



REQUEST FOR PROPOSAL (RFP)

FOCUS HIV/HCV Project Expansion

Issue Date:	March 8, 2017
Deadline for Questions:	March 20, 2017
Proposal Due Date:	March 31, 2017
Expected Award Notification:	April 28, 2017
Contract Commencement Date:	May 1, 2017

REQUEST FOR PROPOSALS

“FOCUS HIV/HCV Project Expansion”

Dear Colleagues:

The National Nurse-Led Care Consortium (NNCC) in partnership with its parent company, Public Health Management Corporation (PHMC), was awarded FOCUS funding by Gilead Sciences, Inc. This funding looks to expand the HIV/HCV screening and linkage to care project implemented into five PHMC health centers into additional federally qualified health centers (FQHC). Established in 2010, Gilead’s FOCUS program (Frontlines of Communities in the United States) partners with healthcare providers, government agencies, and community organizations to change the way healthcare institutions approach HIV and HCV testing, and develop replicable model programs that embody best practices in screening and linkage to care.

FOCUS aims to:

- Make routine screening a standard of medical care.
- Reduce the number of undiagnosed individuals, decrease the number of those who are diagnosed late, and ensure strong linkage to care and treatment.
- Expand stakeholder dialogue on increasing diagnosis and access to care.
- Change public perceptions that may discourage testing.

The National Nurse-Led Care Consortium (NNCC) is seeking proposal applications for an FQHC looking to improve HIV/HCV screening, testing and linkage to care. NNCC will support the FQHC to integrate routine HIV/HCV testing through a medical assistant-initiated, opt-out, laboratory-based model with EMR modifications to prompt, track, report, and facilitate reimbursement for HIV/HCV tests for uninsured patients. The project will replicate the model currently implemented at the Public Health Management Corporation (PHMC) health centers.

Proposals shall be submitted to National Nurse-Led Care Consortium via Christine Simon at csimon@nncc.us no later than 5:00 PM EST, Friday, March 31, 2017.

Regards,

Kristine Gonnella, MPH
Director, Training and Technical Assistance
National Nurse-Led Care Consortium

Christine Simon, MPH
Public Health Project Coordinator
National Nurse-Led Care Consortium

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I. Purpose and Scope

The National Nurse-Led Care Consortium (NNCC) supports nurse-led care and nurses at the front lines of care. Because of their education and their community connections, advanced practice nurses today are able to deliver high quality and cost-effective services to our most vulnerable populations, the poor and the uninsured. Our member health clinics, run by nurse practitioners, demonstrate this by providing community-based care that is sensitive to patient needs and concerns. NNCC works to help member health clinics meet the costs of providing care to the uninsured and underinsured. NNCC provides expertise to support comprehensive, community-based primary care.

The FOCUS HIV/HCV Project aims to implement HIV/HCV testing and linkage to care for positive patients. To meet this goal, health center(s) will adopt a medical assistant-initiated, opt-out, laboratory based testing model to increase the awareness of HIV/HCV status among patients who access care at a FQHC. NNCC is looking to partner with a FQHC that has the capacity to routinize opt-out HIV/HCV testing and improve linkage to care for newly diagnosed HIV/HCV-positive patients. The FQHC will receive up to \$60,000 to complete the work outlined below. NNCC grant funding must be used for programmatic expenses, not for general organizational operating support. The project will replicate the model currently implemented at the Public Health Management Corporation health centers.

