

Health Research, Inc. (HRI) and the New York State Department of Health (NYSDOH), with funding from the Centers for Disease Control and Prevention (CDC), on behalf of the Bureau of Cancer Prevention and Control (BCPC) are seeking bids from New York State (NYS) Federally Qualified Health Centers (FQHC) to participate in a project to increase colorectal cancer (CRC) screening rates in FQHC primary care practice sites. While contracts will be awarded to the FQHC, bids must be submitted for each clinic at which activities will be implemented.

Successful bidders will be awarded an initial contract for a six-month period, from January 1, 2024, to June 29, 2024 to support project start-up, and a second, twelve-month contract period from June 30, 2024 to June 29, 2025 to support project implementation. Up to six (6) clinics across up to four (4) FQHCs will be selected for funding. Each FQHC may submit bids for up to two clinics.

The project intent is to develop and implement a quality improvement (QI) plan that includes at least two of the five priority evidence-based interventions (EBIs) in [The Community Guide](#) (client reminders, provider reminders, provider assessment and feedback, reducing structural barriers, and patient navigation) and other systems changes in each clinic site to make sustainable, lasting improvements in primary care clinic CRC screening rates. The NYSDOH will provide technical assistance on development and implementation of an approved QI plan and will support learning opportunities for all participating clinics.

Successful bidders will:

- participate in an assessment of their current clinic practices related to CRC screening,
- receive post-assessment feedback and recommendations for improvement work,
- develop and implement a QI plan that includes at least two EBIs and other systems changes to increase CRC screening,
- participate in evaluation activities to assess individual clinic progress, including completing annual assessments through project year 2 and potentially beyond to demonstrate project impact over the long term.

The successful bidder will submit a bid by November 16, 2023, that demonstrates clinic eligibility and capacity to allocate staff time and effort to participate in all project activities. A deliverable-based contract with Health Research, Inc. will be awarded to the successful FQHCs. FQHCs awarded contracts under previous bids and currently participating in this project are not eligible to apply.

Bidders may submit questions to [Canserv@health.ny.gov](mailto:Canserv@health.ny.gov) no later than October 12, 2023, email subject line should read, "Increasing CRC Screening in FQHCs". Questions and answers will be posted and shared with all who submitted questions on or around October 19, 2023.

**Minimum Eligibility** – In order to submit bids, FQHCs must identify a clinic site in which to implement the project that meets all six (6) of the below criteria. A single FQHC may identify up to two (2) clinic sites in which to implement the project but must submit separate bids for each

clinic site. Bidders that do not identify a clinic or clinics that meet these criteria will not be considered for funding. A budget for the first six-month period must be included with the bid submission. The budget template is located in Section eight (8) of the online application.

**Required Clinic Criteria:**

1. A clinic site of a current NYS FQHC that provides primary care.
2. A clinic site colorectal cancer (CRC) screening rate of less than 60% using the Uniform Data System 2023 Health Center Data Reporting Requirements (please see page 108 of the 2023 UDS Data Reporting Requirements Manual) for the June 2023 trailing year, demonstrated by response to Section 2 of the bid survey.
3. A CRC screening-eligible population, based on criteria for UDS measure denominator, that is at least 20% of the total clinic site population or comprises at least 1,000 patients, demonstrated by response to Section 3 of the bid survey.
4. Capacity to provide all required project data as demonstrated by completion of the baseline data questions in Section 4 of the bid survey.
5. The capacity to ensure that all patients, regardless of insurance status or ability to pay, can access needed CRC screening, diagnostic, and treatment services, as demonstrated by clinic participation in the NYSDOH Cancer Services Program or other responses to questions in Section 6 of the bid survey.
6. Staff capacity to support and participate in all project activities, as demonstrated by completion of the staffing plan in Section 7 of the bid survey, which requires, at a minimum, identification of individual staff to fulfill each of the following four (4) clinic team member roles; 1) a Clinic Team Lead, 2) a Provider Champion, 3) a QI Lead, and 4) a Health Information Technology (HIT) Lead. Each identified clinic team member will be responsible for fulfilling specific project deliverables. Should designated staff become unavailable, awardees must ensure roles are covered so there are no gaps in project implementation. Other clinic staff responsible for implementing project work should be identified in the staffing plan submitted in response to the survey to ensure all activities described in Table 1 are supported.

