
Strengthened Community Partnerships for More Holistic Approaches to Interoperability: Human-Centered Design Sprint

Request for Proposals (RFP)

Data Innovation Initiative
Non-Infectious Disease Programs

Date Issued: July 15, 2021

Date Due: July 27, 2021 by 12:00 pm EDT

CDC FOUNDATION CONTACT

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1. CDC FOUNDATION

The CDC Foundation helps the Centers for Disease Control and Prevention (CDC) save and improve lives by unleashing the power of collaboration between CDC, philanthropies, corporations, organizations and individuals to protect the health, safety and security of America and the world. The CDC Foundation is the go-to nonprofit authorized by Congress to mobilize philanthropic partners and private-sector resources to support CDC's critical health protection mission. Since 1995, the CDC Foundation has raised over \$1.2 billion and launched more than 1,200 programs impacting a variety of health threats from chronic disease conditions including cardiovascular disease and cancer, to infectious diseases like rotavirus and HIV, to emergency responses, including COVID-19 and Ebola. The CDC Foundation managed hundreds of programs in the United States and in more than 140 countries last year.

2. SUMMARY OF REQUEST

The CDC Foundation was awarded a federal grant from the CDC titled *Strengthened Community Partnerships for More Holistic Approaches to Interoperability*. The aim of this project is to ensure that many stakeholders across the public health ecosystem can be more proactive with data. Through this Request for Proposals (RFP), the CDC Foundation seeks to enter into a contractual agreement with a successful bidder and select a suitable contractor to conduct a human-centered Design Sprint. Using a use case provided by the CDC Foundation, the contractor will create wireframes and a dashboard for a health care/public health consultation. The contractor will also identify additional high-priority, high-value user stories for public health surveillance or other data-related activities and their design elements for an open-source data pipeline that will plug into the SMART/HL7 Bulk FHIR Access application programming interfaces (APIs). Working in close collaboration with public health and health care organizations, technical and policy experts, and other stakeholders, the contractor will facilitate consensus on the priority user stories and a shared understanding of each user story's value proposition.

Bidders are requested to propose the best and most cost-effective solution to meet requirements, while ensuring a high level of service and adherence to tight timelines.

3. RATIONALE AND OBJECTIVES

The magnitude, complexity, and sophistication of healthcare has driven the rapid development and adoption of the HL7 FHIR® (Fast Healthcare Interoperability Resources) standards. FHIR® simplifies healthcare information exchange by focusing on the most widely used healthcare resources, satisfying 80 percent of the healthcare information exchange user cases. As such, the cost of developing and deploying standards-based healthcare information exchange for most users is dramatically reduced; and healthcare information is more available to non-clinical domains such as community-based organizations and public health.

The CDC Foundation has been funded to support the standardization of emerging capabilities—specifically SMART on FHIR® and Bulk FHIR APIs—which certified health IT vendors are required to adopt through

regulations promulgated by the Office of the National Coordinator (ONC) and Centers for Medicare & Medicaid Services (CMS) **by 2022**.

The level of standardization required presents an unprecedented opportunity for the public health sector to ensure that reproducible methods for accessing and analyzing clinical data for public health purposes can be more rapidly developed across sites of care nationwide. Thus, laying the foundation for enhanced information sharing, integration, and infrastructure that strengthens clinical-community linkages will help promote evidence-based behaviors, interventions, and solutions that protect health.

The CDC Foundation seeks to ensure that public health stakeholder's needs are met in such a way that, as the emerging capabilities mature, they are suitable and useful to public health. Specifically, the successful contractor will work in close concert with the CDC Foundation and its contractors, CDC, and other stakeholders to achieve the following objectives:

- Agreement on priority user stories and which data elements would be mutually beneficial to extract from health systems.
- Improved readiness among public health and health care organizations, and other stakeholders to conduct testing of standardized, secure, and sustainable approaches to interoperability.
- Improved access to accurate, complete, and actionable data needed to drive decision making and inform the public more quickly and with greater precision.
- Coordinated, enterprise-wide approaches for working across multi-stakeholder coalitions and scaling viable technical solutions.
- Consensus among partners on priority user stories and value propositions.

