

Los Angeles Network for Enhanced Services

Request for Information and Proposals (RFI&P)

The governing board of the Los Angeles Network for Enhanced Services (LANES) is seeking information and proposals from qualified entities interested in providing the technical solution by which LANES will be able to effectively and securely exchange relevant health information among its participating public and private health provider partners.

I. BACKGROUND

LANES is a public-private collaborative that was established to develop a health information management system for Los Angeles County and, possibly, surrounding areas. Central to this initiative is creating a health information exchange (HIE) that will facilitate healthcare delivery, among other purposes. LANES seeks to ensure that personal health information is available when and where it is needed for patient care and that this information is safe and secure.

Implementing an HIE will be a key milestone in the LANES initiative because it will establish an infrastructure for health information sharing that is envisioned to become the foundation for more timely, patient-centered and high quality care in the greater Los Angeles area.

One key objective among many of the LANES initiative is to provide patients with tools for enhanced chronic disease management. Disease management tools such as in-home monitoring, call centers and decision support are envisioned to be built into the HIE so patients can proactively monitor their health. Through these tools, healthcare providers will be able to intervene in a timely manner, when needed. To that end, successful respondents to this RFI & P should explain how data elements beyond those found in the HL7 lexicon will be integrated with expanded functionalities such as disease management and public health reporting.

While disease management tools are not new, combining these tools with the HIE should enable more healthcare providers to access technology that might otherwise be inaccessible to them. LANES envisions creating a proactive virtual integrated delivery network for the region that will optimize resource utilization, patient involvement in their care and clinical outcomes, while at the same time securely protecting personal health information. LANES views ensuring the safety and security of personal health information to be critically important.

The LANES governing board has identified a number of priorities for the health information exchange, including the following:

- Having a single inclusive and comprehensive solution
- Enabling the integration of chronic disease management applications into the HIE platform early in its implementation

- Ensuring an initial low cost structure through a limited feature set, while retaining the potential for more sophisticated functionalities as the HIE matures
- Enabling results reporting (lab, radiology/imaging, pathology)
- Enabling exchange of CCD documents
- Providing a platform that includes EMPI, MD portal and/or 'EMR light' option, NHIN gateway functionality, e-prescribing hub, and possibly patient portal functionality
- Employing rigorous security algorithms

II. LETTERS OF INTENT TO RESPOND AND RFI & P Review Process

July 29th: RFI & P posted

August 2nd : Questions submitted for consideration

August 6th: Bidders Conference Call 9:00-10:00 a.m. (Register to receive call in information)

August 13th: Respondents' questions answered in writing

August 18th: Technology Design and Implementation Proposal Deadline (Section 1 Detailed Questions)

August 23rd: Pricing Proposal Deadline (Section 2 Detailed Questions)

September 3rd: Finalists Notified for Interviews by Selection Committee

October 1st. 2010: Selection Committee Announces Selected Vendor

Responses should be sent in both electronic and paper format. Electronic format is sent to Katherine Johnson: kjohnson@phfe.org. In addition, 8 copies should be sent Attn: Katherine Johnson 12801 Crossroads Pkwy South, #200 City of Industry CA 91746. Section 1 should not exceed 30 pages and Section 2 not exceed 10 pages. Respondents will receive confirmation of the receipt of the submitted document within 24 hours of submission.

III. Eligibility

Respondents are invited to submit if they meet the following minimum requirements:

- Have a flexible architecture able to connect to a multitude of Electronic Medical Records (EMR) systems, consume/display local applications, etc.;
- Have the ability to align with the State's policy model, once determined.
- Have the ability to align with the State's infrastructure, once it is developed;
- Be in compliance with all federal and State of California privacy, security and confidentiality guidelines, policies, rules and regulations including, but not limited to, the Health Insurance Accountability and Portability Act (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH);
- Have the ability to provide a NHIN-compliant gateway, and to transmit NHIN mandated data through that gateway;

- Have a comprehensive patient identifier system to ensure ability to work within the county patient demographic.
- Have capacity to provide an integrated view of patient records from disparate sources

IV. ACCEPTANCE OF RESPONSES

LANES will accept all responses submitted according to the requirements and deadlines specified in this notice. Responses must be complete when submitted and should clearly describe the Respondents' ability to meet the requirements of the RFI & P and should address the questions detailed in this notice. LANES reserves the right to request additional information or clarification from a Respondent.

