



WV Health Care Authority - State Health Plan

CRFP 0507 HCC1600000001

TECHNICAL PROPOSAL

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A handwritten signature in cursive script that reads 'Christine St. André'.

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WV Purchasing Division

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Attachment A: Vendor Response Sheet

Qualifications and Experience

Provide a response regarding the following: firm and staff qualifications and experience in completing similar projects; references; copies of any staff certifications or degrees applicable to this project; proposed staffing plan; descriptions of past projects completed entailing the location of the project, project manager name and contact information, type of project, and what the project goals and objectives were and how they were met. Vendors should also demonstrate their knowledge of West Virginia's health care delivery system as it has been applied to their experience and qualifications. Vendors should indicate which past projects pertained specifically to efforts to improve the health and wellbeing of West Virginia citizens. A proposed staffing plan for the project implementation and support, including the responsibilities and FTE allocation for key project staff, should be included.

Section Four, Subsection 3:

Because of the complexity of this project, three (3) projects minimum experience in determining and implementing state health improvements, strategies, objectives and/or goals in partnership with a state health care agency and providers, insurers and/or other stakeholders shall be required to be documented in the vendor's response. At least three of the projects should also demonstrate the vendor's knowledge of a state's health care delivery system by documenting how the vendor was required to develop and perform project management for health improvement projects that impacted and served to improve the health and wellbeing of a state's citizens, and by providing documentation for these projects which indicate the vendor acted as project manager and developed strategic plans for health care. These projects should be those in which public health and health care was directly improved, so vendors should specifically state what improvement resulted from the project on which they worked.

Also include the following (Vendor response is mandatory for these items):

A detailed description that shows three (3) project minimum experience determining and implementing state health improvements, strategies, objectives and/or goals in partnership with a state health care agency and providers, insurers and/or other stakeholders.

A minimum three (3) health care projects demonstrating the vendor possesses the knowledge of a state's health care delivery system where the vendor was required to develop and perform project management for health improvement projects that impacted and served to improve the health and well-being of a state's citizens. (These latter two qualifications may be covered by the same three projects.)

Vendor Response:

Company overview and qualifications

CSI Solutions, LLC (CSI) was founded in 2007 and is a women-owned small business consulting firm specializing in health care, with a particular focus on strategic health planning and health improvement

strategies. CSI works across the health care industry and its senior staff have experience in multiple health care sectors, giving the company a unique perspective on the complex relationships among the regulatory, payment, and provider components of the US health care system. CSI's clients have included agencies of the federal government, state governments, health care provider organizations, payers and health care foundations. Its work has included strategic and operation planning at various levels, stakeholder engagement and management, design and execution of collaborative improvement initiatives, and support of learning and diffusion of innovative practices.

CSI has been supporting the improvement of the health and well-being of West Virginians since the company's inception in 2007. The relationship between CSI and the state of West Virginia began when a former Secretary of Health and a former Medicaid Commissioner invited CSI to provide an overview of potential strategies to improve the health of West Virginians. CSI noted that short term gains in selected areas were possible, but substantive transformation required a long term view and mechanisms to leverage the collective assets and stakeholders in the state. That initial meeting resulted in CSI assisting the state with drafting the Medicaid Transformation Grant applications submitted to the Centers for Medicare and Medicaid Services. These applications were highly successful and West Virginia was the only state to receive five Transformation Grant awards. The Medicaid Transformation grants set forth much of the foundational work for current efforts to improve the health of West Virginians. CSI was subsequently contracted to administer the Transformation Grant on Health System Transformation focused on the Patient Centered Medical Home.

Three byproducts of the process CSI facilitated for the state included development of a statewide plan for health information technology (HIT), development of a plan for the integration of behavioral health and primary care and the formation of the West Virginia Health Improvement Institute (a West Virginia not-for-profit organization), which CSI inspired and initially contract-managed. CSI also brought together the consortium of partners, wrote the application and successfully secured the award for the Regional Extension Center (REC) for HIT for West Virginia. Once again, CSI was contracted to manage the REC which led to West Virginia being only one of six REC's nationally to achieve the Meaningful Use goals set forth by the Office of the National Coordinator for HIT.

Finally, CSI drafted documents that have assisted the State in securing a significant amount of federal funding. These include the Operational protocol for the Money Follows the Person program, the application for the Tristate Children's Health Improvement Consortium (TCHIC) and the Medicaid State Plan Amendment for Section 2703 Health Homes for Persons with Chronic Conditions. In summary, CSI has played an important role in helping the state secure more than 45 million dollars in federal dollars in seven different funding programs. This experience has provided CSI with a deep familiarity of the issues, stakeholders, and dynamics of the West Virginia environment as well as direct interaction with multiple state agencies, academic institutions, payers, and providers. Combined with CSI's overall competencies and health system understanding, its West Virginia experience affords CSI a superior set of qualifications for supporting this strategic health planning engagement.

Projects completed in West Virginia to plan and implement state health improvements in partnership with state agencies and other stakeholders, with outcomes.

A summary of CSI projects conducted in West Virginia and aimed at improving the health system and the health and well-being of West Virginia's citizens is provided below. These projects also demonstrate

CSI's knowledge of the West Virginia health system, CSI's experience in project management of health improvement initiatives, and project outcomes that improved the health or well-being of West Virginia citizens.

Title and type of Project: Elective pre-term delivery – public health improvement initiative	
WV agency project manager and contact	CSI Project Manager
WV Health Care Authority Sonia Chambers 304-558-7000 SChambers@hcawv.org	Christine St. André 435-649-6439 cstandre@spreadinnovation.com
Project Objectives and Description	
<p>West Virginia was experiencing a very high rate of elective pre-term deliveries as compared to national averages. The most recent guidelines from the American College of Ob-gyn indicate that elective pre-term deliveries should be eliminated completely and that the only induced or C-section deliveries of pre-term infants should be done for a medical indication. The objective of this quality improvement initiative was to reduce the rate of elective pre-term deliveries in the state.</p> <p>The approach used to address this issue was a structured learning collaborative to provide teams of staff from the state's hospitals with guidelines and change ideas to test within their own organization and that had been demonstrated to be effective in lowering the elective pre-term delivery rate in other states. A combination of face to face meetings and monthly webcasts were used to provide technical assistance and monitor progress.</p>	
Stakeholders Involved	
WV hospitals performing deliveries, practicing obstetricians, WV Perinatal Partnership, Marshall University, WV Hospital Association, March of Dimes, DHHR Vital Records	
CSI Role	
<p>CSI developed the strategy and design of the collaborative and managed the overall project. CSI designed a one year plan to work with a multi-stakeholder planning group to endorse concepts that were then introduced to the hospital participants. Baseline and ongoing metrics were collected by the hospitals as well as through the Vital Records Division.</p> <p>CSI organized the face to face meetings of the hospital teams as well as the monthly webcasts, developed the agendas for these interactions, and facilitated the discussion.</p>	
Project Outcomes	
<ul style="list-style-type: none"> • During the one-year project period, the rate of pre-term elective delivery in the 14 participating hospitals dropped from 21.1% of births in January 2009 to 9.2% in December of that year. 	
Title and type of project: Medicaid Transformation Grants – State health improvement project in collaboration with a state agency, insurer and other stakeholders.	

WV agency project manager and contact	CSI Project Manager
<p>WV Bureau for Medical Services Jeff Coben, M.D. (through a grant to West Virginia University) jcoben@hsc.wvu.edu (304)293-6682</p>	<p>Christine St. André 435-649-6439 cstandre@spreadinnovation.com</p> <p>Roger Chauffournier 301-529-7858 rchauffournier@spreadinnovation.com</p>
Project Objectives and Description	
<p>The aim of the transformation grants was to improve administrative and clinical systems in order to positively impact the care delivery system in the state. The grant supported activities that would transform various aspects of the health care system in West Virginia. Implementation of the grant was designed to engage stakeholders from all sectors of the health system in developing pilot programs. A focus of the health system improvement grant was on the medical home model of care delivery.</p>	
Stakeholders Involved	
<p>BMS, WVMI, WVU, Marshall, School of Osteopathic Medicine, all WV insurance companies and managed care plans, WV Academy of Family Practice, WV Chapter of the American Academy of Pediatrics, primary care providers, WV Primary Care Association</p>	
CSI Role	
<ul style="list-style-type: none"> • CSI served as project manager for the Transformation Grant on Health System Improvement. • CSI developed a plan for how the grant funds would be used to test pilot programs and interventions that could result in health care improvement and then could be spread to the broader delivery system. • CSI engaged and managed a series of work groups composed of various stakeholders within the state in activities intended to address various aspects of health system transformation—Provider Engagement, Self-management, HIT, Measurement and Reporting. • CSI designed and conducted pilots to test medical home implementation, shared care coordination resources, training to assist mothers in reducing child ER use, provide transition documentation and improve care continuity for individuals moving in and out of Medicaid eligibility. • To keep the public informed of transformation grant activity, CSI set up a website to house related documents and presentations. • CSI drafted semi-annual reports for submission to CMS and wrote the final reports summarizing the accomplishments of the grant 	
Project Outcomes	
<ul style="list-style-type: none"> • The Transformation Grants resulted in the establishment of the West Virginia Health 	

Improvement Institute (WVHII), now a 501c3 company focused on health care improvement and innovation. CSI led the WVHII until the end of the Transformation Grant funding and the accomplishments of the WVHII during this time are published in its 2013 Report to the Community.

