

## **B.3 PERFORMANCE WORK STATEMENT**

### **1. GENERAL INFORMATION**

The Veterans Health Administration (VHA) established the Product Effectiveness (PE) program office to perform various measurement assessments and analyses on specially selected health care programs, products, and processes to ensure they are effective and/or meet the needs of VHA stakeholders and ultimately provide business value to VHA. PE measurement assessments are accomplished through four interrelated service domains along with a project integration domain. These five domains are defined as:

#### Benefits Realization Program

Help VHA to achieve the maximum business value from investments through the independent identification, measurement, and analysis of business benefits through comprehensive program and project measurements.

#### Functional Review Program

Establish a collaborative quality gate and concurrence process throughout the System Development Life Cycle (SDLC) to help identify and prevent problems before they become prohibitively expensive, in both time and cost, to correct.

#### Customer Satisfaction Program

Collect, consolidate, and report customer satisfaction information on significant programs, projects, and products from VHA users to provide qualitative measurements to help facilitate the decision making process in improving the effectiveness of programs and products.

#### Lessons Learned Program

Increase the effectiveness of VHA programs, projects, and products by providing decision makers with valuable knowledge and information from previous and on-going program efforts and product implementation projects. This knowledge will support evidence-based decision making at all levels of VHA by providing guidance for future business investments by:

1. Capturing relevant input and data
2. Analysis of that input and data
3. Storing and maintaining PE knowledge derived from analysis
4. Disseminating PE knowledge to targeted audiences

#### PE Integration

Coordinates and facilitates the provision of multiple services to integrate the four (4) measurement programs within PE to provide an integrated service approach to PE's VHA customers.

Within the past two years, PE's involvement in measurement of programs has evolved from the previous focus on products and individual programs to include measurement of the highest priority VA initiatives. Results from PE projects support VA stakeholders at the highest executive level of VA to measure these programs' effectiveness and make recommendations on improving their performance. Objectives include validating investment decisions, providing accountability, and supporting continuous improvement of VHA mission critical health information and informatics projects. The subject matter of the work described in the Performance Work Statement (PWS) involves measurements, findings, and recommendations related to these high priority initiatives within the Department of Veterans Affairs to include the VA Community Care initiative and other VA health care initiatives. As such, the results of the advisory and assistance produced via this contract, meaning the Contractor's findings and recommendations, shall be developed using a rigorous process to ensure they are suitable for use to inform decision making by senior program leaders, top-level agency leadership, and members of Congress. These decisions have a direct impact on the success of the mission and most importantly on the provision of health care services to Veterans.

The Product Effectiveness Measurement Services (PEMS) Knowledge Management and Lessons Learned Service (PEMS-LL) contract supports the PE LL program. The contract provides PE with expertise and support for several interrelated services which measure programs and products and to collect, organize, analyze, and disseminate PE's extensive Knowledgebase of findings from over eight years of PE measurements and assessments. The PEMS-LL measurements are primarily qualitative measurements, but also include quantitative measurements of programs and products. These services support significant programs, processes, technology, and medical products from VA stakeholders as well as the knowledge management efforts of the PE Program.

The PE LL program is responsible for providing support and expertise from the perspective of the following interrelated service areas, each of which will be described in further detail within this Performance Work Statement (PWS):

1. PE Knowledgebase Services
2. Meeting Action Review (MAR) Services
3. Project Knowledge Transfer & Dissemination Services
4. Health Care News Summary of Articles Services
5. LL Program and Project Measurement Services
6. Lessons Collection & Dissemination Services
7. Industry Scan, Best Practices, and Lessons Learned Services
8. Advisory & Due Diligence Services
9. Contract Program Management

This Scope of Work describes services required to support the goals and objectives of the PE organization.