V. COST OF PREPARING RESPONSES

All costs incurred by the Respondent for preparation and participation in this competitive process will be borne by the Respondent. LANES will not reimburse any Respondent for any costs. Issuance of this RFI & P does not obligate LANES to award or issue a contract nor to pay any costs incurred by respondents for preparation and submission of their responses or for any other reason.

VI. Evaluation OF RESPONSES

Responses will be evaluated using the following weighted measure:

- 26% Technology Design**
- 17% Security**
- 13% Relevant Operational Technology**
- 8% Reporting Functionality**
- 15% Implementation Approach**
- 13% Organizational Viability**
- 8% Knowledge and Experience in Los Angeles Area Market**

VII. DISPOSITION OF RESPONSES

All documents submitted in response to this RFI&P become the property of LANES and will not be returned. LANES reserves the right to:

- Copy the response to facilitate review or use of the information;
- Use ideas or adaptations of ideas presented in the response;
- Correct any defect or irregularities in this RFI&P;
- Request modifications to any response to this RFI&P;
- Modify any specifications, scope or requirements in this RFI&P; and
- Extend or change deadlines.

VII. RFI & P RESPONSE FORMAT

A. Cover Letter

A cover letter on the Respondent's letterhead must accompany the response. This cover letter must be signed by an appropriately authorized representative of the Respondent(s).

B. Executive Summary

A summary of the Respondent's proposal no longer than two (2) pages shall precede the detailed response. This summary shall include a description of the technical approach, cost model and implementation timeline, as well as all contracting relationships.

C. Organization and Proposed Technical Solution Information

The Respondent's name and primary business address shall be clearly stated in the response. In addition, the following information shall be provided:

- The year the Respondent's company/organization was founded
- The current name and version/release number of the proposed technical solution (system).
- Number of staff employed by the Respondent's company and the number who will be directly associated with the software product? Provide a breakdown of staff according to the number involved with:
 - System Analysis and Programming (Development)
 - Marketing
 - Installation
 - Customer Support
- If your response requires collaboration with or inclusion of additional partner(s), those relationships should be detailed. If you have current formal relationships with these contemplated partner(s) those should be described.
- Contact information of the person responsible for answering any questions related to the response shall be provided.
- The Respondent's, and its partners if applicable, history in offering and developing the proposed HIE services, products or solutions.
- Relevant strategic, technical, financial, and operational roadmaps and plans as related to the proposed solution for the organization(s) included in the proposed solution; please provide such information for the: a) the next 0 – 6 months; b) the next 7 – 12 months; c) beyond 12 months.
- Any and all healthcare standards bodies or statewide implementation efforts that your organization are members of or have been involved with in the past 5 years- e.g., HITSP, NHIN CONNECT, CCHIT.
- A list of all 3rd party contractual relationships and a description of the relationship as related to the proposed solution.
- A list of customers currently utilizing the proposed product(s), including for each the number of providers enrolled, transactions, patients with access, and active users categorized by healthcare providers and patients.

NOTE: Responses to this RFI&P shall become the exclusive property of LANES. As a result of the firm commitment of all LANES participating members to conduct this solicitation with complete

transparency and objectivity, and because the County of Los Angeles is an official member of the LANES collaborative, disclosure of proposals submitted in response to this RFI&P may be required or permitted under the California Public Records Act, or otherwise by law, or as may otherwise be determined by the LANES governing board. Accordingly, Proposers should clearly identify those parts of its Proposal which they contend are and therefore should be treated as trade secret, confidential or proprietary. Any such sections of their proposal must be plainly marked by the Proposer as "Trade Secret," "Confidential," or "Proprietary." Sections so marked will be reviewed and, if justified as determined by the LANES governing board, will be redacted from any copies of their proposal that are released into the public domain.

LANES shall not, in any way, be liable or responsible for the disclosure of any such record or any parts thereof, if disclosure is required or permitted under the California Public Records Act or otherwise by law or determination by the LANES governing board. A blanket statement of confidentiality or the marking of each page of the Proposal as confidential shall not be deemed sufficient notice of exception. The Proposers must specifically label only those provisions of their respective Proposal which are "Trade Secrets," "Confidential," or "Proprietary" in nature.

D. Detailed Questions

In addition to the above information, provide specific and detailed answers to the following questions.

