;
- (6) Author a case study describing the identified barrier, approaches to resolution, results and lessons learned. This must be submitted prior to October 31, 2016;
- (7) Produce and submit periodic narrative and budget reports as required by NRHI and funder; and
- (8) Possibility of attendance and/or presentation at upcoming payment reform summits.

### **Eligibility Criteria**

- If the applicant is not an NRHI member, a letter of recommendation from their local Regional Health Improvement Collaborative (RHIC) is required. If no local RHIC exists, a recommendation from any full NRHI member is acceptable. To find a RHIC in your area please visit the NRHI website.
- Willingness to strive toward appropriate levels of standardization in order to move toward greater alignment and transparency of total cost of care measurement nationally
- Familiarity with the value of providing total cost of care reporting to stakeholders for engagement and uses to drive payment reform and reduce overall cost of healthcare,
- Board support

In order to ensure that we select a team of partners to successfully meet the project deliverables, please provide answers to the following set of questions. We will share all of the responses with a Selection Committee who will evaluate proposals against a set of criteria. Those selected to participate as partners will be asked to sign a formal letter of commitment.

## **Request for Proposal Process and Timeline**

All Requests for Proposal (RFP) respondents shall submit the information listed below no later than midnight on Friday, October 23, 2015 to the e-mail address noted below. All responses will be reviewed against the requirements. All RFP respondents shall be notified of the final decision no later than November 9, 2015.

### **Webinar**

An informational webinar will be held on Wednesday, October 14<sup>th</sup> from 3:00 – 4:00pm (Eastern Time) and will be recorded and posted on the Total Cost of Care page on the NRHI website at <http://www.nrhi.org/work/multi-region-innovation-pilots/tcoc/>

### **Frequently Asked Questions**

Frequently asked questions and answers will be posted on our website and regularly updated. Please send any questions to Ellen Gagnon at [egagnon@nrhi.org](mailto:egagnon@nrhi.org). FAQs can be found at <http://www.nrhi.org/work/multi-region-innovation-pilots/tcoc/>

Proposals shall be submitted to the following e-mail address no later than midnight October 23, 2015:

Network for Regional Healthcare Improvement  
Attn: Ellen Gagnon, Senior Project & Operations Director  
E-mail: [egagnon@nrhi.org](mailto:egagnon@nrhi.org)

## **Proposal Questions and Supporting Documentation**

Please provide a *brief* answer to each of the following questions and include supporting documentation where requested:

### **General**

Organization Name:

Contact Person Name:

Contact Person Phone:

Contact Person Email:

CEO Name:

CEO Phone:

CEO Email:

1. Please indicate if you are applying as a RHIC or APCD. If you are applying as a joint entity, please describe your partnership.
2. Is your organization currently a member of NRHI? If not, a letter of recommendation from your local Regional Health Improvement Collaborative (RHIC) is required. If there is no local RHIC, any NRHI member is acceptable.
3. If you are not an NRHI member and are located in an area represented by an existing NRHI member, please describe how you will collaborate.

4. Please describe the geographic region on which are able or planning to report Total Cost of Care.
5. Have you identified a lead staff person from your RHIC for this project? If so, please list name and title.

### **Data**

6. Please provide both the number and market percentage of covered lives represented in your data.
7. Please provide the number of payers represented in your data, and what percentage of the market this represents.
8. Please describe your access to multi-payer claims data, including source, age, frequency of updates, level of patient identification etc.
9. What cost variables does your database contain such as charged (billed amount), paid amounts, copays, deductibles, allowed amounts, etc.?
10. Do you have an up to date provider database/directory, that includes primary care physicians, with practice and system affiliations, and if so, at what percentage of completion and how frequently is it updated and maintained?

