CONSUMER PRODUCT SAFETY COMMISSION
DIV OF PROCUREMENT SERVICES
4330 EAST WEST HWY
ROOM 517
BETHESDA MD 20814

PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION
11720 BELTSVILLE DRIVE
SUITE 900
BELTSVILLE MD 20705-1102

Telephone No. 301-755-2701

DUNS Number: CONTRACTING OFFICER REPRESENTATIVE (COR):
WILLIAM ZAMULA
TEL: 301-504-7709
EMAIL: WZAMILAC@CPSC.GOV

TASK ORDER 0002 TO DELIVER A ORDER CONTRACT
CPSC-09-0003 IS HEREBY ISSUED TO PROVIDE ALL
NECESSARY PERSONNEL, MATERIALS AND SERVICES
REQUIRED TO PROVIDE BENEFIT ASSESSMENT SUPPORT TO
CONDUCT A DECISION TREE ANALYSIS TO REVISE
(Use Reverse Order - Attach Additional Sheets as Necessary)

DIANE MCKNIGHT
Director of Contracts 

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION IS NOT USABLE

DIANE MCKNIGHT
2/12/2013

Kim Miles
3rd Date Signed 3/18/13

STANDARD FORM 3469 (REV. 2005)
ESTIMATES OF MEDICALLY TREATED INJURIES AND DEVELOP DATA FOR FUTURE ANALYSIS OF VARIANCE TO SUPPORT THE DIRECTORATE FOR ECONOMIC ANALYSIS AT THE CONSUMER PRODUCT SAFETY COMMISSION. THESE SERVICES SHALL BE EFFECTIVE FOR A PERIOD OF SIX (6) MONTHS BEGINNING 11 FEBRUARY 2013 THROUGH 10 AUGUST 2013 AND SHALL BE CONDUCTED IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK (SOW), CONTRACTOR’S LETTER DATED 28 JANUARY, 2013, GSA SCHEDULE, AND THE TERMS AND CONDITIONS OF CPSC-D-0003.

THE CONTRACTOR SHALL PROVIDE THE FOLLOWING SERVICES CATEGORIES TO CONDUCT DECISION TREE ANALYSIS TO REVISE ESTIMATES OF MEDICALLY TREATED INJURIES AND DEVELOP DATA FOR FUTURE ANALYSIS OF VARIANCE.

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>QNT</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001</td>
<td>SENIOR STUDY DIRECTOR</td>
<td>24</td>
<td>HR</td>
<td>202.20</td>
<td>4,852.80</td>
</tr>
<tr>
<td>0002</td>
<td>ASSOCIATE STUDY DIRECTOR</td>
<td>192</td>
<td>HR</td>
<td>142.63</td>
<td>27,384.96</td>
</tr>
</tbody>
</table>

The total amount of award: $32,237.76. The obligation for this award is shown in box 26.

332. QUANTITY IN COLUMN 21 HAS BEEN

☐ RECEIVED  ☐ INSPECTED  ☐ ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED

339. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

342. DATE

344. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

332a. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE

332b. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE

332c. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

333. SHIP NUMBER

344. VOUCHER NUMBER

355. AMOUNT VERIFIED CORRECT FOR

☐ COMPLETE  ☐ PARTIAL  ☐ FINAL

357. CHECK NUMBER

413. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT

415. SIGNATURE AND TITLE OF CERTIFYING OFFICER

419. DATE

422. RECEIVED BY (Print)

424. RECEIVED AT (Location)

426. DATE REC'D (YYMMDD)

428. TOTAL CONTAINERS

STANDARD FORM 144 (REV. 9/22/12) BACK
CPSC-D-09-0003 Task Order 0002
Benefit Assessment Support Services

1. Description of Services

The contractor shall provide benefit assessment support, including statistical model and computerized implementation to conduct a Decision Tree Analysis to Revise Estimates of Medically Treated Injuries and Develop Data for Future Analysis of Variance to support the Directorate for Economic Analysis, at the Consumer Product Safety Commission.

