Patient-Centered Outcomes Research Institute

REQUEST FOR PROPOSAL
RFP # PCOInvNtw2012

Comprehensive Inventory of Research Networks

November 2, 2012

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<th>ACTION</th>
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<tr>
<td>RFP Released</td>
<td>November 2, 2012</td>
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<tr>
<td>Deadline for RFP Questions</td>
<td>November 16, 2012</td>
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<td>Deadline for Proposals</td>
<td>November 26, 2012</td>
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<td>Projected Award Date</td>
<td>November 30, 2012</td>
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<td>Projected Start Date</td>
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Opportunity Snapshot

The Patient-Centered Outcomes Research Institute (PCORI) was created to conduct research to provide information about the best available evidence to help patients and their healthcare providers make more informed decisions. PCORI’s research is intended to give patients a better understanding of the prevention, treatment, and care options available and the science that supports those options.

Integral to the successful conduct of patient-centered outcomes research (PCOR) is a clinical research infrastructure that could serve as an efficient, reusable platform for conducting comparative effectiveness research (CER), including both randomized and observational studies, with patients at the center of the process. This clinical research infrastructure includes electronic health data systems that create large, longitudinally observed populations (ie, cohorts), as well as sampling frames for studies that require patient-reported data or randomization. However, the current landscape suggests that many electronic health record–based data networks lack strong linkages with patient groups and have not successfully addressed challenges such as the uniform capture of standardized patient-reported data or the establishment of infrastructure to speed recruitment and participation in large-scale pragmatic clinical trials, trials that can then be conducted with minimal marginal costs. Also, issues of scalability and sustainability need to be better addressed. PCORI is positioned to change the current landscape by leveraging its funding and convening power to create an environment in which researchers, health systems, health information technology experts, and patient groups come together to build an enhanced research infrastructure, with patients positioned to play a central role and to enable rapid design, implementation, completion, reporting, and dissemination of outstanding research including, but not limited to, large-scale pragmatic trials that bring us closer to our goals.

PCORI seeks to understand the opportunities that currently exist to create networks that are conducive to conducting PCOR. Given the work of many individual organizations, collaboratives, and systems to create and improve health data networks, PCORI strives to learn from successful existing clinical data networks (CDNs) to build upon demonstrated excellence in areas such as data quality, interoperability, governance and to explore additional challenges related to rapid enrollment and the collection of patient-centered outcomes data, particularly in populations underrepresented in research. Efficient and ethical collection of informed consent is also important for conducting PCOR, especially in addressing how to leverage data in healthcare delivery settings for research purposes. It will be critical to clarify the criteria that are applied regarding the use of data for clinical and quality purposes versus the use of data for research. In addition, PCORI aims to learn how to include patients in the governance structure and use of these networks.

In addition to CDNs, PCORI is intrigued by the growing potential of research networks created and governed by patients, often organized through online communities. Such patient-powered research networks (PPRNs) have demonstrated the ability to gather an activated group around a specific disease or health issue. These groups are ready and possess the agility to mobilize patients and patient data, including patient-reported outcomes, for conducting high-quality PCOR. While some of these PPRNs are in their early stages, several have demonstrated the capacity to integrate with existing research networks to promote PCOR. Issues such as selection and ascertainment bias, as well as data quality, have not been well studied in PPRNs compared to traditional research networks, and this information would be very useful.
By learning more about the features, diversity, strategies, and successes of both CDNs and PPRNs; about how they might interrelate; and particularly about their capacity to successfully engage large numbers of patients in PCOR, PCORI aims to play a significant role in supporting the development and sustainability of a more patient-centered infrastructure for conducting CER. A central goal is to identify evidence of best practices, to disseminate this information to other networks, and ultimately to strengthen the nation's capacity to conduct meaningful CER and PCOR rapidly and efficiently.

