



REQUEST FOR PROPOSAL

HEALTH INFORMATION EXCHANGE

Release Date: December 5, 2008

Response Date: January 9, 2008

STATEMENT OF ACKNOWLEDGEMENT

I/We hereby acknowledge that I/We:

- Have read and understood the Request for Proposal (RFP) and that our response adheres to all guidelines outlined in the Information Requirements of the document.
- May be disqualified from the process if all the guidelines are not followed
- Acknowledge that I/We understand that the Information will form part of any future contract with ACCEL
- Understand ACCEL reserves the right to do business with anyone at anytime for any reason without further notice to us.
- Understand that capabilities described in the RFP will be considered as part of any contractual agreements made with the chosen vendor.

Company name: _____

Applicant name: _____

Address: _____

Director name: _____

Director's signature: _____

Date: _____

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PART 1 - RFP INSTRUCTIONS and PROJECT BACKGROUND

1.1 RFP INSTRUCTIONS

Issuing Office/ACCEL Contact

During the RFP process, all vendor contact with ACCEL and its employees shall be directed only through the Project Director named below. Communications of any form made to anyone other than the Project Director will be considered unofficial and non-binding on ACCEL.

All questions, and the RFP submission, should be directed to the following:

Attention: Sandra Dunn
ACCEL
El Dorado County Department of Health Services
931 Spring Street
Placerville, CA 95667
(916) 939-7039
sandadunn@mindspring.com

Response Content and RFP Review Process

Documents Requiring Signature

All vendors are required to sign and submit to ACCEL the **Statement of Acknowledgement** (that follows the cover page of this RFP). This document must be forwarded submitted to ACCEL with the vendor proposal. An authorized representative of the vendor organization must sign this document.

RFP Responses Content and Format

To meet the relatively short timelines to respond to the RFP document, ACCEL has developed a table format for responses. Please provide responses in the space provided for each question in the table cells.

Format of RFP Response – Response Procedure

Initial RFP responses are to be submitted in electronic format only. Please forward to the e-mail address provided above. Electronic format should remain in MS Word. Paper copies of the submitted Information, with applicable signatures, is be required for those companies that are finalists during this procurement process.

Selection Criteria for Vendor Responses

Vendor responses will be evaluated based on the following scoring criteria:

- Ability to meet vendor minimum qualifications (see below)
- Ability to meet system requirements
- Ability to demonstrate scalability
- Company "fit" with ACCEL short term needs and long term vision
- Company "fit" with ACCEL branding strategy/market positioning
- Ability to grow and quickly add new partners
- Implementation capability
- Ability to meet our timeline
- Services and support capability
- References
- Price
- Related matters such as security, ease of use, and flexibility
- Additional features available

Vendor Minimum Qualifications

- The vendor must demonstrate successful installations currently exchanging bidirectional data including EMR systems.
- The vendor must provide contact information for installed HIE systems for purposes of site visits and references.
- The vendor must also have an existing product and capabilities which can meet the needs established in this RFP.
- The vendor must have a suitable support system, finances, and longevity to meet the long term goals of the project.
- The vendor must have expertise in data exchange standards (i.e., HL7, Mapping, creating shared clinical data repository, creating master patient index, and infrastructure support such as setting up servers).
- The vendor must have experience with integrating disparate databases using HL7, XML, and other industry protocol standards.
- Vendor must demonstrate role-based security.

Anticipated Schedule

ACCEL anticipates that the project will be executed as a multi-phase, multi-year activity. Provided below is the initial schedule for Phase 1:

Task	Date	Activity
RFP Release	December 5, 2008	ACCEL releases RFP's to prospective bidders – bidders review and complete document
RFP responses due back to ACCEL	January 9, 2009	Electronic documents submitted to ACCEL
Finalists determined and notified	January 21, 2009	ACCEL to notify, via e-mail finalists
Finalists asked to meet with ACCEL	Week of January 26 th and February 3 rd	Demonstrations of product capabilities
"Winning vendor" identified	End of February, 2009	All finalist vendors will be notified by ACCEL of review results Pre-implementation plan and preliminary budget requirements developed
Contract awarded	April 15, 2009	Negotiations completed – contract signed
Initial implementation phase commences	May 1, 2009	Global design schedule defined – project tasks are commenced
First phase "goes live"	Dec. 15, 2009	Phase 1 system migrates to production

1.2 GENERAL TERMS AND CONDITIONS

RFP Modification

ACCEL reserves the right to make any modifications including postponing the date and time announced for receipt of RFP responses. Such modification may be made prior to the established date and time of receipt of RFP responses by notice and addendum to the RFP to all potential vendors.

Requests for Additional Information

Requests for additional information related to this RFP should be sent via email to the designated ACCEL contact. If a change or further explanation is deemed necessary by ACCEL, the ACCEL contact will notify all vendors in an addendum to the RFP. Meetings with or presentations by vendors may be requested by vendors or ACCEL to discuss additional information that will form part of the Information.

Incurring Costs

Neither ACCEL nor its agents are liable for any costs incurred by any vendor in connection with a vendor's response to this RFP.

RFP Confidentiality

Please consider all information contained in this RFP or provided during the review process to be confidential and proprietary. We expect this information to be used exclusively for developing your response to this questionnaire, and that you will use all reasonable efforts to limit dissemination or disclosure of this information to employees who are involved in the preparation of your response.

Information Ownership

The information and all supporting documentation submitted by any vendor or vendor's agent shall become the property of ACCEL unless the vendor specifically requests in writing that the information and documentation be returned or destroyed.