4. SCOPE OF WORK

This project consists of a human-centered Design Sprint. Using a use case provided by the CDC Foundation, the contractor will create wireframes and a dashboard for a health care/public health consultation. The contractor will also identify additional high-priority, high-value user stories for public health surveillance or other data-related activities and their design elements for an open-source data pipeline that will plug into the SMART/HL7 Bulk FHIR Access application programming interfaces (APIs). Working in close collaboration with public health and health care organizations, technical and policy experts, and other stakeholders, the contractor will facilitate consensus on the priority user stories and a shared understanding of each user story's value proposition.

The CDC Foundation, in partnership with the contractors working on the overall project, will identify the public health and health care organizations, technical and policy experts, and other stakeholders, who will participate in the Design Sprint.

The key project milestone is a Design Sprint to be completed by December 10, 2021.

Key activities

Conduct a human-centered Design Sprint using an approach consistent with the best practices outlined in the US Digital Services Playbook (<https://playbook.cio.gov/>) and the National Academy of Medicine's report entitled Procuring Interoperability: Achieving High-Quality, Connected, and Person-Centered Care (https://nam.edu/wp-content/uploads/2019/08/Interop_508.pdf). We expect the contractor to:

- Develop wireframes and a dashboard for a use case provided to the contractor for a health care/public health consultation.
- Develop additional user stories (i.e., identify personas, articulate problem statements and value propositions, uncover user needs and aspirations, test hypotheses, etc.) for public health surveillance and other data-related activities for an open-source data pipeline that will plug into the SMART/HL7 Bulk FHIR Access API.
 - User stories will be developed in collaboration with public health and health care organizations, as well as technical, and policy experts, and other stakeholders. The CDC Foundation, in partnership with the contractors working on the overall project, will identify the public health and health care organizations, technical and policy experts, and other stakeholders, who will participate in the Design Sprint.
- Facilitate consensus among partners on priority user stories.
- Identify data that would be mutually beneficial to extract from health systems, including clinical notes.
- Facilitate the development of design elements for the priority user stories.
- Facilitate a process to articulate how the identified priority user stories add value for public health.
- Prepare written proceedings from the Design Sprint.

4.1 Deliverables

Deliverable 1: Kick-off meeting (within 5 days of award)

The outputs include:

- Collaborating with CDC Foundation staff on final agenda
- Meeting notes

Deliverable 2: Final plan for conducting the Design Sprint (within 30 days of award)

The outputs include:

- Working draft(s) of a plan for conducting the human-centered Design Sprint for review and discussion. The plan should include detailed information about the steps and timeline for conducting the Design Sprint, and the alignment of the process with best practices in the US Digital Services Playbook and the National Academy of Medicine's report entitled Procuring Interoperability: Achieving High-Quality, Connected, and Person-Centered Care.

- Final plan.

The Design Thinking contractor is expected to work collaboratively with the contractors working on the overall project in designing and implementing the Design Sprint.

Deliverable 3: Conduct the Design Sprint (completed by December 10, 2021).

The outputs include:

- Wireframes and a dashboard for a use case provided to the contractor for a health care/public health consultation.
 - The wireframes and dashboard must be delivered within 1 week of the completion of the Design Sprint.
- Written proceedings of the Design Sprint including but not limited to:
 - A summary of the overall process, including daily activities and their purpose.
 - A list of stakeholders and stakeholder organizations participating in the process.
 - A description of the process to develop additional potential user stories and the final list of potential user stories.
 - User stories: i.e., identify personas, articulate problem statements and value propositions, uncover user needs and aspirations, test hypotheses, etc. for public health surveillance and other data-related activities for an open-source data pipeline that will plug into the SMART/HL7 Bulk FHIR Access API.
 - A description of the work conducted to facilitate consensus on priority user stories and the consensus priority user stories.
 - A description of the process to identify data that would be mutually beneficial to extract from health systems, including clinical notes, and a list of these data and clinical notes.
 - A description of the work undertaken to develop the design elements for the priority user stories, and the final design elements for each priority user story.
 - A description of the process to articulate how the priority user stories add value for public health, and the value propositions for each priority user story.
 - What worked.
 - Challenges, including criticisms.

