

THIS IS NOT A REQUEST FOR PROPOSAL

**Request for Information
For the Bureau of Family Health Data Integration Project
April 2013**

THIS IS NOT A REQUEST FOR PROPOSAL

Table of Contents

Section 1	BACKGROUND AND OBJECTIVES	3
1.1	Background Information for the Project	3
1.2	Information Sought	3
1.3	Request for Information Procedure.....	4
1.4	Relevant Dates	5
1.5	Submission of Response	5
1.6	Contact Information	5
1.7	Review and Rejection of RFI Responses	5
1.8	Public Records and Requests for Confidentiality.....	5
1.9	Copyrights	7
1.10	Restrictions on Gifts and Activities	7
1.11	Contents of the Request for Information (RFI).....	8
1.12	Cost to Vendors.....	8
1.13	Responses / Property of Department	8
1.14	Source of Information Used in Addition to the Responses	8
1.15	No Obligation to Issue Request For Proposal.....	8
1.16	Vendor Responses Identifying Information	
1.17	Vendor References	
Section II.	GENERAL REQUIREMENTS	6
2. 1	Identifying Information	6
2. 2	Management of the Project.....	6
Section III.	Other Features	10

SECTION 1. BACKGROUND AND OBJECTIVES

1.1 Background Information for the Project.

Intent: The intent of this Request for Information (RFI) is to gather information about qualified vendors who can provide the Iowa Department of Public Health (IDPH) Bureau of Family Health (BFH) with services to integrate program data in two phases. Phase 1 will produce an electronic data management system to include case management, referral management, risk assessment, billing, and client and population-level reporting. This system will replace existing separate systems to integrate data collection, case management, and reporting and analysis. Phase 2 will create an electronic repository to document screening, further testing, and follow-up/referrals for early childhood screening programs.

Phase 1 Scope: The BFH Maternal, Child and Oral Health, Family Planning and Home Visiting programs integrated data system, with interoperability with other systems, including IDPH data systems, Medicaid data system (MIDAS), and Electronic Health Record (EHR) systems.

Phase 2 Scope: The BFH Early Hearing Detection and Intervention (EHDI) and Center for Congenital and Inherited Disorders programs data repository, with interoperability with other systems including the Iowa Board of Medicine and Iowa Board of Nursing, Electronic Health Record (EHR) systems, and screening equipment.

Background: The Bureau of Family Health is housed within the Division of Health Promotion and Chronic Disease Prevention and promotes the health of Iowa families by providing resources for health care services through public and private collaborative efforts. The BFH uses a life course model to guide its programming and service activities. This model approaches development as an integrated continuum rather than disconnected stages. An integrated data system will support the life course model by providing longitudinal tracking of clients as they transition through programs and to analyze data across the life span. Currently, multiple data systems within the BFH facilitate care management, resulting in redundant data entry and reporting and limited data accessibility and reduced long-term system viability. Additionally, some of the BFH data systems are not web-based, resulting in delayed access to data and risks for data loss. The BFH seeks a software solution in two phases.

Phase 1 Background: Phase 1 will replace existing disparate systems in the BFH programs, and provide integrated detailed case management, screening and referral tracking, EHR interoperability, billing options, and reporting and analysis for the following components summarized below:

- Child Health
- Maternal Health
- Oral Health
- Family Planning
- Maternal, Infant, Early Childhood Home Visiting (MEICHV)

Child Health

Title V Child Health programs promote the health of Iowa children (aged 0-22) by providing resources for health care services through public and private partnerships. The Child Health program helps families to access family-centered, community-based and culturally sensitive preventive health services for their children, including:

- Medical history
- Physical examinations
- Vision and hearing screening
- Oral Health Service
- Health education
- Immunizations
- Developmental testing
- Nutrition screening
- Socio-emotional screening
- Laboratory tests, including blood lead testing
- Informing
- Care coordination

The Title V Child Health program provides funding to 22 child health agencies to assure access to services in all 99 counties in Iowa.

Currently, the Title V Child Health program uses the Child and Adolescent Reporting System, (CAREs) as the official clinical record for all children who receive child health services. CAREs is web-based, and used by each child health agency to monitor need and record provision of services. All services provided by the child health agency must be entered into this electronic record. Some services, such as direct care gap-filling services require additional documentation outside of CAREs. Along with data entry completed by the child health agencies, CAREs also receives monthly and nightly imports from Iowa Medicaid regarding clients' Medicaid eligibility and Medicaid claims data. CAREs is also used for billing to IDPH.

