RFP QUESTIONS AND ANSWERS

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<tr>
<th>RFP Q&amp;A Number:</th>
<th>810200-RFP-02 Q and A</th>
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<tbody>
<tr>
<td>Project Title:</td>
<td>Quality Improvement Consultant</td>
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<tr>
<td>Application Deadline 11:59 pm CST:</td>
<td>October 26, 2016</td>
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<tr>
<td>Proposals must be emailed to:</td>
<td><a href="mailto:393RFP@aap.org">393RFP@aap.org</a></td>
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<td>Please include RFP number in the body of the email</td>
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<tr>
<td>Questions about this RFP must be submitted to the application email address above and will be accepted until:</td>
<td>October 7, 2016</td>
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<td>Responses to questions will post on:</td>
<td>October 14, 2016</td>
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**QUESTIONS AND ANSWERS**

**General Questions**

- **Q1:** Is there a ceiling on overhead/indirect costs...our standard indirect is 12.5%?
  
  **A1:** There is no ceiling on indirects. Please provide a brief explanation of your rate.

- **Q2:** Should we include travel costs in our budget (e.g., to training workshops and on-sites) or does AAP cover these?
  
  **A2:** Either option is acceptable—you may include travel or have AAP cover the cost; please state in your proposal whether you are including travel expenses.

- **Q3:** Is there is a budget range, ceiling AAP would like the bids within?
  
  **A3:** Unfortunately, we are not able to share this information. If your proposal is strong but the amount exceeds our budget, we may reach out to discuss a negotiated price.

- **Q4:** Will AAP release further guidance as to the length, format, or content of proposals?
  
  **A4:** There is no page limit and we do not have formatting requirements. We appreciate succinct proposals. Please see the “Mandatory Qualifications” section of the RFP for required content.

- **Q5:** I see that one of the requirements of the RFP is that there will be 20 diverse pediatric practices. Will said practices be located within the same state or throughout the United States?
  
  **A5:** The practices will be recruited from across the United States and we will aim for geographic diversity.

**Questions Related to Specific Items in SOW**

**Ongoing Tasks**

- **Q6:** What AAP project staff will be assigned to the collaborative and what are their role(s), % effort, and experience with quality improvement?
  
  **A6:** A newly hired program manager will be staffing the collaborative and 100% of her time is dedicated to this activity. She has basic-intermediate understanding and experience with quality improvement and extensive project management experience. A program coordinator will dedicate some time (about 30%) to assist with tasks such as MOC and CME tracking/reporting and coordinating calls and webinars.
• Q7: Please provide an estimated frequency of planned communication with project staff (e.g., weekly vs. monthly calls)?
A7: This will likely be somewhat variable across the lifespan of the project. Weekly calls will probably be necessary for the first couple of months and leading up to the learning sessions; at other times, monthly calls would be adequate.

• Q8: Is the intent to start from a framework of the Breakthrough Series and use Model for Improvement as the Improvement methodology?
A8: Yes.

• Q9: Please specify length and location of the in-person yearly PAC meeting.
A9: 1.5 days at AAP headquarters near Chicago, IL.

• Q10: Please specify length of the 4-6/year PAC conference calls.
A10: 1-2 hours depending on the agenda and needs of the project.

• Q11: Please elaborate on the “follow up activities” envisioned.
A11: This would include tasks such as making revisions to materials based on PAC feedback, compiling additional information requested, etc.

• Q12: Will AAP cover travel expenses for in-person Learning Sessions, PAC meetings and onsite TA visits or should the proposal include those expenses?
A12: Either option is acceptable; please state in your proposal whether you are including travel expenses.

• Q13: What is the anticipated duration and location of the 2 in-person Learning Sessions?
A13: Two days at AAP headquarters near Chicago, IL.

• Q14: Please expand on what is anticipated regarding “online trainings/webinars.” Are these online learning sessions or something else? What is the frequency of team-based webinars vs collaborative calls and how do these differ?
A14: Aside from two in-person learning sessions, we have not yet set the structure for the collaborative. We would look to the consultant to work with the PAC to determine the appropriate type and frequency of educational opportunities and touchpoints. Please base the proposal on your recommended structure. If the final structure set for the learning collaborative phase were to differ substantially from the assumptions used to develop the consultant’s proposal, the scope of work and compensation would be re-visited.

• Q15: Are faculty members for the collaborative to be drawn from members of the PAC?
A15: Hopefully, yes.

• Q16: Who will select, train and interface with the faculty?
A16: The program manager will take primary responsibility with support from the QI consultant.

• Q17: Are regular faculty calls envisioned in addition to PAC and staff calls?
A17: Faculty calls will be held as needed to plan for in-person trainings, webinars, site visits, and other faculty-led touchpoints.

Project Development Phase—November 2016—April 2017
Q18: With respect to “background research to support project development”, what types of information or research is envisioned or still needed?
A18: An extensive needs assessment has been completed; the consultant would be expected to familiarize him/herself with the findings as well as to read the identified articles and information on previous QI projects that have been conducted for the same/similar topics. This includes reviewing information on related QI projects at the Academy. It is expected that information and lessons learned will be drawn from these sources to support project development.

