



## **An Integrated Approach for Project Management, Population Health Plan Development and Behavioral Health Transformation Plan**

### **Background:**

As required in the SIM funding announcement, each Model Test state is required to develop a state-wide plan to improve population health during the four-year project period. The plan will address the integration of population health strategies within the framework of health care delivery system reform. The plan must address several core measures, as identified by CMS, related to tobacco use, the incidence of obesity, and diabetes. In addition, states are encouraged to consider integrating state strategies to address child wellness and prevention priorities such as reducing childhood obesity, preventing early childhood dental caries, and addressing maternal depression to foster healthy childhood development.

RI's SIM proposal contemplated an external vendor to facilitate the prioritization of the population health plan objectives and develop the plan in a comprehensive and timely manner. Additionally, given the community's clearly articulated need for improving the state's behavioral health care delivery system and the desire to start thinking of "health" in a more comprehensive manner (physical, behavioral environmental, etc.), there was a desire to assure that the population health plan explicitly recognizes the behavioral health needs of RI's residents. It was anticipated that a second vendor (or sub-contractor) would be required to provide the expertise needed to identify the strategies and activities for integrating the behavioral health system with the physical health system.

Lastly, given broad stakeholder involvement on the Steering Committee, the participation of several state agencies, and the on-going state planning initiatives, RI proposed to hire a project management vendor. Among other duties, the vendor will be required to: create and maintain workflow maps, track and manage CMS reporting requirements, engage the Steering Committee, and provide the structure and tools that enable strong project management and the ultimate success of Rhode Island's second SIM grant.

In summary, the SIM proposal included procuring the services of three different vendors; one to develop the population health plan; a second to develop the behavioral health plan component of the population health plan; and a third to manage all of the SIM project work.

### **Recommendations:**

To issue **one RFP** that will allow the state to obtain the necessary expertise to:

- 1) Rigorously manage a broad scope of work across six state agencies and a multitude of community stakeholders; and
- 2) Develop a population health plan that reflects the needs of the state and includes a plan to align and transform behavioral health services.

**Rationale:**

Year one of the Round 2 SIM Model Test cooperative agreement is considered a planning year. The state’s operational plan for years two through four is due for completion at the conclusion of the first year of the grant period (February/March 2016 based on the February/March start of the RI grant activities). It is critical that the state have a structured and rigorous approach to the management of this effort in order to have the highest quality, actionable planning tools at the conclusion of Year One of the grant period. A statewide population health plan, that includes methods for transforming the delivery of behavioral health services, is required to inform the operational plan. Additionally, the population health plan must be integrated with the Department of Health’s statewide health planning efforts currently under way that are required by RIGL Chapter 23-93 and will draw upon studies already concluded and under way by the Health Planning and Accountability Advisory Council (HCPAAC).

The recommended integrated approach will be time-efficient and assure that there is synergy among the population/behavioral health and operational plans.

Including the project management function into one RFP with the planning services not only saves time, but it will also require the project management vendor to directly manage the SIM planning components. Having this “direct line of sight” will help keep the SIM efforts on track and within budget. Additionally, by combining the funds for these three initiatives, there will be more latitude for the Steering Committee and SIM staff work teams to flexibly allocate the combined funding across the three different components.

***Recommended Procurement Approach and Process:***

- Issue one RFP for all three tasks as soon as possible.
- Require a Prime contractor (likely a project management vendor) and allow for subcontractors (to assure the necessary subject matter expertise and skill sets are procured).
- One to three Steering Committee members may serve as Subject Matter Experts advising the State RFP Review Committee (which will include representatives from each of the participating state agencies). These advisors will be non-scoring members of the review committee and will need to sign a nondisclosure form but will be able to review the submitted proposals and provide subject matter expertise on the strengths of each proposal to the State Review committee.

***Recommended Timeline:***

May 2015:

- Steering Committee approves approach
- Draft RFP

June 2015:

- Submit RFP to State Purchasing, respond to vendor questions, allow 4 weeks for bidders to respond
- Select review committee and develop evaluation scoring tool (based on evaluation criteria in RFP)

July 2015- August 2015:

- Review Committee reviews proposals, selects vendor
- Negotiate contract with vendor

September 2015:

- Vendor begins work, establishes SIM Project Management office, and develops and presents approach to Population Health Planning process (including Behavioral Health component ) to the Steering Committee and SIM staff teams

October 2015 – November 2015:

- Conduct Population Health Planning process (including Behavioral Health Component )
- Initiate quality measure harmonization process with a focus on compatibility to Population Health Planning process and goals

December 2015:

- Finalize Population Health Plan

January 2106 – February 2016:

- Develop operational plan including driver diagram, development of grant metrics (for quarterly reporting to CMS) and revisit “Transformation Network” activities based upon Population Health Plan and SIM Operational Plan.

March 2016:

- Finalize Operational plan and submit to CMS

***CMS Approved Budget:***

The CMS-approved combined budget for the three tasks is \$2,300,000:

	Year 1	Year 2	Year 3	Year 4	Total
Project Management	<b>\$200,000</b>	\$200,000	\$200,000	\$200,000	<b>\$800,000</b>
Population Health Plan	<b>\$375,000</b>	\$375,000	0	0	<b>\$750,000</b>
Behavioral Health Transformation Plan	<b>\$375,000</b>	\$375,000	0	0	<b>\$750,000</b>
Combined four year total:					<b>\$2,300,000</b>