



Request for Proposal

National Colorectal Cancer Roundtable

Colorectal Cancer Screening Links of Care Web-Based Training

Request for Proposal Date: February 15, 2018

Email Notification of Intent to Apply Due Date: March 23, 2018

Response Due Date: April 6, 2018

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1.0 American Cancer Society Overview

The American Cancer Society (ACS) is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from the disease. With more than two million staff and volunteers nationwide and 90 years of experience, the Society is one of the oldest and largest voluntary health agencies in the world.

Only the ACS fights all cancers on all fronts: research, education, advocacy, and patient services. And only the ACS has the organizational breadth, the grassroots volunteer capacity, and the wealth of public health experience necessary to dramatically improve the lives of millions of Americans facing cancer.

Cancer prevention is central to the mission and goals of ACS. As a community-based public health organization with local as well as national reach, ACS is uniquely positioned to address the goal of increasing cancer screening through numerous existing volunteer networks and partnerships. Its organizational structure enables staff and volunteers to disseminate, implement, and evaluate evidence-based strategies at the national, state and local levels.

1.1 National Colorectal Cancer Roundtable Overview

The National Colorectal Cancer Roundtable (NCCRT), established by the ACS and the Centers for Disease Control and Prevention (CDC) in 1997, is a national coalition of more than 100 membership organizations, including public organizations, private organizations, voluntary organizations, and invited individuals, dedicated to reducing the incidence of and mortality from colorectal cancer (CRC) in the U.S., through coordinated leadership, strategic planning, and advocacy.

Colorectal cancer is the second most commonly diagnosed cancer and the second most common cause of cancer-related death in the United States when men and women are combined. In 2018, an estimated 140,250 new cases of CRC will be diagnosed and an estimated 50,630 deaths will occur due to CRC.

The real tragedy is that many CRC cases and deaths could be prevented if more people were offered and took advantage of CRC screening. CRC screening not only detects cancer early, it also prevents the cancer through the detection and removal of precancerous polyps. For those at average risk, it is important that screening begin at age 50 using one of the evidence-based screening tests available (e.g., fecal occult blood testing, sigmoidoscopy, or colonoscopy). Despite the availability of these life-saving screening tests, about one in three adults between 50 and 75 years old – about 23 million people – are not getting screened as recommended. Compounding this problem is that the disparities in cancer incidence and mortality rates experienced by underserved populations are also evident in rates of screening for CRC.

The ultimate goal of NCCRT is to increase the use of recommended CRC screening tests among the entire population for whom screening is appropriate. As part of this mission, the NCCRT has launched a goal, which aims to engage partners and the public in reaching an 80% CRC screening rate. Over 1600 organizations – including health plans, medical professional societies, academic centers, survivor groups, government agencies, cancer coalitions, cancer centers, and many others – have signed a pledge to make this goal a priority. Learn more about NCCRT and the 80% by 2018 initiative at <http://nccrt.org>. A key part of this goal for the NCCRT is to increase screening rates for the economically disadvantaged and for whom screening rates lag behind those of the general population.

2.0 Overview

The NCCRT launched a pilot in 2014, called *Links of Care*, in which we sought to strengthen the relationships between community health centers and the medical neighborhood in the delivery of CRC screening and follow up care. The NCCRT is now planning to develop a web-based training to share best practices and lessons learned from the NCCRT's three Links of Care pilots. Our goal is to provide additional local communities with the tools needed to promote collaboration between health centers and specialty providers to improve the delivery of CRC screening and secure follow up care for patients in need.

As background, community health centers are uniquely positioned to address disparities in CRC screening, given that community health centers serve as the primary medical home for nearly 26 million people in more than 10,400 service delivery sites in medically underserved communities. Community health centers are motivated to promote CRC screening through the patients they serve because they are required to track and report on their CRC screening rates by the Health Resources and Service Administration (HRSA).