## 2. CONTRACT SCOPE:

The PEMS-LL contract focuses on health care related business processes investments, improvements and/or changes requiring qualitative and quantitative measurement. These services support all of PE's service areas from the perspective of integrated knowledge, program and project measurement, knowledge collection and dissemination, and subject matter expertise supporting all PE engagements. The Contractor shall perform this work in various work settings to include clinical/health care delivery environments, administrative, operational and logistical environments. PE uses a rigorous process to conduct assessments which ultimately informs decision making by senior program leaders, top-level agency leadership, and members of Congress. These decisions have a direct impact on the success of the mission and most importantly on the provision of health care services to Veterans. The PE Lessons Learned Concept of Operations (CONOPS) and the Process & Procedures documents (Attachments # and #) describe the processes used by the PE Lessons Learned program. The Contractor shall exercise critical thinking, perform deep analysis, provide comprehensive and detailed problem statements and hypotheses, and articulate the messaging of salient information at an executive level which includes Bottom Line Up Front (BLUF) information in plain language from a business value perspective. The Contractor shall use strict project management principles to scope a project, plan a project, execute a project, monitor a project and close out a project. The Contractor shall also utilize the various knowledge areas of project management such as Integration, scope, time, cost, risks, quality, change control, human resources, and procurement of resources, communications and stakeholders to include the management of all items. The Contractor shall communicate complex subject matter findings regarding the business value of health care, lessons learned, best practices, workflow knowledge, and business rules to inform decision making which has far-reaching impact on national programs such as the provision of health care services to all Veterans. Findings must be accurate and include credible evidence-based information. It is imperative that the contractor provide the level of expertise needed to support the PE mission. Due to the subject matter, both health care and business experience is needed to perform requirements of the PWS, this includes communication, collaboration, identifying and documenting relevant information. The Contractor shall provide services to successfully initiate, plan, and execute projects, also referred to as Engagements. The Contractor shall perform the following:

- a) Gather, organize, synthesize, and examine information from multiple stakeholders and sources. This may include but is not limited to:
  - The Product Effectiveness Knowledgebase and library of artifacts
  - Interviews with the PE Director and program managers, all subject matter experts that would have information related to the project such as clinical, business, managerial and technical staff
  - Databases
  - Literature searches
  - Industry best practices
  - Reports
  - Public information

- Interviews with stakeholders who represent numerous work settings to include but not limited to clinical/health care delivery, Administrative, Operational and Logistical environments

Once information is reviewed the Contractor shall synthesize and analyze the data then disseminate findings in a logical, detailed and timely manner; sources are identified and referenced.

- b) Data collected depends on the engagement requirements and may be of a qualitative and/or quantitative nature.
  - Qualitative data shall be collected by use of literature searches, comparative analysis to industry standards, data calls, site visits, questionnaires, interviews, and focus groups. This includes data collected by the contractor, the government, and analysis of data collected by other organizations or by similar methods.
  - Quantitative data shall be collected from existing or created databases/data cubes, questionnaires, manual data collection, observations or similar methods. Where applicable, data correlations and interdependencies will need to be identified and/or analyzed. Qualitative data, facts or factors that affect the measurement can, in some cases, be quantitatively measured (e.g. If 20 staff report qualitatively that a process step takes between 5-7 minutes, then that can be measured quantitatively).
- c) Create specific deliverables for the purposes of administering, documenting, reporting, analyzing, and communicating the results, and to support continuous process improvement. Interim and final deliverables shall be created to inform executive leadership and must be articulated and messaged with salient information to include the business case, scope and BLUF information from a business value perspective. Many deliverables are used as building blocks to other deliverables; therefore, it is imperative that deliverables are executed successfully in a timely manner so as to not to delay the engagement. Later deliverables are dependent on the quality and timeliness of earlier deliverables. This is particularly important for PEMS-LL contract deliverables, as the findings are often used as evidence and context for deliverables produced by other PE domains.
- d) Presentations will include notes for each slide to reflect the value of the subject matter and why it is being presented. Within the note section a script shall be written for each of the slides, this will be used to walk the audience through the presentation and should be all inclusive to all salient points in conversational format.
- e) Ensure the communication plan, project plan/schedule, risk registry, and change order to include the actions of executing, monitoring, informing and updating. At a minimum executing and monitoring will be done daily