Acceptance and Rejection of RFP Responses

ACCEL will evaluate responses in accordance with evaluation criteria and processes, determined by ACCEL, in its sole discretion, to be appropriate. ACCEL reserves the right to select one or more vendors for additional information gathering and evaluation processes. Such processes may include, but are not limited to, additional vendor presentations and visitations by ACCEL representatives to vendor locations. Further, ACCEL reserves the right to accept or reject any or all response(s) to this RFP even if all of the stated requirements are met.

Cancellation

ACCEL reserves the right to cancel the proposed program implementation at any time prior to the execution of a written contract without any liability to ACCEL, if in its sole determination, its best interests would be served by doing so.

Information Effective Date

ACCEL requires that your pricing information remain in effect until July 2010.

1.3 PROJECT BACKGROUND

RFP Purpose and Objectives

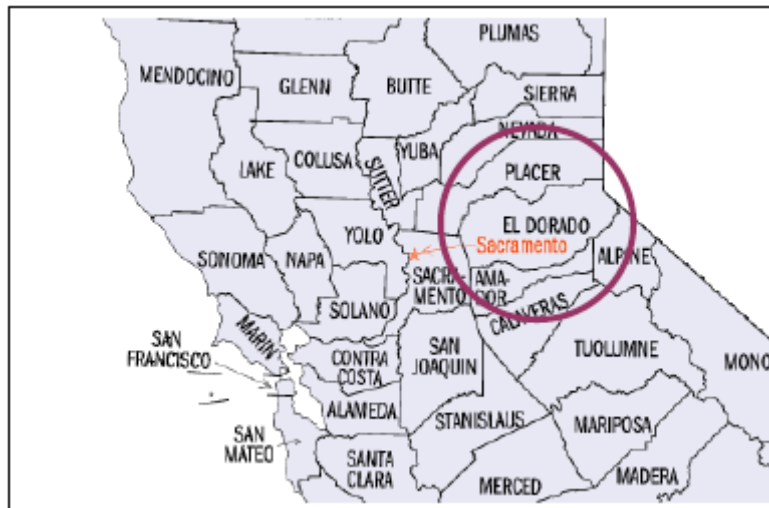
ACCEL is requesting information and a proposal from vendors to develop the health information exchange (HIE) in El Dorado County. PUT INFORMATION HERE ABOUT THE COUNTY.

The following pages provide instructions for the preparation of information that will enable vendor(s) to address the technical, financial, and legal requirements necessary.

About El Dorado County (EDC)

El Dorado County is a rural county that lies between the urban Sacramento area and mountainous Lake Tahoe, with a population of approximately 175,000. The county is divided by the Sierra Mountains, which separate the Eastern and Western Slopes. The Western Slope borders Sacramento County and shares some medical resources with this dense population. The Eastern Slope's primary population center is South Lake Tahoe.

Figure 1: Location of El Dorado County in California



About ACCEL- Background and History

ACCEL (Access El Dorado) is a community-wide collaborative among public and private agencies in El Dorado County, CA, dedicated to improving El Dorado County residents' access to quality health care. ACCEL seeks to create a stronger, better coordinated community health care system, especially within vulnerable populations, by identifying specific barriers to a healthy community, and developing systematic improvements and programs including the promotion of electronic health information exchange that include all organizational partners and which serve the entire community.

Members of ACCEL include:

