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ADDENDUM NO. 1

April 20, 2016

Request for Proposal No. 25-2016
Evaluation of Howard County's School Based Wellness Telemedicine Program
Opening Date: April 27, 2016 Time: 11:00 a.m.

This addendum is hereby made a part of this Request for Proposal No. 25-2016. Please note the following changes and questions received and submit the proposal accordingly.

Changes

Please note the addition of Attachments 1-6 to the RFP.

Questions

1. What data would be collected?
 Answer: All indicators as specified on page 21, Section F, #1.
2. Who would get permission from parents and schools?
 Answer: The Health Department
3. Prescription data collected?
 Answer: Yes, for each visit.
4. Is a cost benefit analysis to be part of this evaluation?
 Answer: Yes.
5. Would the evaluation tool from the pilot year be utilized for this evaluation?
 Answer: No, the Contractor would develop new tools based on the individual and community outcome indicators listed in Section F, Item #1.
6. Who would disseminate the findings of the evaluation?
 Answer: The Health Department would share findings with the appropriate stakeholders. The Contractor would prepare a final report and a PowerPoint-type visual from the evaluation findings of the first two years of the program and its impact: children, their families, the school system, local health care community, and the community at large, and the need and feasibility for program expansion. (Please see Section F, Item 5).

7. Will price be the most important criteria for evaluating the proposals?
Answer: No. A description of the criteria for evaluating proposals is contained on pages 14 and 15 of the RFP.
8. Would electronic submissions be accepted?
Answer: No.
9. Can the proposal and the redacted version be placed on the same flash drive?
Answer: Yes, but it must be clearly labeled.
10. Is there a cap for the indirect costs allowed in the budget?
Answer: No, there isn't a cap, but the Contractor's price proposal shall be inclusive of all indirect costs.
11. Please provide clarification on which academic years are being considered as years 1 and 2 of the project? Is 2015-16 year 1, and 2016-2017 year 2?
Answer: School Year 2014-15 and School Year 2015-16.
12. Based on the above, for section D 2.2 is the expectation that data from year 1 has already been collected and would just be analyzed, and that the previously developed tools would be piloted and analyzed in year 2?
Answer: The Contractor shall develop new tools based on indicators from Section F Item 1. We acknowledge the Contractor may not be able to collect data for all indicators for School Year 2014-15.
13. Is the expectation that researchers will need to undergo background checks if they are not expected to interface with students directly? If so, can those associated costs be included in the proposed budget.
Answer: Although we don't anticipate there will be a need for any direct contact with the children, if the Contractor's employees are on-site in County or Howard County Public School Buildings without an escort each employee shall agree to a background check as specified on page 13, item #7. Yes, those costs may be included in the proposed budget.
14. Can you clarify what individual student level data will be available to conduct the cost-benefit analysis (i.e., absentee data/missed school days) and at what frequency is it available (daily, weekly, quarterly?).
Answer: We will work with the Contractor to obtain this information once the model and tools have been selected so families are only contacted once and school system can approve the tool(s).
15. How many years of data on days absent (at the individual level) could be available (so could that info be available a year or two before the telemedicine program started?)
Answer: If the student was previously enrolled in the Howard County Public School System (HCPSS), then this data would be available for prior grades.
16. Would this data (absences) be available across all students in elementary schools in the county not just those involved in the telemedicine program?
Answer: The data would exist, but HCPSS would have to approve accessing it. Once a Contractor is selected and the evaluation model approved by Howard County Health Department (HCHD), then HCPSS will be contacted.
17. Similar to above question about absences, are there health care utilization data for all students enrolled in the school telemedicine program and would we have access to that?

Answer: Only visits to the health suite and telemedicine. Parents would have to provide other data for outside providers.

