

RFI 2018-12 -- Electronic Health Records -- Official Responses to Questions

Question Number	Section	Questions Received in Writing	DOCCS' Responses to Questions
1	General	What is the budget allocated for this project?	Response not warranted for an RFI.
2	General	What is the expected timeline to deliver this project?	Unknown at this time.
3	General	How many users are expected to use this system concurrently and in total?	~150 Physician/Extenders, ~1200 Nurses, Additional Support staff/ Central office staff/ claims Verification/Utilization Review (KEPRO). Probably no more than ~200 additional users. Concurrent users would be a fraction of the total – probably no more than ~650 at once
4	General	It is our understanding that not all specialties will be covered in one solution. Will department/agency be open for components integrated with a core system. This may also require the custom development.	It was our understanding that all specialties would be covered in the purchased solution. It seems possible that a core solution that has different component modules that are tied to it may be able to meet our needs.
5	General	Are there any technology/platform preferences for solution?	DOCCS prefers a web-based, hosted solution. If the vendor proposes a DOCCS-based solution, note that DOCCS operates a thin-client environment (Citrix / VDI), with no software running on individual desktops; any proposed solution must be capable of running in this environment. The vendor would be responsible for providing the hardware necessary to install the solution within the DOCCS environment. This would include database servers, application servers, and any other hardware necessary to utilize the solution. DOCCS would work with the vendor to ensure servers meet the specifications of DOCCS IT environment.
6	Section 1.0- Introduction (Page #2)	<p>“In the introduction section, a long list of specialties has been mentioned. It consists of specialties like Audiology, Cardiology, Dialysis, Magnetic Reasoning Imaging, Neurology, Neurosurgery etc. ...”</p> <p>Will the proposed system need to support the entire workflow (of data entry, reports, interfaces) for all the listed specialties?</p>	<p>Yes.</p> <p>Specifically note that the system must accommodate scheduling and clinic scheduling of all these specialties.</p>

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7	Section- 4.0 Information requested (Page #3)	<p>“Support integration with community providers and Regional Health Information Organizations (RHIO) that are using a different EHR system.”</p> <p>What level of integration is required? Unidirectional integration where the new EHR pulls data from different EHR systems OR bi-directional integration where the new EHR system will pull and push the data from/to different EHR systems. How many EHR systems are there for which integration will be required? Will these HER systems provide any web services or interfaces, that the proposed EHR system could use for integration purpose?</p> <p>Do these EHR systems support HL7?</p>	DOCCS does not currently have any electronic integration with community providers and/or Regional Health Information Organizations. Vendors should provide information on their capabilities in this area.
8	Section- 4.0 Information requested (Page #3)	<p>“Support medical device integration such that data are incorporated seamlessly from DOCCS and outside provider’s medical devices into the EHR” How many different types of devices will be integrated? Please provide interfacing details of such devices.</p>	DOCCS does not currently have any electronic integration with medical devices used by our population. Vendors should provide information on their capabilities in this area.
9	Section- 4.0 Information requested (Page #3)	<p>“Support Telehealth” Please provide more details on the telehealth support mechanism. Will the telehealth providers be just internal providers (belonging to DOCCS) or outside providers as well? Will the providers utilize this system (the proposed EHR system) for audio and video calls?</p>	Outside providers as well. DOCCS contracts with Erie County Medical Center (ECMC) for telehealth services and contracts with specialists for various specialty care services.
10	Section- 4.0 Information requested (Page #3)	<p>“Support population health analytics and management” What is the scope of this requirement? Does the agency already have analytics capabilities which will be used with solution?</p>	Reports must be available to be run population wide on: problem list entries, referrals, appointments, other documentation etc. The agency currently has reporting capabilities – but lacks automated analytics capabilities.
11	Section- 4.0 Information requested (Page #3)	<p>“Improved Predicative Modeling from clinical data” Please provide some examples for clarifications on predictive modeling and the business rules required.</p>	It is a goal to be able to leverage our data to lead to better health outcomes for our population, but as of now, we do not have specifics to respond to this question.
12	Section- 4.0 Information requested (Page #3)	<p>“Business intelligence for better clinical and financial management” How many reports will be required? Please provide category wise number of report required.</p>	Currently we have hundreds of reports available from DOCCS’ Clinic Scheduling System (FHS1). Many reports will need to be mirrored. Categories range from population health demographics to type of service based statistics to reports of scheduled and completed health encounters.

