DOQ·IT
DOCTOR'S OFFICE QUALITY

Request For Proposal:
Electronic Health Record

Customer:

Date:

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Practice Background and Information

1. Practice Primary Contact
   - Name:
   - Title:
   - Office/Location Address:
   - Phone Number:
   - E-Mail address:
   - Practice's Internet Home Page:

2. Overview of Practice
   - Number of Providers (by Specialty):
   - Number of Clinical Support Staff:
   - Number of Administrative (Front Desk and Back Office):
   - Number of Locations:
   - Are same patients seen at different locations?
   - Current Number of Existing Patients:
   - Percent of patients having one or more chronic diseases:
   - Patient Visits per Year:
   - Percent Acute/New Patient Visits per Year:
   - Percent Follow-up Visits per Year:
   - Current Modalities for documenting patient encounter (e.g. dictation, manual entry etc.):
   - Is there a need for remote/mobile access to patient data (e.g. house calls, etc.)?

3. Overview of currently identified workflow and patient care issues that should be solved by EHR
   - Briefly list main workflow and patient care problems and future goals (e.g. eliminate transcription etc.)

4. Overview of CURRENT Practice IT Environment
   - Internet Access and Type (e.g. dial-up, DSL, cable, satellite, etc.)
   - Number of PCs per location and their Operating System(s):
   - Are all locations on a local PC Network (e.g. LAN)?
   - Is any part of your current network wireless?
   - Number of providers using handheld computers:
   - Name of Practice Management System (include version):

- Number of IT Staff:
- Our providers would prefer tablet PCs/office workstations/laptops (please specify):

5. Number of users that will require both Electronic Health Record (EHR) and Practice Management System (PMS) access/user license—in the event that both EHR and PMS are purchased from this vendor (please specify types of users – MDs, PAs, front office, etc.):

6. Number of users that will require only EHR access/user license (please specify types of users – MDs, PAs, front office, etc.):

7. Number of users that will require only PMS access/user license (please specify types of users – MDs, PAs, front office, etc.):

8. Other Information
   - Transcription is done in-house or outsourced? If outsourced please indicate vendor.

   - Name all external lab systems that you receive lab results from:

Source	LIS	% of Results

   - Name all Hospital affiliations and their Hospital Information Systems (HIS). Explain any interfacing needs (labs, orders, patient information such as problem lists, medications, allergies, etc.):

   - Name all external Radiology Information Systems (RIS) that you would like to receive images and reports from:

   - Name any other external systems that you receive information from that you would like incorporated into your EHR:

9. Our Expected Go-Live Date:

Vendor Background and Information

1. Vendor Primary Contact
   - Name:
   - Title:
   - Office/Location Address:
   - Phone Number:
   - E-Mail address:
   - Organization's Internet Home Page:

2. Identify the location of the following:
   - Corporate Headquarters:
   - Field Support Offices:
   - Programming/Technical Support Personnel:

3. Please describe your company's long-term goals.

4. List the number of employees (full time equivalents) in your organization by category:

Category	# Employees
Total Employees	
Executives and Managers	
Marketing/Sales	
Installation	
EHR Trainers	
Research and Development	
Application Support	
Technical Support	
Customer Service	
Other	
Those with clinical background:	
– Physicians	
– RNs	
– Other Clinicians	

5. Has your company acquired or merged with any other organizations in the past three years? If so, please list each organization and the purpose behind such activity.

6. Please provide your most recently completed fiscal year's financial statements and annual report.

7. Is your company held privately and/or publicly traded (% of total market capitalization)?
Is your company supported financially by "outside" groups or organizations?

8. How long has your company been in the business of developing and marketing your products?
   a) Years spent developing and marketing EHR:
   b) Years spent developing and marketing PMS:

9. Please describe your alliances and partnerships.

10. What percent of revenue did your company expend for research and development on your proposed products during the last three fiscal years? What is budgeted for the current and next fiscal year?

11. Have your clients ever been audited for the appropriateness of E&M coding and documentation generated by your system, and if so, have they passed?

12. If you were invited to present your product would you be willing to do the presentation onsite at our facility?

References

1. What is the total number of client installations using your proposed system?

2. What is the number of client installations in practices similar in size, specialty, etc. using your proposed system?

3. How many client installations do you have in Iowa? Can you please provide a contact list for all of your installations in our state?

4. In how many states do you have client installations?

5. Please provide references for at least **3** clients, similar in size and general profile to our practice, who are currently operational on the proposed system and using the same Practice Management System. Provide names of individuals who will have sufficient experience to speak knowledgeably concerning such issues as the implementation process, product functionality, vendor support and documentation and training.
   a)
   b)
   c)

6. Provide specific examples of tangible benefits (Return on Investment) that can be documented by other users/clients of your proposed system.