The CAREs client record is divided into six (6) sections. Each section is a separate tab: 1) Client and Household information; 2) Parent and Guardian information; 3) Medical Home and Dental Home information; 4) Early ACCESS (Early Intervention); 5) Needs and Service Documentation; and 6) Medicaid Paid Claims. CAREs has approximately 750,000 clients, over 1.2 million service entries, and approximately 400 individual users. Secure access is controlled by requiring token identification.

Reports are available at individual and population levels; however a query function is not currently available for users. Letters and mailing labels can also be produced through the data system. Data are used to facilitate care coordination and direct care by local agencies, and grant reporting, quality assurance, quality measure reporting, and program decision making. IDPH Information Management developed the system, and is available for all system updates or modifications. Training and support are currently provided by the BFH.

Maternal Health

Maternal Health programs funded through Title V provide services in all 99 counties in Iowa through public and private partnerships with 21 local maternal health service agencies. Maternal Health services include:

- Presumptive eligibility determination
- Medicaid Risk Assessment
- Care coordination
- Transportation service
- Interpretation service
- Health and nutrition education
- Psychosocial counseling, anticipatory guidance, screening and referral
- Oral Health service
- Home visits from nurses or social worker

Maternal health service data are tracked at the local level in the Women's Health Information System (WHIS). This system serves as a central database to store information from maternal health agencies across the state. WHIS is a Microsoft Access database, created in 1999 by a contracted vendor. Each local agency has WHIS available on one computer. All services provided by the Maternal Health agency must be entered into the client's electronic record in WHIS. Information contained in the database includes personally identifiable demographics, services provided, client needs, risk assessment, plan of care and a summary of services provided. Input forms in WHIS include the following: Intake, Outcome, Medicaid Risk Assessment, Pregnancy Tracking, Plan of Care/Needs Assessment, and Service Detail. There are approximately 8,500 active clients in the current database.

Data are entered and stored at the local level; local agencies secure the drives on which data are stored based on requirements set forth in the IDPH Maternal and Child Health Administration Manual, section 606.2

(http://www.idph.state.ia.us/hpcdp/common/pdf/family_health/mch_manual.pdf). On a monthly basis, all the agencies are required to transmit their data to IDPH using Secure File Transport Protocol (SFTP). Subcontractors send data to state contracted Maternal Health agencies using the same method. The final merged data are stored in a secure database at IDPH. Data are used to plan for service delivery, translation needs, health surveillance, evaluation of care coordination and direct care provided by local agencies, grant reporting, quality assurance, and quality measure reporting. The database also provides supporting documentation for billing to IDPH.

There is an extensive menu of pre-generated reports in the WHIS database. These can be customized selecting any date range, race, ethnic status, county, payer at admission, agency and/or subcontractor. There are also exportable reports to assist agencies with submitting billing records and audit reports to IDPH. There is no query function currently contained in WHIS. The vendor must create new reports for ad hoc data needs. IDPH is responsible for training. Updates and maintenance are provided by the contracted database vendor.

Oral Health

Maternal and Child Health (MCH) Title V contact agencies are responsible for ensuring access to dental services, with an emphasis on early intervention and preventive oral health care beginning at or near the age of 12 months and into adulthood. This is funded through both the I-Smile™ and Child Health Dental grants.

The overall goal of I-Smile™ is to ensure that Medicaid-enrolled children have a dental home. The intended outcome is an integrated service delivery system that will identify disease risk early, prevent tooth decay, improve care coordination, and strengthen parental involvement. Each Child Health service area must have one Iowa-licensed dental hygienist as an I-Smile™ coordinator to help Iowa families access dental care and understand the importance of oral health. In order to develop local I-Smile™ referral systems, coordinators rely on many partners which include dentists, medical professionals, civic organizations, businesses, schools, and other government programs such as Head Start and WIC (Special Supplemental Nutrition Program for Women, Infants, and Children).

