



Solicitation Information

18 Jan 07

RFI # 7003108

TITLE: Designation of Rhode Island's Health Information Exchange

Submission Deadline: 12 Feb 07 @ 2:00 PM (Eastern Standard Time)

PRE-BID/ PROPOSAL CONFERENCE: Yes Date: 5 Feb 07 Time: 2:30 PM Mandatory : No Location: Department of Administration / Division of Purchases (Bid Room), One Capitol Hill, Providence, RI
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Questions concerning this solicitation may be e-mailed to the Division of Purchases at lroche@purchasing.state.ri.us no later than **1 February 07 at 12:00 Noon (EST)** .Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFI # on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

Jerome D. Moynihan, C.P.M., CPPO
Administrator of Purchasing Systems

Vendors must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Vendors:

Offers received without the entire completed three-page RIVP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

This is a request for information. No award will be made as a result of this solicitation.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

- Potential offerors are advised to review all sections of this Request carefully, and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
- Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited.
- All costs associated with developing or submitting a proposal in response to this Request, or to provide oral or written clarification of its content, shall be borne by the offeror. The State assumes no responsibility for these costs.
- Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
- All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
- Proposals misdirected to other State locations or which are otherwise not present in the Division of Purchases at the time of opening for any cause will be determined to be late and may not be considered. The "Official" time clock is in the reception area of the Division of Purchases.
- In accordance with Title 7, Chapter 1.1 of the General Laws of Rhode Island, no foreign corporation shall have the right to transact business in the state until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This will not be a requirement of the successful bidder, as no awards will be made as a result of this RFI.
- Offerors are advised that materials submitted to the State of Rhode Island for consideration in response to this Request for Information will be considered to be public records, as defined in Title 38 Chapter 2 of the Rhode Island General Laws, and will be released for inspection upon request, except where the materials indicate that the information is proprietary.
- It is intended that a designation pursuant to a future Request for Proposals (RFP) will be made to a prime contractor, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered, but subcontracts are permitted, provided that their use is clearly indicated in the offeror's proposal, and the subcontractor(s) proposed to be used are identified in the proposal.

- The State of Rhode Island has a goal of ten per cent (10%) participation by MBE's in all State procurements. For further information, visit the web site www.rimbe.org. To speak with an M.B.E. Officer, call (401) 574-8253.
- Interested parties are instructed to peruse the Division of Purchases web site on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFI.
- **Equal Employment Opportunity (RIGL 28-5.1)**
§ 28-5.1-1 Declaration of policy. – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies in all areas where the state dollar is spent, in employment, public service, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Employment Opportunity Office, at 222-3090

Request for Information for the Designation of Rhode Island’s Health Information Exchange

REQUIREMENTS AND DEADLINES FOR QUESTIONS AND RESPONSES

This Request for Information (RFI) outlines the type of information being solicited from potential designees and includes guidelines for content and format of responses.

All questions regarding this RFI must be in written form, pursuant to the terms & conditions expressed on page one of this solicitation.

Respondents desiring to reply to this RFI must do so, in writing, providing one original and 3 complete copies by the date & time indicated on page one of this solicitation. Submit responses, marked RFI # 7003108 to:

RI Department of Administration
 Division of Purchases, 2nd Floor
 One Capitol Hill
 Providence, RI 02908-5855

Responses received after the above-referenced due date and time may not be considered. Proposals misdirected to other State locations or which otherwise not presented in the Division of Purchases by the scheduled due date and time will be determined to be late and may not be considered. Responses faxed, emailed, to the Division of Purchases will not be considered. The “official” time clock for this solicitation is located in the Reception Area of the Department of Administration/Division of Purchases, One Capitol Hill, Providence, RI.

1. Introduction

The State of Rhode Island has a fundamental interest in encouraging the adoption of health information technology among health care providers that will lead to: a) continuous improvement in the quality, safety, and value in health care; b) increased confidentiality and security of health information, and c) progress towards public health goals. In part, the value of making health information electronic is realized when information can be securely, appropriately, and quickly exchanged between health care providers and for public health activities.

A Health Information Exchange (HIE) can be defined as the “mobilization of healthcare information electronically across organizations within a region or community.”¹ An HIE makes it possible for health care organizations with disparate information systems to make health information accessible to and usable by each other. A broader definition of an HIE is one that allows for additional services and information to be delivered through an HIE infrastructure. These services may include the delivery of health education tools, community health resource information, and decision support to help individuals and their providers follow guidelines for prevention and evidence-based care. An HIE could also facilitate the analysis of health information to inform public health interventions, record individual preferences for end-of-life care, and promote individual access to his/her personal health information.