Section 1 – Detailed Questions listed in D.1 through D.12

Section 2 – Detailed Questions listed in D.13 through D.17

Section 1 : Due August 18, 2010 (with the cover letter and executive summary)

D.1. Enterprise Master Patient Index (EMPI) and Record Locator Service (RLS)

D.1.1 EMPI/RLS Data

D.1.1a - Describe how the EMPI/RLS is initially populated and how updates are handled as additional data is received.

D.1.1b - Describe any processes and interfaces that are utilized, including but not limited to any procedures around receiving updates to demographic data from different participating data sources.

D.1.1c - How should the EMPI/RLS connect with smaller MPIs in RHIOs, hospitals clinics or pharmacy networks that may have their own MPIs?

D.1.1d - How should it synchronize their respective indexes and exchange patient demographic records based on common identifiers?

D.1.1e - What are the scalability requirements of the EMPI/RLS solution to provide patient cross-referencing across these multiple sub-networks?

D.1.1f - How will the EMPI interface with the services proposed at the state level?

D.1.2 EMPI/RLS Algorithms

D.1.2a - Describe the matching algorithm strategy that you believe would be most effective for LANES.

D.1.2b - Can the matching algorithm be adjusted for different purposes (e.g., less specificity, more sensitivity)? If so, how would that be accomplished?

D.1.2c - Please describe processes involved, such as data-cleaning, standardization, pre-processing, blocking, etc.

D.1.3d - Also describe whether and how any manual processing would be necessary or advisable and provide estimates of FTE and required skills in order to accomplish such manual processing, given the volume of data expected.

D.1.3 EMPI/RLS Multiple identifiers and False Results

D.1.3a - How should the EMPI/RLS deal with multiple identifiers for the same patient or different formats for patient identification from disparate sources?

D.1.3b - How are false negatives and/or false positives identifications handled?

D.1.3c - How should the EMPI/RLS standardize multiple patient identifiers?

D.1.3d - How should the EMPI/RLS deal with changes in default data fields over time and how will it identify fictitious data records?

D.1.3e - What national standards should be employed to ensure reliable patient identification?

D.1.4 Record Retrieval, Aggregation, Duplicates/Conflicts and Incorrect Matches

D.1.4a - What search criteria are available to authenticated and authorized users in order to retrieve information regarding patients; and does the search include probabilistic logic related to name or other demographic search criteria?

D.1.4b - How will your EMPI/RLS aggregate patient clinical records from disparate sources?

D.1.4c - How will the EMPI/RLS deal with duplicate clinical records within a single facility or duplicate clinical records across multiple points of care?

D.1.4d - How will your EMPI deal with conflicting information from disparate sources on the same patient?

D.1.4e - What is your strategy if patients' records are matched incorrectly?

D.1.4f - How would you de-duplicate and integrate records located in diverse locations such as a provider's office, a regional health information organization and hospital repository?

D.1.5 Successful Implementations

D.1.5a - Los Angeles County demographics pose unique and significant challenges to patient matching. Please provide examples of successful implementation in similar multiethnic populations and how patient identification challenges were managed.

D.1.6 Type One and Type Two Error Rates

D.1.6a - Please provide the type one and type two error rates for projects currently implemented; ideally in multiethnic communities.

D.2 Master Provider Directory (MPD)

D.2.1 MPD Implementation

- D.2.1a - Describe your recommended approach to implementing and maintaining a Master Provider Directory of health care providers?
- D.2.1b - How would you implement a methodology for updating and correcting the directory to maintain the currency of information, e.g. with new National Provider Identifiers or licensing information from relevant licensing bodies?
- D.2.1c - Do you have procedures for receiving updated provider lists from different data sources (e.g., lab systems)?
- D.2.1d - If so, how is this accomplished and reconciled with the existing Master Provider Directory entries (e.g., via an interface and processing software or manually)?
- D.2.1e - If manually, please estimate how many FTEs, and describe the required skill set thereof, that would be necessary for any such manual processing or exception handling, given the volume of data expected.

D.2.2 Interaction with State Directory

- D.2.2a - How would the LA-based directory interact with a state level directory such as that found in the Cal-e-Connect?

D.2.3 Stored Information

- D.2.3a - What information do you store on each provider (e.g., what fields)?
- D.2.3b - Can information on physician specialty and/or specialty board certification be included in the MPD?
- D.2.3c - How would physicians within the same practice be linked or connected?
- D.2.3d - How would physicians with more than one office location be represented in the directory?
- D.2.3e - How do you ensure the information in the MPD is current, given that addresses in the federal government's National Provider Identifier database are often inaccurate?

