REQUEST FOR PROPOSAL

Mississippi Alliance for Cardiovascular Health Learning Collaborative

Eligible Applicants: Private primary care practices, rural clinics, Federally Qualified Health Centers (FQHC), hospital systems with primary care practices, and dental practices in the following counties are eligible to apply:

Amite, Claiborne, Clarke, Covington, Franklin, George, Greene, Grenada, Harrison, Lawrence, Neshoba, Noxubee, Prentiss, Pike, Webster, Wilkerson, Tippah, Tishomingo, Yalobusha

MARCH 1, 2024

MISSISSIPPI STATE DEPARTMENT OF HEALTH
HEART DISEASE AND STROKE PREVENTION PROGRAM
601-206-1559

Mississippi Alliance for Cardiovascular Health (MACH)
Learning Collaborative (LC)

Purpose: The Mississippi State Department of Health, Heart Disease and Stroke Prevention Program (HDSPP) is releasing a Request for Proposal (RFP) to select healthcare systems to participate in the Mississippi Alliance for Cardiovascular Health (MACH) Learning Collaborative (LC), designed to support healthcare organizations and community-based organizations with improving health outcomes for patients/individuals with a high prevalence of cardiovascular disease (CVD) impacted by exacerbated health inequities and disparities, and social determinants, such as low incomes, poor health care, and unfair opportunity structures. A specific emphasis is placed on preventing and controlling hypertension and high cholesterol.

In 2018, the Heart Disease and Stroke Prevention Program established the Chronic Disease Quality Improvement Initiative (CDQII) to improve health care processes and clinical outcomes related to the treatment of hypertension, hyperlipidemia, and diabetes. The foundation of CDQII is the Chronic Care Model with a focus on quality improvement activities, use of health information technology, and a team-based care approach. Over a period of 4 years (2019-2023), 403,157 patients have been impacted by this model resulting in statistically significant improvements in blood pressure, blood cholesterol, and blood glucose control. Regarding hypertension in control during the period of 2019-2023, the total number of patients with hypertension was 118,641 (29.4%), and among the patients diagnosed with hypertension, 65,814 (55.5%) were in control.

Given the importance of health equity, this RFP represents the third funding cycle will include an expanded focus on addressing social and economic factors to help communities and health systems facilitate the best health outcomes possible for those at risk of or burdened with CVD. The LC may be an alliance of public health entities, housing, commerce, and transportation agencies, health systems, health care providers, clinical quality improvement organizations, health information technology experts, public and private payers, pharmacists, mental and behavioral health professionals, community-based health care professionals, community organizations, safety net providers, health departments, tribal organizations and others.

Applicants must demonstrate the capacity to achieve outcomes that reduce hypertension and high blood cholesterol in alignment with the broad strategies indicated below:

STRATEGY I	Track and monitor clinical and social services and support needs measures shown to improve health and wellness, health care quality, and identify patients at the highest risk of cardiovascular disease (CVD) with a focus on hypertension and high cholesterol.
STRATEGY II	Implement team-based care to prevent and reduce CVD Risk with a focus on hypertension and high cholesterol prevention, detection, control, and management through the mitigation of social support barriers to improve outcomes.
STRATEGY III	Link community resources and clinical services that support bi-directional referrals, self-management, and lifestyle change to address social determinants that put the priority populations at increased risk of cardiovascular disease with a focus on hypertension and high cholesterol.

Five (5) healthcare systems will be awarded to become Cohort I of the Mississippi Alliance for Cardiovascular Health Learning Collaborative. The purpose of the Learning Collaborative is to

improve diagnosis and management of cardiovascular disease risk factors' This LC will facilitate communication, the exchange of ideas between local health departments, healthcare systems and professionals, safety net providers, and community organizations and leaders, pharmacists, mental and behavioral health professionals, to improve cardiovascular health outcomes for all persons but specifically those with or at highest risk of poor cardiovascular health outcomes. Applicants must partner with other clinical and community-based organizations as a participant of the Mississippi Alliance for Cardiovascular Health Learning Collaborative. This Learning Collaborative will directly intervene to address the social determinants of health. Applicants will establish an interdisciplinary team, report monthly aggregated data on clinical and social determinants of health (SDOH), participate in operational site visits, and refer patients for social service needs, resources, and lifestyle change programs and follow-up.

The MSDH Heart Disease and Stroke Prevention Program will support healthcare organizations with achieving the Learning Collaborative goals. An interdisciplinary team of subject matter experts will provide guidance, evidence-based education, access to resources and lifestyle change programs, and health information technology (HIT) support. The goals of the Learning Collaborative are listed below:

MACH LEARNING COLLABORATIVE GOALS
1. Prioritize populations and communities with the highest prevalence of CVD, with a focus on advancing health equity for individuals with hypertension and high cholesterol.
2. Serve populations and communities affected disproportionately by CVD, specifically hypertension, high cholesterol, or stroke, due to unfair opportunity structures and social determinants, such as limited access to care, inadequate or poor quality of care, or economic instability.
3. Achieve optimal health outcomes for priority populations through culturally informed program services that use focused strategies to advance universal health equity goals that are mindful of the social determinants.