### **Analysis**

11. Please briefly describe your experience analyzing claims data that would be relevant to this project. Please include steps you have taken to understand the quality of your data and what your process includes if data integrity concerns arise.
12. Please describe any contractual limits with data suppliers or members on analyzing or reporting healthcare costs that could inhibit reporting of Total Cost of Care and Resource Use publically.
13. Who is your data vendor/partner?
14. Have you or your data vendor/partner implemented the Health Partners Total Cost of Care and Resource Use measure set (or equivalent)?
15. Do you currently use a risk adjuster and if so, which risk adjuster do you use?
16. Do you currently attribute patients to providers using claims data?
17. At what unit of measurement do you currently measure or plan to measure Total Cost of Care (provider system, practice or medical group, physician)?

### **Engagement**

18. Do you currently have a public reporting program of healthcare quality, cost, safety, and/or patient experience? If so, describe briefly and how long has that program been operational?
19. Have you publicly reported Total Cost of Care and Resource Use? If not, do you have existing plans to do so and in what timeframe?

20. Please briefly describe any experience working with physicians, employers and/or health plans on using quality or cost information that you think may be relevant to this project.

**Barrier**

21. Please describe all of the barriers you currently face related to publically and/or privately reporting Total Cost of Care and/or Resource Use, attributed to primary care practices, in your region.
22. Please describe the barrier you would focus on resolving as part of this project.
23. Discuss how participation in this project will increase your readiness to reporting Total Cost of Care.
24. What is the likelihood that you will be able to overcome *all* barriers to report on Total Cost of Care in 2016 or 2017?
25. Please share any other information that you would like to include regarding your participation in this project.

**III. Participant Cost Proposal**

Funding will be provided for up to four development sites. Each site is eligible for funding up to \$27,421 plus travel expenses (based on RWJF travel guidelines) for two individuals to attend both the National Physician leadership Seminar and the National Employer Leadership Seminar for a total budget of \$32,621.

Please provide a detailed cost proposal to support the services described in section II above, including all specified activities and associated costs and expenses requiring reimbursement. Ranges of proposed costs are acceptable however please describe any drivers of the variance. Please submit your proposed budget using the following template. Additional rows may be added as need:

Item	FTE Hourly Rate (if applicable)	Total Hours (if applicable)	Proposed Budget Amount
<b>Personnel</b> (name, title)			
<b>Other Direct Costs</b> (please describe)			
<b>Travel</b> (please describe)			
<b>Purchased Services</b> (please describe)			
<b>Indirect Costs</b>			
<b>Grand Total</b>			

Please use the following assumptions to inform your cost proposal:

1. Designate a lead staff person to serve as a Local Coordinator for the one year period beginning on November 1, 2015 and ending on October 31, 2016;
2. Participate in a monthly project call with NRHI and/or TCoC Project Team;
3. Develop a work plan and assign appropriate staff to participate in various activities necessary to meet the deliverables outlined above including individuals to complete a regional assessment, test curriculum, provide feedback on curriculum for improvement, efforts to resolve the identified barrier and write a case study;
4. Author a case study describing the identified barrier, approaches to resolution, results and lessons learned. This must be completed and submitted prior to October 31, 2016;
5. Recruit and pay all expenses for a physician champion to accompany one member of your project team to the National Physician Leadership Seminar (Estimated cost is \$1,300/person for a two-day meeting which includes roundtrip airfare and two nights lodging);
6. Recruit and pay all expenses for an employer champion to accompany one member of your project team to the National Employer Leadership Seminar (Estimated cost is \$1,300/person for a two-day meeting which includes roundtrip airfare and two nights lodging);
7. Capture/share results with NRHI, its members, RWJF, Center for Healthcare Transparency and others as requested by NRHI;
8. Participate in dissemination and communication of project results and lessons learned including participation in the Collaborative Health Network;
9. Engage communities in multi-stakeholder meetings relative to reporting and using the Total Cost of Care in your region; and
10. Produce and submit periodic narrative and budget reports as required by NRHI and funder.

#### **IV. Respondent RFP Attachments**

Please provide the following additional information as attachments:

- Organization Description, Mission and Vision
- List of relevant memberships, affiliations and partnerships