



E000480

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
BUREAU OF HEALTH PLANNING AND
RESOURCES DEVELOPMENT

TO : Regional Director, Region X
ATTN: RDRS Control Point

DATE: May 2, 1975

FROM : Acting Director, Division of Regional
Medical Programs

SUBJECT: Proposed sole source evaluation contract with the Western Interstate
Committee for Higher Education (WICHE), Boise, Idaho.

The Division of Regional Medical Programs is developing a sole source contract with the subject organization to provide documentation and assessment of the Regional Medical Program (RMP) pilot arthritis initiative. We have enclosed draft RFC documents, including a proposed workscope, for your review and comment under RDRS provisions.

The RMP pilot arthritis initiative is a grant program authorized by a one-year earmark of \$4,500,000 in the 1974 RMP appropriation, and includes 62 pilot arthritis projects in 29 RMP's. All of these programs are engaged in developing methods to provide arthritis services outreach through medical institution and community resources as a means of overcoming the clinical acute care pattern to which arthritis patient care is generally restricted today.

The proposed work will be performed by the "Public Accountability Reporting Group" (PAR), a unit of the National Association of RMP Coordinators, which possesses experience in the accumulation of uniform health program information across provider, geographic, and other lines. In the conduct of such studies and surveys, PAR operates under WICHE, a tax-exempt organization in Boise, Idaho, serving 13 northwestern states. The basis for selecting PAR are the recommendations which pilot arthritis project and program leaders made during a two-day conference at Kansas City, Missouri, on January 19-20, 1975, with respect to overall pilot program surveillance and recording.

Questions about the enclosed materials may be directed to Mr. Matthew Spear, Public Health Advisor, DRMP (301/443-1916).

Gerald T. Gardell

Enclosures

cc: Mr. Croft
Mr. Robins
Mr. Spear

TO:

FROM:

SUBJECT: Request for Contract No. HRA 230-HPD-61(5).

1. Project Title:

Documentation and Assessment of the Pilot Arthritis Program

2. Project Officers:

Co-Project Officers are designated:

Morton Robins
Senior Health Consultant
Divison of Regional Medical
Programs
5600 Fishers Lane,
Rockville, Maryland 20852
Telephone: 301/443-1580

Matthew Spear
Public Health Advisor
(same address)
Telephone: 301/443-1916

3. Estimated Cost and Funding Citation:

\$30,000 Conjoint funding not involved.

Funds are not presently available for this procurement. The government's obligation hereunder is contingent upon the availability of appropriated funds from which payment can be made.

4. Period of Performance:

The work will require about 12 months. Approximately three (3) months will be required to develop a reporting format, information should be collected periodically for six (6) months, and the remaining time will be dedicated to analysis and reporting assessment information.

The possibility of a continuation contract is dependent upon appropriation of RMP funds permitting an additional 12 month's support of the pilot arthritis programs. In such event, it would be advantageous to the government to extend this contract to obtain arthritis program information and data which would become available through continued grant program activities.

5. Proposed Contract:

a. Background History

The necessity for this procurement arises from the circumstances under which the RMP pilot arthritis program was funded, and the request by a conference of the grantees and concerned organizations in response to those circumstances. Funds for the program originated from an earmark of \$4,500,000 in the 1974 appropriation for RMP. The appropriation was impounded, however, until successful litigation against the government resulted in their release in February 1974. The court order releasing these funds required that all except a specified amount retained for preliminary startup activities of P.L. 93-641 be allocated to the Regional Medical Programs (RMP's). This total allocation in compliance with the court's directives resulted in there being no balance of funds with which to carry out program followup activities such as coordination, reporting, assessment, and dissemination of results. An additional factor has been that the Division of Regional Medical Programs, and its establishment of 53 RMP's has been operating under phaseout directives for the past two years, resulting in radical depletion of personnel and sanctions against new activities.