- Another result of the Transformation Grant activity was the achievement of Patient Centered Medical Home recognition by all practices participating in a medical home pilot managed by CSI. This included many of the free clinics in the state and these were the first free clinics to be PCMH-recognized in the nation. The PCMH model is shown nationally to result in a better experience of care, lower costs, and improved clinical outcomes. At the time of completion of the project 80% of the NCQA PCMH recognized physician practices in West Virginia had been participants in the program and benefitted from the technical assistance.

Title and type of project: West Virginia Money Follows the Person Rebalancing Demonstration Grant – strategic and operational planning initiative with state agency

WV agency project manager and contact	CSI Project Manager
<p>Marcus Canaday, Director, <i>Take Me Home</i>, <i>West Virginia</i> program, BMS 304-356-4926 Marcus.Canaday@wv.gov</p>	<p>Christine St. André 435-649-6439 cstandre@spreadinnovation.com</p>

Project Objectives and Description of Activities to meet Objectives

Money Follows the Person is a federally funded, state-based demonstration program intended to increase availability of home and community-based services for persons with disabilities while reducing reliance on institutionally-based services and to assist individuals to transition from an institutional setting if they choose to receive long-term care in a home or community-based setting. The objective of the planning project was to receive approval for CMS funding and to assure that an operational plan was in place that would result in successful transition of eligible individuals from an institutional to a community setting.

Stakeholders Involved

Bureau for Medical Services, individuals from more than 30 state agencies, provider groups, and organizations representing elderly persons and those with disabilities. (Appalachian Center for Independent Living, Mountain State Centers for Independent Living, Northern WV Center for Independent Living, People First of WV, West Virginia Advocates, WV Developmental Disabilities Council, WV Center on Budget and Policy, WV Fair Shake Network, WV Long Term Care Partnership, WV Mental Health Consumers Association, WV Statewide Independent Living Council, Northern WV Center for Independent Living, Community Access, ADAPT-WV, WV ADW Quality Council, WV Long Term Care Partnership, WV Olmstead Council, WV Statewide Independent Living Council, Appalachian Area Agency on Aging, Hancock County Senior Wellness Center Project, WV Health Care Association, WV Behavioral Health Providers Association, APS Healthcare, Bureau of Senior Services, Counsel for House Health Committee, HUD Charleston Field

Office, WV Olmstead Office, Office of Inspector General)

CSI Role

CSI Solutions was contracted to assist the West Virginia Bureau for Medical Services (BMS) in planning related to establishing a Money Follows the Person (MFP) Program in West Virginia. CSI Solution's role in WV MFP program planning and development included the following activities:

- Development of a work plan and overall project management for the planning effort in collaboration with BMS staff
- Facilitation of stakeholder involvement in program design through a series of work groups and stakeholder meetings conducted both via webcast and face to face.
- Drafting of an Operational Protocol that served as the strategic and operational plan for program implementation and included a systems assessment and gap analysis, program goals and benchmarks, and implementation policies and procedures related to staffing, outreach and participant recruitment, benefits and services to be provided, and ongoing quality assurance and stakeholder involvement.
- Development of an administrative budget for the MFP initiative.

Project Outcomes

- CMS approved West Virginia's Operational Protocol with a comment that WV's document required fewer comments and recommendations than nearly all that had been reviewed and provided all the funding requested in the budget submitted.
- BMS implemented the MFP program, called "Take Me Home, West Virginia" and began transitioning individuals from long term care institutions to home and community based settings in 2013. In 2013 and 2014, 90 individuals were transitioned. This number met the designated benchmark for the 2-year period.
- CMS has recently approved West Virginia's plan for continuation and sustainability of the Take Me Home, West Virginia program.

Title and type of project: Tri-State Children's Health Improvement Consortium – a national program to improve health care for children

WV agency project manager and contact

Sharon Carte, Director
WV Children's Health Insurance Program
304-957-7861
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CSI Project Manager

Christine St. André
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Project Objectives and Description of Activities to meet Objectives

The Tri-state Children's Health Improvement Consortium (T-CHIC) is a collaborative effort of Alaska, Oregon, and West Virginia and is part of a national improvement initiative aimed at

establishing and evaluating a national system for children's health care quality. T-CHIC is funded by the Children's Health Insurance Program Reauthorization ACT (CHIPRA).

The purpose of the demonstration is to study the utility and feasibility of measures of quality that have been identified by CMS as well as to study the impact of technology and alternative models of care delivery on these measures.

In West Virginia, ten practices participated in the 5 year project and worked on reporting and improvement of specific quality metrics as well as on transformation to a medical home model of care delivery.

Stakeholders involved

WV-CHIP, Oregon and Alaska Medicaid agencies, Bureau for Medical Services, WV Health Check, Office of Maternal, Child and Family Health, Division of Oral Health, pediatric providers, each of the state's medical schools, and the WV Chapter of the American Academy of Pediatrics.

CSI Role

CSI Solutions' role in the 5-year initiative involved the following activities:

- Drafting of the original grant application and budget documents in collaboration with staff from WV CHIP and Alaska and Oregon Medicaid agencies
- Overall project management throughout the duration of the project, including hiring and supervision of a project manager, work plan management, semi-annual report development, and budget monitoring.
- Development of a plan for improving the care of children in targeted practices within the state and recruitment of 10 practices that represented various practice locations, governance models, and practice types.
- Curriculum development and execution of a learning collaborative on the elements of medical home and interventions that would facilitate medical home transformation. The medical home model has been shown to result in improved clinical outcomes, lower costs, and better experience with the care delivery system and is supported by the payer community throughout the US as goal for primary care practice.
- Facilitation of practice level reporting on clinical measures, managing a staff of 10 care coordinators deployed to pediatric practices, and regular practice assessment using standardized national tools, including the medical home index, NCQA survey instruments, and CAHPS-CG-PCMH.
- Coordination of quarterly meetings with an Advisory Group of WV stakeholders, including representatives from the Bureau for Medical Services, WV Health Check, Office of Maternal, Child and Family Health, Division of Oral Health, and Behavioral Health as well as providers from private practice and each of the state's medical schools.

Project Outcomes

- Initial outcome was CMS approval of the grant application for WV's participation in the CHIPRA quality initiative.
- Outcomes at the practice level included an overall 13% improvement in the medical home index and 27% improvement in NCQA scores for all participating practices, indicating significant progress on the path to serving as a patient-centered medical home.
- Clinical outcomes improvement was demonstrated in immunization rates for two-year

olds, well child visit rates at 15 months and for 3-6 year olds, adolescent immunization rates, and BMI documentation.

- Lessons learned related to practice level reporting of pediatric quality metrics have been able to inform the state’s efforts on reporting of adult quality measures.

Title and type of project: West Virginia Regional HIT Extension Center (WVRHITEC) – strategic and operational planning and implementation initiative in cooperation with state agency

WV agency project manager and contact	CSI Project Manager
<p>Ed Dolly Chief Information Officer, DHHR 304-558-4961 Ed.I.Dolly@wv.gov</p>	<p>Christine St. André 435-649-6439 cstandre@spreadinnovation.com</p> <p>Roger Chaufournier 301-529-7858 rchaufournier@spreadinnovation.com</p>

Project Objectives and Description of Activities to meet Objectives

This project was a federally funded initiative competitively awarded to the West Virginia Health Improvement Institute (WVHII) through a Cooperative Agreement with the Office of the National Coordinator.

The objective of the initiative was to provide technical assistance to 1000 primary care providers throughout West Virginia to facilitate their achievement of meaningful use of electronic health records, thereby improving the capability of the overall clinical delivery system to provide timely evidence-based care.

Over a three-year time period, project staff recruited practices to participate in the CMS EHR Incentive Program and provided training as well as technical assistance to primary care providers. Assistance was provided on EHR selection, EHR implementation in the office setting, and on the actions required to achieve meaningful use. Assistance was provided through both face to face on site interaction as well as electronic media.

