06/20/2013

Statement of Work

Recommended Social and Behavioral Domains and Measures for Electronic Clinical Quality Measures (eCQM)

I. Background

Both the Health Information Technology for Economic and Clinical Health (HITECH) Act and other regulations place new emphasis on the widespread and meaningful use of electronic health records (EHRs). Increasing EHR adoption has the potential to improve health and health care quality. Parallel advances in analytic tools applied to such records are fueling new approaches to discovering determinants of population health. However, despite the fact that social and behavioral factors are important determinants of health, they are insufficiently captured in most EHRs. Their absence limits the capacity of health systems to address social and behavioral contributors to the onset and progression of disease and compromises the value of EHR data for research. Expansion beyond the traditional medical information collected in EHRs to include social and behavioral determinants requires identifying and applying criteria for determining what domains should be included as core elements and for specific sub-populations and the measures of each domain.

A. Purpose

The purpose of this Statement of Work (SOW) is to identify core data standards for behavioral and social determinants of health to be included in EHRs. The Contractor will provide CMS with reports that will recommend domains and data standards for behavioral and social determinants of health to be included in the EHR certification criteria for the third stage of the Meaningful Use EHR incentive program.

Required work will include: (1) a letter report recommending specific domains of behavioral and social information to be considered by the Office of the National Coordinator (ONC) for Health Information Technology for inclusion in the EHR certification criteria, and (2) a full report with recommendations and considerations related to data collection methods and standards for capturing the relevant information in each domain.

Furthermore, this project supports the administration of the Quality Improvement Organizations Program (QIO). The Social Security Act, as set forth in Part B of Title XI - Section 1862(g), established as the Utilization and Quality Control Peer Review Organization Program, now known as the Quality Improvement Organizations Program. The statutory mission of the QIO Program is to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries. This project will address this statutory mission by identifying gaps that address behavioral and social determinants of health. Once identified, these gaps will be developed as electronic clinical quality measures (eCQM) derived from EHRs to ensure the delivery of equitable, safe and consistent care. This work benefits all of CMS' quality programs, including the

quality measures used in the Quality Improvement Organizations Program. Moreover, the work under this contract aligns with the work and mission under Section 3013, Quality Measure Development, of the Health Care Reform Act H.R. 3590, Subtitle (a) Extension.

II. Requirements

Independently, and not as an agent of the Government, the Contractor ***shall*** furnish all the necessary services, qualified personnel, material, equipment and facilities not otherwise provided by the Government, as needed to perform the requirements of this Scope of Work.

A. Requirements/Tasks to be Performed

Task 1:

The Contractor shall identify domains that should be considered by the ONC for inclusion in Stage 3 Meaningful Use criteria, provide a rationale for inclusion of each recommended domain in relation to both clinical care and research needs, and indicate the relative priority of each domain. The Contractor will identify and make recommendations regarding:

1. Criteria for determining which domains should be selected for inclusion in Meaningful Use Stage 3 standards.

2. Domains that are appropriate for core inclusion and those that apply only to specific sub-populations (e.g. by age, socio-economic status, race/ethnicity, disease)

Task 2:

Using the set of domains identified in Report 1, the Contractor shall evaluate both data elements and mechanisms for data collection using evidence from the research as well as input from key stakeholders including EHR vendors; government, health and technology agencies; and the private health care industry. The Contractor will identify and make recommendations regarding:

1. Measures that are best suited to assess each domain, knowledge gaps/needs for determining which measures will work best, and how those gaps can be addressed.

2. Obstacles to adding these data fields to the EHR and how these obstacles can be overcome.

3. Possibilities for linking EHRs to public health departments, social service agencies, or other relevant non-healthcare organizations and case studies, if possible, of where this has been done and how issues of privacy have been addressed.

Deliverables:

The Contractor will deliver a full report that considers the expansion of core EHR data to capture social and behavioral factors. In light of the deadline for determining the domains to be included in Stage 3 Meaningful Use standards, the Contractor will divide its work into two reports.

CMS will be responsible for:

A workgroup of participating agencies and organizations will meet regularly throughout the duration of the project. The CMS liaison will participate on this workgroup and represent CMS' interests. The workgroup will have input into the final product of this SOW (i.e. the reports) and will provide guidance to the Contractor as appropriate throughout this process. Key progress reports, documents, and other relevant materials will be provided to CMS on an ongoing basis in order to maintain program oversight of CMS funds.

B. Report Requirements

The Contractor will deliver a full report that considers the expansion of core EHR data to capture social and behavioral factors. In light of the deadline for determining the domains to be included in Stage 3 Meaningful Use standards, the Contractor will divide its work into two reports.

Report 1 Deadline: Six months after purchase order award
Report 2 Deadline: Six months after Report 1

C. Period of Performance: The Period of Performance will be 12 months from the date of award.

D. Key Personnel Requirements

Having the appropriate skill mix is essential to completing the tasks outlined in this SOW. This section lists the key personnel required to complete this work and the rough level of effort required to complete this work.

a) Medical Director:

The rough level of effort for this key staffer is estimated as 30 hours per year.

III. Quality Assurance

CMS will have several opportunities to ensure that the deliverables meet our needs:

a. Member of the workgroup.
b. Reviewing drafts of the deliverables prior to finalizing.

In addition, the Government Task Leader (GTL) will be apprised of the progress of these tasks and will have opportunities to provide input.