The funds for the pilot arthritis program are the first significant Federal, non-research funds made available in the arthritis field. The Arthritis and Diabetes Control Program of the former National Center for Chronic Disease Control was phased out before its arthritis activities became operational. For more than a decade, the National Institute of Arthritis, Metabolism, and Digestive Diseases (NIAMDD) has provided support for arthritis research. Their arthritis research funds, averaging about \$13,000,000 a year in the 1970's, have been allocated to large research and teaching institutions for bench and clinical research, and physician training.

Nearly all of the care being made available to arthritis patients has been acute care in clinical settings. A 1972 study by the Arthritis Foundation (AF) indicated that 85% of rheumatologists are engaged in clinical practice (usually in association with teaching, or research), and 15% work primarily in research. Thus, little effort has been exerted to reach the majority of patients, and apathy and resignation about arthritic afflictions prevail among both family physicians, and patients. It has been estimated that if every member of the American Rheumatism Association (ARA, the professional component of the AF) devoted full time to patient treatment, only one-half of the known needs would be met. The AF study cited indications that the services of professional allied health personnel are not being adequately utilized, nor are the special skills of many rheumatologists. These factors assume increased

significance through the prevailing recognition that capability exists to reduce pain from arthritis, and to prevent, delay, or reduce crippling in up to 70% of the cases.

The RMP pilot arthritis initiative has thus acquired a greater importance than the monetary size of the program would otherwise reflect because of the service development opportunities newly introduced into the field of arthritis. However, the one-year availability of the funds, and the inability of the DRMP to retain funds and personnel to carry out program coordination and assessment activities have created serious concerns about the degree to which the experiences and lessons of the program can be preserved. By default, the burden of developing program documentation, assessment, and dissemination has fallen on the grantee programs insofar as they are willing to pursue these matters in relation to their professional responsibilities.

A conference was convened in Kansas City, Missouri, January 19-20, 1975, to seek a solution to this problem. Sponsors were the Arthritis Foundation, the American Academy of Orthopaedic Surgeons, and the 29 participating RMP's. Participants included representatives of the Division of Regional Medical Programs, National Institute of Arthritis, Metabolism, and Digestive Diseases, and various arthritis chapters, in addition to project staffs and representatives of the sponsors. The conferees resolved that the pilot arthritis program should be documented, and that every effort should be made to continue the pilot effort until the experiences could be fully reported and assessed.

Given the stark timing and funding constraints under which the grant program was initiated, review and award processes provided for the development of activities responsive to identified local priorities which were within the capabilities of the applicants to achieve. Thus, there is considerable diversity among the individual programs with respect to the involved participants and their relationships, and priority distinctions. There is, however, a common theme of service outreach represented in patient and provider education, development of clinic and home services, and visiting multidisciplinary consulting and treatment teams. These program characteristics exemplify the larger profile of the Regional Medical Programs which individually pursue local and regional priorities within the national mandates of applicable laws and regulations. The Kansas City conferees considered available program documentation resources, including the documentation experience and capabilities of the "Public Accountability Reporting Group" (PAR), a sub-unit of the National Association of Regional Medical Program Coordinators, operating through the Western Interstate Committee for Higher Education (WICHE), a tax-exempt organization.

At the conclusion of the Kansas City conference, the conferees approved a number of resolutions, including several specifying the source and general processes by which they determined to document the pilot arthritis program. Conferees requested that PAR undertake the acquisition of uniform program information and organize it for assessment, working with and under the professional guidance of the Computer Committee of the American Rheumatism Association, AF.

b. Purpose of Contract

The purpose of the contract is to obtain uniform documentation of the pilot arthritis program, and assessment of the effort. Given the low amount of earmarked funds, and the short period of effort allowed under the earmark, the evaluation must focus on quantitative characteristics of the program. Little, if any attention will be devoted to esoteric effects, or subjective conclusions exceeding the definitions under which the arthritis grants were awarded.

c. Government Furnished Property Requirements

None

d. Reference Material

None. Contractor will rely on previous experience, and appropriate consultation in preparing proposal.

e. Rights in Data

None. An objective of the contract is to assure dissemination of arthritis program experience.

