# American Academy of Pediatrics
## DEDICATED TO THE HEALTH OF ALL CHILDREN®

## REQUEST FOR PROPOSAL

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| RFP Number: | 810200-RFP-03 |
| Project Title: | Interactive E-learning |
| Application Deadline 11:59 pm CST: | November 20, 2016 |
| Proposals must be emailed to: | 393RFP@aap.org |
| Questions about this RFP must be submitted to the application email address above and will be accepted until: | November 4, 2016 |
| Responses to questions will post on: | November 11, 2016 |

## BACKGROUND

The American Academy of Pediatrics is a professional membership organization of 66,000 pediatricians committed to the optimal physical, mental, and social health and well-being for all infants children, adolescents and young adults.

Founded in 1930, the AAP advocates for the health of all children and works with government, communities and other national organizations to shape many child health and safety issues. The AAP provides professional education and resources to member pediatricians, and provides patient education and public information campaigns.

## STATEMENT OF PURPOSE

The Screening in Practices Initiative is a grant-funded project at the American Academy of Pediatrics that works to promote early childhood screening, referral, and follow-up within the pediatric practice setting, with a focus on social determinants of health, maternal depression, and developmental milestones.  A major component of the Initiative is the National Technical Assistance Resource Center on Screening (NTARCS), which provides evidence-based resources, training, and technical assistance (TA) for integrating screening, referral, and follow-up into pediatric primary care practices.

As part of the NTARCS, the AAP is seeking a consultant to lead the instructional and technical design of an interactive online learning experience and resource library aimed at increasing rates of screening, referral, and follow-up for social determinants of health, developmental milestones, and maternal depression.  The AAP will provide a group of Subject Matter Experts to partner with the consultant in the development of the content.

Responses to this Request for Proposals will be accepted until 11:59 pm CT on Nov. 20, 2016

## PRODUCT SPECIFICATIONS OR SCOPE OF WORK

Utilizing information from the completed Screening in Practices needs assessment, the resource must address knowledge and attitude barriers (see enclosed document) and provide practical guidance to clinicians in diverse practice models for designing and implementing a successful screening, referral, and follow-up process.

This resource should be implementation-oriented and cover the full spectrum of the screening, referral, and follow-up process with a focus on providing solutions to common barriers at both the individual and systems levels.  The resource should be engaging and help build the users' motivation to make improvements in their practice.

The primary audience for this resource is pediatricians, family physicians, and pediatric nurse practitioners. However, the entire pediatric care team (including nurses and office staff) are critical to implementing a successful screening, referral, and follow-up process, and the resource should be designed with specific components to engage and train these professionals.

Design Requests:

We would like the resource to incorporate the following design elements-

• Includes educational components, provides support for building an implementation plan, and organizes extensive resources, tools and links in a way that supports implementation.

• Self-paced and easy to complete in multiple sittings, with the ability to track progress and bookmark specific tools or content for future reference.

• Includes multiple modalities, possibly including-- but not limited to-- text, video, animation, narration, game-style learning, simulation and interactive exercises.

• Adaptable for users with various levels of knowledge, working in diverse practice models, and at different stages of implementation, with the ability for users to easily jump to needed content.

• Allows for filtering by topic area (developmental milestones, social determinants of health, maternal depression).

• Includes specific components to engage and train support staff, such as nurses and front office staff.

• Scalable and flexible architecture, with ability to add new resources, modules, etc.

• Includes user reporting function, including a mechanism to measure knowledge change, that can be easily accessed by project staff.

• Reflects the professionalism of the audience in content and graphic design.

• Follows AAP branding.  A style guide and branding elements will be provided.


Technical Requirements:

• Desktop browser compatibility in multiple major browsers.

• Mobile browser compatibility for iPhone/iPad, Android and Blackberry (responsive design).

• Allows user to perform site search by keywords.

• Supports basic site traffic and usage tracking via Google Analytics.