Stakeholders involved

Bureau for Medical Services, DHHR, WV Medical Institute (WVMI), WVU, Marshall, School of Osteopathic Medicine, IPA of the Upper Ohio Valley, WV Health Information Network (WVHIN), primary care providers throughout the state, FQHCs, critical access hospitals.

CSI Role

- CSI served as lead writer in drafting the budget and application to the Office of the National Coordinator for designation of the West Virginia Health Improvement Institute as the state’s Regional HIT Extension Center.
- Following award of the cooperative agreement, CSI was contracted to manage all aspects of the program. This involved development and management of an operational plan with goals and objectives, milestones, and timelines.
- CSI worked with the WVHII, WVHIN, and WVU to complete an environmental scan of

current EHR use in the state.

- Based on this information, CSI led the development of outreach and recruitment plans to enroll eligible primary care providers and worked with various stakeholder groups to solicit their assistance in these outreach efforts. These included WVU, Marshall, and the School of Osteopathic Medicine, the Primary Care Association, the Hospital Association, and the Bureau for Medical Services, which was the agency responsible for administering the financial incentives related to meaningful use achievement for Medicaid providers.
- To implement the operational plan, CSI hired staff to provide the field assistance needed by practices and developed relationships with the main EHR vendors in order to enlist their cooperation and assistance to the practices. In addition, WVMI was subcontracted to provide this assistance for a select group of providers.
- Progress was monitored by CSI through a CRM system made available by the ONC and CSI tracked and reported milestone achievement to the ONC on a quarterly basis.

Project Outcomes

- The WVRHITEC achieved its goal of achievement of Meaningful Use by 1000 primary care providers. This was done within the prescribed time frame and budget. The WV REC was one of only six organizations in the country to meet its defined goals.

Additional West Virginia initiatives contributing to CSI's overall understanding of the health care environment in the state, but for which quantifiable outcomes are not available, include the following:

State Health Information Technology Plan Development. CSI managed a process for stakeholder engagement and strategic driver development that resulted in an HIT Plan that provided a roadmap for the state as well as facilitated receipt of the award for the WVHII to serve as a regional HIT extension center (REC). This project involved working with multiple state agencies and stakeholders including hospitals, payers, providers, and community based agencies.
WV contact: Ed Dolly. CSI project manager: Roger Chaufournier.

Statewide Plan for Integration of Behavioral Health and Primary Care. CSI led the development of a plan for the integration of behavioral health and primary care in Medicaid. The plan has led to increased collaboration across the various state entities. The project involved multiple state agencies as well as a diverse group of health care providers and payers. WV contact: Nancy Atkins. CSI project manager: Roger Chaufournier.

Medicaid Section 2703 State Plan Amendment. CSI led a stakeholder engagement process and coordinated the development of West Virginia's first State Plan Amendment (SPA) under Section 2703 of the Affordable Care Act. The SPA allows for an enhanced federal match to create health homes and provide enhanced care coordination services for persons with bi-polar disorder and at risk for viral hepatitis. The planning effort involved in SPA development included analysis of historical Medicaid data on cost and disease prevalence by geographic area; this was done to identify both potential high impact target populations as well as to estimate potential cost savings related to program implementation. CMS approved the SPA and BMS began enrolling members in 2014. WV contact: James Becker, MD. CSI project manager: Christine St. André.

Additional relevant quality improvement projects outside of West Virginia for which CSI performed project management, developed and implemented strategic plans and impacted the health and well-being of a state's population.

CSI is a national consulting firm and has worked in all fifty states and Canada in diverse practice settings with particular experience in rural environments. Examples of other large scale projects that reflect experience relevant to the scope of work proposed include:

Title and type of project: Reducing Metabolic Health Risks, Improve Workplace Productivity and Implementing a Culture of Health Change For Employees of the State Of Washington – a state planning and improvement project working with multiple state agencies.	
Project location	
State of Washington	
State agency project manager and contact	CSI Project Manager
Kathleen Clark, RD Manager, Community Healthcare Improvement and Linkages Department of Health (formerly with the HCA) Kathleen.clark@doh.wa.gov 360-791-7884	Roger Chaufournier 301-529-7858 rchaufournier@spreadinnovation.com
Project Objectives and Description of Activities to meet Objectives	
<p>The goal of the project was to have an impact on the health of Washington State employees with a secondary aim of reducing state health care costs.</p> <p>The approach taken was the development of a change package of ideas that could be tested and implemented in various state agencies. A collaborative learning approach was used to disseminate the ideas and allowed for participants to share their experiences in implementing the suggested tests of change.</p>	
Stakeholders involved	
Washington State Health Care Authority, seven additional state agencies and the Institute for Health and Productivity Management.	
CSI Role	
<ul style="list-style-type: none"> • CSI was retained to design a novel approach to improving the health of state employees. • CSI designed a collaborative strategy and rapid cycle improvement initiative to be tested in nine agencies. • CSI provided the project management and coordination, development of a change package of interventions and provided coaching to state employee teams collaborating in this novel program. 	
Project Outcomes	

The program achieved national recognition based on the following outcomes on health status:

- Seven agencies with a total of 6,290 eligible employees had 2,418 (38%) employees participate.
- Seventy-two percent of the risks identified in the screening were previously unknown by the employees prior to the screenings.
- Thirty-one percent of participants lost six or more pounds in six months
 - 39% improved or eliminated elevated blood pressure
 - 28% improved or eliminated elevated total cholesterol
 - 13% improved or eliminated elevated glucose levels.
- Forty two percent eliminated two or more risk factors.
- There was a 24% improvement in the WLQ scores, indicating improved work place performance.

Title and type of project: Missouri Medicaid Section 2703 Health Homes Initiative – quality improvement initiative with multiple state agencies, payers, and providers

Project location

State of Missouri

State agency project manager and contact

CSI Project Manager

Web Brown
 Program Director, Services Delivery
 314-345-5549
wbrown@mfh.org

Christine St. André
 435-649-6439
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Project Objectives and Description of Activities to meet Objectives

The goal of the Missouri Health Homes initiative was improving the care for a broad spectrum of Missouri residents by transforming entire Primary Care Practices (PCP) and Community Mental Health Centers (CMHC) to Patient Centered Medical Homes (PCMH) or Health Care Homes. The key objectives of the project undertaken by CSI were to enable primary care practices and community mental health centers to function as health homes while demonstrating improved impact on health outcomes and costs.

The approach taken was the development of a change package of ideas that could be tested and implemented in the various practices. A collaborative learning approach was used to disseminate the ideas and allowed for teams of participants from each practice to share their experiences in implementing the suggested tests of change.

Stakeholders involved

Missouri Foundation for Health, Healthcare Foundation of Greater Kansas City, Primaris, Anthem Blue Cross, Missouri Primary Care Association, the Department of Mental Health, MO HealthNet, Missouri Coalition of Community Mental Health Centers, private payers, state data vendors, primary care and mental health providers throughout the state

CSI Role

- CSI engaged with a curriculum advisory group of state stakeholders to design a learning collaborative to teach medical home principles and coach 150 primary care and mental

health practices on their implementation.

- CSI developed a work plan and a measurement strategy for tracking both progress in health home transformation as well as clinical outcomes of the populations served by the practices
- CSI designed a formal evaluation plan and engaged a statistician in analysis of data collected through the collaborative period
- CSI managed the entire collaborative process, provided weekly project updates, and formal quarterly reports on project activities
- CSI developed a curriculum for nine Collaborative Learning Session days,
- CSI coordinated all logistics and faculty for all learning sessions
- CSI conducted monthly virtual meetings of the 150 practice participants, presenting additional content and updates from teams,
- CSI developed a secure Knowledge Management portal to share resources and data,
- CSI published a weekly email newsletter that shared resources, team stories, measurement updates, and information on Collaborative logistics

Project Outcomes

- All participating organizations demonstrated improvement in their scores on an assessment of medical home attributes.
- Clients of mental health centers showed overall improvement in HbA1c, blood pressure, and LDL control.
- Patients of primary care practices showed improvement in BP control, LDL control, HbA1c control, and follow up after hospitalization.
- Early claims data from Community Mental Health Center (CMHC) show an annual reduction in hospital admissions (↓12.8%) and emergency room use (↓8.2%). As a result, CMHC health homes are saving the state \$76.33 per member per month in total Medicaid costs and are expanding enrollment by 25-30% based on the success of the program.

Other strategic planning projects completed for which quantifiable outcomes are not available include the following:

Wyoming State Medicaid HIT Plan (SMHP). CSI conducted an environmental scan of HIT use and provider readiness for electronic health records in Wyoming and drafted the strategic HIT plan for the state Medicaid agency. The plan was approved by CMS, which enabled Wyoming to receive funding for the Medicaid EHR Incentive Program. WY contact: Teri Green, Medicaid Director. CSI project manager: Christine St. André.

