



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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Commissioner

September 5, 2008

New York City Primary Care Capacity Building RFP
Concept Report
10CN000400R0X00

A. Purpose of the RFP:

The New York City Department of Health and Mental Hygiene (“DOHMH” or the “Department”) intends to issue a Request for Proposals (“RFP”) to seek appropriately qualified health care providers to expand primary care services in New York City communities with the most severe primary health care shortages. Providers will develop, implement and administer new programs or make modifications to current programs that would increase primary care capacity.

Background:

Mayor Michael R. Bloomberg, along with Speaker Quinn, has dedicated funding for an expansion of primary care in New York City called the *Primary Care Initiative*. The DOHMH is charged with allocating these funds to expand primary care services in communities and facilities with the most severe primary health care shortages.

In FY08, the Health and Hospitals Corporation (HHC) fielded a community survey to examine the barriers New Yorkers in communities with the greatest health burdens experience when attempting to access health care. The information gathered in this report can help inform the development of proposals to improve primary care capacity in underserved areas. The report defined underserved areas as those that ranked highest on a list of ten variables related to poor healthcare including percent of households living in poverty, Medicaid-eligible population per primary care provider, percent of population that is foreign-born, preventable hospitalization rates, households living in linguistic isolation, and being within a Health Professional Shortage Area (HPSA). Interested parties can obtain a copy of the document from the Health and Hospitals Corporation by calling (212) 442-4064. The report includes, as an appendix, additional information collected in a separate study conducted around health care access in Staten Island. Moreover, data to inform community health care planning can be found at the DOHMH website: <http://query1.health.nycnet/query/> as well as at the New York State Department of Health’s website: <http://www.health.state.ny.us/statistics/>.

Goals:

Funded applicants will expand and improve quality primary care services to improve health and to decrease the need for more intensive services, such as emergency care or hospitalization, resulting in New Yorkers leading longer healthier lives, with improved primary prevention, early detection of disease, and better managed chronic conditions such as diabetes and hypertension.

Specific goals include:

1. Develop new primary care capacity which increases access to care;

2. Enhance the quality and effectiveness of existing primary care services, through improved health information technology, care management, increased efficiency, broadened scope of services, and physical plant redesign or improvement.

The upcoming RFP will award available capital monies, expense monies or a combination thereof to licensed health care organizations currently serving or who will be serve underserved communities in New York City. Proposers will apply for consideration in one or more funding categories which include: Disease Management, Oral Health Services, Health Care Access, and School-based Health Services. Proposers will be permitted to submit proposals to expand primary care health services in one or more categories; however, a separate and complete proposal must be submitted for each proposed expansion plan. In the event that a proposer is eligible for multiple awards, DOHMH reserve the right to determine, based on the proposer's demonstrated organizational capacity and the best interests of the City, how many and for which proposals to award contracts. Greater consideration will be given to vendors proposing to serve communities with the greatest health burdens.

B. Eligible Applicants

Proposers must demonstrate that proposed activities will expand access to quality primary care services in neighborhoods with demonstrated primary care needs. Ideally suited contractors are community health providers (i.e. Diagnostic and Treatment centers (D&TCs), hospitals, School-Based Health Centers, oral health providers, and other organizations that are eligible to be primary care D&TCs under Article 28 of the Public Health Law, and/or Articles 16 and 31 of the Mental Hygiene Law* that accept public health insurance; offer affordable services to the uninsured; provide culturally competent care; and operate at hours that are convenient for patients.

* Article 28 go to <http://www.health.state.ny.us/nysdoh/hospital/regulations/>
 Article 16 go to <http://public.leginfo.state.ny.us/menugetf.cgi>
 Article 31 go to <http://www.omh.state.ny.us/omhweb/licensing/>

C. Proposed Project Model or Parameters

Proposed activities will be aimed at improving primary care at the point of delivery, concentrate on prevention and health promotion, and be patient-centered. Programs will offer services to residents in underserved communities, leverage existing or potential resources (e.g., Health Care Efficiency and Affordability Law (HEAL), state, private or other funding), demonstrate project sustainability, have an existing building, have a building in development at the time of proposal submission, or have identified an appropriate site (for capital improvements); and have submitted an application to the State Department of Health for a Certificate of Need (CON) prior to the proposal due date, if a CON is required for the proposed project/expansion.