The structure of and due date for the written proceedings will be determined after the Design Sprint is scheduled.

Subsequent tasks to be determined. Presently, there is no adequate way to determine whether additional Design Sprints will result from this solicitation. Should a need for additional Design Sprints be identified during the contract term, the CDC Foundation and the contractor will negotiate a contract amendment for additional services.

5. KEY REQUIREMENTS

5.1 ELIGIBILITY

Applicants must meet all the following requirements:

- Headquartered in North America.
- Small business with average annual receipts (averaged over the last 3 full fiscal years) of \$30 million US dollars or less.
- 5+ years of combined project personnel experience conducting human-centered Design Sprints to create technological solutions, including public health and/or healthcare public and private sectors. **Provide at least 2 past performances.**
- Experience conducting Design Sprints in an entirely virtual environment. **Provide at least 2 past performances.**

Preferred qualifications:

- Familiarity with human-centered design of FHIR-based prototypes.
- Experience with designing for end user access to health care clinical and/or genomic data.

5.2 Funds Available

CDC Foundation intends to award one contract for a six-month term (beginning mid-September-2021 through mid-March 2022). Bidders are requested to propose the best and most cost-effective solution to meet the RFP's requirements, while ensuring a high level of service.

The anticipated Maximum Payable Amount (MPA) for this contract is \$150,000. Bidders may propose a fee that exceeds the anticipated MPA if it is required to deliver its proposed solution for the scope of work. CDC Foundation will consider proposals meeting the proposal requirements (see section 6.2) from eligible bidders (see section 5.1) with a budget that exceeds the anticipated MPA.

The final award amount is contingent on submission of a detailed and reasonable budget to be approved by the CDC Foundation. CDC Foundation reserves the option to negotiate a best and final offer from bidders.

5.3 Funding Source

The agreement resulting from this RFP will be supported by Federal funding under the *Strengthened Community Partnerships for More Holistic Approaches to Interoperability* grant with the award number 6 NU38OT000288-03-07 from the Centers for Disease Control and Prevention. The CDC foundation anticipates that award(s) resulting from this solicitation will meet the criteria of "contractor" as defined by 2 CFR 200.331; a final determination will be made at the time of award.

5.4 Place of Performance

The Contractor will carry out tasks at their offices and at the CDC Foundation Headquarters in Atlanta, GA when appropriate. The Contractor should include costs for up to two trips to Atlanta, GA in the proposed budget. The Design Sprint will take place virtually.

5.5 Performance Monitoring

The performance will be monitored in line with the agreed project plan. The Contractor will be expected to work in close collaboration and consultation with the CDC Foundation, the CDC, and other CDC Foundation contractors working on this project. The plan for each deliverable will be an important part of the overall project plan. Furthermore, regular reviews/coordination, as agreed, will be undertaken, as work progresses.

5.6 Payment

CDC Foundation will pay the contractor a fee not to exceed a Maximum Payable Amount (MPA) or ceiling price. The MPA will be based on the fee proposed and awarded and will be negotiated as part of the resulting contract.

CDC Foundation requests bidders include the proposed fee structure (e.g., hourly rates, firm fixed price) in their proposal. CDC Foundation reserves the right to negotiate the fee structure.

6. INSTRUCTIONS TO BIDDERS

Bidders should follow the instructions set forth below in the submission of their proposal to the CDC Foundation.