Child Health Dental Funds can be used for costs associated with infrastructure building activities, direct dental services provided by approved Child Health agency professional staff to Title V eligible children from birth through 21 years of age, or reimbursement to local dentists providing a limited level of preventive or restorative dental care to Title V eligible children. In 2012, 566 children were served through Title V funds alone.

When gaps in services are clearly identified, agencies may provide direct oral health services for families in their service areas in a variety of settings such as WIC, Head Start, preschools, and school-based settings. Services may include:

- Oral screenings
- Fluoride varnish applications
- Dental sealant applications
- Prophylaxes
- Radiographs
- Nutritional and tobacco Counseling
- Oral hygiene instruction
- Dental care coordination

These services may be provided by agency hygienists or nurses. Data are documented in CARES or WHIS by either professional or para-professional staff. The data may be entered either at the location where the services are provided or at the main office. Referrals for regular dental care and dental care coordination services must also be provided for women and children receiving direct care services by MCH contract agency staff. All referrals and services must be documented in the client Medical/dental record and/or CARES for children and WHIS for pregnant women. A separate system is used for billing.

Reports from the CARES and WHIS data systems are used for program planning, quality assurance, grant reporting and meeting performance measures. Standard

reports including tracking of each type of service or activity provided, the Dental Home report, which is generated by the response to three separate questions and reports identifying dental barriers specified by clients, client risk levels and risk criteria identified during an oral screening.

Family Planning

The Ahlers database tracks family planning visits in eight local delegate agencies. This includes data collection as prescribed by IDPH, analysis, database management and web-based reporting. The current database includes 17,000-18,000 unduplicated clients, representing over 42,000 clinic visits. Local delegate agencies use the database to enter Client Visit Records (CVRs), which are submitted on-line to the vendor and provided by the vendor to the state on a monthly basis. Additional modules may be added to the database by the local agency for practice management, billing, and to track lab results, pharmacy inventory, dispensing activities and HIV testing. The database is used by diverse stakeholders at the local and state levels; the current centralized family planning database fully supports data, billing and reporting capacities. These capacities are essential to any future systems as well. The current system is a MS Windows application. It can:

- handle standard clinic functions such as scheduling to client and insurance billing
- incorporate additional modules
- build reports based on inquiries
- search by encounter and line items
- present data in aggregate

Data collected includes information about residence, age, gender, race, ethnicity, language, payer type, marital status, pregnancy history, birth control methods prescribed, and direct clinical, education and counseling services provided. The vendor is currently building the capacity to interface with EHR systems. The new Phase 1 data system should be useable regardless of the EHR system purchased.

Monthly, quarterly, semi-annual and annual reports are available at local and state levels. A web-based query function is available and data can also be searched by Current Procedural Terminology (CPT) code. The data are used for grant applications, tracking performance measures, quality assurance and program decision making. The data has been made available to outside evaluators at times.

The current software vendor will provide data necessary to complete the Family Planning Annual Report required in the federal Title X contract, and any required system updates or modifications. The software is proprietary and the vendor must oversee any and all maintenance. Secure access to the database is controlled by requiring a login and password to the system. Training and support are currently provided by the vendor.

Maternal Infant Early Child Home Visitation (MIECHV)

The MIECHV program aims to strengthen and improve outcomes for families who live in at-risk communities and is carried out under Title V. Local family support workers are

the primary data collectors using the REDCap (Research Electronic Data Capture) system. Data are entered to track home visit activities and periodic screening tool results for participants in the MEICHV program.. Data collected for MIECHV include all quantitative data necessary for the approved MIECHV federal benchmark plan which can be accessed through this link:

http://www.idph.state.ia.us/hpcdp/common/pdf/family_health/benchmark_plan.pdf.

Currently, the MIECHV database includes 287 unduplicated participant files. An estimated 800 clients will be served when the program is fully implemented.

REDCap is a secure web-based application designed for data collection and research studies. The system can be used on conventional computers or mobile devices such as iPads. Users can input information in real-time via a web link, or data may be entered through a manual process similar to standard data input from other hardcopy information. Data may be entered off-line and then synced when internet access is available. All REDCap data are deidentified, and the database contains no names, social security numbers, or any other personally identifying information. REDCap is both Health Information Portability and Accountability Act (HIPAA) and Family Education and Privacy Requirements Act (FERPA) compliant, and all data are encrypted at rest and in transmission; data management and storage comply with approved Institutional Review Board (IRB) protocols.

