

Department of Human Services

Office of Mental Health and Substance Abuse Services

Electronic Health Record Request for Information (RFI)



Date: April 25, 2022

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PART 1. General Information

1.1 Purpose of this Request for Information

The Pennsylvania Department of Human Services (“Department”), Bureau of Procurement & Contract Management issues this Request for Information (“RFI”) to gather input and availability of Electronic Health Record (“EHR”) solutions for the Department’s Office of Mental Health and Substance Abuse Services (“OMHSAS”) state hospitals and state facility.

Specifically, this RFI seeks information to assist the Department in understanding the system capabilities available in Pennsylvania. Through this RFI, the Department hopes to become aware of and knowledgeable about certified EHR systems. A respondent may respond to all or any of the specific questions or topics contained in this RFI.

The Department encourages vendors and other interested parties to provide feedback in response to this RFI or any part thereof. A respondent may respond to all or any of the specific questions or topics included in this RFI.

1.2 Request for Information Timeline

Event	Date
Release RFI	April 25, 2022
RFI Responses Due	May 16, 2022

The Department is requesting that all responses to this RFI be submitted by 12:00 p.m. on the due date. Responses must be submitted electronically to the following email account with “OMHSAS EHR RFI” in the email subject line: RA-PWRFICOMMENTS@PA.GOV.

While the Department does not intend to respond to questions or clarifications during the RFI response period, respondents may submit administrative questions related to this RFI electronically to: RA-PWRFICOMMENTS@PA.GOV using “OMHSAS EHR RFI” question” in the email subject line. The Department may or may not respond based on the nature of the question. The Department will post all answers provided online at: <http://www.emarketplace.state.pa.us>.

1.3 Disclaimers

The Department is not liable for any costs or expenses incurred by respondents in the preparation of responses related to this RFI.

This RFI is issued for information and planning purposes only and does not constitute a solicitation for future business, an offer for procurement, or any other type of current or future procurement

action, and is only intended to gather information and input. The Department will not award an agreement on the basis of this RFI or otherwise pay for any of the information received.

The Department may use the information gathered through this process in the development of future procurement documents; however, the Department does not guarantee that this will occur. The Department will not return responses to this RFI. Respondents will not be notified of the result of the review, nor will they be provided copies of it. If the Department issues a procurement document, no respondent will be selected, pre-qualified, or exempted based on its participation in this RFI process.

Respondents should be aware that the responses to this RFI will be public information and that no claims of confidentiality will be honored. The Department is not requesting, and does not require, confidential, proprietary information, or other competitively sensitive information to be included as part of the RFI submission. Ownership of all data, material and documentation originated, prepared, and provided to the Department during this RFI process will belong exclusively to the Department.

PART 2. Background

2.1 Background Information

OMHSAS operates six state hospitals and a state psychiatric nursing home providing care to Pennsylvania's most vulnerable citizens. These facilities currently operate in a largely paper-based environment, incurring penalties under the Information Technology for Economic and Clinical Health ("HITECH") Act of 3% for Medicaid Encounters due to not having an EHR system. These penalties will continue to rise to a potential of 9%. In addition to financial penalties, a paper-based environment for managing medical health records is inefficient and can lead to a reduced level of care, limited care coordination, and an overall lower quality of care to the citizens we serve. In addition, the OMHSAS facilities would benefit from participating in the Health Information Exchange ("HIE") in Pennsylvania for improved care coordination.

2.2 How HIE is Structured in Pennsylvania

HIE in Pennsylvania occurs locally within physician practices, health systems, and other provider organizations through their own EHR systems. HIE occurs regionally when providers connect to a network known as a health information organization ("HIO") through which HIO-connected providers can access clinical information about their patients from other providers connected to that same HIO. Statewide HIE is enabled when HIOs connect to the Pennsylvania Patient and Provider Network ("P3N") through which HIO-connected providers can securely access clinical information about their patients from other providers connected to any P3N HIO. Additionally, the P3N enables care alerts to be sent to a provider when one of their patients

receives care by a provider connected to another P3N HIO. P3N HIOs can also offer their members access to six public health registries through the Public Health Gateway (“PHG”).