**Purpose**

The purpose of this procurement is to enlist support in creating a comprehensive inventory that details a defined set of characteristics of research data networks. This work will assist PCORI in understanding the diversity of approaches and the barriers, capacity, and potential for adapting current infrastructures to provide scalable platforms conducive to PCOR. PCORI seeks to understand the capabilities of current networks for generating evidence for multiple studies within and across specific conditions in ways that are affordable and sustainable, as well as supportive of rapid involvement and enrollment of patients into various types of studies.

PCORI is interested in identifying and describing CDNs and in discovering and describing PPRNs. There is also particular interest in the potential to integrate the strengths of each type of network into cohesive, user-friendly data systems that can readily produce meaningful, representative, patient-centered outcomes data at relatively low cost.

The Contractor shall provide a Technical Proposal and a supporting Cost Proposal that supports the following estimated requirements.

**Funds Available, Budget, and Project Periods**

PCORI expects to make one award to a single Contractor. It is expected that the contract will be Cost Reimbursable for those expenses that were proposed, directly related to the performance of the contract, and preapproved by PCORI. Please refer to the Cost Proposal (Section 3) of the Request for Proposal (RFP) for additional details. Project funding decisions will be based on the technical approach of the proposal and on proposed costs. Responding organizations must include all expected expenditures and fees in their final bid. Travel costs in support of the proposed Scope of Work (e.g., travel to and from PCORI, travel to provide on-site support at PCORI events) must receive prior approval and will be reimbursed, at cost. Organizations must provide a pricing proposal that supports the entire Scope of Work outlined in the RFP and that lists key services with corresponding price quotes that are valid for at least one year from the project start date.

The performance period of this contract is from the start date established in the Notice to Proceed and continuing for four months, the due date of the final deliverable.

**Organizational Eligibility**

Proposals may be submitted by any private sector organization, including non-profit and for-profit organizations. The Internal Revenue Service must recognize all US organizations.
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Comprehensive Inventory of Networks

If you are interested in submitting a proposal, follow PCORI’s five-step process.

1. **Review the Program Detail**
   Examine all sections of the RFP and what makes PCORI’s research different ([www.pcori.org/what-we-do/](http://www.pcori.org/what-we-do/)).

2. **Consider the Requirements**
   Consider the organization eligibility requirements and PCORI’s specific requirements to see if your organization, your interests, and your capabilities fit this program.

3. **Develop Your Solution**
   Design your response to accomplish the Scope of Work, satisfy the expected deliverables on time, and provide services that demonstrate cost efficiency and ingenuity. Be sure to include a cost proposal that is clear and concise, along with justification for all direct and indirect costs.

4. **Know the Review Criteria**
   Understand PCORI's evaluation factors and how they are weighted. Details are provided in this RFP.

5. **Submit Your Proposal**
   Compile and submit your proposal. All proposals must be submitted no later than 5 p.m. (Eastern Time) on November 26, 2012.
Step 1: Review the Program Detail

1 Scope of Work

The Contractor will create and provide PCORI with a Comprehensive Inventory of Patient-Powered and Clinical Data Networks. To provide an organizational frame (beyond just a listing of networks) for this inventory, the contractor will also develop a taxonomy, based on shared characteristics, of these networks. Thus, the contractor will produce both a taxonomy as described below in more detail, as well as a comprehensive inventory of both CDNs and PPRNs, including a summary of registries, all of which fully address the 22 criteria defined below.

Taxonomy will include:

- A clarification, including specifications, of what is meant by the term “network” within the context of this work.
- Classification of networks based on shared characteristics, such as leadership and governance, level of patient engagement, number of partner organizations, patient-centeredness of data elements, setting of care (such as primary/specialty care clinic, emergency department, long-term care, home care, etc), service/geographic area, staffing, funding, and decision-making authority (note: this is not an inclusive list of characteristics). Because there is a heterogeneous spectrum of “networks,” ranging from those that have undertaken or participated in a single study to those that have demonstrated sustainable capacity for multiple studies, this classification will provide a level of structure for understanding and assessing the inventory of networks provided by the Contractor.
- Identification and clear definitions of terms that have been used in previous networks/studies and that could be used moving forward.