18. Could the students enrolled in the SBHC but not in the telemedicine program serve as a comparison group (so would their individual data be made available for analyses)?
Answer: Possibly, not sure if demographics would be the same and there is only one traditional elementary SBHC.
19. What was the total price for the proposal that George Washington University (GWU) submitted for the previous assessment of the school based clinics?
Answer: This information is not relevant to this procurement.
20. Will the final report from GWU's assessment be made available?
Answer: It will be shared with the Contractor, but the GWU evaluation did not analyze the indicators required for this evaluation.
21. Can you provide a list of the schools that have telemedicine programs and a list of the schools that do not?
Answer: The telemedicine schools are Bryant Woods Elementary, Ducketts Lane Elementary, Phelps Luck Elementary, Running Brook Elementary, Stevens Forest Elementary, and Talbott Springs Elementary. See HCPSS website for entire list of elementary schools.
22. How were providers' trained at the start of the telemedicine project?
Answer: CareClix (vendor for telemedicine equipment and electronic medical record) trained providers and school nurses. Training session at HCHD, followed by practice sessions, manuals, and software compatibility and interconnectivity checks.
23. Will it be possible to interview the providers?
Answer: Yes
24. Will the Department of Health make available patient information on what types of diagnosis and frequency of visits are documented?
Answer: Yes
25. Will the Department of Health be responsible for securing permission from the parents for interview purposes?
Answer: HCHD will work with the Contractor.
26. Will it be possible to utilize the non-telemedicine school based clinics as a control group?
Answer: Possibly, but in Howard County, there is only one elementary traditional school based clinic and the families of those children may have different demographic profiles.
27. Will the Department of Health facilitate entrée to the local Emergency Rooms for collaboration on community indicators?
Answer: Only Howard County General Hospital.
28. Will the previous evaluation measurement tools be made available for review?
Answer: Yes to the Contractor, but again the indicators required for this evaluation are different.

29. Is it expected the needs assessment will be for the schools only or community-wide?
Answer: Neighborhoods surrounding schools in comparison to County as a whole.
30. When in the project would the protocol and revised tool be expected to be completed?
Answer: We will discuss time table with the Contractor, but these items should be completed early in the project.
31. Is the contractor expected to present the final summary report with the Power Point or just submit it?
Answer: Both a written report and a PowerPoint-type visual presentation are required.
32. Is the final report manual or e-file?
Answer: Both.
33. Are there any estimates of the number of individual students (unduplicated) who are likely to use the telemedicine program in an academic year?
Answer: Since this is our first full school year, we are estimating that there will be 150-160 visits with about 10 of those being from duplicated users, so unduplicated users are expected to be 140-150.
34. Are there estimates of the number of units of service (i.e., number of visits, which could include duplicate individuals) for an academic year?
Answer: Please see answer for #33.
35. Who (or what organization) developed the evaluation measurement tools that the contractor is expected to pilot (page 12, section 2.2 of the RFP)?
Answer: The Contractor is to develop their own tools based on the indicators specified in Section F, Item #1. The evaluation of the program's pilot year did not examine these indicators. Visit and enrollment data from Year 1 will be shared with the Contractor. Limited, process evaluation for the program's pilot year was conducted by George Washington University Center for Health and Health Care in Schools.
36. Where were the evaluation measurement tools implemented and how were they implemented?
Answer: Visit and enrollment data, the results of a program-conducted parent satisfaction survey, and a record of missed opportunities for visits were provided by the program for the pilot evaluation. Copies of the program data collection forms are attached. There were no tools for the outcome indicators required for this evaluation.
37. Will Howard County please share copies of the evaluation measurement tools for review, prior to the bid's due date?
Answer: See answer for question # 36.
38. Page 14, Section D, subsection 2, item 2.4, of the RFP states that the contractor is required to "Design a protocol for conducting a program evaluation using a quasi-experimental framework, for implementation in the next year of the program." Does Howard County have a particular evaluation design in mind (within a quasi-experimental framework)?
Answer: No, the Contractor shall submit recommendations.
39. On Page 18, Section 2.1.4.5, Howard County asks the bidder to describe how each item of the Statement of Work will be completed, section 2.1.4.7. asks for a proposed plan for completing each task of the statement of work, and section 2.1.4.9 asks for detail about proposed tasks. May the bidder write one section that provides sufficient detail about the work plan, tasks, schedules, and so forth, or must the bidder address these overlapping sections of the RFP separately?