II. General Background

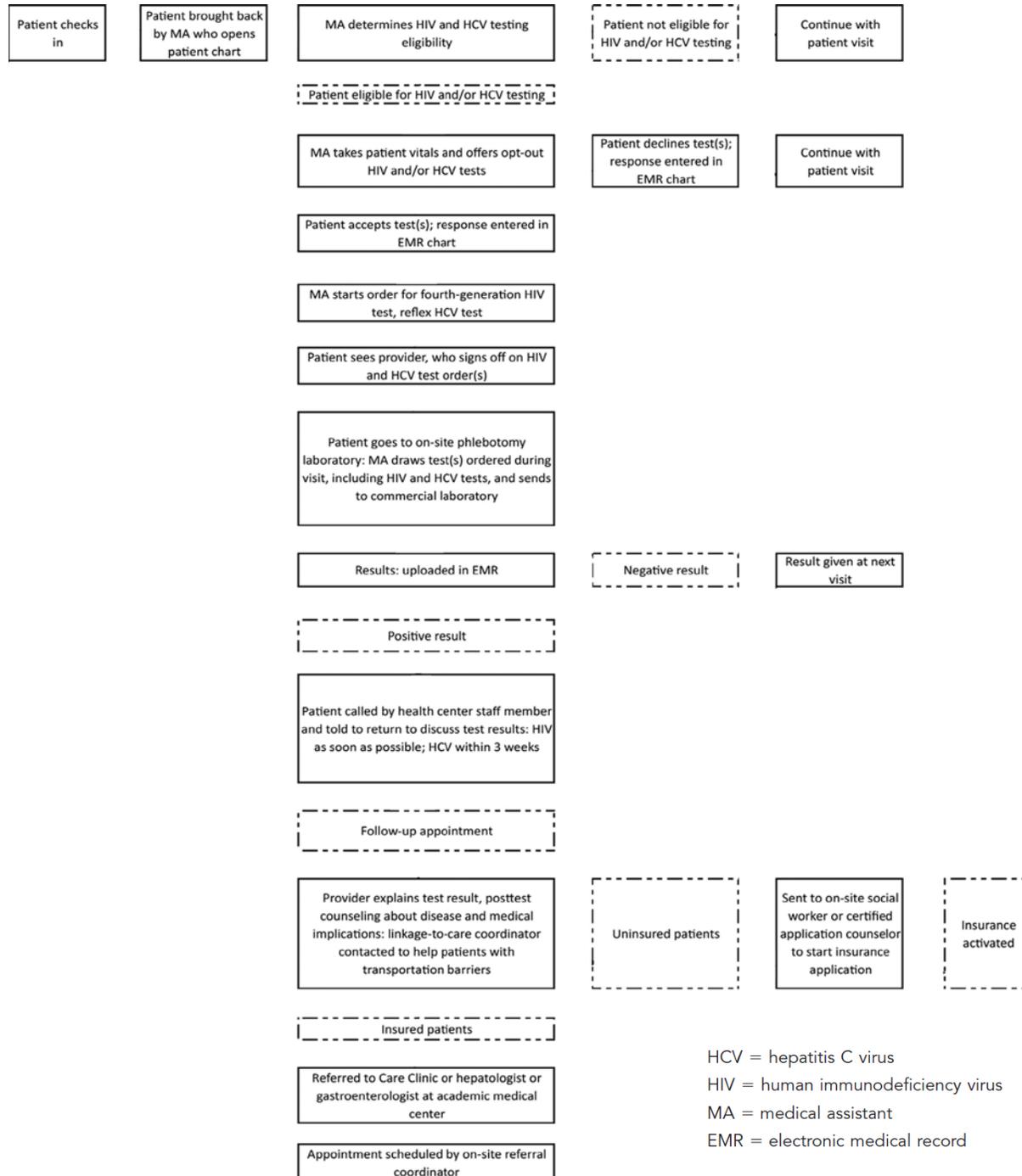
In October 2012, NNCC partnered with its parent company, PHMC, to integrate routine HCV testing and linkage-to-care in PHMC's five federally qualified health centers in Philadelphia, PA, that primarily serve homeless persons and public housing residents. The health centers are: 1) Mary Howard Health Center (exclusively serving homeless patients); 2) Rising Sun Health Center and 3) PHMC Health Connection (both family medicine clinics serving public housing residents); 4) Congreso Health Center (serving primarily Hispanic patients); and 5) PHMC Care Clinic (offering primary care and specialized health services to patients with unmet medical and social needs, including HIV+ patients, homeless, and those recently incarcerated). The Care Clinic and Congreso provide specialized care to HCV and HIV mono-and co-infected patients.

As part of the model, medical assistants initiated opt-out HCV and HIV testing on eligible patients and began the laboratory requisition on patients that did not decline (please see model below). The project uses the existing U.S. Food and Drug Administration-approved HCV-antibody test with reflex to the quantitative HCV RNA confirmatory test and 4th generation HIV test. Reflex testing technology, allows for the laboratory to automatically perform the confirmatory test on the initial specimen. This eliminates the intermediate step of patients returning for a second blood draw and allows patients to receive their confirmed test results, post-test counseling test and referral to a provider at one visit. For primary care providers that treat HIV or HCV, patients can also undergo medical evaluation and work-up for HCV treatment (on patients that express interest in treatment). The 4th generation HIV test is able to detect infection within 10 days of infection, which has both public and individual health benefits. Health centers will also make EMR modifications to streamline the testing and linkage to care process. Key modifications made at the PHMC sites include modifications to identify eligible patients, track positive patients through the care cascade and ensure the health centers are on

track to meet testing goals. Modifications have also been made to report to funders, disseminate project successes and lessons learned, as well as facilitate reimbursement for HCV and HIV tests performed on uninsured patients.