A. Purchase Order Monitoring

The GTL will conduct periodic monitoring of the Contractor's progress towards completion of the purchase order's responsibilities. The frequency and nature of

this monitoring is to be determined by the GTL, but is anticipated to occur monthly on the regularly scheduled GTL monitoring calls; and via written progress reports to the GTL. The Contractor will participate in these monitoring activities, including the provision of a brief summary of activities, internal quality improvement efforts, barriers and efforts to address those barriers, and other pertinent information, as directed by the GTL.

IV. SECTION 508 - ACCESSIBILITY OF ELECTRONIC AND INFORMATION TECHNOLOGY

(a) This purchase order is subject to Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d) as amended by the workforce Investment Act of 1998 (P.L. 105-220). Specifically, subsection 508(a)(1) requires that when the Federal Government procures Electronic and Information Technology (EIT), the EIT must allow Federal employees and individuals of the public with disabilities comparable access to and use of information and data that is provided to Federal employees and individuals of the public without disabilities.

(b) The EIT accessibility standards at 36 CFR Part 1194 were developed by the Architectural and Transportation Barriers Compliance Board ("Access Board") and apply to contracts and task/delivery orders, awarded under indefinite quantity contracts on or after June 25, 2001.

(c) Each Electronic and Information Technology (EIT) product or service furnished under this contract shall comply with the Electronic and Information Technology Accessibility Standards (36 CFR 1194), as specified in the contract, as a minimum. If the Contracting Officer determines any furnished product or service is not in compliance with the contract, the Contracting Officer will promptly inform the Contractor in writing. The Contractor shall, without charge to the Government, repair or replace the non-compliant products or services within the period of time to be specified by the Government in writing. If such repair or replacement is not completed within the time specified, the Government shall have the following recourses:

1. Cancellation of the contract, delivery or task order, purchase or line item without termination liabilities; or
2. In the case of custom Electronic and Information Technology (EIT) being developed by a contractor for the Government, the Government shall have the right to have any necessary changes made or repairs performed by itself or by another firm for the noncompliant EIT, with the contractor liable for reimbursement to the Government for any expenses incurred thereby.

(d) The contractor must ensure that all EIT products that are less than fully compliant with the accessibility standards are provided pursuant to extensive market research and are the most current compliant products or services available to satisfy the contract requirements.

(e) For every EIT product or service accepted under this contact by the Government that does not comply with 36 CFR 1194, the contractor shall, at the discretion of the Government, make every effort to replace or upgrade it with a compliant equivalent product or service, if commercially available and cost neutral, on either a contract specified refresh cycle for the product or service, or on a contract effective option/renewal date; whichever shall occur first.

Section 508 Compliance for Communications

The Contractor shall comply with the standards, policies, and procedures below. In the event of conflicts between the referenced documents and this ***PO*** the ***PO*** shall take precedence.

Rehabilitation Act, Section 508 Accessibility Standards

1. 29 U.S.C. 794d (Rehabilitation Act as amended)
2. 36 CFR 1194 (508 Standards)
3. www.access-board.gov/sec508/508standards.htm (508 standards)
4. FAR 39.2 (Section 508)
5. CMS/HHS Standards, policies and procedures (Section 508)

In addition, all contract deliverables are subject to these 508 standards as applicable.

Regardless of format, all Web content or communications materials produced, including text, audio or video - must conform to applicable Section 508 standards to allow federal employees and members of the public with disabilities to access information that is comparable to information provided to persons without disabilities. All contractors (including subcontractors) or consultants responsible for preparing or posting content must comply with applicable Section 508 accessibility standards, and where applicable, those set forth in the referenced policy or standards documents above. Remediation of any materials that do not comply with the applicable provisions of 36 CFR Part 1194 as set forth in the ***PO***, shall be the responsibility of the contractor or consultant.

The following Section 508 provisions apply to the content or communications material identified in this ***PO***:

36 CFR Part 1194.21 a - l

36 CFR Part 1194.22 a - p

36 CFR Part 1194.31 a - f

36 CFR Part 1194.41 a – c

The contractor shall provide a completed Section 508 Product Assessment Template and the contractor shall state exactly how proposed EIT deliverable(s) meet or does not meet the applicable standards.

The following Section 508 provisions apply for software development material identified in this SOW, PWS, or TO:

For software development, the Contractor/Developer/Vendor shall comply with the standards, policies, and procedures below:

Rehabilitation Act, Section 508, Accessibility Standards
(1) 29 U.S.C. 794d (Rehabilitation Act as amended)

(2) 36 CFR 1194 (508 Standards)
36 CFR Part 1194.21 (a – l)
36 CFR Part 1194.31 (a – f)
36 CFR Part 1194.41 (a – c)

(3) www.access-board.gov/sec508/508standards.htm (508 Standards)

(4) FAR 39.2 (Section 508)

(5) CMS/HHS Standards, policies and procedures (Section 508)
a. Information Technology – General Information
(http://www.cms.hhs.gov/InfoTechGenInfo/)

For web-based applications, the Contractor shall comply with the standards, policies, and procedures below:

Rehabilitation Act, Section 508, Accessibility Standards

(1) 29 U.S.C. 794d (Rehabilitation Act as amended)

(2) 36 CFR 1194 (508 Standards)
36 CFR Part 1194.22 (a – p)
36 CFR Part 1194.41 (a – c)

(3) www.access-board.gov/sec508/508standards.htm (508 Standards)

(4) FAR 39.2 (Section 508)

(5) CMS/HHS Standards, policies and procedures (Section 508)
a. Information Technology – General Information
(http://www.cms.hhs.gov/InfoTechGenInfo/)