6. Technical Proposal Instructions

None. Precontract negotiations will address scope of program reporting, assurance of technical consultation, and allocation of effort.

7. Technical Data for Future Procurements

None. No new future procurement is presently contemplated. Continuation with financial support is possible only in the event that the arthritis program is continued through Congressional action. In such circumstances, no Federal interest would be served by attempting to change an established assessment effort.

8. Sources to be Selected and Reasons for Exclusion of Known Sources

Sole Source procurement is proposed. See attached "Justification for Noncompetitive Procurement"

9. Special Program Clearances

- a. Data Processing - None
- b. Management Consultants - None
- c. Federal Reports Act - Preliminary clearance being sought
- d. Printing - Report to be printed by the government
- e. Foreign Research Contracts - N/A
- f. Protection of Human Subjects - N/A
- g. Audio-visual Materials - N/A
- h. Literature Analysis/Retrieval - N/A
- i. Safety and Health - N/A
- j. Program Evaluation - Approval has been requested
- k. Office of Human Resources Opportunity - N/A
- l. Regional Director Review & Sign-off - Requested
- m. Rental of Non-Government Space - N/A
- n. Clearance of Legal Matters - N/A

10. Government Cost Estimate

To be completed

11. Program Required Special Provisions

See following pages.

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ARTICLE I - DESCRIPTION AND SCOPE OF WORK

The Contractor shall develop and carry out activities to document and assess the pilot arthritis grant program funded in 1974 in 29 Regional Medical Programs. In the execution of these activities, the Contractor will perform the following:

1. Development an implementation plan, including:
 - a. Organization, functions, and relationships of Contractor staff, and appropriate technical consultants who are accredited and/or certified professional arthritis practitioners.
 - b. A schedule for consultation, and active participation by arthritis specialists individually, or as a technical advisory body.
 - c. Identification of questionnaires and forms planned to be employed, and a schedule for their development and testing. The development and use of questionnaires and forms will be in compliance with Government regulations and instruction. (e.g., OMB forms clearance)
 - d. Identification of points, or stages at which the Government will be consulted prior to initiation of subsequent work.
 - e. A schedule for the development of available program information.
 - f. Identification of categories of, and purposes or analytic features of information and data proposed to be acquired with respect to pilot arthritis projects, RMP arthritis programs, and aggregate program description and assessment.
 - g. Survey protocol, including protocol for telephone and on-site interviews.
 - h. Protocol for the evaluation and development of final reports.

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2. Schedule of surveys planned to be undertaken.
3. Plan and schedule of the collation, analysis, and organization and presentation of accumulated information and data for review by arthritis specialists.

ARTICLE II - ARTICLES OR SERVICES TO BE FURNISHED, AND DELIVERY TIME

The Contractor shall submit to the Project Officers, Division of Regional Medical Programs, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852, the following items in the quantities, and during the time periods indicated below:

| <u>Description</u> | <u>Amount</u> | <u>Delivery</u> |
|---|---------------|--|
| 1. Progress reports briefly describing the work performed during the reported period, and anticipated activities for the next reporting period. | 3 | Three (3) months from the effective date of contract, and every three (3) months thereafter |
| 2. Proposed questionnaires and forms to be employed in the acquisition of information and data, including telephone and on-site interviews. | 5 | As developed, and prior to their use in accordance with Government regulations and instructions. |
| 3. Draft outline of the proposed report on the pilot arthritis program for review and comment by the Project Officers. | 3 | Six (6) months from the effective date of contract. |
| 4. Preliminary report on the pilot arthritis program, with information about arthritis specialist review which has, or is currently being obtained. | 3 | Nine (9) months from effective date of contract. |

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5. Final typed copies, including the original copy, of the final report on the pilot arthritis program, in agreed-upon format (Contractor-Government) suitable for reproduction and public dissemination.
6. A final Contractor's report encompassing:
- Procedures followed, and surveys made in the course of performing the contract.
 - Project and RMP program response experiences of the Contractor.
 - Special program or administrative problems of concern to the Government, and/or arthritis specialists.
 - Contractor, and/or consultant recommendations concerning the use of the program report.
 - Contractor recommendations concerning protocols, arrangements, or other considerations which would result in improved information in the event that the surveys were continued, or repeated.

