

HowardCenter



Request for Information
Electronic Health Record System (EHR)



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1 Introduction

1.1 Purpose

The purpose of this document is to inform interested suppliers of the information required to enable the HowardCenter EHR project team to select a short-list of suppliers who could potentially fulfill the procurement needs of their project. This RFI requests that the suppliers provide summary information (only) regarding the:

- Company (size, industry)
- Offering (products, training, documentation, support)
- Approach (method, timeframes, pricing).

1.2 Acknowledgement

Please acknowledge that you have received this document by sending a formal written letter of receipt to the contact within the project team, at the following address:

**Russell Stratton
208 Flynn Avenue, Suite 3J
Burlington, VT 05401**

If you do not formally acknowledge the receipt of this document within 10 working days of issue, we will not be able to review formally any subsequent supplier response.

1.3 Recipients

This document has been dispatched to known interested suppliers in the behavioral or healthcare software market.

1.4 Process

The process will be undertaken as follows. This RFI will be released to a particular market segment of potential suppliers. Suppliers must acknowledge receipt of the documentation and prepare a formal supplier response to be sent to the delegated contact within the project team. The project team will then review the supplier response against a set of pre-defined criteria and rate the response on its ability to satisfy the generic requirements stated in the SOW. A short-list of potential suppliers will be selected (with the highest awarded ratings) and formally notified. The short-listed suppliers will then be invited to take part in the RFP process, whereby they provide detailed information relating to the formal proposal. Supplier proposals will then be evaluated and a preferred supplier chosen. A formal contract will be negotiated with the preferred supplier and, if endorsed, the supplier will begin supplying the requisite product to the project. The following timeframes will be adhered to during this process:

- | | |
|---|--------------------|
| • Release documentation (RFI and SOW) | 08/31/2007 |
| • Closure date for receipt acknowledgements | 09/7/2007 |
| • Closure date for supplier responses | 09/14/2007 |
| • Review of supplier responses completed | 09/21/2007 |
| • Short-listed supplier notified | 09/28/2007 |
| • Unsuccessful suppliers notified | 09/28/2007 |
| • Begin RFP process | 10/12/2007. |



1.5 Rules

To ensure that the supplier response remains valid during all remaining phases of this process, the suppliers must adhere to the following rules:

- The supplier response must be accurate at the time of print and remain valid for the remainder of the process (as per the above timeframes)
- The supplier response must follow the structure of sections 2, 3, 4, and 5 below as applied to the SOW (section 6).
- Suppliers may work together to formulate one joint response; however, the full details of each supplier company must be included in the supplier response
- The supplier must keep all information (especially that described in the SOW) confidential at all times.
- Formal supplier responses should be sent to the following address:

Russell Stratton
208 Flynn Avenue, Suite 3J
Burlington, VT 05401

1.6 Questions

Suppliers can ask questions and receive answers about the process and timeframes by posing those questions to the project team contact's email address:

RussS@howardcenter.org

Questions will be answered within 2 (two) business days. Answers to questions beyond the scope of process and timeframe will be offered at the discretion of the project team, solely for the purpose of making material corrections / clarifications to all suppliers.

2 Company

2.1 Overview

List the information required to provide the project team with a generic understanding of the company. The following types of information may be required:

- Vision, objectives
- Size, location
- Number of years in operation
- Number of customers
- General Products offered
- Market segments operating within
- Level of knowledge of industry
- Level of knowledge of products offered
- Level of expertise in products offered.

3 Offering

This section allows the supplier to describe the products and other offerings of their business which they believe to be particularly relevant to the SOW. Note: This section does not require the supplier to define a particular *solution* customized to meet the requirements of the SOW; it simply requests a listing of the current market offerings made by the company which are relevant to the SOW.

3.1 Products

List the information required to provide the project team with a generic understanding of the products (including services) offered by the company. The following types of information may be required:

- Product name
- Product description
- Product activities (if a service product)
- Product purpose (i.e. its use)
- Product capabilities
- Product quality.

3.2 Training

List the information required to provide the project team with a generic understanding of the training offered by the supplier. The following types of information may be required:

- Products for which training is typically offered
- Methods of training available (e.g. one-to-one, classroom, train-the-trainer)
- Level of training available (e.g. beginner / intermediate / senior).

3.3 Documentation

List the information required to provide the project team with a generic understanding of the documentation offered by the supplier. The following types of information may be required:

- Products for which documentation is available
- Types of documents available
- Purpose of each document available.

3.4 Support

List the information required to provide the project team with a generic understanding of the support offered by the supplier. The following types of information may be required:

- Products for which support is available
- Types of support offered (e.g. 1st, 2nd, 3rd level support)
- Hours of support available.