2. Background

The Consumer Product Safety Commission’s (CPSC) major tool for estimating the benefits from the prevention of consumer product related injuries is the Injury Cost Model (ICM). The ICM estimates the costs of injuries reported through the National Electronic Injury Surveillance System (NEISS), a national probability sample of hospital emergency departments. The ICM also uses empirically derived relationships between emergency department injuries and those treated in other settings (e.g. doctor’s offices, clinics) to estimate the number of injuries treated outside hospital emergency departments and the costs of those injuries.

3. Objective

The purpose of this task order is to develop improved estimates of injuries treated outside emergency departments using decision tree analysis on Medical Expenditure Panel Survey (MEPS) data files. The contractor shall first remove motor vehicle and occupation injuries from the MEPS data files, thus reducing the potential bias in the estimates. In addition, this task will apply ICM age groupings, which will facilitate implementation of the estimates in the ICM. The injury data shall be updated to include more recent information. The previous contract used Medical Expenditure Panel Survey (MEPS) data from 1996-2006 to estimate injuries treated in doctors’ offices and clinics. Data are now available through 2007, providing additional injury cases. Another potential enhancement is the use of additional condition codes in the MEPS data, which could also increase the number of cases available for analysis.

4. Performance Work Statement

The contractor shall examine the subtasks below and conduct a conference call with CPSC within five (5) business days. The contractor shall then prepare a summary of the discussion and a proposed schedule.
The contractor shall apply decision tree analysis to MEPS data to be grouped into various subgroups (age, gender, diagnosis, body part). Decision tree analysis provides the capability of differentiating by age and gender, which is important because different age and gender groups differ greatly in where they seek treatment for injuries. First, the decision tree analysis shall be applied to the groupings of NEISS diagnosis body part codes for both doctor/emergency department and direct admitted/ED admitted injuries. The contractor shall prepare a methodology report describing the data, the mapping and grouping decisions, and the analytic techniques used to prepare the new estimates of injuries. The contractor shall also prepare tables comparing the injury estimates in this task to injury estimates from the 2000 ICM for body parts and diagnoses.

**Subtask 1:** Develop Estimates of Medically Treated Injuries for NEISS Age-Sex-Diagnosis Body Part Combinations Using Decision Tree Analysis

The contractor shall use 1996-2007 MEPS data to develop estimates of doctor/clinic treated injuries. The age categories used in the analysis shall correspond to the current age groupings in the Injury Cost Model. The contractor shall eliminate motor vehicle-related injuries and occupational injuries using the medical conditions file.

The contractor shall extract any injury condition code listed in the MEPS cases, not just the first one listed in the case, unless doing so would distort the estimates. The contractor shall use the NEISS data for consumer product related injuries (not the AIP) from 2010-2011 for any comparison purposes in the report.

**Subtask 2:** Prepare MEPS Data File for Future Analysis of Variance

The contractor shall prepare a MEPS data file that shall allow CPSC to conduct analysis of variance on the estimates of medically treated injuries. The data file shall include a field for the year the data was compiled. The contractor shall document all variable names and provide all the computer programs used to prepare the file.

6. **Period of Performance**

The period of performance shall be six (6) months from the date of the award (block #3) of the task order.

7. **Report and Delivery**

The following items shall be performance or deliver in accordance with the following schedule:

