

## Question & Answer RFP – Health Information System Update

1. “Is the Business Requirements Workbook a separate file?”
  - a. The workbook has been added to the WEBS portal under “amendment” as it did not originally post however, it should now be fixed. I have also included an Attached copy of the workbook on the SHD website:  
<http://www.snohd.org/279/Purchasing>
2. “Would you consider extending the due date by 30 days to provide us an appropriate amount of time to respond properly?”
  - a. Due to the volume of material requested for this RFP, the District reserves the right to extend the proposal submittal date, if needed. Therefore the district will be extending the deadline to **04/26/2022**. This has been updated on the WEBS portal under the “amendment” section and on the SHD portal.
3. Are the following mandatory requirements?
  - 1.3 The product must provide the ability to access features data and functionality in a disconnected state via a mobile device in the field.  
The employee needs to be able to access data via remote means, such as content downloaded to a smart phone or other device. Updates should be able to be made either to the device.
  - 1.4 The product must have the ability to auto synchronize with the network when reconnecting with the remote device back onto the network  
any changes made ‘in the field’ must be able to be pushed back to the database or updated directly
4. Can you please clarify the total number of users who would need access to the solution? Approximate number of users would be 40 (assuming we will grow the agency a bit)
5. In the RFP, it is noted that several existing solutions are being utilized by programs...can you please list these? Currently we are using Insight and when that doesn't meet our needs staff are using excel or word
6. Which systems would we be converting data from? INSIGHT
7. It is noted an integration with Epic is required. Epic does not allow other EMR's to interface directly with their system. Would a conduit from an HIE to Epic satisfy this requirement? Define HIE
  - a. a Health Information Exchange, where all EMR's report to and you can access patient records from Epic without a direct connection to their EMR.
    - This seems acceptable.

8. Confirm connectivity with WAIS is required? **This would be nice to have**
9. Preference for cloud hosted or locally hosted solution? **CLOUD**
10. Number of NPI numbers used for insurance claim submission (excluding agency NPI numbers)? **One to my knowledge (Held by the Health Officer)**
11. Total number of providers, full-time or part time that have NP, MD? **1 MD, 11 public health nurses. We also have non-clinical staff who would use the system like our Disease Intervention Specialists who have various degrees.**
  - a. Do the nurses have NPI numbers? Are any nurses “rendering providers? In other words, do their NPI numbers go on any insurance claims as a rendering provider?
    - **Yes, some of our nurses do have NPI numbers. It appears that most of them do have an NPI number. So you could go with 12 since we just hired one more nurse.**
12. I’m curious why the requirement workbook has requirements that are related to environmental health, but the RFP document doesn't mention it. There is mention of *Applications, Permits, Inspections, Violations, related to Food Water/Wastewater etc.*
  - a. Is environmental health functionality a requirement for the EHR? I ask because we do offer an environmental health solution (only vendor that offers both EHR & EH) that that is separate (but can be integrated) where appropriate to our EHR.
  - b. Is the following a mandatory requirement?
    - *Internet interfaces to system must support the common browsers across all platforms including mobile products (both mac and android systems)*
  - c. I ask because we require Firefox ESR version. Here is an explanation why.
    - Firefox ESR is an edition of the Mozilla browser focused on a very specific audience: users who prefer stability and security over new features and do not want or cannot update every few weeks. The ESR version is a version that has more privacy compared to the other browser editions, since it is focused on companies complying with sensitive information. ezEMRx has chosen stability and security over browser editions or features - thus ensuring application stability and consistent user accessibility as this relates to PHI.
    - Firefox ESR also has an installer that allows you to install the browser from a central computer to all the computers on the network (both Windows and macOS) instead of having to do it one by one. This browser is also designed to be configured remotely so that administrators can enable functions, disable them and control all the operation of the browser. In addition, it allows system administrators to schedule updates, reducing impact and improving the experience for all ezEMRx clinic users.
    - Firefox ESR is intended primarily for businesses. Its main features include the MSI installer for massive network distributions and the possibility of configuring the operation of the browser through policies. In addition, once a version is installed, it will receive security fixes for more than a year, so there is no need to plan any more updates (with the complications that this implies) for a year, or more.
    - ezEMRx values the application usability and stability as high priority for its users and has hence standardized on the ESR browser platform. This

also ensures a consistent peripheral interface stability while using the application.