D.3 Data Exchange, Data Source Connections, and Interface Engine

D.3.1 Data Security, Confidentiality and Integrity

- D.3.1a - What is your approach to ensure security, confidentiality and integrity of patient records being exchanged among diverse provider electronic health record systems?
- D.3.1b - How would you deal with the need to develop multiple interfaces for different electronic health record software in place?
- D.3.1c - What is the best approach to handling incoming data feeds?
- D.3.1d - Briefly describe the processing that occurs to the incoming data.
- D.3.1e - How would you monitor incoming data feeds to ensure continued connectivity and data flow?

D.3.2 Connecting to the HIE

- D.3.2a - Describe your approach for connecting health care facilities to the health information exchange.
- D.3.2b - If you will deploy NHIN Connect, please discuss how you will implement it.
- D.3.2c - If you have a similar, proprietary interface, please address that interface in your response.
- D.3.2d - How would you connect to federal government data sources or others who use NHIN Connect, when they become available?

D.3.3 Software Adapters and Components

D.3.3a - How does your solution allow for developers to create software adapters to connect existing health information systems?

D.3.3b - Can developers use components from other vendors?

D.3.3c - Can they substitute their own applications or integrate their own enterprise service components?

D.3.4 Consistency with National Security Standards

D.3.4a - How would you maintain consistency with national security standards for data transfer when developing the technical architecture of LANES?

D.3.4b - How would you standardize data exchange among multiple entities who are exchanging health data from various sources?

D.3.4c - How would you implement a secure and encrypted communication channel that meets HIPAA Security Rule standards?

D.3.4d - How would you implement the certification standards for interoperability from the Department of Health and Human Services?

D.4 Access Controls, Authentication, Authorization and Audit

D.4.1 Physician Registration and Control, Identity Fraud Monitoring

D.4.1a - How would you propose managing physician registration to the health information exchange?

D.4.1b - How would you validate a physician's license to determine if it is still active and valid?

D.4.1c - How would end user access be managed?

D.4.1d - What levels of control are available and what would you recommend? For example, do you recommend controls based on the level of role-based authorization given to a user, or a time window for permitting access to the health data for a particular patient (e.g., hospital admission triggers access for a period of 30 days), or a facility-based limitation (e.g., only clinicians affiliated with a particular care facility may access a patient who is being treated at that facility)?

D.4.1e - What mechanism would you use to create permissions for an authorized record owner to access, view, copy, or update his or her data?

D.4.1f - How would you carry out identity fraud monitoring?

D.4.2 Authentication of End Users

D.4.2a - Discuss your proposed approach to authentication of end users, including but not limited to one-factor versus two-factor authentication.

D.4.3 Direct Connections/Trusts/Credential and Privilege Management

D.4.3a - Discuss how direct connections to other systems would be handled (e.g., access by a user through a connected system such as a RHIO)?

D.4.3b - How would you handle the trust relationship between LANES and a local health information exchange or health care database?

D.4.3c - How would you handle credential management when a remote exchange server requests records from the state level health information exchange to authenticate?

D.4.3d - Can access be granted based on the reasonable assumption that the requesting server itself has authenticated all user requests prior to forwarding them to the requested server?

D.4.3e - How would you handle privilege management controls to specify the types of information that can be accessed by an authenticated server?

D.4.4 Role-Based Authorization/Patient Consent and Restrictions

D.4.4a - What capabilities do you have for authorization?

D.4.4b - What controls would you place on access to medical records relative to the level of role-based authorization given to a user, the role of the user, the setting in which records are requested, or the situations that pertain to accessing records?

D.4.4c - How would you track break-the-glass access and report the access and to whom?

D.4.4d - How would you handle data restrictions based on limitations determined by the patient?

D.4.4e - Please describe any patient consent tracking or management capabilities available.

D.4.5 Technical Architecture/Digital Signatures

D.4.5a - How does your technical architecture maintain audit controls to log queries for medical records across the network?

D.4.5b - Can it provide reports on: changes to security configurations or user access authority; additions, modifications or deletions to data as noted with a time stamp; successful versus unsuccessful logins by logins and IP addresses; and denial of service events?

D.4.5c - Can it provide an audit trail at the workstation, user, office, facility and institutional levels?