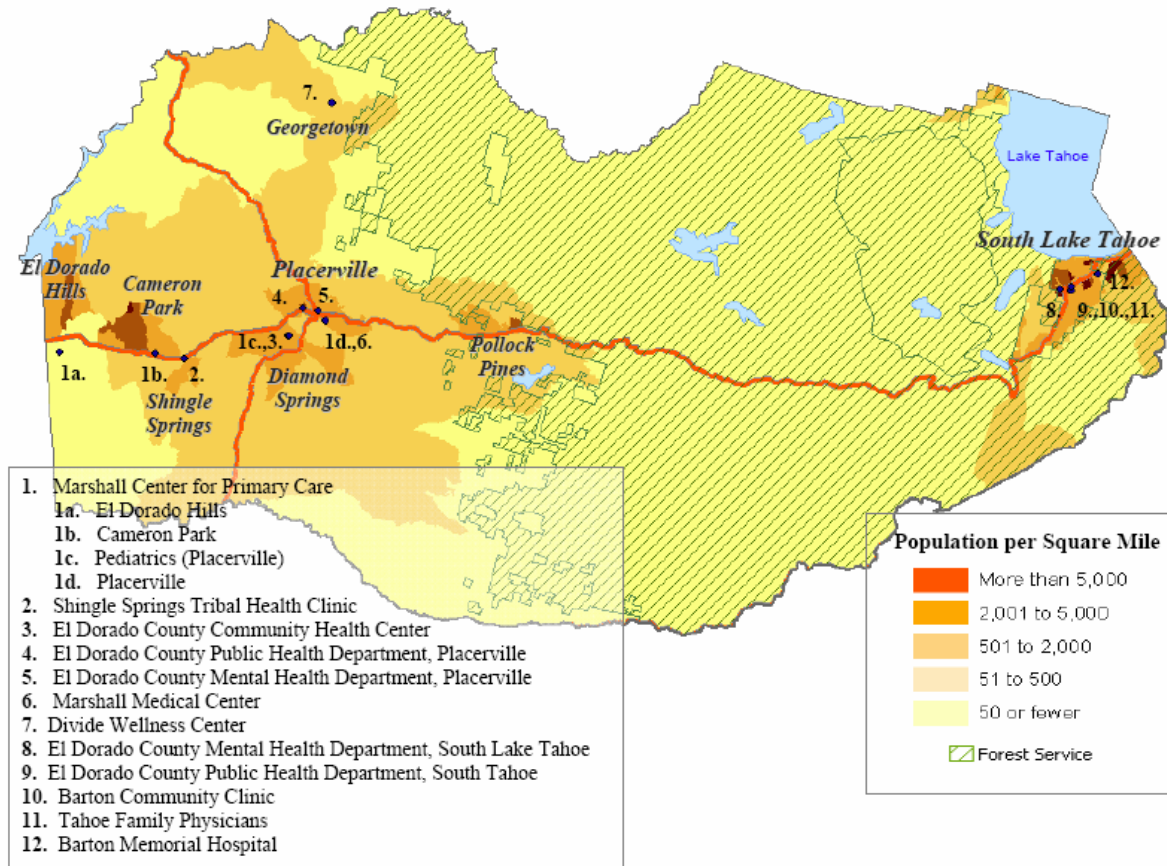
- El Dorado County Department of Health Services: Public Health and Mental Health Divisions
The Public Health Division offers a variety of community and clinical services including, but not limited to, communicable disease control and prevention, testing for sexually transmitted infections, immunizations, child care seat safety, substance abuse treatment and prevention and much more. The Mental Health Division services include outpatient clinics, psychiatric health facility, rehabilitation, day treatment and homeless programs, senior peer counseling and patient rights advocate. The Public Health and Mental Health Divisions provide services in Placerville and South Lake Tahoe.
- Barton Healthcare System (BHS) is a small community-based, independent, non-profit organization, which includes Barton Memorial Hospital, Barton Community Clinic (BCC), physician practices, skilled nursing facility, and other services. It serves the Eastern slope of the county as well as the ski resorts located in or near South Lake Tahoe. Unique to BHS is that it attracts and serves a population that is located between the California and Nevada border.
- Marshall Medical Center is a small community-based, independent, non-profit organization, including Marshall Hospital in Placerville which serves the Western slope of the county. In addition to the hospital, Marshall includes outpatient facilities, other services, and affiliated medical practices.
- El Dorado County Community Health Center provides medical and social supportive services to all who need them with specific focus on the uninsured, Medi-Cal, Medicare and under-insured populations. Physicians, Nurse Practitioners and Physician Assistants, a Psychologist, and a Client Advocate see clients from birth to centenarians. Clients who are uninsured pay a sliding fee scale according to their ability to pay. Center clients are hospitalized at Marshall Hospital when needed and obtain services of the Marshall Medical Center's diagnostic and other services.
- Shingle Springs Tribal Health Program is a community clinic providing modern medical services and showing respect for traditional medicine and ethnic beliefs.
- Practicing physicians in the county total to about 300. Many of these with privileges at one of the two hospitals may be called upon for occasional consult and are not regular staff. There are about 40 physicians regularly practicing at Barton and about 100 at Marshall.

In 2004, ACCEL was awarded a one-year planning grant with the Agency for Health care Research & Quality (AHRQ) to develop a plan for improving the health care quality in our community through the application of information technology. As a result of that effort ACCEL was invited to submit and was subsequently awarded funding to support a multi-year proposal to connect, countywide, disparate Health Information Systems. Through this connectivity, ACCEL: a) enabled and supported the system implementation of a cross agency case management program called Care Pathways, and b) developed a pilot EMPI currently being populated by the Barton Health System and the Public Health Department.

ACCEL is led by a multi-stakeholder steering committee, whom over the last four years, has demonstrated strong collaborative leadership as it strives to provide the best strategic guidance,

business decisions, resource allocation, and workgroup oversight in the development and successful operations of ACCEL programs.

Figure 2: El Dorado County and ACCEL Participants



Accel Vision

The vision of the ACCEL Health Information Exchange (HIE) initiative is to provide a county-wide system to coordinate and offer access to accurate and timely patient information to support quality and efficient health care. Through a confidential and secure HIE network, healthcare providers, with the appropriate patient permission(s), will be able to access patient information no matter where the patient is treated in El Dorado County. Aggregate and timely health data will be available to enhance public health surveillance, reporting, program management, and clinical/medical research. The project’s eventual goal is to link this network to the CalRHIO HIE.

ACCEL has identified a broad set of outcomes that it hopes to achieve with the HIE including improving treatment efficiency, stakeholder satisfaction, process efficiency, and community health. Each of these outcomes has been further described to reflect its impact upon the quality of care, financial opportunity, and community impact.

	Quality of Care	Financial Opportunity	Community Impact
Treatment Efficiency	<ul style="list-style-type: none"> Better response to medical emergencies Reduction in the frequency of negative drug interactions Improvement in interdisciplinary case management Movement toward more standard practices of care (evidence-based medicine) 	<ul style="list-style-type: none"> Reduction of duplicative services Reduction of costly errors Provision of treatment at earlier and less costly, intervention points 	<ul style="list-style-type: none"> Improvement of health for the community
Improved Stakeholder Satisfaction	<ul style="list-style-type: none"> Better consumer engagement in their care Improved physician satisfaction 		<ul style="list-style-type: none"> Employers benefit from healthier employee base Better retention of physicians in the county
Process Efficiency	<ul style="list-style-type: none"> Easier access to lab, radiological, pharmaceutical results and history 	<ul style="list-style-type: none"> More and different revenue opportunities Single entry of patient history and medical data Improved/higher reimbursement on pay for performance contracts 	<ul style="list-style-type: none"> Smoother flow of information among community
Community Health	<ul style="list-style-type: none"> Improve public health surveillance capabilities Earlier identification of acute infections and outbreaks 	<ul style="list-style-type: none"> Facilitate the steering of uninsured patients toward coverage options 	<ul style="list-style-type: none"> Support the opportunity for better county-wide program management

In order to achieve these outcomes, ACCEL envisions a rich data sharing environment. The key functionalities that will eventually be included in the ACCEL HIE include:

- Interfaces to exchange relevant information between hospitals, clinics, the County Public Health and Mental Health Divisions, ancillary services providers, physicians, and other stakeholders over time.

