TN Department of Health

05/15/2022 RFA

STATE OF TENNESSEE
DEPARTMENT OF HEALTH

REQUEST FOR APPLICATION

FOR

IMPLEMENTING ELECTRONIC RECORD IDENTIFICATION OF INDIVIDUALS AT-RISK FOR HYPERTENSION AND HYPERLIPIDEMIA, COLLECTION AND INTEGRATION OF SOCIAL DETERMINANT OF HEALTH INFORMATION, AND REFERRAL TO SOCIAL SERVICES

RFA # 34347-93424

REQUEST FOR APPLICATION

STATE OF TENNESSEE

DEPARTMENT OF HEALTH

I. Introduction:

Six in 10 Americans live with at least one chronic disease, such as heart disease, stroke, cancer, or diabetes. Chronic diseases are the leading causes and contributors of death and disability in the United States (US), and the leading drivers of healthcare costs. In Tennessee, heart disease is the leading cause of death followed by cerebrovascular disease (6th) and hypertension and renal disease (13th). According to America's Health Rankings (2022) Tennessee ranks 44th for overall health. Tennessee ranked in the bottom 10 states for multiple factors, which indicated considerable challenges affecting the health and well-being of residents, including diabetes, cardiovascular disease (CVD), hypertension, multiple chronic conditions, food insecurity, physical inactivity, youth overweight and obesity, and adult obesity. Factors such as poverty, inadequate housing, poor health care, and other social conditions, commonly referred to as social determinants of health (SDOH), contribute to long-standing disparities and health inequities. Extensive scientific evidence links nonmedical factors, including systemic racism and the lack of economic opportunities, with poor health outcomes and increased mortality rates, all of which are preventable. These social conditions contribute to the increased prevalence of CVD in the US population. It is estimated that 1 in 9 healthcare dollars are spent on CVD.CVD mortality rates declined for several decades due to both clinical and public health interventions, but recently declining death rates from both heart disease and stroke have stalled. One reason is that hypertension, the primary risk factor for CVD, is very common (1 in 2 US adults has hypertension), but control is not. Hypertension is a major risk factor for stroke, heart attack, heart failure, and kidney failure. When hypertension coexists with obesity, smoking, high cholesterol, and/or diabetes, the risk of heart attack and stroke increases significantly. Demographic risk factors for hypertension in TN include those assigned male at birth, Black, and 55 years and older. In 2021, 37.7% of adult Tennesseans reported being diagnosed with hypertension.

To address the cardiovascular burden in Tennessee, TDH will award four (4) quality improvement (QI) projects for 15 months. The purpose of the QI project is to increase the use of electronic health records (EHR) or health information technology (HIT) to identify, manage, and treat patients at highest risk for cardiovascular disease, with a concentration on hypertension and hyperlipidemia. The QI project should also increase the use of standardized processes or tools to identify, assess, track, and address the social services and support needs (e.g., social determinants of health/SDOH data) of patient populations at highest risk of CVD to increase the incorporation of collected information in clinical decision-making and community-resource referrals. TDH is seeking applications to support the implementation of QI projects within healthcare

facilities statewide with a priority focus on 22 counties with the highest total cardiovascular burden and related risk factors. These counties include Lake, Obion, Dyer, Henry, Lauderdale, Crockett, Gibson, Carroll, Humphrey, Decatur, Perry, McNairy, Hardin, Lawrence, Giles, Marshall, Bedford, Lincoln, Grundy, Campbell, Claiborne, and Cocke.

Applicants will be required to demonstrate the following:

- Establish partnerships with learning collaboratives, public health agencies, healthcare providers, clinical quality improvement organizations, community- and faith-based organizations, local hospitals, medical associations, universities/colleges, and internal and external information technology (IT) teams to assist in the design of an interoperable system across health and social care systems.

- Enhance an infrastructure to document data (collected, housed, and maintained by the contracted vendor) and assist with external referrals reaching populations most at-risk.

- Demonstrate the capacity for downstream planning, workforce training, community resource identification, and allocation of resources at the point of care for populations at risk.

- Utilize metrics from program data (collected, housed, and maintained by the contracted vendor) to guide QI activities (e.g., Plan Do Study Act, participant feedback, etc.) to monitor and increase the identification and referral of patients to programs and supports, and report patient outcomes, including the following measures as a minimum:

    - number and percentage of patients who have achieved or are currently maintaining blood pressure control by race, ethnicity, gender, socioeconomic status, location, age, and other health-related factors;
    - number and percentage of patients who have achieved or are currently maintaining blood cholesterol at optimal levels by race, ethnicity, gender, socioeconomic status, location, age, and other health-related factors
      number and percentage of patients who received a referral to social services, support needs, and/or lifestyle interventions by race, ethnicity, gender, socioeconomic status, location, age, and other health-related factors; and
    - number and percentage of patients who access/utilize social services, support needs, and/or lifestyle interventions by race, ethnicity, gender, socioeconomic status, location, age, and other health-related factors.

Suggested reference resources include, but not limited to:

- The Office of the National Coordinator for Health Information Technology (ONC): Implementing Health IT

- American Heart Association: National Hypertension Control Initiative
- Million Hearts: Hypertension Control Change Package, 2nd Edition
- Healthy People 2030: Heart Disease and Stroke – Healthy People 2030 | health.gov

Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

Funds may not be used for the following:

- research:
- clinical care except as allowed by law;
- to purchase furniture or equipment;
- reimbursement of pre-award costs;
- publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
- the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

The State is seeking applications to provide the services outlined in this RFA. The State will award multiple grants for a total amount of $120,000.00. The project period is expected to begin on ***October 1, 2024*** and will be for twenty-one (21) months.