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13	Section- 4.0 Information requested (Page #3)	<p>“Interested entities should provide solutions that can integrate with our current legacy systems. Identify how your solution would integrate with:</p> <ul style="list-style-type: none"> • KALOS CIPS 9 (Pharmacy Management Software) • Nextgen DXScript • McKesson Pharmacy Automation Hardware • Bioreference CareEvolve • Legacy Digital Imaging systems • DOCCS Legacy Mainframe Systems” <p>We would like to know more about the technology and data sources of these legacy systems. Are there any web services available for integration? Will it be a uni or bi-directional integration?</p>	<p>These legacy systems all have a variety of interfaces available for integration. Integration specifics are not available at this time, but would most likely be available should DOCCS choose to pursue an EHR solution.</p> <p>Directionality of integration is mixed. Some solutions would ideally be bi-directional (KALOS CIPS 9, DXScript, McKesson). Others would most likely be unidirectional.</p>
14	Legacy Systems	<p>Are there any legacy systems used to support present operations? If yes, we would like to know what are these systems and what are the problem areas with these systems?</p>	<p>DOCCS maintains an IBM mainframe-based system containing 25+ years of legacy data in a DB2 relational database. The medical system is inmate centric and focuses on medical problems.</p>
15	General	<p>In regard to this RFI, can you tell me if the vendor is responsible for the hardware (storage) required for the software?</p>	<p>For a non-hosted solution, the vendor would be responsible for providing the hardware necessary to install the solution within the DOCCS environment. This would include database servers, application servers, and any other hardware necessary to utilize the solution. DOCCS would work with the vendor to ensure servers meet the specification of DOCCS IT environment. DOCCS operates a thin-client environment, with no software running on individual desktops; any proposed solution must be capable of running in this environment.</p>
16	General	<p>Our firm does not offer technical products (i.e., hardware and software). As a services firm, we assist clients with EHR search and selections, EHR implementations and process reengineering to maximize the benefits they receive from their EHRs. We are vendor neutral – we assist clients using a broad array of EHRs. We, and our clients, find that successful EHR projects depend less on the specific EHR chosen and more on the quality of the implementation of the EHR – including organizational change management, governance, workflow optimization, clinician adoption and knowledge transfer. Thus, would the department consider a response to the current RFI from a firm such as ours, or do you plan to release a separate RFI/RFP for these services?</p>	<p>DOCCS is only looking for responses that relate to the product/services described in the RFI at this time. Attachment A is the required response format.</p>
17	General	<p>Approximately how many end users will need to access this solution at any one time? Is a 'named' user licenses a requirement or will 'concurrent' user licenses be enough?</p>	<p>DOCCS would prefer an agency enterprise license. Individual user licenses is not desirable.</p>