• Integration with AAP single sign-on (SSO)

• Must be either hosted by the vendor with no ongoing fees or designed for the AAP's environment, which is based on Microsoft technologies (including SQL Server and .NET), and EpiServer CMS.

## SCHEDULE OF DELIVERABLES

We are looking to the consultant to provide a suggested structure for this online learning experience.  As a starting point, one possible approach could be an e-learning course consisting of several modules. For example, the course might include a background module presenting key terms, listing screening recommendations, and building the case for screening; a module on workflow that would include videos and case studies of different workflows and a plan-builder that the user can use to develop an implementation plan for his/her office; a module on building a referral and follow-up system; and modules addressing content specific to each screening topic (maternal depression, social determinants of health, developmental milestones).  Each module would have implementation resources linked with the content.  Another potential approach would be a virtual pediatric practice with hotspots that open specific content elements, allowing users to access resources and educational content organized around a physical workflow.  Other ideas for structuring the resource are welcome.  Applicants should provide a detailed description of their approach in their proposal.

The development of the resource may be broken into several cycles over the next 12 months based on the consultant's assessment of the time required to complete the project; however, a completed first cycle of the

product must be delivered by February 28, 2017 (e.g, the first 2-3 modules or the first set of virtual practice hotspots).

Anticipated project phases through February 2017 are outlined below; respondents may propose an alternate timeline in their proposal.
- Requirements Gathering and Instructional Design- December, 2016
- Content Development- December 2016-January, 2017
- Design and Prototype- December 2016-February 2017
- Testing and quality assurance- February, 2017
- Deployment- February, 2017

## MANDATORY QUALIFICATIONS

Respondents should include in their proposals the following information:

1. Detailed explanation of approach to the work/proposed solution and description of ability to meet design requirements.

2. Summary of organizational strength and stability, including length of time in business and ability to manage the project scope within the designated timeline.

3. Description of timeline and project management approach, including staffing plan and plan for status tracking, risk mitigation, quality assurance, and user acceptance testing.

4. Statement of qualifications to perform the scope of work and summary of related experience for all individuals to be involved in the project.

5. Overview of platform to be used, proposed architecture and hosting structure (eg, where will it be hosted, on what platform will it be built) and description of ability to meet technical requirements.

6. List of costs associated with the project, including any potential maintenance and support costs. Document assumptions regarding AAP responsibilities.

7. Two samples of previous work that is similar in nature to the requested deliverables.

8. The names, phone numbers and email addresses of three individuals, preferably at different organizations, who have been clients during the last two years who can be contacted as references.

9. Policies regarding notification on changes of personnel

## CONTRACTUAL ARRANGEMENTS

The performance period is December 2016-February 28, 2017. Renewal of project work is contingent on the AAP receiving continuation funding.

Payment will be made upon completion of milestones at intervals mutually agreed upon and specified in the contract. The AAP may terminate the contract at any time in the event that the consultant is unable or unwilling to perform the services or in the event of a material breach of any of the consultant's other covenants or representations.

## EVALUATION CRITERIA

Proposals will be scored in the following categories: 1) overall approach and alignment with design and technical requirements, 2) organizational strength and stability, 3) project management approach and ability to meet project deadlines, 4) expertise and qualifications, and 5) cost.

## RETENTION OF RECORDS

Information related to the resulting contract must be retained for at least three years after the end of the contract and must be available for examination by authorized representatives of the AAP and the grantor (federal cognizant or oversight agency, federal agencies providing direct or indirect funding, the Government Accountability Office or nonfederal entity providing funding for the project.)

## RIGHT TO REJECT / BID DISPUTE RESOLUTION

The AAP reserves the right to reject any and all proposals submitted and to request additional information from all applicants.

Any protest or dispute related, respectively to the solicitation or the resulting contract shall be construed and determined in accordance with the laws of the State of Illinois applicable to contracts made and to be performed in that state, notwithstanding anything to the contrary provided by applicable conflict of law rules, and notwithstanding that any party may now or hereafter be a resident of another state or a foreign country.

