

Request for Proposal
A Needs Assessment Study:

**Exploring the Status of Non-Physician Advanced Practice Provider
Employment Density and Sufficiency of Educational Background
in the Care of Patients with Cardiopulmonary Disease**

Ad Hoc Committee on Advanced Practice, Credentialing and Education
Submitted to the American Association for Respiratory Care Board of Directors
September 15, 2016

Revised December 6, 2016

1 **Background**

2 The American Association for Respiratory Care (AARC) is a not-for-profit professional
3 association of respiratory care professionals based in Dallas, TX representing more than 47,000
4 members. In conjunction with its professional partners, the National Board for Respiratory Care
5 (NBRC) representing the interests of more than 170,000 credentialed respiratory therapists and
6 the Commission on Accreditation for Respiratory Care (CoARC) programs, which represents
7 over 450 educational programs is seeking to assure there is an appropriate workforce to care for
8 persons afflicted with cardiopulmonary disease. These respiratory therapists work with
9 physicians in the care of patients with lung disorders and other cardiopulmonary conditions. The
10 AARC is seeking a consultant to conduct a needs assessment to determine whether an education
11 and/or workforce gap exists within the current and predicted future employment of non-
12 physician advanced practice providers caring for patients afflicted with cardiopulmonary
13 disease.

14 **Project Description**

15 As the AARC is the non-physician professional organization specifically supporting the care of
16 patients with cardiopulmonary disease, the leaders and members of the Association are obligated
17 to assure that patients have access to the medical care needed to optimize their health.

18 It is well accepted that appropriate health care leads to better quality of life. Appropriate and
19 timely healthcare reduces overall cost through reductions in acute care (e.g., decrease hospital
20 emergency room visits, hospital admissions, and hospital re-admissions, decreased ICU and
21 hospital length of stay) for exacerbations of disease and improved management of chronic
22 maladies.

23 It is also well accepted that while the role of non-physician advanced practice providers is
24 increasing in the United States healthcare system, there are no non-physician advanced practice
25 provider educational programs specifically directed at care of patients with cardiopulmonary
26 disease. This is an important consideration because the top five (5) leading causes of death
27 identified by the Centers for Disease Control are all pathologies of the cardiopulmonary system.*
28 Additionally, to date, there has been no formal assessment of non-physician advanced practice
29 provider roles and responsibilities in the healthcare of patients with cardiopulmonary disease.
30 There is a paucity of data available to facilitate planning for meeting the future needs of the
31 patients with cardiopulmonary disease. To this end, the AARC solicited voluntary support from
32 the NBRC and CoARC to establish a collaborative working group to assess the future needs of
33 patients with cardiopulmonary disease.

34 One outcome of this collaborative working group is the recommendation that the AARC develop
35 a Request for Proposal (RFP) to retain a consultant to conduct a national needs assessment of

* Heron M. Deaths: Leading Causes for 2014. Natl Vital Stat Rep 2016;65(5):1-96.

essential stakeholders to gain an understanding of the status of availability of needed non-physician advanced practice healthcare professionals caring for patients afflicted with cardiopulmonary disease. This national needs assessment is expected to provide objective data essential for the three professional organizations to develop an opinion on the current status of non-physician advanced practice provider roles; allowing appropriate planning to meet future needs of patients afflicted with cardiopulmonary disease.

Literature Review

A systematic review of published literature was conducted to evaluate evidence purporting deficiencies in health care being provided by medical providers caring for patients afflicted with cardiopulmonary disease.

While this extensive effort led to the conclusion that there is no comprehensive resource documenting gaps or insufficiencies in health care delivery to patients afflicted with cardiopulmonary disease, the committee has determined there is enough data to move forward with a more comprehensive assessment of cardiopulmonary specialized, non-physician advanced practice provider workforce need. Additionally, it is the opinion of this group that this assessment must come from an independently administered workforce needs assessment of established stakeholders. Data from such a needs assessment is needed to support efforts to assure appropriate non-physician advanced practice providers are available for current and future workforce need.

Project Requirements and Objectives

Success for this RFP is defined by the selection of a consultant to conduct a national needs assessment (i.e., survey) of essential stakeholders to gain an understanding of the status of non-physician advanced practice provider preparation and availability to care for patients afflicted with cardiopulmonary disease. This workforce needs assessment is expected to sample providers who care for patients of all ages and severities of illness. The assessment will provide objective data essential to develop an opinion on the current need for non-physician advanced practice providers specializing in care of patients with cardiopulmonary disease.

Needs Assessment Survey Audience

Example of relevant stakeholders.

