Request for Proposals

New York State
Healthcare Provider and Organization
Master List and Analysis

Issued: January 16, 2015

Proposals Due: January 26, 2015

1. BACKGROUND

New York eHealth Collaborative (NYeC) is a not-for-profit organization, working to improve healthcare for all New Yorkers through health information technology. NYeC (http://www.nyehealth.org) is a public-private partnership that serves as the state designated entity for building consensus on state health Information Technology (IT) policy priorities and to collaborate on state and regional health IT implementation efforts. Working with the New York State Department of Health (NYSDOH) and other key constituents, NYeC and the Regional Health Information Organizations (RHIOs) also known as Qualified Entities (QEs) are creating the Statewide Health Information Network for New York (SHIN-NY), a statewide network of health information technology that will allow providers to share patient health information in a timely and secure manner, leading to improved health care quality and reduced health care costs.

Today, there are 9 individual RHIO organizations that serve their geographic and local communities. These RHIOs operate Health Information Exchanges (HIEs) that allow providers to exchange electronic medical records in their areas. As a result, providers (hospitals, physicians, laboratories, radiology centers, etc.) can currently contribute to and exchange clinical data with other participating providers of that RHIO; however, they cannot yet exchange records with providers participating in another RHIO via their RHIO's HIE. Each RHIO operates independently and is governed by its own Board of Directors.

In 2014, the State of New York appropriated $52M in the Governor's budget to fund the SHIN-NY. This funding supports the 9 RHIOs, the building of a technical infrastructure to interconnect the RHIOs as well as statewide services for the SHIN-NY as a whole. The NYS Department of Health is also proposing new regulation that covers the policies and procedures governing the SHIN-NY and how NYeC and the RHIOs will operate as part of a network. The new regulation is likely to be in place by early 2015 and will provide the foundation for how the new "network of networks" operates. Once this technical and policy infrastructure is in place, there will be a common set of services that each RHIO provides and clinical records can be exchanged between RHIOs. Thus, providers will be able to access patients' records no matter where they or the patient are in the state. For example, an emergency room doctor in Buffalo treating a patient whose primary care physician is in Brooklyn will quickly and securely be able to access that patient's records, saving critical time and eliminating the need for duplicative and costly tests.

The SHIN-NY, through the RHIOs, will serve a variety of constituents: providers (hospitals, large ambulatory clinical practices, solo practitioners, laboratories, radiology centers, home health etc.), insurance payers, public health officials and patients (via a soon to launch patient portal). Actual users of the network may also include a variety of administrative staff within each of these facilities. Additionally, there are stakeholders across the state who may not be users but have a vested interest: NYS Department of Health, NYS legislature and Governor's office and key policy groups and healthcare association

2. PROJECT PURPOSE, DESCRIPTION AND SCOPE

Project Purpose:

As the State Designated Entity for the SHIN-NY, NYeC is responsible for consolidating information and reporting on SHIN-NY adoption and use. NYeC produces a number of reports for the NY State

Department of Health, which report on progress of the SHIN-NY as a whole and on a RHIO by RHIO basis. Currently, NYeC collects data directly from the RHIOs, tabulates the results and produces the reports, including a monthly RHIO (QE) Dashboard.

NYeC is currently working on an automated approach to upload data directly into pre-formatted reports. In order to monitor progress more effectively, NYeC is looking to establish common benchmarks so that monthly reporting can be comparable across RHIOs. As a result, we need to understand what the total market sizes are of key measures such as total physicians, total nurse practitioners, total mental health specialists, hospitals, clinical practices and clinical practice sites etc. We refer to these as "denominators". To this end, NYeC is in the process of acquiring a number of published data sets from a variety of sources.

The integration of information from the datasets will be used to assist NYeC in tracking, analyzing, and accessing data related to health care providers, health information exchange, electronic health record vendors, RHIO/Qualified Entity (QE) adoption and performance, marketing, and other uses as deemed necessary or apparent. In addition, the list will also be used to evaluate and improve the effectiveness of NYeC's Regional Extension Center (REC) Programs for adoption and engagement among eligible providers, to craft a strategy for expanding REC services, to conduct market research and analysis needed to meet the objectives of the Medicaid Specialist Program/Eligible Professional Expansion Program, and to track adoption for primary care and specialty practices.

