



Request for Proposal
Consultant for Governance and Board Design
January 15, 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.

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 US. 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.

NRHI Strategic Goals

To achieve our mission, NRHI's goals for 2014-2016 are as follows:

1. NRHI and its members will grow a trusted network among members and key partners.
2. NRHI and its members will advance innovation to reach the Triple Aim
3. NRHI and its members will be considered an important resource and be "at the table" for key policy decisions.
4. NRHI and its members will build organizational capacity, achieve sustainability and continue to improve over time.

II. Proposal Requirements and Responses

Request for Proposal Process and Timeline

NRHI is seeking a consultant with considerable experience in helping a non-profit organization, ideally a Regional Health Improvement Collaborative (RHIC), design an optimal governance framework including transition to an elected board.

This consultant candidate will develop the operational plan and timeline for this elected board transition, and will create the framework for the voting process. This consultant candidate will be guided by NRHI's Governance Committee and may participate in 2015 Board meetings to explain the transition. All of the work expected to be completed by January 2016.

All Requests for Proposal (RFP) respondents shall submit the information listed below no later than Friday, January 30, 2015 to the e-mail address noted below. All responses will be reviewed against the requirements and the will issue a contract to the selected entity no later than February 13, 2015. All RFP respondents shall be notified of the final decision no later than February 13, 2015. Please direct any questions Elizabeth Mitchell via e-mail at emitchell@nrhi.org or (207) 747-5104.

Proposals shall be submitted to the following address no later than January 23, 2015:

Network for Regional Healthcare Improvement
Attn: Elizabeth Mitchell, President and CEO
217 Commercial Street, Suite 205
Portland, ME 04101
Fax: (207) 747-5108
E-mail: emitchell@nrhi.org

Proposal Questions and Responses

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

1. Describe your work on board transitions with either non-profit organizations or Regional Health Improvement Collaboratives including the process and time frame to undertake this work.
2. Cite the barriers you encountered and how you were able to overcome them.

III. Vendor Cost Proposal

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.

IV. Respondent RFP Attachments

Please provide the following additional information as attachments:

Client References (minimum of two)

Case studies on successful board transition or other related materials