California Health Care Foundation

Request for Proposals:
Pilot of a POLST eRegistry in California – Technology Platform

Webinar 3/23/2016 - Questions & Answers

Q1: How closely do you want the form to model on the existing form?
A: We expect that vendors will use the current form for the purposes of the project. It is preferable that we have a digitized version of the POLST form captured from the paper version in order to store it within the POLST eRegistry. We do understand that further identifying data elements will be required for the purposes of accurately matching patients. A workgroup is tasked with this and seeking consensus on the additional fields required. We expect this consensus and form redesign to be ready for the purposes of the pilot project, in the selected geographic area only.

Q2: How much would you like to be able to extract INDIVIDUAL data elements from the POLST form? In other words, if we can present an "interactive paper document," would that be of interest (or is that the whole point)?
A: We expect that individual data elements associated with patient identification use will be extracted for the purposes of using demographic information when posting the POLST form to the registry.

Q3: Will you be sharing these slides?
A: Yes, the slides will be posted at www.chcf.org/projects/2016/polst-eregistry.

Q4: Can you provide a range of expected budget (assuming Board approval)? Are we talking $50K, $500K, $2MM? Obviously the range can be infinite -- any idea of expected award range?
A: We are asking vendors to provide creative, lean and cost efficient proposals for the purpose of this RFP. We do not have a specific range identified. However, during our RFI process in 2014 we identified pricing ranges between $200,000 and $2.3M, the upper side of which at the time was considered cost prohibitive.

Q5: The RFP states that CHCF seeks to purchase an electronic POLST eRegistry platform model. Does a license to access a cloud-based system satisfy this requirement?
A: Yes, we anticipate that vendors will have a software license or SaaS based subscription model as part of the fee schedule.

Q6: Not sure what you mean by "matching" the POLST to patient information.
A: We expect vendors to be able to identify, extract and electronically interpret patient demographic fields on the POLST form as a means of creating the data elements to be used for the purposes of data submission to the POLST eRegistry. By “matching” we mean that a match query should be performed when submitting to the eRegistry as a means of ensuring that where a patient already exists in the eRegistry, a match is performed rather than a duplicate entry for that patient.

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Q7: Do you have a PREFERENCE between web forms, paper / scans, and fax? In other words....isn't the goal to get away from paper / scan / fax? And what are the security methods that you wish or expect to have in place with respect to SECURE EMAIL?
A: We are looking to a paper/scan/fax means of receiving the POLST forms, then having them converted to a digitized format, such as PDF or other, for storage within the eRegistry. While the use of web forms by end-users would be nice, we seek to limit the necessity of large scale user management. However, we do anticipate a web form user interface for the purposes of access by administrative users and our call center users. This web form tool should have the ability to search, input (e.g. revise data elements) and retrieve POLST data from the eRegistry. With regard to secure email, we seek feedback from vendors as to the preferred methods typically used for projects such as this.

Q8: Do you care / want to have external email clients be used? Or can users be required to securely log in in order to send messages?
A: We anticipate that eternal email clients may be used by some as a means of submitting POLST forms. Where a tool associated with the "Input Module" may offer secured means of submission, we are interested in understanding more.

Q9: Are you open to biometrics as a method of validating ID?
A: We do not expect biometrics to be a method of validating ID based on the model. However, where vendors may have a creative means of incorporating such capabilities, we are open to understanding the process and benefit.

Q10: Are you interested in using methods such as "Strong ID" (as defined by CommonWell) for ID validation and matching?
A: We are open to the use of "strong identifier" validation as defined by CommonWell for the purposes of this project. Where vendors wish to propose the use of this, please elaborate clearly in responses.

Q11: Can you speak to OFFLINE access needs?
A: We anticipate periodic instances in which an end-user may require data retrieval while offline, for example, a disaster scenario or simply no means of electronic use, primarily for retrieval purposes. In this case we expect to have the use of a call center/operations center type of environment, where the end-user can call for POLST access assistance, authenticate oneself and be provided with the relevant information. A hard copy of the POLST form may be available on site with the patient.

Q12: Can you speak to the relationship between this project and other EMSA initiatives (e.g., Prehospital HIE, SAFR, etc.?
A: Where EMS related projects may have crossover with the use of POLST during the pilot project implementation, diligence will be given to how best to coordinate those efforts in order to maintain the appropriate level of alignment. However, at this time further discussion between project stakeholders is required, prior to sharing the depth of the overlap with vendors responding to the RFP. This should not impact the detail required for the responses to this POLST eRegistry RFP.