Most (if not all) HIEs in the United States are governed by an organization that facilitates relationships and agreements between the health care organizations participating in the HIE, arranges for the establishment of the technical architecture that allows the electronic exchange of information to take place between those organizations, and sets policies for use of and access to information in the HIE, among other activities. There is generally only one HIE in a given medical trading area. For the purposes of developing an HIE in Rhode Island, the entire state is considered to be one medical trading area.

In the 2006 legislative session, the Rhode Island General Assembly passed Public Law Chapter 246 (Article 7, Section 10)², authorizing the Department of Administration and the Department of Human Services to commit funds to the initial capitalization and operations of an HIE, in an amount proportional to the share of Rhode Islanders whose health care is purchased by the State – i.e., its Medicaid share and state employee and retired employee health plans, or approximately \$6 million out of a total project cost of \$20 million statewide. This authorization is dependent on the participation of all domiciled insurers in Rhode Island, Medicare, and Medicaid in a common participation formula. This authorization also requires that the Department of Administration determine through an open bid process the organization that would provide administrative and financial services and operational support to the HIE. This Request for Information will be followed by a subsequent Request for Proposals that the Department of Administration will use to evaluate bids from organizations wishing to be designated as Rhode Island’s HIE.

¹ eHealth Initiative, Second Annual Survey of State, Regional and Community-based Health Information Exchange Initiatives and Organizations, August, 2005. Available at: <http://www.ehealthinitiative.org/pressrelease825A.msp>

² Available at: <http://www.rilin.state.ri.us/PublicLaws/law06/law06246-07.htm>

2. Purpose of this Request for Information

To date, the development of over 200 geographically-based HIEs in the U.S. has conformed to the requirements of local participants and their health care environments.³ This has produced wide variation in models for the governance, business model, policies, architecture, and function. The Office of the National Coordinator for Health Information Technology (ONC), which was established under the U.S. Department of Health and Human Services and charged to facilitate and coordinate the creation of an interoperable health information infrastructure on a national scale, is currently studying best practices among state-level HIEs in an effort to set forth criteria for organizations wishing to support and operate an HIE. In advance of any standards for HIE organizations established at the federal level, the Department of Administration seeks to engage national and local opinions on best practices for an organization that is supporting and operating Rhode Island's HIE.

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This RFI seeks to obtain:

1. Information from the Rhode Island community on their preferences for the characteristics of the organization that will support and provide services for Rhode Island's HIE;
2. Recommendations as to the optimal capabilities of organizations that support and provide services for HIEs;
3. Information on the feasibility of certain functions of the HIE organization and their estimated costs;
4. Recommendations for the role of a statewide HIE organization in Rhode Island, as well as for its relationship to a nationwide health information network.

Potential responders:

- Health care providers (networks, institutions, practitioners, professional societies)
- Advocacy and public interest groups
- Consumer and patient interest groups
- Health care purchasers
- Health care payers
- Government entities

3. Background

The state of Rhode Island has a population of just over 1 million individuals. Most Rhode Islanders receive their care within the state, although a small percentage travel to medical centers in Boston, MA or New Haven, CT for certain services. Rhode Island health care organizations also provide health care for non-RI residents.

³ Foundation of Research and Education of AHIMA. Development of State Level Health Information Exchange Initiatives: Final Report. September 1, 2006. Available at: <http://www.staterhio.org/>

The amount of health care information proposed to flow through the HIE is variable according to the utilization of health care services in Rhode Island. Recent estimates of health care utilization in Rhode Island are as follows:⁴

- Over 4.5 million physician office visits occur annually in Rhode Island.
- Over 12 million prescriptions are dispensed at Rhode Island's retail pharmacies
- Rhode Island's 14 non-federal short-stay hospitals discharge over 125,000 patients each year
- Over 7,000 Rhode Islanders reside in the state's nursing homes each year
- Over 11,000 Rhode Islanders received home health care services financed by Medicare

The initial development of Rhode Island's HIE is underway. In October 2004, the Rhode Island Department of Health received a \$5 million, 5-year contract from the federal Department of Health and Human Services' Agency for Healthcare Research and Quality (AHRQ) to develop the first phase of Rhode Island's statewide HIE. In May 2006, the Department of Health received an additional \$345,000 contract from RTI International and AHRQ to participate in a Health Information Security and Privacy Collaboration with 33 other states, in which government and community stakeholders are analyzing business practices and state law related to electronic health information exchange within Rhode Island as well as across the U.S. These initial sources of funding have leveraged countless hours of donated time on the part of members of the community who are involved in shaping the initial and long-term approach to building and sustaining the HIE. This approach includes the technical design of the HIE and the policies by which the HIE should be governed. These community members include executives and staff of health insurance companies, integrated delivery networks, hospitals, and community health centers, as well as academic institutions, practicing physicians, attorneys, state officials, and health care consumers and consumer organizations.