II. APPLICATIONS:

To respond to this Request for Application, please complete the **Application and Competitive Requirements.** See also IRS Form W9 and State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions for completion. The **Application** contains detailed questions about your organization's background and the specifics of your proposed project.

Attachment 3 is the Grant Budget. This section shall contain all information relating to cost, based on a line-item budget. Complete the Grant Budget form and the attached Line-Item Details form. A description of how dollars will be used must be provided for each line item completed with a superscript 2 on the end, as applicable for the Budget form.

Note: Each expense object line-item is defined by the *U.S. OMB's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart E Cost Principles* (posted on the Internet at: https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E)

and CPO Policy 2013-007 (posted online at https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-.html).

Given the limited amount of available funding and the nature of these applications, priority will be given to applications that minimize indirect costs.

III. Schedule of Events

The following is the anticipated schedule for awarding grants for the Implementation of EHR. The State reserves the right to adjust the schedule as it deems necessary.

EVENT	TIME (Central Time)	DATE (all dates are state business days)
1. RFA Issued		April 1, 2024
2. Pre-response Teleconference	11:00 a.m.	April 5, 2024
3. Written “Questions & Comments” Deadline	2:00 p.m.	April 9, 2024
4. State Response to Written “Questions & Comments”		April 15, 2024
5. Deadline for Applications	2:00 p.m.	April 24, 2024
6. Evaluation Notice Released		May 8, 2024
7. Effective Start Date of Contract		October 1, 2024

Pre-response Teleconference:

A Pre-response Teleconference will be held at the time and date detailed in the RFA Schedule of Events to answer questions concerning the funding opportunity.
The information for the Pre-response Teleconference is as follows:

Meeting Name: RFA #34347-93424 Teleconference
Meeting number (access code): 2308 086 6697
Meeting password: DUjqv4Ktp69
Meeting Link:
https://tn.webex.com/tn/j.php?MTID=m1c84609617ade4e10076b923cf07dc2b

Join by phone: +1-415-655-0001 US TOLL

Any applicant desiring to submit an application in response to this RFA is encouraged to have at least one (1) representative on the teleconference, however attendance is not mandatory. If you cannot participate, please direct your questions by the scheduled deadline as indicated above, to Melissa Painter, Competitive Procurement Coordinator, listed below in Section IV.

Questions and Answers:

All questions concerning this RFA must be presented to the Competitive Procurement Coordinator shown in Section IV., in writing, on or before the Deadline for Written Questions and Comments as detailed above in the Schedule of Events. Questions may be emailed to the Competitive Procurement Coordinator. The State's responses will be emailed and posted as an Amendment to the following website: https://www.tn.gov/health/funding-opportunities.html.

Deadlines stated above are critical. If documents are submitted late, they will be deemed to be late and cannot be accepted. The clock-in time will be determined by the time of the online submission. No other clock or watch will have any bearing on the time of application receipt.

Each applicant shall assume the risk of the method of dispatching any communication or application to the State. The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch.

IV. Submission of APPLICATIONS:

Please submit the completed application with all attachments by online submission via the following link no later than the deadline specified in Section III, Schedule of Events in the form and detail specified in this RFA.

Web Link: https://www.tn.gov/health/funding-opportunities.html

The Competitive Procurement Coordinator at the address shown is the sole point of contact for this competitive process. **The APPLICATION and all attachments must use 12-point font.**

Melissa Painter
Competitive Procurement Coordinator
Service Procurement Program
Division of Administrative Services
Andrew Johnson Tower, 5th Floor
710 James Robertson Parkway
Nashville, TN 37243
Phone: (615) 741-0285
Fax: (615) 741-3840

Email: Competitive.Health@tn.gov

Checklist for Submission of Applications:

- ☐ Application (**Attachment 1**) (Expand up to max of 5 pages if needed)
- ☐ Competitive Requirements
- ☐ Project Timeline (max of 2 pages)
- ☐ Biosketch(es) for Key Personnel
- ☐ Letters of Commitment from Participating Partners
- ☐ 2-page Budget Form (**Attachment 3**)
- ☐ State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions (**Mailed per instructions on form.**)
- ☐ Form W-9, Request for Taxpayer Identification Number (TIN) and Certification (**Mailed with ACH form.**)

V. Application Evaluation:

An evaluation committee made up of at least three (3) representatives of the Department of Health will be established to judge the merit of eligible applications.

A. The committee shall review applications on the basis of the information requested in the RFA. Applications will be evaluated based on the following criteria:

- Detailed project narrative
- Detailed and realistic project timeline
- Proposed expenses and cost effectiveness
- Detailed evaluation plan
- Detailed description of multimodal partnership(s)
- Sustainability of project upon conclusion of funding

The committee will evaluate and recommend for selection to the Commissioner of the Department of Health, the applications which are most responsive to the State's needs.

B. Any application that is incomplete or contains significant inconsistencies or inaccuracies shall be rejected. The State reserves the right to waive minor variances or reject any or all applications. The State reserves the right to request clarifications from all applicants.

VI. Sample Grant Contract:

Following the State's evaluation, grant contracts will be prepared as shown in the **Sample Grant Contract**.

It is imperative that each applicant review the entire Sample Contract with their legal counsel prior to submitting an application for Implementation of EHR grant award and

notify the State *in advance* if it cannot accept any terms or conditions. Please submit any exceptions to contract language with the Application for Implementation of EHR. **Taking any exceptions to State contract language may result in the Application being deemed non-responsive and rejected. Any later requests for contract changes will not be considered.**