ADDENDUM #01

RFP – ELECTRONIC HEALTH RECORD FOR A PUBLIC HEALTH DEPARTMENT

12/09/2024

PROPOSALS MUST BE RECEIVED ON OR BEFORE FRIDAY, DECEMBER 13, 2024 BY 5:00 P.M. CT TO BE CONSIDERED.

QUESTIONS SUBMITTED FROM INTERESTED PARTIES:

1. Roughly how many users from the Cherokee Nation Public Health Nursing Program would be using the EHR system?

   a. Direct Care/Clinicians such as Physicians, LPNs, and RNs?
      i. **RNs= 10**
      ii. **Physician= 1**

   b. Mid-Level Providers such as Social Workers, Case Coordinators, and Community Outreach?
      i. **Community Outreach= 20**

   c. Non-Clinicians such as Front Desk, Office Managers, or Administrative Staff?
      i. **Administrative staff= 5**

2. How many Public Health Clinics will be using the EHR?
   a. **One**

3. Do any of the Nation's Public Health Clinics have pharmacies on site? If so, how many?
   a. **No, none.**

4. Do any of the Nation's Public Health Clinics have on site laboratories? If so, how many?
   a. **No, none.**
   b. **Perform mobile point of care testing/screening only.**

5. Under the "Electronic Health Record Specifications for Public Health Nursing Program" #6 there is a bullet for "Billing application or option". Can you explain this requirement? Are proposing vendors providing a billing system? Or an interface? And, if billing is required, is sliding fee scale functionality required as well?
   a. **Currently we do not have a billing provider and are not billing for any service. In the event we begin billing for billable services, we would like the ability to have a service provider available through the vendor.**
   b. **Sliding fee scale would not be required.**

6. How many Telehealth visits does The Nation's Public Health Department provide annually (estimate)?
   a. **Currently, none.**

7. Is reporting such as HIS/GPRA required?
   a. **We do not have IHS/GPRA reporting requirements.**
   b. **We are accredited through the Public Health Accreditation Board (PHAB).**

8. Are you looking for a solution that is certified as a Complete EHR or EHR Module under the ONC's Certified EHR Technology (CEHRT) program?
   a. **We are looking for a solution that is certified as a complete EHR under the ONC's Certified EHR Technology (CEHRT) program.**

9. Can you provide more details on the role and responsibilities of the public health nursing program within the Cherokee Nation? What types of services, clinics, or outreach activities do the public health nurses typically perform, and how do they currently coordinate with other departments or programs?
   a. **The public health nursing department's role and responsibilities rely within community outreach, education, and prevention.**
   b. **Services include, but may not be limited to blood pressure screenings, point of care testing/screenings, Naloxone Awareness and Prevention training, community vaccination events, etc.**
   c. **Contact tracing/Communicable disease investigation(s)- requiring interface with PHIDDO.**
   d. **Vaccination administration- requiring interface with OSIIS.**
   e. **The PHN department utilizes a mobile health unit to provide services within community/remote settings.**
   f. **They currently coordinate events with internal and/or external partners by use of phone and/or email communication.**

10. The RFP asks for the EHR for order management capabilities for lab orders, imaging orders, and medication prescriptions – can you please clarify the scenarios public health nursing program manages such orders which are usually done in a clinical setting?
    a. **Services are provided based on protocol(s) for screening and/or vaccination.**
    b. **Further need for services and/or confirmatory testing would be deferred to external facility.**

11. Is there an existing Electronic Health Record system currently in use by the Cherokee Nation Public Health Nursing Program that this new EHR would be replacing? If so, can you provide details on the existing system, such as the vendor, and how long it has been in place?
    a. **We do not have an existing Electronic Health Record in place.**
    b. **No data migration would be required**

12. Beyond an EHR system, what other software applications or systems does the Cherokee Nation's public health nursing program currently utilize? This could include things like patient scheduling, inventory management, reporting dashboards, or specialized public health tools.
    a. **No**

13. What is the expected timeframe for implementation and go-live of the new EHR system? Are there any phased rollout or parallel operation requirements during the transition?
    a. **Expected timeframe for implementation and go-live is 6 to 9 months.**
    b. **There are no phased rollout requirements.**
    c. **Parallel operation requirements would consist of maintaining daily essential operations during implementation/go-live**.