7. Are you willing to provide us with a list of all of your EHR clients for reference purposes?

System Features

1. What are the names/versions of your proposed products/applications? Briefly describe each application's functionality and how it may solve our workflow and patient care challenges.

2. Please review the list of features and please indicate if your proposed solution has them available, not available, or planned (indicate anticipated delivery date).

EHR Features	Available	Not Available	Planned
CLINICAL MANAGEMENT			
Ability to enter all demographic and registration information in practice management system and transfer it to EHR without any data entry needed into EHR			
Ability to customize the patient demographic banner to display any number of Practice Management System fields to the clinician.			
Ability to switch from one patient record to another quickly and easily.			
Able to organize the screen and customize tabs or modules according to user preferences.			

EHR Features	Available	Not Available	Planned
Ability to display a patient summary or "face" sheet including patient demographics, problems, medications, allergies, health maintenance, encounter listing, patient tasks, recent encounters, patient picture and personal profile.			
Has problem list with most common problems available for each physician.			
Ability to add problems beyond an ICD-9 list to a recognized standard nomenclature (e.g. SNOMED CT or MEDCIN).			
Ability to display and manage health maintenance alerts including chronic disease reminders per patient.			
Has medication list with formulary display.			
Has allergy list including on-screen indicator of urgent reactions.			
Do you have integration to a Web-based Patient Portal solution allowing patient populations to verify their medical record, access billing status, review test results, request medication refills and communicate to the physician?			
Displays notification to provider of critical lab and other test results for immediate attention with a prioritization alert.			
Problem lists, allergies and medications can be updated or edited and signed at any time.			
Has standard order sets that can be customized by each provider based on his/her favorites.			
Has ability to connect orders to a result for follow-up and reconciliation.			
User can review and sign results for any ordered tests and procedures.			
User can create test results letters.			
Ability to send message and link to patient chart to additional non-ordering providers re: results documentation.			
Allows providers to fax prescriptions to pharmacy using patient's stored pharmacy fax number.			
System stores patients' preferred pharmacy phone number, fax number and address.			
Has prescription writing feature that records date, signature, number and directions.			
Has plain paper prescription printing so that product is sufficient for patient to take to pharmacy.			

EHR Features	Available	Not Available	Planned
Gives alerts when prescription conflicts with documented allergy.			
Gives alerts for drug-disease incompatibility (ex: beta-blocker in asthma).			
Tracks drug interactions and displays alerts when conflicting medication is documented.			
Ability to automatically link prescription to the appropriate formulary.			
Electronic transmission to pharmacies using SCRIPT standard.			
Have wireless PDA solution for prescription writing.			
Automatically checks for coverage and eligibility through RxHub or similar provider.			
Ability to download medication history from RxHub (or similar provider) to identify duplication medications and potential interactions.			
Tracking of patients using specified medications.			
Tracking of drug formularies from insurance companies (provide list of carriers and how formularies are initially provided and subsequently updated).			
Ability to customize formularies.			
Ability to search and report on prescribed medications in case of a drug recall.			
Cost analysis of prescribed medications in comparison to formulary and generics.			
Maintains medication lists in different list for historical and current.			
Ability to provide alternative suggestions for medications (ex. generic alternative).			
Has lists of providers' most prescribed medications and dosages.			
Ability to perform patient population queries for decision support.			
CLINICAL DOCUMENTATION			
Has a web-based or scanable (bubble sheet form) patient interviewing software that can be incorporated into a note.			
Has the ability to insert dictation markers into note for insertion of transcription. Allow providers to build a note with a combination of structured data and transcription.			
Ability to capture dictation on a mobile device on an on-line or off-line mode.			
Has option to dictate while navigating through the chart.			