Q13: Do you have a preference with respect to organizations' backgrounds (e.g., general IT development, HIE, ePCR, EHR, etc.)? What background or set of backgrounds do you think would be most helpful -- or does it not matter?
A: No specific preference is being considered as it relates to organization background. However, we do seek to understand the typical environment within which vendors have experience. We also acknowledge that topics such as accurate patient matching may require in-depth expertise from within

the health care industry. Our goal is to find organizations that are experienced and have proven solutions. We anticipate this knowledge and expertise to be reflected within responses.

Q14: Please discuss your expectation of vendors' responsibilities to engage "community stakeholders" before award (i.e., do you have specific locations in mind, or should vendors be suggesting them, or bringing them to table)?
A: A separate community stakeholder RFP has been released and we anticipate that engagement will be managed by the CHCF/EMSA/CCCC project team. Obviously, the vendor(s) of choice will be engaged with the selected community during implementation and on an ongoing basis. However, we do not require a vendor to specifically initiate and maintain engagement for the purposes of kick starting the project. Additionally, where a vendor may have a community that has interest in responding to the Community RFP, we encourage collaboration for the purposes of both responses.

Q15: Can you please speak to your comfort with secure / HIPAA-compliant cloud services, such as Amazon Web Services?
A: Any cloud based services MUST be HIPAA compliant at minimum. Where other robust compliance has been met, such as HITRUST and SOC2 we anticipate that such cloud services may be proposed and do not take issue with this.

Q16: Can you explain a bit more about e-signature?
A: We do not expect e-signature to be a component of the overall solution since we anticipate being able to store and retrieve an electronic copy of the POLST form containing the original hand written signatures.

Q17: This may have been answered. What is the Pilot Timeline?
A: The pilot time is as follows:

- July 2016 – December 2016: Pilot Implementation
- January 2017 – June 2018: Data Collection and Evaluation of POLST eRegistry
- July 2018 – December 2019: Ongoing maintenance for the remainder of the pilot project period.

See also slide 13 on the POLST eRegistry Vendor Webinar slide deck from 3/23/2016.

Q18: You mentioned HITRUST certification. Is that a specific compliance requirement? Or does HIPAA compliance, SOC 2 & 3, SSAE suffice for a cloud platform?
A: HITRUST is not a specific requirement. HIPAA, SOC 2 and/or 3 and SSAE are all compliance standards that we understand may be referenced within responses. It is important to note that in the event a response does not meet a compliance standard recognized within the health care industry, it will not be considered. Valid responses MUST meet compliance acceptable within the health care industry.

Q19: What are the design thoughts for exception processes, i.e. OCR corrections?
A: We expect the ability for exceptions to be flagged for review purposes. An example of such corrections may include OCR issues where a record fails to be completed. Vendors must consider completeness and accuracy of data in addition to matching potential. The web portal user interface previously mentioned should be able to offer an exception report view that allows for corrections to be made or at least viewed for the purposes of resubmission of data to the eRegistry.

Q20: Expansion on question #1 about "insufficient data to match" -- do you want SUPPLEMENTAL data elements to be based on NEMSIS v3, CCD, or something else?
A: Supplemental data elements should be considerate of NEMSIS since AB1129 requires all EMS

providers to have a NEMSIS 3 compliant product The ePCR component for EMS providers needs to be NEMSIS v3 compliant and the hospital providers need to meet CCD export criteria based on IHE.

Q21: How many integration points should be assumed for purposes of costing?
A: Since the number of integration points are an unknown, we ask vendors to provide an average cost (range will be suffice but high end will be taken into account for the purposes of evaluation) of a single point of integration. This will allow us to estimate overall costs once we understand the number of integration points identified.

Q22: Can we maintain the exact format and make it extractable?
A: Yes that is acceptable.

Q23: Are you trying to get only a handful of data fields to match it to a patient in system, rather than extracting all the information?
A: Yes, we anticipate that extraction of only the fields necessary to match a patient against the eRegistry and store the document with reference back to the demographic data in the eRegistry using whatever key identifiers are employed within the data model.

Q24: Will EMR integration be required?
A: We anticipate the likelihood of EMR integration for the purposes of the pilot project. This may be in both the input and retrieval ends of the model.

Q25: How much do you believe POLST forms will increase over a five-year period?
A: This is an unknown. However, using the metrics for the community example, one can consider the scale of use on a statewide basis as a means of coming to a range of estimate. We believe that a successful pilot may lead to further adoption and therefore ongoing spread and use of such tools on a broader basis.

Q26: What additional patient identifiers might be added to the POLST for purposes of patient matching?
A: While it is not decided as yet, we may see additional identification elements such as 'Last 4 SSN', Address, City, State, Zip and gender. Other potential identifiers might be employed but it is too early to conclude with specifics.

