



# **Request for Proposal**

## **National HPV Vaccination Roundtable Pharmacy-located HPV Vaccination Pilot Project**

**Request for Proposal Date: October 19, 2015**

**Email Notification of Intent to Apply Due Date: October 26, 2015**

**Response Due Date: November 16, 2015**

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## 1.0 American Cancer Society Overview

The American Cancer Society is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from the disease. With more than two million staff and volunteers nationwide and 90 years of experience, the Society is one of the oldest and largest voluntary health agencies in the world.

Only the American Cancer Society fights all cancers on all fronts: research, education, advocacy, and patient services. And only the American Cancer Society has the organizational breadth, the grassroots volunteer capacity, and the wealth of public health experience necessary to dramatically improve the lives of millions of Americans facing cancer.

Cancer prevention is central to the mission and goals of ACS. As a community-based public health organization with local as well as national reach, ACS is uniquely positioned to address the goal of increasing HPV vaccinations through numerous existing volunteer networks and partnerships. Its organizational structure enables staff and volunteers to disseminate, implement, and evaluate evidence-based strategies at the national, state and local levels.

## 2.0 National HPV Roundtable Overview

The National HPV Vaccination Roundtable has been created to increase the uptake of HPV vaccination. As stated in the President's Cancer Panel 2014 Annual Report, "Underuse of HPV vaccines are a serious but correctable threat to progress against cancer." Currently there is little collaboration between immunization organizations and cancer prevention organizations. Further, there are differences among provider professional organizations: some, including the American College of Obstetricians and Gynecologists (ACOG), the Society of Gynecologic Oncology (SGO), and the American Society for Colposcopy and Cervical Pathology (ASCCP), have missions that include prevention and treatment of cancer; others, including the American Academy of Pediatrics (AAP) and the Society for Adolescent Health and Medicine (SAHM), represent members who vaccinate adolescents yet have no exposure to HPV-related cancers. Even within large organizations such as the CDC and state departments of health, there is often a separation between departments that focus on immunization and those that focus on cancer prevention and control. Success in increasing HPV vaccination rates will require collaboration across all of these stakeholder groups.

In support of the creation of the National HPV Vaccination Roundtable, ACS has convened a network of approximately 75 organizations involved in cancer prevention, immunization, health care delivery, and public health, as well as other important stakeholders such as cancer survivor and advocacy organizations, representing the national, state, local, tribal, and territorial levels. Together, member organizations have identified evidence-based strategies and will implement pilot projects focused on overcoming barriers in at least five priority areas:

1. Providers: strengthen the recommendation for HPV vaccination and decrease the number of missed opportunities;
2. Parents: educate and raise awareness about HPV vaccine, why it's needed, the importance of vaccinating at ages 11-12, and its excellent safety record, in order to increase acceptance;
3. Systems: address barriers such as inadequate reimbursement for vaccine administration and lack of reminder systems;
4. Policies: maximize access to and opportunities for vaccination, e.g., by considering alternative settings such as pharmacies; and
5. Health Disparities: address barriers specific to underserved populations who are at highest risk for cervical and other HPV-associated cancers including cultural factors, distrust of the medical system, and limited access to health care.

The National HPV Vaccination Roundtable has the following short-term and long-term outcomes:

### Short-term Outcomes

- Establish a process whereby the network of organizations and important stakeholders convened as the National HPV Vaccination Roundtable is sustained and strengthened over at least the next 2 years.
- Identify, prioritize and develop plans to implement evidence-based practices and strategies as outputs of the Roundtable.
- Identify, initiate, and manage six pilot projects to increase HPV vaccinations.

### Long-term Outcomes

- Increase the frequency and strength of clinician recommendations for HPV vaccine with a focus on girls and boys ages 11-12.

- Decrease missed opportunities for administration of HPV vaccine.
- Increase HPV vaccination rates at national and state levels, including rates of second and third<sup>1</sup> doses, which will lead to a reduced number of HPV-associated cancers and cervical precancerous lesions as well as non-cancer outcomes such as genital warts and Recurrent Respiratory Papillomatosis.

## 2.1 Key Strategies

There are three key program strategies that ACS, working in collaboration with CDC, will employ. This Request for Proposals addresses the third strategy.