Comprehensive Inventories of Networks and Summary of Registries will include:

- Comprehensive inventory of all CDNs (or at least 20) with comprehensive clinical data for a population of at least one million covered individuals, spanning a wide range of clinical conditions; examples include HMORN, mini-Sentinel, Premier.
- Comprehensive inventory of all PPRNs (or at least 20) with a floor of 10,000 individuals with a particular condition (minimum 1,000 for rare diseases); examples include C3N, Patients Like Me.
- Summary of patient registries (or at least 20), which includes data on the following elements:
  - Discussion of variation between existing registries in data capture methodologies, participation and consent of enrolled patients, and capabilities for longitudinal follow-up
  - Indication and description of disease- or procedure-specific content, if any
  - Information on the capacity of the registries to provide links to original data source (since many registries currently contain only minimal summary information on data sources)
Each of the two inventories, and the summary of registries, must collect information for the following 22 data elements:

1. Number of covered lives
2. Demographics: describe the covered population in terms of demographic characteristics (e.g., racial/ethnic groups, gender, age, geography, socioeconomic status, etc)
3. Specify the clinical characteristics, such as disease, condition, or treatment focus, if any
4. Whether patient consent for broad use of electronic data and/or biological specimens is present and currently in effect
5. Whether patient consent for re-contact is present and currently in effect
6. Are patients involved in governance of the uses of network data? If so, how?
7. Sources of electronic data: claims; registry data; electronic health record (EHR) data (which EHR vendor?); and the capacity to link with pharmacy and diagnostic databases, especially imaging- and lab-based
8. Data sharing policy, including existence of requirements for collaboration with institutional investigators, including policies in place to protect proprietary data
9. Evidence of capacity to conduct, and experience in conducting, longitudinal follow-up for clinical outcomes; additionally, evidence of the capacity to analyze data from longitudinal follow-up
10. Are there passive means of determining follow-up and ongoing observation? If so, describe any standardization of data elements
11. Evidence of capacity for expansion to cover additional lives, diseases, conditions, or procedures
12. Extent to which the network benefits from the support of, or active involvement from, a healthcare delivery system
13. Past performance conducting randomized controlled trials (cluster, individual) using the database
14. Present availability of biospecimens/biobank, detail on type of biospecimens (such as DNA, RNA, protein, and other biomarkers) collected, and for what types of analysis
15. Prior experience in collecting and analyzing biospecimens for research purposes, as well as capacity to link these to patient outcomes
16. Annual cost of maintaining and updating network
17. Total annual budget; proportions dedicated to maintenance and infrastructure and to conduct of studies; current source(s) of funding
18. Years in existence
19. Exemplar studies (at least three with publications in peer-reviewed literature, if available)
20. Reusability (is the network available for new studies in the same or a different condition, or is it restricted to a single study?)
21. Ability of the network to perform quality improvement and assist in clinical care delivery
22. Data standards and harmonization across datasets (specific items requested are listed below):
   a. Does the network manage security and query distribution via a central hub? Please describe in brief.
   b. Does the network use standardized terminologies (i.e., ICD-9, SNOMED, etc)? If so, please provide information on which terminologies are used.
c. Does the network use a common data model (CDM)? If so, please provide information on which CDM is used and how the data is transformed and mapped to the model.

d. Is metadata routinely collected? If so, please list key metadata elements collected.

e. Please list the types of data that are being collected or accessed and incorporated into the network (e.g., EHR data, claims, patient-reported outcomes, etc).

f. Are you conducting natural language processing? If so, which application or approach are you using?

g. Is data aggregated before it leaves the local site and shared with the network? Please describe in brief how the data is transformed and when it leaves control of the local site.

h. Does the network provide data analysis tools for researchers? Please describe in brief.

i. Are IT or informatics tools used to integrate administrative, billing, and/or clinical records data into patient-level longitudinal data? If so, which informatics tools?
Step 2: Consider the Requirements

Overview—Requirements for Providing Comprehensive Inventory of Networks

The Contractor will directly manage the project, interface with key PCORI program staff members, ensure adherence to the approved budget, meet established deadlines, ensure quality control, and conclude each event with a series of recommendations for process improvement.