Wyoming State Health Information Exchange (HIE) Plan. This goal of this project was to develop the State HIE Plan as required by a grant Wyoming received from CMS. CSI convened stakeholders from across the state and drafted the plan that was approved by the Office of the National Coordinator. Wyoming contact: Heather Roe Day. CSI project manager: Roger Chaufournier.

Knowledge of West Virginia's Health Care System

As the nature and breadth of the projects described above would suggest, CSI understands the nature of the work required to convene state stakeholders, achieve vision alignment and develop strategies for implementing health improvement projects. Health care improvement is our core business. CSI also understands the health care system in West Virginia. Members of the CSI team have worked with organizations in the state for more than 10 years. Through its Transformation Grant, MFP, Health Homes, HIT, Behavioral Health, and WVRHITEC work, CSI has interacted with the Office of the Secretary of DHHR as well as four of the five DHHR Bureaus: Medical Services, Public Health, Behavioral Health and Health Facilities, and Children and Families. CSI has also been able to directly interact with legislators, all of the state's payers, all of the major health systems, numerous individual healthcare providers, and many of the professional associations as well as advocacy group representing specific population segments. CSI also has prior work experience with the Health Care Authority and the WVHIN. The relationships and dynamics within the West Virginia health care system are complex and may at times be either cordial or contentious. Development of the State Health Plan (SHP) must consider these dynamics and assure that the resultant plan adequately reflects the diverse and divergent inputs of all of these stakeholders, while providing a clear roadmap for the future. The CSI team is up to that task.

Proposed Project Staffing and Staff Qualifications

The staff proposed for this project and projected level of effort are summarized below. Brief bios with relevant qualifications follow the table.

Staff member	FTE Effort Year 1	FTE Effort Year 2	FTE Effort Year 3	Role
Christine St. André	.33	.02	.02	Project lead, WVHCA contact, stakeholder engagement and meeting facilitation, strategy development
Roger Chaufournier	.20	.075	.06	Stakeholder engagement and meeting facilitation, communications planning, liaison with WVHII board members
Mary Marullo	.5	.17	.13	Project management, reporting, data analysis, preparation of meeting materials
Data Analyst TBD	.2			Data collection and analysis
Kristen DiDonato	.1			Web portal development and maintenance
Linda Kelly	.25			Logistics coordination
TOTAL	1.6	.27	.21	

Christine St. André, Principal: Christine has played a major role in all of the CSI initiatives in West Virginia including the Medicaid Transformation Grants, management of the Regional Extension Center for HIT, drafting of the Money Follows the Person Operational Protocol, drafting of the Medicaid 2703 SPA for Health Homes for persons with bi-polar disorder, and management of the Tri-State Children's Health Improvement Consortium project. She is a subject matter expert in public health strategy. Christine has a Bachelor's Degree in Economics and Mathematics from Bryn Mar College and a Masters' Degree in Health Services Administration from the George Washington University. Christine will serve as the CSI lead for this project and will be primary contact for the WVHCA staff.

Roger Chaufournier, Principal: Roger has also played a major role in all CSI initiatives in West Virginia. He led the drafting of the statewide plan for Health Information Technology as well as the state plan for the integration of behavioral health and primary care. He is particularly adept at the organizational dynamics of health systems and stakeholder engagement. He is considered a subject matter expert in health care quality and strategic planning methodologies and continues to serve on the faculty at the Johns Hopkins Bloomberg School of Public Health and Carey Business School. Roger has a Masters' Degree in Health Services Administration and a Bachelor's Degree from the George Washington University. Roger and Christine will serve as expert facilitators for the Steering Group and Regional Stakeholder work groups.

Mary Marullo, Project Manager: Mary is a staff consultant with 15 years of experience in project management and quality assurance in a variety of settings. She has a Masters' of Public Health Degree in healthcare policy and her thesis topic was an assessment of a statewide public health program. Mary has specific expertise in data analysis and the use of information technology. Mary will serve as Project Manager and will be responsible for coordinating the overall work plan, preparing reports and other documents to be provided to the various stakeholder groups. She will also work on data collection and analysis during the early months of the project.

Data Analyst TBD: CSI will contract with data analysis support as needed. All CSI staff members are experienced in working with various data sets and expect to perform much of the analysis except in the case where "big data" may be the only data source available.

Kristen DiDonato, Staff Consultant: Kristen provides day to day support for CSI strategic planning processes including management of the web portal for collaboration. Kristen will provide technical support for the project.

Linda Kelly, Project Coordinator: Linda has extensive experience in providing staff support to initiatives in West Virginia including meeting coordination, human resources management, and accounting support. Linda will work out of the Barboursville, WV office of the West Virginia Health Improvement Institute to provide local logistics support for the project.

Proposed Partner: CSI recognizes that development of a statewide health plan requires significant stakeholder engagement and will require staff that reside in West Virginia to be available to these stakeholders on a regular face to face basis. As a result, CSI proposes to partner with the West Virginia Health Improvement Institute (WVHII), a West Virginia not-for-profit organization that is also currently supporting the State Innovation Model grant with the Centers for Medicare and Medicaid Services (CMS). The WVHII is a neutral organization dedicated to improving the health of all West Virginians and has a track record of working with stakeholders throughout the state. Members of the WVHII Board are supporting CSI's proposal to WVHCA and have agreed to use their own in-state networks and relationships to garner support for the planning effort and to engage stakeholders throughout the state. CSI will be directing and leading the planning process and board members will serve to provide local facilitation as conveners of stakeholders and to ensure alignment with the state SIM grant activities. CSI recognizes that trust and relationships are critical to substantive engagement of stakeholders and is prepared to contract with other local facilitation resources for stakeholder engagement where that is needed. CSI will work with the WVHCA to identify the optimal facilitation approach for individual circumstances.

In addition, CSI recognizes the development of the state health plan is a unique opportunity for capacity building as well as alignment within the state. To that end, CSI has built in resources to establish an internship for students affiliated with state based health management programs to be able to gain experience in strategic planning under seasoned mentors while providing staff support in areas of data collection and documentation. We have contacted the School of Public Health at West Virginia University and confirmed the feasibility, interest and willingness to support field study opportunities for this project.

References

CSI is pleased to offer the following references:

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Project Goals and Objectives

Describe the approach and methodology proposed for this project. This should include how each of the goals and objectives is to be met. Please include in your response project management and performance management plans, including proposed service level agreements and strategies for monitoring project status and deliverables to ensure implementation within established or mutually agreed upon timelines.

Section 4, Subsection 4.1:

4.1 Stakeholder Engagement

- 4.1.1. *Determine a process for engaging stakeholders, including policy makers, government officials, providers, payers and the public, among others in the development and implementation of the plan.*
- 4.1.2. *Determine a process for developing workgroups and/or utilizing existing workgroups for input into the Plan; incorporate the Bureau of Public Health's State Health Improvement Plan Advisory Group into the process.*
- 4.1.3. *With assistance from the stakeholders, develop a mission and vision for the project that will serve as the guide for State Health Plan development; the project must achieve improved health of the population, improved healthcare for the patient and control of costs.*

Vendor Response:

4.1.1. Determine a process for engaging stakeholders, including policy makers, government officials, providers, payers and the public, among others in the development and implementation of the plan.

CSI believes that in order for a Strategic Plan to be widely accepted and effectively executed, stakeholder engagement is critical. The essence of our stakeholder engagement approach includes one on one engagement, regional stakeholder work groups and a communication system that provides mechanisms for broad input and dialogue. CSI will work with the WVHCA staff to complete a regional stakeholder mapping exercise that will engage community and special interest group representatives, key business and community leaders, the payers, members of the provider community, legislators, and state government officials. The stakeholder maps will also identify key individuals who will be targeted for one on one engagement.