### **Strategy 3: Convene task groups; identify, implement and evaluate pilot projects.**

Each task group will identify one or more pilot projects that will apply evidence-based strategies to address barriers to HPV vaccination in specific target populations. Some projects may be implemented by one or more stakeholder group members, while others may require outside contractors.

- The Pharmacy-Located Vaccination Task Group will implement a project entitled “*Identify the factors to success and the challenges impeding the development and implementation of an HPV Immunization Neighborhood.*” The project seeks the development and implementation of collaboration, coordination and communication among community stakeholders that result in completion of the 3-dose HPV vaccination series. The project could focus on those who have already begun the vaccine series, in addition to new patients.

## 3.0 RFP Goals

- The primary objective of this Request for Proposal (RFP) is to solicit proposals that will result in the identification of one or more external contractors to facilitate the development and implementation of collaboration, coordination and communication among community immunization stakeholders that result in completion of the 3-dose HPV vaccination series.
- The project should be conducted in one or more states where pharmacists are authorized to administer HPV vaccine to early adolescent patients via a protocol/standing orders, prescription, statutory authority or combination thereof.
- Preference will be given to projects conducted in state(s) where pharmacists are or have the ability to enroll as VFC providers to serve the targeted patient populations or have an identified payer for the HPV vaccination administration and associated services.
- While not the primary goal, projects that clearly show broader applicability beyond the arena of HPV vaccination are encouraged.

Note: The Roundtable and its pilot projects are funded by the CDC. Per the funding restrictions issued by the CDC (in the applicable Funding Opportunity Announcement and Notice of Award), no funds may be used for research or clinical care.

Primary goals and objectives of the project will be to:

- Increase completion of the HPV vaccination series through the implementation and evaluation of innovative practice model(s) involving pharmacy-located vaccination. As one example, the medical provider conducts the initial assessment, education, administration,

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<sup>1</sup>Unless ACIP and CDC change the recommendation for HPV vaccination to 2 doses

and documentation of the first HPV dose and the community pharmacy administers and documents administration of the second and third doses.

- Identify and facilitate best practices/practice features/models for developing collaboration and coordination among community-based immunization providers and documentation of vaccinations administered to Electronic Health Records (EHRs) and Immunization Information Systems (IIS). Establish system for reporting on vaccines delivered to the patient's primary care provider when possible.
- Create and implement strategies and approaches to completing the HPV vaccine series in existing patients and/or new patients.
- Create a referral network for HPV vaccination within a community featuring collaboration between community pharmacies, medical, nursing, and public health providers, as well as cancer society, immunization coalition, and community leaders (e.g., Immunization Referral Network).
- Facilitate community engagement of patients/caregivers, pharmacies, medical providers and payers (or payment systems), e.g. through utilization of an advisory group that guides implementation of the pilot project at the local level (e.g., Local Advisory Group).
- Utilize, and tailor as necessary, existing tools and resources, including those developed by HPV Roundtable Task Groups and member organizations, in delivery of immunization services.
- Provide a final report that includes project observations, vaccination outputs and outcomes (e.g. number of doses administered (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>); proportion of teens that receive their 1<sup>st</sup> and/or 2<sup>nd</sup> dose at the pharmacy who also receive their subsequent dose), barriers, challenges, strategies and solutions, and an implementation guide for replication.

ACS staff within the organization's Statistics and Evaluation Center will develop an evaluation report for each pilot project based on the project data and final report submitted by the contractor. Evaluation staff may contact the contractor to assist with specific questions.

## 4.0 Instructions/Process for RFP

### 4.1 Questions Regarding the RFP

If you have questions pertaining to this RFP, send an e-mail to Suzanne Martin, Program Manager, National HPV Vaccination Roundtable, at [HPV.Vaccination.Roundtable@cancer.org](mailto:HPV.Vaccination.Roundtable@cancer.org) by October 30, 2015. Be sure to include a phone number and email address, and specifically reference the section(s) of the RFP in question. All questions must be in writing. Questions and answers may be given to all applicants in order to avoid any unfair advantage. These guidelines for communications have been established to ensure a fair and equitable evaluation process for all respondents. Any attempt to bypass the above lines of communication may be perceived as establishing an unfair or biased process and could lead to your disqualification as a potential contractor.