The successful bidders will be awarded deliverable-based contracts with Health Research, Inc. The first contract period is anticipated to begin January 1, 2024, and end June 29, 2024, and the second June 30, 2024 to June 29, 2025, and will include the deliverables and timeframes resulting in the payments noted in the chart below. Activities and payments as described are per clinic site.

Total project costs not to exceed \$24,250 for project implementation in one clinic or \$48,500 for project implementation in two clinics, inclusive of the following contract periods and activities:

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 among Federally Qualified Health Center Primary Care Clinic Patients

**TABLE 1**

<b>Contract Year</b>	<b>Milestone Due Date</b>	<b>Milestone Activity</b>	<b>Milestone Activity Descriptions</b>	<b>Milestone Payment</b>
1	2/28/2024	Baseline Assessment	Clinic team completes clinic assessment to identify opportunities to improve the colorectal cancer (CRC) screening process. Includes completion of a baseline assessment survey followed by at least one meeting with NYSDOH staff to complete the assessment. Meeting/s may require participation of other clinic staff beyond the clinic project team.	\$2,500
1	3/31/2024	Workflow	Clinic team completes and submits current CRC screening workflow.	\$1,500
1	3/31/2024	Data Validation	Complete data validation of CRC screening measure. Clinic manually reviews 50 clinic records for evidence of CRC screening and compares the review findings with EHR report generated results.	\$1,500
1	5/30/2024	QI Plan	Clinic team and other staff review assessment results, receive NYSDOH feedback and recommendations for improvement, and develop and submit QI Plan. QI plan must be approved by NYSDOH for payment.	\$3,000
1	6/15/2024	CRC Assessment Process Survey	Clinic will complete survey to provide DOH feedback on the CRC screening assessment process.	\$500
				<b>\$9,000</b>
2	8/15/2024	Bimonthly Report: June/July 2024	Clinic submits bimonthly progress reports to document QI plan implementation, selected process measures and CRC screening rates. Clinic team attends regular bimonthly meetings with NYSDOH to discuss progress reports, identify barriers and successes, and receive guidance, resources, and technical assistance (TA).	\$1,000
2	8/15/2024	Annual EBI Data Report	Clinic team completes project evaluation survey to assess project implementation and sustainability status.	\$2,500
2	10/15/2024	Bimonthly Report: August/September 2024	Clinic submits bimonthly progress reports to document QI plan implementation, selected process measures and CRC screening rates. Clinic team attends regular bimonthly meetings with NYSDOH to discuss progress reports, identify barriers and successes, and receive guidance, resources, and technical assistance (TA).	\$1,000

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2	10/15/2024	CRC Screening Data: June 2024	Submit clinic's trailing year CRC screening rate.	\$250
2	12/15/2024	Bimonthly Report: October/November 2024	Clinic submits bimonthly progress reports to document QI plan implementation, selected process measures and CRC screening rates. Clinic team attends regular bimonthly meetings with NYSDOH to discuss progress reports, identify barriers and successes, and receive guidance, resources, and technical assistance (TA).	\$1,000
2	2/15/2025	Bimonthly Report: December 2024/ January 2025	Clinic submits bimonthly progress reports to document QI plan implementation, selected process measures and CRC screening rates. Clinic team attends regular bimonthly meetings with NYSDOH to discuss progress reports, identify barriers and successes, and receive guidance, resources, and technical assistance (TA).	\$1,000
2	3/31/2025	EBI Education and Training	At least two clinic team members participates in three learning sessions approved by the contract manager. Proof of attendance is required. Clinics will be reimbursed a total of \$750 per session.	\$2,250
2	4/15/2025	Bimonthly Report: February/March 2025	Clinic submits bimonthly progress reports to document QI plan implementation, selected process measures and CRC screening rates. Clinic team attends regular bimonthly meetings with NYSDOH to discuss progress reports, identify barriers and successes, and receive guidance, resources, and technical assistance (TA).	\$1,000
2	4/15/2025	CRC Screening Data: December 2024	Submit clinic's trailing year CRC cancer screening rate.	\$250
2	5/31/2025	Clinic Team Presentation	Clinic teams will prepare and present an overview of the CRC screening EBI implementation work and outcomes for each clinic site.	\$1,000
2	5/31/2025	Success Story	Clinic team will develop and submit a success story on the CRC screening implementation of EBIs.	\$500
2	6/15/2025	Bimonthly Report: April/May 2025	Clinic submits bimonthly progress reports to document QI plan implementation, selected process measures and CRC screening rates. Clinic team attends regular bimonthly meetings with NYSDOH to discuss progress reports, identify	\$1,000

