

I. Introduction

CBNHC is a multi-provider primary care ambulatory clinic located in To'Hajiilee, NM, within the Navajo Nation, operating in a rural context. We are currently seeking a seasoned Healthcare Workflow Consultant to assess our existing operational framework. The consultant will analyze patient flow and administrative processes to identify bottlenecks. The objective is to implement targeted enhancements to optimize efficiency, improve patient satisfaction metrics, and ensure our clinic's financial sustainability.

This project is subject to all provisions of the Navajo Business Opportunity Act (NBOA) (5 NNC T§§ 201 et seq.) and the Navajo Business and Procurement Act, 12 §1501 et seq. The selection of the consultant will be made in accordance with NBOA. Selected firm shall comply with all the provisions of the Navajo Preference in Employment Act at 15 N.N.C. § 601 et seq and NBOA. The Navajo Nation will not provide any waiver of sovereign immunity.

II. Background

In July 2016, the Canoncito Band of Navajos Health Clinic successfully enacted P.L. 93-638 (Public Law 93-638), which authorized the CBNHC to function as a tribal organization responsible for the management of its daily health services and programs through a Title I contract with the United States Department of Health and Human Services.

The Canoncito Band of Navajos Healthcare Center (CBNHC) is an outpatient ambulatory care facility encompassing 20,698 square feet and situated in the community of To'Hajiilee, New Mexico. The mission of CBNHC is to enhance the spiritual, mental, and physical well-being of the Canoncito Band of Navajos and the To'Hajiilee community through comprehensive, culturally sensitive, and community-focused healthcare. The center is staffed by a multidisciplinary team comprising 64 professionals, including physicians, nurses, medical assistants, and administrative personnel. The range of services offered includes comprehensive primary care, dental care, pharmacy services, optometry, podiatry, audiology, a diabetes program, behavioral health services, and various community health initiatives.

Patient population

- 9,882

Average daily patient volume

- 96 patients/day.

Staffing model

- Providers: 3
- Nurses: 5
- MA's: 2
- Support Staff: 43
- Contractors: 13
- Front-desk staff member 1

Total # of employees: 71

Permanent: 55

Contractors: 13

IPA/MOA: 3

Current challenges

As a rural clinic, we face unique challenges including limited staffing, high patient demand, and geographic barriers to care. A workflow analysis will help us optimize processes and better serve our community.

We are currently using the Indian Health Service (IHS) Resource and Patient Management System (RPMS), a decentralized, integrated software suite that manages clinical and administrative data for IHS, Tribal, and Urban (I/T/U) health programs. RPMS serves as both an Electronic Health Record (EHR) and a financial management system, specifically designed to deliver comprehensive healthcare services to American Indian and Alaska Native populations.

III. Project Overview & Objectives

- **Project Title:** Clinical and Administrative Workflow Optimization for Canoncito Band of Navajos Health Center, Inc.
- **Mission:** To improve patient access and operational efficiency within our rural primary care setting through streamlined processes and prepare our facility to transition to a new, robust Electronic Health Record (EHR) software platform.
- **Primary Objectives:**
 - Assess current patient "start-to-finish" flow (check-in to check-out).
 - Map current clinical and administrative workflows.

- Identify inefficiencies, redundancies, and bottlenecks in EHR usage and clinical documentation.
- Evaluate staffing patterns and role utilization.
- Assess EHR-related workflow issues.
- Enhance telehealth and remote patient monitoring (RPM) integration.
- Optimize staff roles to maximize local resource capacity.
- Recommend evidence-based improvements tailored to rural ambulatory settings.
- Provide an implementation roadmap with prioritized actions

II. Scope of Work (SOW)

The consultant will be responsible for the following clinical workflow integration points:

1. **Current State Assessment:** On-site observation of patient flow, staff interactions, and existing technology usage.
2. **Gap Analysis:** Evaluate clinical and operational barriers specifically affecting rural providers, including technology and staffing challenges, identify inefficiencies and root causes, and compare current workflows to best practices for rural ambulatory clinics.
3. **Process Mapping:** Validate and document "Current State" and "Future State" maps for all major clinical variations (e.g., sick visits, chronic care, telehealth).
 - Patient check-in and registration.
 - Rooming and vitals.
 - Provider workflow.
 - Documentation and chart closure.
 - Referrals and care coordination.
 - Billing and Coding workflows
4. **EHR Optimization:** Collect and analyze all forms and reports to be automated or refined within the EHR to reduce manual entry.
5. **Training & Implementation:** Develop a training plan for staff on new workflows and assist in updating internal policy manuals.

III. Required Deliverables

- **Baseline Assessment Report:** A summary of current operational findings (workflow analysis report).

- **Workflow Visualization Products:** Detailed maps outlining key clinical themes and process improvements.
- **Implementation Roadmap:** A step-by-step plan with a timeline that accounts for clinical disruptions (e.g., peak flu season).
- **Final Findings Presentation:** A presentation to clinic leadership and stakeholders.

IV. Proposal Requirements

Bidders must include the following in their response:

- **Company Profile:** Name, address, and organizational chart.
- **Relevant Experience:** Specific history working with rural health clinics (RHCs) or similar small ambulatory practices, familiarity with RPMS.
- **Staffing Plan:** Bios of the specific individuals assigned to the project, indicating their relevant rural healthcare expertise.
- **Technical Approach:** Detailed methodology for data collection and analysis, timeline and milestones, and staffing plan (if a firm).
- **Detailed Pricing:** Breakdown of costs by implementation phase and ongoing support.
- **References:** At least two references from similar projects.

V. Timeline & Administrative Details

- **RFP Release Date:** April 29, 2026.
- **Deadline for questions:** May 21, 2026.
- **Intent to Respond Due:** May 13, 2026.
- **Proposal Due Date:** May 27, 2026.
- **Anticipated Award Date:** June 10, 2026.

VI. Evaluation Criteria

Proposals will be scored based on:

- **Compliance & Security:** Adherence to HIPAA and HITECH Act standards.
- **Relevant Experience and qualifications:** Demonstrated success in rural health settings.
- **Methodology:** Clarity and feasibility of the proposed workflow changes.
- **Value:** Total cost in relation to the depth of services provided.
- **References and past performance.**

VII. Submission Instructions

Submit proposals electronically to:

John Billison, Chief Operations Officer

john.billison@cbnhc.org

(505) 908-2307

VIII. Terms & Conditions

- The clinic reserves the right to reject any or all proposals.
- The clinic may request additional information or clarification.
- All proposal materials become the property of the clinic.

Proposals must be received by 5:00 P.M., MST on May 22, 2026.