- A county wide common patient authorization form that decreases time of registrations for new patients and providers. This process has been developed to support the Care Pathways Program and the EMPI pilot and does support the HIE.
- Application of public health rules engines to data to identify outbreaks and enable earlier intervention and tracking of selected conditions and programs.
- Over the long term, develop and implement a personal health record that can be accessed by patients and providers and develop an interface with payers.

Project Scope

The goal is to create a countywide system that can link disparate information about a single patient no matter where the patient has been treated in El Dorado County and make that information available to a user with an EMR and also to those without an EMR. Barton Health Systems, the Public Health and Mental Health Divisions will be the participants in phase one of the HIE implementation.

The project will be implemented in three phases.

	ACCEL Participants	Go Live Date
Phase 1	Barton Healthcare System <ul style="list-style-type: none"> • Barton Hospital • Barton Community Clinic • Tahoe Family Physicians Department of Health Services <ul style="list-style-type: none"> • Public Health Division • Mental Health Division 	December 15, 2009
Phase 2	Marshall Medical Center <ul style="list-style-type: none"> • Marshall Hospital • Marshall Primary Care Physicians El Dorado Community Health Center Shingle Springs Tribal Health Program ACCEL Care Pathways Program Other medical groups TBD	2010
Phase 3	Possible extension to nursing homes and jails	2011

Data elements to be exchanged include:

- Patient demographics
- Medications prescribed and prescriptions actually filled
- Allergies and reactions
- Problem list (current & past); Diagnoses list may substitute for Problem list if no EMR
- Immunizations: Type and date
- Information on previous and/or current providers including mental health
- Test and/or procedure results
- Visit history
- Discharge summary(s)
- Advanced directives

Other HIE capabilities for implementation include:

- An EMR lite that can both send and receive information and present/organize that information in a "Clinical Dashboard" to an authorized user for providers without an EMR
- Ability to track specific identifiers/measures TBD to enable tracking of communicable diseases including the ability to recognize sudden increases in incidence and send health alerts to designated community stakeholders in a timely manner
- Ability to de-identify data for the purpose of incidence/prevalence analyses of chronic conditions
- Primary Care to Specialty Care to Primary Care referral consults

Vendors are invited to respond to this RFP with some flexibility. They may submit alternate proposals for implementation that may accomplish ACCEL's goals and needs that are cost effective and which would achieve greater adoption.

PART 2
RESPONSE SHEETS

VENDOR RESPONSE SHEETS

2.1 COMPANY OVERVIEW

Company Background and Demographics

Company Overview	Response
Name (date founded)	
Ownership structure (list owners and/or key subsidiaries)	
Headquarter address	
Office address that will support ACCEL	
Total # employees Please categorize: <ul style="list-style-type: none"> • Executive and Managers • Marketing/Sales • Installation • Research and Development • Technical Support • Customer Service • Other • Those with clinical background: MDs, RNs, other clinicians 	
Web Site	

Key Staff (Name, Contact Information)	
Key contact name	
Contact Telephone number	
Contact fax number	
Contact e-mail address	
Proposed project manager (name, title) and please include years of experience in this role	
Vendor ACCEL Project Team Please indicate: <ul style="list-style-type: none"> o Names and titles of specific staff and their contractor status o FTE commitment of each staff assigned 	

Financial Overview	Response
Annual revenue in last fiscal year	
Annual R&D budget	
Public vs. Private status	

Company Experience and Legal Documents

Company Experience	
Describe your overall experience with supporting HIE programs.	
Describe your experience with clients who are city/county/state government agencies vs. profit/nonprofit organizations.	
Legal	
Please describe any pending legal actions against you.	
Summarize how you comply with: <ul style="list-style-type: none"> • HIPAA privacy and security regulations • California and medical privacy information laws 	

REFERENCE ACCOUNTS

Please provide references for at least three clients, similar in size and general profile who are currently operational on the proposed system. References should include at least one reference that connects with commercial pharmacy data and another that connects to commercial lab data.

Please provide names of individuals who will have sufficient experience to speak knowledgeably concerning such issues as the implementation process, product functionality, vendor support, and documentation and training.

Please also provide a list of current HIE customers.

Specific Reference Account	Response
Name Date signed/operational Address Contact Name Contact Telephone number Contact e-mail address	
Name Date signed/operational Address Contact Name Contact Telephone number Contact e-mail address	
Name Date signed/operational Address Contact Name Contact Telephone number Contact e-mail address	

2.2 PRODUCTS AND SERVICES

Provided below is a Function requirements checklist. Please follow the instructions in the table for completing this particular section.

Column Header

Description/Valid Values

Response

“Yes” – If currently available

“Planned” - If available within a year

“3rd Party” – If currently supplied by another company – identify third party partner in Comments column

“Build” – willing to customize the product to support this function.

“No” – Not available and not planned within the next year

Comments and Clarifications

Used for the inputting of additional information that provides further clarity to your response – where appropriate, describe “how” a specific requirement is met.

When answering questions, please consider how your product will be utilized by all stakeholders (hospitals, providers, public health, mental health) in our community.