Examples of eligible activities per program area include but are not limited to:

| Capital Improvements* | Expanded Primary Care Services |
|---|---|
| Disease Management | |
| <ul style="list-style-type: none"> Information systems and technology to support coordination of care, improve patient care and support increased service capacity including, but not limited to electronic health record (EHR) systems, phone systems; and system | <ul style="list-style-type: none"> Care management activities that improve the management of chronic diseases such as diabetes and hypertension; Service improvements that reduce barriers to primary care encountered by underserved |

| | |
|--|---|
| upgrades. | populations, e.g., patient navigation, self-management education, etc. |
| Oral Health Services | |
| <ul style="list-style-type: none"> • Dental equipment and furnishings. | <ul style="list-style-type: none"> • Community outreach and education that leads to increased dental visits and improved oral health outcomes. |
| Health Care Access | |
| <ul style="list-style-type: none"> • Expansion of information systems and technology such as electronic health record (EHR) systems, phone systems to new facilities; • Renovation or expansion of existing facilities to improve efficiency and increase service capacity; • Consultant fees and other expenditures associated with the preparation of Certificate of Need (CON) applications or other physical plant certifications required for the proposed construction activity or service expansion; • Establishment of new primary care clinics, through construction or renovation of an existing facility, in accordance with the establishment requirements of the Public Health Law; • Leasing of additional space. | <ul style="list-style-type: none"> • Expansion of hours and/or days of service; • Quality improvement activities, including staff training, technical assistance and quality assurance activities that enable the facility to improve health outcomes. This includes costs associated with preparing for recognition by national quality assurance programs (e.g., National Committee on Quality Assurance (NCQA) or Bridges to Excellence); • Expansion of the range of primary care services offered by established providers. This includes, but is not limited to, the addition of mental hygiene services or oral health services appropriately delivered in a medical setting; • Service improvements that reduce barriers to primary care encountered by underserved populations, e.g., translation training/services, and assistive hearing device systems. |
| School-based Health Services | |
| <ul style="list-style-type: none"> • Leasing of additional space; • Renovation or expansion of existing facilities to improve efficiency and increase service capacity; • Consultant fees and other expenditures associated with the preparation of Certificate of Need (CON) applications or other physical plant certifications required for the proposed construction activity or service expansion. | <ul style="list-style-type: none"> • Community outreach and education that leads to increased primary care visits and improved health outcomes; • Quality improvement activities, including staff training, technical assistance and quality assurance activities that enable the facility to improve health outcomes; • Sexual and reproductive health services; • Mental health services. |

* Capital projects must follow all established rules in the City of New York Guidelines for Capital Funding Requests for Not-for-Profit Organizations, (http://council.nyc.gov/html/budget/FY09_capguidelines.pdf.)

D. Planned Method of Evaluating Proposals

The upcoming RFP will be issued on an open-ended basis, with proposals being solicited semi-annually (every six months) until available funds have been exhausted. Proposals will be evaluated pursuant to the criteria set forth in the upcoming RFP: demonstrated quantity and quality of successful relevant program experience; demonstrated level of organizational capability; and quality of proposed program approach. Preference will given to proposers who can demonstrate that their facility serves or will serve communities with the greatest need for expanded primary care.

E. Total Funding Available/Sources of Funding

Anticipated available annual funding for the contract(s) awarded from the upcoming RFP is outlined in the chart below. Applicable and available state matching funds will be applied to total funding available.

| RFP Funding Schedule FY09-FY12 | | | | | |
|---------------------------------------|-------------|-------------|-------------|-------------|--------------|
| | FY09 | FY10 | FY11 | FY12 | Total |
| Capital | \$4,144,000 | - | - | - | \$4,144,000 |
| Expense | \$489,175 | \$3,794,000 | \$1,780,400 | \$300,020 | \$6,363,595 |

Source: FY09 adopted budget.

Competitions

The RFP will be divided into three competitions, capital, expense, and mixed funding. Separate proposals are needed for each competition.

Application may be made for:

- Capital funds to support capital improvements (see examples above);
- Expense funds to support service activities (see examples above);
- A combination of capital and expense funds to support activities that fall into each of these categories.

Proposers submitting applications for combined capital and expense funding should indicate which specific project elements will utilize capital dollars and which specific project elements will utilize expense dollars. Note that all expense funding must be spent in the year in which it is appropriated. Capital funding must follow all established rules in the City of New York Guidelines for Capital Funding Requests for Not-for-Profit Organizations, (http://council.nyc.gov/html/budget/FY09_capguidelines.pdf.)

F. Anticipated Contract Term

Department anticipates awarding multiple contracts based on the funding categories. The term of contracts awarded from the upcoming RFP will be for a maximum of two years. Contracts that include capital funding may be eligible for a no cost extension. Contracts awarded may, at the discretion of the City include options to renew.

G. Anticipated Procurement Timeline

It is anticipated that the upcoming RFP will be released in fall 2008 and that the first deadline for receipt of proposals will be approximately 12 weeks later. Contracts are anticipated to start July 1, 2009 or as

agreed upon by the contractor and the City. Proposals will be solicited semi-annually, depending upon available funding, in January and July of FY09, FY10, and FY11.

H. Comment

We welcome written comments from the community and all interested parties on this concept paper. Comments will be accepted through October 17, 2008, and should be directed to the following contact person:

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