MASSACHUSETTS eHEALTH COLLABORATIVE
EHR RFP FAQs – April 4-13th 2005

Please submit questions to RFP@MAeHC.org

Q1: Page 3 of the RFP states, "The pilot project will also provide support to hospitals implementing computerized provider order entry (CPOE) systems with the level of support determined by the individual circumstances of each participating hospital." Please provide details on what is meant by "support" in this statement and please indicate what you would anticipate being the range of level of support that would be required by the pilot hospitals.

A1: MAeHC will provide assistance to the pilot hospitals for their existing CPOE system implementation plans if the support will markedly accelerate the implementation time. The range and type of support will be determined case-by-case and after a detailed assessment and analysis, including the budgetary impact to the project overall. We will also draw on the institutional expertise of Collaborative member organizations to assist with CPOE implementation in the pilot communities.

Q2: Page 3 of the RFP states, "The goal of the pilot project is to assess the costs and benefits of community-wide EHR adoption from a number of perspectives…." Has a pilot project design and evaluation framework been developed, within which an EHR solution would fit? If so, can it be made available to the respondents? Is it part of the scope of the services being sought from the respondents?

A2: The Collaborative has a Pilot Evaluation Working Group which is developing a comprehensive evaluation program for the pilot projects. At a minimum, we will require that applications supply the same data elements, extraction function, and reporting capability as required for DOQIT. There could be further requirements as the evaluation plan gets finalized.

Q3: Can you provide the number of annual patient visits for all 3 pilot communities? Can you also provide estimated annual visits for each of the 3 hypothetical practices? Can you provide the number of concurrent users (peak # of users logged in simultaneously) expected for all 3 pilot communities? Can you also provide estimated concurrent users for each of the 3 hypothetical practices?

A3: The baseline information for the pilots is in Section III. Please base your proposals on that data and document any assumptions that you use.

Q4: What is being accomplished by implementing an EHR? Are you seeking better outcomes? Better health care? Physician satisfaction in their jobs? How does Disease Management play in the goals? How do the features and functions help the communities achieve its goals?

A4: The Mission of the Collaborative is to improve the safety, cost effectiveness, and quality of health care in Massachusetts through the promotion of widespread implementation and use of secure and confidential electronic clinical information systems, including electronic health records, medical decision support, and clinical data exchange capabilities. Please refer to Section I MAeHC Background and About Us on the MAeHC web site (www.maehc.org) for the goals of the Collaborative.

Q5: Is the intent of this RFP process to select one solution comprised of one or more vendors or to select a number of solutions to form a vendor-of-record arrangement? Are you looking for one system for all practice profiles, or for different ones for each practice profile, or perhaps for each community?

A5: The intent of the EHR RFP process is to select a small number of vendors that would have a preferred relationship with MAeHC. A slate of up to three vendors will be offered to each community, with the slate tailored to meet community preferences and needs. Each community model might vary. Some communities might select to implement a single system. It is likely, however, that some communities will choose different vendors to implement into different practices.

Q6: The *request for proposal* strongly suggests that the solution to an EHR is in the form of computers and software. What if the optimum solution includes a large component of service and non-software technologies? Is there a way to describe the desired goal without being so specific on the form of the solution? In other words, will solutions that reach the overall goal in a different way be considered in this RFP?

Will applications be considered from companies that are still in the development stage, assuming the parties offer a credible track record and expertise?

Are you looking for established technology, or new ideas? Are you looking for innovative approaches? Are you looking for new models of care with technology, or just technology?

A6: All submitted proposals will be considered however they must respond completely to the requirements within the RFP. Innovation and new ideas will be considered, but if they come without a proven track record of delivering successful solutions, they are unlikely to meet our selection criteria. Through this RFP, we are not requesting the development of new models of care.

Q7: Some vendors are unable to demonstrate equivalent customer base and financial muscle. How is MAEHC weighting each of the questions on the list? What are the minimum requirements for revenue, employees, years in business, etc?

A7: MAeHC will consider all of the information provided in the RFP. There are no minimum requirements for revenue, employees or years in business. However, MAeHC will look for vendors with the resources to adequately service and support the pilot communities.

Q8: Is a description and depiction of the broader architecture, into which the EHR solution would fit, available to provide to the respondents?

A8: The EHR must fit into the architecture of the pilot community and support the exchange of data among the community's healthcare providers. Each community may develop a variety of architectural approaches.

In addition to this intra-community exchange, a broader state-wide architecture is currently being defined by MA-SHARE. It is expected that each pilot community will connect to the MA-SHARE infrastructure. Please contact MA-SHARE (www.mahealthdata.org) for further details.

Q9: Do you have a preference for Hardware platform we would recommend - IBM, HP, Sun, etc.? Do you have a preference for the OS - UNIX, VMS, Linux?

A9: No, but the hardware and the operating system platform should be one that can be easily supported in small physician practices.

Q10: Section VIII identifies a number of integration requirements. For each requirement, please provide an estimate of the number of systems with which the EHR would be integrated.

A10: Within a community there could be any number of systems that would need interfaces. The minimum expectation within each practice would be for integration with a practice management system, 2 foreign EHRs, laboratory and radiology system, and hospital ADT systems. However this could vary depending on the practice and the community.

Q11: Is the requirement on RFP page 14 "Create clinical repositories (e.g., lab results, allergies) from information stored within the EHR" asking for a data warehouse/ reporting repository solution?

A11: The clinical repository describes the capability to store health information in a database to support the exchange of information with external systems via a services oriented architecture.

Q12: What is meant by the requirement on RFP page 14, "Move dictation from the EHR to the Transcription Service" Our understanding of the word, "dictation" is text that is output of the transcription service that is inserted into the EHR.