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18	General	Will there be an option to propose an on-site solution?	Refer to response for Question #5.
19	General	Are you currently using a platform for your business intelligence reporting? For instance Power BI?	DOCCS does currently utilize a business intelligence or analytics tool.
20	General	Are there specific scanners that would be used for scanning (make and model)?	Currently, make and model vary, so no.
21	Section 1.0 Introduction (Page #2)	Of the approximately 1 million total annual DOCCS outpatient primary care visits, how many are specifically dental visits?	It is a low percentage and is estimated under 10%.
22	Attachment A – Part 3 Solution Approach #4.b (Page #6)	Under System Functionality, we would like to clarify if “custom content” refers to training, product literature, or customization to the system in general (i.e., templates, dashboards, etc).	It refers to all aspects listed to tailor this to DOCCS needs.
23	Attachment A – Part 3 Solution Approach #4.c (Page #6)	Under System Functionality, we would like to clarify if “language translation” is specifically referring to product literature and training materials, or the full language translation ability available within patient materials (such as the after-visit summary, health education materials, patient portal, etc.).	Yes, preferably to full language translation and adhering to NY Executive Order #26.
24	General	How many total EHR users are there in the DOCCS?	Refer to response for Question #3.
25	General	How many concurrent users?	Refer to response for Question #3.
26	General	Please identify the staff breakdown: a. # medical providers (MD, NP, PA) b. # psychiatry providers c. # psychology providers d. # mental health professionals e. # nursing staff (RN, LPN, MA) f. # radiology staff g. # laboratory staff h. # HIM staff i. # Dentist j. # dental hygienists	Refer to response for Question #3.
27	General	How many medication prescribing staff does DOCCS have?	Approximately 150.
28	General	Does DOCCS prefer a 'Big Bang' rollout to all sites at once or a phased site rollout approach?	DOCCS prefers a phased implementation approach. Roll-out would occur at 1 facility selected based upon its ability to pilot all functional aspects of the proposed solution.
29	General	Expected time frame for implementation (start to finish of roll out)?	The vendor should propose an implementation schedule. However, DOCCS would expect complete implementation of all functions at all facilities in no more than 9 to 12 months.

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30	General	Does DOCCS prefer a customer or vendor hosted solution?	Refer to response for Question #5.
31	General	Does DOCCS have a legacy EHR vendor? If so, who?	No.
32	General	If DOCCS does have a legacy EHR vendor, will there be any migration of clinical or demographic data from the legacy system to the replacement system?	Not applicable.
33	General	Is there WiFi in any of the medical facilities and medication distribution areas?	No.
34	General	What length contract in years does DOCCS want pricing based on?	5 Years.
35	General	How many optional add on years does DOCCS want pricing for in the proposal?	2 Years.
36	General	Are the 35,500 parolees supervised throughout seven regional offices to receive medical care in addition to the 54,000 inmates held at the 54 DOCCS facilities?	No.
37	General	How many facilities will need to be supported at go live? There are 54 outpatient clinics, 31 infirmaries and 5 Regional Medical Units. Are the 31 infirmaries and 5 RMU's inside the 54 outpatient clinics?	There are 54 correctional facilities. Within the facilities, there are 31 infirmaries, 5 RMUs, and 54 outpatient clinics.
38	General	What length contract in years does DOCCS want pricing based on?	5 Years.
39	Attachment A – Part 1 Business Information (Page #1)	What is meant by continuity management plan?	A continuity management plan is a plan to help ensure that business processes can continue during a time of emergency or disaster. Such emergencies or disasters might include a fire or any other case where business is not able to occur under normal conditions. This is also known as Disaster Management.
40	General	Does DOCCS have any legacy data that has to be migrated into the new EHR?	Yes.
41	Attachment A – Part 3 Solution Approach #6 Technical Design (Page #6-7)	What is meant by physical security features, dimensions?	This references the physical security features/dimensions of any physical devices that would be a part of your solution.
42	General	Does DOCCS prefer a Train the Trainer concept or is the vendor to train all DOCCS staff?	Train the Trainer.