The subject matter of the PEMS-LL engagements will be chosen based on the needs of the PE program in its support of VHA Strategic Goals. PEMS-LL engagements are performed for PE with PE being the primary customer. PE will be the determinant of the quality of deliverables per the quality measures in the contract QASP. PE has the ultimate authority to determine if engagement processes and deliverables are deemed satisfactory. This feedback is provided by the Government PEMS-LL Program Manager (PM). PEMS-LL engagements are supported by project stakeholders who are defined as a person or group who has a vested interest in the engagement subject matter (e.g. user working group members, subject matter experts, etc.). While stakeholders provide information and data, they do not provide deliverable expectations or acceptance of PE deliverables. This means that other stakeholders, such as PE's engagement customers, do not have the authority to accept any of the deliverables appearing in this PWS on behalf of PE, nor do they have the authority to set expectations or change any of the requirements for them. Positive feedback from such other entities should not be construed as acceptance.

### **Engagement Descriptions**

Engagements are planned for the following VHA initiatives and/or program offices, as well as emerging engagements during the contract period of performance. The Contractor shall support the following:

- Veterans Choice Program (VCP)
- VA Community Care
- Chief Business Office (CBO)
- Pharmacy Benefits Management (PBM)
- VistA Evolution (VE) Electronic Health Management Platform (eHMP)
- VHA and Department of Defense (DOD) Data Interoperability
- Tele-Health - Patient Access to Care Related Initiatives
- Patient Flow Applications - Enhance Patient Access to Care

The listed engagements are examples of the planned subject matter and/or content of these services and are subject to change depending on the needs of the PE program. In the event any of the above planned engagements are changed, the contractor shall provide a comparable level of effort with comparable expertise for the new engagement(s) will be required regardless of the subject matter.

### **PEMS-LL Service Areas**

The PE LL program support contractor shall provide support and expertise from the perspective of the following interrelated service areas:

- a) PE Knowledgebase Services – Provide analysis of PE program output, maintain and improve the content of the Knowledgebase, to include the following:

- a. Maintain the library of existing and newly created Product Effectiveness documentation containing data, analysis, findings, and recommendations.
  - b. Review, analyze, and catalogue key findings from existing and newly created PE documents, store and maintain them within the PE Knowledgebase.
  - c. Use existing PE Knowledgebase data mining and analysis scenarios and develop new scenarios supporting PE's business needs to define Knowledgebase process and system improvements and enhancements.
  - d. Provide data mining and analysis of the Knowledgebase in support of PE engagements to leverage the knowledge for PE domains to initiate, execute, and complete such engagements utilizing the Knowledgebase data as a primary source of information.
- b) Meeting Action Review (MAR) Services – Provide facilitation service to document discussions during PE project meetings focused on mutual understanding between project leaders and project teams. This service requires the MAR facilitator to be knowledgeable and cognizant of ongoing PE project engagements and to serve as a neutral third-party during these discussions to identify gaps in understanding, document any gaps, and identify follow-up action items to achieve mutual understanding of planned expectations and outcomes. The contractor shall provide a weekly directory of meetings facilitated, documentation of those meetings, and an analysis of MAR reports to advise Product Effectiveness program managers on risks and issues and recommend corrective actions.
- c) Project Knowledge Transfer & Dissemination Services – Respond to requests for information relevant to new and ongoing PE engagements. Provide expert analysis and dissemination of information to PE and PE stakeholder audiences. Knowledge from the PE Knowledgebase relevant to programs and projects shall be provided to leverage this knowledge as evidence for PE engagements and to provide information for project due diligence as well as a data source for measurement engagements. Knowledgebase analysis output shall be comprehensive and relevant to the subject matter requested.
- d) Health Care News Summary of Articles Services – Provide a weekly summary of articles regarding Health Care news, encompassing industry and government provision of health care services. Provide a biweekly discussion session for PE program managers consisting of the two most recent summaries. Provide input to the PE Knowledgebase as a result.
- e) LL Program and Project Measurement Services – Provide program and project measurement services, particularly from the perspective of foundational benefits measures such as measures of organizational change, program and product adoption, as well as other measures of effectiveness. Collect, synthesize, document, analyze, and report on impacts of program changes from the perspectives of people, policy, process, and technology to enable the PE program to understand points of failure, pain points, management control points, and causes of issues relevant to the assigned subject matter. Provide input to the PE Knowledgebase as a result.