If the delivery of these items requires additional fees beyond what is being provided in the Pricing section of this document, please indicate accordingly

Functional Requirements	Response	Comments/Clarifications
1. Enterprise Master Patient Index (EMPI)		
<ul style="list-style-type: none"> Must have demonstrated real-life implementation in another community of similar population size to EDC or greater. 		
<ul style="list-style-type: none"> There should be a method in which contributor systems are able to populate the EMPI. 		
<ul style="list-style-type: none"> The virtual integrated patient record is created by linking records which meet or exceed set matching thresholds 		
<ul style="list-style-type: none"> If your model is decentralized, describe how your model will allow for linkages of patient records from across agencies 		
<ul style="list-style-type: none"> The EMPI should include a method to update 		

Functional Requirements	Response	Comments/Clarifications
information and to keep older information (previous names, addresses, phone numbers, etc.) to enhance the probability of creating a correct match.		
<ul style="list-style-type: none"> • Vendor must present their EMPI solution for review which should include <ul style="list-style-type: none"> ○ known duplicate rates and deduplication strategies, ○ how changes in names, address, etc. are handled ○ how conflicting information is handled (e.g. 2 different dates of birth, different spellings of name, etc.) 		
<ul style="list-style-type: none"> • Provide the ability to scan person's image for patient identification 		
<ul style="list-style-type: none"> • Give warning message for possible duplicates 		
<ul style="list-style-type: none"> • Must be able to merge records 		
<ul style="list-style-type: none"> • Provide ability to separate merged information back into individual records 		
2. EMR "lite" capabilities		
<ul style="list-style-type: none"> • Enable clinicians and other designated staff who do not have an EMR to have access to the virtual integrated patient record information and allow them to send and receive information on their patients 		
<ul style="list-style-type: none"> • Demonstrate that the proposed EMR lite has been fully and successfully deployed in at least one non-beta market 		
<ul style="list-style-type: none"> • Ability to populate and request available CCD (Continuity of Care Data) information 		
<ul style="list-style-type: none"> • Ability to request medication history from all participants <ul style="list-style-type: none"> ○ Compress repetitive information where appropriate (e.g. a prescription that has been refilled 4 times into a single line of information with a refill-4) 		
<ul style="list-style-type: none"> • Ability to request lab test results and graph/trend 		
<ul style="list-style-type: none"> • Ability to time-limit queries (e.g. request a medication history that encompasses prescriptions filled in the last 6 months) 		
<ul style="list-style-type: none"> • Ability to create and store user-created customized queries 		
<ul style="list-style-type: none"> • Ability to enter notes/scanned and/or attach patient reference files 		
<ul style="list-style-type: none"> • The system notifies requestor when access is blocked by the patient 		

Functional Requirements	Response	Comments/Clarifications
<ul style="list-style-type: none"> • E-prescribing <ul style="list-style-type: none"> ◦ Be able to do e-prescription, corrections, deletions, renewals, and report when the prescription has been picked up at the pharmacy (if the pharmacy can send the information) 		
<ul style="list-style-type: none"> • Be able to send lab and test/procedure orders to any lab or testing facility. 		
<ul style="list-style-type: none"> • The system should be able to send faxes or electronic messages to end points who choose to receive information in that format 		
<ul style="list-style-type: none"> • Have the flexibility to allow the user to easily identify and organize their patient information the way they want it organized within reason 		
<ul style="list-style-type: none"> • Be able to set different levels of access 		
<ul style="list-style-type: none"> • Have "break the glass" functionality whereby a clinician not previously granted access to patient information could gain immediate access to it. 		
<ul style="list-style-type: none"> • Ability to grant access to single patient file (for a consultant for example) 		
<ul style="list-style-type: none"> • Ability to automatically track who has accessed patient clinical information, and alert for inappropriate viewing 		
<ul style="list-style-type: none"> • Ability to create dictation/notes files 		
<p>3. Public Health Functions</p>		
<ul style="list-style-type: none"> • Ability to automatically track specific identifiers/measures TBD to enable tracking of: <ul style="list-style-type: none"> ◦ reportable conditions mandated by the state ◦ Other conditions TBD 		
<ul style="list-style-type: none"> • Ability to recognize/trend sudden increases in incidence of reportable conditions and send automated alerts to designated community stakeholders like Public Health in a timely manner 		
<ul style="list-style-type: none"> • Ability to de-identify data for the purpose of incidence/prevalence analyses of reportable conditions and preventable chronic preventable diseases TBD. 		
<p>4. Referrals</p>		
<ul style="list-style-type: none"> • Clinicians and/or their authorized users will be able to send a referral to another provider with a note about the patient as well as be able to forward necessary patient information including documents and results in the scenario where one has the EMR and the other has an EMR lite 		
<ul style="list-style-type: none"> • Clinicians and/or their authorized users will be 		

Functional Requirements	Response	Comments/Clarifications
able to track if the patient complied with the referral in the scenario where one has the EMR and the other has an EMR lite		
5. General		
<ul style="list-style-type: none"> The systems must be able to reconcile Continuity of Care Data (CCD) as appropriate when the information is derived from disparate data sources. 		
<ul style="list-style-type: none"> ACCEL must be able to brand the HIE solution 		
<ul style="list-style-type: none"> The system must be able to interface with participants' pertinent systems. 		
<ul style="list-style-type: none"> User authentication approach should have reasonable and appropriate measures to authenticate users. 		
<ul style="list-style-type: none"> The system supports secure and reliable messaging between individual providers 		
<ul style="list-style-type: none"> Ability to scan documents into the system and attach to a patient file 		

2.4 TECHNICAL DESIGN and OPERATIONAL REQUIREMENTS

Integration	Response
<p><u>Product Architecture</u></p> <p>Please provide a systems environment specification that outlines the server, networking and communication requirements of your product.</p> <ul style="list-style-type: none"> o Please include the data model (centralized, decentralized, hybrid) used in the back-end of the system o Please classify your system as either open or proprietary. 	
<p>Describe how your system can integrate data from non-HL7compliant sources</p> <ul style="list-style-type: none"> o Please include a description of your mapping capabilities 	
<p>Describe how your system allows developers to customize data structures.</p>	
<p>Describe how your system will support additional feeds from provider offices, pharmacy, labs, emergency rooms, hospital ADT, etc.</p>	
<p>Describe the vocabulary standards (national standards such as LOINC, Sno-Med, HL7, NCPDC, etc. or proprietary approaches) your system uses to support pharmacy, lab, and other clinical data.</p> <ul style="list-style-type: none"> o Describe your company's ability to adhere to standards such as HL7. 	