4. Expectations for Rhode Island's Health Information Exchange organization

The State has identified the following expectations for Rhode Island's HIE organization. This RFI seeks suggestions from respondents as to how these expectations should be met. This RFI also seeks suggestions for additional domains of interest that the state should have with regard to designating an HIE on behalf of Rhode Islanders.

⁴ All data are available at: www.statehealthfacts.org, except for the estimated number of physician visits annually, which can be found in the Shape Study (2002), available at: www.shaperi.org. Other information on health care utilization is available at these two sites.

4.1 Qualifications of the HIE organization

The State seeks to designate an organization for Rhode Island's HIE that has the most appropriate qualifications for developing, governing, and sustaining a statewide HIE. The State is interested in information about the experience, leadership, and structure of an organization and its employees and/or consultants that would best qualify it to support the HIE on behalf of all Rhode Islanders. The State seeks suggestions on the domains of expertise that an HIE's host organization and its subcontractors should demonstrate, as well as benchmark criteria by which that expertise may be evaluated.

One key qualification that the State expects to consider is how an organization proposes to assume the management of the first AHRQ-funded phase of the HIE from the current management at the Rhode Island Department of Health. The State is interested in information about the skills, capacity, and experience of the personnel and organization that could best contribute to a smooth transition of the HIE's first phase to the designated HIE organization.

4.2 Governance of the HIE

The legislation authorizing the Department of Administration and Department of Human Services to contribute funds to the HIE assumes that the HIE and its host organization will be funded by both the public and private sector. The State is soliciting descriptions of effective models for governing the HIE organization that acknowledge that the HIE will require financial and non-financial support from state government, federal government, and private entities. Governance includes, at minimum, the following components:

4.2.1 Decision makers

Commonly, policies for an HIE and its supporting organization are set by a decision-making body, such as Board of Directors, that includes participants from consumers, health care purchasers (insurers and employers), government, and health care provider organizations. The State seeks recommendations as to whether Rhode Island's HIE should have a similar decision-making group, and if so, what its the composition should be. The State seeks recommendations on the individuals that should be represented on this decision-making body, either by category, by position held, or by skill set. The State is also interested in receiving suggestions on the process by which individuals could be selected to serve on the decision-making body, how many individuals should serve at one time, how their performance may be evaluated, and for how long they should serve.

Additionally, the State welcomes suggestions for policies to which decision makers for the HIE should adhere. Respondents may choose to identify potential conflicts of interest that decision makers for the HIE may have, and a process best suited for addressing those conflicts. Respondents may also suggest consequences for decision makers that fail to meet overall expectations of performance.

There is wide variation in current examples of HIE governance structures that include both public and private interests. In seeking suggestions for governance models, the State requests that respondents discuss how the State's initiation of the open bid process for designating the HIE organization, and the condition for State payment that

contributions be solicited from the federal Medicare program and other in-state health insurers, would influence any proposed governance structure.

4.2.2 Legal entity of organization

The State is interested in understanding the optimal legal entity of the designated HIE organization, given preferences for tax status, bylaws, mission, and potential funding sources. The State asks respondents to consider the level of transparency that an HIE organization should have in its administration, financing, or operations, and the type of legal entity that would facilitate that level of transparency.

4.3 Functions of an HIE organization

Through its role in providing administrative and financial services and operational support to the HIE, the State expects that the HIE organization will pursue activities in the following categories. The State solicits additional information on how these activities might be best accomplished and suggestions for additional functions that the State should consider when designating an HIE organization.

4.3.1 Administrative policies for the HIE

As part of its oversight of the HIE, the HIE's host organization must set policies for entities or individuals that make information available through the HIE, and for entities or individuals that access information from the HIE. Examples of these policies include how users of the HIE are authenticated and authorized to use the HIE, which data and security standards can be used in Rhode Island's HIE to allow different health information systems to be interoperable, and for what purposes data in the HIE may be accessed. The State seeks information on best methods for developing community-wide policies for the HIE that address these issues and others.