EHR Features	Available	Not Available	Planned
Has dictation management system with intelligent routing and tracking of the status of each dictation job.			
Has an integrated transcription solution with macros, carbon copy and distribution features, and full line-count reporting.			
Ability to go paperless.			
Has a scanning solution integrated with the EHR.			
Have administration tools for scanning and indexing non-electronic documents.			
Has ability to annotate, mark-up and sign scanned documents (e.g. ophthalmology).			
Have OCR capabilities to allow querying scanned documents and EOBs.			
Has integrated speech recognition capabilities with speech to text and command and control (navigation) features.			
Demonstrated ability to eliminate transcription using templates and speech recognition.			
User can review and sign notes for own visits and calls.			
Multiple users can review and sign all documentation.			
Ability to do dual routing (e.g. lab results go to a "team" for follow-up).			
Ability to hold records in different stages of completion.			
User can print entire patient record.			
User can electronically transmit patient record within the enterprise.			
Has integration to Imagecast with ability single-sign on and reference features.			
Has lists of providers' most used charges per provider.			
Ability to provide real-time billing updates and notification back into Practice Management System without any manual intervention (e.g. changes to insurance, situational data elements, and special billing functions).			
Automated tasks to remind physicians of missing charges and complete reconciliation features to the Practice Management System.			

EHR Features	Available	Not Available	Planned
Has option to carry forward review of systems, physical exam, problem list, medication, etc. from last visit.			
Has a nationally recognized, standardized clinical nomenclature that is integrated with clinical documentation (e.g. Snomed^{CT}, Medcin).			
Clinical nomenclature is used to automatically calculate charge codes.			
Ability to flexibly document conditions including expanding details (severity, location, etc.) for each clinical finding.			
Ability to add comment and detail to each clinical finding.			
Physicians can use clinical nomenclature to build their own templates without programming or complex forms.			
Display clinically relevant terms based on current findings or a main problem.			
Ability to insert anatomical markups into documentation.			
Has the ability to document visit using pre-built templates.			
Has option to default review of systems information to "all normal."			
WORKFLOW			
Has work lists/to do lists/tasks per user.			
Ability to direct work/charts to others for completion on an "as needed" basis.			
Has the ability for managing triage calls with the ability to redirect messages and tasks to the provider.			
Has user-defined automatic routing of information (messages, lab results, other tests, etc.) with override capabilities.			
Has lists of providers' most used problems per provider.			
Has lists of providers' most used medications per provider.			
CLINICAL CONTENT			
Patient education materials for medications, procedures, health management, etc.			
Integrated evidence based guidelines (PIER) for adult medicine.			

EHR Features	Available	Not Available	Planned
Ability to capture CME credit for usage of the guidelines.			
Have built-in chronic disease management tools (diabetes, etc.).			

3. Please describe your rules or workflow engine capabilities within your EHR application.

4. Please describe customization options (format/content) of screens, forms, reports, etc.

5. Please describe features supporting remote and/or Internet access.

6. How many templates does your system have for our medical specialties? Are they free of charge and come with the system or do we have to purchase them?

7. Can your templates be edited on-the-fly during the patient exam (run time) or only during specific design time before they are loaded into the system? Can multiple templates be merged into one?

8. Could you please describe how your system can efficiently provide for charting of two unrelated medical problems during a single visit?

9. If your proposed solution involves a Scanning solution, describe the front end scanning software capabilities. Is this software written/maintained by your company or by a business partner? Can you route scanned documents into appropriate folders and to appropriate users?

10. Discuss handheld/wireless features of the system.

11. Do you offer a fully functional demo/trial version of your EHR solution that we could install or log into for evaluation purposes?

12. This Request for Proposal has been sent to _____ and _____. Please explain why our organization should select your product over these competitors.

Pricing and Contracts

1. Please provide a pricing proposal for suggested solution. Please make sure that the pricing proposal is itemized and categorized into Software Licenses, Hardware, Implementation, Training, Conversions, Interfaces, Clinical Customization, Ongoing Support and Maintenance for easier comparison.

2. Do you offer ASP hosting services? If yes, could you provide us with an ASP pricing quote?

3. Is your EHR product sold modularly or does it have to be purchased as a full package ("all or nothing")? Can we purchase additional functionality at a later stage?

4. Does your company sell Practice Management Systems as well? Please name the product that targets our clinic profile.

5. Please explain at what point the support and maintenance contract and included warranties begins and any hardware/software warranty or installation/acceptance period ends.

6. Do the proposed acquisition and/or ongoing maintenance/support costs include:

    - Future enhancements to acquired/licensed application modules (upgrades)?

    - Bug fixes and patches (updates)?

    - Operating system and related environmental software?

    - Interface maintenance?

    - Architectural changes such as migration to emerging technologies and new methods of systems deployment?

    - If not, describe the conditions and terms under which enhancements/new releases are made available to existing customers.

System Support

1. What are your normal support hours (specify time zone)? Where is support staff located?

2. What are the fees for support calls/requests received after normal support hours?

3. Which of the following support features are available?
   - Toll-free hotline
   - Remote monitoring
   - Remote diagnostics
   - Training tutorials
   - Web based support tracking

4. Do you offer 24x7 software <u>and</u> hardware support?

5. What is the response time for problems reported: 1) during regular business hours and 2) off-hours?

6. Describe your problem reporting software and tools. Are they available via the Internet? Can a list of outstanding problems and enhancements by client be viewed on-line and downloaded?