Answer: They should be addressed separately.

40. What is the anticipated annual budget for the evaluation?

Answer: Please refer to the budget range identified on page 14, item #8. The anticipated budget would be at the lower end of the range.

41. We understand the evaluation to date has been at the process level. Whom or what organization has conducted the process evaluation to date?

Answer: George Washington University Center for Health and Health Care in Schools.

42. Is there sufficient evidence showing that the key components/activities of the program have been implemented with fidelity and that the evaluation scope should be expanded to include outcomes and impact?

Answer: The visit numbers are not large (94 for Year 1 and 114 to-date for this school year), but such an evaluation is needed now and also to lay the ground work for future evaluations.

43. Will the original proposal and the summary final report from GWU be made available to proposers and if so when?

Answer: The summary of the final report is attached to this addendum. The process, pilot evaluation conducted by GWU for the pilot year of the program did not include any of the required indicators specified in Section F, Item 1.

44. Is the data collection instrument used for the telemedicine encounters on paper or in electronic format and will the format used in Year 1 be made available to proposers?

Answer: All visit and enrollment data, record of missed opportunities, and parent satisfaction results were collected and collated by the program. Copies of the data collection sheet are attached to this addendum. The school nurses are now using an electronic Goggle Doc to record data for enrollment, visit, and missed opportunities. The only instruments used by GWU were telephone satisfaction surveys of school nurses and the physicians at University of MD who were the telemedicine providers for the pilot year.

45. Are there billing records for the telemedicine encounter? Will the contractor have access to those billing records?

Answer: The community physicians providing care to their own patients are responsible for their own billing. We have copies of their visits that include ICD and CPT codes, but not billing records. The “default provider,” Howard County General Hospital, currently does not bill.

46. What is the coding system for recording diagnosis and other telemedicine encounter information?

Answer: The community telemedicine providers complete a monthly record and provide copies of their visits to the program which are scanned into the child’s electronic medical record for the HCHD and entered into a master Excel file which includes: names of children having a visit, their grade and school, data of service, provider who saw them, length of the visit, who their primary care provider is, their type of health insurance, final diagnosis, and if a prescription was provided. Howard County General Hospital physicians use the HCHD EMR for their visits, so this information is available to us and entered onto the master Excel file. School nurses’ and community providers’ data collection sheets are attached to this addendum.

47. Are there mechanisms for identifying the child’s regular primary care provider (if insured) and communicating the findings of the telemedicine encounter with him/her?

Answer: Yes. Parents are requested to provide the name of the primary care physician (PCP) regardless of the family’s health insurance status on the program’s enrollment form. A summary of the visit is provided to the parent and the PCP if the child is seen by a Hospital physician.

Obviously if the child receives health care from his or her own PCP, this is not needed. Please refer to the Telemedicine Visit Flow diagram which is attached to this addendum.

48. For the purpose of baseline measurement and comparison, will the contractor have access to school health encounter data/records for students who do not use telemedicine both in the pilot sites and other sites?

Answer: Yes, we can share program enrollment information for non-users at the 6 elementary schools who have the telemedicine program. I doubt the school system would share individual data for students coming to the same six schools' health suites who are not enrolled in the telemedicine program. However, health suite data on the number and type of complaints of all children coming to the health suite would be available, including the number of children sent home for acute complaints like those seen in the telemedicine program.

49. Is the insurance information of the participating students collected?

Answer: Yes.

50. Will the contractor be expected to use other data sources, (e.g. hospital discharge, emergency dept. records, Medicaid/insurance claims) to supplement the data collected during the telemedicine encounter?

Answer: Other data resources, including parents, would most likely need to be used to obtain and evaluate data for the required outcome indicators, though your examples with the exception of emergency room records would most likely not be helpful.