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			barriers and successes, and receive guidance, resources, and technical assistance (TA).	
2	6/29/2025	Annual EBI Data Report	Clinic team completes project evaluation survey to assess project implementation and sustainability status.	\$2,500
				<b>\$15,250</b>
<b>TOTAL CONTRACT VALUE</b>				<b>\$24,250</b>

NYSDOH (and NYSDOH-identified collaborative partners, where applicable) will:

1. Support assessment efforts, including data validation, and provide tools and guidance to complete assessment of clinic activities
2. Review assessment results with and provide feedback and recommendations for improvement to clinic teams and other key staff
3. Provide technical assistance and support to clinic teams to complete QI plan including development of SMART goals and process measures to monitor implementation
4. Identify resources to support clinic QI plan implementation
5. Facilitate learning opportunities for all participating clinics including individual coaching and collaborative sharing of best practices, challenges, and solutions
6. Provide ongoing technical assistance on QI plan implementation and HIT improvement and support clinics in identifying successes and addressing barriers and challenges
7. Evaluate project implementation and outcomes to support overall project success
8. Communicate progress to the funding sponsor – the CDC
9. Identify opportunities to share and promote clinic work
10. Oversee contract execution, vouchering and payment

Project success will be measured based on full participation in and completion of all project deliverables within stated timeframes. Completing these activities with fidelity to project guidance while regularly monitoring progress to address challenges and expand activities that demonstrate improvement is expected to contribute to increased CRC clinic screening rates.

The successful bidders will be required to enter into deliverable-based contracts with HRI for the full cost of the project.

**Bid Survey and Scoring:**

Bid surveys must be submitted to HRI/the NYSDOH via the following survey link no later than November 16, 2023 and must include completion of all questions in the survey.

Survey Link: [Increasing Colorectal Cancer Screening in Federally Qualified Health Centers 2023-2024 - NYS DOH Bureau of Cancer Prevention and Control \(smapply.io\)](https://smapply.io/survey/Increasing-Colorectal-Cancer-Screening-in-Federally-Qualified-Health-Centers-2023-2024-NYS-DOH-Bureau-of-Cancer-Prevention-and-Control)

A preview of the survey questions can be found beginning on page 7 of this document.

Bidders should submit a separate bid (complete a separate survey) for each of the clinic sites they are proposing and may apply on behalf of either one or two clinics. Pending availability of

funding, awarded FQHCs may be eligible for additional funding opportunities to expand and sustain project work in additional clinics in future years.

All bids will be reviewed and evaluated by Bureau of Cancer Prevention and Control staff based on the criteria set forth below. Bids submitted by the due date listed above that meet all required criteria, as demonstrated by complete responses to survey questions in Sections 1, 2, 3, 6, 7, and Section 4 questions 16 - 24, will be moved on to additional review for preferred qualifications. Response to Section 8 is required but is not scored.