- f) Lessons Collection & Dissemination Services – As outlined in the Lessons Learned CONOPS and P&P (Attachments X and X), provide services to collect lessons learned, best practices, and root causes of issues through various means to include interviews with stakeholders, document reviews, facilitated workshops, or other means to provide the PE program and its stakeholders with actionable, evidence-based information useful for improving program and product effectiveness. Provide input to the PE Knowledgebase as a result.
- g) Industry Scan, Best Practices, and Lessons Learned Services – Provide input to PE program managers in support of PE engagements regarding lessons learned and best practices from the health care industry. Provide analysis on specific topics of interest relevant to these engagements and VA's highest priorities related to providing health care to Veterans. Provide input to the PE Knowledgebase as a result.
- h) Advisory & Due Diligence Services - Provide subject matter expertise to advise the PE Director and program managers on assigned projects related to program improvement for major VHA initiatives designed to improve the provision of health care services to Veterans. Participate in working groups and planning sessions to support PE's measurement engagements of these initiatives. The contractor shall perform the prerequisite due diligence activities required to begin the PE engagement planning based on a well thought out approach. The objective of due diligence is to document engagement information in sufficient detail to allow a future project charter to be created and justify a full engagement. Due Diligence output within the associated deliverables shall answer the following key questions:
- What problem(s) or challenge is the project trying to solve?
  - What are VHA's choices?
  - What will happen if we do nothing?
  - How and when will we be able to measure success?
  - Include the current industry standard and what needs to be done to close any gaps.

Due Diligence activities include searching the PE Knowledgebase content, literature searches, industry best practices, VA intranet and Internet searches, VHA directives, policies and procedures, Standard Operating Procedures, project supporting documentation and other applicable information that shall contribute valuable content to the Due Diligence. The key to Due Diligence activities is to have a solid and comprehensive approach in place prior to meeting with subject matter experts.

Due Diligence output shall provide valuable feedback for PE to assist with the identification of potential project engagement opportunities for all PE domains and be described and prioritized based on impact, scope, cost, objective of the engagement identified and an assessment of the stakeholder's desire for PE services will be reported. The Contractor shall identify and describe potential project risks and mitigation strategies along with project sponsors and

stakeholders in sufficient detail to support and justify a full engagement. This shall include recommended scoping and resources to achieve the goals of the engagement.

i) Contract Program Management

The Contractor shall provide a weekly status report of milestones, project plan timeline compliance, activities and accomplishments, and shall include actions, issues, and risks. This report shall serve as the agenda for the weekly LL status meeting. This report shall contain a table mapping the projects/engagements to contract deliverables and shall include their status (e.g., Green/Yellow/Red, project baseline schedule changes, action items, issues, and risks.). This report shall also contain a listing of potential upcoming engagements (the “pipeline”) that have not yet been assigned (such list to be developed in collaboration with the Government PM) and shall include recommendations for provision of PE services to current or potential engagement customers. The weekly report will include all engagements in the contract (both active and completed).

The Contractor shall provide a monthly engagement accomplishments report, (reported as “track changes” updates to the previous month’s accomplishments). All engagements shall be reported within the same document. Accomplishments shall be written from the perspective of the project’s value to Product Effectiveness, VHA, and Veterans and shall provide mapping to current PE, VHA, and VA strategic plans.

The Contractor shall provide a monthly contract engagement/deliverable spreadsheet which All work products and Deliverables produced during the reporting period shall be listed in the PE Monthly Accomplishments Report as well as whether they have been invoiced and/or paid by the Government.

The Contractor shall provide a detailed project plan and work breakdown structure for each engagement assigned, as well as an integrated master schedule which integrates all assigned engagements. The former shall be of sufficient detail to understand the process steps taken and resources assigned to achieve each deliverable milestone. The latter shall consist of all major milestones and include resource dependencies between the engagements. The project plan and schedule shall be used by the government and contractor PMs as a tool to manage the successful delivery of services. The initial project plans as agreed between the PMs shall serve as the baseline and shall be updated on a weekly basis. Baseline change requests and the reasons for changes shall be documented within the weekly report and discussed at the weekly status meetings. Upon approval and agreement, changes in the baseline plan shall be included within the updated project plan and schedule.

