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ADDENDUM NO. 1

July 19, 2023

**Title: RFP for Academic Affiliation
RFP # H23-0046**

1. General

This addendum revises RFP documents. This addendum is issued to respondents of record prior to execution of contract and forms a part of contract documents and modifies previously issued documents. Insofar as previously issued contract documents are inconsistent with modifications indicated by this addendum, modifications indicated by this addendum shall govern. Where any part of the contract documents are modified by this addendum, all unaltered provisions shall remain in effect.

2. Addendum Acknowledgement Form

Acknowledge receipt of this addendum in the space provided on the Addendum Acknowledgement Form. Proposers must include the signed form with their response. Failure to do so will subject Proposers to disqualification.

3. Changes and Clarifications

A. Responses to questions receive before June 30, 2023.

4. Attachments

A. None

Responses to Vendor Questions

	Section of the RFP	Question	CCH Response
1	4: Clinical Services	Please define what the Physician FTE represents in the table in Section 4B: Clinical Services. Is this the portion of Clinical FTE at CCH that is currently provided by an outside entity? What are the total Physician FTEs in each service (CCH and other external sources)?	Physician FTE represents the effort associated with patient care at CCH delivered by a physician from an external organization, i.e., not a CCH-employed physician. Total Physician FTEs in each service can be provided upon the award of the contract.
2	4: Clinical Services	Please define what the Other Clinical/Administrative FTE represents in the table in Section 4B: Clinical Services. Is this the portion of Other Clinical/Administrative FTE at CCH that is currently provided by an outside entity? What are the total Other Clinical/Administrative FTEs by service (CCH and other external sources)?	Clinical/administrative FTE represents services provided at CCH by a nonphysician practitioner (e.g., nurse, physician assistant, technician), and/or clinical administrative effort (e.g., medical direction) provided at CCH from an external organization, i.e., not a CCH-employed nonphysician practitioner or physician. Total Physician FTEs in each service can be provided upon the award of the contract.
3	4: Clinical Services	In the table in Section 4B: Clinical Services, no data is provided for Cardiac Services (e.g., cardiac catheterization, cardiac position). Does CCH have a need for professional services or other clinical/administrative support in these areas?	The services listed represent various cardiac procedures provided to uninsured CCH patients. These services are provided by providers from an external organization on a per procedure basis, and CCH anticipates a continued need under this framework.
4	4: Clinical Services	In the table in Section 4B: Clinical Services, do the ambulatory visits and cases listed represent the total for all providers in a department/service specialty (CCH Providers + Other Providers), or just those associated with the clinical FTE listed in the table?	The ambulatory visits and cases listed represent the total volume seen by all providers (i.e., both CCH-employed and non-CCH-employed) within a department or service.
5	4: Clinical Services	In the table in Section 4B: Clinical Services, are the Ambulatory Visits provided all in-person encounters? Or are a proportion of the visits Virtual/Tele-Health? Please provide the total number of Virtual/Tele-Health Visits by service, indicating whether they were part of the original Ambulatory Visit total or in addition to the numbers provided in the RFP.	The ambulatory visits noted represent in-person encounters only.

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6	General and/or 5.1 Proposal Structure and Requirements Table Item 5	Which stakeholders from CCH will be involved in the joint affiliation planning and decision-making process?	<p>The following individuals from CCH may be involved as part of the planning and decision-making process:</p> <ul style="list-style-type: none"> • Chief Executive Officer • Chief Financial Officer • General Counsel • Assistant General Counsel • Chief Strategy Officer • Chief Medical Officer • Designated Institutional Official • Chairs from Select Clinical Departments
7	General	What is CCH’s target timeline for execution of the new academic affiliation agreement?	CCH desires execution of a new academic affiliation agreement no later than May 29, 2024.
8	5.1 Proposal Structure and Requirements	Is the 15-page limit applicable only to the narrative proposal (item 2 in table 1) or is the page limit applicable to all items under section 5 (i.e., items 5.1 to 5.10)?	Proposals should address all items outlined within the table presented in section 5.1 (Response to Scope of Services, Proposal Structure and Requirements), and should not exceed 15 pages (page count requirement excludes any supporting exhibits and appendices).
9	4: Clinical Services	Section 4 – Scope of Services: B – Clinical Services For the clinical services that require incremental recruitment, is the expected start date July 1, 2024, or can this be within the first year?	The physician and other clinical/administrative FTEs listed as part of the clinical services table denote current service needs and represent service-level expectations that would coincide with and begin at the time of execution of the new affiliation agreement.
10	4: Clinical Services	Section 4 – Scope of Services: B – Clinical Services For the clinical services that may be best served by one of our established partners, is County open to inclusion in the response?	CCH is open to and interested in evaluating responses that effectively address our organization’s needs stated within the RFP, including the provision of clinical services that may be delivered by a respondent’s partners.
11	4: Clinical Services	Section 4 – Scope of Services: B – Clinical Services Could County provide further details or if possible, job descriptions for each of the non-clinical positions below to	<p>Below is additional information regarding the effort required and key responsibilities for the roles noted.</p> <ul style="list-style-type: none"> • Cardiology—Clinical and Research Coordinator: Up to 1.0 FTE of