Bids will be assigned **preference points** as follows:

1. Able to provide the data in response to questions 25 - 29; will be awarded 1 point per each item able to provide data; responses that report zero will not be considered for preference points; total possible points = 10
2. Able to provide the data in response to questions 30 - 31; will be awarded 2 points per each item able to provide data; total possible points = 4
3. As of the date of application, participates in the NYSDOH Cancer Services Program (CSP) (response to question 32 is "yes" and is verified by NYSDOH as an existing credentialed CSP provider) = 3 points
4. Do not currently participate in the NYSDOH CSP (response to question 32 is "no"), but respond that they are willing to work with the NYSDOH CSP (response to follow up question is "yes") = 2 points
5. Will not participate in the NYSDOH CSP (response to follow up question to 32 is "no"), but provide responses to questions 33 - 34 that demonstrate that their clinic has resources to support uninsured patients with financial barriers to complete CRC screening and diagnostic evaluation services = 1 point

Contracts will be awarded to the top six bids with the highest score, out of a total possible score of 17. If there are tie scores, bidders reporting the largest number of clients unscreened for CRC (response to survey question 13b minus response to survey question 13a), will be awarded to ensure that awards do not support project implementation in any more than six (6) clinics or more than four (4) FQHCs.

*Funding Agreement: Funding for these awards is supported through a grant from the Centers for Disease Control and Prevention. Successful applicants will enter into a deliverable-based contract with Health Research, Inc. the bona fide agent of the New York State Department of Health. Awardees will be required to submit a voucher for the awarded amount in addition to other required deliverables and will receive reimbursement issued by Health Research, Inc. upon verification of the voucher and required deliverables. Applicant organizations will need to have a current FEIN or Tax ID number and a Sam.Gov Unique Entity ID (UEI).*

## Eligibility Check

**Minimum Eligibility** – In order to submit bids, FQHCs must identify a clinic site in which to implement the project that meets all six (6) of the below criteria. A single FQHC may identify up to two (2) clinic sites in which to implement the project but must submit separate bids for each clinic site. Bidders that do not identify a clinic or clinics that meet these criteria will not be considered for funding. By checking Yes to the responses below, you are attesting you meet the minimum eligibility criteria. Any box that is checked no will not move forward to the application stage.

A clinic site of a current NYS FQHC that provides primary care.

Yes  No

A clinic site colorectal cancer (CRC) screening rate of less than 60% using the Uniform Data System 2023 Health Center Data Reporting Requirements (please see page 108 of the 2023 UDS Data Reporting Requirements Manual) for the June 2023 trailing year, demonstrated by response to Section 2 of the bid survey.

Yes  No

A CRC screening-eligible population, based on criteria for UDS measure denominator, that is at least 20% of the total clinic site population or comprises at least 1,000 patients, demonstrated by response to Section 3 of the bid survey.

Yes  No

Capacity to provide all required project data as demonstrated by completion of the baseline data questions in Section 4 of the bid survey.

Yes  No

The capacity to ensure that all patients, regardless of insurance status or ability to pay, can access needed CRC screening, diagnostic, and treatment services, as demonstrated by clinic participation in the NYSDOH Cancer Services Program or other responses to questions in Section 6 of the bid survey.

Yes  No

Staff capacity to support and participate in all project activities, as demonstrated by completion of the staffing plan in Section 7 of the bid survey, which requires, at a minimum, identification of individual staff to fulfill each of the following four (4) clinic team member roles; 1) a Clinic Team Lead, 2) a Provider Champion, 3) a QI Lead, and 4) a Health Information Technology (HIT) Lead. Each identified clinic team member will be responsible for fulfilling specific project deliverables. Should designated staff become unavailable, awardees must ensure roles are covered so there are no gaps in project implementation. Other clinic staff responsible for implementing project work should be identified in the staffing plan submitted in response to the survey to ensure all activities described in Table 1 are supported.

Yes  No

# Increasing Colorectal Cancer Screening in Federally Qualified Health Centers

*Bidders may submit questions to Canserv@health.ny.gov no later than October 12, 2023, with an email subject line that reads, "Increasing CRC Screening in FQHCs." All recipients of the funding opportunity announcement/bid request will also receive the questions and answers.*

## Section 1. FQHC and Clinic Information

Complete the Administrative Information required for the application

1.FQHC Organization Name:

\_\_\_\_\_

2.Organization Address:

Address \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State • New York

Zip Code/Postal Code \_\_\_\_\_

3.Organization Federal Tax ID (FEIN):

\_\_\_\_\_

4.Organization Unique Entity ID (UEI) created in SAM.gov

Applicants must have a Unique Entity Identification Number issued through the System for Award Management at the time of contract. If you are applying for a UEI, please write TBD.