Prior to testing, all clinic staff participated in a training that covered disease etiology and epidemiology, as well as programmatic goals and implementation guides. Medical assistants also participated in a training to practice opt-out testing and address concerns specific to their role in the project. Standing orders were created that allow medical assistants to begin the laboratory requisition. Linkage to care protocols were also created to ensure that a uniform standard of care was adopted.

The following is the HCV/HIV testing and linkage to care standard of care used by NNCC and PHMC to implement.¹



HCV = hepatitis C virus
 HIV = human immunodeficiency virus
 MA = medical assistant
 EMR = electronic medical record

¹ **Dual-Routine HCV/HIV Testing: Seroprevalence and Linkage to Care in Four Community Health Centers in Philadelphia, Pennsylvania.** Catelyn Coyle, MEd, MPH, Helena Kwakwa, MPH, MD, *Public Health Reports*. Vol 131, Issue 1_suppl, pp. 41 – 52. First published date: January-01-2016 [10.1177/00333549161310S106](https://doi.org/10.1177/00333549161310S106)

III. Eligible Applicants

Conditions of eligibility are as follows:

- 1) Applicant organizations must be a Federally-Qualified Health Center (FQHC) that serves a low-income, uninsured or otherwise disadvantaged community. As defined by Section 1861(aa) of the Social Security Act, FQHCs are safety net providers that primarily provide services typically furnished in an outpatient clinic.²
- 2) FQHC must have a sufficient patient base to test 2,500 patients over the course of one year (may use more than one clinic site under the FQHC).
- 3) FQHC must have capacity through internal or external resources to make changes to their EMR, e.g. prompts, and generate reports from it.

IV. Expectations of Awardees

The FQHC, with technical assistance provided by NNCC, will routinize opt-out HIV/HCV testing and improve linkage to care for newly diagnosed HIV/HCV-positive patients. The project will replicate the model currently implemented at the Public Health Management Corporation. The project will target patients based on age, rather than just the specific risk factors for HIV/HCV screening.

The FQHC will provide HIV testing on all patients over the age of 13 and HCV testing on all patients over the age of 18 through a medical assistant initiated model utilizing the Electronic Medical Record (EMR) to support routine testing. The FQHC will provide services that include, but are not limited to:

- Access to clinicians, medical assistants and other health center staff who will attend HIV/HCV-related trainings;
- Test at least 2,500 patients for both HIV and HCV. Health centers will use the fourth-generation HIV test and HCV antibody with reflex to the RNA confirmatory test;
- Identify staff person(s) to manage the linkage to care for treatment for HIV/HCV;
- Provide de-identified aggregated HIV/HCV testing numbers on a monthly basis to NNCC;
- Consult with NNCC staff on the transition and implementation of HIV/HCV services on a regular and continuous basis;
- Consult with Health Information Technology (HIT) staff/consultant on EMR modifications to support the project.

The FQHC will ensure that:

- Clinic and clinical staff are covered by insurance.
- Nurse practitioners follow state regulations and have a collaborating physician for prescribing purposes as necessary.
- All staff complies with HIPAA regulations.

The greater goal for this project is to improve HIV/HCV screening, testing and linkage to care. To meet this goal, adopting the medical assistant-initiated, opt-out, laboratory based testing model will increase the awareness of persons knowing their HIV/HCV status who access care at a FQHC.

² <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/fqhcfactsheet.pdf>

V. Performance Period

NNCC grant funding must be used for programmatic expenses, not for general organizational operating support. The award will be announced by **April 28, 2017**. The grant project is expected to **begin on May 1, 2017, and end April 30, 2018**. NNCC will provide grantee with technical assistance to help accomplish project goals throughout the grant period. Quarterly invoices and reports including program evaluation will be expected throughout the grant period, with the final report due May 15, 2018.

VI. Proposal Format and Content

Proposals **MUST** include all of the following information unless otherwise indicated and be ordered and numbered as follows:

1. Completed Cover Page

- a. Please use the included FOCUS HIV/HCV Project RFP Cover page.