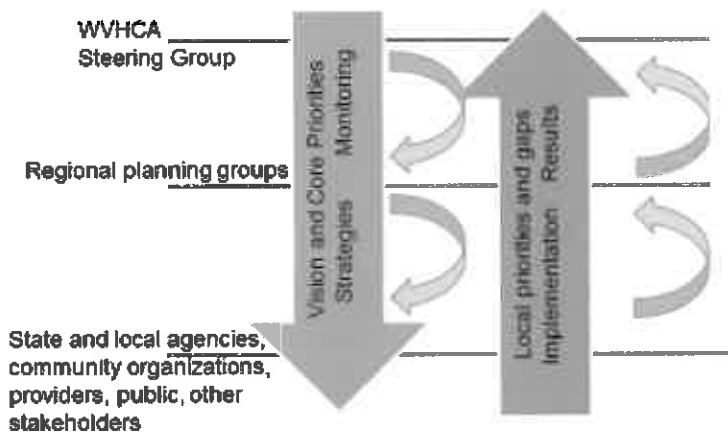
Recognizing that all health care is local and that there is variation in demographics, health status, culture, and the health care delivery system across the state, CSI proposes a regional stakeholder engagement strategy. As previously noted one of the CSI team's early exercises will be a compilation of a stakeholder map by region. At this time, the following regions are proposed: Wheeling/Upper Ohio Valley/Northern panhandle, Morgantown area, Eastern panhandle, Parkersburg, Huntington, Charleston/ Kanawha County, Elkins, Beckley, Clarksburg, Princeton/Mercer. This grouping aligns with the work previously done by WVU and WVHCA to determine healthcare referral patterns. A map of these proposed regions is found in Figure 1.

Figure 1 Planning Stakeholder Work Group Regions



The planning process being proposed uses a technique called “Catch-Ball” (see Figure 2) where first the vision, and then the priority strategies, are cascaded downward in a hierarchical approach, with input fed back upward so that it can be incorporated into the overall planning process. Initial vision and strategies are expected to be developed by an overall Steering Group and then provided to regional stakeholder groups and other possible special interest or consumer groups for dialogue, processing of the information and feedback to reflect their local needs. This feedback process usually includes several cycles. The power of this process is that it affords wide engagement and input within a manageable system of stakeholder communication. It also creates local ownership for the ultimate plan.

Figure 2 Catch-ball Process



The planning process will begin with a messaging strategy to stakeholders throughout West Virginia that will communicate the fact that a statewide health planning process is underway and will clarify the pathways for input. The messaging will be accomplished through multiple hard copy and electronic formats, including use of a dedicated community group for West Virginia on the www.healthcarecommunities.org portal. CSI owns and manages the portal, which is used as a collaboration tool and dissemination vehicle for improvement and planning efforts. The web portal will be a mechanism for stakeholders to gain access to information, alerts, and key announcements and to review of documents for input. When appropriate, the portal can be used as a mechanism to solicit and capture public input on the draft plan or components of the plan. Because the portal allows for several levels of access permissions, it can be used to make resources and data available to authorized stakeholders only, such as for a specific regional group, or to the public at large. This creates a transparent mechanism for engagement of stakeholders and enables the state to track the level of stakeholder interest in the various resources that are housed there. The portal has social networking tools such as blogs and forums which can also be used to support stakeholder engagement.

4.1.2. Determine a process for developing workgroups and/or utilizing existing workgroups for input into the Plan; incorporate the Bureau of Public Health's State Health Improvement Plan Advisory Group into the process.

West Virginia is fortunate to have in place multiple vehicles for stakeholder engagement including the Bureau of Public Health's State Health Improvement Plan Advisory Group, the Health Improvement Collaborative managed by the Office of the Secretary of Health and Human Resources, and the State Innovation Model (SIM) advisory groups, to name a few. There is significant overlap in membership among these groups and there is also some degree of overlap in the work they are setting out to achieve. Very early in the process an effort will be made to engage each of these groups to create a pathway for substantive contribution to the planning process, to confirm what data and analyses can be leveraged for the State Health Plan (SHP), and to identify emerging priorities evolving from those initiatives.

It is proposed that a State Health Plan (SHP) Steering Group be appointed by the WVHCA. This group must represent a broad set of stakeholders and may include representation from organizations and agencies such as the Office of the Governor, DHHR, Bureau of Public Health and the Bureau's Improvement Plan Advisory Group, the primary payers (PEIA, Highmark, BMS) and the state's academic centers (WVU, Marshall University, and the School of Osteopathic Medicine), as well as the 10 planning regions, representatives of community or faith-based organizations and the community at large. Many, if not all, of these groups are already represented on the Innovation Collaborative managed through DHHR, which highlights the need for engagement of this group into the planning process.

In addition, there are many other organizations and agencies that will play a vital role in the execution of whatever plan is ultimately adopted and therefore need to be involved in its creation. However, it is also important that the Steering Group membership be kept at a manageable level. CSI will work with WVHCA to determine the correct membership for the state for this initiative at this point in time. We envision the Steering Group will meet 4-6 times during the first planning year. These meetings will be agenda driven and focused on processing information presented based on the aggregation of data across the environment. The Steering Committee will help shape the 'catch ball' process with stakeholders in the field.

At the same time, it must also be noted that limiting participation on the Steering Group also means that there must be other mechanisms put into place for stakeholders to be heard. One mechanism to accomplish this – a communication portal – was discussed in Section 4.1.1. Another mechanism will be appointment of regional stakeholder planning groups. A stakeholder group will be established in each of the ten regions, working with local leaders of the health system and business community as well as consumers; a representative from each regional stakeholder group will be appointed to the master Steering Group.

An additional approach to obtaining broad input to the health plan will be the scheduling of regular webcast updates or town hall meetings open to all interested parties. At least 4 such open meetings will be held during the initial 12 months of state Health Plan development. In addition, based on the stakeholder mapping that is done, direct feedback and input will be solicited from various groups that may not be otherwise represented.

4.1.3. With assistance from the stakeholders, develop a mission and vision for the project that will serve as the guide for State Health Plan development; the project must achieve improved health of the population, improved healthcare for the patient and control of costs.

The strategic plan must be driven off of a vision that results in improved health of the population, lower costs, and improved experience with healthcare services for West Virginians. This triple aim is nationally endorsed by CMS and underpins many of the improvement initiatives currently in place in the US. In West Virginia, the triple aim has been articulated by the Innovation Collaborative as “Better health, better care, and better value” – each domain represented by one of their work groups. The WV SIM grant reflects the triple aim as “West Virginia will improve the health of our population, enhance quality and access to health care, and moderate health care spending.” It is important that the State Health Plan acknowledge the multiple perspectives and initiatives that may be seen as competing and unify the stakeholders in the state in articulating a vision that does result in achieving all three components of the triple aim.

Once the Steering Group has been established and regional stakeholder groups are formed, the CSI Principals will facilitate a visioning retreat to craft an overarching vision statement as well as identify the core strategic priorities for the state for the planning horizon proposed. The draft strategic framework and vision will be packaged in a succinct manner for vetting through the regional stakeholder engagement process, town hall meetings and web platform. This ‘catch ball’ activity, that presents a proposed vision to stakeholders and then refines the vision based on their input, will facilitate adoption of the plan downstream.

Section 4, Subsection 4.2:

4.2. Data Collection and Analysis

4.2.1. Assess West Virginia demographics, population health, and disease prevalence using the Bureau of Public Health’s State Health Assessment and State Health Profile information; assess availability of health services.

4.2.2. Develop methodologies for utilizing all data sources in the state (e.g., Medicaid Data Warehouse, APCD, UB Data, PEIA, SCHIP, disease registries etc.) and methodologies for analyzing and evaluating health status, providers of services, utilization of services and programs in WV for

present and future statewide projects; identify data requirements not currently being gathered in the state.

4.2.3. Develop a plan for best utilizing the available data resources, identifying gaps; determine where most current data may be found; develop data analytics and determine process for utilizing the data in conjunction with a data group; determine methodology for expressing the findings simplistically for public release.

4.2.4. Determine if other information must be collected; identify other appropriate data sources, such as the Governor's behavioral health initiatives; gather and analyze data.

Vendor Response:

4.2.1. Assess West Virginia demographics, population health, and disease prevalence using the Bureau of Public Health's State Health Assessment and State Health Profile information; assess availability of health services.

One of the initial activities in any strategic planning process is the preparation of an environmental scan. It is envisioned that the compilation of the environment scan will be completed within the first 90 days post contract award. The scan will involve the collection and aggregation of various data sets and will result in a profile of both the demographics of the state of West Virginia as well as current health indicators in the state. Gaps identified by variation in health indicators across demographic parameters or by variation in West Virginia indicators versus other parts of the country will be assessed to determine potential opportunities for improvement. Another component of the scan will profile the WV health care delivery system as well as inventory existing agencies that provide social services known to impact the social determinants of health. CSI recognizes that there are a number of existing data resources in West Virginia and these will be leveraged where possible. Of particular value will be the data captured in the WV Rural Health Association assessment of healthcare workforce supply and demand, data included in the Bureau of Public Health State Health Assessment and State Health Profile, payer claims data from the Medicaid data warehouse, PEIA and private payers, Insurance Commission data, data that may be available through research activities at the state's academic centers, hospital community needs assessments, and data maintained by the Health Care Authority. Facility information, because it does not generally change rapidly, may be able to be updated from the prior state health plan and analyses of progress. Other data sources will need to be identified and incorporated (see 4.2.4).