7. Please list the top 5 support questions you receive from your clients.
   a)
   b)
   c)
   d)
   e)

8. Describe your support process for evaluating and fixing "bugs" or problems in your software. How would you coordinate problem analysis and resolution with the Practice Management system vendor and other third party products?

9. How often do you releases updates and upgrades? When was your last update? When was your last upgrade?

10. Do you have user groups? If so, who sponsors the user group?

11. Do you have advisory groups? What is their membership?

12. Please provide a guideline for the type of internal support that will be required, for both the number of information systems personnel, by classification and also non-information systems personnel (i.e., department-based). Please describe their roles and responsibilities.

13. What is the range and average for system downtime (scheduled and unscheduled) for your clients' systems?

Implementation

1. Provide an overview of your implementation methodology and a sample project plan.

2. With your proposed solution are you able to implement components or modules of the application over time? Conversely can you implement the entire solution at once? What would your organization typically recommend (phased or "big bang" all at once) for our practice? What is the rationale for your recommendation?

3. In what timeframe after contract signing can your resources begin the project and the implementation start?

4. What is the typical implementation timeframe for the proposed products?

Documentation and Training

1. Describe the documentation (both system and training) provided as part of standard installation approach including:
   - Manager and user reference manuals (applications)
   - User operator/system administrator manuals
   - Hardware/OS manuals
   - Training manuals (initial and ongoing user self-training)

2. What documentation is provided with the system? Is the documentation available in hardcopy and on CD-ROM?

3. How often is your documentation updated? How often are updates made available to the user? How is documentation updated (memo, revised manuals, on-line, CD, etc.)?

4. Describe the types of training offered, i.e., end-user, systems administrator, installer, etc. How often is training offered (as needed, or on a set calendar schedule)? Please give the duration of each class, the location of training, associated costs and the recommended number of people that should attend training.

5. Describe your ongoing training programs.

6. Who provides the proposed product training?

7. Do you provide Physician specific training?

8. Do you typically provide on-site support for the first few weeks after go-live?

9. Describe the training approach for user personnel. Please describe if training is classroom style with an instructor, one-on-one, computer-based training, self-study, etc.

9. Describe the testing database available in your systems? Can new software be loaded and tested in the testing database before it is loaded into the live production system?

Technical Design and Operational Requirements

1. Please provide a Systems Environment Specification that outlines the server, networking and communication requirements of your product.

2. What year was your EHR system developed? Indicate whether the system was internally developed or acquired from another source.

3. Describe the operating system, hardware/server platform, and database, programming language that supports your proposed product.

4. Is your proposed product web-based (runs in a web browser) or a stand-alone application?

5. Describe any anticipated future application enhancements or hardware or operating system changes in detail (expected in the next 12 months).

6. What User Interface standards do your products use (Windows, Browser-based)?

7. Describe any regularly held seminars or user group meetings available to users of your system. Are enhancements based on input from user group meetings? How are enhancement priorities determined?

8. How often do your clients receive new releases? How is the client supported during these releases? How do you distribute new releases (CD, remote installation)? How much system downtime is typically required during these upgrades? How many levels of software releases are supported for the proposed product?

9. Please provide a copy of your Quality Assurance Guidelines for testing new software releases.

10. Do all online submitted entries update all locations where a data element is stored at the same time? Identify any exceptions where there may be a timing delay or there is a requirement for duplicate entry of data.

11. Describe the system backup process. Can backup be completed in a dynamic mode so that the system can be operational 24 hours per day? What backup schedule do you recommend? Describe the automated backup features that allow rapid and unattended system and data backup operations on a user-scheduled basis.

12. Can the system be configured to support improved fault tolerance and system recovery (e.g., mirrored disk drives/servers)?   What level of redundancy would you recommend for our practice?

13. Discuss data archiving and restoring from archive within all applications of the software. What are the capabilities in restoring from archive? How long does it typically take to restore data? What tools/media are used for archiving data?

14. Does your proposed solution have the ability to work with Microsoft Windows 95/98, 2000, XP, Windows NT Workstation, PocketPC 2002 and XP for Tablets?

15. If it is not addressed in the System Environment Specification, identify the minimum desktop, tablet and PDA configuration requirements.

16. Please provide a recommended hardware configuration. The configuration should include adequate requirements for production, testing and training environment databases.