1. National physician organizations
 - a. American Thoracic Society
 - b. American College of Chest Physicians (CHEST)
 - c. American Society of Anesthesiologists

- d. American Academy of Sleep Medicine
 - e. American Academy of Pediatrics
 - f. National Association for Medical Direction of Respiratory Care
 - g. Society for Critical Care Medicine
 - h. Society of Critical Care Anesthesiologists
 - i. American College of Allergy, Asthma and Immunology
 - j. American Academy of Allergy, Asthma and Immunology
2. Non-physician Advanced Practice Providers (Survey of this group may be optional based on responses from national physician organizations)
- a. American Academy of Physician Assistants
 - b. American Association of Nurse Practitioners
3. Employment administrators at appropriate centers where care is provided*
- a. Acute care hospitals
 - b. Chronic care facilities (home care, LTAC, etc.)

Sample Size

A recommendation of the sample size and justification is requested from the selected consultant. The size should be sufficient to allow robust inference of needs assessment opinions of each stakeholder group surveyed.

Time Frame

Specific milestones and deadlines are outlined below.

Required Information

The selected RFP respondent will:

- Work with the AARC to determine specific information to be included in the assessment;
- Develop a methodology of surveying the list of essential stakeholders for solicitation of information.
- Define a marketing campaign to accompany the methodology that will encourage and obtain broad stakeholder participation.

- 95 • Survey essential stakeholders with the goal of understanding the preparation of non-
96 physician advanced practice providers who care for patients afflicted with
97 cardiopulmonary diseases and the availability of these providers to provide this care.
- 98 • Prepare and disseminate assessment findings to the AARC within the specified time
99 frame and deadlines.

100 The RFP respondent should also interrogate the data collected in the assessment and provide
101 information to address the following areas of interest:

- 102 • Provider demographics
- 103 • Educational background of the provider including credentials
- 104 • Location of provider professional practice
- 105 • Current provider workforce needs
- 106 • Opinion of future workforce needs
- 107 • Specific comments

108 This consultancy should begin in April 2017 and be completed no later than October 2017.

109 The successful RFP respondent may use any preferred system and / or tools, technological or
110 otherwise, they deem appropriate for the scope of work outlined in this RFP. All findings,
111 results, raw data and executive summaries will be provided to the AARC.

112 All information obtained within this RFP is confidential to the successful RFP respondent and
113 the AARC, and may not be shared with any outside party without the express written consent of
114 the AARC.

115 The AARC shall identify specific subject matter experts and / or staff to work with the successful
116 RFP respondent for the development, implementation and completion of this assessment. The
117 AARC may identify specific milestones upon which the successful RFP respondent must provide
118 status reports on the progress made to achieving said milestone or deliverable.

119 The AARC reserves the right to determine a specific method of compensation based on the
120 achievement of individual objectives, milestones or deliverables. Both parties shall have input
121 into the determination of said objectives, milestones or deliverables; and, these matters are
122 negotiable.

123 Each party has the right to legal counsel for the review and input of any agreement or contract
124 pertaining to this RFP.

Project Budget

The proposed budget will include all expenses associated with preparing and disseminating the assessment and analyzing and reporting the findings.

Milestones and Deadlines

The proposal will include milestones for achievements related to delivering the final product, including but not limited to:

- Collaborating with the AARC to determine specific information to be included in the assessment.
- Developing a methodology of surveying the list of essential stakeholders for solicitation of information.
- Defining a marketing campaign to accompany the methodology that will encourage and obtain broad assessment participation.
- Conducting a national workforce assessment (i.e., survey) of essential stakeholders to gain an understanding of the status of healthcare availability to patients afflicted with cardiopulmonary disease.
- Preparing and disseminating assessment findings to the AARC within the specified time frame and deadlines.

Assumptions and Constraints

The vendor will provide the AARC with any assumptions and constraints pertinent to this proposed project.

Terms and Conditions

Specific terms and conditions of a contract shall be provided by the AARC for the vendor to make a fair and honest response. These may include: financing options, contract length, renewal options, warranties, delivery penalties, service levels, etc.

Questions and Required Information

All questions related to this RFP should be directed electronically to: Shawna Strickland at shawna.strickland@aarc.org or by calling 972-243-2272. Questions will not be answered after the end of the RFP question and answer period identified above.

Contact Information and Deadline for Submissions

American Association for Respiratory Care

c/o Shawna Strickland

9425 N. MacArthur Blvd, Suite 100

Irving, TX 75063

shawna.strickland@aarc.org

Submission deadline: 5pm Central on Friday, February 3, 2017

How to Submit a Proposal

Interested parties should submit the following information electronically, no later than 5pm

Central on Friday, February 3, 2017, to Shawna Strickland at shawna.strickland@aarc.org

1. A proposal describing your qualifications (or the qualifications of the team of consultants) and how the tasks described above would be carried out.
2. A firm estimate of fees to be charged, and an estimate of expenses that would be incurred.
3. Resumes of all consultants who would be involved in the project.
4. Names, phone numbers and email addresses of people at three non-profit organizations who have been your clients during the last 18 months, whom the AARC can contact as a reference.