A. AVAILABILITY OF FUNDING

Awarding Agency: Mississippi State Department of Health
Awarding Program: Heart Disease and Stroke Prevention Program
Type of Award: Subgrant/Sub-award
Approximate number of Awards: 5
Application Due Date: April 7, 2024 @ 11:59 p.m.
Approximate Year 1 Budget Award: $7600.00
Estimated Budget Period Length: Two (2) Months in Year 1: *(May 1, 2024 – June 29, 2024)*

Approximate Budget Award in Years 2-5: $30,000.00
Estimated Budget Period Length: Twelve (12) months in years 2-5: *(June 30th – June 29, 2024)*

Total Number of Years of Awards: Approximately 4 years & 2 months*
Anticipated Notice of Award Date: April 12, 2024
Total Period of Performance Length: Approximately 4 years & 2 months

Eligibility: Healthcare systems (private primary care practices, rural clinics, Federally Qualified Health Centers, hospital systems with primary care practices, and dental practices) in the following counties are eligible to apply:

Amite, Claiborne, Clarke, Covington, Franklin, George, Greene, Grenada, Harrison, Lawrence, Neshoba, Noxubee, Prentiss, Pike, Webster, Wilkerson, Tippah, Tishomingo, Yalobusha

- Preference will be given to healthcare systems that serve at-risk populations with demonstrated disparities in cardiovascular health/conditions (e.g., socioeconomic status, gender, geographic, racial/ethnicity).

- Applicants must have sufficient financial resources available to meet program deadlines without advance payment from MSDH. Reimbursement for services and materials will be provided upon delivery and receipt of monthly invoices and supporting documentation.

B. REQUIREMENTS

Successful applicants will enter a subgrant agreement with MSDH. In addition to the sub-grant agreement, completion of a Minority Vendor and W-9 Form, Business Associate Agreement, and Conflicts of Interest Form will be required. All grant recipients must have a Unique Entity Identifier number (UEI). This can be obtained by visiting www.Sam.gov

Continued funding for the MACH Learning Collaborative will be contingent on meeting milestones, performance metrics, and outcomes that will be detailed in the contract with the selected applicant. Funds will be administered on a ***reimbursement basis*** upon receipt of invoices and supporting documentation.

This funding opportunity was made possible by the Centers for Disease Control and Prevention, Federal Award Identification Number: NU58DP007470. The determination of continued funding is contingent upon the availability of funds and the grantee's ability to meet required deliverables and submit reports on time. This does not constitute a commitment by the MSDH Heart Disease and Stroke Prevention Program to fund the entire project. All applicants must meet with the Heart Disease and Stroke Prevention Program, community-based organizations, and local faith-based organizations.

SCOPE OF WORK

C. Role of the Healthcare System

As a condition for participating in the Mississippi Alliance for Cardiovascular Health Learning Collaborative (MACH-LC), participating Healthcare Organizations will:

1. Select an interdisciplinary team which includes a senior leader, physician champion, nurse, social worker/care coordinator, data analyst/IT support staff, and partnerships that resemble the identified communities/populations and can respond to the SDOH, and social services and support needs to participate in the MACH-LC.

    a. LC partnerships must strengthen efforts to expand care teams to include community pharmacists and other members of the care team in community settings outside of healthcare facilities to enhance follow-up, communication, and coordination among identified communities and populations.

    b. The Senior Leader is generally an executive within the organization. The ideal senior leader has the ultimate authority to allocate the time and resources needed to achieve the team's aims. In addition, this individual has administrative authority over all areas affected by the changes the team will test and champion the spread of successful changes throughout the organization.

    c. The senior leader is encouraged to attend all three (3) learning sessions; however, it is expected that they will attend at least the first and third sessions. Learning sessions provide an opportunity for team members to share experiences, enhance learning, and expand the implementation of successful change concepts using the Expanded Chronic Care Model. Additionally, the senior leader will attend a minimum of one team meeting per month in the clinic and review each monthly report generated by the MACH project.

2. The Interdisciplinary Team will participate in **one (1)** Kickoff Meeting, three (3) learning sessions, and one (1) Operational Site Visit. *Deliverables: pre/post-tests, evaluations, and pre- OSV survey.*

3. Identify and engage community-based organizations to assist with addressing patients' social service needs. *Deliverables: partnership list documented in a centralized database accessible/identified by the HDSPP*.

4. Partner with other clinical and community-based organizations and all participate in the MACH-LC. *Deliverables: pre/post-tests and evaluations,*

5. Members of the LC must examine existing policies that are barriers to optimal health outcomes and engage in mitigation strategies aimed at system-level changes that reduce health and healthcare disparities and improve community conditions.

