**NATIONAL CENTER FOR PTSD**

**STATEMENT OF WORK**

***\*Note that this sample has been revised from the source document on the Government Point of Entry as necessary to align formatting and applicable FAR procedures.\****

# Supporting Implementation of Measurement-Based Mental Health Care

1. **PURPOSE.** The purpose of this project is to collaborate with The National Center for PTSD (NCPTSD) in conducting a series of formative evaluations to improve future phases of VHA’s implementation of measurement-based care (MBC) for mental disorders. VHA is currently undertaking Phase I of MBC implementation at 59 sites, with plans to extend to additional sites in FY 2018. This project will support and inform that VHA implementation of MBC through qualitative interviews with VHA clinicians, managers, and patients to assess how MBC is being implemented, and qualitative interviews with clinicians and patients regarding how they apprehend, discuss and use outcomes data. Findings from this study will be disseminated in briefings, and published to guide subsequent phases of implementation of measurement-based care. This project supports ongoing efforts to make VHA mental health treatment more effective and more responsive to patient concerns.
2. **BACKGROUND** The National Center for PTSD is responsible for many things, including researching and disseminating innovations that improve assessment, treatment, and management of posttraumatic stress disorder and related mental health conditions. Although practice guidelines recommend use of validated standardized measures for assessment, few mental health systems routinely collect patient-reported outcomes data and use them to inform clinical decision-making. Because VHA has not previously implemented MBC on a large scale, little is known about what aspects of this initial effort will work well and what will need to be fixed. Moreover, there has been little prior information on how MBC impacts Veterans’ experience of and satisfaction with care. Results of this project will inform continuing VHA efforts to improve the quality, outcomes, and patient-centeredness of care provided to Veterans with PTSD and other mental disorders.
3. **Objectives.** The aims of this project are to:
   * Conduct qualitative research to identify implementation processes, barriers and facilitators associated with higher and lower rates of implementation of measurement-based care.
   * Conduct qualitative research to assess how outcomes data are discussed and used in the patient-clinician dyad to enhance Veterans’ experience of care, and identify opportunities for improving upon current practices.
   * Conduct qualitative research to obtain clinician and Veteran feedback on different ways of displaying data on patients’ progress.
   * Share findings from these activities through informal briefings to NCPTSD.
   * Disseminate findings by the Contractor and NCPTSD co-authoring academic publications based on the findings of the funded research. In the case of jointly developed publications, where the Contractor and NCPTSD have collaborated on substantive issues in its development and wherein one party’s contribution is indistinct from the other’s, copyright will be jointly owned. A copy of each jointly developed publication must be submitted for review by all authors (in sufficient time to allow a 3 week review cycle for all authors) before submission to a journal or other production process. Should one of the parties decline to jointly publish, then the other party may claim copyright and publish at their own option with a three (3) week advance notice to the other party. Should no joint publication result from the findings of this funded research, then both parties retain copyright ownership to the products they have solely created.
4. **Scope.** NCPTSD will provide prior data from the evaluation of VA implementation of measurement-based care, including staff survey data and data on sites’ administration of patient-reported outcome measures. These data will help identify issues to be explored in the qualitative interviews, and will selection of high and low implementation sites for recruitment. NCPTSD will also provide an interview guideline and findings from prior qualitative interviews with site champions. The Contractor shall advise on qualitative study design and sample selection, develop additional interview guidelines to be approved by NCPTSD, recruit study participants, pay incentives to Veterans participating in the study, conduct site visits to participating clinics, conduct qualitative interviews with study participants, transcribe and analyze qualitative interviews, conduct ongoing updates/debriefings with NCPTSD leads. NCPTSD will confer with the contractor to place emergent findings in the context of other VA data. The Contractor and NCPTSD will collaborate on dissemination of relevant findings in academic journals and conference presentations.
5. **Mandatory Tasks and Deliverables.** The contractor shall provide consultation on study design, recruitment of participants, conduct of site visits and qualitative interviews, transcription, analysis, and report preparation for a series of qualitative studies informing implementation of measurement-based mental health care in VHA. If for any reason, any deliverable cannot be delivered on time according to the below schedule, the contractor shall provide a written explanation three days prior to the due date to the Contracting Officer Technical Representative (COR). This written transmittal shall include a firm commitment of when the work shall be completed. This transmittal to the COR shall cite reasons for the delay, and the impact on the overall project. The COR will review collaboratively with the program office and facts and issue a response in accordance with the contract terms and conditions. Specifically, the contractor shall:

**5.1 Task One.** Conduct qualitative research to identify implementation processes, barriers and facilitators associated with higher and lower rates of implementation of measurement base care.