However, many community health centers have relayed that they are reluctant to offer CRC screening to their patients, if they cannot assure that their patients, particularly the uninsured and Medicaid patients, have access to the full continuum of care following screening. To address this challenge, in 2014 the ACS and the NCCRT launched the Links of Care pilot project to strengthen relationships between community health centers and specialty care providers and ensure that patients can not only

access screening, but also the full continuum of follow up care. The pilot was launched in three communities (St. Paul, MN, New Haven, CT and Lowcountry, SC) and strives to develop care linkages between non-profit health centers and individual hospitals and specialty clinics in the delivery of CRC screening, based on a “fair share” model.

This effort, endorsed by then-US Assistant Secretary for Health Dr. Howard Koh, the National Association of Community Health Centers (NACHC) and the American College of Gastroenterology (ACG), aimed to develop partnerships to provide greater access to CRC screening, needed follow-up and treatment for uninsured, under-insured and uninsurable patients through two main strategies:

Strategy 1: Help support the development of a medical neighborhood around the community health center pilot sites by securing limited, donated services from hospitals, privately-owned endoscopy and surgical services providers.

Strategy 2: Focus internally within the community health center to strengthen office policies, procedures and protocols to ensure every age and risk eligible patient receives a screening recommendation, is offered a test and is navigated through screening and diagnostic processes.

The pilots received support through a combination of funding, technical assistance, select support from model programs experts and regular support from ACS health systems staff. The Links of Care pilots all saw CRC screening rates increase (from 43.7% to 54.9% in CT; from 26% to 55% in SC; from 15.5% to 62% in MN), improved fecal occult blood test return rates, high rates of adherence with colonoscopy appointments and improved relationships with local gastroenterologists and hospitals. Two of the three pilots had strong success with securing donated care, securing additional funding and expanding the pilots. Significantly, several cancers were detected through the program, and many more were prevented through screening. Results from the three pilots were recently summarized in NCCRT’s [July 2017 Links Of Care Update webinar](#).

NCCRT now intends to expand this progress by developing an interactive online training to allow additional communities to replicate this innovative and creative solution to address access issues around CRC screening. To guide the work, NCCRT has convened a new Links of Care Web-Based Training Advisory Group (Advisory Group) comprised of ACS staff that support the three Links of Care pilots; NCCRT member representatives of NCCRT’s Community Health Center Task Group; leading primary care and gastroenterology physicians; leaders representing NACHC, Operation Access (a donated care delivery program), and major gastroenterological medical professional societies; and an ACS evaluator who is currently evaluating the pilots and leading the development of a series of manuscripts to share the results. Advisory Group members have considerable expertise in the field, and will be instrumental in supporting the development of the training by offering their feedback and expertise.

2.1 Key Strategies

A wealth of materials and lessons learned exist from the three pilot projects. The purpose of this RFP is to commission development of a web-based training, based on those materials and with guidance from the Advisory Group, to help guide the process for communities looking to replicate similar initiatives. Strategic goals for the training include:

Primary goal: Enable communities to increase timely access to specialists after a positive CRC screening result for their community health center uninsured and underinsured patients.

Secondary goals:

- Provide tools and guidance on how to conduct quality improvement to improve clinic processes and workflows to increase CRC screening rates within community health centers.
- Provide tools and guidance on how to build and strengthen relationships with the surrounding medical neighborhood to secure screening and follow up care for low income individuals.

The NCCRT would like to retain a contractor to develop the web-based training to address the needs of community health centers, ACS staff and partners who are looking to replicate Links of Care and will cover three stages of project implementation: pre-planning and readiness assessment, program launch, and implementation.

The primary audience for this training is community health center staff (e.g. clinic managers, medical directors, and staff working in quality improvement and care coordination), but the training should also be applicable to public health staff that serve in supportive roles to community health centers (such as ACS staff, primary care association staff, quality improvement organization staff) and the partners that represent other key elements of the medical neighborhood, including staff at facilities that offer colonoscopies and diagnostic services (gastroenterology practices and hospitals) and other community partners invested in increasing colorectal cancer screening, such as state and local cancer coalitions.

With regard to format, we are seeking suggestions on whether the content would be best conveyed as an interactive website, as a web-based curriculum, or a hybrid of the two. Some of the content is skills-based training and would lend itself to a curriculum module format, but we want to make the content easily accessible to users that wish to access what they need without making a substantial time commitment. Regardless of the format proposed, we wish to host the training on NCCRT's website, www.nccrt.org, as a subsite (e.g. www.linksofcare.nccrt.org) to align with the look and feel of our master site.