- Note: ezEMRx is also available exclusively as an application (no browser required) on the iPad IOS platform for clinicians.
- *use of a single app would be fine as long as it spans hardware types*
- *As far as the environmental health portion, that is not part of the RFP*
  - *This has been updated and removed from that section.*

13. We define system users as each individual user login/password. How many total users will require access to the system? Of this total, how many are clinicians, clerical and billing staff and how many are full time vs. part time?
  - a. *We have 1 health officer, 12 public health nurses, 9 disease intervention specialists, 4 support staff and approximately 6 leadership staff who will need access at this time. As the agency grows we will have additional staff who need access.*
14. Which Labs are a “must” requirement to interface with the EHR?
  - a. *Not a must but it would be nice if there were an interface with Labcorp and the larger clinical labs in the area (like The Everett Clinic)*
15. Which other Interfaces (e.g. HIE, Immunization Registry etc.) are a “must” to connect to with the new EHR?
  - a. *Not a must but it would be nice if it could connect to the WA State Immunization registry and/or the WA State Disease reporting system*
16. Do you have any other systems which are a “must” to integrate with the new EHR?
  - a. *Not at this time*
17. When do you hope to select/implement the new EHR?
  - a. *Our current product is no longer supported so we are looking to select an EHR soon and have it implemented by the fall (ideally).*
18. We currently do business in the state of Washington. Does the vendor need to be licensed in your state prior to RFP submission?
  - a. *If the vendor is currently conducting business in Washington state, shouldn't the vendor already be licensed with the state of Washington? Checking the license is apart of the RFP verification following the biding process prior to awarding the contract to the bidder / signing a contract with the entity.*
19. Can you provide sample reports, forms, notes, etc.
  - a. *Please see attached sample reports that were added to website. What type of reporting tool or options are available? Can we write our own reports?*
20. Attachment D - Proposer Response, Section 2.6, Question 8: Who are the stakeholders who would need access to the system and why? How many outside users are required? Can you provide a use case so we can have a clear understanding?
  - a. *Not sure what is being asked. Can the vendor further clarify?*
21. Question 2.8 on the second tab of Worksheet states “The System will be accessible by unassociated 3rd party applications including document management systems financial applications GIS etc.” Can you provide more details on what “accessible by unassociated

3rd party” is or a use case?

- a. not sure what they are asking. Will we be able to allow 'other parties' like state, county, national, finance to access selected parts of the database/tool with limitations in place?
22. Question 4.9 on the first tab of the Worksheet states “Keep a large volume of client records saved on hard drive” - is this just for on premise solutions? Can you provide some background?
- a. Our current system is locally hosted which requires onsite storage. This is an area we are looking to move away from and ideally would want a cloud-based solution.
23. For questions 1.7 and 1.8 on the 3rd tab of the worksheet, ask about different types of outside (customer) access. Can you describe, provide a use case, or background on what these users would need to do, what permits and what applications would need to be submitted.
- a. Tab 3 items 1.6 through 1.9 do not apply. (These are left over from the EH RFP)
24. Questions 2.0 on the Report Tab of the worksheet, ask “System will support standard types of charts for reporting” can you provide a few examples?
- a. I have asked the nurses for examples. Ideally, we would like to be able to print out a care summary for clients, print out chart notes that we could share with the client’s healthcare provider. And it would be nice to have a way to track and report on performance measures.
25. Is your goal to incorporate Environmental Health needs in this RFP.
- a. that was a typo. No EH incorporation. However, EH MAY be an 'other party'
26. We will need to know the number of required individual logins required - how many users need to access the EHR? We base our pricing on the number of logins, so we need that to calculate costs. Can you provide that?
- a. From my understanding, “Approximate number of users would be 40 (assuming we will grow the agency a bit)”. Please note the responses below regarding EHR. Note: We will be periodically updating our Q&A on the SHD website <https://www.snohd.org/279/Purchasing> . Please feel free to view additional Q&A.
27. Were any sections taken out of the workbook / will you be sending out a new version of the workbook?
- a. Tab 3 User Accounts Items 1.6 through 1.9 have been removed from the workbook. Yes, we have sent out and updated the webs portal with the updated workbook and will attach the current version to the website: <https://www.snohd.org/279/Purchasing>
28. In reviewing the Snohomish RFP, there are specific references to a Scope of Work as Exhibit A which does not appear to be included in the document that we received. Please confirm that there are no additional documents for us to review or direct us to the Scope of Work and exhibits referenced.
- a. Exhibit A Is provided by the vendor to the entity detailing the statement of work / fee schedule, only if it is determined that the bid is awarded to that specific

vendor. This would need to be provided by the vendor (if chosen), prior to entering into a contract with the entity.