Q27: Do you have a unique identifier in California, or can the vendor generate a unique identifier for matching purposes?
A: There is not specific unique identifier within California. Vendors should provide us with a clear understanding of how they will provide this as part of the offering.

Q28: Are you asking for handwriting recognition as a solution for converting a handwritten POLST into structured data?
A: Yes, we are seeking the ability for optical character recognition (OCR) to be performed with the paper forms and that data converted to structured data for use within the POLST eRegistry.

Q29: Is there a preference to "translate" paper POLST forms to PDFs electronically (e.g., OCR) or manually (human data entry into PDF format)?
A: We prefer this to be performed electronically as a means of reducing overhead. However, we do understand there may be a need to also offer a manual means on an exceptional basis.

Q30: Do you expect the input to be completely automated via parsing of fields and direct input into the database, or will there be any human data entry?
A: We expect that input will be performed using automation. Although as previously noted, there may be exceptional circumstances that require manual input in certain cases.

Q31: For the SLA, are you looking for uptime assurances or technical support, and/or something else?
A: Yes we are seeking uptime assurances and technical support considerations within the SLA information to be provided with the RFP.

Q32: We're talking about EMS....how do you want to deal with providing access to the data during times when the network is down? (Again, thinking of SAFR)
A: Please refer to the response for Question 11.

Q33: Is the end user (patient) expected to be able to fill out/input/update their POLST form or will it go through a provider entity?
A: The health care team members would fill out the form after having had specific conversations with the patient and/or their legal decision maker. The patient or the legal decision maker signs the form, as well as the clinician (physician/nurse practitioner or physician assistant). The provider entity/organization will be responsible for submitting the form to the eRegistry.

Q34: Why aren't you interested in eSignatures?
A: We are anticipating the use and interpretation of paper POLST forms. Hence the use of eSignatures is would be unnecessary duplication of effort, having already had the relevant parties complete and sign the paper form.

Q35: Are you open to selecting an RFP where one vendor has provided the application layer that you need, and then selecting another RFP where a different vendor can provide the infrastructure to support whatever application you've chosen separately?
A: Yes we will consider this as an option to the responses. We open to blending different solutions together in this manner where it may be best for the project based on the responses received.

Q36: Do you envision integration with each of the trusted entities' user authorization systems or will authorizations be provided via single source integration?
A: We are open to understanding what options vendors offer for authentication given the broad scope of systems anticipated. Our goal is to make authentication on the registry side as minimally obtrusive as possible as a means of reducing overhead associated with user management. That is, we desire authentication to occur using existing authentication mechanisms within participating organizations in a manner where the eRegistry can identify the health care organization and valid at that level, knowing that the individual user (whether providing input or retrieving data) has been authenticated by their host system.

Q37: Describe the process flow, decision process and processing timeline for POLST error administration.
A: We anticipate flow for error administration to be along the following stream. Although where

vendors have creative ways to address any further efficiency, we anticipate seeing that within responses.

- Error associated with completeness or accuracy is flagged during submission of POLST form to eRegistry.
- Record is set aside in a 'pending' status with notation of the error type and reason for error.
- Administrative user may access the web portal and view an error report (e.g. a list of error records) and individually select each erred record for review and action taking.
- Action taking may be as simple as review of the form and correcting a data error based on OCR inaccuracy. However, in the event that further intervention is required, the administrative user must then contact the submitter, informing them of the error and request a correction and resubmission. The erred record, if not corrected by the administrative user, e.g. in the event a new version will be submitted, should be deleted from the queue. If a record can be manually corrected by the administrative user, the ability to reprocess the record should exist for the administrative user to take action using.
- Review for errors and the correction process may take place at an undetermined frequency but at minimum on a daily basis.

Q38: What are the error conditions for a POLST submission? Has this been defined?
A: We know that we seek completeness of demographics, interventions and all data elements that must be completed within the POLST form. We also seek checking for signatures and date completion. However, we seek feedback from vendors based on their knowledge of the POLST form as to the error handling capacity of the solution and how the process flows based on the proposed solution. We will refine this further during the pre-implementation requirements building process as we identify the optimal vendor(s) to work with.

Q39: Who will operate the POLST call center?
A: While a specific entity is not yet determined, technology proposers should describe in their proposals how to address callers for data quality and form retrieval.

Q40: Has the API format for system integration been identified?
A: At this time the API format has not been identified. We believe vendors will share best practices associated with this and we can refine during further discussions as we complete the evaluation process.