Program Management

The Contractor will provide an Informatics expert who will be responsible for providing guidance to the team in developing the Taxonomy (specified in the Statement of Work, but critical in determining the quality of data collected).

The expert will shape the creation of definitions, help describe entities with those definitions, review findings, and so forth.

Contractors should also be able to demonstrate prior experience and/or deep familiarity with the conduct of both clinical trials and observational studies.

Key Personnel

The Contractor shall provide an Informatics expert, with a team of two staff members. The Informatics expert should be a mid- or upper-level Clinical Informatician/Informaticist with an MD and/or Informatics PhD; a candidate with significant experience building EHRs and integrated health exchanges is preferred. It is important that this team be multidisciplinary and that at least one staff member have clinical experience or expertise and be knowledgeable of healthcare research and outcomes. A key contact must be identified and available to answer questions and discuss status of work with PCORI staff during regular business hours as indicated in “Hours of Service” below. This contact may include a project manager, separate from the Informatics expert, and an additional team of two staff members who are knowledgeable about the work plan and process.

Deliverables

The Contractor shall provide the following deliverables/submittals within the time frames identified below:

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Items</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>Regular Progress Reports</td>
<td>• Status updates of minor, major project milestones&lt;br&gt;• Communication of any issues affecting work plan, deliverable&lt;br&gt;• Request for clarification as needed</td>
<td>At least biweekly updates during continuation of contract work (report by e-mail attachment; meetings by phone as needed)</td>
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Management Reports
The Contractor will provide weekly management reports to PCORI that outline progress with current task items, including any questions, issues, or developments that could affect data collection and the timely submission of the final deliverable.

Place of Performance
The Contractor is required to provide its own facility for the services required hereunder. This function shall be staffed by the Contractor's personnel and located at its offices.

Hours of Service
It is expected that the Contractor will be available for normal project support, Monday through Friday, between 9 a.m. and 5 p.m. (Eastern Time). PCORI has regular observance of federal holidays: New Year's Day; Birthday of Martin Luther King, Jr.; Washington's Birthday; Memorial Day; Independence Day; Labor Day; Columbus Day; Veterans Day; Thanksgiving Day; and Christmas Day.

Type of Contract
It is expected that the contract executed will be cost reimbursable for a maximum number of programmatic hours and predetermined expenses directly related to the performance of the contract and preapproved by PCORI. Please refer to the Cost Proposal (Section 3) of this RFP for additional details. Specific terms and conditions will be provided to the winning Offeror and follow PCORI's standard contracting format. All Contractors are required to execute Non-Disclosure Agreements (NDAs) and Conflict of Interest (COI) forms prior to final contract execution.

Insurance
The Contractor, at its own expense, shall provide and maintain at least $1 million of General Liability insurance during the entire period of performance of this contract.

Contractor's Quality Control and Quality Assurance Surveillance Plan
The Contractor shall describe its procedures to monitor the quality of the provided services relative to the scope described herein with the goal of providing and maintaining the highest level of customer service and satisfaction. These procedures should include:

- An internal method for monitoring, identifying, and correcting deficiencies in the quality of service furnished to PCORI
- Providing at least weekly management reports to PCORI, throughout the duration of the contract
Service Level Agreements
It is PCORI’s intent to develop Service Level Agreements (SLAs) for this effort. The SLAs will be developed post-award and as mutually agreed between the Contractor and PCORI. The SLAs, when established, may be subject to change as the Inventory of Networks project progresses and matures.

Quality Assurance Surveillance Plan
As a performance-based contract, the Contractor will be required to perform at an acceptable level of quality, at the minimum, to continue supporting the contract. Should the Contractor be unable to meet the requirements, the contract may be canceled due to unsatisfactory performance. The following quality guidelines will be used to measure Contractor performance. These guidelines are subject to change, if it is in the best interest of PCORI.