**Task 5.1.1.** Draft qualitative interview guidelines to be approved by NCPTSD.

**Task 5.1.2.** Develop with NCPTSD purposive sampling criteria for site champions. Recruit via email 20 participants from a list of 59 site champions participating in Phase of MBC implementation. Conduct 20 qualitative interviews on local implementation processes, clinician experiences in implementing MBC, and perceptions of Veterans’ reactions to MBC. Pending regulatory approvals, provide audio-recordings, transcripts and/or notes from these qualitative interviews.

**Task 5.1.3.** Provide initial briefing on results from champion interviews.

**Task 5.1.4.** Jointly with NCPTSD, develop recruitment criteria for selecting VA sites participate in qualitative interviews. Site selection will be done jointly with NCPTSD to focus on sites with notably high and low implementation success. To provide information from a range of perspectives, sites should represent diverse types of clinics

- primary care mental health integration, general mental health, PTSD specialty outpatient, and/or addiction specialty outpatient -- involved in MBC Phase I.

**Task 5.1.5.** Recruit 10 clinics (and approximately 4-6 clinicians per clinic) involved in MBC Phase I to participate in qualitative research. Staff in 2 to 4 clinics will be interviewed in person; the remaining interviews will be done either in person or by telephone.

**Task 5.1.6.** Conduct in-person qualitative interviews and site visits at 2 to 4 clinics (up to 20 interviewees) involved in MBC Phase I to obtain data on local implementation processes, clinician experiences in implementing MBC, and perceptions of Veterans’ reactions to MBC. Pending regulatory approvals, provide audio-recordings, transcripts, and/or notes from these visits and qualitative interviews.

**Task 5.1.7.** Conduct telephone qualitative interviews at 6 to 8 clinics up to 40 interviewees) involved in MBC Phase I to obtain data on regarding local implementation processes, clinician experiences in implementing MBC, and perceptions of Veterans’ reactions to MBC. Pending regulatory approvals, provide audio-recordings, transcripts, and/or notes from these visits and qualitative interviews.

**Task 5.1.8.** Partway through completing interviews at each clinic, confer by phone with NCPTSD staff to review emergent themes and identify areas to prioritize in the remaining interviews.

**Task 5.1.9.** Use Rapid Analysis Process (or similar analytical approach) to analyze clinician interviews and other site visit information to identify emergent themes and key findings.

# Task Two. Conduct qualitative research to assess how outcomes data are discussed and used in the patient-clinician dyad to enhance Veterans’ experience of care, and identify opportunities for improving upon current practices.

**Task 5.2.1.** Draft detailed qualitative interview guidelines to be approved by NCPTSD. Develop with NCPTSD purposive sampling criteria for clinician and veteran participants.

**Task 5.2.2.** Recruit 40 clinician-patient dyads to participate in qualitative research. (The sample may include some clinicians previously interviewed in Task One.) Contractor will recruit clinicians and provide clinicians with materials they can distribute to patients. Patients would opt in to be contacted about the study. Clinician and patient in each dyad will be asked to participate in an individual interview, and to allow recording of part of one treatment session in which they discuss data on the patients’ progress.

**Task 5.2.3**. Conduct qualitative interviews 40 clinicians and 40 patients in the dyads regarding the way that they define and measure patient progress, make treatment decisions, and use outcomes data to inform care. Provide audio-recordings, notes and transcripts from these visits and qualitative interviews.

**Task 5.2.4.** Obtain recordings of 40 sessions in which dyads discuss patient progress. Pending regulatory approvals, provide audio-recordings, transcripts and/or notes from these visits and qualitative interviews.

**Task 5.2.5.** Analyze interviews and session recordings to identify emergent themes and key findings.

# Task Three. Conduct qualitative research to obtain clinician and Veteran feedback on different ways of displaying data on patients’ progress.

**Task 5.3.1.** Draft qualitative interview guidelines to be approved by NCPTSD. Develop sampling criteria for clinician and veteran participants to be approved by NCPTSD. Develop data display stimuli (e.g., different paper reports of hypothetical data).

**Task 5.3.2.** Recruit a total of 20 clinicians and 20 veterans at 2 VA sites (they do not need to be clinician-patient dyads). Conduct qualitative interviews to obtain feedback on different data display prototypes. Pending regulatory approvals, provide audio- recordings, transcripts, and/or notes from these visits and qualitative interviews.

**Task 5.3.3.** Analyze interviews to identify emergent themes and key findings.

**5.4. Task Four. Project management.** The contractors shall provide oversight and quality control throughout the project, including the deliverables outlined below.