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		<p>inform ability to provide the services with qualified candidates?</p> <p>Cardiology-----Clinical and Research Coordinator Medicine-----Applications Analyst Medicine-----Web Project Manager Medicine-----Information Technology Supervisor Pediatrics-----Administrative Supervisor(s) Endocrinology-----Clinical and Education Consultant Endocrinology-----Clinical Support Staff Palliative Care Medicine---Advanced Care Planning Facilitator</p>	<p>clinical studies and research projects services. Under the direction of the Principal Investigator in the Division of Adult Cardiology at Stroger Hospital, the clinical and research coordinator is responsible for coordinating daily operations of clinical studies and research projects within the Division of Cardiology.</p> <ul style="list-style-type: none"> • Medicine—Applications Analyst: Up to 1.0 FTE of web development for all divisions within the Department of Medicine at Stroger Hospital. Will assist with system security strategy, learning new software tools to perform geocoding and mapping, hardware maintenance and repair, computer equipment purchases and configurations, and ensuring that software licenses are up-to-date. • Medicine—Web Project Manager: Up to 1.0 FTE of web based system development that supports research, clinical and administrative activities across all the divisions within the Department of Medicine at Stroger Hospital. Assist with house staff training schedules, set up inter-institutional secure file exchange for joint research activities, provide centralized web-based services for research projects, and supervise and guide the applications analyst(s). • Medicine—Information Technology Supervisor: Up to 0.15 FTE of services, including supervision of IT specialist, oversight of quality improvement (QI) initiatives and development of web-form security procedures.

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			<ul style="list-style-type: none"> • <i>Pediatrics—Administrative Supervisor(s)</i>: Up to 0.2 FTE of administrative support on a monthly basis. Administrative supervisors will provide support for all aspects of day-to-day operations of the Department of Pediatrics. • <i>Endocrinology—Clinical and Education Consultant</i>: Up to 0.1 FTE of clinical studies and educational services. This consultant will be responsible for certain components of core curriculum for fellow’s clinical education and specific diabetes activities, as well as participate in highly specialized diabetes activities including insulin pump clinics. • <i>Endocrinology—Clinical Support Staff</i>: Up to 1.6 FTE of clinical and research coordination services. These staffer(s) will assist in the development and management of the obesity-prediabetes and the diabetes programs at Stroger Hospital. They will be responsible for overall management and administration of the combined clinical research activities for the Division of Endocrinology, including enhancement of diabetes program and fellow involvement. • <i>Palliative Care Medicine—Advanced Care Planning Facilitator</i>: Up to 1.0 FTE of assistance with advance care planning and cultural and spiritual assessments of individuals with serious or life limiting illness. The counselor will also offer supportive counseling and assist patients and families in accessing

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			spiritual care, as well as support the families of patients who die in the hospital and will initiate referral to outside religious or spiritual resources, as appropriate.
12	4: Research and Innovation	Section 4 – Scope of Services: D – Research and Innovation Is County amenable to additions to the proposal on areas in which we believes they can add collective value (partnership on health equity or value-based initiatives)?	CCH is open to and interested in evaluating responses that describe additional services, processes, and approaches in which a respondent may create benefit for both organizations.
13	5.6: Contract	Section 5.6 – Contract The Transfer Agreement and Specialty Care Referral Agreement contemplate Rush transferring/referring patients to County based on need. Our understanding is that these agreements would be mutual to effectuate transfers from each entity to the other as needed. We would like to confirm that is County’s understanding as well?	The transfer/referral agreement regarding patients between CCH and affiliate(s) would be mutual in nature and would be based on appropriate need.
14	5.6: Contract	Section 5.6 – Contract Section VII(A) and (B) of the PSA are open-ended with respect to insurance coverage and indemnification. We would like to understand which options County is proposing as part of the PSA?	Cook County Health will cover Proposer’s health care providers under its self-insurance plan subject the limitations of the County’s indemnification Ordinance as described in the template document, and subject to the furnishing of a list of providers to CCH who will working under the PSA by specialty provided by the awarded Proposer/Affiliate. CCH will not cover health care providers providing services at non-CCH facilities.

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15	5.6: Contract	<p>Section 5.6 – Contract</p> <p>We currently have clinical contractual agreements with Stroger that will expire in 2024 that are not included in the RFP. Is there an assumption these are areas not needed by Stroger beyond the current contract period or are these anticipated to continue subject to normal renewal criteria?</p>	<p>Continued need for a particular service beyond its current contract period will be addressed on a case-by-case basis. Omission of a specific clinical arrangement within the RFP should not be construed as CCH no longer requiring the specified service, nor should it be construed as a service that would be excluded as part of an overall agreement with the identified affiliate(s) for clinical services.</p>
16	4: Medical Education 5.6: Contract	<p>Section 4 – Scope of Services: C – Medical Education & Section 5.6 – Contract</p> <p>We currently has a Master Affiliation agreement with Stroger that encompasses education, research, community, and clinical components. As a part of this agreement, we have students and house officers taking rotations at Stroger – many of the latter in integrated programs. The current RFP is most detailed concerning clinical needs and implies that the winning proposal would get an advantaged position concerning training sites. Should we proceed with the understanding that if another organization meets these clinical needs (even if we are continuing to provide the non-RFP identified clinical services noted question #7 above) those training positions are in jeopardy?</p>	<p>Through this process, CCH may elect to choose different affiliates for the provision of clinical, educational, and research services and the furtherance of joint goals in each mission area. Should an organization be selected for clinical services other than the organization for which CCH currently has joint programming, CCH will look to mitigate potential disruptions in current training programs that would impact patients, learners, providers, and staff, and will evaluate the long-term status of such programs within the CCH GME complement.</p>

ADDENDUM ACKNOWLEDGEMENT FORM

As required by the RFP, Proposers must submit this acknowledgement form with their response. One acknowledgement form per response, listing all addenda, is appropriate.

Addendum No.: _____

Addendum No.: _____

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Addendum No.: _____

Addendum No.: _____

Company Name: _____

Representative's Name: _____

Signature: _____

Date: _____

END OF ADDENDUM