

February 17, 2010

QUESTIONS AND RESPONSES

1. How much money has the NHCC allotted for this program?

WE WILL BE ENTERTAINING ALL BIDS FOR THIS SERVICE, AND WILL ASSESS THE PROPOSED PROGRAMS AND COSTS OF EACH PROGRAM SEPARATELY

2. Is this a new requirement or is there an incumbent vendor? If this is not a new requirement for the NHCC who is the incumbent vendor?

NEW REQUIREMENT

3. What will the duration of the contract be resulting from this RFP?

THIS WILL BE NEGOTIATED BETWEEN THE PARTIES AND NUHEALTH

4. Is there a Program Manager and if so could you provide contact information?

THE POINT CONTACT AT THIS TIME IS THE EXECUTIVE VP FOR MEDICAL AFFAIRS, STEVEN WALERSTEIN MD FACP (swalerst@numc.edu)

5. Are you looking for just what is listed in the Scope of Services section?

WE ARE LOOKING FOR WHAT IS REQUESTED IN THE SCOPE OF SERVICES. IF YOU ARE INQUIRING ABOUT TECHNICAL ISSUES RELATED TO THE INTERFACE BETWEEN THE PROPOSED SYSTEM AND NUHEALTHS SYSTEM, PLEASE SEND THE QUESTION AND WE WILL POST ANSWER ON THE WEB SITE

6. Is it your intent to capture data for the Holly Patterson SNF and six Community Health Centers?

YES

If so, do these entities use the same I.T. systems as the Medical Center (e.g. Siemens Eagle, Allscripts...)?

YES

If not, what systems are used at these entities?

N/A

7. Is it your intent to have the new system generate profitability reports?

NO, BUT THE INTENT IS TO ATTRIBUTE VARIABLE COST PER COST IN THE AREAS OF PHARMACY, RADIOLOGY AND LABS

If so, is the capability of calculating costs at the procedure/ CPT4/ UB level desired?

N/A

Is it desired that the new system model expected payor reimbursement?

NO

8. Are you currently utilizing a system or service for OPPE?

NO

9. How many active users will be accessing the Physician Performance Management system?

ALL PHYSICIANS ON STAFF SHOULD BE ABLE TO ACCESS THE SYSTEM TO REVIEW THEIR OWN, AND DE-IDENTIFIED, BENCHMARK INDIVIDUAL AND GROUP DATA.

10. Based on the below categories, what are your total number of users for:

Non Technical users (Little or no training required)

- a. Doctors: 500
- b. Nurses: 10
- c. Executives: 20
- d. Others: 10

Technical users (some straining on tools could be required)

- e. Analytical: 10
- f. Developers: 10
- g. Administrators: 20

11. What is the expected number of concurrent users once the system is fully operational? ALL USERS LISTED ABOVE.

12. Please provide any available volume information (i.e. # of Patient Episodes, Encounters, Orders, incidents, etc...). 2300 ANNUAL DISCHARGE, 75000 ANNUAL ER VISITS, 200,000 ANNUAL OUTPATIENT VISITS.

13. How many years of Historical data do you anticipate for doing comparative effectiveness and understanding Physician patterns. 1 YEAR RETROSPECTIVE

- a. In addition to supporting various Clinical performance measure (i.e. Core Measures) and broad Clinical Decision Support, Reporting and Analytics,

are there any specific early phase high impact initiative planned (for example as related to Reducing Readmits, a specific chronic disease category etc...) **OPPE, HOSPITALIST PROGRAM SUPPORT.**

14. Which business issues are not being addressed today that this RFP addresses? **VARIABLE COST PER CASE.**
15. Will this RFP replace existing technologies? If so, what technologies will be replaced? **NO**
16. Does NHCC currently leverage a clinical data model?
 - a. If so, does it provide CMS Core and Joint commissions Measures for reporting on clinical effectiveness? **NO**
 - b. If so, what components are missing that you hope to have addressed via this system? **THE MISSING COMPONENT IS INDIVIDUAL PROVIDER ATTRIBUTION.**
 - c. If not, how is clinical effectiveness measured today? **CHART REVIEWS, ASSESSMENT OF PERFORMANCE INDICATORS, ADVERSE EVENTS.**
17. Please provide some additional information regarding the size and scope of the system envisioned at initial release:
 - a) How many key metrics?
 - b) How many dimensions? **SCOPE IS UNKNOWN**
 - c) How many dashboards?
18. What key metrics does NHCC use for Physician performance now, for example RVU's? **RVU's, PATIENT SATISFACTION, CORE MEASURE ADHERENCE.**
19. Where are compliance Rules for Order Sets stored now or will this need to be developed as part of the new solution? **NEED DEVELOPMENT**
20. What benchmarks do you currently use (for example UHC)? **CORE MEASURES: MARYLAND HOSPITAL INDICATOR PROJECT; PG—LI BENCHMARK.**
 - a. Do they provide this information to you now electronically? **Yes**
 - b. Are all the physicians part of the faculty practice or does NHCC want to include independent physicians in the performance analysis and provide them with performance dashboards? **Want both employed and voluntary physicians.**
 - c. How does NHCC currently access data in the source systems mentioned within the RFP? **LIMITED- MANUAL SYSTEM.**

21. Does NHCC currently have any Operational Data Stores which are fed by these source systems? **NO**
- a. If not, does NHCC intend to create the interfaces into the source systems or look to the selected vendor to do so? **NO**
22. Do you have a preference for any platforms or RDBMS? (hardware, OS, DB, technology) **DELL SERVERS, MICROSOFT WINDOWS OS, MICROSOFT SQL DB.**
23. Do you have existing scorecards for monitoring performance? **YES, IN THE AGGREGATE.**
- a. If so, how are they currently managed and presented (for example in excel)? **QUARTERLY DASHBOARD REPORT CARD.**
- b. If so, does NHCC follow any common methodology like Balanced Scorecards? **NO**
24. How do you currently manage/control security? (LDAP, HIPPA...) **THROUGH OUR CORPORATE COMPLIANCE OFFICER.**
25. Are the source systems listed on Page 3 of the RFP an all-inclusive list? What others (e.g. spreadsheets, datamarts...) additional systems: **HANYS DATASPHERE, KEYSTATS, AND INTERNALLY DEVELOPED SPREADSHEETS.**