### 4.2 Response Due Date and Delivery

Please submit a letter of intent by October 26, 2015 and an electronic copy of your proposal by November 16, 2015 to Suzanne Martin at [HPV.Vaccination.Roundtable@cancer.org](mailto:HPV.Vaccination.Roundtable@cancer.org) via email.

### 4.3 Response Costs

All costs associated with the preparation of a Proposal shall be borne by the applicant.

### 4.4 Confidentiality

This RFP and any information supplied in connection with the preparation of a Proposal is confidential and must not be disclosed, reproduced, or used in any way, except for the sole purpose of responding to this RFP.

### 4.5 Selection Process

The Pharmacy Task Group within the National HPV Vaccination Roundtable, working with ACS staff, has established a proposal review team whose members will evaluate each proposal based upon the extent to which it satisfies ACS requirements. While ACS' evaluation methodology is confidential, ACS has established the following as major characteristics that will factor into its consideration of each proposal:

- Quality of written proposal, including significance, innovation, and approach.
- Demonstrated experience in:
  - Facilitating collaboration and engagement among community immunization providers (community pharmacies, medical offices/clinics, public health, patients and community leaders).
  - Delivering or facilitating the delivery of patient care services through community pharmacies and other community-based healthcare providers.
  - Providing technical support to community-based health care providers and collecting aggregate patient data.
  - Addressing immunization and/or public health issues at the state or local levels.
  - Adhering to applicable HIPAA restrictions.
  - Completing IRB approval process and applying human subjects' protections.
- Competitiveness of budget and reasonableness of justification.
- Cost to value ratio.
- Contractor and key staff reputation and experience.
- Quality assurance commitment.

While cost is always an important decision factor, quality, level of service and operating efficiencies are also important and are critical aspects that will be examined by ACS. Please be sure to include all essential data in the proposal to ensure ACS has a full and complete understanding of your (the Contractor) capabilities and experience. See Section 5.4 for information about the budget and available funds.

### 4.6 Schedule of Events

Please observe the following schedule:

- |   |                  |
|---|------------------|
| • RFP Issue Date                        | October 19, 2015 |
| • Bidders Indicate Intention to Respond | October 26, 2015 |

- Proposal Due Date November 16, 2015 5:00pm EST
- Contractor Selected November 23, 2015
- Project Start Date January 4, 2016
- Project Completion Date July 1, 2016

## 5.0 Proposal Deliverables

The proposal must follow the structure outlined in this section, using the numbering of sections specified. The proposal text for each section should begin by repeating the section question or statement followed by your response. In cases where the question/statement for a section does not apply, or you are unable to respond, reference the question then follow with a response of "N/A" (Not Applicable) and brief explanation of the reason for not responding. Applicant may add items not listed within this section by placing them at the end of the proposal.

### 5.1 Contractor Profile

- 5.1.1 Company Name:
- 5.1.2 Mailing Address:
- 5.1.3 Street Address:
- 5.1.4 Tax Payer ID:
- 5.1.5 Dun & Bradstreet Number (DUNS):
- 5.1.6 Key Contact (Name, Title, Phone, Fax, and E-Mail):
  
- 5.1.7 If a Corporation, answer the following:
  - 5.1.7.1 Date of Incorporation:
  - 5.1.7.2 State of Incorporation:
  - 5.1.7.3 President's Name:
  
- 5.1.8 If a Partnership, provide the names of the principals.
  
- 5.1.9 Minority business status, if applicable.
  
- 5.1.10 What is the name of your organization's parent company?
  
- 5.1.11 Provide the location(s) of your corporate facilities.
  
- 5.1.12 Has your firm filed for bankruptcy within the past five years? If yes, provide details.
  
- 5.1.13 List any services or products that you have provided to the American Cancer Society in the past 5 years.
  
- 5.1.14 List your top 5 major clients, including not-for-profit clients, for whom you have performed similar work (i.e. work related to pharmacies, vaccination, public health, HPV, cancer prevention, and/or networks of providers and other stakeholders).

5.1.15 Number of paid employees.

5.1.16 Please provide copies of your financial reports for the past three years.

## 5.2 Contractor References

Please list three references for similar projects performing similar requirements. Please include not-for-profit organizations, if any.