The system is only accessible with an ID and password assigned by the University of Iowa. Users include the University of Iowa, the state MIECHV team and MIECHV contractors in 18 Iowa counties. Level of access depends on user role. Users are able to create and manage online data templates. There are many options available when creating templates such as the typical radio buttons and text fields as well as more advanced options such as pictures, branching logic, and calculated fields.

MIECHV data are analyzed at both the local and state level. Packaged reports are made accessible through the REDCap system to inform quality assurance practices as well as program decision making. At any point during the data collection it is possible to export current data to Excel, SPSS, SAS, R or STATA. There is no general query system within the database.

Training and support are provided as needed by the University of Iowa and the IDPH MIECHV Quality Assurance Program Manager. Ongoing maintenance and upgrades are provided by the University of Iowa. In the future, the REDCap system will be expanded beyond MIECHV contractors to include all Early Childhood Iowa (ECI), Healthy Opportunities for Parents to Experience Success (HOPES) Healthy Families Iowa, and Shared Visions funded programs. Currently, a pilot of this data collection project is underway.

Phase 2 Background: Phase 2 of the Data Integration Project seeks a software solution that will provide detailed screening management, referral tracking, EHR interoperability and reporting and analysis for early childhood screening programs. Currently, multiple data systems exist within these programs, resulting in redundant

work, lack of coordination and reduced data accessibility. The BFH seeks data integration for the following components in Phase 2:

- Early Hearing Detection and Intervention (EHDI)
- Center for Congenital and Inherited Disorders

Early Hearing Detection and Intervention (EHDI)

The IDPH's EHDI program oversees the screening of every newborn born in the state for hearing loss prior to hospital discharge. Per Iowa code, any birthing hospital, birth center, physician, Area Education Agency (AEA), audiologist, or other health care professional is legally required to report hearing screen information to IDPH. Required data include:

- 1) the results of a hearing screen, re-screen, or diagnostic assessment by ear
- 2) primary care provider (PCP) that will assume responsibility for the child and
- 3) risk factors associated with hearing loss for any child under age three (3) within six (6) working days of the screening or assessment

All of this information, as well as demographic and contact information, are documented in the EHDI web-based surveillance system eScreener Plus (eSP™). eSP™ was developed and is supported by a contracted vendor. Through the eSP™ surveillance system, the Iowa EHDI program is able to accurately identify, match, collect and report unduplicated and individually identifiable data on all births. The system is web-based and secured by authenticated role-based access. Much of the demographics and screening data from the hearing screen equipment can easily be imported into the database which decreases manual entry. The database was created in 2004 and currently contains over 310,000 records.

Individual providers can use the system to manage the infant care through all three components of the EHDI process (screening, diagnosis and early intervention). Additionally, there is a case management section which captures all contacts made to parents, and providers both in and out of state and any early follow-up. It identifies children lost to follow-up, and those who have moved out of state, died or refused further care at any stage of the process. IDPH regularly conducts a match of newborn screening records with state birth certificate registration data to determine if every baby born has received a screening; this match is currently done outside of the data system. Hospitals are alerted to missing and duplicative records; eSP™ allows the duplicates to be merged into a single record. The data system also receives monthly updates from the Iowa Board of Medicine and the Iowa Board of Nursing to ensure that a complete and accurate list of providers and their contact information is contained in the system.

The system allows for audit of actions taken by users or communications completed by users. It is searchable by user, site, patient, date range, or keyword, and commonly needed searches can be saved. The database has standard reports including results of screening, follow-up and case management efforts. Notifications and automatic generation of letters and other documents are also possible. The newborn hearing screening program regularly reports aggregate screening data to national partners. Individual reports are created for each provider which outlines their progress in helping

meet the national goals of screening by one month, diagnosis by three months and enrolled in early intervention by six (6) months. In addition, the reports are used for quality assurance. The vendor provided initial training; IDPH staff have now taken over this role. The system development vendor provides continuing technical assistance and provides any necessary upgrades and maintenance.