D.4.5d - Non-repudiation is proof that only an authorized signer could have created a signature. How would you employ digital signatures to achieve high levels of non-repudiation?

D.4.5e - How would you ensure that the information provided to an authenticated user was sent by the intended entity and not from another source?

D.4.5f - How can the sending entity verify that the requesting authenticated user received the information?

D.4.5g - How would you reconstruct the exact record viewed by the provider at the point of care for purposes of non-repudiation?

D.4.6 Opt-in and Opt-out Controls

D.4.6a - Provide examples of where you have implemented opt-in and opt-out controls.

D.4.6 b - Would control be at the record level or item level?

D.5 Security, Archiving, Back-Ups, and Disaster Recovery Plan

D.5.1 Security Approach and Safeguards

D.5.1a - Describe your recommended security approach and what security safeguards you would implement to protect against unauthorized access, use; modification; copying; disclosure; loss or theft of information.

D.5.1b - What mechanisms would you put in place for identifying and reporting a breach of information security and loss of protected health information?

D.5.2 Archiving Datasets

D.5.2a - What would be your approach for archiving demographic, record index and clinical message datasets contained in LANES?

D.5.2b - What is the best approach for accessing archived data following a disaster?

D.5.3 Disaster Recovery and Backup

D.5.3a - Describe your disaster recovery plan to ensure minimal disruption to availability of health data at point of care in the case of a disaster?

D.5.3b - How would your backup service support your disaster back-up plan?

D.5.3c - What testing and revision procedures would you implement for disaster preparedness?

D.5.3d - What data recovery and business restoration procedures should be implemented?

D.5.3e - What procedures would you follow for disaster testing compliance and disaster recovery?

D.6 Secure Clinical Messaging Platform, Electronic Results Delivery and Provider Messaging

D.6.1 Operational Sites and Message Integration

D.6.1a - Do you have any operational sites where you have taken information from multiple disparate sources through your EMPI/RLS aggregated the information and populated into an EHR and if so please provide the list of the clients who have received such services.

D.6.1b - How would your proposed system integrate clinical messaging with different transmission standards such as HL7, XML or web services?

D.6.2 Document Delivery Management

D.6.2a - How would your proposed results delivery service handle document delivery management?

D.6.2b - How would the service handle multiple messages for the same lab test, for example with a laboratory information system sending a preliminary report message for a lab panel, a portion of the lab panel complete, and then the final lab panel complete? Or would the results delivery service send only the final lab result to the physician?

D.6.2c - How would undeliverable clinical results be handled?

D.6.2d - Would the data source system have its own inbox for return of undeliverable clinical results?

D.6.2e - What standardization of the incoming clinical results should be done before they are delivered to the destination providers, for example LOINC standardization?

D.6.3 Clinical Messaging

D.6.3a - How would providers on the clinical messaging network forward clinical results to another provider across LANES?

D.6.3b - Could the provider attach a note, an image, documents not generated by the clinical messaging service or even multiple clinical documents to the message being forwarded?

D.6.3c - Is there a more structured way to send a patient's health data and other pertinent information for referral purposes, consults, or transitions in care?

D.6.3d - Please describe any work you have done involving electronic referrals.

D.6.4 Inboxes for Clinical Messaging

D.6.4a - What features of an Inbox for clinical messaging would be important to include?

- D.6.4b - What should be the capabilities for storing the clinical message documents in the system?
- D.6.4c - Could a physician set his or her own business rules for routinely receiving clinical documents?
- D.6.4d - What kind of alerts should be used to indicate that clinical documents are available or that a physician has not reviewed the clinical documents delivered?
- D.6.4e - What is the best method for archiving documents so that a history of the clinical message documents received would be available to the authorized physician?
- D.6.4f - Could the clinical messaging services enable message non-repudiation for both senders and receivers?

D.6.5 Public Health Alerts

- D.6.5a - What should be the capability for sending targeted public health alerts via the clinical messaging platform?

D.7 Provider Portal for Patient Lookup and Health Information Exchange Services

D.7.1 Provider Portals

- D.7.1a - Describe your solution for hosting a provider portal that will allow authorized and authenticated users to submit queries for patient information at the point of care?
- D.7.1b - How should the portal integrate with the Record Locator Service?
- D.7.1c - How should the portal handle real time queries to outside data sources that don't participate in the Record Locator Service index of records, in order to add to other clinical data for presentation in the patient look-up function?
- D.7.1d - How would the portal integrate with other functionality requested in this RFI & P(e.g., the clinical messaging platform)?