14. For the telehealth functionality, can you provide some additional details on the requirements? For example, are you looking for the EHR system to have built-in secure video conferencing capabilities or, can the EHR integrate with a separate videoconferencing platform? If the latter, do you currently have any existing videoconferencing licenses or solutions in place that you would want the EHR to integrate with?
    a. **We do not currently have a videoconferencing license or solution in place.**
    b. **Prefer the EHR system to have a built-in capabilities for secure video conferencing.**

15. Can you provide more specifics on the internal and external referral capabilities the EHR system must support? Are there any particular technologies, standards, or interfaces that the referral functionalities need to integrate with?
    a. **The system must support interfaces with PHIDDO, OSIIS for reporting purposes.**
    b. **Direct referral interface or eFax capabilities with Oklahoma Tobacco Helpline.**
    c. **Automated referral tracking for status, progress, and updates for internal reporting purposes.**
    d. **Portal access for participants to review referrals and statuses.**
    e. **Interoperability with other EHR systems.**

16. For the internal referrals to other Cherokee Nation public health programs and services, is there a requirement for the EHR to interface directly with the Cerner EHR system used by the Cherokee Nation hospitals and clinics?
    a. **Not at this time.**

17. For the lab order and imaging order management functionalities, can you clarify where these orders should be directed? Is there a specific lab or imaging provider that the EHR system needs to integrate with, or should it have the flexibility to send orders to various external labs and imaging centers based on patient preference?
    a. **Not at this time.**

18. Regarding the electronic prescribing capabilities, does the Cherokee Nation have a preferred e-prescribing tool or platform that the EHR system should integrate with? For example, are you looking to integrate with a specific pharmacy management system, electronic prescription routing network like Surescripts, or other specialized e-prescribing software?
    a. **Not at this time.**
    b. **Need potential to track medication par levels within the EHR system.**
    c. **Need ability to pull lot numbers with participants who received medication in event of recall.**
    d. **Need Medication Administration report capabilities**.

19. For the billing application that needs to be integrated with the EHR system, do you have a specific billing platform or vendor that you currently use or prefer to integrate with?
    a. **No, we do not currently bill for services nor have a billing service provider.**

20. Does the Cherokee Nation Public Health Nursing Program currently utilize Salesforce or any other Salesforce-based applications in their operations?
    a. **No, not at this time.**

21. How many specialty facilities (i.e., dental, behavioral health, etc.) does the Cherokee Nation maintain?
    a. **Cherokee Nation Public Health currently does not have any specialty facilities.**
    b. **We have 1 centralized office building, several satellite offices which include wellness centers/spaces and WIC offices.**

22. What lab interfaces (i.e., Quest, LabCorp, etc.) are desired/required by the Cherokee Nation?
    a. **None at this time.**

23. What radiology interfaces are desired/required by the Cherokee Nation?
    a. **None at this time.**

24. Does the Cherokee Nation require integration with any HIEs?
    a. **Not at this time.**

25. Does the Cherokee Nation have an internal billing services team, or are those functions currently outsourced?
    a. **We do not have an internal or external billing team nor service provider.**

26. Does the Cherokee Nation require electronic prescription of controlled substances? If so, how many providers?
    a. **No, none.**

27. Does the Cherokee Nation desire voice dictation into the EMR? If so, for how many providers?
    a. **No, not at this time.**

28. Does the Cherokee Nation desire an AI solution to support provider documentation within the EMR? If so, for how many providers?
    a. **No, not at this time.**

29. Does the Cherokee Nation desire single sign on capability?
    a. **Yes.**

30. Is a cloud-based system that utilizes private cloud technology acceptable?
    a. **Yes, as long as passes IT security assessment.**

31. Our organization aggregates data from its collaborative members to form one of the country's largest repositories of health data for historically underserved populations; Cherokee Nation's members would retain ownership of only its patient data and not all data within the collaborative cloud environment. Are these terms acceptable to your organization?
    a. **No**