Project Description:

NYeC is requesting proposals for three specific outputs, which should be delivered consecutively (with #1 being the first priority):

1) **Prepare a "master list" of all New York State healthcare providers and their corresponding healthcare organizations in New York State**. This list will be the result of comparing and drawing from the best data among a disparate group of datasets NYeC is acquiring from external data vendors and other publicly available resources. This master list of physicians will be used to measure adoption across RHIOs on a regular basis and will eventually also be used for allocating funding across the RHIOs.

2) **Recommend and/or aggregate the denominators for the key metrics in the Monthly RHIO Dashboard.** Denominators are needed on a total statewide as well as RHIO basis. These metrics include various types of healthcare participant organizations and types of users of the RHIOs. In some cases, there may be a dataset which is sufficient to stand alone. In other cases, the consultant will need to draw on a mix of datasets to create the denominator. The consultant will need to develop a familiarity with each data set so as to create a "normalized" data set by cross-comparing them and identifying which is most comprehensive and reliable.

3) **Provide a recommendation of additional market analyses that could be done using all datasets in hand**, as well as recommendations for additional datasets that could be beneficial for the organization. This recommendation should be accompanied by a rationale for purchase and types of analyses that can be generated from each dataset. The consultant selected will be required to evaluate the usefulness and reliability of each data source based of NYeC's analytical needs.

Project Scope:

The master dataset project will entail culling, synthesizing, analyzing, and setting future use and maintenance criteria for data from a variety of quantitative datasets purchased by NYeC.

Datasets used include: See Table 1 below for the list of all data sets and data sources we are looking to validate and integrate.

Table 1: List of Proposal Datasets

Datasets	Rationale for Usage
SK&A Database	To provide the most comprehensive information on physicians: contact information, # of physicians, # of physician practices, etc. SK&A also provides EHR vendor information and EHR penetration rates.
Definitive Healthcare Dataset	To provide comprehensive information on entities other than hospitals and physician practices that are evolved in the health IT landscape i.e.; IPAs, ACOs, private HIEs, payers, surgery centers, long care facilities, etc.
HIMSS Analytics Dataset	To provide the most up to date and accurate information on hospitals: # of hospitals, # of hospital staff physicians, # of affiliated physicians, EHR vendors used by hospital.
NAMCS Physician Workflow Supplementary Dataset	To provide a better understanding of physician experiences with adoption and use of electronic health records in New York State.
NPPES	National Provider Index of Individual Providers and Healthcare Provider Organizations
LTC focus.org	Data on long-term care facilities to be used in evaluating adoption of these facilities and their participation in the RHIOs/QEs
HRSA Data Warehouse	The HRSA Data Warehouse (HDW) serves as the enterprise repository for HRSA data. This data will be used to update FQHCs and their Look-a-likes in our repository.
health.data.ny.gov	To be used for facility tracking, Hospital Discharge data, SPARCs data, and other purposes.
Data.medicare.gov	Hospital. Nursing Home, Physicians, Home Healthcare Agencies, data and others
AHRF Access System, 2013-2014	Data on health Care Professions, Hospitals and Healthcare Facilities and Census, Population Data and Environment
Other Datasets (as required by analyst)	As analysis is performed additional dataset purchases may be required.

3. PROJECT DELIVERABLES

The vendor selected will be expected to complete the following tasks:

1) Data Culling ("Cleaning")
    a. Develop a mechanism and process by which data will be cleaned, integrated and understood.
    b. Evaluate and score cleanliness and reliability of data to meet analytic needs
    c. Note duplication of data across multiple data sources, suggest most reliable sources

2) Data Synthesis and Analysis

Dataset Set Up

a. Create a data dictionary detailing the kinds of data that is available in each data source: i.e. refresh dates (rate, last date updated), data sources (originators, distributors), description, purpose, usage limitations, etc.
b. Cross compare the datasets and indicate where there are differences between them and what those differences are (create a matrix for this).
c. Create a data model of creating, updating and deleting new data records as they become available. Add to this data model which datasets are temporal (updating monthly, yearly, etc.), and which are static, so we can identify which dataset to use for trend analysis.
d. Tag data fields to indicate which sources/datasets the information contained in them are coming from.