D.7.2 Data Aggregation and Normalization

- D.7.2a - How would you aggregate a patient's health information from other data sources and display the patient's full longitudinal record with source locations of the records?
- D.7.2b - How would you go about normalizing the data and/or standardizing it to enable the use of clinical decision support rules and/or comparisons of data from disparate systems in a coherent view of the patient's health history (e.g., mapping to LOINC standard to enable trending of lab values over time)?
- D.7.2c - What kind of patient summary should the portal generate on screen and for print?

D.7.3 Displaying Documents/Images

- D.7.3a - What types of clinical documents would you display in the portal?
- D.7.3b - Are there any limitations?
- D.7.3c - What are your recommendations regarding images (e.g., PDF, GIF, DICOM)?
- D.7.3d - How would the portal integrate with the Inbox for the electronic results delivery service?

D.7.4 Coordinating Access to Claims Records/Clinical Decision Support

- D.7.4a - How would you coordinate access to claims records among health plans?
- D.7.4b - How would you integrate administrative and clinical records collected from health plans, the Medicaid HIN and health care providers?
- D.7.4c - How would you provide clinical decision support and analytics relevant to health care quality, for example by showing trends over time?
- D.7.4d - How would a clinical decision support system integrate both claims and clinical data?

D.8 Quality Metrics and Meaningful Use Reporting

D.8.1 Meaningful Use Metrics and Reports

- D.8.1a - Describe the quality and operational metrics capabilities that you would support, including but not limited to any capabilities relating to achieving the meaningful use criteria specified by the Centers for Medicaid and Medicare Service/Department of Health and Human Services.
- D.8.1b - Briefly describe any reports available from the system or query capabilities already built in to the system that may be relevant.
- D.8.1c - What pre canned reporting structure and ad hoc reporting capability have you already built that is in operation?

D.8.2 Key Clinical Information and Quality Indicators

- D.8.2a - How would you deal with measures related to the capability to exchange key clinical information among providers of care and patient authorized entities electronically?
- D.8.2b - How would you ensure that the eligible professional or hospital performs at least one test of a certified EHR technology's capacity to exchange key clinical information with one other distinct certified EHR technology?
- D.8.2c - How would you integrate these measures with the requirements for HIE testing with LANES?
- D.8.2d - How would you support reporting of quality of care performance measures?
- D.8.2e - How would you provide real-time or near-real-time feedback regarding quality indicators for specific patients in inpatient and ambulatory care?

D.9 Public Health Reporting

D.9.1 Biosurveillance

- D.9.1a - How would your technical solution support biosurveillance through the exchange of appropriate health information among healthcare providers and public health authorities?

D.9.2 Syndromic Surveillance

- D.9.2a - How would your technical solution support the submission of syndromic surveillance data to public health agencies?

D.9.3 Public Health Case Reporting

- D.9.3a - How would you support Public Health Case Reporting to enable more efficient data capture at the point of care by optimizing the information delivery format and content?
- D.9.3b - How would you support reporting data from specialized databases such as the cancer registries, newborn screening registries, etc. held by the Department of Health?

D.9.3c - Would you implement software that automatically identified people with likely cases of a reportable disease, then ask the responsible provider to electronically send a case report incorporating information from the EHR?

D.9.3d - How would you support the identification of new or emerging public health disease or condition not currently a reportable disease?

D.9.3e - How would you support the monitoring of new vulnerable populations during a time of crisis or response, such as Haitian refugees or hurricanes victims?

D.9.4 Reporting Lab Results

D.9.4a - How would your technical solution support the electronic submission of reportable lab results to public health agencies in a real time or batch environment?

D.9.4b - Would you require use of standard formatting, such as Health Level 7?

D.9.4c - Would you require standardized laboratory order and result codes?

D.10 Ease of Implementation

D.10.1 Sample Project Plan

D.10.1a - Attach a sample project plan that includes typical project tasks, milestones, estimated timelines, and required resources (indicate if task is typically staffed with respondent-supplied implementation team, client team, or third party resources).

D.10.1b - Specify reference management procedures and tools used to track implementation timelines, manage and resolve issues, and maintain project documentation.

D.10.2 Implementation Services

D.10.2a - Indicate implementation services that are typically included and those that can be purchased on a fee basis.