CDC Foundation will not be responsible for any proposal which does not follow the instructions in this RFP, and may, at its discretion, reject any such non-compliant proposal.

6.1 Communications during the RFP Period

A prospective bidder requiring any clarification on technical, contractual, or commercial matters may notify the CDC Foundation via email at the following address no later than **12:00 pm EDT on July 21, 2021**:

Email for submissions of all queries: DIIProcurement@cdcfoundation.org

(use subject: Bid Ref. 2021/CDCF/DII-Design Sprint questions)

CDC Foundation will respond in writing (via email only) within 48 hours to any request for clarification of the RFP that it receives by the deadline indicated above. Questions received after the deadline will not be answered. An RFP Supplement with a consolidation of responses to all questions (including an explanation of the query but without identifying the source of enquiry) will be posted on the CDC Foundation website.

6.2 Submission of Proposals

Proposals must be submitted at <https://app.smartsheet.com/b/form/33a8280fc97b4eaeab6862ce0b7b6347>.

It shall be the Bidder's responsibility to obtain a confirmation of receipt by the CDC Foundation of their submitted proposal. Any proposal received after the closing date for submission of proposals will be rejected.

Proposal Requirements

Proposals should be no more than 6 pages, single spaced, 11-point font, not including appendices, and must address the following:

- 1) **Capability Statement** (page limit: two pages) that demonstrates you/your organization's ability to deliver services as described in the RFP, specifically evidence of successfully conducting human-centered Design Sprints to create technological solutions, including public health and/or healthcare public and private sectors. Capability statement should also include experience conducting human-centered Design Sprints in fully virtual environments. If applicable, please also include information about familiarity with human-centered design of FHIR-based prototypes as well as experience with designing for end user access to health care clinical and/or genomic data.
- 2) **Approach/Methodology** (page limit: two pages) that provides a description of the proposed approach and technical solution with examples from successful past projects in line with the deliverables (see section 4.1). Please include information about how the Design Sprint would be conducted in a fully virtual environment. Please also include a description of the process and staffing capacity to initiate work immediately as proposed as well as any other resources or networks that could be drawn on. Please also include a detailed timeline for project implementation, inclusive of preparation and delivery.
- 3) **Staffing Plan** (page limit: two pages) that demonstrates the qualifications and competence of the personnel proposed for the assignment. Please also provide two-page resumes/CVs for project personnel that clearly show tenure, professional experience and/or education:
 - Conducting human-centered Design Sprints to create technological solutions
 - Experience creating technological solutions via Design Sprints that include public health and/or healthcare public and private sectors.
 - Experience conducting Design Sprints in fully virtual environments.

If applicable, please also include project personnel's:

- Familiarity with human-centered design of FHIR-based prototypes.
- Experience with designing for end user access to health care clinical and/or genomic data.

Required Attachments:

- **Vendor status verification:** U.S. System Award Management (SAM), or equivalent, search results for overall organization and individuals designated to this proposal.
- **Curriculum Vitae (CV) or Resume** for project personnel (page limit: 2 pages per principal/expert).
- **Documentation of Experience** including Past Performances for at least 2 projects (as itemized in section 5.1). A single Past Performance may be used to describe experience for more than one eligibility criterion.
- **References:** Provide contact information for 2 references for projects similar to that described in the Scope of Work outlined in the RFP.
- **Budget and Budget Justification** – Provide a reasonable and detailed budget for all anticipated costs for a six-month term (beginning mid-September 2021 through mid-March 2022). Include a justification that explains the rationale for your proposed budget, including the proposed fee structure (e.g. firm fixed price, hourly rates). We recommend using the **Budget Preparation Guidelines** available at <https://www.cdcfoundation.org/request-for-proposals> for guidance.

Submitting a Proposal

Application materials should be submitted by **12:00pm EDT on Tuesday, July 27, 2021.**

Proposals will not be accepted after this date and time.

Proposals must be submitted electronically at

<https://app.smartsheet.com/b/form/33a8280fc97b4eaeab6862ce0b7b6347>.