## 5.3 Proposal Narrative

5.3.1 Previous Experience – please describe contractor experience in the following areas:

- Facilitating collaboration and engagement among community immunization providers (community pharmacies, medical offices/clinics, public health, patients and community leaders).
- Delivering or facilitating the delivery of patient care services through community pharmacies and other community-based healthcare providers.
- Providing technical support to community-based health care providers and collecting aggregate patient data.
- Addressing immunization and/or public health issues at the state or local levels.
- Adhering to applicable HIPAA restrictions.
- Completing IRB approval process and applying human subjects' protections.
- Awareness of HPV and HPV vaccination issues.
- Contractor's experience producing high-quality reports summarizing project implementation, outputs and outcomes, challenges, and lessons learned.

5.3.2 Proposed Project Design and Implementation - This is the narrative of how you plan to satisfy the RFP Goals (listed in Section 3.0 and critical questions listed below). Narrative should not exceed 5 pages, single spaced, 1 inch margins, Arial font. Discussion should include the following areas.

- Proposed approach to creating an immunization referral network.
- Proposed plan to engage community partners.
- Proposed model for pharmacy-located HPV vaccination.
- Proposed plan to increase demand among parents for pharmacy-located vaccination.
- Proposed plan for reporting patient vaccinations to the primary care provider and to the state immunization registry (IIS). If this is not possible, provide an explanation.
- Proposed data collection and associated data analysis that will be needed to complete the project and final report.

5.3.3 Critical questions to be answered by the project



Please state how the proposed project, data collection and data sources will address the following questions. Contractors can propose sub-questions for each primary area to offer greater detail.

1. What factors need to be addressed and implemented to establish effective engagement of community stakeholders?
2. What factors need to be addressed and implemented to establish an effective referral network?
3. What factors need to be addressed and implemented to establish an effective data sharing protocol?

5.3.4 Project Deliverables - At the conclusion of the project, the contractor will deliver:

1. A report describing mechanisms utilized for the integration and utilization of community pharmacies/pharmacists as part of the HPV immunization neighborhood, including the establishment of referral networks, sharing of data, etc.
2. All data collection tools and materials.
3. A final written report that addresses all areas of interest in the project including outcome data.
4. A manual that may be utilized to replicate the project.

## 5.4 Project Timeline and Budget

The project will begin on January 4, 2016. (If IRB approval is needed, as determined by ACS: IRB approval should be completed, submitted & approved by project start date.) The final report and documentation should be completed by July 1, 2016.

The budget for this project is \$30,000 which includes personnel and administrative costs. The contractor should provide a detailed proposed budget, including approximate number of FTE's and justifications for all major expenditures. Funds should not be used to purchase vaccines. In addition, no funds may be used for research or clinical care.

Additional funds may become available, up to a total of \$50,000. Applicants are requested to propose a project that can be achieved within a \$30,000 budget and may include a description of what additional work could be accomplished or questions could be addressed with supplemental funding. If acceptable proposals are received with a budget that is less than the available funds, more than one contractor may be selected. That is, the Task Group may choose to fund two or more smaller projects OR a single project.

## 5.5 Minimal Contract Requirements, if selected

5.5.1 **Tobacco-related affiliation:** ACS defines a "Tobacco Company" as any company that manufactures tobacco products and is commonly considered to be part of the tobacco industry, including subsidiaries and parent companies, as well as philanthropic foundations and other organizations closely linked with the tobacco industry

Contractor must answer the following questions:

- 5.5.1.1 Do you own 5% or more of a Tobacco Company?
- 5.5.1.2 Are you 5% or more owned by a Tobacco Company?
- 5.5.1.3 Are any of your clients Tobacco Companies?
- 5.5.1.4 If so, how many and what percentage of your revenues are derived from those clients?
- 5.5.1.5 Will you and your employees adhere to ACS's no smoking policy when on ACS premises?

**5.5.2 Conflict of Interest:**

Contractor must answer the following:

- 5.5.2.1 Are any of your employees, officers or majority owners employed by, or national volunteers of, the American Cancer Society, Inc. (a national volunteer is defined as being a member of the ACS national Board)?
- 5.5.2.2 Are you able to state that your company will not enter into a contract or agreement, or execute a document, which will create a conflict of interest or which will prevent you from freely performing for ACS?