## CONTACT INFORMATION

American Academy of Pediatrics

141 Northwest Point Blvd., Elk Grove Village, IL  60007-1019

847/434-4000

www.aap.org

**COMPLETE THE APPLICANT INFORMATION, SIGN THE CERTIFICATION OF ELIGIBILITY,
INCLUDE ALL RFP PAGES, AND
SUBMIT YOUR PROPOSAL AND REQUIRED INFORMATION TO THE EMAIL ADDRESS LISTED ABOVE.**

## APPLICANT INFORMATION

| COMPANY NAME | CONTACT NAME |
|---|---|
|  |  |
| ADDRESS | CONTACT EMAIL |
|  |  |
| WEBSITE | CONTACT TELEPHONE |
|  |  |

CERTIFIED AS SMALL, MINORITY or WOMAN'S BUSINESS     ☐ YES     ☐ NO

BUSINESS IS LOCATED IN CURRENT YEAR'S LABOR SURPLUS AREA     ☐ YES     ☐ NO

BUSINESS IS ELIGIBLE FOR FEDERAL CONTRACTS     ☐ YES     ☐ NO
(Not debarred or suspended on SAM.gov and not listed as "not qualified" on FAPIIS.gov)

## CERTIFICATION OF ELIGIBILITY

By signing and submitting this RFP application, the applicant certifies that the applicant is not debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities, the applicant is an equal employment opportunity employer, and the applicant will comply with all applicable contract provisions required for contracts under federal awards or other grantor stipulations.

| APPLICANT SIGNATURE | DATE | PRINT APPLICANT NAME and TITLE |
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# Screening in Practices Initiative: Challenges to Screening, Referral, and Follow-Up

| Domain | Challenges |
|---|---|
| Physician knowledge and skills | • Lack of understanding of need for validated tool (some think anything in the EHR must be valid tool)<br>• In many areas, the physicians most likely to see kids are family practice and some may have less specialized training in child development<br>• Lack of awareness of educational resources for physicians and parents<br>• Lack of training on administration of screening tools (particularly developmental screening)<br>• Lack of knowledge about referral options<br>    ○ What is available, what is provided, how to refer<br>    ○ How to match patient needs with appropriate services<br><br>*Social Determinants of Health Specific*<br><br>• Little understanding of protective factors/family strengths<br>• Training lacking, but improving for new physicians<br>• 2013 Periodic Survey- 76% were not at all familiar with ACEs study<br><br>*Maternal Depression Specific*<br>• Not enough training to comfortably screen for, assess and diagnose depression<br>• Limited understanding of parent-child interaction interventions<br>• Concerns around documentation of maternal protected health information in the child's chart, and legal ramifications of parental screening in the pediatric setting |
| Physician attitudes | • Perception that there is not enough time to do screening<br>• Belief that clinical judgement is as good as using a tool<br>• Concern about parental ability to complete a screening tool as a result of language barriers, low literacy levels, lack of understanding of child development, or distraction by other children brought to the visit<br>• Reluctance to start a screening program without sufficient referral resources to use when children have a positive screening<br>• Hesitance to refer if parents do not want referral<br>• Perception that completing screen or making referral is the final step in the process<br><br>*Social Determinants of Health Specific*<br><br>• Discomfort in addressing SDoH<br>• Perception that this is not a physican's job<br><br>*Maternal Depression Specific*<br>• Perception that the mother did not want to discuss PPD symptoms with them<br>• Perception that treatment is ineffective |