5 After 11 months from date of contract, but to be received not later than 10 days before the termination of the contract.

5 12 months from date of contract.

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JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

Non-competitive procurement of assessment of the Regional Medical Program (RMP) pilot arthritis program should be effected with the Public Accountability Reporting Group (PAR) operating under the Western Interstate Committee for Higher Education (WICHE) a tax exempt institution serving 13 northwestern states. Operationally, PAR represents a network of all RMP's through their regional organizations through which health program and related information is developed and reported for stated purposes. The development of the RMP health programs over the years with which the PAR is closely associated has equipped PAR with unique access to health information sources which cuts across all provider, health institution, and professional health association lines.

PAR has established capability through its close association with the 53 RMP's to provide uniform accumulation of widely disparate kinds of health information, and to present data, with recommendations and findings when requested, in a cohesive form. This capability has provided a significant advantage to the RMP's, whose administration of Federal grant and other funds has involved them in many aspects of health care delivery. It has also presented a ready access for information by other health investigators concerned with categorical information across provider and health service area lines. No other prospective contractor could establish similar access to, and responsiveness from reporters on a nationwide basis without large financial inputs, and time to develop a broad reporting network.

Two professional organizations are primarily concerned with the pilot arthritis program, the American Rheumatism Association (ARA), which is the professional component of the Arthritis Foundation (AF), and the American Academy of Orthopaedic Surgeons (AAOS). Neither of these organizations have staff on board to conduct broad studies and surveys. Both have expressed consent with the proposal that PAR undertake documentation and assessment of the pilot arthritis program, with appropriate professional arthritis guidance.

The proposal that documentation and assessment of the pilot arthritis initiative be undertaken by PAR was made at a conference at Kansas City, Missouri, on January 20, 1975. The conference was requested by the arthritis grantees in recognition of (a) the need to exchange program information, and acquire a national perspective to the work, and (b) the financial and staff depletion of the Division of Regional Medical Programs (DRMP) which constrained central program coordination. The conference was sponsored by the AF, the AAOS, and the 29 RMP's administering pilot arthritis grants. Conferees numbered 110 individuals representing arthritis projects, grant administrators, officials of the conference-sponsoring organizations, the DRMP, and the National Institute of Arthritis, Metabolism, and Digestive Diseases (NIAMDD). With respect to arthritis program followup, the Conferees considered a number of recommendations and resolutions developed in conference workshops. All of the workshops resolutions were approved by the conference; and those relating to program documentation and assessment are the following:

"RMP should provide a common data collecting system for uniform documentation."

"Documentation should be reviewed and evaluated by sub-units of RMP, AF, and AAOS."

"The central collection and dispersion of the data is to be undertaken by the Public Accountability and Reporting Group (PAR), or some other appropriate entity, but under the specifications and guidance of the ARA Computer Committee."

Chairperson of the ARA Computer Committee is Evelyn V. Hess, M.D., Professor of Medicine, University of Cincinnati Medical Center, who was an active participant in the conference. The committee is comprised of professional specialists in the field of arthritis, including members of the AAOS. Representatives of the PAR and the Computer Committee are developing an appropriate and feasible approach to documentation and assessment of the pilot arthritis initiative. The active participation of ARA, and AAOS in the development and conduct of these activities will assure the imprint of the very highest professional arthritis expertise in the contract activity.

Sole source procurement of documentation and assessment of the RMP pilot arthritis program by PAR, with the participation of arthritis disease experts, is the preferred method for executing this procurement request.