Congenital and Inherited Disorders

The Center for Congenital and Inherited Disorders at IDPH provides administrative oversight for newborn genetic screening for every baby born in Iowa. Information is tracked via a web-based database used by the State Hygienic Laboratory (SHL), IDPH, and follow-up staff at the University of Iowa. The database was developed and is maintained by SHL. Approximately 38,000 infants are added annually, resulting in over a million records currently in the database. A collection form, which contains a blood sample and the baby's information, including the circumstances about the baby's birth, feeding, weight, gender, and the mother's demographic information, is delivered to SHL. Information from the form and screening results are entered into a newborn screening database by SHL. Results of the testing are also shared with the baby's health care provider.

If the results are abnormal or the specimen is not adequate, short-term follow-up staff at the University of Iowa contact the baby's health care provider to discuss the results and recommend next steps. These staff continue to work with the health care provider and specialists until the baby has a normal result or has been diagnosed with a condition and is receiving appropriate treatment. Documentation of this follow-up is maintained by the follow-up staff in the newborn screening database.

As with EHDI, IDPH regularly conducts a match of newborn screening records with state birth certificate registration data to determine if every baby born has received a screening. This match is currently done outside of the data system. If a birth record does not have a matching SHL database record (either a lab result or screening waiver documentation), the birth hospital and health care provider are notified. The newborn screening program also regularly reports aggregate screening data to national-level data systems.

The database has standard reports including blood samples received, quality assurance variables, sample collection site, condition, timeframe statistics, birth facility, and infant feeding method. The database also has a query function that allows users to see the status of the baby's screening and case documentation. Currently, users cannot develop their own reports or standardized queries. Reports can be exported to Microsoft Excel or in rich text format files. Training and system maintenance are provided by SHL information technology.

1.2 Information Sought.

The Iowa Department of Public Health, hereafter known as the Department, is seeking **information** from vendors who are interested and capable of providing database development for integrating data collection, case management, reporting and analysis, and hosting and system training service for programs as described in this RFI. Refer to Section 2 of additional description of the services and product about which the Department is seeking information.

This process is to provide the background information for the preparation of a Request for Proposals (RFP). The purpose of this Request for Information (RFI) is to allow all interested vendors to present systems that are currently available and preview systems that are under development to assist the Department in preparation of a Request for Bids (RFB) or Request for Proposals (RFP).

1.3 Relevant Dates

<i>Event</i>	<i>Dates</i>
Issue RFI	April 17, 2013
RFI Responses Due	May 28, 2013
Begin RFP Preparation	June 2013
Issue RFP (Tentative date)	Fall 2014
RFP Decision - Award Contract (Tentative date)	Winter 2014
Vendor Begins Implementation (Tentative date)	Winter 2015

1.4 Submission of Response

The vendor's response may be hand-delivered, faxed, e-mailed, mailed to the Department or presented in the form of a demonstration. Responses will not be accepted over the telephone. However, the Department reserves the right to make telephone contacts or follow up on information submitted in any manner deemed appropriate by the Department. All responses or requests to schedule a demonstration must be received at the Department by May 28, 2013.

1.5 Contact Information

The contact at the Department for scheduling, technical questions, inquiries and comments will be:

Betsy Richey 321 East 12 th St Des Moines, IA 50319	e-mail: betsy.richey@idph.iowa.gov FAX: 515-725-1760
--	---

1.6 Review and Rejection of RFI Responses

1.6.1 The Department reserves the right to reject any and all responses, in whole and in part, received in response to this RFI at any time. Issuance of the RFI in no way constitutes a commitment by the Department to award any contract. This RFI is designed to provide Vendors with the information necessary for the preparation of informative response proposals and demonstrations of product. This RFI process is for the Department's benefit and is intended to provide the Department with competitive information to assist in the selection of goods and services. The RFI is not intended to be comprehensive and each Vendor is responsible for determining all factors necessary for submission of a comprehensive response and a complete product capability demonstration. The RFI response and demonstration will not be subject to an RFP type evaluation but only to a review of suggested product performance, cost (*cost may be estimated by Vendor, if an estimate Vendor shall state that it is an estimated or approximate cost*), of processes offered and of abilities to perform services that may be of use to the Department.