Q19: “Lead the development of project charter, goals, measures, key driver diagram, change package and other needed components and project resources”—Please elaborate or provide possible examples of what is anticipated under “other needed components and resources.”
A19: This would be determined based on guidance from the QI consultant and PAC.

Q20: As there are several similar projects already underway or complete at AAP, is it possible for the JPB QIC and project manager to adapt existing materials from these projects whenever possible to avoid duplication of effort?
A20: Yes, this would be expected and encouraged.

Q21: “Develop strategy and tools for data collection, storage, and reporting”—Please elaborate. Typically, much of a QI project’s data collection, storage, and reporting needs can be accomplished through the AAP’s QIDA system.
A21: QIDA will be used for this project; however, the consultant will work with project staff and the PAC to develop a process, instructions, and paper tools for chart review; in addition, the consultant will work with the chair of the PAC to analyze the data recorded in QIDA and share information regarding progress and problem areas with staff and collaborative teams.

Q22: “Consult with project staff regarding the development of communication processes for the collaborative”—Please clarify. With whom are communication processes required? Practice teams? Faculty? AAP? Others?
A22: This refers to communicating with the practice teams.

Q23: Regarding “create schedule of trainings”, what trainings are envisioned beyond monthly webinars and the 2 in-person Learning Sessions?
A23: Trainings would include webinars (which may not be monthly) and the learning sessions.

Q24: “Develop measurement plan to evaluate the success of the project”—What is envisioned beyond the measures referenced in #2 above? Do you anticipate evaluation of the various project components (eg, learning sessions, monthly webinars, etc.) or an overall evaluation on a larger scale?
A24: We envision an overall evaluation. This would include the chart review data but might also include pre- and post- collaborative surveys and/or interviews to assess change in knowledge and attitudes as well as sustainability and replicability, individual evaluations of specific project components, and other items recommended by the consultant.

Practice Recruitment Phase—February 2017—April 2017

Q25: Do you anticipate recruiting residency/continuity clinics? If yes, are there plans to partner with a group such as CORNET that has familiarity with continuity clinic recruitment and project onboarding?
A25: This will be determined in collaboration with the PAC. If we do decide to include residence/continuity clinics, we will approach CORNET regarding partnering.
Learning Collaborative Phase—May 2017—May 2018

• Q26: Are the check-in calls envisioned as separate from the monthly calls/webinars? If so, what is the anticipated frequency?
A26: Yes, these would be separate calls (and other calls/webinars may not be monthly). The frequency would vary depending on the team and their needs. For teams that are doing well, these calls can be handled by staff with some brief planning support from the consultant. For teams that are struggling with the QI process, the consultant may be involved in 1-2 calls.

• Q27: Please provide additional information about “meetings with local referral partners” – who are these partners and what is the purpose of these meetings? Does anticipated “preparation” involve individual conference calls with practice teams, group webinars, something else? Is this activity outside the scope of monthly calls/webinars?
A27: Participating practices will receive a small stipend to hold a meeting(s) with providers/organizations in their region that they might refer patients to for a positive screen. The purpose of these meetings will be for the practice teams to learn more about services that are available in their communities and to work to improve communication between the practice and the referral partners. Preparation may include assisting staff in preparing general guidance for the practice teams and providing suggestions for PDSA cycles on improving communication. It is envisioned that this would be a part of the regular calls and webinars but there may be individual questions from teams that the consultant would assist in responding to.

• Q28: With respect to providing “onsite technical assistance for up to 5 selected teams”, please confirm that this is envisioned as site visits by the QIC. If so, what is the anticipated duration of each trip?
A28: Yes, this will consist of a 1-day site visit.

Evaluation and Dissemination Phase—May 2018—February 2019

• Q29: “Analyze data and prepare reports for various stakeholders” – will AAP provide statistical support for these reports (and/or for manuscripts) or is the expectation primarily for basic summary statistics and what can be accessed from statistical process control charts? Please elaborate on the responsibility for report preparation. How many different types of reports and stakeholders? If reporting templates exist, are they available for review prior to proposal submission?
A29: We would not provide statistical support; our expectation would be for the consultant to recommend the appropriate analysis. We have not established specific reporting templates but would expect to draw on the reports used by similar projects at the Academy. We would envision a detailed report with the full analysis as well as a shorter summary report focused on findings and lessons learned.

• Q30: “Leading the development of articles and abstracts…” can be very different than primary writing responsibility. Please clarify who has primary writing responsibility for these products? Please expand on expectations for QIC attendance to present findings at national pediatric and quality improvement meetings.
A30: The QI consultant may take primary writing responsibility and help present at meetings if this aligns with the consultant’s skills and interests; however, providing support to program staff and the PAC in developing the content and analysis for articles and presentations would also be acceptable. Please specify the role you envision in your response.