**5.5.3 Intellectual Property/Data:** The Contractor must include in its proposal a statement acknowledging its understanding that the proposed scope of work will be deemed “work for hire” and the American Cancer Society will retain ownership of all deliverables and intellectual property, and further that the American Cancer Society is entitled to utilize and publicly disseminate aggregate outcome data collected and/or reported by Contractor in connection with this project.

**5.5.4 Federal Funding Compliance Language:** Contractor must acknowledge that it understands that this project will be funded by the CDC and that any resulting contract between ACS and Contractor must contain the following compliance provisions:

(a) Compliance with Requirements of Primary Funding. Contractor acknowledges that this Agreement will be funded in whole or in part by Cooperative Agreement Grant No. 1H23IP000931, CFDA #93.733 (the “Cooperative Agreement”) from the Centers for Disease Control and Prevention (“CDC”) and agrees to comply with all requirements and regulations applicable to contractors/subcontractors contained therein.

(b) Compliance with Laws and Regulations. Contractor acknowledges that this Agreement will be funded in whole or in part by the United States Federal Government and agrees to comply with all laws and regulations applicable to the performance of the services under this Agreement, including without limitation the applicable provisions of Appendix A to OMB Circular A-110 (codified at 45 CFR 74) and all relevant rules, regulations and orders of the Secretary of Labor. Contractor further agrees during the course of performing this Agreement to comply with the applicable Federal cost principles as set forth in OMB Circular A-122 (applicable to non-profit organizations) or 48 C.F.R. Part 31 (applicable to commercial for-profit organizations other than a hospital or educational institution), all of which are hereby incorporated by reference.

(c) Debarment and Suspension. Contractor hereby certifies that it has not been debarred, suspended or otherwise excluded from conducting business with the United States Federal Government or participating in Federal assistance programs or activities. Contractor will require a similar certification from each subcontractor performing federally funded Services under this Agreement.

(d) Conferences; Publications. Contractor shall follow all instructions from ACS regarding acknowledgements of funding and/or disclaimers required by the CDC to be included in conference materials, promotional materials, publications, journal articles, etc. produced under the Cooperative Agreement.

(e) Controlled Substances. Contractor hereby certifies that it will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity pursuant to this Agreement; and if convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, Contractor will report the conviction, in writing, within 10 calendar days of the conviction, to ACS.

(f) Reporting. Pursuant to OMB Circular A-110, ACS is required to monitor any activity supported by a grant from the Federal Government. In connection therewith, Contractor is required to submit a final performance report by October 31, 2016. Performance reports shall reference CFDA #93.733 and shall contain a summary of the Services provided by Contractor at such date, and if any Services have not been completed in a timely manner, an explanation of why such Services have not been provided.

(g) Timely Invoices. Contractor understands that ACS must follow the grant closeout procedures set forth in OMB Circular A-110 and that ACS's ability to utilize funding from the Federal Government is contingent upon ACS timely reporting to the Government on all services rendered, and that Contractor's failure to timely invoice ACS for Services under this Agreement may result in the revocation of funding. Therefore, Contractor will timely submit for payment all invoices required under this Agreement and understands and agrees that ACS has no obligation to pay invoices submitted more than 30 days after Services are rendered or goods are provided by Contractor.

(h) Information and Records. Pursuant to OMB Circular A-110, ACS is required to monitor activity supported by a grant from the Federal Government. Contractor agrees to maintain and make available to ACS or government officials all records pertaining to the goods or services provided under the Agreement for at least three (3) years from the date that ACS makes final payment to Contractor. Contractor agrees to provide such information as is reasonably requested by ACS to monitor the activity supported by a grant from the Federal Government.

(i) Refund of Unallowable Funds. Contractor agrees to refund any sum of money which a Federal Government auditor or grant official determines to be an unallowable, unallocable, or unreasonable cost under the cost principles applicable to such funds, or ineligible due to Contractor's noncompliance with application laws, regulations or requirements. Notwithstanding any other provision of this Agreement, payment to Contractor does not affect the right of ACS to recover funds on the basis of a later audit or other review, nor does it affect Contractor's obligation to return any funds due as a result of later disallowances.

(j) Employee Whistleblower Rights and Requirement To Inform Employees of Whistleblower Rights. This Agreement and employees working on this Agreement will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L.112-239) and FAR 3.908. Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation. Contractor shall insert the substance of this clause, including this paragraph, in all subcontracts over the simplified acquisition threshold.