Table 1: Engagements



PEMS-LL engagements are generally classified into four sizes: Large, Medium and Small.

A large engagement generally involves multiple (e.g., 50+) VHA facilities or Veteran Integrated Service Networks (VISN) and often includes collecting quantitative and/or qualitative data at a national level and may entail one or more site visits. Large engagements also generally require a comprehensive measurement plan that describes the methodology that will be used to gather performance data in order to objectively evaluate the degree to which the expected project benefits were achieved. An example would be a long-term evaluation of a program, product or process change and may be a baseline, interim, or post-deployment measurement. This could also include new initiatives and/or something that was not previously measured.

A medium engagement involves a sample of facilities (5-50) and VISN's and may entail one or more site visits. It will include a measurement plan that identifies benefits, measurements and metrics. The plan will include descriptions, rationale, data sources, etc. of metrics which is validated with the subject matter experts and project stakeholders. This is presented in an abbreviated format (i.e., reduced complexity of information and duration of engagement) vs. a comprehensive/rigorous measurement plan.

A small engagement generally involves less than five VHA facilities or one VISN, measuring quantitative and/or qualitative data from a relatively small sample size and may entail one site visit. It shall include a measurement plan that identifies benefits, measurements and metrics. The plan shall include descriptions, rationale, data sources, etc. of metrics which is validated with the subject matter experts and project stakeholders. An example would be a targeted evaluation that may be focused on a pilot and/or first iteration of a change at site(s), VISN(s), and/or program office(s).

Service Area #	Service Area Name	Level of Effort/Quantities
1	PE Knowledgebase Services	
1.1	Knowledgebase Content Index and Descriptions	12
1.2	Quarterly Content Report and Review	4
1.3	Knowledgebase Maintenance & Enhancements	4
2	Meeting Action Review (MAR) Services	
2.1	Weekly MAR Facilitation and Documentation of PE Project Meetings (10/week), Weekly report and Recap Meeting (1/week)	52
3	Project Knowledge Transfer & Dissemination Services	

3.1	Data Mine PE Knowledgebase, Report of Relevant Knowledge, and Briefing/Technical Assistance to Project Teams	10		
4	Health Care News Summary of Articles Services			
4.1	Weekly Summary of Articles and Weekly Recap Meeting	52		
5	LL Program and Project Measurement Assessment Services	Engagement Size		
		Large	Medium	Small
5.1	Foundational Benefits Organizational Change/Adoption Assessment and Report	1	5	7
	Root Cause Analysis Assessment and Report			
	Program Assessment and Report			
6	Lessons Collection & Dissemination Services	Engagement Size		
		Large	Medium	Small
6.1	Lessons Learned Workshop and Report	4	8	12
7	Industry Scan, Best Practices, and Lessons Learned Services			
7.1	Industry Scan, Best Practices, and Lessons Learned Research Report	4		
8	Advisory & Due Diligence Services			
8.1	Engagement Due Diligence and Due Diligence Report			
8.2	Program Advisory Support and Report			
Program Management				
Weekly Status Report		52		
Monthly Engagement Accomplishments Report		12		
Monthly Contract Engagement & Deliverables Tracking Worksheet		12		
Engagement Project Plan and Work Breakdown Structure		10		
Engagement Charter & Addendum		10		
Integrated Master Schedule		1		

The quantities of Task Phases and levels of effort described above relate to several planned engagements. Task Phases may be assigned individually and the allocation described may differ from this plan depending upon PE strategic needs.

- a. **Type of Order:** Firm Fixed Price: Payment amount does not depend on resources used or time expended.
- b. **Period of Performance (PoP):** This contract will be for a base period of 12 months from the date of award.
- c. **Place of Performance:** Washington D.C. Metropolitan area. The majority of the tasks under this PWS shall take place at the Contractor's site; however, some tasks may be performed at various Government facilities. Occasional in-person meetings within the metro area are required at the Program Manager's discretion. These meetings may take place at either Contractor or Government facilities. No work at any Government site shall take place on Federal holidays or weekends, unless directed by the Contracting Officer.