4.2.2 Develop methodologies for utilizing all data sources in the state (e.g., Medicaid Data Warehouse, APCD, UB Data, PEIA, SCHIP, disease registries etc.) and methodologies for analyzing and evaluating health status, providers of services, utilization of services and programs in WV for present and future statewide projects; identify data requirements not currently being gathered in the state.

A key principle CSI will follow in the planning process will be starting with a list of data that is needed to develop the Health Plan rather than simply pulling in any data that may be available. Where the CMS funded State Innovation Model (SIM) project team the DHHR Innovation Collaborative, or the Bureau of Public Health is also collecting data as part of its planning activities, CSI will coordinate its efforts to assure minimal duplication of effort. The environmental scan will provide the Steering Group with the information on which to base strategic recommendations drawn from the state information resources including the Medicaid Data Warehouse, APCD, UB Data, PEIA, SCHIP, public health disease registries, etc.. CSI's experience in information technology at scale will help advise the state on optimizing its information management infrastructure to support long term decision support based on reliable data.

CSI has demonstrated its proficiency at working within West Virginia in the collection and analysis of data through several initiatives including the Medicaid Transformation Grants, the TCHIC initiative and

plan implementation as well as impact on the dashboard indicators. It is expected that these progress reports would be available to the public for accountability as well as a means to sustain energy and commitment from involved stakeholders as a result of observing the indicators improve over time. CSI will suggest a process for accomplishing this and is adept at measurement and reporting. As an example, we currently collect data from all the Indian Health Service delivery sites working on improving patient care and report that data to the Indian Health Service. That same data is available to the local entities to track their own progress and adjust priorities as they make progress on their core measures. In this way the data supports both national initiatives driven by the data reported from the field and local initiatives based on local priorities. CSI will be able to support West Virginia and the regional work groups with developing regional targets and evidence based interventions that local consortia of stakeholders can collaboratively deploy to improve the targets.

4.3.4. Develop a comprehensive implementation plan that sets out goals or strategies for health improvement, identifies data-driven priorities, quality measures, West Virginia burden of illness measures and provides a process for managing and measuring progress.

It is anticipated that strategies will include policy, delivery system design and access considerations, relationships across organizations, workforce, and the role of individuals in managing their own health. In fact, ultimate health status and health outcomes rely on all of these factors and the West Virginia plan will need to balance its approaches between prevention, healthy aging and acute and chronic disease management. In keeping with the “catch ball” approach CSI will work with each regional group to develop local implementation strategies to address priority areas, a measure that will reflect the impact of the strategy and any goals that can be established at a local level. These proposed regional implementation plans, as well as state-wide strategies and accompanying measures, will be discussed and codified by the Steering Group. CSI will consolidate all of these into a composite plan that can be monitored over time and adapted as needed to respond to any substantial changes in the environment. The process will be supported with a web based portal that provides sub-communities by region that will be able to be used and updated by the regional groups to provide transparent information on the progress of improvement efforts within each community.

4.3.5. Develop a methodology for reporting progress toward identified performance measures, goals and sustained improvements.

Finally, CSI will work with the state to put into place a sustainability plan that not only provides for regular monitoring of outcomes and performance but also includes a mechanism to modify the plan as needed as a result of environmental changes. CSI has extensive experience with state and national reporting of measures and tracking goals to improvement strategies. CSI also has a proprietary reporting tool that facilitates tracking of measures across disparate organizations. Our experience guiding development of measures for improvement and supporting reporting processes for those measures will enable CSI to guide West Virginia in the development of a sustainable performance measurements system.

4.3.6. Develop the SHP in such a manner that progress on strategies and health improvement can be documented, monitored and revised as needed; provide recommendations for successfully achieving goals and sustaining achievements in the case that Federal and/or State funding levels are reduced.

The strategic planning methodology utilized by CSI is an adaption of the Hoshin Planning approach which enables the strategic plan to become a dynamic and living document that is updated annually and can be modified based on emergent and drastic changes in the environment. The process puts in place tools

to monitor progress and regular milestone review points where the plan can be adjusted as needed. For example, if federal or state funding were to be reduced unexpectedly, state leadership would be able to convene key stakeholders and immediately adjust the plan and then deploy it out to the local communities to adjust priorities as needed. As a result, the Strategic Health Planning can become a working tool and not just a process launched every five to ten years.

Section 4, Subsection 4.4:

4.4. Certificate of Need Requirements for Services.

4.4.1. Review current CON standards and identify required changes based on SHP objectives and goals.

4.4.2. Identify and prioritize emerging health or system infrastructure that may be required in meeting SHP objectives, strategies, or goals.

Vendor Response:

4.4.1. Review current CON standards and identify required changes based on SHP objectives and goals.

The output of the state health planning process will be a series of priority strategies and a roadmap for the state to improve the overall health of West Virginians. It is recognized that the Certificate of Need (CON) process can be a facilitator or a barrier to execution of the state health plan. As a result, CSI will review the CON standards and make recommendations on any necessary adjustments to support the state health plan.

4.4.2. Identify and prioritize emerging health or system infrastructure that may be required in meeting SHP objectives, strategies, or goals.

As a component of regional strategy development, CSI will work with each stakeholder group to identify any infrastructure required to carry out the Plan and meet overall objectives. It is recognized that we will be planning at a time when the health care system is undergoing a profound transformation while also facing resource constrained environments. As a result, the plan to be developed will be very practical, taking advantage of intervention strategies that better leverage existing infrastructure and where possible, minimize demands for new infrastructure.

Section 4, Subsection 4.5:

4.5 Timelines and Report Dissemination

4.5.1. Identify the major milestones in the process and dates for completion.

4.5.2. Develop a report format that can be used by policymakers, health care providers, health care leaders, associations, universities, and communities in their health care planning and development of programs to address identified issues.

4.5.3. Identify a process for disseminating the report after HCA approval.

Vendor Response:

4.5.1. Identify the major milestones in the process and dates for completion.

The major milestones and proposed completion dates are delineated in the work plan which is presented in the Appendix 1. During the kickoff meeting to be scheduled immediately after contract

award, the work plan will be discussed and a final work plan delivered to WVHCA within 10 business days of the award data.

To summarize, the major milestones include:

- Kick-off meeting-working session to refine strategic plan roll-out roadmap
- Pre-launch planning and communication planning including completion of a stakeholder map
- Convene Steering Group
- Convene Regional Planning Groups
- Data collection and analysis leading to an environment scan (parallel activity)
- Draft Vision for the State
- Strategy development and Priority Drivers
- Strategic Plan Draft for Fingerprinting to Stakeholders
- Final Plan completion and dissemination
- Monitoring and Evaluation Year 2
- Monitoring and Evaluation Year 3

The CSI team that will work on the SHP has extensive experience in managing large scale and complex projects. We have never missed a deliverable or a deadline. While our project management approach is structured to include weekly team status checks, monthly client progress reports and updates, and a calendar for tracking deliverables and milestones, our approach also embraces the principle of flexibility. Our goal is above all to meet each client's needs, even if our standard project management approach requires some adaptation based on how the client wants to work. Once the work plan is finalized, the CSI team will use it to guide its activities and timelines. It is also important to note that the CSI team includes two of the company's owners and principals who will be directly involved in all aspects of stakeholder engagement and plan development and will assure that milestones are met and that the final work product reflects the quality the WVHCA expects.

4.5.2 Develop a report format that can be used by policymakers, health care providers, health care leaders, associations, universities, and communities in their health care planning and development of programs to address identified issues.

CSI firmly believes the health plan should be able to be condensed into a one page overview that all stakeholders can grasp, can be practically utilized and is easy to communicate. His type of communication tool can be used by key stakeholders to conduct health planning in their respective communities and with the constituents they represent. The detailed execution strategies for the State Health Plan are obviously contained in a more in depth document that serves as the overall roadmap. CSI will develop both types of communication tools that will be reviewed and approved by the Health Care Authority. In addition, the web collaboration portal for the state health plan will be live and available to stakeholders through the term of the contract with the state having the option to continue to support the collaboration web site long term if it deems it to be a useful tool.

4.5.3. Identify a process for disseminating the report after HCA approval.

CSI believes that multiple pathways for dissemination of the plan will be required. Clearly the WVHCA is the steward of the SHP and will therefore be a primary conduit for dissemination. At the same time, credibility of the final plan may benefit from endorsement and dissemination through the Office of the

Governor and his cabinet. It will similarly be important that the stakeholders having a role in development of the plan also play a role in its broad dissemination.

