Performance Work Statement
Master Planning Sub-Market Analysis Study for VA Pacific Islands Health Care System

1.0 General Information

1.1 The contractor shall conduct a feasibility study of available medical care in rural areas of the Veterans Affairs Pacific Islands Health Care System (VAPIHCS) to include the type of care available in these rural areas, gaps in care coverage in these areas, a cost benefit analysis of including additional care coverage in these areas, and recommendations for improving care coverage. This study is being conducted in response to President Obama's August 31, 2012 Executive Order, "Improving Access to Mental Health Services for Veterans, Service Members, and Military Families."

2.0 Background

2.1 The VAPIHCS requires a master plan sub-market analysis study encompassing all nine island sub-market areas of the VAPIHCS including Kauai, Maui, Molokai, Lanai, Hawaii (Kona and Hilo), American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands (CNMI) (hereinafter collectively referred to as the "Neighbor Islands"). The study of the Neighbor Islands shall include the linkage to Oahu and/or the United States mainland when care is not available to the Veteran patient on their respective home island. VAPIHCS is interested in determining the actual sufficiency and efficiency of Veterans' access to VA and non-VA care on the Neighbor Islands, with an accompanying portrayal of actual workload, expenses by type and volume of medical care services delivered, and with projections on future requirements.

2.2 The VAPIHCS delivery of medical services favors providing care to Veterans on their home island of residence whenever possible. When off-island care referrals are indicated by clinicians as part of the treatment plan, Veterans may receive care on Oahu or on the U.S. mainland. The objective of this feasibility study is a juxtaposition of available Neighbor Island care (both VA and non-VA) versus care off island requiring Veteran travel, to include business case and cost benefit analysis in support of recommendations for future care-delivery considerations in the Pacific.

3.0 Definitions

3.1 Neighbor Islands – include Kauai, Maui, Molokai, Lanai, Hawaii (Kona and Hilo), American Samoa, Guam, and the Commonwealth of the Northern Marianas Islands (CNMI)

3.2 Strategic Planning Categories –

3.3 VA Healthcare Planning Model –

3.4 VHA Support Service Center (VSSC) Workload Allocation Model

4.0 Scope of Work:

4.1. The Contractor shall provide the necessary labor/manpower to conduct a study which includes a geographic demand analysis of the projected Veteran utilization by Veteran Health Administration (VHA) Strategic Planning Categories for designated areas of the VAPIHCS. The designated areas include the Neighbor Islands served by the health care system mentioned above.

4.2 The Contractor shall consider VA and non-VA workload/referrals from the Neighbor Islands to both Oahu and the Mainland U.S., which includes fee referrals. Additionally, this consideration will verify the travel burden in the Pacific and analyze any alternatives (to Veteran travel) that are viable and do not compromise care provided to Veterans who reside in the Pacific.

4.3 The Contractor shall identify on-island community (private sector/state/other federal) healthcare resources (i.e. hospitals, specialty clinics and private provider practices) for all Neighbor Islands, and to the extent possible characterize their clinical services as well as accreditation status.

4.4 The Contractor will provide GIS mapping of each of the Neighbor Island sites-of-care to include current and projected Veteran population, enrollment/user density, utilization trends, and distance factors.

4.5 The Contractor will, during the course of the study, travel with VAPIHCS representatives at least once to all Neighbor Islands to validate the information and data being collected and to properly understand firsthand the unique cultures and challenges that differentiate each of the Neighbor Islands.

5.0 Period of Performance

5.1 The anticipated period of performance is January 1, 2014 through December 31, 2014.

6.0 Performance Requirements

6.1 VAPIHCS Strategic Planning Category (SPC) Workload Analysis:

6.1.1 The Contractor shall work closely with the VAPIHCS/VISN 21Planning Team to complete a VA defined Strategic Planning Category (SPC) workload analysis. The specific SPCs to be analyzed shall be selected and agreed upon between the Contractor and the VAPIHCS/VISN 21 Planning Team. Data for the SPC's reside in VA's Health Care Planning Model on-line program.

6.1.2 The Contractor shall analyze and map SPC workload for Veterans residing on the Neighbor Islands. The workload data for each SPC will be obtained by the Contractor via the VHA Support Service Center (VSSC) Workload Allocation Model. The SPC workload shall cover a five to twenty year planning time horizon and include treating facility and market equivalent level data.

6.1.3 The Contractor shall analyze actual workload for the base year 2013 plus workload projections for three target years (2017, 2022 & 2032). The Contractor shall provide maps as they pertain to SPC workload with the level of detail (primary zip code) dependent on the level of data provided by VA Data Base capability.