2.3 Objectives

By implementing an EHR solution, OMHSAS hopes to:

- Improve quality of care;
 - Patient medical information will be available in real time
 - Eliminate the need for redundant tests
- Improve care coordination;
 - Connect to the P3N for HIE statewide as allowable under HIPAA to enable care coordination with medical providers.
- Improve patient outcomes; and
 - Improved and timely communication of progress and test results will improve treatment plans
- Decrease cost of health care.
 - Reduce lawsuits due to errors in care
 - Elimination of paper-based systems
 - Elimination of HITECH penalties
 - Reduction in duplication of tests and diagnostics

PART 3. Request for Information Submission Format

Through this RFI, the Department is soliciting information and comments regarding the capabilities and availabilities of EHR solutions. All interested respondents are asked to respond in writing to this RFI, per the items outlined below.

3.1 Response Submission

Please prepare responses simply, providing straightforward and concise language and descriptions. All responses should be produced in 12 point font. Please limit your response to no more than 20 pages, not including the cover letter or attachments. Please refrain from sending marketing materials to the Department.

3.2 Cover Letter

Please include a cover letter with the following information:

1. An introduction to the respondent’s organization, background, and interest.

2. General information about the respondent and respondent's organization, to include an address and a point of contact along with a telephone number and an e-mail address.

3.3 Capabilities and Informational Response

The following provides a suggested structure for a response to this RFI. This structure is intended to minimize the effort required to develop and analyze submitted responses. Please address the following:

1. Please provide the name and version of your EHR solution.
 2. Is your EHR solution certified as per 45 CFR 170.315? If yes, please list the version and capabilities certified for:
 - a. Prescription transmission to pharmacies (e-prescribing);
 - b. Drug-drug and drug-allergy interaction checking;
 - c. Drug formularies (including inpatient and outpatient);
 - d. Order entry (Lab, Radiology);
 - e. Receive results (Lab, Radiology);
 - f. Clinical Decision Support;
 - g. E-Communication with patients, other providers, or both;
 - h. Reference materials;
 - i. Patient-centered summary or visit or record;
 - j. Ability to capture patient's own descriptive language;
 - k. Report building (identify all patients with a certain diagnosis or medication); and
 - l. Import/export from other systems.
 3. Do you provide complete implementation services for your EHR solution, including, but not limited to, end user training, help desk support, and maintenance and operations support?
 4. Is your EHR solution currently implemented in any other state hospital settings for mental health/substance abuse? If so, which ones?
 5. Does your EHR solution provide the ability to scan and upload historical paper-based documents?
 6. What kind of hardware is required to use the system?
 7. What options are available to access and enter data into your system (compatible mobile technologies, hardware, etc.)?
 8. How is data entered into the system, and where are the records stored?
 9. Are access to the system and records available 24 x 7?
 10. Is remote access to the system available?
 11. What mechanisms are in place to enforce privacy and ensure security of patient information?
 12. Is your system able to separate psychotherapy notes from the rest of the patient record?
 13. Is your product available on the federal General Services Administration Multiple Award Schedule?
 14. Is your product available on a National Association of State Procurement Officials participating agreement?
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15. Are you able to provide a virtual demonstration of your EHR solution?
16. Does your EHR solution provide the following general capabilities:
 - a. Support mental health and substance abuse facility needs;
 - b. Admissions and census management;
 - c. Waitlist management;
 - d. Face sheet and resident information;
 - e. Health record management, including chart administration, assessments, notes, patient demographics, vital signs, flowsheets, orders, eMAR/eTAR, care plans, provider documentation, and domiciliary charting;
 - f. Resident scheduling and calendar management;
 - g. MDS;
 - h. Nurse aid documentation;
 - i. Activities;
 - j. Social services;
 - k. Infection control;
 - l. Billing/accounts receivable;
 - m. Resident trust accounting;
 - n. Risk management (falls, med occurrences, etc.);
 - o. Reporting analytics;
 - p. Resident portal;
 - q. Document imaging and document management (scanning);
 - r. Audit trails and security;
 - s. Workflow and alerts; and
 - t. Ability to interface with other systems, health organizations, and state and federal health information exchanges.