Q41: Please provide the data format and an example for the NPPES standard.
A: The RFP refers to the use of the NPPES registry for clinician identification and validation as an option. Vendor should provider best practices based on experience. The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about health care providers, such

as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions. We recommend researching the NPPES registry search capabilities as a means of understand what provider information is typically used to identify a provider appropriately when querying the registry. Further information may be available at the following link: https://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand/DataDissemination.html

Q42: For purposes of scoping an EMPI, how many different organizations' identifiers will need to be aligned?
A: Please refer to the example community table featured on page 11 of the RFP for estimation of scope associate with different organizations' identifiers that will need to be aligned for the pilot project.

Q43: Is it possible for additional patient identifiers to be added to the POLST for purposes of patient matching?
A: Yes. We are aware that the POLST form in the current state does not contain sufficient patient identification elements to produce the level of accuracy required for the POLST eRegistry. A workgroup has been tasked with engaging various stakeholders associated with consent in approving changes to the POLST form and while moving through the RFP process and into pre-implementation, actions will be taken to finalize and agree to the complete set of data elements to be used for patient matching.

Q44: What is the current (estimated) number of paper POLST forms stored? How many e-forms would the pilot program be expected to store through 2019?
A: Please review the example community table featured on page 11 of the RFP as a guideline for the range of POLST forms to be stored within the registry.

Q45: How long must a form be stored in the eRegistry for archival purposes?
A: We anticipate that forms will be maintained in the eRegistry for up to 10-years, at which time we would consider moving them out of the Registry after that, but having them available for retrospective reporting/research purposes. Once archived, the forms would be maintained within the system, but not be generally searchable, the exception being, where an administrative user is required to search for an archived document for the purposes of auditing or research into a specific question associated with an archived form's associated orders.

Q46: How many concurrent users would be anticipated to interact with each of the three modules for the pilot?
A: At this time we cannot estimate what the number of concurrent users may be within each of the three modules for the pilot. However, we recommend taking consideration of the estimated volume of POLST forms being entered into the eRegistry, the number of facilities estimated in the example community outline and providing an understanding of what the number of estimated users may be. As a cloud based solution we expect the eRegistry to be offer scalability and accessibility in a flexible manner.

Q47: Does the proposal need to be presented in such a way that its component parts can be accepted

and/or rejected?
A: While we do not require the proposals to be developed in such a way that component parts can be accepted and/or rejected since vendors may opt to take a "bundle only" approach to the proposal. However, In the event that a vendor wishes to submit a proposal in a modular fashion, with clear understanding that components may be treated as standalone elements outside of the whole, we encourage vendors to offer that understanding and we welcome the opportunity to consider proposals drafted as such.

Q48: Does CHCF plan to provide any program or project management resources for the pilot? What implementation management controls would they like to be included for their use?
A: CHCF will have a project manager overseeing the entirety of the project and managing resources across both the technology and community projects. Vendors will coordinate with this project manager and report on activities and timeline actions to this individual. At present implementation management controls are not specified.

Q49: What project implementation resources does CHCF wish to provide, or do they prefer the entire process be managed by the vendor?
A: For the purposes of the technology implementation, we expect the vendor of choice to provide a typical team of implementation resources consistent with the organization's implementation methodology.

Q50: Does CHCF prefer a proposal for all end-users to be trained by the selected vendor, or an option of the vendor to train key resources within CHCF (train the trainer approach)?
A: We anticipate the selected vendor to offer at minimum a super-user and initial sites training process that can then be carried forward by one of the partner organizations (CHCF, CCCC or EMSA) to supplement training as the pilot community meets full capacity.

Q51: Will there be a separate RFP for pilot communities?
A: Yes, a separate Pilot Community RFP has been developed and released. This is available at www.chcf.org/rfps/2016/rfp-polst-eregistry-pilot-site.

Q52: Is there an expectation that pilot communities should submit their qualifications as part of this technology RFP?
A: This is not an expectation for the purposes of the technology RFP. However, in the event a vendor and community are collaborating, we seek to understand this and recommend this information being shared. Likewise with the pilot community RFP, we recommend that where vendor and community collaboration may pre-exist or be underway for the purposes of this potential project, we wish to understand that within the proposal.

Q53: How will the pilot communities be selected?
A: Please join the March 31, 2016, webinar for the pilot community RFP to understand those RFP requirements and evaluation. Register at www.chcf.org/rfps/2016/rfp-polst-eregistry-pilot-site.

Q54: Is there a requirement for the POLST form to be exchanged in a NEMSIS compliant form?
A: Yes, since AB1129 requires all EMS providers to have a NEMSIS 3 compliant product, any solution proposed must incorporate that state law into the response.

Q55: Can a respondent combine funding received pursuant to the RFP with other funding sources?
A: Yes, the respondent can propose the total cost of the project and the part of the budget that is derived from CHCF funding. The budget submitted needs to clearly identify how CHCF funds would be allocated and the grantee must be able to track and report on spending related CHCF funds according to contract requirements.