The work will be conducted over two phases. The first phase encompasses: conducting a comprehensive review of the structure, work and results of the three Links of Care pilots; reviewing existing relevant tools and resources developed by and for the pilots, such as the initial RFP, case study descriptions, timelines, workflows, agendas, survey instruments, progress reports, etc.; compiling or creating new materials to address gaps, as needed; collaborating with NCCRT and the Advisory Group to identify the specific tools, best practices, and lessons learned which will inform the training's scope and content; and drafting a table of contents and outline of web-based content and trainings, covering the three project stages. The content should facilitate the adult learning experience, with interactive elements such as practical templates, assessment tools, sample work flows, video interviews with experts, scenario-based learning exercises, and interactive features, such as quizzes and polls. The module content will need to align with and build on the existing NCCRT guide for community health centers: [Steps For Increasing Colorectal Cancer Screening Rates: A Manual For Community Health Centers](#).

During the second phase, the contractor will incorporate NCCRT and Advisory Group feedback to develop and finalize the web-based training and conduct user testing.

3.0 RFP Goals

The NCCRT seeks to select and engage a contractor via a competitive bid process to develop a web-based training that will provide tools and guidance on: 1) how to conduct quality improvement to improve clinic processes and workflows to increase CRC screening rates within community health centers, and 2) how to build and strengthen relationships with the surrounding medical neighborhood to secure screening and follow up care for low income individuals.

More specific objectives and deliverables for this engagement are as follows:

- Conduct a comprehensive review of the work and results of the three Links of Care pilots to inventory the specific tools, existing materials, best practices, and lessons learned to include in the curriculum.
- Develop interactive, web-based content to host and convey this information in a way that facilitates the adult learning experience with interactive features, such as quizzes and polls.
- Feature practical templates, assessment tools, work flows, and video interviews with experts that will help the user advance through the three project stages.
- Include a tools and resources library.
- Offer advice on trouble shooting common project problems.
- Allow user to access the training both as a “start to finish” user walking through the project stages one by one or a user who wants to access specific topics on an “as needed” basis.
- Possible topics include: Project overview, understanding roles, understanding your medical neighborhood, getting started, assessing readiness, conducting a community assessment, understanding your medical neighborhood, capacity assessment, identifying potential partners, making the case, securing commitments, project launch, workflows, navigation, care coordination, sustainability, trouble shooting, sharing credit, and expansion.
- Align the curriculum and draw linkages to the existing NCCRT guide for FQHCs: [Steps For Increasing Colorectal Cancer Screening Rates: A Manual For Community Health Centers](#).

4.0 Instructions/Process for RFP

4.1 Questions Regarding the RFP

If you have questions pertaining to this RFP, send an e-mail to Emily.Butler@cancer.org by March 23, 2018. Be sure to include a phone number and email address, and specifically reference the section(s) of the RFP in question. All questions must be in writing. Questions and answers may be given to all applicants in order to avoid any unfair advantage. These guidelines for communications have been established to ensure a fair and equitable evaluation process for all respondents. Any attempt to bypass the above lines of communication may be perceived as establishing an unfair or biased process and could lead to your disqualification as a potential contractor.

4.2 Response Due Date and Delivery

Please submit a letter of intent by March 23, 2018 and an electronic copy of your proposal by April 6, 2018 to Emily Butler Bell (Emily.Butler@cancer.org) via email.

4.3 Response Costs

All costs associated with the preparation of a Proposal shall be borne by the applicant.

4.4 Confidentiality

This RFP and any information supplied in connection with the preparation of a Proposal is confidential and must not be disclosed, reproduced, or used in any way, except for the sole purpose of responding to this RFP.