\_\_\_\_\_

5.Primary Contact (the individual submitting the bid proposal):

Name \_\_\_\_\_

Organizational Title \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

6.Contract Signatory:

The individual that has the appropriate and official authority to receive and agree to all of the terms and conditions set forth in the contract

Full Name \_\_\_\_\_

Organizational Title \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

7.Total # of Clinic Sites Across FQHC

\_\_\_\_\_

8.FQHC Service/Coverage Area

(i.e. zip code, city, neighborhood, borough)

\_\_\_\_\_

9.Clinic Name (clinic site in which project will be implemented)

\_\_\_\_\_

10.Clinic Site Address

Address \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State • New York

Zip Code/Postal Code \_\_\_\_\_

11. Clinic Site Service Area  
(i.e. zip code, city, neighborhood, borough)

\_\_\_\_\_

12. Does this clinic site provide primary care services to an adult population?

Yes  No

### Section 2. Screening Rate:

In order to be considered for funding, your clinic CRC screening rate for the June 2023 trailing year (using the UDS measure) must be below 60%. Report your CRC screening rate for the June 2023 trailing year (using the UDS measure) for the clinic/site identified in your Clinic Name response.

13. Report your CRC screening rate for the June 2023 trailing year using the UDS Measure:

a. Numerator \_\_\_\_\_

b. Denominator \_\_\_\_\_

c. Rate \_\_\_\_\_

14. Was this screening rate calculated using the UDS metric?

Yes  No

If No, Please indicate which measure was used and why.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 3. Screening-eligible population** In order to be considered for funding, your clinic CRC screening-eligible population (based on the criteria for the 2023 UDS measure denominator, patients ages 45-75) must be either 20% of the total clinic population or at least 1,000 patients. Please note, all data should be reported for the clinic/site identified in your Clinic Name response.

15. Using the current UDS definition of average risk screening eligibility, report the following:

a. Total # of clinic patients that had at least one visit during the 12-month period July 1, 2022 – June 30, 2023 (all ages): \_\_\_\_\_

b. Total # of CRC screening-eligible clinic patients 45-75 that had at least one visit during the 12-month period July 1, 2022 – June 30, 2023: \_\_\_\_\_

### Section 4. Required Baseline Data Elements

In order to be considered for funding, your clinic must be able to report on the following Required Baseline Data Elements. All data should be reported for the clinic/site identified in your Clinic Name response.

16. Percent of clinic patients less than 200% of the federal poverty limit during the 12-month period of July 1, 2022 – June 30, 2023.

\_\_\_\_\_

17. Percent of clinic patients best served in a language other than English during the 12-month period July 1, 2022 – June 30, 2023.

\_\_\_\_\_

18.Of the patients 45-75 with at least one visit in the prior year during the 12-month period of July 1, 2022 – June 30,2023 (Refer to Question 15b):

- % of patients, Men \_\_\_\_\_
- % of patients, Women \_\_\_\_\_
- % patients, Medicare (include dual eligible patients) \_\_\_\_\_
- % patients, Medicaid or Medicaid Managed Care \_\_\_\_\_
- % of patients, uninsured \_\_\_\_\_
- % patients, Commercial Insurance \_\_\_\_\_
- % of patients, Hispanic \_\_\_\_\_
- % of patients, Non- Hispanic \_\_\_\_\_
- % of patients, white \_\_\_\_\_
- % of patients, Black/AA \_\_\_\_\_
- % of patients, Asian \_\_\_\_\_
- % of patients, Native Hawaiian/Pacific Islander \_\_\_\_\_
- % of patients, American Indian/Alaska Native \_\_\_\_\_
- % of patients, more than one race \_\_\_\_\_

19.Does your clinic follow a set of CRC screening guidelines?

Yes  No

If Yes, which guidelines does your clinic follow? Select all that apply.