32. Please provide estimates for the following (if applicable):
    i. Number of annual billable encounters/visits across all facilities, and:
        a. PM (practice management) encounters/visits- **0, zero currently; estimated 2000 annual visits for start up.**
        b. EMR encounters/visits (please separate out primary care and behavioral health visits)- **we do not provide primary care, BH, or other clinical services. Preventative screening services only at estimated 2,000 per year; with expected growth.**
        c. EDR (Electronic Dental Record) encounters/visits- **0, zero**
        d. Outpatient pharmacy prescriptions dispensed?- **0, zero**

    ii. Number of front desk scanners- **0, zero**

    iii. Number of high capacity (back office) scanners- **0, zero**

    iv. Number of billing providers- **0, zero**

    v. Number of report writers- **unsure what reports would be included.**

33. What funds are available, and do you have a defined budget, for this project?
    a. **Yes, we have a defined budget.**

34. Period of performance is stated to end September 30, 2027. What is the start date for the period of performance?
    a. **May 2025.**

35. Are there any citizenship or location restrictions for resources? (ie. is offshore development work in India or South America acceptable?)
    a. **Must be able to accommodate US central time support needs.**

36. Public Health Specific Solutions: does OSSIS and PHIDDO provide APIs to Interface?
    a. **OSIIS and PHIDDO both offer interfacing capabilities.**

37. User Management: what is your Identity Provider for Single Sign on, does it support SAML or OpenID Connect?
    a. **We do not currently have a provider.**

38. Is Data Migration in Scope? if yes, please share total data volumes by number of rows and file volumes by size.
    a. **No, no data to migrate.**

39. Do you have a Human Centered Change Management Practice in place, who can support this engagement, or are you expecting a contractor to provide Change Management resources?
    a. **We will manage internally.**

40. Would you be able to share the current state business processes for the following areas to help us accurately assess the level of effort required for implementation: Internal Referrals, External Referrals, Mass Vaccination Features/Capabilities, Patient Management and Order Management?
    a. **Internal Referrals- completed by internal communication channels.**
    b. **External Referrals- managed by phone and/or secure email messaging.**
    c. **Mass Vaccination- none at this time.**
    d. **Patient Management- paper processes.**
    e. **Order Management- none at this time.**

41. What is the anticipated growth in patient volume over the next 1-3 years?
    a. **We expect to double services within the next 1-3 years, potential increase from 2000 to 6000 by year 3.**

42. How many individuals typically work on a single patient case? Will all of those individuals all require access to the new system?
    a. **Typically, 1-5 individuals may work on a single case.**
    b. **All would need access to system as outlined in question #1 above.**

43. Does Cherokee Health experience seasonal fluctuations in staffing or patient volume that could affect license needs?
    a. **No.**

44. Will creating the mentioned patient portal be in this scope of work? If creating the patient portal will be in this scope of work, how many patients will need accounts?
    a. **Yes.**
    b. **All patients**.

45. Can you provide sample reports, forms, notes, etc.
    a. **No.**

46. For the Vendor Evaluation Criteria what percentage is given for each category listed?

47. Criteria	Weight (Points)	Description
User Interface & Usability	15	Ease of use, intuitiveness, and overall user experience
Functionality & Features	15	Availability and quality of features
Performance & Reliability	10	System speed, uptime, and reliability
Integration Capabilities	10	Ability to integrate with other systems and tools
Security & Compliance	15	Adherence to security standards and compliance with regulations
Support & Training	15	Quality of customer support and training resources
Cost & Value	10	Cost-effectiveness and overall value for money
Scalability & Flexibility	5	Ability to scale and adapt to changing needs
Customer Satisfaction	5	Overall satisfaction of end-users
Indian Preference (TERO)	5	

48. Has the Nursing Program viewed other EMR solutions? If so, can you name them?
    a. **No**

49. Is there an existing solution in place?
    a. **No.**

50. What are the key improvements you are looking for in the new HER systems?
    a. **No system currently in place.**

51. Can an extension be granted for the submission deadline?
    a. **No**