4.5 Selection Process

The evaluation team members will evaluate each proposal based upon how it satisfies ACS and NCCRT requirements. While the evaluation methodology is confidential, at a high level, the major areas of considerations are:

- Experience with instructional design and developing interactive websites and web-based trainings;
- Expertise in the principles of adult learning;
- Delivery of a strong and realistic project plan following the specifications in the RFP;
- Ability to meet proposed deadlines;
- Familiarity with the issues surrounding health care quality improvement, the medical neighborhood, preventive care and/or colorectal cancer screening;
- Ability to translate the lessons learned into concrete and useful content;
- Industry experience and strong references;
- Strong work examples;
- Quality assurance commitment and high performance standards;
- Willingness to work closely and receive several rounds of input from NCCRT and Advisory Group members, while also exercising independent judgment and creative thinking;
- Strong analytical, written and oral communication skills;
- Budget proposal that includes minimal overhead.

While cost is always an important decision factor, quality, level of service and operating efficiencies are also important and are critical aspects that will be examined by ACS and NCCRT. Please be sure to include all essential data in the proposal to ensure ACS and NCCRT have a full and complete understanding of your (the Contractor) capabilities and experience. See Section 5.4 for information about the budget and available funds.

4.6 Schedule of Events

Please observe the following schedule:

- RFP Issue Date: February 15, 2018
- Bidders Indicate Intention to Respond: March 23, 2018
- Proposal Due Date April 6, 2018 5:00pm EST
- Contractor Selected: April 18, 2018 (approximately)

- Kick off Call: Week of April 23, 2018
- Target Project Start Date: Week of April 23, 2018
- Project Completion Date: December 15, 2018

5.0 Proposal Deliverables

The proposal must follow the structure outlined in this section, using the numbering of sections specified. The proposal text for each section should begin by repeating the section question or statement followed by your response. In cases where the question/statement for a section does not apply, or you are unable to respond, reference the question then follow with a response of "N/A" (Not Applicable) and brief explanation of the reason for not responding. Applicant may add items not listed within this section by placing them at the end of the proposal.

5.1 Contractor Profile

- 5.1.1 Company Name:
- 5.1.2 Mailing Address:
- 5.1.3 Street Address:
- 5.1.4 Tax Payer ID:
- 5.1.5 Dun & Bradstreet Number (DUNS):
- 5.1.6 Key Contact (Name, Title, Phone, Fax, and E-Mail):

- 5.1.7 If a Corporation, answer the following:
 - 5.1.7.1 Date of Incorporation:
 - 5.1.7.2 State of Incorporation:
 - 5.1.7.3 President's Name:

- 5.1.8 If a Partnership, provide the names of the principals.

- 5.1.9 Minority business status, if applicable.

- 5.1.10 What is the name of your organization's parent company?

- 5.1.11 Provide the location(s) of your corporate facilities.

- 5.1.12 Has your firm filed for bankruptcy within the past five years? If yes, provide details.

- 5.1.13 List any services or products that you have provided to the American Cancer Society in the past 5 years.

- 5.1.14 List your top 5 major clients, including not-for-profit clients, for whom you have performed similar work (i.e. work related to colorectal cancer, cancer screening, cancer prevention and early detection, health plans, health care quality improvement and/or public health).

- 5.1.15 Number of paid employees.

5.1.16 Please provide copies of your financial reports for the past three years.

5.2 Contractor References

Please list three references for similar projects performing similar requirements. Please include not-for-profit organizations, if any.

Please share sample projects you have created for other clients, ideally websites and/or web-based trainings around public health and/or health care quality improvement, that would help illustrate your qualifications for this project.

5.3 Proposal Narrative

5.3.1 Previous Experience – please describe contractor experience in the following areas: development of websites and web-based trainings, instructional design, colorectal cancer, cancer screening, preventive care, health care delivery, health care quality improvement, health equity/health disparities and/or public health.