Task 5.4.1. The contractor will develop an initial work plan and timelines for completing the project.

Task 5.4.2. The contractor will provide monthly updates by phone on progress and deliverables completed to date.

* 1. **Task Five. Analysis and reporting of findings.** The contractor will synthesize all findings and produce the following reports.
     1. Pending regulatory approvals, provision to NCPTSD of a copy audio recordings, transcripts and/or notes arising from this project which can be used by NCPTSD for additional analyses beyond the contract timeline.
     2. Deliver a final briefing on Tasks 1, 2, and 3.
     3. Collaboration with NCPTSD staff on joint authorship of academic publications regarding barriers and facilitators of MBC implementation, specific strategies associated with implementation success, current clinician-patient conversations about outcomes, and patient and veterans reactions to different formats for communicating data on patient progress. Participation by the contractor is optional for any publishing work that extends beyond the funding period of the contract.

# Schedule for Mandatory Deliverables.

* + 1. **Table of Base Period Mandatory Deliverables Due Dates**

|  |  |  |
| --- | --- | --- |
| **REFERENCE** | **DELIVERABLE** | **DUE DATE** |
| 5.1.1 – 5.1.3 | Interim briefing on site champion interviews | Within 4 months after contract award |
| 5.4 | Project management updates by telephone | Throughout the 12- month project |
| 5.5.1 | Provision of supporting data (contingent on  regulatory approvals) | Within 12 months after contract award |
| 5.5.2 | Final briefing on staff interviews, clinician-patient dyads, and displaying data. | Within 12 months after contract award |
| 5.5.3 | Development of first journal manuscript for submission | Within 12 months after contract award |

1. **Period of Performance.** The period of performance shall be 12 months from the date of award for a base period. After review and acceptance of all deliverables, optional years may be exercised.

There are ten (10) Federal holidays set by law (U.S.C. Title 5 Section 6103): Under current definitions, four are set by date:

New Year’s Day January 1

Independence Day July 4

Veteran’s Day November 11

Christmas Day December 25

If any of the above falls on a Saturday, then Friday shall be observed as a holiday. Similarly, if one falls on a Sunday, then Monday shall be observed as a holiday.

The other six are set by a day of the week and month: Martin Luther King Day Third Monday in January Washington’s Birthday Third Monday in February Memorial Day Last Monday in May

Labor Day First Monday in September

Columbus Day Second Monday in October

Thanksgiving Fourth Thursday in November

1. **Place of Performance.** The work will be performed at approved Contractor facilities as directed by the COR/program manager and mutually agreed to by Contractor.
2. **Key Personnel.** Certain skilled, experienced professional and/or technical personnel are essential for accomplishing the work to be performed. These individuals are defined as “Key personnel” and are those persons whose resumes were submitted and marked by the vendor as “Key Personnel”. Substitutions shall only be accepted if in compliance with “Substitutions shall only be accepted if in compliance with “Substitution of Key Personnel” provision identified below.

Name Title

Psychologist Principal Investigator/Project Lead

The Contracting Officer may notify the Contractor and request immediate removal of any personnel assigned to the task order by the Contractor that are deemed to have a conflict of interest with the government or if the performance is deemed to be unsatisfactory. The reason for removal will be documented and replacement personnel shall be identified within three business days of the notification. Employment and staffing difficulties shall not be justification for failure to meet established schedules.

* 1. **Substitution of Key Personnel.** All Contractor requests for approval of substitutions hereunder shall be submitted in writing to the COR and the Contracting Officer at least thirty (30) calendar days in advance of the effective date, whenever possible, and shall provide a detailed explanation of the circumstances necessitating the proposed substitution, a complete resume for the proposed substitute, and any other information requested by the Contracting Officer necessary to approve or disapprove the proposed substitution. New personnel shall not commence work until all necessary security requirements, as defined in Section J, have been fulfilled and resumes provided and accepted. The COR and the Contracting Officer will evaluate such requests and promptly notify the Contractor of approval or disapproval in writing.
  2. The Contractor shall be responsible for managing and overseeing the activities of all Contractor personnel, as well as subcontractor efforts used in performance of this effort. The Contractor’s management responsibilities shall include all activities necessary to ensure the Accomplishment of timely and effective support, performed in accordance with the Requirements contained in the statement of work.
  3. **Domain Knowledge.** Contractors will be expected to present domain knowledge in assessment and treatment of mental disorders, evaluation of mental health programs for Veterans or military personnel, and in conduct of qualitative research with clinicians and people who are living with mental disorders.

