**RFP QUESTIONS AND ANSWERS**

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<th>RFP Q&amp;A Number:</th>
<th>RFP-851108-01 Q and A</th>
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<tr>
<td>Project Title:</td>
<td>Improving Outcomes Related to Opioid Misuse through Strategies Addressing Clinical Care for Women and Infants</td>
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<tr>
<td>Application Deadline 11:59 pm CST:</td>
<td>January 2, 2019</td>
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<tr>
<td>Proposals must be emailed to:</td>
<td><a href="mailto:lpaul@aap.org">lpaul@aap.org</a></td>
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<tr>
<td>Questions about this RFP must be submitted to the application email address above and will be accepted until:</td>
<td>December 14, 2018</td>
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<td>Responses to questions will post on:</td>
<td>December 21, 2018</td>
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**QUESTIONS AND ANSWERS**

Answers to questions posed for this RFP cycle are included below. Similar questions have been grouped so that only one response is provided.

**Question 1:** Is there a desired number of focus groups and key informant interviews? Does AAP want both focus groups and interviews with each of the three identified audiences?

**Answer 1:** AAP expects there to be one focus group (of up to nine individuals) for each of the three audiences (3 audiences x 1 virtual focus group each). Another option is to conduct nine key informant interviews for each of the three audiences (3 audiences x 9 interviews each).

- **Option A:** 3 virtual focus groups of 9 individuals each
- **Option B:** 2 sets of 9 key informant interviews (9 pediatricians, & 9 OB/GYN) + 1 virtual focus group with the third audience.
- **Option C:** 3 sets of 9 key informant interviews = 27 interviews

**Question 2:** Is there a preference for more focus group participants or more key informant interviews or a roughly even mix?

**Answer 2:** The methodology for each audience (for example pediatricians or gynecologists) should be consistent. However, it is possible that one audience could be key informant interviews and the other be a virtual focus group.

**Question 3:** Can you clarify the IRB approval? Is this through AAP, or does the consultant/contractor need to find an IRB?

**Answer 3:** This project will use the American Academy of Pediatrics Internal Review Board (IRB) for approval.

**Question 4:** Can you tell us more about the target audiences? Are you looking for healthcare providers from specific geographic regions or backgrounds or other diversity considerations?

**Answer 4:** Participants from each audience group are expected to be from a diverse geographic, practice setting and patient base population. AAP will assist the consultant with recruitment.

**Question 5:** Is there a preference for in-person versus remote/video call/telephone key informant interviews?

**Answer 5:** All interviews and focus groups are expected to be virtual.

**Question 6:** For in-person groups, is there a preferred geographic location(s)?
Answer 6: All interviews and focus groups are expected to be virtual.

Question 7: The third audience group of providers is fairly heterogeneous. Is there an emphasis on speaking to more family practice physicians vs. nurses vs. mental health clinicians?
Answer 7: The audience for the third group of providers has not been determined. This decision is expected to be made in January.

Question 8: Does AAP prefer: 1) virtual focus groups to minimize the requisite travel budget; 2) all in-person focus groups to maximize results; 3) or a combination therein to achieve a balanced approach?
Answer 8: AAP is expecting all focus groups to be virtual.

Question 9: If the proposal is due January 2, when is the date that all those who have applied will be notified?
Answer 9: AAP will work as efficiently as possible to make a determination regarding the selected vendor. It is anticipated that this decision will be made the week of January 7.

Question 10: Is there an interim period before decision is made where you ask further questions of the consultant, or is it solely based on the RFP submitted?
Answer 10: The decision will be based on the RFP submitted.

Question 11: What is the staffing structure or (clinical) oversight for this project within the American Academy of Pediatrics?
Answer 11: This project is being administered through the AAP Department of Child Health and Wellness, Division of Developmental Pediatrics and Preventive Services. A project oversight team will be managed collaboratively by program management staff from the AAP and American College of Obstetricians and Gynecologists, a physician representative from both groups. Two individuals with lived experience will be included on the team as well.

Question 12: If this project is delayed (for any reason) is there the option of asking for a no cost extension with the funder and that would then move the timeline?
Answer 12: This is technically a possibility; however, the AAP is planning to complete all project deliverables by July 31, 2019.

Question 13: What role does the consultant play in developing the agenda, facilitating the in-person meetings with the project oversight team?
Answer 13: The consultant will not be responsible for developing the agenda or facilitating the in-person meeting. Those functions will be managed by AAP and ACOG staff. The consultant will be responsible for presenting a proposed focus group/interview protocol, reporting on progress, and sharing a summary report.

