

**BIDDER QUESTIONS & DVHA RESPONSES**

1. Is Option #2 - Vermont Health Care Innovation Project Quality Improvement Practice Facilitators geared to assisting with policy coordination and resource development to assist organizations within the state?

Answer: Quality Improvement Practice facilitators in Vermont are being hired through a collaboration between the Blueprint and the Vermont Health Care Innovation Project (VHCIP) to support overall development of patient centered medical homes and Vermont's three Accountable Care Organizations (ACOs), and to facilitate evolution of integrated care communities. There may be some role delineation among the group of facilitators in the state, with some focusing directly on quality improvement projects within primary care and specialty practices and others focused on developing community-based learning collaboratives with the goal of integrating and strengthening care management and care coordination between organizations. The facilitators funded through VHCIP will be geared toward the latter.

2. Do you have defined goals for Option #2 - Vermont Health Care Innovation Project Quality Improvement Practice Facilitators?

Answer: We are currently recruiting for quality improvement facilitators to fill two functions:

- 1) Working directly with primary care and specialty practices, and potentially in the future with other types of community service organizations. These facilitators work with the organizations to identify their quality improvement goals and to assist them in implementing quality improvement or PDSA cycles, most of which address workflows within the organization. They also may assist practices in preparing for NCQA Patient Centered Medical Home or Specialty Practice recognition.
- 2) Developing learning collaboratives; quality improvement facilitators traditionally have also assisted with this activity. Of relevance to this RFP, VHCIP, the ACOS, the Blueprint, and other organizations are in the process of planning a learning collaborative to improve care management activities among different organizations at both the local community and state-wide levels. The goal is to assist communities in integrating health services across organizational boundaries, by developing what is often referred to as integrated care communities or medical neighborhoods. This particular work will involve:
  - a. Designing, implementing and supporting communities as they participate in the care coordination learning collaborative;
  - b. Providing support for data collection design, aggregation and reporting; and
  - c. Working directly with participating communities, which at this point include Burlington, Rutland and St. Johnsbury.

3. Please clarify the role of the QI facilitator under Option #1 - *Blueprint for Health Quality Improvement Practice Facilitators Option* vs the QI facilitator role under Option #2 - *Vermont Health Care Innovation Project Quality Improvement Practice Facilitators*.

Answer: The quality improvement facilitators will work collaboratively as one team, and roles may evolve over time to integrate both bodies of work. See responses to questions 1 and 2.

4. Is the Dartmouth team still developing the learning collaborative materials? Are you looking for additional learning collaborative materials and resources?

Answer: Dartmouth has assisted Vermont with developing and implementing a learning collaborative and learning communities with a focus on medication assisted treatment for opiate addiction. The Dartmouth team will continue to play that role and have responsibility over the opiate treatment project.

New learning collaborative materials and resources may be considered for the integrated communities learning collaborative

5. Is the State open to outsourcing all the QI practice facilitators to one vendor?

Answer: Currently the state has a strong practice facilitation program and has not considered consolidating practice facilitation under one vendor. We will review proposals submitted based on their merit. The State feels strongly that any proposal would require in-person presence and personnel in or near Vermont. Telephonic and web-based facilitation is not considered a sufficient option at this time.

6. Do you already have a list of all the sites involved in the project and is it broken out by type (i.e., primary care provider, substance abuse facility, mental health provider, federally qualified health center, etc.) as well as have the actual address?

- a. If yes, can we get a copy of the list?

Answer: No, we do not have a list of all of the sites that will be involved in these efforts. Given the specific focus of this RFP, we believe that vendors will be able to prepare a proposal without such a list.

- b. If no, is it possible for the State to quickly prepare such a list?

Answer: See answer to 6.a. More detailed information about participating

communities and organizations will be provided after a vendor is selected.

c. Does the list identify the sites or geographic area where you need QI practice facilitators?

Answer: Currently, practice facilitators may be needed in Brattleboro (1.0 FTE) and in the area that covers Randolph through Springfield (1.0 FTE). For the VHCIP Learning Collaborative, we anticipate needing one full-time facilitator to help design and implement the care coordination learning collaborative; and one full-time facilitator focused on providing support for data collection design, aggregation and reporting. Both will work directly with the participating communities in the Learning Collaborative, which may expand over time but to begin with will be Burlington, Rutland and St. Johnsbury. Additionally, travel to various locations across the state may be necessary in support of the learning collaborative activities.