- United States Preventive Services Task Force (USPSTF)
- American Cancer Society (ACS)  Varies by provider
- Other (please describe) \_\_\_\_\_  Unknown

20.What screening modalities does your clinic recommend? Select all that apply

- High sensitivity guaiac Fecal Occult Blood test (gFOBT)  Fecal Immunochemical Test (FIT or iFOBT)
- FIT-DNA (Cologuard®)  Colonoscopy  Other (sigmoidoscopy, CT colonography)  Unknown

21.List the brand and test name(s) of the gFOBT and/or iFOBT/FIT used.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22.Which CRC screening modality was most frequently recommended by the clinic during the 12-month period of July 1, 2022 – June 30, 2023?

- High sensitivity gFOBT  FIT/iFOBT  FIT-DNA (Cologuard®)  Colonoscopy  Unknown

23.What EHR does the clinic use?

- Allscripts  AthenaHealth  Cerner  eClinicalWorks  Epic  GE Healthcare  Greenway Health
- Kareo  McKesson  Meditech  Medent  NextGen (Quality Systems, Inc.)  Practice Fusion
- Other (please name) \_\_\_\_\_  None

24.Does your clinic use any additional Health Information Technology (HIT) to support care management, population health management or monitoring? Examples include Tableau, CPCI, Azara/DRVS, BridgeIT, Cognos or Relevant.

Yes  No  Unknown

Please name the system (Tableau, CPCI, Azara/DRVS, BridgeIT, Cognos, Relevant, etc.)

\_\_\_\_\_

For the next five questions, please provide as much data as you are able in the first two sections and/or describe any issues/problems your clinic/site has encountered collecting the last section. Preference points are awarded for these questions according to the Funding Opportunity Announcement, page 6.

During the baseline measurement period (July 1, 2022 - June 30, 2023) please provide number of each test described below that were ordered and completed at the clinic/site identified in the Clinic Name; if not able to provide number, indicate "N/A" in the first two sections and complete the final section.

25.High sensitivity guaiac Fecal Occult Blood test (gFOBT)

# Ordered \_\_\_\_\_

# Completed \_\_\_\_\_

Problems reporting on this data \_\_\_\_\_

26.Fecal Immunochemical Test (FIT or iFOBT)

# Ordered \_\_\_\_\_

# Completed \_\_\_\_\_

Problems reporting on this data \_\_\_\_\_

27.FIT-DNA (Cologuard®)

# Ordered \_\_\_\_\_

# Completed \_\_\_\_\_

Problems reporting on this data \_\_\_\_\_

28.Screening Colonoscopy (includes referrals for patients at average-risk, increased risk,or high risk for colorectal cancer)

# Ordered \_\_\_\_\_

# Completed \_\_\_\_\_

Problems reporting on this data \_\_\_\_\_

29.Follow-up Colonoscopy (ordered after positive stool-based test (FIT, FOBT or FIT-DNA)

# Ordered \_\_\_\_\_

# Completed \_\_\_\_\_

Problems reporting on this data \_\_\_\_\_

### Section 5: Data Breakdown Ability

Ability to break out data into the following age categories: 45-49 and 50-75. Preference points awarded for questions the following questions according to the Funding Opportunity Announcement, page 6.

30.Are you able to report CRC screening rate data by the following age groups: 45-49 and 50-75?

No - only 45-49  No - only 50-75  Yes - both 45-49 and 50-75

31.Are you able to report number of patient visits by the following age groups: 45-49 and 50-75?

No - only 45-49  No - only 50-75  Yes - both 45-49 and 50-75

### Section 6. Patient Access

Ensure all patients, regardless of insurance status, have access to financial support for CRC screening, diagnostic and treatment services. Preference points awarded for questions the following questions according to the Funding Opportunity Announcement, page 6.

32.Is this clinic a credentialed provider in the NYSDOH Cancer Services Program (CSP) at the time of application?

Yes  No

If yes, list the specific CSP or CSPs with which you have provider agreements.

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If no, the NYSDOH CSP reimburses participating providers for CRC screening and diagnostic services for eligible NYS residents. Eligible patients may also be enrolled in the NYS Medicaid Cancer Treatment Program (MCTP) to ensure coverage for any necessary diagnostic evaluation and treatment if diagnosed.