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43	General	<p>What is the total End User population by location that will be impacted by the EHR implementation and need to be trained? Is there any overlap in the facilities below? (54) State Facilities (7) Regional Offices (54) Outpatient Clinics (31) Infirmaries (5) Regional Medical Units (RMU)</p>	<p>The 54 State Facilities house the 31 infirmaries, the 5 Regional Medical Units, and the 54 Outpatient Clinics. The 7 Regional Offices do not need training. All others need EHR implementation. For total populations, refer to #3.</p>
44	General	<p>Is there an internal Learning Organization that will own any aspect of the development and or delivery of training?</p>	<p>No.</p>
45	General	<p>To what degree have relevant current business processes been documented? What is the level of business processes and procedures standardized across DOCCS?</p>	<p>Health Services utilizes a policy and procedure manual, clinical practice guidelines and provides health care equivalent to community standard.</p>
46	General	<p>In order to facilitate End User awareness and adoption as well as an input into training development, "Current State" and "Future State" processes are typically assessed, and gaps / differences are used integrated into End User messaging and training content. Is this work being considered?</p>	<p>That work could be considered.</p>
47	General	<p>Will modifications to the business processes be factored into activities parallel to the design and build system activities? Will DOCCS own this work?</p>	<p>Only to the extent that the Vendor can identify quality improvement potential that DOCCS agrees with.</p>
48	General	<p>Is there a central HR system (HRIS) that includes names and job roles of all end users? If so, how well do current job roles map to employee job responsibilities?</p>	<p>Yes. There is approximately an 80% match to job roles/responsibilities.</p>
49	General	<p>Are there competing priorities and projects during the timeframe of the DOCCS EHR Implementation that we should be aware of?</p>	<p>Implementation of EHR will be given priority within DOCCS.</p>
50	General	<p>Has DOCCS already made decisions and purchases of training development tools (uPerform, Captivate, etc.)?</p>	<p>Not that HS is aware of.</p>
51	General	<p>What are DOCCS expectations to roll out the EHR implementation? Full training delivery by the vendor? Train-the-Trainer?</p>	<p>Refer to response for Question #42.</p>
52	General	<p>Will End Users be responsible for bringing their laptops to class? Or will there be dedicated DOCCS laptops provided? Describe availability and locations of existing DOCCS training facilities.</p>	<p>End users do not possess laptops and will not be issued laptops for use with any proposed solution. DOCCS has dedicated training labs in various locations across the state that can be utilized to provide hands-on training to end users.</p>
53	General	<p>Is there a maximum class size that DOCCS typically abides by?</p>	<p>Smaller sized classes are preferred for a more hands on training. It would be dependent upon the size of the training lab.</p>

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54	General	What level of implementation resource support does DOCCS anticipate allocating to the project? (e.g. Project Managers, Clinical Specialists, Technical Specialists, Trainers etc.)	This has not been identified yet.
55	General	Does the Department have an anticipated budget for this project?	No.
56	General	Does the Department have a preferred or required timeline for this project? Please describe.	No.
57	General	Does the Department have a preferred or required roll-out strategy? (e.g. By region, by service line, Big Bang). Please describe.	Refer to response for Question #28.
58	General	How many End Users are anticipated to use the system? (Total as well as concurrent)	Refer to response for Question #3.
59	General	Can any additional information be shared on the "DOCCS Legacy Mainframe Systems" referenced for integration?	Refer to response for Question #14.
60	General	The RFI lists several legacy applications that the EHR is expected to integrate with suggesting these applications will remain in future state. Some of the applications are applicable to e-labs and e-prescribing. Has DOCCS considered an enterprise solution that provides these functions inherent to the new EHR?	DOCCS is open to moving to an enterprise solution that will provide these functions inherent to an EHR.
61	General	Has DOCCS considered process redesign as part of the scope of this project?	See the answer to #47 above.
62	General	What is the scope of medical devices planned for this project?	Currently on site medical services include digital radiology, dialysis, colonoscopies, automated prescription refill and ECG services. Discussion of medical devices that would be planned for this project will be forthcoming.
63	General	Describe the DOCCS leadership structure and decision making for the DOCCS project?	Ultimate approval of the chosen solution will be at the Executive Level, based upon the recommendation of the Health Services staff. Any recommendation for a non-hosted solution will also require approval of DOCCS IT Executive Portfolio Review Board and the agreement of the Office of Information Technology Services, who provides DOCCS IT support.
64	General	What is the expected role of the Project Management Office (PMO) in this project. Will these responsibilities be shared between DOCCS and the vendor?	These responsibilities will be shared between DOCCS and the vendor.
65	General	Whether companies from Outside USA can apply for this? (like, from India or Canada)	Yes.
66	General	Whether we need to come over there for meetings?	Yes. Meetings in Albany, NY and travel to correctional facilities will be required as part of implementation.

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67	General	Can we perform the tasks (related to RFP) outside USA? (like, from India or Canada)	It depends on the tasks. All data storage must remain within the United States.
68	General	Can we submit the proposals via email?	Responses to RFI can be emailed to DOCCSContracts@doccs.ny.gov DOCCS does not allow emailed proposals for formal bids such as an RFP.
69	General	Does DOCCS have onsite training facilities?	No.