<table>
<thead>
<tr>
<th>Quality Performance Opportunity</th>
<th>Quality Level</th>
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<tbody>
<tr>
<td>Exceeds</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Taxonomy</td>
<td>Taxonomy unambiguously clarifies and specifies what is meant by the term “network” and creates a comprehensive report of terms that have been used in previous studies and deliverables, therefore suggesting what terminology should be used in projects related to the health data infrastructure; the taxonomy provides an organizational framework (beyond just a listing of networks) for the inventory, based on shared characteristics of networks</td>
</tr>
<tr>
<td>Inventory Criteria</td>
<td>All 22 criteria are included in the inventory of networks for registries, CDNs, and PPRNs; additional significant criteria are identified and</td>
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### CDN and PPRN Requirements

<table>
<thead>
<tr>
<th>Identified and Included</th>
<th>CDN and PPRN Requirements</th>
<th>Fails to meet any one of the items specified under “Acceptable Deliverable”</th>
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<tbody>
<tr>
<td>Identified and included; if all 22 criteria are not reviewed, there is evidence provided regarding why the data to fulfill the missing criteria was unavailable</td>
<td>Greater than 20 CDNs and/or greater than 20 PPRNs are included in the inventory</td>
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### Minimum Inventory Requirements

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<th>Minimum Inventory Requirements</th>
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<th>Fails to meet any one of the items specified under “Acceptable Deliverable”</th>
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<tr>
<td>All registries, CDNs, PPRNs included in the inventory fulfill the minimum requirements of at least 10,000 covered individuals per specific disease/clinical condition (minimum of 1,000 patients for rare diseases)</td>
<td>All registries, CDNs, PPRNs included in the inventory fulfill the minimum requirements of at least 10,000 covered individuals per specific disease/clinical condition (minimum of 1,000 patients for rare diseases)</td>
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### Final Report/Inventory

<table>
<thead>
<tr>
<th>Final Report/Inventory</th>
<th>Final Report/Inventory</th>
<th>Fails to meet any one of the items specified under “Acceptable Deliverable” or the final deliverable is not submitted on time</th>
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<tr>
<td>The final report/inventory demonstrates no bias and is a factual synthesis of the specified data requirements with no solicited opinion; it is submitted prior to the final deadline</td>
<td>The final report/inventory demonstrates no bias and is a factual synthesis of the specified data requirements with no solicited opinion; it is submitted on time</td>
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### Final Deliverable

<table>
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<th>Final Deliverable</th>
<th>Final Deliverable</th>
<th>Fails to meet any one of the items specified under “Acceptable Deliverable”</th>
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<tr>
<td>The final deliverable is produced prior to January 25, 2013</td>
<td>The final deliverable is produced prior to January 25, 2013; if this timeline is not feasible, early communication and evidence is provided during the proposal response period</td>
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### Compliance

Contractor is to comply with PCORI’s Rules and Regulations (to be provided to awarded Contractor), all required forms, and any changes in procedures. Contractor will remain informed of any such changes and updates, as necessary, by the PCORI Procurement Office. Upon the request of employees or other persons with disabilities participating in official
business, the Contractor must arrange necessary and reasonable accommodations for the impaired individuals per Section 508 Compliance.

**Period of Performance**

The period of performance is from November 30, 2012, until at least January 25, 2013. The cost proposal should support up to four months of engagement, with an option to continue an additional two months if mutually agreed by both parties.

**Non-Disclosure Agreements**

The Contractor shall not release any sensitive, confidential, or proprietary information, without prior written approval from PCORI. At the time of award, the Awardee will be required to sign a Non-disclosure Agreement.

**Organizational Conflict of Interest**

The Contractor, upon award, shall sign a statement confirming that it does not have and will prevent any organizational conflict of interest. If a conflict arises, the Contractor will immediately advise PCORI.
Step 3: Develop Your Solution

Overview—Proposal Content

Your proposal should be organized into two separate volumes: Volume I to include the Technical Solution, Management Approach, and Past Performance and Volume II to include the Cost Proposal.