Domain knowledge criteria are specified below:

**Contractor Personnel Requirements.** Personnel proposed shall have an in- depth knowledge of methods for evaluating mental health programs serving Veterans or military personnel, in addition to the following:

* + - Expert knowledge of methods for evaluating mental health services for Veterans or military personnel;
    - Expert knowledge of qualitative research methods applied to research mental health staff
    - Expert knowledge of qualitative research methods applied to Veterans’ or military personnel’s satisfaction with care.
    - Specific knowledge of procedures and practices for implementing measurement-based care (implementing ongoing assessment of patient- reported outcomes and using those data to inform clinical decisions).
  1. **Staff Qualifications.**
     1. Deep understanding of mental health disorders, diagnosis, and evidence-based treatment of same. Expert knowledge of the mental health concerns of veterans or military personnel. Expertise in evaluating mental health or addiction treatment programs in large, complex organizations.
     2. Minimum of 5 years of experience in conducting health services or program evaluation on delivery of mental health care.
     3. Expert knowledge of rigorous scientific methods for evaluating mental health delivery as evidenced by peer-reviewed scientific publications on quality of mental health care, patient satisfaction with care, implementation evidence-based mental health practices, and/or implementation of measurement-based care.
     4. Expert knowledge of qualitative research methods relevant to mental health, especially qualitative research involving clinicians and/or individuals who are living with mental disorders.
     5. Specific knowledge of implementation of measurement-based care, that is, a deep understanding of the processes and common challenges in implementing systems to routinely collecting patient-reported outcomes data and use that information to improve ongoing clinical care.
     6. Ph.D. in Psychology or Clinical Psychology.

1. **Travel.** The CO anticipates that up to six trips will be required for conduct of site visits and coordination of the project. All trips will be within the continental United States and will up to five days. Travel expenses are to be paid directly by the contractor, and should be included as part of the cost of the proposal.
2. **Type of Contract.** A Firm-Fixed Price Contract will be requested.
3. **Changes to the SOW.** Any changes to this SOW shall be authorized and approved only through written correspondence from the Contracting Officer. Costs incurred by the contractor through the actions of parties other than the Contracting Officer shall be borne by the contractor.

# Government and Contractor Responsibilities.

1. The CO shall provide the contractor with copies of documents that the VA is required to provide.
2. The contractor shall request other VA documentation deemed pertinent to the work accomplishment directly from the COR. The contractor is expected to use common knowledge and resourcefulness in securing all other reference materials, standard industry publications, and related materials that are pertinent to the work.
3. The contractor shall maintain frequent communications with the Program Office and the COR to conduct work in progress reviews.
4. **Formal Acceptance or Rejection of Deliverables.** The VA shall have 15 business days to review each document and provide feedback and comments. The contractor shall have five business days to incorporate comments. A final review shall be conducted with the COR and NCPTSD. Delivery of the post-final review document with incorporated comments from the final review meeting shall constitute acceptance by the VA with COR’s written approval.

# Quality Standards for Deliverables - Performance Measures: Standards:

* 1. Review of relevant materials. Deliverables shall be timely, comprehensive, thoughtful, relevant presentation of alternatives, pros and cons, and feasible recommendations**.**
  2. CO Presentations. Presentations shall be clear, concise, executive-focused, and written in such a way as to be understood by lay persons. Quality of deliverable directly correlates with effectiveness of CO communications.
  3. Project Plan. Project Plan shall be timely and comprehensive; recognize and address authority, perceptions, and concerns of stakeholders; incorporate scope of requisite contract requirements across the CO.
  4. Reports. Reports are submitted on time and include those topics described in the SOW, agreed to in the master plan and as requested for special reports; necessary clearances are obtained as needed in a timely manner.
  5. Publications and other documents. Deliverables are timely submission in formats appropriate to target audiences; consideration of best dissemination mechanisms; user friendly, clear, thorough and comprehensive documentation and publications.
  6. Meeting support. Timely and thoughtful pre-meeting preparations and logistics; smooth meeting operations; timely and comprehensive post-meeting summaries.
  7. Coordination. Contractor collaboration with CO is timely, appropriate and demonstrates cooperative support to VHA Executives and staff.
  8. Analyses and Assessments. Analyses and assessments are performed with accuracy, comprehensiveness and adherence to industry best practices.
  9. Modifications. Timely, comprehensive, high quality covering all functional, performance, and physical areas as delineated in the SOW; final plan incorporates VA feedback in a timely manner.
  10. Obtain relevant stakeholder input. Deliverables are innovative, timely implementation of input mechanisms; accurate and comprehensive synthesis of results and recommendations. Integration of relevant stakeholder input documented for deliverable**.**