

Electronic Communications and Referrals

Request for Information

RFI Issue Date: September 30, 2019
Response Due: October 15, 2019

Chesapeake Regional Information System for our Patients
District of Columbia (CRISP DC)

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1. Overview and Objective

CRISP Overview and Background

Chesapeake Regional Information System for Our Patients, Inc. (CRISP) is a regional Health Information Exchange (HIE) and a non-profit organization advised by a wide range of stakeholders who are responsible for health care throughout Maryland, the District of Columbia (District), and West Virginia.

In 2017, CRISP DC was awarded a competitive grant to design and develop new HIE services for District providers. At that time, CRISP collaborated with the DC Primary Care Association (DCPCA), HealthEC, Zane Networks, and other partners to utilize resources from their work in Maryland and West Virginia, in order to implement the following services for District providers:

- **Encounter Notification Service (ENS)** – Customizable by practice, the CRISP ENS sends real-time alerts to providers when their patients are admitted or discharged from regional hospitals and emergency departments, and may be customized by practice.
- **Patient Care Snapshot and Query Portal** – The Patient Care Snapshot provides health information such as a patient’s recent visits, procedures, and medications, in addition to a detailed list of organizations, providers, and care managers who have an existing relationship with the patient. The Query Portal offers more in-depth clinical information to providers on their patients from across institutions.

In 2019, CRISP was awarded the competitive CORE HIE Capabilities for Providers grant from the D.C. Dept of Health Care Finance (DHCF) to continue to expand and refine the capabilities of the District of Columbia’s HIE. These services will allow stakeholders to access clinical and claims records in a single view, see and calculate their electronic clinical quality measures (eCQMs), communicate critical care management enrollment information, provide access to healthcare analytics reports and improve secure electronic communication with each other.

CRISP continues to explore ways to expand its features to benefit the District’s population, in accordance with the District’s [2018 State Medicaid Health IT Plan \(SMHP\)](#).

Engagement Objective

Developments in interoperability standards have made it important for stakeholders to take advantage of health IT innovations in support of simple and secure communications.

Through this RFI CRISP is looking to learn more about the secure communications platforms and eReferral technology solutions available on the market today. CRISP seeks to understand cutting-edge solutions to help providers improve service at the point of care, enhance transitions between care providers or settings, and ensure downstream patients receive the best care possible.

Vendor Qualifications

Key qualifications for a vendor include:

1. Proven success building and maintaining secure communications programs, tools, applications and solutions for a large organization in health care IT, with at least one deployed solution serving a related use case for an HIE client, one corporate client reference and one end user reference;
2. Compliance with HIPAA and other technical accreditations;

3. Demonstrated knowledge of health care industry-standard protocols for data transfer, analysis and reporting and proven expertise deploying secure communications solutions to meet interoperability objectives (i.e. Meaningful Use and all stages and variations).

2. RFI Process and Submission Instructions

Submission Instructions

Responses to this RFI should be submitted by October 15, 2019 no later than 5 pm (EST) to Ryan Argentieri at rargentieri@crisphealth.org. Vendors should submit proposals as a single file containing all response and supporting materials. Excel files can be sent as separate files provided they are clearly named and identified.

CRISP expressly reserves the right to make any decision regarding future direction or future technology partners. This includes the right to not award a contract pursuant to this RFI process.

CRISP also reserves the right to:

- Accept or reject any and all proposals or parts of proposals received in response to this RFI;
- Amend, modify or cancel this request, with or without the substitution of another RFI;
- Waive or modify any information, irregularity, or inconsistency in proposals received;
- Request additional information from any or all respondents;
- Follow up on any references provided;
- Negotiate any terms of contract or costs for any proposal;
- Request modification to proposals from any or all contractors during review and negotiation; and
- Negotiate any aspect of the proposal with any individual or firm and negotiate with multiple individuals or firms at the same time.

In no event will CRISP be responsible for damages or other remedies, at law or in equity, arising directly or indirectly from any decisions or any actions taken or not taken in response to or as a result of this RFI or response by a vendor. All responder's costs from response preparation, response delivery, and any negotiation will be borne by the responder.

All responses become the property of CRISP and will not be returned to responders. Responses may be disclosed to CRISP and its advisors as deemed necessary. All pricing information will be treated confidentially.

3. Submission Content

Company Overview

Overall, your response should provide CRISP DC with an understanding of your company, proposed team, and your approach to delivery of a secure communications platform. Be sure to include a summary of how your services support secure communications for health care providers and patients, as well as how you have deployed your solutions to a health information exchange (HIE).