The Technical Solution, Management Approach, and Past Performance volume should be addressed in the first section of the proposal, which should be no longer than 10 pages (exclusive of the title page and table of contents) and sent via the acceptable formats noted in Section 5 of this RFP.

- **Technical Solution.** The Offeror shall demonstrate and describe its proposed solution based on the requirements in the Statement of Work.

- **Management Approach.** The Offeror shall demonstrate the ability to effectively manage and control the operation through completion of products/deliverables by demonstrating successful program support. The Offeror shall provide information about program management, financial resources or ability to obtain them, equipment and facilities, quality assurance approach, internal controls, and staffing.
  
  o Describe composition of team including key personnel and consultants by creating a table that provides information about the time commitment to the project by each member and area of expertise and experience. Include resumes, which should be no longer than two pages and are not included in the page count.

  o For large businesses subcontracting elements of the Scope of Work, a Subcontracting Plan must be submitted to include socioeconomic status of subcontractors, such as small, small disadvantaged, small disabled veteran owned, veteran owned small business, woman owned small business, or Historically Underutilized Business Zones (HUBZone) interests.

  o Any subcontracted work is to be included in the total hours of work dedicated to the Comprehensive Inventory of Networks. The core work required, as described in the Scope of Work, must be completed by the individuals to whom the contract is awarded or those staff members explicitly indicated in the winning proposal. This work includes, but is not limited to, the actual research for the Comprehensive Inventory of Networks, identification of networks to include, conduct of interviews, and writing of the report or final deliverable. Any subcontracted work should be operational or editorial in nature and not require the specific expertise warranted by the taxonomy or inventories work, such as formatting and copyediting of the final report, or project management support.

- **Past Performance.** The Offeror shall create a table delineating at least three critical success factors about your organization (eg, expertise in content area, continuity or understanding of the landscape, responsiveness). The Offeror shall also identify up
to three previous or existing clients within the last five years with a similar effort in the commercial or federal market. Include client name, period (dates) of performance, the Point of Contact name/e-mail/phone number, and a synopsis of work performed.

A Cost Proposal should be distinct and separate from the aforementioned narrative. PCORI expects to make one award to a single Contractor. It is also expected that the contract will be cost reimbursable for a maximum number of programmatic hours and predetermined expenses that are directly related to the performance of the contract and preapproved by PCORI. Although project funding decisions will be based on the technical approach of the proposal, responding organizations must include all expected expenditures and fees in their final bid. Travel is not expected for the successful performance of this contract. However, Offerors may propose travel costs in support of the proposed Scope of Work that must receive prior approval and will be reimbursed, at cost. Organizations must provide a pricing proposal that supports the entire Scope of Work outlined in the RFP and that lists key personnel and key services with corresponding price quotes that are valid for at least one year from the project start date. If needed, a brief budget narrative (no more than two pages) may be included to clarify unusual budget items or calculations. The Cost Proposal does not count toward the page count limitation. Nevertheless, this section should also conform to PCORI's formatting requirements, as noted in this RFP.

The Contractor should provide a detailed budget that outlines the effort commitments of the key personnel necessary to achieve the Scope of Work. The cost proposal should clearly list the number of expected hours, along with the Contractor's fully loaded rates for each of the people working on this project. All requested rates and indirect costs must conform to the Contractor’s standard compensation practices and be fully justified. PCORI reserves the right to request supporting documentation for all rates requested under this award, including financial statements, audit reports, and federal indirect cost rate agreements (facilities and administrative rate agreements). It is expected that an experienced Informatics expert (MD/PhD, preferred) and a research support team of at least two Clinical Informaticians/Informaticists will complete the following series of tasks over a project period of no more than four months:

