

NACCHO

National Association of County & City Health Officials

REQUEST FOR PROPOSALS

**Exploring the Expanding Role of Disease Intervention Specialists (DIS) and
Opportunities for Reimbursement for their Services**

National Association of County and City Health Officials (NACCHO)

Release Date: August 15, 2016

Due Date: September 9, 2016

OVERVIEW

NACCHO is the national organization representing the 2,800 local health departments (LHDs) across the country. These city, county, metropolitan, district, and tribal departments work every day to protect and promote health and well-being for all people in their communities. NACCHO provides resources to help LHD leaders develop public health policies and programs to ensure that communities have access to the vital programs and services people need to keep them protected from disease and disaster, and advocates on behalf of LHDs with federal policymakers for adequate resources, appropriate public health legislation, and sensible policies to address the myriad of challenges facing communities.

With funding from the Centers for Disease Control and Prevention (CDC), NACCHO will be developing an issue brief that explores the expanding role of Disease Intervention Specialists (DIS) and new opportunities resulting from this expanded role, especially opportunities available through health system reform and new or emerging healthcare reimbursement mechanisms. Topics addressed will include the role of DIS in linkage to HIV care and other medical and social services, new opportunities for DIS to support healthcare coordination and delivery, and reimbursement for DIS services. This Request for Proposals (RFP) is to identify a consultant to support the development of the issue brief. The consultant will be responsible for synthesizing available research and information, gathering additional information and input from key stakeholders and experts in the field, and writing the brief. The amount available to support this work is expected to be between \$60,000 and \$80,000.

For questions about the RFP and application process, contact Jennifer Skillicorn, Lead Analyst for Healthcare Integration, at jskillicorn@naccho.org or 202-756-0162.

Key Dates

Event	Date
RFP Release	August 15, 2016
Proposal Submission Deadline	September 9, 2016 by 11:59 PM PST
Anticipated Award Notification	September 19, 2016
Anticipated Contract Start	October 1, 2016
Anticipated Contract End	May 31, 2017

BACKGROUND

DIS are a vital component of the public health workforce within state and local health departments. DIS conduct disease investigation and intervention activities to prevent and control the spread of communicable diseases, such as finding individuals who may have been exposed to a particular disease or infection, linking individuals with a communicable disease or potential exposure to needed care and treatment, and assuring adherence and appropriate follow-up related to care and treatment. Originally established to work in the sexually transmitted disease (STD) field, DIS have become key components of other public health services and programs. For example, DIS are increasingly playing a larger role related to improving outcomes along the HIV care continuum and achieving higher rates of viral suppression. DIS provide critical services related to the identification of those at high risk for HIV, HIV testing, and linkage and retention in HIV care and treatment, or the provision of prevention counseling and linkage to pre-exposure prophylaxis, or PrEP, for those that test negative for HIV.

As the public health and healthcare landscapes transform and evolve, DIS are needed even more as patient navigators and network builders to ensure linkage to and retention in care and treatment. A number of national initiatives and research activities are currently underway to explore, support, and

evaluate the expanded role of DIS. One of the key ongoing activities is the development of a national certification program for DIS, which is a CDC-led effort that NACCHO, the Public Health Accreditation Board, and the National Coalition of STD Directors are collaborating on. The National HIV/AIDS Strategy (NHAS) Federal Action Plan includes establishment of a DIS certification and training program among the steps to achieve the NHAS goals, especially linking to and re-engaging in care persons living with HIV.

Since 2008, LHDs have faced shrinking budgets and nearly 51,000 state and local health department jobs have been eliminated due to budget cuts.¹ As such, new opportunities and mechanisms for reimbursement are increasingly being looked to for coverage of preventive and clinical services, including both traditional fee-for-service models and value-based models that focus on achieving improved health outcomes. This issue brief will explore reimbursement options and mechanisms to support continued, expanded, and sustainable DIS services.

A guiding model for the issue brief is the January 2016 issue brief from the Office of the Assistant Secretary for Planning and Evaluation (ASPE) titled "[Community Health Workers: Roles and Opportunities in Health Care Delivery System Reform.](#)"

SCOPE OF WORK AND PROJECT REQUIREMENTS

The scope of work for this project will take place over the course of approximately eight months and will be divided into three phases: (1) planning, (2) research synthesis and analysis, and (3) writing. Within each of these phases, the consultant will be expected to accomplish the following tasks and activities.

Phase 1: Planning

The development of the issue brief will be an iterative and collaborative process allowing for ongoing learning, guidance, and input from NACCHO, CDC, and a variety of key stakeholders and content experts representing local, state, national, and federal perspectives, as well as the perspectives of public health, healthcare providers, and healthcare payers. The project will begin with a planning period, during which the consultant will work closely with NACCHO, CDC, and a small group of key stakeholders to determine the scope of the issue brief, finalize the key topics to be addressed, and develop a final work plan, which will outline activities and methodologies, roles and responsibilities, and a timeline.