A12: The requirement is looking to understand the EHR system's ability to support dictation and how the capability is accomplished. This feature reflects the capability of some EHR systems to capture voice files (i.e., dictation) and ship them to the transcription service. The transcribed notes are then returned and uploaded into the EHR.

Q13: On page 15 and throughout the "Exchange Standards Checklist", HL7 3.0 is listed as a "future exchange standard". Do you mean for us to code Yes, if we will support in future? Or do you want to find out if we are supporting it currently?

A13: Please use the responses (0 thru 5) as outlined on page 13. If your product completely supports HL7 3.0 today score it as a 5; if it will completely support HL7 3.0 in the future respond with a 3, etc.

Q14: On page 16, for Images, under Vocabulary, do you want to specify a standard? Or did you intend to leave it blank and have the vendor indicate if there is a standard they support?

A14: It was intentionally left blank for the vendor to indicate if they support a standard.

Q15: On page 17, in the Implementation Requirements, you note that "MAeHC personnel will have minimal involvement in the implementation of vendor EHR systems at physician practices". Can you tell us more about how you envision the project structure?

A15: MAeHC will design the implementation strategy and oversee the implementation process for the three pilot communities. The specific structure and process will depend on the negotiation between the MAeHC, the community and the vendor.

Q16: Will there be a centralized body that is providing any support for implementation? Or is the intention that each vendor will work with each pilot site to facilitate the implementation?

A16: The Collaborative will be the centralized body setting strategy for and monitoring implementation planning and execution. We will negotiate specific implementation support packages with each vendor, the extent and nature of which will vary with vendor capabilities, community needs, and negotiation outcomes.

Q17: Do the pilot sites plan to have some staff dedicated to the implementation project? Or do they expect the vendor to staff and support all aspects of the implementation process?

A17: The pilot sites will have staff dedicated to the implementations but the vendors are expected to supply adequate staff and support as defined by each community's practice implementation strategy. As noted above, MAeHC will set overall strategy and work with the vendors to execute that strategy.

Q18: In the interest of MAeHC receiving RFP responses that facilitate effective comparison, would it consider a one-month extension to the response timeline?

A18: No. Applications received after the deadline of April 28, 2005 at 5:00 P.M. Eastern Time will be disqualified.

Q19: The opening sentence of Appendix C states, "If the Collaborative selects Vendor to provide the services and/or the software, interfaces, documentation and other materials ...". This suggests that you will consider a partial response. Will you consider a services-only proposal, i.e. for Integration/Interface, Implementation, and/or HIPAA Standards services?

A19: This RFP is specifically for EHR applications, functionality and services. There will be an additional RFP for implementation and integration services in the near future.

Q20: Appendix C, Section 8 states that prior written consent of the Collaborative is required for the Vendor to perform any Services outside the United States. Under what circumstances or conditions will you permit the use of offshore services?

A20: The Section specifically requests prior written consent. All proposals will be considered on an individual basis.

Q21: Should the written questions be repeated in the response document? If so, is the page length restriction still the same for that section?

A21: Written questions do not need to be repeated but please include the Section and Question number within your response.

Q22: Are the required attachments apart of the page restriction for that particular section?

A22: Each section has specific details for page restrictions. Please refer to the RFP within a particular section.

Q23: Are the following the only required attachments?

a. Attachment A – Recent Financial Statement
b. Attachment B – Diagram of Network Topology or Software Architecture
c. Attachment C – Support Service Agreement
d. Attachment D – Sample Implementation Plan
e. Attachment E – Sales Contract and License Agreement

A23: In addition to completing the statements, descriptions, worksheets and questions, the following are the required attachments:

- Section IV – Financial Statement
- Section VII – Diagram of Network Topology or Software Architecture (optional)
- Section IX – Support Service Agreement
- Section IX – Sample Implementation Plan
- Section XI – Sales Contract
- Section XI – License Agreement

Q24: You mentioned an additional RFP for implementation and integration services, when should we expect that RFP?

A24: MAeHC hopes to release that RFP in approximately 6 to 8 weeks.

Q25: On page 20 of the RFP under Telecommunications/Connectivity services you request the vendor to identify and price the services. Since the vendors don't supply these services, what are you expectations?

A25: If your solution requires telecommunications or connectivity (i.e. internet access), please provide the specifications that are needed. If possible, please estimate the cost for the pilot locations.

Q26: On page 21 of the RFP under Data conversion you mention key data to be converted. Key data can vary by practice so what should be used to estimate the cost?

A26: Please estimate your data conversion costs based on your experiences and document any assumptions that you use.

Q27: Will you accept an RFP from a collaboration of vendors?

A27: Yes however one vendor must be designated as the primary vendor and would be responsible for the fulfilling the Master Agreement.

Q28: This RFP requests EHR implementation services, why would you release another RFP for those services?

A28: We anticipate there might be a requirement for more implementation services in some areas where vendors cannot meet the needs completely. We may seek additional resources to supply those services.

Q29: On May 23rd will you be choosing the 3 preferred vendors for each of the communities, totaling 9 vendors?

A29: On May 23rd we will be selecting somewhere between 6 to 9 vendors which will be the selected vendors that MAeHC will present to the communities.

Q30: Do you expect vendors will need to demonstrate their systems by May 23rd?

A30: The Collaborative anticipates the need to collect supplementary information to identify the selected vendors. Further information or clarification may be requested regarding pricing, implementation services, integration capabilities, etc. In addition, we may request screen shots or product demonstrations. This will be determined based on the quality of the responses.

Q31: Is the RFP limited to vendors with experience in Massachusetts?

A31: No. MAeHC will consider all potential vendor responses.

Q32: Can the response be in Adobe Acrobat?

A32: Yes.