Question 14: What kind of recommendations are you anticipating from the focus groups and interviews? Recommendations for how the clinical practice areas can work together to address this issue? Governmental interventions to address the challenge? Changes in clinical practice guidelines? All of the above?
Answer 14: The focus groups/interviews are anticipated to solicit feedback regarding challenges and barriers to caring for women and infants during the prenatal and perinatal periods (up to the first year of life) with a history of opioid use/exposure. Findings and recommendations are expected to represent a summary of the feedback received.

Question 15: Given the upcoming holidays, would it be possible to extend the deadline by one week to January 9, 2019?
Answer 15: The timeline for this RFP process has been set. Applicants may be informed following the conclusion of this current cycle if additional time could be awarded.
Question 16: Has AAP identified a budget, or a budget range, for this initiative?
Answer 16: Applicants are expected to submit a budget that realistically aligns with the scope of work and resources for the vendor.

Question 17: Will AAP (and ACOG) assist in the identification of focus group/interview participants?
Answer 17: Yes, AAP and ACOG will assist in the identification of focus group/interview participants.

Question 18: Background: Who is the funder of the American Academy of Pediatrics’ (AAP) “Improving Outcomes Related to Opioid Misuse through Strategies Addressing Clinical Care for Women and Infants” project (e.g., a federal agency such as the Health Resources and Services Administration or Centers for Disease Control and Prevention; a private organization such as the Hilton Foundation)?
Answer 18: This project is funded through a cooperative agreement (Grant # NU38OT000282) between the American Academy of Pediatrics and the Centers for Disease Control and Prevention. This award is a Category C project as funded by the PPHF 2018: Preventive Health and Health Services Block Grants – Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation’s Health (CDC-RFA-OT18-1802).

Question 19: Schedule of Deliverables: Both the call with AAP and the American College of Obstetricians and Gynecologists (ACOG) and the in-person meeting with AAP and ACOG are listed for January 19, 2019, in the Schedule of Deliverables. Will both a call and an in-person meeting take place on the same day (January 19)? Where will the in-person meeting be held? How many individuals from the consultant organization should plan to participate in the in-person meeting?
Answer 19: It is anticipated that a call and a meeting will take place in January. The call will be between AAP and ACOG. The consultant would be welcome to build attending the meeting into the budget. This meeting will occur at the AAP office in Itasca, IL and is expected to be the week of January 21.

Question 20: Mandatory Qualifications: The consultant is expected to infuse clinical wisdom with applicable literature to develop the interview protocol. To that end, will AAP and ACOG provide a literature review or will the consultant develop one with input from the expert group? If the latter, will the literature review be a deliverable?
Answer 20: AAP and ACOG will complete an environmental scan and (abridged) literature review that will be shared with the consultant as background information.

Question 21: Mandatory Qualifications: How frequently will the consultant interact with the lead expert group throughout the project?
Answer 21: The call schedule has not been determined. It is expected that the expert group will have a minimum of 4 calls. The consultant will be expected to attend a minimum of two calls late in the project period; one to present a preliminary report/finding and the second to present a final report. Monthly calls with AAP staff are expected.

Question 22: General: The Schedule of Deliverables provides a period of performance from January 2019 to July 2019. However, the Contractual Arrangements provides a period of performance of December 2018–July 2019. Please clarify the period of performance. Does AAP anticipate awarding the contract in December 2018, by early or mid-January 2019, or at a later date?
Answer 22: The contract will be awarded early in January 2019.

Question 23: Is there additional information not specified in the RFP that would be helpful to reviewers in the submitted application?
Answer 23: All applicable information should be available in the RFP or as answers posted to consultant questions.
Question 24: We understand that you are requesting an hourly rate for consultants but do you want a project budget?
Answer 24: Yes, please provide an hourly rate and total project budget.

Question 25: Is there a required length and/or format for the application i.e., page limit?
Answer 25: Please be succinct; reviewers will need to make a decision quickly in the first few days of January 2019. If applicable, links to sample work products are preferred over lengthy attachments.

Question 26: What is the expected amount of travel for the focus groups, key informant interviews, key meetings with AAP and ACOG? Are travel costs to be included in a budget if required?
Answer 26: While not required, the consultant would be welcome to attend both the January and final (estimated to be June) project team meetings. Please include travel in the budget estimate. The one-day (5 or 6-hour) meetings will be at the AAP office in Itasca, IL.

Question 27: What are the technical and/or software requirements for hosting focus groups and/or key informant interviews?
Answer 27: Ideally, focus groups and/or key informant interviews would be conducted using a video conference platform such as WebEx or Zoom. Audio conferencing is also acceptable. Audio recordings of the focus groups and/or key informant interviews are required. Storage of collected data needs to be protected.

Question 28: Are there any specific expectations or requirements regarding the length of time for the focus groups and/or key informant interviews?
Answer 28: There are no specific expectations or requirements regarding the time allotted for the focus groups and/or key informant interviews, except to make sure that all questions are addressed. We would expect that 90 minutes would be the maximum time needed for this.