29. Describe red stop reminders requirement.
  - a. Red stop reminders are a means to highlight key dates or events so staff is made aware of criticality or impact
30. Please provide specific information about “common Omaha pathways to be used with extra notes” functionality.
  - a. Our maternal and child health nurses use the Omaha method for charting as outlined here <https://www.omahasystem.org/overview>
31. Describe Care everywhere
  - a. This is how we currently interact with hospitals EPIC systems
32. Describe Refugee screening
  - a. Our refugee health screening program would need to be able to chart if a client has latent TB that we will treat. We also would like to be able to chart lab results (we often use LabCorp for this service)
33. Describe MCH data that needs to be collect and exported.
  - a. Our maternal and child health program see children with Special health care needs. We would like to be able to run reports that show age of client, why we are seeing them, and chart notes the nurses make. We often have to report this info to other agencies who are also seeing the child for coordination of care.
34. Describe what Case Management functions and features you are looking for.
  - a. Creating care plans for children and youth with special health care needs, creating care plans for TB patients
35. Number of full and part time providers, nurses, and total staff by location.
  - a. We currently have staff who work from our Everett location, their home, or in the field
  - b. We have 1 physician, 12 public health nurses, 2 community health workers, 8 disease intervention specialist. We also have 3 support staff who would access the system. Upper management may need to access the system but would not be regular users.
36. Number of patients.
  - a. Depends on disease circulating in the county
37. Does data need to be imported from existing systems? If so, how many patients? Billing data?
  - a. Ideally we would like to import some of our current client data from Insight. I will have to look into how many clients that is. We are currently not billing (but would like to)
38. Besides labs what other system interfaces are needed?
  - a. It would be nice to interface with Department of health systems like the state immunization registry and the disease reporting system. These are not must have's but nice to have
39. Is eprescribes and EPCS required? If so, how many users?
  - a. Not required.
40. Should we include clearinghouse costs or will you provide one? How many billable providers are their?
  - a. Not sure what is being asked.
41. Please provide estimates for the following (if applicable):
  - a. Number of annual billable encounters/visits across all facilities, and:

- PM (practice management) encounters/visits **Not sure, Any reports would take time and don't think the business analyst would be able to run these quickly**
  - EMR encounters/visits (please separate out primary care and behavioral health visits) **Not sure, Any reports would take time and don't think the business analyst would be able to run these quickly**
  - EDR (Electronic Dental Record) encounters/visits **None**
42. Number of report writers **I'm not sure what this is asking but I would like each supervisor/management to be able to run reports so I would say at least 5**
  43. Number of billing providers **(see previous Q&A)**
  44. Number of high capacity (back office) scanners **None?**
  45. Number of front desk scanners **The copy machines are used as the scanners. Multiple in multiple locations.**
  46. How many specialty facilities (i.e., dental, behavioral health, etc.) does the District maintain? **None**
  47. Does the District require integration with any HIEs or the State Immunization interface? **It would be a nice to have to interface with the state immunization registry and the WA State Disease Reporting system (WDRS)**
  48. Please provide a list of all 340b programs utilized by the District. **We obtain 340b medication through WA State Department of Health and through the King County Pharmacy for STD and TB medications**
  49. Does the District require an integrated faxing solution (e.g. Rightfax)? **Unsure of this at this time**
  50. Will the District require data conversion? **Unsure at this time.**
  51. Does the District require integrated vitals, ECG or SPIRO? **Not sure at this time.**
  52. Does the District require electronic prescription of controlled substances? If so, how many providers? **Only the Health Officer**
  53. Does the District require/desire automated indexing of scanned documents? **That would be nice**
  54. Does the District require a patient messaging solution? **That would be nice**
  55. Does the District require Credit Card Integration? **This could be a good component for in the future.**
  56. Does the District require voice dictation into the EMR? **Nice to have**
  57. Does the District have a pharmacy and desire Willow, Epic's integrated pharmacracy module? **Not needed**
  58. If so, please provide the number of annual prescription dispenses.
  59. Does the District require virtual care (virtual visits)? **Not at this time. Could be something we explore in the future**
  60. Does the County have a SAML 2.0-compliant identity provider (e.g., OTKA, Azure AD, etc.) that the contractor will integrate with for federated Single Sign On/MFA? If so, please provide the County-owned identity provider solution.
    - a. **The preferred method is to use Azure AD but we do also support direct federation with ADFS4.0 (which is also SAML 2.0 compliant).**
  61. How many users does the District expect to utilize the new EHR? Please provide both named and concurrent estimates.  
Please provide a further demographic breakdown of users per site:
    - Prescribers
      - Number of MD/DO
      - Number of Nurse Practitioner
      - Number of Physician Assistant