4.3.2 Financial services for the HIE

The State seeks information on successful models that an HIE host organization could employ in order to assure that sufficient funds are available to the HIE to continue its development in the initial capitalization and operations phase and on an ongoing basis.. Suggested model(s) would identify sources of funds, the relative contribution of different sources, and the basis for determining a formula for contributions from various stakeholder groups. The State requests that respondents provide estimates of the annual operating cost of an HIE that would be sufficient to maintain the governance structure and technological infrastructure developed in the initial phase, as well as to improve accessibility to the HIE, increase comprehensiveness of information in the HIE, enhance responsiveness to community needs, and develop additional policies, functions, and services as needed.

In order to meet the expectation that public and private entities contribute to the financing of the HIE, the HIE organization must enter into mutually acceptable agreements with those entities. The State seeks recommended approaches to engaging all potential funders successfully to sustain the HIE financially. In describing one or more approaches, respondents may choose to comment on: the optimal process and time frame for engaging funders initially and on a routine basis; items that an HIE organization must have in place before seeking funding; terms and conditions of agreements; and methods for handling changes in the health care payer environment.

4.3.3 Technical operations of the HIE

The State expects that the organization that provides operational support to the HIE will have the capacity to create and monitor existing and future contracts with vendor(s) who build the HIE. This capacity implies that the HIE organization will understand the state-of-the-art in standards developed for data storage, transmission, display, and security; identify potential models for technical architecture that enables electronic health information exchange; set deliverables; and evaluate vendor proposals accordingly. The State seeks suggestions for benchmark criteria by which it may evaluate an organization's readiness to oversee the technical operations of the HIE.

The State expects that the HIE organization would engage community stakeholders in setting principles and priorities for the technical operations of the HIE, and seeks recommendations for best practices in managing community interests and advocacy for the design and operation of the HIE.

4.3.4 Interoperability of HIE with a public health information infrastructure

Under authority from the federal and state laws, the Rhode Island Department of Health and the U.S. Centers for Disease Control and Prevention currently receive health information from health care providers for a range of surveillance, epidemiologic, health planning, and quality measure reporting purposes. The Department of Health also exchanges health information with health care providers as necessary, e.g., information generated by or aggregated by the State Laboratories or from KIDSNET, the integrated child health information system that includes records of immunizations and blood lead level test results. The state sees mutual benefit to the public and to providers in leveraging existing health information exchange infrastructure in the HIE and building upon the HIE to improve existing efforts to exchange health information between public health agencies and health care providers.

The state requests information about the implications of seeking interoperability between the HIE and public health agencies for the administrative, financial, and operational model for the HIE's organization. The state is interested in learning about strategies that have been or could be successfully employed to develop the technical components of the HIE and HIE policies to accommodate collaboration with HEALTH and the Public

Health Information Network currently being developed at the federal level.⁵ These components could address public health goals such as providing alerts and communications to health care providers, educating health care consumers and providers, detecting and monitoring health threats, contributing public health data to the community, and making services available to the community that improve the quality of health care delivery.

4.3.5 Interoperability of HIE with existing health information systems

Health care payers and health care providers in the public and private sectors have developed or are developing robust health information systems to meet a wide range of goals. The State seeks information about the considerations an HIE organization should account for in connecting the HIE to these systems and vice versa, and the implications that this will have for the administrative, financial, and operational model for Rhode Island's HIE organization.

4.3.6 Interoperability of HIE with other HIEs nationwide

The current vision of the Office of the National Coordinator for Health Information Technology (ONC) is to join state-level HIEs in a nationwide health information network. The state requests information about the implications that planning for this coordination across HIEs will have for the administrative, financial, and operational model for Rhode Island's HIE.

4.3.7 Additional functions

Respondents are invited to identify additional functions that are not mentioned elsewhere in the RFI but that should be considered by the State in writing a future RFP to designate Rhode Island's HIE organization.

4.4 Role of the HIE organization in the Rhode Island community

The HIE is expected to facilitate the electronic exchange of health information between health care providers for the purposes of clinical care coordination, and potentially to collaborate with public health agencies for the mutual benefit of providers and the public. In order to achieve these ends, the HIE organization may need to take on a role that is more broad than achieving the basic functions of administration, financing, and operations (including interoperability) listed above. The state seeks information about whether the HIE organization should have a role in accomplishing the following tasks, and if so, what best practices exist to do so.

