

INFORMATION AND COMMUNICATION SERVICES NIH - TASK ORDER

RFTOP#80 TITLE: Genetics in dentistry—Provider focus groups

PART I - REQUEST FOR TASK ORDER PROPOSALS

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B. PROPOSED PERIOD OF PERFORMANCE: 120 days from date of award. Possible non-competitive extension at the option of the NIH to conduct additional genetics-related market research.

C. PRICING METHOD: Firm Fixed Price

Currently funding is limited to \$30,000. A firm that is able to complete this project for less than that amount is invited to propose a lower firm fixed price. Price will be a significant factor in the determination of the firm that is selected for award. If in the opinion of your firm this is not a sufficient amount to successfully execute this task, please specify how to best spend available funds, which tasks will remain undone, and the additional funding necessary to complete the work. Firms should address the benefits and drawbacks for alternate approaches.

D. PROPOSAL INSTRUCTIONS: Technical proposals should be no longer than 20 pages. Proposals may be submitted electronically. Please enter in the subject line the following text, "RFTOP#79 - Proposal submitted by {Insert Firm Name}." A signed task order form (last page of the RFTOP) maybe scanned and submitted or will be requested after source selection.

E. RESPONSE DUE DATE: August 19, 2002 at 10:00am local NIH time.

F. TASK DESCRIPTION:

Introduction and Background

A great deal has changed since the 1970's and 80's when "genetics" was synonymous with "rare diseases" and "birth defects," and mainly those who served special care patients needed human genetics education. In the new millennium, all health professionals will need to be genetically literate if they are to provide high-quality care for their patients.

The first phase of the international scientific effort to map and sequence the human genome is now complete. The result is what some describe as a working draft of the periodic table of human biology, comparable to the periodic table of the elements for chemistry. Instead of the 100 chemical elements, however, genetic researchers have identified the approximately 30,000 genes in the human genetic code.

How will a better understanding of human genes and of the genetic contribution to disease change health care? Genetic tests to determine the presence or absence of a disease-related gene variant are the most immediate application of gene discovery and can be developed relatively quickly after a gene has been identified. These tests may uncover information useful in the prevention or delay of disease, provide earlier or more effective diagnosis, or allow improved disease management. Genetic tests will also increasingly be used to identify individual predictors of drug response so that effective therapies can be prescribed sooner, potentially toxic side effects avoided, and diseases more effectively and economically managed.

More generally, genetic approaches to disease prevention and management will include an increasing array of gene-based therapies. Since the Food and Drug Administration's approval of recombinant human insulin in 1982, over 50 new gene-based drugs have become available. These include drugs for the treatment of cancer, heart attack, stroke, and diabetes, as well as many vaccines. In other instances, "designer" drugs will be developed based on the specific molecular underpinnings of the disease, derived from genetic studies. Another strategy is to override or repair molecular changes that lead to disease through gene therapy, in which the gene itself is used as the pharmaceutical agent.

Genetics is now making its way into mainstream dentistry and will soon affect the character of everyday dental practice. For example, a commercial genetic test for predisposition to severe periodontitis is now on the market, despite conflicting views about whether this test is ready for widespread use in dental practice. This test is likely the first of many genetic tests for common conditions to be made available in dental practice. Blood and saliva-based genetic tests to improve the diagnosis of or to identify susceptibility or resistance to oral cancer, dental caries, and temporomandibular muscle and joint disorders will likely be developed.

New vaccines and therapies will be developed based on knowledge of the molecular basis of various oral, dental, and craniofacial conditions, including novel biomaterials for repairing and regenerating tissues. Oral and dental health promotion, disease prevention and treatment strategies will be based on the specific genetic make-up, environment, and health behaviors of the individual patient.

In order to make informed decisions about the use of new genetic information and technologies, both current and future dental practitioners must be prepared to assess the validity and utility of genetic tests for conditions they commonly see in practice. Dental health care providers should also be prepared to take “genetically meaningful” patient health histories and to interpret test results and their implications for disease prevention, diagnosis, or treatment. Dentists and dental hygienists will need to make informed decisions about the application of new gene-based drugs and therapies, and to understand the ethical, legal, and social implications related to the use of genetic information and technologies. Dental practitioners must also recognize the limits of their own genetics expertise and learn how and when to make a referral to a genetic counselor or medical geneticist. Public health dentists will be responsible for assessing the health needs of populations, working with the private sector to ensure the quality of and access to genetic tests and services, and integrating genetics into relevant policies and programs. However, dental health professionals, like their physician and nurse colleagues, are currently unprepared to effectively and responsibly integrate genetics into practice.

The mission of the National Institute of Dental and Craniofacial Research (NIDCR) is to improve the nation’s oral health. Central to this mission is the translation of research to clinical dental practice, in part through the development and funding of science-based education tools and opportunities. In order to develop effective genetics education messages, materials, and programs, NIDCR wishes to better understand dental health care providers’ knowledge of and attitudes toward genetics, perceptions of their role in the provision of genetic services, interest in continuing education in genetics, and awareness of available genetics resources.

Tasks to be performed

Task 1. Meet with NIDCR Office of Communications and Health Education staff

The contractor will meet with program staff to familiarize themselves with the NIDCR and staff involved, and to finalize the research plan.

Task 2. Draft focus group screener(s)

The groups may be mixed in terms of age, gender and race/ethnicity. The majority of participants in the practitioner groups should be in private practice, and a minority of participants should be from hospital-based dental clinics or community health centers/clinics.