6.1.4 The Contractor shall identify on-island (private sector/state/other federal) healthcare resources (i.e. hospitals, specialty clinics, private provider practices) for the Neighbor Islands, and to the extent possible, characterize their clinical services, accreditation status, and supply of care available, consistent with VA SPC criteria.

6.2 VAPIHCS Geographic Analysis:

6.2.1 The goal will be to determine any gaps in coverage at the Neighbor Islands, as well as to identify opportunities to enhance access and expand services. Building on the SPC workload analysis, the Contractor shall work with the VAPIHCS/VISN 21Planning Team to complete a geographic analysis.

6.2.2 The Contractor shall map and analyze zip code distinctions, Veteran access, drive/travel times (all modes) , beneficiary travel program costs, and distance circles, as well as medical center, CBOC, and Outreach Clinic locations. Detailed maps will be provided of current, future (approved), and planned (pending approval) facilities alongside geographic workload data of associated VA facilities for each of the Neighbor Islands. Once the facilities are mapped, contractor shall begin to analyze, at a master planning level, potential options and opportunities for new or expanded services to address identified gaps in current services, as well as exploration of additional concepts to enhance service and access for Veterans (to include VA and non-VA sources). The individual geographic maps created during the SPC workload analysis will facilitate specific analysis of demand.

6.3 Market Maps and VSSC Workload Allocation Model Meeting:

6.3.1 The Contractor shall meet with the VAPIHCS/VISN 21 Planning Team and VAPIHCS leadership, in a planned meeting schedule (see Section 7), to review maps, models, and assumptions, as well as receive feedback and comments.

6.4 Market/Sub-market Level Analyses (with Maps) Briefing Book (hard copies as well as electronic) and Presentation:

6.4.1 The Contractor shall provide a final market-level analysis (comprised of Neighbor Island care analysis) briefing book and a presentation that will include the following:

a. An executive summary outlining proposed opportunities for any new and / or expanded sites of care, as well as identified opportunities for increased on-island care collaborations and/or purchased care (as opposed to travel for off-island VA or VA Fee services), and cost benefit support of recommendations.
b. VSSC Workload Allocation Models
c. Market maps showing type of healthcare coverage available
d. List of Facilities (current and proposed) with types of care provided

6.4.2. Assumptions and historical modes of care (Veterans who meet VA Beneficiary Travel eligibility have their costs of travel defrayed by VA. This expense data will be provided by VAPIHCS to the Contractor).

6.4.3 Support materials such as charts, tables, graphs, maps, presentation media (full size, half size, electronic), electronic (CD) versions of all materials utilized in final study and presentation, PowerPoint files, Excel spreadsheets, AutoCAD files, Access files, Word files, and Story/Presentation Boards.

7.0 Meetings with the VAPIHCS/VISN 21 Planning Team: The Contractor shall meet at least five times with Planning Team (at least three in-person meetings are required while video-teleconferencing or web-based meeting is acceptable for other meetings). The Contractor, when submitting a quote, will propose a timeline not to exceed a period of one calendar year for meetings based on the following required at each meeting:

7.1 **Meeting # 1:**

7.1.1 The first meeting shall be a "kick-off" meeting for review of information/material gathering, knowledge transfer, guideline establishment, objective identification, schedule review, constraint discussion and format review.

7.1.2 At least forty (40) days prior to the first meeting, the VA will furnish the following information to the Contractor. Meeting #1 shall not take place until the information below is obtained by the Contractor. The contractor will not be penalized for the failure of the VAPIHCS to provide this information.:

a. The COR or designated representative will provide the Contractor with all planned CBOC/Outreach Clinic (new and expansion) and site-developed concept proposals for services and programs.
b. The COR or designated representative will provide the Contractor with a summary of projected VAPIHCS level workload for each Strategic Planning Category (SPC) by location. This will be provided in an Excel format comparing the baseline year, the projection year, and the percent change from the baseline year for each SPC. This information will originate from the VA Health Care Planning Model.
c. The COR or designated representative will provide to the Contractor the VHA Support Service Center (VSSC) Workload Allocation Model.
d. The VSSC Workload Allocation Model
e. Any prior geographic base maps from Microsoft MapPoint
f. The CAI space inventory and VSSC Space Calculator

7.1.3 The Contractor shall review provided information from VAPIHCS and provide a data request checklist, at least twenty (20) days prior to Meeting #1, of any additional information needed to support the effort.

7.2 Meeting #2: (via VTC or Telephone Conference).

7.2.1 The Contractor shall meet with the VAPIHCS/VISN 21 Planning Team and VAPIHCS leadership to review models and assumptions and to discuss VA provided comments.