- Project launch
- Devise the taxonomy and establish a plan for identifying networks/registries (24 hours, per staff member, for at least 72 total hours)
- Identify candidates, which would then be reviewed by the Informatics expert to create an initial list of potential interviewees (24 hours, per staff, for at least 72 total hours)
- Conduct research—determining whom to call; systematically interviewing them; summarizing; and reviewing the data collected for each of the clinical data networks, patient-powered networks, and registries (at least 60 data points, in total)—at least 12 hours per data point, for a total of 720 hours across three staffs
- Integrate the findings and prepare the final report (24 hours, per staff, for at least 72 total hours)

This expected level of effort suggests between 950 and 1,000 total hours of staff commitment across the project period. Budgets should define effort levels, by staff, and through each phase of the proposed project plan. Although the expected award will be a cost reimbursable contract, Offerors should propose a burn rate by project task, phase, or month with a maximum number of hours for each position requested. PCORI seeks an experienced research team that judiciously utilizes the effort of the Informatics expert.
Premium rates or differentials for the expedited nature of this project should be clearly delineated in the cost proposal. Given the fact that assessing very large clinical data networks could be complex and additional effort levels may be needed for certain project phases, the Contractor may propose a greater level of staff commitment and/or options to continue the work, as needed and preapproved by PCORI.
Step 4: Know the Review Criteria

Overview—Review Criteria

An award will be made to the Offeror who proposes the best value, with the technical solution being more important than the management approach, past performance, and price, as determined by the Scope of Work outlined in the previous sections and the following evaluation factors, and as indicated in the matrix below.

PCORI reserves the right to reject proposals that are unreasonably low or high in price. Price will be evaluated for cost realism. The price will be determined with regard to the fulfillment of the requirements based on Section 1. PCORI will determine the Offeror’s acceptability by assessing the Offeror’s compliance with the terms of the RFP.

Matrix

<table>
<thead>
<tr>
<th>Transaction Description</th>
<th>Weight of Rating Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical Proposal</td>
<td>40%</td>
</tr>
<tr>
<td>Past Performance</td>
<td>30%</td>
</tr>
<tr>
<td>Management Approach</td>
<td>15%</td>
</tr>
<tr>
<td>Cost Proposal</td>
<td>15%</td>
</tr>
</tbody>
</table>

Evaluation Categories

Outstanding—The Offeror has demonstrated that there is a high probability of success in a combination of past results, low risk, and professional distribution of services.

Good—The Offeror has demonstrated that there is a good probability of success in a combination of past results, moderate risk, and professional distribution of services.

Fair—The Offeror has demonstrated that there is marginal probability of success in a combination of past results, marginal risk, and professional distribution of services.

Poor—The Offeror has not demonstrated that there is a probability of success in this services-based effort.

Best and Final Offers

Subsequent to receiving original proposals, PCORI reserves the right to notify all technically acceptable Offerors within the competitive range and to provide them an opportunity to submit written Best and Final Offers (BAFOs) at the designated date and time. BAFOs will be
evaluated and considered at PCORI’s discretion. After receipt of a BAFO, no discussions will be reopened unless PCORI determines that it is clearly in PCORI’s best interest to do so (e.g., it is clear that information available at that time is inadequate to reasonably justify Contractor selection and award based on the BAFOs received). If discussions are reopened, PCORI will issue an additional request for BAFOs to all technically acceptable Offerors still within the competitive range.

At its discretion, PCORI reserves the right to also invite Offerors who are technically acceptable to conduct a presentation to PCORI on the proposed effort for technical and management approaches identified in the submission. PCORI will notify vendors who meet the qualifications and provide the date, time, and format for the presentation. PCORI expects to fund one proposal. However, PCORI reserves the right to fund more than one proposal or to fund no proposal if, in its judgment, an acceptable proposal is not identified.
Step 5: Submit Your Proposal

Overview—Summary of Instructions

Each proposal submitted must conform to the following instructions.

Format

All text should be Arial or Times New Roman font, no less than 11 points with one inch margins and single spaced. Graphics and tables are acceptable and encouraged; MS Word, MS Excel, or Adobe PDF formats. Proposals exceeding the 10-page limit (exclusive of the title page and table of contents) will not be considered.