Are you willing to work with the NYSDOH CSP to develop and implement systems to enroll eligible, uninsured patients with positive FIT screening tests into the CSP and refer patients to CSP participating specialists to ensure coverage for diagnostic procedures and any necessary treatment following a positive diagnosis?

Yes  No

33. What resources does your clinic use to support uninsured patients or patients with financial barriers to complete CRC screening?

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34. What resources does your clinic use to support uninsured patients or patients with financial barriers to receive and complete diagnostic evaluation after a positive CRC screening test?

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### Section 7. Staff Capacity

Staff Capacity and commitment to participate in and complete project activities.

35. Describe why this project would be of benefit to your clinic.

250 Word Limit

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36. How will FQHC and clinic leadership engage and educate staff about project participation and potential impact and ensure staff prioritization of project activities to meet deliverables in accordance with the timeline in Table 1 of the Bid Announcement?

250 Word Limit

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For the following questions, Provide the name and title for each of the following required clinic team members. Clinic team members may work at the clinic or FQHC level, though it is strongly preferred that at least the provider/clinical champion be at the clinic. Each clinic team member should have the experience necessary to fulfill their assigned role. Please include the name and title of any additional FQHC or clinic staff with responsibility for implementing project activities.

37. Team Lead: The main point of contact for the clinic site. Team lead will be responsible for project communications, lead clinic activities, be responsible for clinic participation and reporting on clinic progress.

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38. Provider/Clinician Champion: A physician or nurse practitioner working at the clinic site who has decision making authority and is respected by peers. Team member understands the processes of care in the practice and is committed to drive improvements. Team member will participate in clinic assessment and lead clinical aspects of the project.

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39. Quality Improvement (QI) lead: Team member who will participate in clinic assessment, QI plan development, lead and monitor implementation of the QI plan. Team member will also support analysis of screening and project data to inform implementation.

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40.Information Technology/Data lead: Team member who will provide baseline and additional clinic colorectal cancer screening-related rates and data for project evaluation. This team member will participate in clinical assessment, data validation, and HIT improvement activities.

\_\_\_\_\_

41.Other:

\_\_\_\_\_

For the following questions, provide the name and title of the team member who will lead and ensure completion of each project deliverable listed below. You may designate more than one team member for each deliverable.

42.Participate in at least monthly project meetings.

Lead Member \_\_\_\_\_

Clinic Team Participants \_\_\_\_\_

43.Complete clinic assessment process including submission of assessment form and participation in follow-up meetings to review assessment data.

Lead Member \_\_\_\_\_

Clinic Team Participants \_\_\_\_\_

44.Complete CRC screening rate data validation (once per project period).

Lead Member \_\_\_\_\_

Clinic Team Participants \_\_\_\_\_

45.Develop QI plan for EBI implementation.

Lead Member \_\_\_\_\_

Clinic Team Participants \_\_\_\_\_

46.Lead QI plan implementation.

Lead Member \_\_\_\_\_

Clinic Team Participants \_\_\_\_\_

47.Report bi-monthly on clinic CRC screening rates and project progress, including narrative reporting on progress towards clinic goals, barriers, and successes and complete at least one annual project survey, including twice annual CRC screening rate data, for up to two post-implementation to demonstrate the impact of the project over the long-term.

Lead Member \_\_\_\_\_

Clinic Team Participants \_\_\_\_\_

48.Participate in learning sessions. Additional clinic staff beyond clinic team members may be asked to participate in specific learning sessions, for example, patient navigators/advocates may be asked to participate in a session on screening messaging/patient education.

Lead Member \_\_\_\_\_

Clinic Team Participants \_\_\_\_\_

49.Develop at least one outcome report/success story during the project period.

Lead Member \_\_\_\_\_

Clinic Team Participants \_\_\_\_\_

### **Section 8. Budget Proposal**

50.Submit a budget proposal using the Excel workbook provided to substantiate the costs of the work to be completed in project (contract) Year 01. The budget should equal and not exceed \$9,000 for the period of January 1,2024 – June 29, 2024.