

DRAFT STATEMENT OF WORK FOR MULTI-STATE COLLABORATION
April – July 2009 Extension
Modification 1

Background:

Established in June 2006 by RTI International through a contract with the U.S. Department of Health and Human Services (HHS), the Health Information Security and Privacy Collaboration (HISPC) was originally comprised of 34 states and territories. As phase three of the HISPC began in April 2008, HISPC was comprised of 42 states and territories, and aimed to address the privacy and security challenges presented by electronic health information exchange through multi-state collaboration. Each HISPC participant continued to have the support of its state or territorial governor and maintained a steering committee and contact with a range of local stakeholders to ensure that developed solutions accurately reflected local preferences.

The third phase was comprised of 7 multi-state collaborative privacy and security projects focused on: analyzing consent data elements in state law; studying intrastate and interstate consent policies; developing tools to help harmonize state privacy laws; developing tools and strategies to educate and engage consumers; developing a toolkit to educate providers; recommending basic security policy requirements; and developing inter-organizational agreements. Each project was designed to develop common, replicable multi-state solutions that has the potential to reduce variation in and harmonize privacy and security practices, policies and laws

Purpose:

This extension will require states to complete two challenges to test the effectiveness of the consumer and provider education and outreach materials developed in Phase 3. It will also allow the multi-state collaboratives to continue forward with an innovation to build on the work performed in Phase 3.

State Specific Requirements:

The following tasks will not be exercised in this extension:

- Original Task 7, Participation in Cross-Collaborative Steering Committee
- Original Tasks 8 and 9, Special Requirements for Collaborative Co-chairs

The state teams shall perform the following tasks during the contract-extension period:

Task 1: Develop a brief addendum to your state work plan that describes how your state will approach its scope of work. The addendum should include a brief statement of each project activity, identify the person who will perform each activity, and indicate the level of effort for each activity (i.e., person hours by task).

Task 2: Submit monthly technical and financial status reports to RTI. State technical and financial reports should be submitted to RTI on the 25th of every month. These reports should include updated information regarding both state-level achievements and collaborative contributions.

Task 3: Continue participation in bi-weekly meetings with collaborative and CPM. Each collaborative will meet with their assigned RTI CPM bi-weekly to review progress towards milestones, potential risks and mitigation strategies and planned activities for the upcoming period.

Task 4: Participate in monthly teleconferences with RTI CPM. In addition to the bi-weekly calls with the entire collaborative, each state will meet with their assigned CPM on a monthly basis to review state-specific progress and issues.

Task 5: Maintain a state-level Steering Committee. All states will be required to maintain their state-level steering committees by meeting on a regular basis to discuss and disseminate information resulting from the project to the members.

Task 6: Develop a 90 minute Workshop to Present HISPC Phase 3 Tools and Resources to a Nationwide Audience. This collaborative-level workshop must present Phase 3 materials in a “how-to” format and can include participatory examples as necessary to illustrate execution of concepts or ideas. The draft presentation and all components will be due to RTI for review and approval by May 8, 2009. Edits and adjustments will be made as requested and the final presentation and components will be due to RTI on May 29, 2009. The nationwide Workshops will be held via Webex and will be hosted, coordinated and scheduled by RTI throughout the months of June and July.

Task 7: Provide technical assistance on Workshop Presentation as requested. RTI will coordinate any and all inquiries regarding the Collaborative Phase 3 materials and will coordinate responses with members of the collaborative as necessary. This may include answering questions via email, designating an individual or group of individuals from the collaborative to engage in telephone discussions, up to 5 hours per state for total requests.

Task 8: Execute HISPC Challenge 1 and Challenge 2 within your state.

Challenge 1:

Identify at least 3 consumer-oriented stakeholder associations/organizations within your state (including any HIOs), and adapt 2-4 of the materials listed in “Attachment A: Consumer Education and Engagement Collaborative Deliverables Available for Distribution”. The following steps should be included in your proposal: 1) approach the organizations, 2) review and determine which consumer education tools are appropriate, 3) work with the organization to adapt and disseminate the materials.

Challenge 2:

Identify and partner with at least 2 provider associations within your state to promote the PET toolkit, including dissemination of the website and additional tools created for hard copy distribution as appropriate. See Attachment B for a list of items available in the toolkit. In each of these 2 provider associations you must accomplish at least two of the following objectives:

- Gain support of the association to distribute an announcement via its listserv regarding the tools and resources available.
- Identify a “Physician Champion” within the association who is willing and able to effectively support word-of-mouth dissemination of the toolkit materials.
- Secure a speaking arrangement for at least one regular meeting of association members to present the toolkit materials.
- Distribute press release and journal articles in the leading local newspapers, medical trade press and associations’ journals and newsletters, or any other association printed or web-based member communications.
- Establish affiliations with professional associations by having them provide a link to the project website to promote the toolkit material.

Feedback and lessons learned regarding the dissemination of these materials within both your state consumer and provider stakeholder populations must be documented and submitted to RTI in a final report by 7/24/09. RTI will provide a template for this report by 6/15/09.