- Non-Prescribers
  - Number of Techs/CNAs
  - Number of other clinical providers with breakdowns
  - Number of billing staff
  - Number of front desk staff
- a. Health District users would include:
  - 1 MD (Health Officer)
  - Prescriber
  - 12 public health nurses
  - 9 Disease Intervention Specialists
  - 4 program support staff
  - 5 District leadership staff
- b. Additional users may be added as the District grows programs
- 62. Does the District wish to connect to the national HIE, Carequality?
  - a. Not required at this time
- 63. Does the District wish to connect to the state HIE, OnePortHealth?
  - a. Not required at this time
- 64. Does the Health District currently use a clearinghouse? If so, which clearinghouse is being utilized?
  - a. Not to my knowledge
- 65. What databases or electronic health systems does the Health District currently send to, from your current EHR?
  - a. WA State Disease Reporting System
  - b. WA State Immunization Registry
- 66. What labs are performed at the Health District?
  - a. Labs are not done at the Health District. We send samples to labs for STDs, TB, Lead
- 67. What lab vendors does the District send to?
  - a. LabCorp
  - b. WA State Public Health Lab
  - c. Public Health Seattle King County Lab
  - d. CDD lab in Texas
- 68. What vendors does the District wish to send/receive radiology images from?
  - a. Providence
- 69. When does the District expect to have the new solution fully implemented?
  - a. Fall
- 70. Can the District provide a list of frequent reports?
  - a. Any reports would take time. I don't think I could provide them quickly
- 71. When does the County expect interviews/demonstrations to occur?
  - a. Unsure at this time
- 72. Has the District viewed EHR solutions in preparation for this RFP in the past two years?
  - a. Information not available at this time
- 73. As a follow-up to answers Snohomish Health district (SHD) provided on April 20, 2022, can SHD provide a reasonable estimate of the annual number of PM encounters/visits and the number of EMR encounters/visits? This information informs OCHIN's ability to fully understand the range of service SHD is seeking. Additionally, the number of annual encounters/visits is the key metric OCHIN uses to inform its pricing model.

This information is not available at this time.

74. Typically, a scope of work description is provided in an RFP for electronic health records, in order to help vendors determine the anticipated volume and cost of labor and materials. Please provide an outline of the scope of services that SHD is seeking.

The Health District is looking for an electronic health record for the following:

- Patient record for our tuberculosis clients. We need to be able to track medications, care provided by our nurses and health officer, add in x-rays done by Providence and provide notes to other providers for the purposes of care coordination
- Charting for our nurses who see children and youth with special health care needs. Nurses will need to be able to document child health, actions taken, reference and provide notes to other providers for the purposes of care coordination
- Tracking of medications given to clients for treatment of sexually transmitted diseases, disease intervention staff add notes as needed. Provide notes to other providers for the purposes of care coordination
- Communication tool between the Health District and the client/patient is ideal
- Ability to bill
- In the future services at the Health District may expand to include a clinic. We would like an electronic health record that can grow with us

75. The request for a timeline and schedule states that SHD “wishes to initiate work on this project on June 1, 2022.” Please clarify or describe how SHD is defining “initiating work” on the project. Is this the date on which SHD anticipates signing a contract, beginning implementation, etc.? Does this allow adequate time for full vendor demonstrations, contracting, launch meetings, scoping, etc.?

This is the date that the Health District is hoping to begin contract negotiations with the vendor. Due to the need to brief our Board on Health on the potential vendor it is assumed that implementation will not be able to start until late summer or early fall.

76. The Minimum Qualifications/Requirements section states: “The product must be able to assign/schedule work activities.” This would be for clinical center and most likely the TB program.

a. Please clarify. Does this refer to clinic/health center clinical, billing, and operational staff?

b. Or does it refer to workers in other SHD programs/departments? If so, does SHD intend for the EHR system to include these programs/departments? If so, please list the specific programs/departments.

77. The Minimum Qualifications/Requirements section states: “The product must provide a suite of operations management tools for managers to view status of all assigned and unassigned work.” This would refer to upper management, program staff and our billing/clerical staff.

a. Please clarify. Does this refer to clinic/health center clinical, billing, and operational staff?

b. Or does it refer to workers in other SHD programs/departments? Does SHD intend for the EHR system functionalities to extend to these departments/programs? If so, please list the specific programs/departments and the number of managers who will

use the system.

78. PER The Workbook Functionality tab, item 5 calls for a “short transition time.” Please clarify how SHD defines “short transition time”? **6 months maximum to transition from our prior vendor to the new vendor once contract and details have been worked out**
79. Per the Workbook Reports tab, items 20-22 seem to apply to public health functions that would be outside the EHR functions. Please clarify whether or not SHD intended to include requirements for wastewater, food, water, and inspections services. **No, those items do not apply. Please disregard**
  - a. If so, does SHD intend for the EHR system functionalities to extend to these departments/programs?
80. Per the Workbook Reports tab, items 34 and 35 seem to apply to functions outside the EHR. Please clarify whether or not SHD intended to include requirements for wastewater, food water, inspections services. **No, those items do not apply. Please disregard**
  - a. If so, does SHD intend for the EHR system functionalities to extend to these departments/programs?
81. Workbook System tab, item 4.6 states “System/Data Warehouse will have the capacity to support the growing data content with the following annual activity levels (allowing for increases in activity):” This statement appears to be incomplete. Please provide information on the annual activity levels.  
**This information is not available at this time.**