Close collaboration with NACCHO, CDC, and key stakeholders will be maintained throughout the project period. NACCHO will be responsible for organizing and facilitating ongoing collaboration through regular conference calls and meetings. The consultant should have experience working with multiple stakeholders, and summarizing input and guidance from multiple and diverse perspectives.

Phase 2: Research Synthesis and Analysis

The consultant will conduct, synthesize, and analyze research in accordance with the work plan established during the planning phase. Research methods are expected to include review of available literature and resources, and key informant interviews with stakeholders and content experts. Through the activities in this phase, it will be important to identify what is already known about critical topics and issues related to the brief, where there are gaps, and other topic or issue areas that may provide useful models for supporting the expanding role of DIS. Key informant interviews will be conducted to confirm and supplement what is available through published literature and resources, and to offer fresh perspectives on what is already known, where the gaps remain, and suggestions for the way forward.

¹ National Association of County and City Health Officials. (2015). The Changing Public Health Landscape: Findings from the 2015 Forces of Change Survey. Available at: <http://nacchoprofilestudy.org/forces-of-change/>

Additional research methods may also be considered, such as convening in-person or web-based consultations with stakeholders and content experts. The need for and timing of such a meeting will be determined as part of the planning process.

The issue brief will synthesize and summarize the research findings. Anticipated topics and issues to be researched and addressed in the issue brief include:

- The expanding role of DIS in linkage to HIV care and other medical and social services
- New opportunities for DIS to support healthcare coordination and delivery
- Impact of DIS services on health outcomes
- DIS training and implications of certification
- Completed and ongoing efforts to explore, support, and evaluate the expanded role of DIS
- Historical and current funding support for DIS in state and local health departments
- Reimbursement opportunities and mechanisms for DIS services
- How health system reform and public health transformation is providing and supporting the expanded role of DIS and new reimbursement mechanisms

Phase 3: Writing

The consultant will be responsible for writing the issue brief. The issue brief will share findings from the research activities, make conclusions based on the findings, and offer recommendations for moving forward to address knowledge gaps and sustainably support the expanded role of DIS. Drafts will be reviewed by NACCHO, CDC, and a few key stakeholders. The consultant will be responsible for incorporating feedback and producing a final document. If the consultant has the capacity for professional formatting and graphic design, this should be indicated in the proposal, however it is not a requirement for selection.

NACCHO will be responsible for developing a dissemination plan, which may require repackaging the findings for different audiences or delivery mechanisms, such as presentations and webinars. The consultant will be asked to provide support, as needed, to repackage and disseminate the issue brief findings.

PROPOSAL FORMAT

Proposals should include the following information and be submitted as a single PDF file.

1. Cover Sheet

Provide a cover sheet that includes the applicant's contact information.

2. Proposal Narrative

The Proposal Narrative should not exceed eight, single-spaced pages.

- A. Understanding of Critical Issues: Describe your understanding of the critical issues related to the issue brief and the importance of exploring these issues.
- B. Experience and Expertise: Describe relevant experience and expertise to demonstrate ability to carry out the scope of work for this consultancy. Information specific to each phase of the scope of work should be provided. If applicable, please include experience and expertise as it relates to professional formatting and graphic design. Note that this is not a requirement and will not be included in the selection criteria, but will be taken into consideration when developing the scope of work and budget for the contract.

- C. Methodology and Work Plan: Develop a proposed methodology and work plan for carrying out the scope of work for this consultancy. This section should address all three phases of the scope of work, provide a narrative description of the methodology or approach for carrying out the project activities, and include a work plan in table format that outlines activities, outputs, and target end dates. The project period will be October 1, 2016 to May 31, 2017.

3. Attachments

- Resumes/CVs for each individual responsible for carrying out the work plan
- Line item budget
- At least two examples of relevant publications or work products
- Two references for work similar to the requirements for this project

SELECTION CRITERIA

NACCHO and CDC will review and score proposals in accordance with the following criteria:

- Understanding of the critical issues (15 points)
- Experience and expertise related to the scope of work (25 points)
- Strength of proposed methodology and work plan (30 points)
- References and examples of previous work (10 points)
- Capacity to complete proposed tasks, including the appropriateness of the budget and experience of individuals responsible for carrying out the work plan (20 points)

SUBMISSION INSTRUCTIONS

The deadline to submit proposals is **Friday, September 9** by 11:59 PM Pacific Time. Proposals should be submitted as a single PDF in an email to jskillicorn@naccho.org. Use as a Subject Line: "DIS Issue Brief RFP." All questions may also be directed to jskillicorn@naccho.org.