5.3.2 Proposed Project Design and Implementation - This is the narrative of how you plan to satisfy the RFP Goals (listed in Section 3.0). Narrative should not exceed 5 pages, single spaced, 1 inch margins, Arial font. Discussion should include the following areas:

The project plan should include:

- A plan to review the Links of Care pilot project materials and inventory relevant tools and resources. (ACS and NCCRT are currently conducting a formal evaluation and drafting a series of manuscripts which will be available for the contractor's review.) An initial set of sample materials is available at <http://nccrt.org/rfp-loc/>.
- Proposed plan for content development, including creating and producing all relevant materials, such as video interviews with experts, scenario-based learning exercises, a tools and resources library, tools and templates.
- Proposed plan to host the web-based curriculum on NCCRT's website, www.nccrt.org (WordPress), as a subsite (e.g. www.linksofcare.nccrt.org) to align with the look and feel of our master site, and with minimal need for ongoing maintenance and hosting.
- Proposed plan to include a simple user registration process and tracking of overall training usage, to be made available in regular reports to NCCRT.
- The contractor should plan on participating on an initial kick-off call with NCCRT staff and the Advisory Group.
- A plan for working with the NCCRT and the Advisory Group to develop the web-based training outline. The project plan should include allowance for several rounds of NCCRT and Advisory Group review, feedback and revision to ensure support and consensus. Several revisions of the work can be expected, and additional conference calls will be needed.
- A plan to conduct user testing (participants to be identified by NCCRT).

5.3.3 Project Deliverables - At the conclusion of the project, the contractor will deliver:

- Phase 1:
 - Links of Care pilot project findings and materials review (informed by the ACS and NCCRT formal evaluation).
 - Inventory of relevant tools and resources to include in the web-based training.
 - Draft table of contents and content outline to cover three stages of project implementation: pre-planning and readiness assessment, program launch, and implementation; to include goals and objectives for each section and components of each section (e.g. video with key experts, interactive polls, supporting materials etc.)
 - User registration process and training usage tracking plan.
- Phase 2:
 - User testing feedback report.
 - Finalized web-based training, to which ACS/NCCRT retain property rights.

5.4 Project Timeline and Budget

The target start date for the project is April 23, 2018. The final curriculum should be completed by December 15, 2018.

The proposal should include a timeline that clearly indicates when major tasks and activities will be accomplished. The proposal should provide a summary of the costs and fees to complete each section referenced in 5.3. Project Deliverables and Expectations as presented in the project plan. The timeline should allow for feedback from relevant NCCRT staff and the Advisory Group.

The estimated budget should range from \$75,000 to \$100,000, which should include personnel and administrative costs. The contractor should provide a detailed proposed budget, including estimated hourly labor costs, estimated hours and a brief description of what will be accomplished monthly. Please note that all anticipated fees and expenses for delivery of the project should be included; travel, materials, shipping costs, etc. The project plan will be viewed more favorably if it includes submission of high and low estimates for deliverables around each section of the plan. No funds may be used for research or clinical care.

5.5 Minimal Contract Requirements, if selected

5.5.1 **Tobacco-related affiliation:** ACS defines a "Tobacco Company" as any company that manufactures tobacco products and is commonly considered to be part of the tobacco industry, including subsidiaries and parent companies, as well as philanthropic foundations and other organizations closely linked with the tobacco industry

Contractor must answer the following questions:

5.5.1.1 Do you own 5% or more of a Tobacco Company?

5.5.1.2 Are you 5% or more owned by a Tobacco Company?

5.5.1.3 Are any of your clients Tobacco Companies?

5.5.1.4 If so, how many and what percentage of your revenues are derived from those clients?

5.5.1.5 Will you and your employees adhere to ACS's no smoking policy when on ACS premises?

5.5.2 **Conflict of Interest:**

Contractor must answer the following:

- 5.5.2.1 Are any of your employees, officers or majority owners employed by, or national volunteers of, the American Cancer Society, Inc. (a national volunteer is defined as being a member of the ACS national Board)?
 - 5.5.2.2 Are you able to state that your company will not enter into a contract or agreement, or execute a document, which will create a conflict of interest or which will prevent you from freely performing for ACS?
- 1.5.3 **Intellectual Property/Data:** The Contractor must include in its proposal a statement acknowledging its understanding that the proposed scope of work will be deemed “work for hire” and the American Cancer Society and the NCCRT will retain ownership of all deliverables and intellectual property, and further that the American Cancer Society and NCCRT is entitled to utilize and publicly disseminate aggregate outcome data collected and/or reported by Contractor in connection with this project.