Hardware	Response
Describe the operating system, hardware/server platform, and database programming language that supports your proposed product.	
Please provide a recommended hardware configuration including adequate requirements for production, testing, and training environment databases.	
Describe where the system, software, and databases(s) are physically housed.	
Describe who developed your system solution and who owns it..	
Describe who owns and maintains the hardware for your solution.	
Describe any large scale enhancements or hardware or upcoming major operating system changes in detail.	
Describe patch and application upgrade procedures	
Describe any development and design tools that come with your solution and how they are used.	
Describe any equipment that an ACCEL participant must have so they can connect to your system.	
Describe your back up and recovery procedures.	
Describe your business continuity plan	

Security and Backup	Response
Describe what log-on capabilities are supported by your system. <ul style="list-style-type: none"> User ID/password Smart card, proximity card, or token device Other security controls/devices including biometrics Secure remote access 	
Describe how your system handles virus and spyware protection. <ul style="list-style-type: none"> Describe how virus and spyware protections may interfere with daily operations 	
Describe how your system can accommodate multiple users on a common workstation with easy log-off/log-on capabilities. <ul style="list-style-type: none"> Will your system automatically "log-off" users? How is this function controlled? 	
Describe functions which local IT staff can perform to change passwords at set intervals or according to organization specifications. <ul style="list-style-type: none"> Describe how user id's and passwords are created and managed. 	
Describe how system access can be configured to limit user access to patient records and functionality based on their role in the organization (ie role-based access).	
Describe the audit trail performed by your system including: <ul style="list-style-type: none"> log of all activity by a specific user, patient, function accessed, date/time, and data changes use of patient and employee searches to identify record access and edits 	
Describe what security is proposed for the host server including if the security "lives" behind its own firewall, yours, or one of the partners.	
Identify staff at your company who will have access to modifying security privileges and viewing privileges of data.	
Describe the system backup process including: <ul style="list-style-type: none"> automated backup features that allow rapid and unattended system and data backup operations on a user-scheduled basis; how it can be performed so that the system can be operational 24/7; the recommended backup schedule 	

Security and Backup	Response
Describe how your system is configured to support improved fault tolerance and system recovery (eg mirrored disk drives/servers).	
Describe data archiving and restoration	
Describe your company's disaster plan for operations, safety and security of data, and client service ramifications.	
Describe how your authentication approach would support patient/consumer access in the future.	
Describe how participant data sources can be securely stored and viewable only by the participant data contributor.	

EMPI	Response
Please describe your EMPI including. <ul style="list-style-type: none"> o record matching techniques such as rule based, statistical or a hybrid o how matching rules and probability levels are set including who establishes them o any external validation or calibration that has been performed for your EMPI and its accuracy 	
How are matching conflicts reported and handled when the system cannot locate a match?	
How can your EMPI be customized to meet the specific characteristics of EDC?	
How does your EMPI accommodate varying identifiers among different institutions?	
Describe how your system will record, document and display the patient's privacy choices to opt-in or opt-out .	

Viewer	Response
Describe the customization possible with your viewer/portal and who can perform the customization (either vendor or customer).	
Describe the user remote access (ie dial-in vs. internet) capabilities of your system solution including view-only vs. full function.	
Describe screen response time using the viewer.	

Report and Generation Tools	Response
<p>Describe any ad-hoc reporting writer utility of your system including:</p> <ul style="list-style-type: none"> o access to and ability to query all databases and data elements (including user defined fields) o If the report writer utility is native or a 3rd party solution o If the same report writer used for all applications and if not, indicate the differences. o If this solution is available for the aggregate community health record so that we can data mine and calculate statistics 	
<p>Describe 3rd party report writer software that can be used to access information within your system.</p>	
<p>Describe your reporting capabilities including:</p> <ul style="list-style-type: none"> o adhoc reporting that doesn't require vendor assistance. Please cite client examples. o the technical knowledge and training required for a general user to be able to utilize the adhoc report writer tool o the reporting capabilities available among various security levels 	
<p>Describe how your system could perform population health research by querying a large number of patient records meeting a specific criteria in order to establish group data</p>	

Documentation and Training	Responses
<p>Describe the general documentation (system and training) provided as part of standard installation; some examples are:</p> <ul style="list-style-type: none"> • Manager and user reference manuals • Operator/system administrator manuals • Hardware/OS manuals • Training manuals and exercises for initial training • Availability of documentation in hardcopy and on CD-ROM 	
<p>Describe how often your documentation is updated including:</p> <ul style="list-style-type: none"> • how often updates/new releases are made available to the user • format of documentation update ie memo, revised manuals, on-line CD, etc. • any charges for changes and enhancements 	
<p>Describe types of training offered:</p> <ul style="list-style-type: none"> • Training available for various personnel (end-user, systems administrator, installer, etc) • Training approach ie classroom style with an instructor, one-on-one, computer-based training, self study, etc. • Training materials ie manual and exercises for new user classes • Duration of training, location, associated costs and recommended number of people that should attend • Training when new software is upgraded 	
<p>Describe the testing database available in your system including the ability to load new software and test it in the testing database before it is loaded into the production system.</p>	
<p>Describe any regularly held seminars, user group meetings, and websites available to users of your system.</p>	
<p>Describe how enhancement priorities are</p>	