Dataset Mapping

a. Match data to RHIOs/QEs and help determine how to deal with entries the overlap based on counties or QE territory attribution.
b. Map or attribute data to zip code, county, QE/RHIO and PPS.
c. Define unique identifiers such as National Provider Identifier to identify the primary keys or similarities that cut across the different databases.
d. Determine most appropriate datasets to be used to create a list of active healthcare providers to distinguish practicing from non-practicing physicians. May require purchase of other data for verification (i.e. claims data).
e. Determine the rules of attribution - when determining where physicians practice when they appear to be practicing in multiple locations. Define main practice location and affiliation among group practice types.
f. Group physicians and associated practices to known practice affiliations (e.g. ACOs, Performing Provider Systems, Dependent Physician Organizations, Healthcare Systems, etc.)
g. Assist in determining the denominator (total number of clinical practices and clinical practice sites) for clinical practices (to evaluate adoption rates of EHRs.)

Preparation for Future Improvements

a. Assist us in determining which types of metrics and trends we should be looking for, and which metrics to track e.g., average practice size, average number of hospitals, and average number of beds.
b. Define a subset of data that should be saved at specific intervals for appropriate trend analyses.
c. Produce a complete picture of the EHR/HIE landscape and its key players.
d. Create custom sorting mechanism, so we can separate by multiple places of practice, one place of practice, insurance type: i.e. Medicaid only, Medicare only, non-Medicaid/non-Medicare

e. Create custom aggregates of denominators for metrics to be used in the working group funding allocation model.
f. Create a requirements list to assist us in determining what additional questions we should be asking QEs.
g. Determine additional data needs for defining what percentage of practices are contributing data to the state-wide network, to their regional network, and to their local network.

The vendor will propose a timeframe for completing this project for the following;

- Defining plan for culling, synthesizing and analyzing defined data, with accompanying rationale for each approach.
- Assessing data and providing recommendations for the use and maintenance of the dataset.
- Provide recommendation for next steps and methods for enhancing the dataset in the future.

4. PROPOSAL GUIDELINES

Vendors responding to this RFP ("Proposers") must respond to ALL items contained in section 4 outlined below.

Proposal Content

The proposal contents must include:

1. **Cover Letter and Company Overview** (1 page limit) – a brief overview of the vendor's organization and contact information to direct future inquiries regarding the proposal.

2. **Company Background, Relevant Experience & References** (1 page limit) – The vendor should provide an overview of its company, relevant experience in this space, and appropriate references for this project. Include experience with working with Datasets similar to those listed in Table 1.

3. **Proposal Scope Statement** (3 page limit) – the vendor must respond to each component in the PROJECT PURPOSE, DESCRIPTION AND SCOPE section of this RFP.

4. **Provide Development Timeline** (1 page limit) – Identify the key tasks, milestones, and project deliverables and proposed length of time to completion of recommendation. Any assumptions used in developing the timeline should be identified in this section. Identify specific tasks that NYeC may be responsible for.

5. **Pricing (**1 page limit) – please provide pricing based on scope, services, deliverables, and milestones as aligned with the deliverables and proposed timeline. Provide the total cost of the project for the scope by phase staff required (their CVs, and hourly rate) for the delivery of the project.

5. SUBMISSION DETAILS

All communication regarding this RFP must be in writing and addressed to rfpcontact@nyehealth.org. Vendors may not contact any NYeC staff, NYeC board members, the New York State Department of Health staff, or any other stakeholders regarding this project in the period between the issuance of this RFP and the notice of award, as stated in the timetable below. Any oral communication will be considered unofficial and non-binding with regard to this RFP and subsequent award. Any oral communication will be considered unofficial and non-binding with regard to this RFP and subsequent award.

The subject line of all communications must include and your company name and the label **"Provider Dataset Project".**

Timeline*:

RFP Issued	January 16, 2015
RFP Bidders Call	January 23, 2015
Proposals due	January 26, 2015
Anticipated Contract Start Date	January 30, 2015

NYeC reserves the right to amend or cancel this RFP at any time prior to a signed contract with the vendor. NYeC is not responsible for any costs incurred by a vendor in the preparation of a response to this RFP.

6. PROPOSAL EVALUATION CRITERIA

NYeC will evaluate all proposals based on the following criteria. To ensure consideration for this Request for Proposal, your proposal should be complete and include all of the following criteria:

- Overall proposal suitability: proposed solution(s) must meet the scope and needs included herein and be presented in a clear and organized manner
- Organizational Experience: Bidders will be evaluated on their experience as it pertains to the scope of this project
- Previous work: Bidders will be evaluated on examples of their work pertaining to web site design and hosting as well as client testimonials and references
- Value and cost: Bidders will be evaluated on the cost of their solution(s) based on the work to be performed in accordance with the scope of this project
- Technical expertise and experience: Bidders must provide descriptions and documentation of staff technical expertise and experience