1.6.2 An RFI response may be rejected outright and not reviewed for any one (1) of the following reasons, therefore Vendors are asked to make every effort to meet the RFI timelines and to include the requested information:

1.6.2.1 Failure of Vendor to deliver the response by the due date and time.

1.6.2.2 Failure to include information requested in the RFI.

1.6.2.3 Failure to offer demonstrations.

1.7 Public Records and Requests for Confidentiality

1.7.1 **The release of information** by the Department to the public is subject to Iowa Code Chapter 22 and other applicable provisions of law relating to the release of records in the possession of a State agency. Vendors are encouraged to familiarize themselves with these provisions prior to submitting a bid proposal. All information submitted by a Vendor may be treated as public information by the Department unless the Vendor properly requests that information be treated as confidential at the time of submitting the proposal.

1.7.2 **Any requests for confidential treatment** of information must be included in a cover letter with the Vendor's bid proposal and must enumerate the specific grounds in Iowa Code Chapter 22 or other legal reasons which support treatment of the material as confidential and must indicate why disclosure is not in the best interests of the public. The request must also include the name, address and telephone number of the person authorized by the Vendor to respond to any inquiries by the Department concerning the confidential status of the materials.

1.7.3 Any documents submitted which contain confidential information must be marked on the outside as containing confidential information, and each page upon which confidential information appears must be marked as containing confidential information. The confidential information must be clearly identifiable to the reader wherever it appears. All copies of the proposal submitted, as well as the original proposal, must be marked in this manner.

1.7.4 In addition to marking the material as confidential material where it appears, the Vendor must submit one copy of the bid proposal from which the confidential information has been excised. The confidential material must be excised in such a way as to allow the public to determine the general nature of the material removed and to retain as much of the document as possible. These pages must be submitted with the cover letter and will be made available for public inspection.

1.7.5 The Vendor's failure to request in the bid proposal confidential treatment of material pursuant to this Section and the relevant laws and administrative rules will be deemed by the Department as a waiver of any right to confidentiality which the Vendor may have had.

1.8 Copyrights

By submitting a response the vendor agrees that the Department may copy the response for purposes of facilitating the evaluation or to respond to requests for public records. The vendor represents that such copying will not violate any copyrights in the materials submitted.

1.9 Restrictions on Gifts and Activities

Iowa Code chapter 68B contains laws which restrict gifts which may be given or received by state employees and requires certain individuals to disclose information concerning their activities with state government. Vendors are responsible for determining the applicability of this chapter to their activities and for complying with these requirements. In addition, Iowa Code chapter 722.1 provides that it is a felony offense to bribe a public official.

1.10 Content of the RFI

1.10.1 This RFI is designed to provide vendors with the information necessary for the preparation of an appropriate response. It is not intended to be comprehensive, and each vendor is responsible for determining all factors necessary for submission of a comprehensive response.

1.10.2 The Department reserves the right to modify this RFI at any time.

1.10.3 Responses should be based on the material contained in this RFI or any other relevant information the vendor thinks is appropriate.

1.10.4 By submitting a response each vendor agrees that it will not bring any claim or have any cause of action against the Department, the State of Iowa, or any employee of the Department or the State, based on any misunderstanding concerning the information provided or concerning the Departments failure, negligent or otherwise, to provide the vendor with pertinent information as intended by this RFI.

1.11 Cost to Vendors

The Department is not responsible for any costs incurred by a vendor, which are related to the preparation or delivery of the response, any on-site inspection that may be required, or any other activities related to this RFI.

1.12 Responses Property of the Department

All printed information used to demonstrate a vendor's product becomes the property of the Department. The Department will have the right to use ideas or adaptations of ideas that are presented in the responses.

1.13 Sources of Information Used by the Department in Addition to the Responses

The Department reserves the right to contact vendors after the submission of responses for the purpose of clarification and to ensure mutual understanding.

1.14 No Obligation to Issue Request for Proposal (RFP)

The issuance of this RFI does not obligate the Department in any way to issue and RFP for the goods and services described in this RFI.

1.15 Vendor Responses Identifying Information

1.15.1 State the name and principal place of business of the vendor.

1.15.2 Identify the vendor's type of business entity such as a corporation or partnership.

1.15.3 State the vendor's place of incorporation, if applicable. At the respondent's discretion, provide an organization chart for the vendor. Include any parent, subsidiary and affiliate companies you feel may be relevant to this presentation.

1.15.4 State the name, address, email address, telephone number and FAX number of the vendor representative to contact regarding all technical matters concerning this RFI.