See Travel Requirements for additional performance locations.

- d. **Travel Requirements:** Travel shall be reimbursed in accordance with Federal Acquisition Regulations 31.205-46 as well as Federal Travel Regulations. Travel must be pre-approved by the Contracting Officer's Representative (COR) five business days advance. . Each Contractor invoice shall include copies of all receipts that support the travel costs claimed in the invoice. Trip Reports shall be submitted to the COR within five business days after trip completion. General and Administrative (G&A) expenses are prohibited and will not be reimbursed.

Contractor travel within the local commuting area will not be reimbursed. Local travel within a 50-mile radius from the Contractor's facility or assigned Government provided facility is considered the cost of doing business and will not be reimbursed. This includes travel, subsistence, and associated labor charges for travel time. Travel performed for personal convenience and daily travel to and from work at the Contractor's facility or Government assigned facility will not be reimbursed.

Travel costs are included as a separate, cost-reimbursable, "not to exceed" line item. The Government estimates the following trips will be required:

Estimated Locations	Estimated # of trips	Estimated # of Contractor personnel per trip	Estimated # days per trip
St. Louis, MO	1	2	3
Manchester, NH	1	2	3
Boston, MA	1	2	3
Hampton, VA	1	2	3
Long Beach, CA	1	2	3
Birmingham, AL	1	2	3
<b>Total</b>	6		

All of the above locations and number of trips are subject to change based on engagement needs. Since the place of performance is the Washington, D.C. metropolitan area, travel funds shall not be used for travel to the place of performance, i.e., for personnel who are not stationed within this area.

### 3. SPECIFIC MANDATORY TASKS AND ASSOCIATED DELIVERABLES

Quality of deliverables shall follow the contract Quality Assurance Surveillance Plan (QASP) (Attachment B).

The Contractor shall perform engagements in accordance with the LL P&P and CONOPS documents. The purpose of the CONOPS is to describe the concept of operations for implementing the LL program. The CONOPS is a high level description of the program and is provided to the Contractor to assist with understanding the context of the services in relation to the program. The purpose of the LL P&P is to describe the procedures and expectations for administering LL engagements to measure VHA product and process changes. It is a detailed, step-by-step process by which PEMS-LL engagement services and associated deliverables shall be completed.

Understanding of the program guiding documents, adherence to the processes, and program improvement activities are critical to successful performance of the contract and to providing consistent, quality services to the PE BRMS program.

**Assignment of LL Engagements:** The PE Program Office supports many different VHA programs and initiatives that may be at various stages of completion. Each engagement will be assigned by the Government PM based on the needs of project subject matter selected. The Contractor shall confirm engagement stakeholders, scope, business value and assessment approach strategy with the Government PP and PE Director and receive approval prior to commencing any engagement under the contract.

**Services and Deliverables:** The Contractor shall perform services in support of the program and develop associated deliverables. The Contractor shall provide the services and deliverables as described below and detailed within the Schedule of Deliverables (Section 4).

**Administrative Deliverables:** The Contractor shall action items as a part of the weekly report. Action Items are updated once per and shall include the action, owner, due date, and status. There is no formal administrative deliverable required for meetings, though all meetings hosted and led by the contractor shall include an agenda and written notes. These work products shall be included within the level of effort for the projects which they support.

Some deliverables are considered to be “living” documents, which shall be created in the first sub-phase where the deliverable is required and then the original deliverable is updated and delivered in subsequent sub-phases as additional deliverables, when

applicable. For example, a project plan is created at the beginning of an engagement then updated weekly. The initial and subsequent versions are considered draft. The final as-executed project plan is considered the final. For such living documents, the Contractor shall maintain a single deliverable over the life of the project rather than having documents recreated for each sub-phase.