51. Does the MBE contractor need to be named in the proposal?

Answer: Yes.

52. In order to measure academic impact, does Howard County Health Department have access to students' academic records e.g., academic achievement/grades at each school and will that information be shared with the Contractor directly or through HCHD?

Answer: The HCHD would have to request the school system to share academic and absenteeism data.

Attachments

1. Parent Flyer
2. HCHD SVWC Data Reporting Sheet (RN)
3. Summary of Findings from Evaluation of the Pilot Phase
4. Article for MASCHC Newsletter
5. HCHD SCWC Data Reporting Sheet
6. Pre-proposal conference sign in sheet.

Please acknowledge addenda by signing below and returning with your bid. Failure to acknowledge this addendum may be cause for rejection of your bid.

ADDENDUM RECEIVED BY:

_____	_____
Company Name	Signature
_____	_____
	Title

EHB:kea

ATTACHMENT 1



HOWARD COUNTY HEALTH DEPARTMENT SCHOOL-BASED WELLNESS CENTER PROGRAM TELEHEALTH SERVICES

A partnership between the Howard County Health Department and the Howard County Public School System

What is telehealth?

Telehealth uses a secure, two-way video link between your school's health suite and their primary care provider or Howard County General Hospital to provide acute health services to your child. Equipment operated by the school nurse will send images and sounds to the provider. Your child can be seen and treated for pink eye, strep throat, rashes, ear infections, asthma flare ups, and other minor health conditions while they stay in school. Prescriptions, if needed, are sent to the pharmacy of your choosing.

How can my child receive telehealth services?

Children must be enrolled in the Howard County School-Based Wellness Center located inside your school's health suite to receive telehealth services. Please visit the school's website or contact your school nurse for information on how to enroll your child in this valuable program.

Will I know that my child is receiving telehealth services?

Parents or guardians must enroll their children in the Howard County School-Based Wellness Center Program before the child can be seen. In addition, the school nurse will always call you before the child receives any telehealth services. If the nurse is unable to reach you, your child will not receive telehealth services and will be given the care routinely provided by school health staff.

What if I can't participate in the visit? How will I know what is wrong with my child?

A summary of the visit with the diagnosis and recommended treatment will be provided by the health provider treating your child. This summary will either be given to your child to take home with the contact information of the provider in case you have questions or if your child's primary care provider saw your child, he or she will contact you with the visit information.

How will I be billed for the telehealth visit?

Your child's health provider and the Howard County General Hospital will bill your child's health insurer, including Medical Assistance. You may be charged a co-pay if required by your insurance company. If your child does not have health insurance, you may be billed a sliding scale fee based on your family's size and income. **No child is ever refused services due to an inability to pay or an outstanding bill.**

Current Pediatric Providers participating in the Howard County Health Department telemedicine network (may be subject to change):

Ruth Agwuna, M.D.	Nicholas Donkor, M.D.
Paul Ambush, M.D.	Ellicott City Primary Care Physicians (Dr.
Hashmi)	
Zaneb Beams, M.D.	Ken Klebanow M.D. and Associates
Bethany Pediatrics (Dr. Undie)	The Pediatric Center
Columbia Medical Practice- Pediatrics	

If you have additional questions, please contact me at (410) - 313-7238, Sharon Hobson, R.N., M.S.N., C.R.N.P., School Based Wellness Program Administrator

ATTACHMENT 3

Summary of Findings from the Evaluation of the Pilot Phase of the Howard County Health Department School-Based Wellness Telemedicine Program