2. Organization Information Narrative (*must not exceed 3 typewritten pages, size 12 Times New Roman font, 1" margins throughout*)

- a. Provide a brief organizational summary and include the following information:
 - i. Organizational history and mission
 - ii. Brief information about current programs and initiatives
 - iii. Experience with testing
 - iv. Briefly describe why you have chosen to apply for this grant
 - v. Population(s) served, including numbers and demographics of clients, and HIV and HCV rates, if known
- b. Outline goals, activities, objectives for implementation of project
 - i. Timeline
 - ii. Methods for reaching low income and diverse populations
 - iii. Capacity for data collection and program evaluation
- c. Please describe staffing for the project
 - i. Roles and qualifications of key staff involved
- d. Partnerships:
 - i. Identify any partners that will work with you on the project and define their role and experience as it relates to the proposed project.

3. Financial Information Attachments

- a. Current organizational annual operating budget
- b. Project budget and budget justification

4. Other Supporting Materials

- a. Key Staff Resumes or Bios (no more than three staff, no more than two pages each)

2017 REQUEST FOR PROPOSALS COVER PAGE

CONTACT INFORMATION

Organization		
Contact		Title
Street Address		
City	State	Zip
Phone	Fax	Email
Website		

PROJECT BUDGET REQUESTED: _____
(cannot exceed \$60,000.00)

AREA SERVED BY ORGANIZATION: _____
(State and Cities/Counties)

Checklist

- A completed 2017 Request for Proposals Cover Page**
- A completed Project Narrative** (*maximum of 3 typed pages*)
- Budget Information, including:**
 - Current organization annual budget
 - Completed project Budget and Narrative Form (attached)
- Other Supporting Materials, including:**
 - Key Staff Resumes

Contact Information:

Kristine Gonnella

Director, Training and Technical Assistance
National Nurse-Led Care Consortium

Direct Phone: 267.350.7632

Email: kgonnella@nccc.us

Christine Simon

Public Health Project Coordinator
National Nurse-Led Care Consortium

Direct Phone: 215.731.2177

Email: csimon@nccc.us

Application Deadlines

Voluntary letter of interest: Emailed to Christine Simon at csimon@nccc.us by Wednesday, March 15, 2017 at 5 pm EST: The letter should include the name, title, and organization of a contact person.

Questions regarding Request for Proposal (RFP): Submit to Christine Simon at csimon@nccc.us no later than 5:00 pm EST on Monday, March 20, 2017.

Full proposal: Submit to Christine Simon at csimon@nccc.us by 5:00 pm EST on Friday, March 31, 2017.

Awards announced: by Friday, April 28, 2017

Grant period begins: Monday, May 1, 2017

Inquiries can be directed to Christine Simon csimon@nccc.us or 215-731-2177.

Budget and Narrative Form

Item	Amount
Personnel	
Salaries, e.g.	
• Project Manager	
• HIT Personnel (or under Consultant Costs)	
• Patient Navigator	
Fringe Rate	
Subtotal - Personnel	
Laboratory Costs	
• HIV/HCV screening tests for uninsured patients	
Consultant, e.g.	
• EMR Modifications	
Other Direct Costs, e.g.	
• Medical Provider Trainings on HCV	
• Gift card incentives for medical assistants	
Indirect Costs	
• Not more than 10%	
TOTAL (no more than \$60,000)	

Budget Justification: Budget score will be rated on the clarity of the budget and how appropriate the itemized costs are to the project.

Personnel: Indicate staff names and titles, annual salary, and % time on project. Indicate organization fringe rate.

E.g., *Part-Time Linkage to Care Coordinator.* The Linkage to Care Coordinator will facilitate and track the transition of newly diagnosed HIV/HCV positive patients from primary care to HIV/HCV treatment.

Laboratory Costs: Provide information on the cost of HIV/HCV tests for uninsured patients.

Consultant Costs: Use this category if using an external vendor for EMR modifications. Put in number of hours x hourly rate.

EMR Modifications would include the tracking of HIV/HCV patients, creation of ways to identify eligible patients for test, and other EMR modifications to support the project.

Other Direct Costs: Give breakdown of other direct costs, e.g. telephone, rent, photocopying, etc.

Staff Trainings: it is recommended that three (3) initial trainings be offered to general staff about the overall project, goals, and model; Medical Assistants will be trained on opt-out and decline to treat procedures; and Medical Providers will be provided training on HIV/HCV disease progression, medical implications and treatment, linkage to care coordination services.

NNCC will provide training to the FQHC Project Manager and appropriate staff on the overall project, goals and model. This budget should include the costs, as appropriate, of local Medical Provider training on HIV/HCV.

Indirect Costs: Indirect costs may not total more than 10% of the project costs. Give breakdown of what is covered, e.g. financial, personnel, etc. costs

TOTAL: Provide budget total.