The communication pathways will likely need to include the web portal, printed copies of the plan and plan summary, webcasting, face to face meetings, media involvement, and networking with stakeholders who serve as influencers to key segments.

. A solid plan for final SHP dissemination will be critical to assure that the actual execution of the strategies it will contain can be quickly and effectively undertaken. CSI will work with the WVHCA to develop a strategy for disseminating the final SHP and this will be a topic of the initial kickoff meeting.

4.6. Optional Services.

4.6.1. Identify if proposed health care services, new construction, renovations and/or purchases of major medical equipment consistent with the SHP objectives and goals are needed, financially feasible and require CON review.

Vendor Response:

The state health plan will identify core strategies for improving the health of the population. In the event that these strategies include recommendations for new health services, technologies or access points, these needs will be identified and CSI will help quantify applicable resource requirements in order to inform future budgeting and provide guidance to key decision makers. Preliminary high level capital projections will be modeled and a review made of the necessity for CON approval. Projections will be made based on input from state providers of similar services and vendors already doing business in the state. Should the state require more detailed financial analysis or business planning, an estimate for completing these activities can be provided.

4.6.2. Develop a WVHCA guide for individuals, institutions, state and local government agencies, community leadership and others in planning for specific health care facilities and services to meet the SHP objectives.

Vendor Response:

A deliverable of the planning effort will be the production of guides for various categories of stakeholders (community leaders, health care leaders, and state agencies) that communicate the strategic plan and an approach for aligning their own internal planning efforts with the state level objectives. These guides will be provided in electronic form.

4.6.3. Identify goals, objectives and strategies consistent with national goals, such as the "National Strategy for Quality Improvement in Health Care" and/or "Healthy People 2020;"

Vendor Response:

It is anticipated that as the West Virginia Health Plan is developed, consideration will be given to aligning the plan with the goals and strategies articulated in the National Quality Strategy and Healthy People 2020. This will be an inherent part of strategic plan development.

4.6.4 Develop "WV Healthy People 2020" Plan

Vendor Response:

Despite efforts to align West Virginia's strategy with the National Quality Strategy and Healthy People 2020, West Virginia's priorities may not completely parallel those of these national initiatives. The final state health plan will need to separately address an overall framework for "WV Healthy People 2020." To further develop the detail of activities and approaches related to this framework, CSI will work closely with the Bureau of Public Health since that agency is already engaged in activity supporting the national initiative. WV Healthy People 2020 will address the unique needs and characteristics of the state in identifying possible approaches to meet the Healthy People objectives.

4.6.5. Develop a process for the state to use for identifying any and all funding opportunities available to the state for health improvement and other initiatives.

Vendor Response:

Over time, West Virginia has benefitted from a number of external funding opportunities. However, there does not appear to be central coordination for identifying these opportunities so some may be missed. CSI will work with the stakeholders involved in the planning process to identify a central coordination point for funding opportunities and put in place a process for any of those stakeholders to communicate funding opportunities of which they become aware to the coordinating entity. It is unlikely that a single person or organization will be able to stay aware of all federal, state, and private funding opportunities that may be available but central coordination and a communication process will enable the state to identify and take maximal advantage of funding opportunities for health improvement activities. As previously mentioned, CSI has contributed to bringing in more than \$45M of external grant resources to help West Virginia improve health and health care.

4.6.6. Fulfill ad-hoc reporting and answer special research questions of the HCA.

Vendor Response:

CSI also recognizes that since it will be the aggregator of data resources, periodic ad hoc research questions and requests for reports may arise. CSI has taken on that role in prior grant efforts in West Virginia and is prepared to respond to these requests.

Attachment B: Mandatory Specification Checklist

*As part of their responses, for mandatory requirements that indicate a future action, such as supplying reports during the life of the contract, or meeting other deliverables requirements, Vendor shall indicate their **agreement** to comply with the listed requirements. For mandates that require documentation WITH the response, Vendors shall include the necessary document in their Technical Proposal.*

Section Four, Subsection 5:

5.1. *During the life of the Contract, the vendor SHALL provide monthly reports detailing progress as strategies are developed and implemented.*

Vendor Response:

CSI will provide the WVHCA with regular monthly reports of activities and progress with the State Health Plan process. This will enable the WVHCA to be accountable and report progress to its stakeholders. Regular reporting will also allow for adjustments to be made in any aspects of the planning and implementation processes should WVHCA deem this to be necessary and in the best interests of the State.

5.2. *During the life of the Contract, the vendor SHALL assume all responsibility for meeting logistics, coordinating workgroup meetings, conference calls, documentation of all aspects of the project, paper and copying expenses, copying of the state health plan and delivery expense for all WV Senators and Delegates (134) at a minimum, progress reports and all other costs associated with the project.*

Vendor Response:

CSI will assume functional and financial responsibility for logistics support for all face to face meetings, webcasts and conference calls, and project documentation. CSI has experience working with a number of meeting venues in West Virginia including the Summit Conference Center, Clay Center, Marriott and Embassy Suite in Charleston, Days Inn conference center in Flatwoods, the Greenbrier Resort, the Oglebay Resort, and the Stonewall Resort. While not necessarily suggestions for meeting locations, these venues are reflective of the experience CSI has within the state. CSI has hosted numerous webcasts for various work groups as well as the general public, has recorded these as needed and then posted them to an applicable website or communication portal so that they can be readily accessed by all interested parties.

Recognizing that not all stakeholders will embrace electronic communication, CSI has budgeted for and will assume the costs for copying and mailing paper copies of draft plans, updates, and the final State Health Plan documents. At least 150 copies will be prepared and distributed to WV legislators, but CSI will also make an additional 100 copies of the final documents available to the WVHCA for distribution to others who would benefit from hard copy.

5.3 *As part of their response, the vendor SHALL provide a sample Work Plan with milestones noted in order to meet the requirements of the RFP. The final Work Plan shall be provided to the Agency within ten (10) business days following award of the Contract.*

Vendor Response:

A sample work plan with associated milestones and timelines is presented as a draft in Appendix 1. This plan will be modified following discussion at the kick-off meeting and will be provided to WVHCA within 10 days of contract award.

Section Four, Subsection 6:

6.1. Within 1 year of contract award, the vendor SHALL deliver a draft SHP, acceptable to the Agency, determining strategies that provide an approach that is structured and specific enough to guide decisions, but flexible enough to respond to new health challenges. The SHP must contain purpose statement(s), a description of the planning process, a description of each priority/strategy, at least one measurable outcome objective or goal for each priority, at least one measurable impact objective for each outcome objective or goal, at least one proven intervention strategy for each impact objective, an evaluation plan for each and methodologies for aligning government programs, insurers and communities toward objectives and common goals.

Vendor Response:

CSI will deliver a state health plan draft within one year of execution of the contract. CSI is confident of its ability to meet this deliverable with the caveat the state does not request any delays in stages of the planning process. The planning process CSI recommends allows for a flexible plan that can be adapted in rapid cycle should changes in the environment necessitate a major reprioritization in strategies. In addition to an overall vision, aim/ purpose, and description of the process used in plan development, the final State Health Plan will include the core priorities identified, along with associated measurable outcomes and goals for each, with at least one metric identified for each objective so that progress can be tracked over time as part of the ongoing evaluation component of the plan. Each objective will be associated with a minimum of one intervention that has been proven effective in impacting the associated metric. One of the benefits of working with CSI is we are at the cutting edge of quality improvement efforts nationally, working with the federal government, state governments, foundations and the health care delivery and payer segments. As a result, we are able to keep abreast of emerging best practices that can be adapted to use in West Virginia and we are also able to understand the needs and perspectives of various stakeholders.

A critical element of the SHP CSI develops will be the execution and evaluation strategy. Simply having a plan that identifies problems and possible solutions is easy. Executing on those ideas will need to consider the practicality and financial feasibility of these solutions as well as the collective will of those who will need to come together to make the solutions realities. There is a great deal of will already evident in the multiple initiatives now underway to improve the health, care and cost for West Virginia's citizens. As noted previously, CSI will work diligently to harness this will into alignment around the goals and objectives of the SHP and will specifically address this alignment as part of the plan.

6.2. Within 15 months of award of the contract the vendor SHALL develop, produce and deliver a final SHP acceptable to the Agency.

Vendor Response:

CSI will deliver the final plan by the 15th month milestone date. It is important to note that by that date, and by virtue of the process proposed for West Virginia, the plan will have already received a high degree of exposure and engagement throughout the state and contribution by key stakeholders. This will facilitate the dissemination process for the state.