The submitted proposal must explain in detail the approach that the designated team would take to complete this work. This could include, but is not limited to, an abbreviated list of desirable, existing networks and registries to include in the inventory; sample questions and guides to be used during interviews; potential sources for secondary and tertiary research; proposed work plan including major project milestones, proposed plans to subcontract operational and support services for completion of work, as well as the specific tasks to be assigned exclusively to each team member. This information should be provided in a table format included in the specified page limit.

The submitted proposal must include a description of the composition of project team, including key personnel and consultants, by creating a table that provides information about the time commitment to the project by each member and area of expertise and experience. For each team member, include a resume that is no longer than two pages and is not included in the total page count.

Cover Letter

The cover letter must contain the following information:

- Offeror’s name and mailing address
- Reference to the solicitation (RFP) number (PCOInvNtw2012)
- Technical and contract points of contact—name, phone number, and e-mail address
- Business size (Large, Small, State/Federal Certifications—MBE, 8(a), HUBZone, etc)
- Dunn & Bradstreet Number (DUNS)
- Federal Tax ID (EIN, TIN, SS)
- Affirmation that the quote (cost proposal) is valid for at least 30 days
- A statement specifying the extent of agreement with all terms, conditions, and provisions included in the solicitation and agreement to furnish any or all items upon which prices are offered at the price set opposite each item
• Acknowledgement of any amendments by reference

Proposal

Ensure that your proposal contains the requisite two volumes (please refer to Section 3 that describes Volume I to include Technical Solution, Management Approach, and Past Performance and Volume II to include Cost Proposal), conforms to the format and content instructions, and addresses the Scope of Work and all deliverables.

Submission Deadlines

• Questions should be addressed and submitted to rfp@pcori.org, referencing the RFP number in the subject line, NO LATER THAN 5 p.m. (Eastern Time) November 16, 2012.

• Closing date—All proposals should be sent NO LATER THAN 5 p.m. (Eastern Time) November 26, 2012, to rfp@pcori.org with the RFP number clearly listed in the subject line.

• Anticipated notice of award date: November 30, 2012.

Late Submissions

Late proposals, requests for modification, or requests for withdrawal will not be considered, unless a late modification of a successful proposal makes terms more favorable for PCORI.

Retention of Proposals

All proposal documents will be the property of PCORI and retained by PCORI, and, therefore, will not be returned to the Offerors.

Withdrawal or Modification of Proposals

An Offeror may modify or withdraw its proposal upon written, electronic, or facsimile notice if received at the location designated in the solicitation for submission of proposals, but not later than the closing date and time for receipt of proposals.
About PCORI

The Patient-Centered Outcomes Research Institute (PCORI) is an independent organization created to help people make informed healthcare decisions and improve healthcare delivery. PCORI will commission research that is guided by patients, caregivers, and the broader healthcare community and will produce high integrity, evidence-based information.

PCORI is committed to transparency and a rigorous stakeholder-driven process that emphasizes patient engagement. PCORI will use a variety of forums and public comment periods to obtain public input throughout its work.

Our Mission

PCORI helps people make informed healthcare decisions and improves healthcare delivery and outcomes by producing and promoting high integrity, evidence-based information that comes from research guided by patients, caregivers, and the broader healthcare community.

Our History

PCORI was created by the Patient Protection and Affordable Care Act of 2010 as a nonprofit, nongovernmental organization. PCORI's purpose, as defined by the law, is to help patients, clinicians, purchasers, and policy makers make better informed health decisions by “advancing the quality and relevance of evidence about how to prevent, diagnose, treat, monitor, and manage diseases, disorders, and other health conditions.”

The statutory language defining PCORI is broad and authorizes research that will support a strong patient-centered orientation, inform better choices among alternative treatment and prevention strategies, and direct attention to individual and system differences that may influence strategies and outcomes. PCORI was designed to produce knowledge through the analysis and synthesis of existing research or the support of new research.