⁵ For more information about PHIN, see: <http://www.cdc.gov/PHIN/overview.html>

4.4.1 Encouraging health care providers' use of the HIE

In order for the HIE to realize its potential to improve quality, safety, and value in the provision of health care, it must be accessible to and useful to health care providers across many settings. The State seeks information on the role, if any, of the organization supporting the HIE in promoting use of the HIE among providers. Discussion of this role could include what effective strategies have been or could be successfully employed to work towards equitable access to the HIE across providers of different sizes and types, as well as those strategies that have been or could be successfully employed to respond to providers' suggestions for increased accessibility and usability of the HIE. These strategies may be administrative, financial, or technical in nature, and may involve activities of the HIE's host organization or its partner organizations.

4.4.2 Consumer awareness of the HIE

One key to providers' use of the HIE is consumers' acceptance of the HIE as a new component in the delivery of health care in Rhode Island. The state seeks information on the role, if any, of the HIE's host organization in communicating with health care consumers in Rhode Island about the HIE. Discussion of this role could include what effective strategies have been or could be employed to ensure broad consumer understanding of the HIE, including among the state's most vulnerable populations, in such a way that facilitates use of the HIE. Additionally, the state is interested in information about how the HIE may conform to and promote the recommended Culturally and Linguistically Appropriate Services (CLAS) standards in health care.⁶

4.4.3 Health care system transformation

The potential benefits of an HIE in Rhode Island, and nationally, may accrue in terms of health care cost savings, quality in health care service delivery, and eventually improvement in health status. The State seeks information about whether an organization's choice of governance model, administrative policies, financing, and technical operations can assist or impede the evaluation of the HIE's impact on the health care system and health of Rhode Island's population. If these characteristics would influence the type of evaluation that could be done on the HIE, the State seeks recommendations an HIE and an HIE organization might best be structured so as to later understand the impact of the HIE. Beyond evaluation, the State also welcomes opinions on the potential applications of the HIE to some of the current challenges in health care delivery, and whether an HIE organization should address these uses for the HIE in its vision and mission. Respondents may wish to include suggestions for the services that an HIE organization can provide to achieve specific benefits in the health care system (beyond the HIE itself), and for those services, what the feasibility, timeline, and cost would be.

⁶ More information about the CLAS standards is available here:
<http://www.omhrc.gov/templates/content.aspx?ID=87&lvl=2&lvlID=1>.

4.5 Performance measures for the HIE

The state solicits suggestions for quantitative and/or qualitative measurements of the HIE's performance that could be used for quality monitoring and quality improvement purposes.

4.6 Other

The state invites respondents to suggest other domains of interest that should be considered in developing the subsequent RFP for designating the organization that will serve and support Rhode Island's HIE.

5. Content of Response

The following outline (and suggested page counts) is intended to minimize the effort of the respondent and structure the response for ease of analysis. All responses will be equally valued, regardless of page length. Concise responses are appreciated.

Section 1 Respondent Profile (1 page)

Please provide a brief description of the individual or organization responding to the RFI and the individual or organization's interest in Rhode Island's HIE.

Section 2 Proposal for desired characteristics and capabilities of Rhode Island's HIE (no suggested page count)

Please address any of the domains of interest that are listed in the "Expectations" section above. Responses that discuss just one topic pertinent to this RFI will be considered equal to those that discuss all topics mentioned above or topics additional to those mentioned above. Please organize your response according to the topic headings listed above, and add any additional topic headings as necessary.

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Section 3 Feasibility and Cost Assessment (4 pages)

Each of the functions or roles listed as "Expectations" for Rhode Island's HIE organization may be more or less feasible given current and planned infrastructure and resources. Please comment on the feasibility of achieving the above-stated functions and roles for the HIE organization, including estimates of the amount of time and money needed to achieve them.

Section 4 References (1 page)

Please indicate the reference documents, if any, used in responding to this RFI. Please also suggest references that would be of use to the state in developing a subsequent RFP.

Definitions

Respondent: Any individual, or public or private agency, non-profit or for-profit, that wishes to reply to this RFI may do so.

Response Date

Submit one original and 3 complete copies of response by the date & time stated on page one of this solicitation. Submissions should be single spaced on 8 ½” by 11” pages with 1” margins using Times Roman 12-point font.

Disclaimer

This Request for Information is solely for information and planning purposes and does not constitute a solicitation. All information received in response to the RFI and marked as “Proprietary” will be handled accordingly. Responses to the RFI cannot be accepted by the Government to form a binding contract. Responses to the RFI will not be returned. Respondents are solely responsible for all expenses associated with replying to this RFI.

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