Task 9: Execute at least one innovation within your collaborative to advance your phase 3 work. Attachment C contains the priority area suggested by ONC/RTI for your collaborative(s). These priority areas have been chosen as natural extension activities resulting from your previous work, which also align with the objectives of the overall HISPC project.

Your collaborative is permitted to suggest a different activity to execute during the extension and this activity should be proposed in place of the priority area. Should your collaborative choose to execute the suggested priority area in some form or another, your collaborative can also choose to support the execution of additional activities if they can be reasonably accomplished within the time and resources provided through this extension.

Your proposal should outline the overall collaborative plan and clearly indicate the specific steps that your state would undertake to complete this innovation.

Subtask 9a: Develop a Collaborative Workplan that includes a specific breakdown of project activities, task prioritization, resource requirements, team responsibilities, and interim milestones to achieve deliverables.

Subtask 9b: Submit a final report outlining the work of the collaborative during the extension period.

Ref	Description	Quantity	Delivery
1	Modified State-level Work Plan	1	Within 1 week of EDOC
2	Submit monthly status and financial reports as described in Task 2	4	25th of each month, beginning in April 2009
3	Draft 90 Minute Workshop presentation and supporting materials	1	5/8/09
4	Final 90 Minute Workshop presentation and supporting materials	1	5/29/09
5	Submit Challenge 1 memo detailing results of all activities	1	7/24/09
6	Submit Challenge 2 memo detailing results of all activities	1	7/24/09
7	Develop Collaborative-level Work Plan as described in task 9a	1	Within 2 weeks of EDOC
8	Submit a final status report as described in task 9b.	2	7/24/09

Extension Guidance:

All specifications regarding Budgets, Unallowable Expenses, Salary Caps, and Primary Data Collection specified in the original subcontract remain active and valid under this extension and are noted below for reference.

Budgets

Items that should not be included in your state specific budgets or collaborative proposals:

- Time for any TAP members
- Portal development or space for collaboration
- WebEx or other online web conferencing services

Guidance for Preparing State Budgets

A budget template has been provided which includes an estimated extension budget total based on your actual monthly burn rate during phase three and some assumptions about level of effort required for the extension period. In order to streamline the subcontract extension process, RTI requires the submission of budget information using this form.

States participating in two collaboratives should follow the directions in this document and submit separate budgets and proposals for each collaborative. Overlap between the two state proposals and budgets, with respect to resources, including personnel, subcontractors, consultants, etc. should be clearly noted. However, budgets for each collaborative should be kept separate. States participating in two collaboratives will only be assigned one liaison. Therefore, only budget

for one monthly meeting for your state team. Please contact your liaison if you require additional assistance.

Please note that if you have any new staff who will be participating in the extension work that you will need to provide their level of effort, hourly rate, and supporting documentation for their hourly rate. Please contact your CPM if you have any questions about this process.

Unallowable Expenses

RTI reminds states that unless authorized in writing by the RTI Subcontract Administrator, the costs of the following items or activities shall be unallowable as direct costs:

1. Acquisition, by purchase or lease, of any interest in real property;
2. Rearrangement or alteration of facilities;
3. Purchase or lease of any item of general purpose office furniture or office equipment regardless of dollar value. (General purpose equipment is defined as any items of personal property which are usable for purposes other than research, such as office equipment and furnishings, pocket calculators, etc.);
4. Accountable Government property (defined as both real and personal property with an acquisition cost of \$1,000 or more, with a life expectancy of more than two years) and "sensitive items" (defined and listed in the Contractor's Guide to Control of Government Property, 1990) regardless of acquisition value;
5. Travel to attend general scientific meetings;
6. Foreign travel;
7. Any costs incurred prior to the Subcontract's effective date;
8. Rental of meeting rooms not otherwise expressly paid for by the Subcontract;
9. Consultant costs;
10. Subcontracts; and
11. Information Technology hardware or software

This list should in no way be construed as exhaustive. Please contact your liaison if you have additional questions about unallowable costs.

We do not anticipate any out-of-state travel during this extension period. Any in state travel costs cannot exceed limits set for federal employees. The GSA website provides current information on lodging and per diem rates: <http://www.gsa.gov/Portal/gsa/ep/home.do?tabId=11> Please note that this may change pursuant to HHS guidelines or the conditions of the RTI prime contract.

Salary Caps

Individuals cannot be paid at a rate in excess of the direct salary rate for Executive Level I of the Federal Executive Pay Scale. That rate is \$186,600, and is exclusive of fringe, overhead, and general and administrative expenses. The cap for consultants is \$350 per hour. Please note that this may change pursuant to HHS guidelines or the conditions of the RTI prime contract.

Primary Data Collection

Plans may include primary data collection, such as surveys or focus groups, but these **cannot be funded through the HISPC project** and states will need to secure outside funds to pay for these activities. RTI will not fund any plans for data collection activities. Public meetings and open format comment or feedback on plans or reports are acceptable, provided the meeting has a clearly stated objective and results are documented.