Please also provide a company overview including key team members and a description of similar projects and client references. Be sure to include at least one sample work plan.

Lastly, the vendor should also provide two customers for reference (use table format below) as well as a minimum of three project or client examples.

Client References

<i>Client Company Name & Industry</i>	<i>Client Contact Name</i>	<i>Client Phone and/or e-mail</i>	<i>Implementation Date</i>	<i>Approximate Cost of Engagement</i>
1.				
2.				

General & Technical Questions

Use Cases

Below are examples of use cases and scenarios that may require a secure communications solution. Please share how the features and benefits of your tool(s) / solution might (or might not) address these needs.

- A) When a patient is discharged from the ED, a summary of care is generated and automatically sent to the provider/specialist and possibly the patient to access their record of care during that hospital stay. Alerts are also sent to the patient's primary care provider that the patient has been registered in the ED, or admitted/placed in observation at the hospital, or discharged.
 - o For behavioral health providers or practitioners working in substance abuse treatment centers, providers can benefit from being able to click on someone's name, for example from within the CRISP interface, and then send a message automatically to seamlessly make referrals. A mobile texting option to facilitate communications between providers that includes a link to access a complete patient record (i.e. medications and disposition in cases when patients are unable to advocate or communicate their own needs) might also be of interest.

- B) Communications and referrals between ambulatory, hospital and community-based providers should be done in a "closed loop," fashion to facilitate transitions of care and create efficiencies for all stakeholders. CCDA files can be attached and transferred seamlessly with a record of the communication available through automated reporting. This can be done across EHRs and integrated with the existing HIE.

- C) Providers want to be notified via the same electronic communication methods when the patient completes the referral or if the patient skips the referral, creating a gap in care. To help providers meet Meaningful Use requirements, these electronic communications must be tracked and counted as part of the Transitions of Care measure. For example, a patient at Mary's Center needs to get treatment from a specialist at George Washington Medical Faculty Associates (MFA) to prevent continued visits to the Emergency Room. The primary care provider, care coordinator and case manager would like to know when the patient sees the specialist and then be able to communicate with one another to prevent duplication of clinical efforts and testing.

General Information

Please answer the below questions. Provide supporting information or attachments as needed.

1. What is your company's Dun and Bradstreet number?
2. Where is your company headquartered?
3. How long has your company been in business?
4. How many employees work for the company? How many FTE are allocated to the specific product / solution being discussed?
5. Is the company privately held or publicly traded?
6. Please note any relevant accreditations your organization has achieved.
7. Please describe your work with other Health Information Exchanges (HIEs), if any. In your work with HIEs, like CRISP, do you rely on any partnerships, subcontracts, or other relationships. If so, please explain.
8. Please provide an approximate number of total current clients using your secure communications solutions as well as a make-up of each clients' focus (i.e. corporate vs. non-profit vs. public entity / government agency).

Technical Requirements

9. What is the deployment model of your solution (software as a service, hosted, other)? Describe the expected or typical integration process and when customization or more advanced integrations (i.e. SSO) may be required.
10. Do you offer a mobile solution? If so, please provide details about functionality and deployment.
11. How would you enable audit and monitoring of the integration landscape and onboarding process, initially and on an ongoing basis?
12. Describe your solution's approach to data governance, quality and security.
13. Please provide screenshots and examples of a typical user interface, including descriptions and explanation of how the tool(s) work and sample user types, e.g. for clinical providers.
14. Please provide a sample integration workflow and data architecture diagram; HIE specific is preferred.

Customer Support

15. Please describe the administrative toolset and existing user interface. Are there features that typically require customization / modification, and if so which ones?
16. Describe your approach to customer support, including your issue escalation process and how you track and resolve problems (i.e. first and second or executive level escalation).
17. Please include a copy of your Service Level Agreement (SLA), and document different levels of support and pricing, if applicable.

Privacy and Security

18. Please outline information about privacy and security measures the company has in place. Generally, how does your solution ensure the security and confidentiality or transfer of sensitive information?
19. Has your organization completed HITRUST and ONC certifications, and if so, please provide documentation and outline your process for maintaining a highly secure environment.

Pricing

This RFI requests that vendors provide information about sample or customary implementations or use cases communicate including pricing information (including licensing models if appropriate and fees, typical implementation costs, and labor category rates) to the best of their ability. Pricing estimates should correspond with the use cases outlined on page 5.

Questions about this RFI may be directed to Ryan Argentieri at rargentieri@crisphealth.org. Questions will only be answered in writing. No phone calls or meeting requests, please.