We recommend you begin to submit your proposal by 11:00 am EDT to allow sufficient time to address any unexpected technical issues.

6.3 Timeline

| Date | Description |
|--------------------------------|--|
| July 15, 2021 | RFP Release |
| July 21, 2021, 12:00 pm EDT | Deadline to receive questions. Responses will be turned around within 48 hours |
| July 27, 2021, 12:00 pm EDT | Proposal Submission Deadline |
| Mid-August 2021 | Anticipated Finalist Virtual Presentations |
| Late August 2021 | Anticipated Selection Notification |
| Mid-September 2021 | Anticipated Project Implementation Start Date Implementation period of 6 months |

*Please note that the timeline is subject to change

REVIEW PROCESS AND CRITERIA

The review process will occur in two steps. First, written proposals will be reviewed. Following the review of written proposals, up to three finalists will be invited for a virtual interview of up to 45 minutes in duration.

Review of Written Proposals: Completed eligible applications submitted by the July 27, 2021 deadline will be evaluated and scored in accordance with the review criteria stated below. Written proposals will be evaluated on bidders' qualifications, expertise, track record, work samples, innovation, and cost-effectiveness. The following table outlines the criteria that reviewers will use to guide their evaluation of each written proposal.

| DOMAIN | CRITERIA | WEIGHT |
|----------------------|--|------------|
| Capability Statement | <p>Capability statement (page limit: two pages) that demonstrates you/your organization's ability to deliver services as described in the RFP.</p> <ul style="list-style-type: none"> • Experience conducting human-centered Design Sprints to create technological solutions, including for public health and/or healthcare public and private sectors. • Experience conducting human-centered Design Sprints in fully virtual environments. • Familiarity with human-centered design of FHIR-based prototypes. • Experience with designing for end user access to health care clinical and/or genomic data. | 30% |
| Approach/Methodology | <p>An approach that demonstrates the extent to which CDC Foundation's requirements and expectations have been satisfactorily addressed, such as:</p> <ul style="list-style-type: none"> • The appropriateness of the proposed approach and quality of the technical solution proposed. • The appropriateness of the proposed approach for implementing the Design Sprint in a fully virtual environment. • The proposed management and staffing available to initiate work immediately and to ensure high level involvement and timely delivery to meet the aggressive project timelines. • The appropriateness of the timeline for project implementation, inclusive of preparation and delivery. | 25% |
| Staffing Plan | <p>A staffing plan that demonstrates the qualifications and competence of the personnel proposed for the assignment, including:</p> <ul style="list-style-type: none"> • Resumes/CVs clearly show tenure, professional experience and/or education that reflects knowledge and ability in content expertise. | 25% |

| | | |
|-----------------------------------|--|------------|
| | <ul style="list-style-type: none"> • Project personnel with tenure, education and/or experience: <ul style="list-style-type: none"> ○ Creating technological solutions via Design Sprints that include public health and/or healthcare private sectors. ○ Conducting Design Sprints in fully virtual environments. ○ Familiarity with human-centered design of FHIR-based prototypes. ○ Experience with designing for end user access to health care clinical and/or genomic data. | |
| Proposed Budget, Budget Narrative | A budget and justification for all anticipated costs for a six-month term (beginning mid-September 2021 through mid-March 2022). Budget is reasonable and detailed. Budget justification explains the rationale for the proposed budget and the proposed fee structure (e.g., firm fixed price, hourly rates). | 20% |

Virtual Interview: Following the review of written proposals, up to three finalists will be invited for a virtual interview of up to 45-minutes in duration. The interview will provide an opportunity for finalists to verbally present their proposal and CDC Foundation to pose any follow-up or clarifying questions. Content of the interview may be used to inform final award decisions.

All applicants will receive a notification of whether their proposal was selected for funding. The CDC Foundation will not provide scores or specific review feedback to unsuccessful applicants.