#### Deliverables Descriptions:

**Deliverable 1.1: Knowledgebase Content Index and Descriptions:** Monthly Index of Knowledgebase sources, including document reference and a description of the document content and findings. This monthly index shall be updated to include all content, newly added content, and content identified which has yet to be added to the Knowledgebase.

**Deliverable 1.2: Quarterly Content Report and Review:** A quarterly briefing and briefing materials for PE staff and contractors to highlight new content and findings within the PE Knowledgebase. The initial briefing shall be comprehensive of all content and updated quarterly thereafter.

**Deliverable 1.3: Knowledgebase Maintenance & Enhancements:** Identification of newly created PE artifacts; review, analyze, catalogue, and data entry of content and findings within the PE knowledgebase. Identification of Knowledgebase tool enhancements and quarterly implementation of agreed upon improvements to the Knowledgebase.

**Deliverable 2.1: Weekly MAR Facilitation and Documentation of PE Project Meetings, Weekly report and Recap Meeting:** Attend, document, and facilitate All PE project-related meetings. Provide a weekly report which provides a one-page summary of each meeting facilitated using the most recent MAR summary template and a summary of the prior week's meetings. These are not meeting minutes, but rather documentation of understanding of expectations, goals, and outcomes of the meetings with action items to achieve mutual understanding. Meeting minutes are the responsibility of the meeting owners. Meeting hours are an average 20 hours per week for MAR facilitation, with a maximum of 1000 meeting hours over 12 months.

**Deliverable 3.1: Data Mine PE Knowledgebase, Report of Relevant Knowledge, and Briefing/Technical Assistance to Project Teams:** Provide data mining and research using the PE Knowledgebase relevant to programs and projects shall be provided to leverage this knowledge as evidence for PE engagements and to provide information for project due diligence as well as a data source for measurement engagements. The report shall consist of a listing of relevant PE artifacts and summary descriptions as well as a summary analysis of relevant content. Each deliverable shall include a two-hour knowledge transfer session to brief project team members on the content.

**Deliverable 4.1: Weekly Summary of Articles and Weekly Recap Meeting:** A weekly internal newsletter of Health Care Industry and VA/VHA articles relevant to PE's project

priorities. This includes a weekly discussion with PE program managers to review the curated content.

**Deliverable 5.1: PEMS LL Assessment and Report:** Services to assess programs and projects to collect data via research, analysis, interviews, and site visits. Assessments and reports fall into one of the three following types of assessments:

5.1a: Foundational Benefits Organizational Change/Adoption Assessment and Report

5.1b: Root Cause Analysis Assessment and Report

5.1c: Program Assessment and Report

**Deliverable 6.1: Lessons Learned Workshop and Report:** Services to collect and/or disseminate lessons learned per the LL P&P through interviews and/or facilitated workshops. Report contains findings, analysis, and recommendations from the LL Workshop.

**Deliverable 7.1: Industry Scan, Best Practices, and Lessons Learned Research Report:** A report similar to a LL workshop report which does not use the interview or facilitation methodology but rather is focused on researching the commercial and government health care industries, provides best practices, and the outcomes of research to include findings, analysis, and recommendations on a specific topic of interest relevant to PE projects.

**Deliverable 8.1: Engagement Due Diligence and Due Diligence Report:** This document describes the engagement project in relation to the specific PE customer/initiative supported by the engagement. It includes all information needed to successfully initiate, execute, and complete the engagement. This document provides the documented history of the Due Diligence phase, including the results of all tasks. It shall include details on stakeholders, lists and locations of all collected documentation, engagement requirements, results obtained from interviews and/or due diligence data collection activities, potential issues, risks and mitigation strategies, and all other relevant information.

**Deliverable 8.2: Program Advisory Support and Report:** Services to provide subject matter expertise and advisory services on a specific topic of interest relevant to PE projects. The report shall contain findings, analysis, and recommendations to aid in fulfilling the project objectives and the program's mission.

**Program Management Reports:**

- Weekly Status Report
- Monthly Engagement Accomplishments Report
- Monthly Contract Engagement & Deliverables Tracking Worksheet

- Engagement Project Plan and Work Breakdown Structure
- Engagement Charter & Addendum
- Integrated Master Schedule

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