D.10.2b - Describe the recommended technical and end user training / education including documentation, approaches, modules offered, and services that would be offered.

D.10.3 Third-Party Involvement

D.10.3a - Specify the amount of recommended involvement from any third-party to implement your proposed solution.

D.10.4 Scalable Deployment

D.10.4a - Describe how the system would be deployable to additional organizations in a scalable manner and the incremental technical, financial, and operational implications associated with system expansion at both data provider (federated) and administrative (central) levels.

D.10.4b - Describe the ongoing support and maintenance that will be necessary for your solution. Include the pricing and costs associated with each component.

D.11 Clinical Workflow Integration

D.11.1 Suggested Workflow

D.11.1a - Illustrate the suggested workflow for your proposed solution at the healthcare entity. For example, describe how your proposed solution works with the existing electronic medical record solutions already in place at hospitals and physician offices.

D.11.1b - Also describe how your proposed solution works in a facility with no existing electronic patient information.

D.11.2 Workflow Integration

D.11.2a - Describe any significant capabilities, experience or partnerships enabling clinical workflow integration, including messaging, rules and alerts.

D.11.3 Relevant Experience

Beyond the specific items mentioned above, succinctly describe your experience with:

D.11.3a - Patient centered medical homes;

D.11.3b - Clinical decision support;

D.11.3c - Gaps in therapy;

D.11.3d - Deviation from best practices;

D.11.3e - Predictive analysis;

D.11.3f - Integration with home monitoring (including but not limited to device integration), and

D.11.3g - Other capabilities supporting advanced clinical care models.

D.12 Performance

D.12.1 System Performance

D.12.1a - Describe the system performance for the proposed solutions. In addition to the items below, list any requirements and other factors that could influence performance of the system:

- i. Response time for a transaction (average, maximum)
- ii. Capacity (for example, the number of customers or transactions the system can accommodate)
- iii. Average system response time after user input
- iv. System safeguards that prevent users from severely degrading system performance or “hanging” the system (e.g., searches that return a large number of records)
- v. Provide system availability records and/or experience with the clients. Please include availability statistics for both scheduled and unscheduled downtime.

Section 2: Due August 23rd

D.13 Pricing

D.13.1 Cost Model

D.13.1a - Provide a cost model to purchase/develop, implement, and operate your proposed solution which includes your pricing model.

D.13.1b - Identify unit costs based on key variables such as data users, source systems, interfaces, and the pricing scales based on those key variables using the attached pricing schedule.

D.13.1c - For those items your company does not supply, but are needed to operate or implement the system, please provide the specifications for each component.

D.13.2 Resources

D.13.2a - Describe the anticipated resources (staff and other services) and costs required to support the development, implementation, and operations of your proposed solution to

supplement your proposed solution. Please differentiate between the data provider, data user, vendor, and system administrator components.

D.13.3 Deferred Payment Option

D.13.3a - Can your organization offer a deferred payment option for services rendered to LANES?

D.14 Sustainable Financial Model

D.14.1 Approach

D.14.1a - Describe your recommended approach for creating a sustainable financial model for the use of your product. Identify potential sources for funding and in-kind services.

D.15 Vendor Client Relations

D.15.1 Changing Vendors

D.15.1a - If LANES decided to change vendors in the future, what would be the process by which LANES would export its MPI and other data from your proposed solution, with the goal of importing it into a different HIE product?

D.15.1b - How long would this take?

D.15.1c - What kind of support would your organization provide for this process?

D.15.1d - How much human time and expertise would it take?

D.15.2 Contractual Terms

D.15.2a - What contractual terms do you propose (or have you used in the past) which govern ownership of the HIE's (i.e. LANES') data, access to copies of this data, and transferability of the data in the event of a failure of your system or withdrawal of LANES from your product?

D.15.3 Insolvency/Bankruptcy/Failure to Perform

D.15.3a - If your company/entity becomes insolvent, bankrupt, or fails to meet its obligations in the future, what happens to your proprietary source code (if any) and future use of your product?

D.15.3b - Is there an identified escrow system in place?

D.16 Vendor Financial Performance

D.16.1 Annual Financial Reports

D.16.1a - Provide your organization's last two annual financial reports and any other information that you consider important to understanding its financial viability.

D.17 Additional Information

D.17.1 Pertinent Information Not Addressed Above

D.17.1a - Please provide any additional information you feel is pertinent to your product or the health information exchange which has not been addressed in the questions above.