determined.	
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System support	Response
Describe system support that you provide including: <ul style="list-style-type: none"> • Normal support hours (specify time zone) • Dedicated help desk • Location of support staff • Support features including <ul style="list-style-type: none"> ○ Toll-free hotline ○ Remote monitoring ○ Remote diagnostics ○ Training tutorials ○ Web based support tracking • 24/7 software and hardware support • Support for any 3rd party software in your system 	
Describe response time for problems reported including: <ul style="list-style-type: none"> • During regular business hours • Off hours • Prioritization for fixing different levels of problems (eg by hours or days with a specific fix turnaround time or by other methods) • Any performance guarantees for correcting system and application errors 	
Describe your problem reporting processes including: <ul style="list-style-type: none"> • Problem reporting software and tools • List of outstanding problems and enhancements by client viewable on-line and downloadable 	
Describe your support process for evaluating and fixing "bugs" or problems in your software including how you coordinate problem analysis and resolution with other 3 rd party products.	
Describe the range and average for system downtime (scheduled and unscheduled) for your clients' systems.	
Describe what happens to requests that are made when the system is down.	
Please provide a guideline for the type of internal support that will be required by us to support the	

System support	Response
system including: <ul style="list-style-type: none"> the types of skills our support people should have the expected time commitment required local hardware that we will be expected to manage 	

Implementation	Response
Describe your company's anticipated role in the implementation	
Describe what role ACCEL will be required to take – if possible, describe the number of resources, FTE time commitment, and skill sets required	
Describe the roles of required third party during implementation (identify who they are and what role they play)	
Describe the testing support that is provided and/or responsibilities of ACCEL	
Describe the average timeframes required for implementation.	
Describe your experience with previous implementations. What have been the key variables that have impacted time frames/schedules?	
Please include a sample implementation plan.	

Other	Response
Describe your capability/vision for incorporating CPOE	
Describe the ability of ACCEL and its participants to extract data/information if this agreement were to be terminated.	
Describe your company's data ownership policies, and your business and/or marketing model as it pertains to access and use of the ACCEL patient data.	
Describe guarantees and warranties that you will provide for the proposed system hardware and software.	
Describe the impact software modifications have on warranties or guarantees	
Describe and estimate approximate activities and costs we may need to incur, not associated to your product specifically, that we should anticipate as part of our HIE implementation. Example: mapping and interface costs with other ACCEL participant existing technology vendors.	

2.4 System Requirements

Fields Groups for patient viewer (individual physicians will have all or some of these fields determine on rule based security specifications set by the providers)

- Demographics (always shown)
- Physicians-Providers (always shown)
- Medications prescribed and those filled (always shown)
- Allergies and Reactions (always shown)
- Diagnosis and/or problem list (always shown)
- Immunizations (always shown)
- Test and/or procedure results (shown upon user request)
- Visit History (shown upon user request)
- Discharge summary(s) (shown upon user request)
- Advanced directives (shown upon user request)
- HIE participation date and status (always shown)
- Care Pathways participation status (shown upon user request)
- Data blocked by provider (never shown or shared)

Additional fields not included above

Additional data for four common quality improvement and education goals TBD.

Data Sources: Please see County Electronic Survey of Applications

EMPI

- Capable of handling 500,000 patients and scaling to 1,000,000 patients
- User customizable matching parameters using rule based (deterministic) or statistical (probabilistic) methods
- Identifies names of duplicates and non-matches for reconciliation
- Provide initial recommendations for matching criteria
- Provide training/consultation to improve system
- Ability for the local system administrator to adjust EMPI confidence levels/parameters

Integration

- Integrate data across all partner platforms for available data groups defined above
- Integrate non-HL7 data sources

Data Processing and Records Management

- Retrieve data in real time feeds and/or batch feeds.
- Immediately posts partner data into the system whether in batch files or real time feeds
- Query and retrieve single patient data from a partner system that is not in the central repository if required by one of the partner systems
- Allows the system administrator to inactivate a specific patient's medical and registration information
- Remote access from web to full system of patient data
- Time to data retrieval under 2.0 seconds per user query

Auditing

- Provides full audit of users including data retrieved or processed, patient name, time, date, and tracking using cryptography, digital signatures, and certificates

Data Stream Interference and Back-up

- Provide full back-up of all data both within local system server and at an out of county or state location
- System restore within 60 minutes assuming no outside source is responsible
- Disaster plan with data storage in secure facility
- Unscheduled downtime under 60 minutes per month unless unusual circumstances occur
- No disruptions for system maintenance during weekday hours 7:00 a.m. until 7 p.m. local time

Messaging

- Provides the referral capability for one provider to send a note to another provider/or staff with a reply which references a specific patient record for referral to specific doctor, doctor group, or institution.
- Ability for doctors with relationship to patient to write notes on common limited record concerning a patient.

Dictionary/Adapters

- Provide catalogue of standards based interface utilities for all clinical, lab, pharmacy, and other systems specified in this project.
- Furnish all necessary adapters for all HL7 versions to map into local systems.
- Provides common medical language dictionary with translation of disparate languaging ability

Ad hoc reporting

- Allows local system administrator's role based permission to data mine the aggregate health data using a GUI drag and drop tool such as MS Access or Crystal Reports.
- Will provide special reports in a timely manner upon request.