4 Approach

This section allows the supplier to outline his/her proposed implementation approach. This includes the methods of deploying the products listed above as well as the timeframes for delivery. Note: This information is required at a summary level only.

4.1 Method

List the information required to provide the project team with a generic understanding of the delivery method to be taken by the supplier. The following types of information may be required:

- The method for delivery of the products offered
- The method for delivery of customizations
- The activities involved with training, documentation and support
- The activities involved with undertaking other project deliverables.

4.2 Timeframes

List the information required to provide the project team with a generic understanding of the timeframes offered by the supplier for the delivery of the products. The following types of information may be required:

- Approximate lead times on sourcing each product
- Approximate length of time required to deliver each product (from order request to order completion).

4.3 Pricing

List the information required to provide the project team with a generic understanding of the pricing proposed by the supplier for the delivery of the product offering. The following types of information may be required:

- Price of each set of related products (in bulk)
- Price of other offerings (e.g. development, training, documentation and support)
- Any other applicable costs (e.g. tax, freight, administration charges).

5 Other

5.1 Confidentiality

It is necessary to request that the supplier explicitly agree to confidentiality.

- During the course of this process, you may acquire confidential information relating to our business, project and/or customers.
- You agree to keep this information strictly confidential at all times (even after the project has been completed).
- You will not use or attempt to use it for your personal gain or for the gain of any other person.
- You may disclose confidential information only to the extent that such disclosure is necessary for the submission of a formal supplier response.
- This does not apply to information which must legally be disclosed or becomes available to and known by the public.

Note: If the supplier does not agree with the respective clauses, then s/he should explicitly state it within his/her response.

5.2 Documentation

List any other information required to provide the project team with the confidence that the supplier can meet the generic procurement requirements stated within the SOW. Examples of other documentation requested may include:

- Product specifications or marketing brochures
- Web site addresses for product listings
- Profiles of staff providing services.



6 Statement of Work

6.1 Strategic Business Partner

HowardCenter as a non-profit behavioral health provider in the state of Vermont has insufficient resources to independently develop, implement, and maintain a comprehensive EHR system that meets organization operational needs as well as satisfies evolving federal and local regulatory requirements. As such, HowardCenter seeks to align with a supplier that demonstrates leadership and vision in behavioral electronic health record systems design, and expresses that design in its product and service set as well as its relationships with its customers. HowardCenter has specific concerns about pending federal certification of EHR systems, and related to regional EHR data collaborations, so that strategic direction in these areas is particular interest.

6.2 Scope of Functional Requirements

HowardCenter requires software, implementation, customization, and support for its functions and operational areas that interact with information considered part of the patient / client record.

Summarily, these areas and requirements are defined as:

Registration / Intake

- Generally: Enable collection of demographic, financial and administrative data
- Specifically: Collect name aliases, referral sources, relationships, employment, housing, income, education, payers, coverage, co-pays; Assign a sliding scale fee based on income and family size; Define alerts / precautions / notes visible to others.

Scheduling

- Generally: Scheduling for patients, groups, and staff / resources.
- Specifically: Integrate with charge capturing system; Appointment search (on clinician criteria such as language, credentialing, demographics, etc.); Recurring groups; Alert to scheduling conflicts.

Call Center / Crisis

- Generally: Record first-contact inquiries, service requests, emergency calls.
- Specifically: Assign identified to caller; Flexible patient / caller search; Risk assessment tools; Track referrals; Transfer information to registration, scheduling, etc.

Front Desk / Reception

- Generally: Automate the patient flow in an outpatient setting
- Specifically: Display schedule; Track appointment status (no-show, complete, etc.) Clinician notification; Collect co-payments and print receipts; Alerts for service-level payer authorizations.

Caseload Manager

- Generally: Single access point for clinician access to schedules, caseloads, treatment plans, documents, services, reminders.
- Specifically: View of schedule; View of caseload summary; View of To-Do lists of documents to complete, sign and co-sign; View of To-Do lists of treatment plan tasks (complete, review, sign); Flag follow-up actions.



Treatment Planning / Clinical Documentation

- Generally: Automation of clinical processes (assessment, treatment planning, service documentation, care review, discharge documentation, etc.)
- Specifically: Structured treatment plan builder with symptoms, problems, goals, modalities, etc.; Multiple treatment plans per patient; Multiple sign-off for user roles (clinician, nurse, doctor, supervisor, etc.); Structured rules for treatment plan reviews; Other clinical documents - progress notes, assessments, reviews, summaries, etc.; Flow of data from treatment plan to notes to summaries.

Note: HowardCenter requires a significant number of different, yet normalized clinical documents to be created in order to support its numerous different programs – see section on customization below.