17. Discuss the user remote access (dial-in vs. internet) capabilities of your systems solution, including view-only vs. full function.

18. Please list the names of any technology companies that your organization is partnered with, the nature of your relationship and the value that it brings to your proposed solution and ultimately to our organization.

System Integration and Interoperability

1. Please list principal data vocabularies and other patient medical record standards that your system is currently using and is compatible with.

2. Is your solution compliant with version 2.4 of the HL7 messaging standard? Do you plan to incorporate future HL7 versions (3.0)?

3. Is your system compatible with SNOMED CT clinical vocabulary and how (e.g. principal vocabulary or through mapping)? If yes, at what level (problems only, HPI, ROS, etc.)?

4. Please describe how your system currently supports recommended ONCHIT/American Health Information Community, CMS and other patient medical record standards.

5. Is your system compatible with e-Prescribing NCPDP SCRIPT standard mandated by CMS?

6. Does your system support Continuity of Care Record (CCR) standard? If yes, please describe how it is implemented (how the information is exchanged between systems).

7. Do you participate in the CCHIT EHR certification process? If yes, please list versions of your software that are certified, and please provide the year (requirement level) when certification was received.

8. Have you ever developed interfaces with Hospital Information Systems beyond lab data? If yes, please name the HIS systems that you have experience interfacing with.

9. If you offer both EHR and PMS software, are they integrated and both use a single database?

10. Does your proposed solution interface/integrate with Practice Management System (version xxx) product? If so, at how many customer sites is it in production

11. Please explain how your proposed system(s) would interface/integrate with Practice Management System (version xxx) product.

12. Please describe the process in which disputes over the interface between your solution and the Practice Management System application.

13. Describe your overall approach to developing, testing, implementing and upgrading system interfaces to the Practice Management System application.

14. Describe your overall approach to developing, testing, implementing and upgrading system interfaces to other third party systems.

15. For each of the interfaces that we require, please explain if your proposed interfacing solution will be bi-directional or uni-directional?

16. Discuss any limitations/issues regarding your willingness or ability to interface/integrate your product with foreign automated systems.

17. Please indicate if you offer an Interface Engine product and/or describe your experience with third party interface engine products and the software products you have proposed.

18. Does your system support or plan to support Centers for Medicare and Medicaid Services' Doctor's Office Quality – Information Technology (DOQ-IT) project regarding the capture and output of clinical quality measures? If yes, when will your product be ready to export DOQ-IT data?

Report Generation and Tools

1. Does your system have an ad-hoc report writer utility with access to all databases and data elements (including user defined fields)?
   - If so, is this a third-party package?
   - Is the same report writer used for all applications? If not, indicate the differences.
   - Are all data elements available for report writing?

2. Can third-party report writer software be used to access information within your system?

3. Please describe your reporting capabilities. How much technical knowledge is required for a general user responsible for analytical reporting?

4. Can your clients do ad hoc reporting without vendor assistance? Can non-IT users utilize the ad hoc reporting tool? What type of special training is needed for your report writer tool?

Security

1. Discuss your approach to data/information security, especially with regards to Internet technologies. Is it consistent with the latest industry approaches for encryption and authentication?

2. Does the system support log-on capabilities by:
   - User ID/password
   - Smart card, proximity card, or token device
   - Other security controls/devices including biometrics (describe)
   - Secure remote access (describe methods – Citrix, dial-up, Internet – and extent of functionality – complete, view only)

3. Does the system have functionality to accommodate multiple users on a common workstation with easy log-off/log-on capabilities?

4. Does the system require the user to change his/her password at set intervals? Can Information Technology staff set intervals for password changes to an organization's specifications?

5. Describe how system access can be configured to limit user access to patient records and functionality based on their role in the organization (i.e., role-based access). For example, can access to patient financial, billing and medical records information be restricted to only those clinical or administrative staff that have a need to know the information?

6. Does the system log all activity to provide a complete audit trail of the specific user, patient, function accessed, date/time and data change. Are record accesses and edits easily reportable by patient and employee?

7. Does the system have a function that will automatically "log off" users? How is this function controlled?

8. Does the application date/time mark encounters closed/completed and prevent further changes?

HIPAA

1. How is your organization preparing for software changes required by the pending HIPAA legislation?

2. Indicate if your product is/will be compliant with the following HIPAA application security requirements:
   - Access Controls
   - Audit Controls
   - Data Authentication and Integrity
   - Entity Authentication (including unique user IDs, Automatic Logoff)
   - Data Encryption – current standards