Conclusion

School-based telemedicine programs are one approach to reducing barriers to accessing health care for children. The Howard County School-Based Wellness Telemedicine Program, the first school-based telemedicine program in Maryland, was launched in 2015. This report assessed available data from the six-month pilot phase with a focus on enrollment, utilization and parent satisfaction of telemedicine services. Enrollment at each school ranged from a quarter to over a third of the school population, but there was an uneven distribution of visits among the 5 schools with more than half of all 92 telemedicine visits occurring in Running Brook Elementary. Students in lower grade levels (grade 2 and below), and African American and Hispanic students made up the majority of all telemedicine visits. There were nine main reasons for telemedicine visits with ear complaints, dermatology, and eye complaints being the top three; with the average length of time for telemedicine visits being 14 minutes. The main reason for missed visits was parent unavailability to consent for telemedicine service at the time of visit. There was a low parent satisfaction survey response, but of the completed surveys, all parents reported being satisfied, willing to use telemedicine in the future, and likely to recommend it to other parents. There was incomplete recording of information in EHR and wellness center logs for demographic information, return-to-class status, technological issues during visits, and reasons for lost visits. Recommendations in this report are complimentary to those made in CHHCS evaluation plan, and should be considered in light of existing resources that can be utilized as well as any new opportunities that present for further developing the program. For example, expanding the use of the existing EHR to remind nurses to collect missing information, and exploring logistics for electronic enrollment, could prevent missing important information for student visits and for evaluating the impact of the overall program. Ultimately, investing resources into data collection and recording processes early on in the implementation of the school-based telemedicine program will be important to fully assess the quality of services, the integration of telemedicine into schools, and whether the program is improving health care access and health and education outcomes for students.

ATTACHMENT 4

The Howard County Health Department School Based Wellness Centers Telemedicine Program is in its second year of providing acute health care services to the children attending five, Title I elementary schools in Columbia. The main goal of the program is to decrease missed school time for children with minor health complaints. Health problems eligible for a telemedicine visit include common childhood symptoms involving the lungs up to the eyes, typical headaches for children with an established headache diagnosis, and exposed skin. Plans for community providers to see their patients for ADHD and medication management are being developed.

A new provider model has been introduced this school year in which children are able to receive care from their primary care providers. Nine community pediatric practices have joined the Health Department's telemedicine provider network and see their patients via telemedicine. These practices directly bill the health insurers and families. Howard County General Hospital pediatric emergency room pediatricians provide care for children whose providers are not in the network or are unavailable. Another program change for this school year is the addition of a sixth school in mid-November, Ducketts Lane Elementary. To date, there are 966 children (30.8% of the combined schools' populations) enrolled in the telemedicine program and there have been 66 visits in this school year. The current return to class rate is 92.7% for students whose diagnoses did not require school exclusion as per Howard County Public School System policy. The telemedicine program has been very popular with parents who report the program being "very helpful to busy families" and saving them from missing work and their children being absent from school. Satisfaction surveys from parents report high rates of satisfaction and willingness to re-use the program.

Telemedicine programs are multiplying exponentially across the country and the world. Some leaders in school-based health believe that "telemedicine is the next frontier for school health." The School Based Health Alliance reports 7.3% of all school-based health centers completing the 2013-2014 national survey use telemedicine and the number is growing. The list of health services that can be provided through this technology are rapidly expanding and include mental and oral health. Telemedicine visits are reimbursed by Medical Assistance in Maryland and many private health insurers.

ATTACHMENT 6

Pre-bid Conference: Office of Purchasing Conference Room
6751 Columbia Gateway Drive, Suite 501, Columbia, MD 21046

RFP NO. 25-2016

EVALUATION OF HOWARD COUNTY'S SCHOOL
BASED WELLNESS TELEMEDICINE PROGRAM

Tuesday, April 12, 2016 at 10:00 a.m.

IT IS IMPORTANT TO COMPLETE THE GRAY AREAS OF THIS FORM AS IT WILL ASSIST HOWARD COUNTY'S ONGOING EFFORTS TO OBTAIN MBE/DBE/WBE PARTICIPATION.

PRINTED NAME OF REPRESENTATIVE	COMPANY NAME	IS YOUR COMPANY EBO/MBE CERTIFIED?	TELEPHONE & FAX NUMBER	E-MAIL ADDRESS	INTERESTED IN BEING A SUB-CONTRACTOR? CHECK HERE
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