Billing and Accounts Receivable

- Generally: Produce paper and electronic billing, process payments, manage authorizations, enforce billing completion rules, manage AR and billing exceptions.
- Specifically: Coordination of Benefits with multiple payers; Contractual adjustments pre-bill; Paper CMS1500 & UB04; Vermont HIPAA-compliant 837 and 835 processing; Authorizations; Sliding-scale fee; Patient Statements; Manage individual AR accounts; Analyze AR at payer / plan / program / denial levels.

Reporting

- Generally: Provide for predefined and ad-hoc reporting, both within application set and externally (such as Crystal or SQL Reporting interface.)
- Specifically: Provide reports, and allow for the creation of additional reports, for supporting operational functions where reports serve that function (action and exception lists, etc.), supporting supervision (trending and performance reports, exception reports, etc.) and supporting research / quality assurance efforts. Given the evolutionary nature of reporting, database must be open to reporting. Also, reporting must be covered by security (security scheme applied, report use tracked, etc.)

Quality Assurance / Deficiency Management

- Generally: Provide for screen and system level rules that promote process and outcome quality and reduce deficiencies.
- Specifically: It is expected that system integrity will be based on screen-enforced rules wherever possible; further, tools or mechanisms that support user-defined rules are highly desirable; such tools should also track actions taken to address deficiencies and the escalation of those actions.

Imaging

- Generally: In recognition that not all of a historical patient record will be automated in the EHR, some capacity for scanning clinically-relevant paper-based material must be included.
- Specifically: A scanning / indexing capability, accessible by clinical staff from the context of the patient's EHR, should display images of external clinical documents, consents, patient-sourced communications, etc.

Pharmacy Interface

- Generally: Medication prescribing, pharmacy order transmittal,



- Specifically: Write e-prescriptions, monitor drug interactions / reactions / etc.; Access patients' medication history; Transmit legible prescriptions via electronic interchange or by fax; Present formulary alternatives; Refill prescriptions.

Remote Access

- Generally: HowardCenter conducts operations and assigns personnel to locations that are not directly connected to the agency's network, but need access to the EHR.
- Specifically: Staff in schools, nursing homes, residences, courts, etc: provide system or mechanisms for access to EHR and for conducting daily clinical processes while at remote sites.

Security

- Generally: HowardCenter is a HIPAA-covered entity in the behavioral healthcare field and as such requires HIPAA compliant EHR capabilities.
- Specifically: HIPAA-compliant EHR security including, but not limited to: role-based and organization-based schema; application use timeouts; patient record access and change tracking; structured, multiple staff access and signoff to clinical documents; password structure and change enforcement; database and system redundancies and reliabilities to meet HIPAA system availability standards; etc.

6.3 Scope of Clinical Document Customizations

HowardCenter has a paper-oriented health record, containing a number of forms now used by different programs for different, often multiple purposes. These forms were designed or derived historically mostly by program or service area, influenced by funding sources and State authorities. A survey of these forms summarized them as:

HowardCenter		
Number of Forms Study		
	Form Code	Number
Assessments	AS	34
Quality Assurance	QA	30
External Reporting	ER	30
Case Management	CM	29
Client Registration: Admission	AD	25
Discharge/Transfer	DT	24
Inbound Referral Management	IRM	22
Billing /Financial Information	BIL	20
Releases	RL	18
Internal Reporting	IR	18
Progress Notes	PN	17
Treatment Planning	TP	16
Client Registration: Eligibility	EL	12
Consents	CN	11
Client Rights	CR	10
Education/Vocation	EV	10
Medical Order/Medication Inf.	MO	7
Outbound Referral Management	ORM	5
Utilization Review	UR	4
Direct Clinical Client-Family Input	CI	3
Scheduling	SC	2
Life Domain Activities	LD	2
Total		349



These forms collectively are viewed to be the basis for new clinical documents in the new EHR, but there must be provision of services to assist in the normalization of these multiple documents to a smaller standardized set.

This standardized set of clinical documents would then serve as the basis for EHR clinical document creation / development / definition.

6.4 Scope of Hardware / Implementation / Training / Support

HowardCenter consists of 80+ programs at 50+ sites, employing 1100+ staff. See agency web site for organizational definition and background: www.howardcenter.org.

Of 800+ clinical staff, expect 300 maximum concurrent users, 80 of which are remote to the agency network, 10 prescribing medications.

HowardCenter operates a Microsoft NT and Windows client network. Current user base is roughly 600 PCs – half at Windows 2000 and half at Windows XP. Remote users do **not** have laptops. Citrix Metaframe is installed, currently to support 40 sessions. Agency has 30 NT servers, 4 of which are SQL servers. **Assume NO server capacity for supplier solutions.**

IT staff consists of a dozen staff, one of which is a technology trainer. Administrative office has one training room equipped with 10 stations. **Assume these resources available to EHR project, at 50% to 75% availability.**