Task 3. Draft focus group moderator’s guide(s)

Questions in the moderator's guide(s) may include but need not be limited to:

- What do you think of when you hear the word “genetics?” “Genomics?”
- Do you currently see patients with genetic conditions in your practice? (association with rare disease/birth defects vs. common conditions?)
- Are you familiar with genetic tests being offered in medicine? Dentistry? For what conditions? (diagnostic tests vs. tests to identify disease risk?) Have you ever received marketing materials for genetic testing? Have you discussed genetic testing with your patients? Offered genetic testing to your patients?
- When do you think tests will be widely available?
- What information would you need to decide if the timing was right for integrating a genetic test into your practice?
- Where would you go to get this information?
- What do you think of when you hear the phrase “genetic services?”
- What do you see as your role in the provision of genetic services? (vis a vis other dental practitioners, physicians, nurses, genetic specialists—genetic counselors, medical geneticists, etc.?)
- Are you interested in continuing professional education in genetics?

The contractor may also wish to consider the use of case studies to spark conversation among interview/focus group participants.

Task 4. Pilot test focus group moderator's guide

NIDCR estimates that three interviews with each of the following will be necessary: practicing dentists, dental students, practicing dental hygienists, and, if additional funds become available, dental hygiene students. Interviews may require long distance telephone calls.

Task 5. Develop summary report of pilot test

The contractor will provide a brief summary report of the findings from the interviews and recommendations for changes to the moderator's guide(s).

Task 6. Refine and finalize moderator's guide(s)

After receiving input from NIDCR, the contractor will finalize the moderator's guide(s).

Task 7. Recruit participants for focus groups

Two (2) focus groups should be conducted with each of the following: practicing dentists, dental students, practicing dental hygienists, and, if additional funds become available, dental hygiene students.

Recruitment through dental professional societies and dental/dental hygiene schools is preferred over recruitment by phone using focus group databases. Possible recruitment or focus group sites may include annual dental professional meetings.

Ideally, at least one of each type of focus group would be conducted within driving distance of Bethesda, Maryland so that NIDCR staff can be present.

NIDCR will assist the contractor with the development of a recruitment strategy.

Task 8. Conduct focus groups

The contractor will be responsible for organizing, coordinating the logistics of, and facilitating the focus groups. This includes securing appropriate and qualified moderators.

Task 9. Draft report of all findings and final recommendations for developing genetics education programs and materials

The contractor will provide a detailed report of all findings (i.e. interviews and focus groups) in hard copy as well as Microsoft Word compatible electronic versions. The contractor shall first provide a draft report and after final input from NIDCR, 5 hard copies of a final report. The report should include both an executive summary, sections describing methods and findings, and recommendations for how best to frame messages in order to spark the dental community's interest in learning more about the clinical applications of genetic research. Appendices to the report should include screeners and focus group moderator's guides.

Clearances

All work must be conducted in accordance with OMB regulations.

G. EVALUATION FACTORS

a. Technical approach (40%)

The contractor must demonstrate a thorough understanding of the task order requirements and provide a detailed description of and rationale for the proposed approach. The contractor should also include an appropriate schedule of milestones and deliverables. NIDCR will evaluate the soundness, practicality, and feasibility of the proposal.

b. Staffing and management (30%)

The contractor must demonstrate experience of key personnel with projects like those described in this task order. Oral health expertise is not required if proposed personnel have sufficient experience conducting market research on other health topics. Proposals should include half-page summaries of relevant training, experience and skills of all

persons proposed for the task order (in lieu of full-length resumes), as well as a staffing and management plan with proposed labor hours and how work, subcontractor work (if applicable), and communication with NIDCR will be handled.

c. Prior corporate experience (20%)

The contractor must demonstrate experience related to the work described in this task order. Half-page descriptions of no more than five projects demonstrating the contractor's ability to execute the proposed technical approach and/or the contractor's experience with market research on health issues should be provided. References should also be provided. Offerors are invited to submit examples of market research previously conducted by the firm.

d. Price (10%)

While price is not the only evaluation factor, costs will be considered in determining the firm that represents the best value to the government. To aid in the review of costs, the contractor should include labor hours assigned to each staff person proposed for each task in the business proposal.

TO # NICS-80

TITLE: Genetics in Dentistry—Provider focus groups

PART II - CONTRACTOR'S REPLY:

CONTRACT #263-01-D-0_____

Contractor:

Points of Contact:

Phone-

Fax-

Address:

TOTAL ESTIMATED COST:

Pricing Method: Firm Fixed Price

TOTAL ESTIMATED NUMBER OF HOURS:

PROPOSED COMPLETION DATE:

FOR THE CONTRACTOR: _____

Signature

Date

SOURCE SELECTION:

WE HAVE REVIEWED ALL SUBMITTED PROPOSALS HAVE DETERMINED THIS FIRM SUBMITTED THE BEST OVERALL PROPOSAL AND THE PRICE/COST IS REASONABLE.

Billing Reference # _____

Appropriations Data: _____

(ATTACH OBLIGATING DOCUMENT IF AN ROC WILL NOT BE USED.)

RECOMMENDED: _____

FAX #

Signature - Project Officer

Date

APPROVED: _____

FAX #

Signature - Contracting Officer

Date

NIH APPROVAL -

CONTRACTOR SHALL NOT EXCEED THE TASK ORDER AMOUNT WITHOUT THE WRITTEN APPROVAL OF THE CONTRACTING OFFICER & ICS COORDINATOR

APPROVED: _____

Signature -Anthony M. Revenis, J.D., NIH-PICS Coordinator

Date