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QUANTITY</th>
<th>DELIVERY OR PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) The contractor shall conduct a conference call with CPSC</td>
<td>1</td>
<td>Within five business days of receipt of the task order.</td>
</tr>
<tr>
<td>Staff</td>
<td>1</td>
<td>Within ten (10) business days after the conference call.</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>(2) The contractor shall provide a summary of the conference call and a proposed schedule.</td>
<td>1</td>
<td>According to the schedule developed above.</td>
</tr>
<tr>
<td>(3) The contractor shall provide a report on the analysis of the MEPS data used to generate the new estimates and a data file that can be merged into the Injury Cost Model programs to update the estimates of the medically attended injuries.</td>
<td>1</td>
<td>According the schedule developed above.</td>
</tr>
<tr>
<td>(4) The contractor shall provide a data file that will allow CPSC staff to conduct analysis of variance on the estimates of medically treated injuries and a report documenting the data file and the methods of preparation of the data file.</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Reports shall be prepared for both subtasks. All supporting data and programs used in the preparation of the reports shall be provided in either Excel spreadsheets, or SAS datasets in a version of Microsoft word. All drafts and reports shall be emailed to William Zamula at wzamula@cpsc.gov.

CPSC COR shall provide comments on the drafts within 15 business days. The contractor shall then make any needed changes within 15 business days.

8. **Payment**

Payment shall be made upon receipt of invoice from the contractor and the acceptance and approval of any deliverable item received by the COR.

9. **LC 5 Contracting Officer’s Representative (COR) Designation**

a. The following individual has been designated at the Government’s COR for this contract:

Name: Mr. Bill Zamula  
Division: Directorate for Economic Analysis  
Telephone: 301-504-7709  
Email: wzamula@cpsc.gov
b. The CPSC COR is responsible for:

(1) monitoring the contractor's technical progress, including surveillance and assessment of performance, and notifying the Contracting Officer within one week when deliverables (including reports) are not received on schedule in accordance with the prescribed delivery schedule.

(2) performing technical evaluation as required, assisting the Contractor in the resolution of technical problems encountered during performance; and

(3) inspection and acceptance of all items required by the contract.

c. The COR is not authorized to and shall not:

(1) make changes in scope of work, contract schedules, and/or specifications to meet changes and requirements,

(2) direct or negotiate any change in the terms, conditions, or amounts cited in the contract; and

(3) take any action that commits the Government or could lead to a claim against the Government.

d. A clear distinction is made between Government and Contractor personnel. No employer-employee relationship will occur between government employees and contractor employees. Contractor employees must report directly to their company (employer) and shall not report to Government personnel.
January 28, 2013

Rudi Murray-Johnson  
Consumer Product Safety Commission  
Office of Procurement Safety Services  
Room 523  
Bethesda, Maryland 20814

Dear Ms. Murray-Johnson:  
RE: (RFQ) CPSC-Q-13-0010 in accordance with contract CPSC-D-09-0003

PIRE is pleased to propose to provide benefit assessment support, including statistical model and computerized implementation, to conduct a Decision Tree Analysis to Revise Estimates of Medically Treated Injuries and Develop Data for Future Analysis of Variance to support the Directorate for Economic Analysis, at the Consumer Product Safety Commission.

Agency for Healthcare Research and Quality staff state that the Medical Expenditure Panel Survey stopped collecting motor vehicle or other injury cause or data that could be used to determine injury cause after 2007. They stopped collecting these data because external reviewers were concerned their inclusion risked creating identifiable data. MEPS also does not differentiate auto insurers from other private insurance payers. Thus the MEPS analysis will be based on data through 2007. It will use 4-5 diagnoses per case and age groups that CPSC specifies.

Our firm fixed price for this work will be $32,237.76. This covers 24 hours of Senior Study Director Ted Miller (24 * $202.20 = $4,852.80) and 192 hours of Associate Study Director Bruce Lawrence (192 * $142.63 = $27,384.96). All work will be completed within 6 months of task order commencement.

If you have technical questions on this proposal, please contact Ted Miller at 301-593-7471 or by cell phone at 240-441-2890. For administrative and contractual matters, please contact Diane McKnight, Director of Contracts & Grants, at 301-755-2721.

Our apologies for submitting this proposal so late in the day. Preparing it required considerable checking with Agency for Healthcare Research and Quality staff to determine what it was feasible to do.

We look forward to hearing from you soon.

Sincerely,

Ted Miller, PhD  
Director, Public Services Research Institute