Hospital Discharge Innovations to Improve Care Transitions Request For Applications: Questions and Responses

1. Our team would be interested in learning more about the My Health GPS program in light of the Hospital Discharge RFA.

More information can be found about My Health GPS at https://dhcf.dc.gov/page/health-home-persons-multiple-chronic-conditions-my-health-gps or by emailing myhgps@dc.gov

2. Can you provide a list of the names and affiliations of those who attended the pre-application meeting.

Patricia Quinn, DC Primary Care Association
Catherine Thomas, CareMESH
Victor Chatain, CareMESH

3. Can you provide a transcript of the pre-application meeting?

Questions and responses from the pre-bidders conference are included in this document. Slides from the pre-bidders conference can be found here: https://dhcf.dc.gov/page/dhcf-grant-opportunities.

4. Can model be based on evidence at long-term care hospitals or need evidence from acute care hospitals?

As stated in RFA on page 18 in scoring Criteria 2.b., "the applicant proposed a realistic, innovative approach to implement an initiative with key stakeholders, including within multiple acute care hospitals in the District." Applicants are invited to propose additional initiatives in line with evaluation criteria, timelines, and budget listed in the RFA.

5. What is DHCF's intent of scale?

As stated in RFA on page 18 in scoring Criteria 2.b., "the applicant proposed a realistic, innovative approach to implement an initiative with key stakeholders, including within multiple acute care hospitals in the District."

6. Is there a difference between a subcontractor and sub-grantee?

A definition for sub-grantee can be found in the City-Wide Grants Manual and Sourcebook, issued by the District's Office of Partnerships and Grant Services (OPGS).

7. Is there a limit to the number of subcontractors /sub-grantees that can participate in the grant? For example, hospital, Federal Qualified Health Center, Core Service Agency, MyHealthGPS provider, data analytics and small business consultant?

There is no limit to the number of sub-grantees.

8. Is there a first source employment requirement for this grant? Specifically does the applicant have to attempt to source any new hires with qualified District residents?

There is no first source employment requirement for this RFA.

9. Is the financial proposal expected to be part of the 10-page narrative or is that a separate attachment?

The program narrative component of the response is limited to 10 pages and must include all of the elements described in Section IV.C.2.

The grant, fiscal, and financial management component of the response is limited to 3 pages and must include all of the elements described in Section IV.C.3.

10. Will DHCF make available data on hospital discharges and readmission during the grant cycle?

Applicants are encouraged to detail any data requests as part of their proposal. DHCF has a mechanism for sharing data appropriate to the scope of grants as part of a business associate's agreement, however, each data use requests must be reviewed on a case-by-case basis and approved by DHCF's Privacy Officer.

11. Can the applicant work with the CRISP-DC to obtain such hospital discharge and other relevant data either prior or throughout the grant cycle?

This scenario would be at the discretion of the parties involved.

12. What is the expected deliverable at the end of the grant cycle? Specifically, what artifacts will the applicant need to submit to demonstrate successful implementation of the grant?

Per page 16 of the RFA, the applicant must propose "a methodology and capacity to collect baseline and ongoing data to report on proposed measures."

Per page 18 of the RFA, the applicant must propose "a comprehensive, innovative, and achievable initiative for Medicaid beneficiaries that addresses the components outlined in the Program Narrative."

Per page 20 of the RFA, "The final report will include a review of the initiative, work conducted by the grantee (and subgrantees), status of goals and performance measures, plans for how the initiative will be leveraged in the future, and recommendations to DHCF, including those related to sustainability, based on the grant."

DHCF will review the proposed intervention and evaluation metrics based on criteria outlined in Section V.A.

13. Will DHCF facilitate the coordination with DC registered HIE's as needed, or will the grantee need to demonstrate that they've secured HIE collaboration at the time of the application submission?

Even when the DC HIE rule is finalized, DHCF cannot require a Registered HIE Entity to supply information to a non-government organization. DHCF recommends that applicants coordinate directly with HIE entities in the District to secure access to needed information, in conformance with applicable law.

Per page 17 and 18 of the RFA (see Criterion 1 and 2 in Section V.A), DHCF will review applicants based on their organizational structure and project leadership and their process, plans, operational readiness, and capacity. During the grant performance period, DHCF will work grantees to facilitate any needed collaboration.

14. Would the District benefit from commentary in the response about what components are (or can be) included in a CCD exported from an EHR, and how progress notes, images and others can be embedded in CCDs as part of the discharge process? Depending on the software that they originate from, electronic health records may or may not include different data sets and PHI.

Applicants are encouraged to apply in accordance to the requirements of the RFA as written. Proposals will be scored based on the criteria listed in Section VI, page 17 of the RFA.

Per page 5 of the RFA, DHCF invites applicants to propose innovative solutions to: "(1) Improve the quality and timeliness of discharge summaries and structured clinical and encounter data such as continuity of care documents (CCD) and ensure the timely receipt of discharge information by providers assuming care for the patient; (2) Utilize new technology effectively, including health information exchange (HIE) tools, such as the CRISP Patient Care Snapshot; and (3) Advance team-based care models that focus on integrating new discharge planning and care transition protocols in the hospital setting and coordinate with external provider networks and existing initiatives such as My Health GPS."

15. Would the District be interested in learning about data quality interviews and needed requirements to provide efficient care, provided by participating grantees? Interviews would be focused on what kind of data set are important to each group, and how to reconcile them at the EHR level.

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16. Would District providers benefit from real-time referral and care transition dashboards to support care coordination and interaction across provider settings? Dashboards would also track message deliveries and read receipts for faxes, secure messages, and Direct messages.

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17. Would the District see benefit from solutions that allow multi-disciplinary-team-members (internal and external) to communicate bi-directionally, in real-time, and share data about a patient within the same group message, and which would optimize care coordination visibility for all team members?

Applicants are encouraged to apply in accordance to the requirements of the RFA as written. Proposals will be scored based on the criteria listed in Section VI, page 17 of the RFA.

18. Would the District see benefit in leveraging digital workflow tools, messaging templates, and District-wide provider Directory to support care-coordination?

Applicants are encouraged to apply in accordance to the requirements of the RFA as written. Proposals will be scored based on the criteria listed in Section VI, page 17 of the RFA.

19. Would the District benefit from being able to manage care-coordination messages from mobile applications to support care-coordinators “in the field”?

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20. Recognizing that not everyone will instantly have access to the communications services offered as part of the HIE, does the District see value in a solution that makes it easy to communicate health information to a provider that has yet to subscribe to the HIE

communication capability allowing their identity to be verified before providing them with access?

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21. Would the District see benefit in including providers such as care-coordinators and MyHealthGPS providers, in the import/export and viewing of HIE data?

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22. Does the District expect a program sustainability plan to be included as part of the application? If yes, should the sustainability plan be dependent on DC's current value-based purchasing programs and demonstrate how to meet these measures? (e.g. Potential ROI by meeting the Nursing Facility Quality Program**:** A bonus payment based on 16 performance measures on infrastructure, quality of care, quality of life and inappropriate utilizations.)

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See Section IVC.4 on page 16 for Program Reporting and Criteria 4 on page 18 regarding sustainability.