| Domain | Challenges |
|---|---|
| Patient/family knowledge | • Low health literacy<br>• May lack child development knowledge and understanding of parent role in promoting and supporting early development<br>• Cultural/language differences<br>• Can be difficult to understand the screening and/or referral process (especially for EI)<br>• Families often do not understand the reason for their referral<br><br>*Maternal Depression Specific*<br><br>• Cultural differences in mental health perceptions<br>• Unfamiliarity with maternal depression<br>• Concerns about risks of medication use in pregnancy or lactation |
| Patient/family attitudes | • Some parents feel physicians undervalue their knowledge and concerns about child development<br>• Doubt that office evaluations fully capture their child's development<br>• A reassuring tone from the pediatrician sometimes interpreted by families as an indication that they do not have to pursue services<br>• Some parents see themselves as experts on their child and feel they should decide whether to pursue referral- may disagree about whether there is a concern<br>• Questions from the pediatric care provider about issues such as parent/caregiver mental health, intimate partner violence, and housing or utility needs may be unanticipated and less understood<br><br>*Maternal Depression Specific*<br>• Perception that mother can work through things herself or use other supports<br>• Lack of motivation and hopelessness about treatment working<br>• Discomfort, embarrassment, or avoidance of mental health discussions<br>• Fear of failing as a mother or losing parental rights<br>• Negative prior experiences with mental health treatment<br>• Don't see attending to mother's mental health as part of pediatrician's role<br>• Perception that pediatric health care professionals invalidate and minimize how difficult the transition to parenthood can be |
| Other patient/family characteristics | • Transience<br>• Non-working phone numbers<br>• Lack of transportation for referral/follow-up appointments<br>• Lack of childcare for referral/follow-up appointments<br>• Lack of time for referral/follow-up appointments (unable to miss work) |

| Domain | Challenges |
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| Screening Tools | • Limited translations for many tools beyond Spanish<br>• Translation ≠ validation. Cultural validations lacking<br>• Need for algorithms/predictive models that allow for earliest identification of risk<br>• High cost of some dev screening tools<br><br>*Social Determinants of Health Specific*<br>• A myriad of tools for SDoH with different areas of focus; fewer validated tools, few tools cover all areas of concern<br>• More evidence is needed to identify the optimal tools as well as the optimal timing and frequency of screening |
| Office systems | • Workflow<br>  o No one-size-fits-all approach<br>  o Requires a team-based approach with all team members understanding their task, role, and how it fits into the larger picture- staff turnover and lack of flexibility in job assignments w/in large systems makes this challenging<br>  o If surveillance indicates an issue, hard to administer screen if not a screening visit<br>  o Fall-off in screening during busy times<br>  o No time to develop resource directory and build referral relationships<br>  o Managing screenings done in child care or other settings and avoiding duplication<br>  o Limited resources on how to put follow-up system into place<br>  o Referral tracking and follow-up are time and labor intensive<br><br>• EHR<br>  o No way to track families as they move through systems<br>  o Difficulty in incorporating screening algorithms<br>  o Limited ability to embed screening tools electronically<br>  o Limited opportunity to communicate with parents through EHR<br>  o Lack of interoperability (w/in health care system and across early childhood systems, including child care) |
| Finance | • Inadequate payment<br>• Medicaid reimbursement structure differs by state<br>• Cost of validated screening tools, particularly for developmental screening<br>• Lack of support mechanisms for embedded MSW/care coordinator in practice – cited repeatedly as one of the most valuable pieces in the referral puzzle<br>• Families may not be able to afford follow-up services/therapies<br><br>*Maternal Depression Specific*<br>• Concerns about insurance covering treatment once a referral is made<br>• Liability concerns |

| Domain | Challenges |
|---|---|
| Community referral systems | <ul><li>Long wait times for services</li><li>Lack of services/limited referral sources<ul><li>Particularly an issue in rural areas</li><li>State Part C often does not cover social-emotional concerns</li><li>Limited services for non-English speakers</li></ul></li><li>Getting services doesn't mean the child is getting all the services needed</li><li>Children deemed ineligible for EI services "slip through the cracks."</li><li>Identifying services for those who don't fail a screen or meet EI eligibility, but are still at risk</li><li>Agencies more likely to take insurance than individual service providers but referring to agencies makes a warm handoff challenging</li><li>HIPAA/FERPA issues with Part C make follow-up communication challenging</li><li>Lack of communication mechanisms</li></ul>*Maternal Depression Specific*<ul><li>Lack of trained professionals to address parent-child interaction issues such as attachment and socioemotional development</li></ul> |