7.2.2 Two weeks prior to the second meeting, the Contractor shall provide to the VAPIHCS/VISN 21 Planning Team the draft Neighbor Island maps and VSSC Workload Allocation Models with a list to include existing, new, and expanded sites of care. The care availability analysis shall include both VA and non-VA care infrastructure on all Neighbor Islands.

7.2.3 At Meeting # 2, Contractor will provide a review of medical care availability, utilization, and expenses as experienced by Veterans, encompassing all Neighbor Islands.

7.3 Meeting #3: (In-Person).

7.3.1 The third meeting shall be conducted following the internal review of plans by VAPIHCS Leadership. Follow-up documentation shall be discussed at this meeting which will include a more developed and refined version of the options developed in the second meeting, and incorporating initial internal VA review. Options will be reviewed for further development and inclusion in the final report.

7.4 **Meeting # 4:** (via VTC or Telephone Conference)

7.4.1 Same participants in Meeting # 4 as in Meeting # 3, review and further refine in more detail the revisions made from Meeting # 3 with goal of Contractor obtaining final approval by VAPIHCS/VISN 21 Planning Team and VAPIHCS leadership. If the Contractor cannot obtain approval, then the end period of this engagement will be extended in one month increments with monthly VTC or Telephone Conference meetings, with no additional reimbursement to Contractor, until approval and acceptance by the VA is achieved.

7.5 Meeting #5: Final Meeting and Presentation (In-Person)

7.5.1 A final report outline format will be chosen.

7.5.2 The required draft Strategic Capital Master Plan and Service Delivery Improvement Plan will be delivered.

8.0 Final Report (titled "Master Plan Sub-Market Analysis Study Report"):

8.1 The final Master Plan Sub-Market Analysis Study Report ("Master Plan") shall be comprised of both written and electronic qualitative analysis of sufficiency and efficiency related to program objectives, strategies, options considered, and a detailed development of the recommended options with supporting business case rationale (cost benefit analyses).

8.2 The Master Plan shall include an executive summary which details the major workload and future gaps to be considered.

8.3 The Contractor shall provide a final report and presentation support material that will include the following:

a. Support materials such as charts, tables, graphs, maps, presentation media (full size, electronic)
b. Electronic (CD) versions of all materials utilized in final study and presentation
c. PowerPoint files
d. Excel spreadsheets
e. AutoCAD files
f. Access files

8.4 The government shall have unlimited rights, as defined by the Federal Acquisition Regulation (FAR) Part 27, in any and all information or data produced by the Contractor related to this requirement. The Contractor shall obtain approval by the COR before exercising any rights in data first produced in the performance of this contract.

9.0 Service Delivery Summary

Primary Performance Requirement	**PWS Paragraph**	**Performance Threshold**
Care availability analysis	**4.2, 4.3, 4.4**	100% delivery and compliance

including both VA and non-VA care infrastructure on all Neighbor Islands (geographic maps and qualitative analysis)		
Analysis of actual workload for the base year 2013 plus workload projections for three target years (2017, 2022 & 2032)	**6.1.3**	100% delivery and compliance
Identification of on-island (private sector/state/other federal) healthcare resources (i.e. hospitals, specialty clinics, private provider practices) for the Neighbor Islands, and to the extent possible, characterize their clinical services, accreditation status, and supply of care available	**6.1.4**	100% delivery and compliance
Identification of gaps in coverage at the Neighbor Islands, as well as to identify opportunities to enhance access and expand services.	**6.2.1**	100% delivery and compliance
Map and analysis of zip code distinctions, Veteran access, drive/travel times (all modes) , beneficiary travel program costs, and distance circles, as well as medical center, CBOC, and Outreach Clinic locations.	**6.2.2**	100% delivery and compliance
Final market-level analysis	**6.4.1, 6.4.2, 6.4.3**	100% delivery and compliance

10.0 Contractor Personnel Requirements/Qualifications.

10.1 The Contractor shall have experience with and knowledge of VA Health Care Planning to include the VA Health Care Planning Model (HCPM) as well as the VA Strategic Capital Investment Plan (SCIP) process.

10.2 Key personnel shall have knowledge of program evaluation design and analysis, including evaluations using experimental and quasi-experimental designs.

10.3 Key Personnel shall possess at least five (5) years of experience in healthcare consulting. Key personnel shall have data security, record retention, and medical record privacy policy expertise.

10.4 Key Personnel shall possess at least a Master's Business Administration with specialty or experience in health policy or a related discipline.