Viewer

- Customizable data viewer which can expand the data types shown that are within the data system
- Accessed via web 24/7 by internet explorer
- Web portal loads at industry standards
- Ability to access viewer with latest version of Internet Explorer

Security

- Uses passwords or other methods which maximizes confidentiality and security at the local system level by user and local administrator
- The server side system environment includes full end-to-end virus protection
- The web viewer will support unlimited users using unique credentials to access the application from one workstation
- Local system control of access by role based permissions using user-id's and passwords
- Local intervals set for user automatic log-off to be set by local administrator

System Support

- Toll free hotline available 24 hours per day
- Remote monitoring
- Remote diagnostics
- Remote repair when possible

System Upgrades

- No charge for upgrades
- No charge for incidental software/programming updates which are needed to be compatible with general system upgrades
- Scheduled downtime and upgrades do not interfere with operations from 7 a.m. – 11 p.m. PST

Training

- Full training program for project training staff of six
- Full set of training manuals updated at no charge as changes occur
- Seminars, phone conferences, webinars at no charge

Hardware

- Provide a full list of hardware the vendor will provide and the location where this hardware is housed
- Provide a specific list of hardware that must be provided by the end-user in order to access and use the system.
- Provide full system architecture diagram

Administration

- Local control of security access rules, passwords, users, ad hoc reporting
- Installation of all software, successful test, and Go Live to user standards
- Oversee initial data download from agencies and establish real-time link into the system.
- Oversee data downloads from agencies until such a time as they are operating within operational limits

Privacy

- Compliant with all HIPAA, Privacy Act, and other related privacy measures including administrative, physical, technical, authorization security, and all other privacy related needs.

Source Code Escrow

The system source code shall be placed in an escrow account, which shall be released according to the terms of the contract between buyer and vendor.

ePrescribing System: Please see functional requirements section for capabilities

CPOE (Computerized Physician Order Entry system) Optional

2.5 PRICING STRUCTURE GUIDELINES

- Products must include a fully functional EMPI, integration engine, record viewer, EMR "lite" and any related products that are necessary to perform the functions as outlined in the requirements section of this invitation to bid.
- Price must be inclusive of the all the features in the system specifications unless specifically noted in the vendor bid
- Please describe in detail any related fees, such as interface, upgrades, system maintenance, and any other fees /and/or costs that routinely and customarily can be expected as a result of selecting your product. Indicate initial costs, ongoing costs, and expansion costs ie addition of new participants.
- Please provide a breakdown of your bid:
 - o total anticipated cost for implementation with all stakeholders and then specifically for phase one.
 - o by each of the component technical and organizational parts, should it be determined that the project will be purchased as components rather than as a whole.

	ACCEL Participants	Go Live Date
Phase 1	Barton Healthcare System <ul style="list-style-type: none"> • Barton Hospital • Barton Community Clinic • Tahoe Family Physicians Department of Public Services <ul style="list-style-type: none"> • Public Health Division • Mental Health Division 	December 15, 2009
Phase 2	Marshall Medical Center <ul style="list-style-type: none"> • Marshall Hospital • Marshall Primary Care Physicians El Dorado Community Health Center Shingle Springs Tribal Health Program ACCEL Care Pathways Other medical groups TBD	2010
Phase 3	Possible extension to nursing homes and jails	2011

- The vendor is encouraged to recommend/advise on functionality and multiple implementation and sequencing schedules based on separate cost models if it helps ACCEL achieves its goals in a more cost effective manner and results in increased adoption of the HIE system.
- A cost template is available for your use. However, please feel free to use your own approach to display your costs.

Total ACCEL Implementation: Phase 1 + Phase 2			
Specific Fees	Initial Cost	Ongoing Cost	Comments/Additional Explanation
A. PRODUCT FEES			
Product License Fee: Base Package			
Product License Fee: Opt Package			
TOTAL: Product License			
B. 3RD PARTY PRODUCT COSTS			
List/Define			
List/Define			
TOTAL: Third Party Software			
C. OTHER REQ'D TECHNOLOGY			
Hardware			
Database			
Other: (List)			
TOTAL: Other Req'd Tech			
D. PROF SERVICES COSTS			
Est implem costs – Supplier			
Est implem costs – ACCEL			
Conversion costs			
Interface costs			
Software modification costs including customization			
Process change costs			
Hardware maintenance			
Software maintenance			

Total ACCEL Implementation: Phase 1 + Phase 2			
Specific Fees	Initial Cost	Ongoing Cost	Comments/Additional Explanation
Documentation and training			
System support (describe)			
Intangible costs (describe)			
TOTAL: Prof Services Costs			
ESTIMATED GRAND TOTAL			

ACCEL Implementation: Phase 1 only			
Specific Fees	Initial Cost	Ongoing Cost	Comments/Additional Explanation
A. PRODUCT FEES			
Product License Fee: Base Package			
Product License Fee: Opt Package			
TOTAL: Product License			
B. 3RD PARTY PRODUCT COSTS			
List/Define			
List/Define			
TOTAL: Third Party Software			
C. OTHER REQ'D TECHNOLOGY			
Hardware			
Database			
Other: (List)			
TOTAL: Other Req'd Tech			
D. PROF SERVICES COSTS			
Est implem costs – Supplier			
Est implem costs – ACCEL			
Conversion costs			
Interface costs			
Software modification costs including customization			
Process change costs			
Hardware maintenance			
Software maintenance			

ACCEL Implementation: Phase 1 only			
Specific Fees	Initial Cost	Ongoing Cost	Comments/Additional Explanation
Documentation and training			
System support (describe)			
Intangible costs (describe)			
TOTAL: Prof Services Costs			
ESTIMATED GRAND TOTAL			