6. Collect and report aggregated clinical and social determinants of health (SDOH) data on the population of focus and subsequently on the population of spread. *Deliverables: Monthly data reports submitted in the HDSPP database.*

7. Participate in an annual Operational Site Visit (OSV) with the HDSPP staff. *Deliverables: pre-OSV survey, attendance*

8. Refer patients for social service needs and lifestyle change programs; track and monitor patient referrals. Referrals must include agencies in the community that serve the priority population and provide safety net services. *Deliverables: Monthly data reports submitted in the HDSPP database.*

9. Share experiences and de-identified data with designated (MACH-LC) teams openly so that knowledge and learning can be summarized. Deliverable: *PowerPoint Storyboard presented during Learning Session.*

10. Submit invoices monthly along with reports and other supporting documentation and reports to the Heart Disease and Stroke Prevention Program by the 15th of the following month.

D. ROLE OF THE MSDH HEART DISEASE AND STROKE PREVENTION PROGRAM

As a condition for participating in the "Mississippi Alliance for Cardiovascular Health Learning Collaborative" (MACH-LC), the HDSPP will provide:

1. Training for three (3) learning sessions with clinical and community partners. The curriculum and faculty for all learning sessions.

2. Ongoing technical assistance to the *"Mississippi Alliance for Cardiovascular Health Learning Collaborative's Interprofessional Team"* and senior leadership.

3. Coaching and feedback on monthly reports to the *"MACH-LC's M Team."*

4. Continuing educational opportunities and certifications and information on partnerships with local, state, and national organizations and government agencies.

5. ICD 10 and Z codes to include in the monthly report.

6. IT support to assist clinical and SDOH data collection and clinical reporting.

7. Provide approved/agreed upon funding to participating healthcare systems to support expenses related to the (MACH-LC), including but not limited to virtual platforms; MSDH sponsored meetings and other relevant state, regional and/or national conferences; travel and per diem for (MACH-LC) team members to attend Learning Sessions; MSDH sponsored patient self - management support programs; patient education materials; and team meetings. **Reimbursement will be provided based upon meeting benchmarks as defined by MSDH.**

E. APPLICATION

THE APPLICATION LINK

https://apps.msdh.ms.gov/redcap/surveys/?s=DK9EXTEWLWNKLH7H

F. APPLICATION REVIEW CRITERIA

Organizational Capacity (15) – The extent to which the applicant:

- Describes the type of organization applying and its organizational structure. (10)
- Describes the services provided. (5)

Project Management (15) – The extent to which the applicant:

- Describes who will be responsible for executing the MACH-LC award for critical tasks such as project leadership, Learning Collaborative team members, monitoring of the project's ongoing progress, preparation of reports, program evaluation, and communication with partners. (10)
- Describes the staff's ability to participate in all phases of the Learning Collaborative, including Learning Sessions. (5)

Data Collection and Reporting (50) – The extent to which the applicant:

- Clearly articulates the Health Information Technology support, including IT staff and EHR vendor information. (10)
- Describe how the organization uses Health Information Technology to identify patient populations and use data to improve patient CVD health outcomes. (10)
- Explains if Cardiovascular Risk Screening can be completed in the EHR (5)
- Documents whether the EHR system can collect data on Cancer screenings. (5)
- Explains the referral process and receives patient progress reports from lifestyle change and Healthy behavior support programs (5)
- Provides data at a population level. (15)

Collaboration (5) – The extent to which the applicant:

- Describes how the healthcare system utilizes team-based care (e.g. nurses, nurse practitioners,

dentists, pharmacists, nutritionists, physical therapists, social workers, and community-based workers) to identify patients' social services and support needs and to improve the management and treatment of hypertension and cholesterol. (3)

- Describes patients' training on how to use a home blood pressure monitor and the staff's ability to provide clinical support within populations at the highest risk of HTN. (1)
- Describe any collaboration with community-based organizations and partnerships to address the barriers to social services and support needs. (1)

Project Resources (15) – The extent to which the applicant:

- List any potential faith-based organizations or independent pharmacies that the health system will plan to partner with to conduct blood pressure screenings and referrals of local participants. (Independent pharmacies may provide MTM) (15)

G. APPLICATION REVIEW PROCESS

Phase I Review: All eligible applications will be initially reviewed for completeness and responsiveness by an assigned review panel. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance to Phase II review. Applicants will be notified that the application did not meet eligibility and published submission requirements.

Phase II Review: An objective review panel will evaluate complete and responsive applications according to the criteria listed in the criteria section of the FOA. Applicants will be notified electronically if the application does not meet eligibility.

Applicants may receive up to 100 possible points as follows:

Application Sections	**Possible Points**
Organizational Capacity	15
Project Management	15
Data Collection/Reporting	50
Collaborations	5
Project Resources	15
Total Possible Points	**100**

H. SUBMISSION REQUIREMENTS

Please direct specific inquiries to the Heart Disease and Stroke Prevention Program by email to Deborah Donnell, Deborah.Donnell@msdh.ms.gov or 601-206-1075. **All applications must be completed via the link on page 6 and received by 11:59 p.m. Sunday, April 7, 2024.**

I. FUNDING RESTRICTIONS

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.