10.5 Key Personnel shall have a minimum of five (5) years' experience in qualitative data analysis and study design, including interview based data collection and analysis.

10.6 Key personnel shall have proficiency in Microsoft Office Excel, Word, and Access.

10.7 Key personnel must obtain Without Compensation (WOC) status within 45 days of contract initiation. This designation identifies that the individual is not on the VA employee payroll, but allows them access to VA data systems and other resources.

11.0 Quality Control Plan

11.1 The Contractor shall establish and maintain quality control to ensure all contract requirements are met. An original and one (1) copy of the Quality Control Plan (QCP) shall be submitted with the quote. The COR and Task Managers will review the QCP and list any needed clarifications and return to the Contractor for response, if necessary.

12.0 Quality Control Assurance Plan (QASP)

12.1 The contractor's Quality Control Plan, as revised by the COR and contracting officer and agreed to by all parties, shall constitute the QASP.

13.0 Government Furnished Property

13.1 The Contractor shall have access to a desk or cubicle work area and access to VA Computer and telephone if work is to be conducted at the VAPIHCS Oahu or Neighbor Island locations. Contractor shall provide VA compatible computer, software and telephone if work is to be conducted virtually.

14.0 Invoicing

14.1 The Contractor shall be paid based on performance.

14.2 Performance Events:

a. Attendance to Meeting #1 and furnish the Data Request Checklist and required documentation for meeting #1.
b. Completion of 20% of the assessment of maps and VSSC Workload Allocation Models (depicting medical care availability, utilization, and expenses as experienced by Veterans, encompassing all Neighbor Islands).
c. Completion of 40% of the assessment of maps and VSSC Workload Allocation Models (depicting medical care availability, utilization, and expenses as experienced by Veterans, encompassing all Neighbor Islands).
d. Attendance to Meeting #2 - Submission of draft Neighbor Island maps and VSSC Workload Allocation Models with a list to include existing, new, and expanded sites of care. The care availability analysis shall include both VA and non-VA care infrastructure on all Neighbor Islands. Submission shall include a review of medical care availability, utilization, and expenses as experienced by Veterans, encompassing all Neighbor Islands.

e. Attendance to Meeting #3 – Submission of revisions made from Meeting #2.
f. Attendance to Meeting #4 – Submission of revisions made from Meeting #3
g. Attendance to Meeting #5 – Completion of items identified in Section 8 Deliverables

14.3 Proposed Performance Based Payments will be made as follows below. Contractor shall submit proposed Event Value with their quotes. Contractor's may propose an alternative Performance Based Payments Schedule with their quotes (see 13.4 below):

Event No.	Description	Method of Verification	Event Value
1	Attendance to Meeting #1 and furnish the Data Request Checklist and required documentation for meeting #1.	Attendance to VAPIHCS meeting and acceptance by the COR of deliverables.	
2	Completion of 20% of the assessment of maps and VSSC Workload Allocation Models (depicting medical care availability, utilization, and expenses as experienced by Veterans, encompassing all Neighbor Islands).	Verification by the COR of progress made and acceptance by the COR.	
3	Completion of 40% of the assessment of maps and VSSC Workload Allocation Models (depicting medical care availability, utilization, and expenses as experienced by Veterans, encompassing all Neighbor Islands).	Verification by the COR of progress made and acceptance by the COR.	
4	Attendance to Meeting #2 - Submission of draft Neighbor Island maps and VSSC Workload Allocation Models with a list to include existing, new, and expanded sites of care. The care availability analysis shall include both VA and non-VA care infrastructure on all Neighbor Islands. Submission shall include a review of medical care availability, utilization, and expenses as experienced by Veterans, encompassing all Neighbor Islands.	Acceptance of presentation and draft report by the COR and VAPIHCS staff.	
5	Attendance to Meeting #3 –	Acceptance of	

	Submission of revisions made from Meeting #2.	presentation and revisions by the COR and VAPIHCS staff.	
6	Attendance to Meeting #4 – Submission of revisions made from Meeting #3	Acceptance of presentation and revisions by the COR and VAPIHCS staff.	
7	Attendance to Meeting #5 – Completion of items identified in Section 8 Deliverables	Acceptance of presentation and revisions by the COR and VAPIHCS staff.	10%

14.4 Refer to FAR 52.232-28 - The Government invites the offeror to propose terms under which the Government will make performance-based contract financing payments during contract performance. The Government will consider performance-based payment financing terms proposed by the offeror in the evaluation of the offeror's proposal. The Contracting Officer will incorporate the financing terms of the successful offeror and the FAR clause, Performance-Based Payments, at FAR 52.232-32, in any resulting contract.