6.3 At the end of year 2 of the contract, the vendor shall produce an evaluation of the progress made toward the measurable goals and objectives of the SHP, identify target areas for improvement in the subsequent SHP, and provide recommendations for improving the overall health of West Virginians and accepted by the Agency.

Vendor Response:

At the end of contract year 2, CSI will deliver an evaluation of progress toward meeting the goals and objectives. Recommendations on adjustments to the plan and approaches to accelerate progress will also be made. The planning process proposed for West Virginia includes an annual disciplined review of the progress as well as consideration of external events which might have a bearing on the plan. A good example of such changes were the announcements of the Meaningful Use and REC programs which had a major impact on activities in West Virginia and presented new opportunities that could not have been conceived in the prior health plan planning process.

It should be noted that although a formal evaluation will be completed at the end of the second year, or first year of plan implementation, CSI will be monitoring the progress of the plan throughout that period. Any issues or barriers identified throughout the year will be highlighted at the time so that intervention can take place to assure that progress on the plan is not unduly impeded.

6.4 At the end of year 3 of the contract, the vendor shall produce a final evaluation of the progress made toward the measurable goals and objectives of the SHP and accepted by the Agency.

Vendor Response:

CSI will deliver a final evaluation of the planning process and progress toward meeting the goals and objectives. Recommendations will also be made on adjustments to the plan and approaches to accelerate progress. Again, CSI will monitor progress throughout the year and provide feedback to the WVHCA should challenges be noted that require intervention sooner than year end.

APPENDIX 1 DRAFT WORK PLAN

Virginia State Health Plan Development Draft Work Plan

Milestone	Associated Tasks/Activity	Timeline / Date	Deliverables, if applicable
Project Launch			
Kick-off Meeting with WVHCA and others as designated	<ul style="list-style-type: none"> • Introduce the team, review roles • Review and refine work plan, process, and timelines • Identify Steering Group members • Confirm regional approach, geography, and possible leads and membership • Begin stakeholder mapping • Discuss initial communication plans, messaging, and role of portal and other electronic media 	Within 2 weeks of contract execution	Final Work Plan Preliminary state stakeholder map Initial message to stakeholders and plan for communication
Pre-launch planning	<ul style="list-style-type: none"> • Determine mechanisms for stakeholder input to process • Confirm Steering Group membership • Calendar public meetings/meetings of Steering Group • Configure and launch communication portal 	Within 40 days	Functional portal with populated calendar and contacts, form for public input
Pre-launch communication	<ul style="list-style-type: none"> • Public communication about launch of planning process: aim, Steering Group, mechanisms for involvement 	Within 45 days	
Strategic Plan Development Process			
Convene Steering Group	<ul style="list-style-type: none"> • Facilitate initial face to face meeting to review 	Initial	Meeting summary posted to

Milestone	Associated Tasks/Activity	Timeline / Date	Deliverables, if applicable
	<p>expectations and process, obtain input on stakeholder mapping and regional work groups, lay groundwork for vision and strategic driver development, confirm initial regional group membership</p> <ul style="list-style-type: none"> • Face to face meetings every other month • Webcasts conducted on intervening months or more frequently as needed 	meeting by Month 3	portal
Data collection and analysis	<ul style="list-style-type: none"> • Review data analyses completed by Bureau of Public Health, Innovation Collaborative, previous State Health Plan and update Analysis • Identify data sources accessed and relevant updates • Analyze available data for disparities, performance gaps, and opportunities for improvement relative to national norms or previously articulated WV goals • Prepare summary analyses as needed by Steering Group 		Summary of issues identified and gaps
Develop vision and priorities consistent with the aims of improved population health, improved experience of care and cost control	<ul style="list-style-type: none"> • Facilitate visioning session with Steering Group • Package vision and priorities for regional discussions • Solicit input from regional groups and public at large • Refine and finalize with endorsement of Steering Group 	Month 5	Draft vision and priorities
Convene regional planning groups	<ul style="list-style-type: none"> • Facilitate initial face to face meeting of each group • Complete regional stakeholder mapping • Confirm group membership 	Initial meetings by Month 6	

Milestone	Associated Tasks/Activity	Timeline / Date	Deliverables, if applicable
	<ul style="list-style-type: none"> • Obtain input on vision and priorities based on local environment and needs • Develop future meeting calendar • Convene regional groups at least quarterly via webcast or face to face in order to obtain input on priorities and strategies developed by Steering Group 		
Stakeholder engagement beyond work groups	<ul style="list-style-type: none"> • Conduct quarterly meetings via webcast to provide updates on plan development, address questions, and solicit input as desired on specific topic areas • Assist regional planning groups to conduct periodic face to face town hall meetings in each region • Maintain content on communication portal regarding planning progress and allow for public input via web-based tools • Solicit public comment on the draft plan once completed 	Begin Month 4	Meeting agendas and attendance rosters
Strategy development and implementation planning	<ul style="list-style-type: none"> • Convene meetings of Steering Group as needed to discuss strategies to align with priority areas • Solicit input from regional groups and public at large on proposed strategies • Refine strategies as needed and assess potential impact of each • Identify measures and goals for each strategy • Identify actions that can be taken to implement the strategies, along with the organization/ agency, or individuals that will need to assume accountability for completion 	Months 5-12	List of strategies aligned with priorities Measures and goals for each strategy
Draft plan	• Compile vision, priorities, strategies and	Month 12	Draft plan for WWHCA

Milestone	Associated Tasks/Activity	Timeline / Date	Deliverables, if applicable
	implementation steps into a single document <ul style="list-style-type: none"> • Obtain Steering Group and regional group review and revise as needed • Provide for public comment following WWHCA review 	Month 13	review
Final plan	<ul style="list-style-type: none"> • Complete final plan incorporating comments/inputs as appropriate • Final review and endorsement of Steering Group and regional groups • Develop approach for obtaining detailed implementation plans from identified stakeholder agencies/organizations • Disseminate plan to stakeholders identified through original mapping exercise • Develop one-page plan summary and summary explain the plan content that can be understood by the general public 	Month 15	Final plan, including vision, priorities, strategies, implementation overview, performance metrics and monitoring plan. Public posting of plan on WWHCA website and communication portal
Collateral materials	<ul style="list-style-type: none"> • Prepare guides and templates for cascade plan development by agencies and organizations that will contribute to implementation success 	Month 15	One page plan summary Planning guides for key stakeholder organizations and agencies
Monitoring and Evaluation Year 2			
Monitoring and evaluation Year 2	<ul style="list-style-type: none"> • Quarterly dashboards of plan performance metrics posted to communication portal and shared with Steering Group on quarterly webcasts • Evaluation report on progress and recommendations for action 	Month 24	Report with recommendations

Milestone	Associated Tasks/Activity	Timeline / Date	Deliverables, if applicable
Monitoring and Evaluation Year 3			
Monitoring and evaluation Year 3	<ul style="list-style-type: none"> • Quarterly dashboards of plan performance metrics posted to communication portal and shared with Steering Group on quarterly webcasts • Evaluation report on progress and recommendations for action 	Month 36	Final report and recommendations

Addendum Acknowledgement Form

ADDENDUM ACKNOWLEDGEMENT FORM

SOLICITATION NO.: HCC150000001

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

<input checked="" type="checkbox"/> Addendum No. 1	<input type="checkbox"/> Addendum No. 6
<input checked="" type="checkbox"/> Addendum No. 2	<input type="checkbox"/> Addendum No. 7
<input type="checkbox"/> Addendum No. 3	<input type="checkbox"/> Addendum No. 8
<input type="checkbox"/> Addendum No. 4	<input type="checkbox"/> Addendum No. 9
<input type="checkbox"/> Addendum No. 5	<input type="checkbox"/> Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

CSI Solutions LLC
Company

Christine St. Andrie
Authorized Signature

9-23-15
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.
Revised 6/8/2012

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CSI Solutions LLC

Company

Christine St. Andrie

Authorized Signature

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Date

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Revised 6/8/2012

CERTIFICATION AND SIGNATURE PAGE

By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

CSI Solutions LLC
(Company)

Christine St. André Christine St. André, Principal
(Authorized Signature) (Representative Name, Title)

435-649-6439 9-18-15
(Phone Number) (Fax Number) (Date)

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: CSI Solutions LLC

Authorized Signature: Christine St. Andre Date: 9-22-15

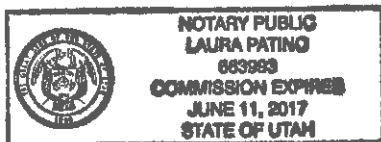
State of Utah

County of Summit, to-wit:

Taken, subscribed, and sworn to before me this 22 day of September, 2015.

My Commission expires June 11, 2017.

AFFIX SEAL HERE



NOTARY PUBLIC Laura Patino