1.16 Vendor References

Lists all jurisdictions for which the vendor has **provided data system development, hosting and training services** and indicate the dates on which each contract began and ended. Please include any applicable references.

This space intentionally left blank, continued on next page.

Section 2 GENERAL REQUIREMENTS

Data System Needs (all needs are applicable to Phases 1 and 2 unless otherwise specified):

Currently, data systems are separate, and many data elements, such as demographics, are duplicated in each system. The software solutions would integrate programs' data and allow **data elements to be shared across programs** to reduce error and duplicative data entry. In Phase 2, patients should also be matched between programs in a repository; this will facilitate coordinated screening follow-up testing and referrals. Other desirable characteristics to increase data quality include pick lists, spell checking, data validation logic, and semantic interoperability with other systems using standard formats and coding nomenclature.

System must be compatible with current hardware and software; which includes Windows 7 and MS SQL Server 2010 (if solution is to be internally hosted by IDPH)

To facilitate ease of use across multiple stakeholders, the software solutions will have the following **technical requirements**:

- The user interface must be web-based
- The system must be browser neutral and support the recent versions of Internet Explorer, Firefox, Chrome and Safari
- It must be HTML 5 compliant not requiring any plug-ins
- It must be operating system neutral (i.e., it can not only work on MS Windows' Firefox)
- Hand-held (mobile) device accessible (Phase 1 only)

Additionally, the software solutions would ideally be open-source (i.e., development funded by a public entity). The system may be hosted internally by IDPH, or it may be hosted externally by the development or another vendor. There is currently no preference, and will be determined based on cost and other information about options.

There are many types of users who will access Phase 1 and Phase 2 systems, including IDPH, contractors and sub-contractors, SHL, birthing hospitals, health care providers, and other specialists such as follow-up staff and audiologists. As programs develop and change, this list may expand. The software solutions will have varying **levels of access** for the various types of users. This access may be program- and/or location-specific or broad, depending on user's role(s) and permissions. Fields may be edited or viewed only, or may be hidden based on the user's level and type of access. All users will have access to reports and queries based on their role.

Because there are many types of users, the systems' interfaces should be "user-friendly" and intuitive. The systems should provide online help at both application level describing general functions and field/entry level. The software solutions must also be responsive and be able to provide users with real-time data across the entire application. Since many clients access services in multiple programs at the individual and family level, the software solutions must be able **to link client records across**

programs through a unique identifier. This unique identifier will also be used to link clients between Phase 1 and 2. The Phase 1 system must also have the ability to link family members.

The software solutions must provide security protections appropriate for Protected Health Information (PHI) and must be encrypted. The systems must comply with the State of Iowa's policies on Shared Authentication and Web Application Security Standards. These can be accessed at http://das.iowa.gov/ite/standards/enterprise_it/index.html. Two-factor token-based identification will be necessary to access both systems. The vendor should be able to provide assurances that all data are maintained confidentially and shall be protected against accidental release or use without the client's written consent. Systems must be compliant with HIPAA and FERPA requirements.

Interoperability is key to the Bureau's work. The software solutions will allow for **data exchange**, and will integrate with existing legacy systems for data importing and retrieval. The Phase 1 system will receive daily imports from Medicaid regarding client information. The Phase 2 system will receive monthly imports from the Iowa Board of Medicine and the Iowa Board of Nursing to update provider information. These data imports in both phases should be linkable to existing and future client records. The solutions should have the option to enter these data manually as well. Information from the software solutions should be able to import/export to EHR systems of outside providers through a standard file format to track screenings, tests, services and referrals. The Phase 1 system will also be used for billing purposes. The Phase 2 system should also allow for results imports from screening equipment. Phase 1 and Phase 2 systems should communicate to provide real-time access to data for client matching and care coordination. Systems should be customizable to allow for future imports from other systems and have the ability to communicate via the Iowa Health Information Network (IHIN).

Reporting is an important function of the Bureau's data systems. Currently, each program has standard reports, as well as the need for customizable reports. Each existing system has separate methods and degrees of hardship for report customization and querying. The software solutions must provide local and state-level users the ability to create standard periodic reports, as well as provide the ability to customize reporting. Customized reporting will include, at a minimum, the ability to limit reports based on data element restrictions (e.g., date, client demographics, program use), and the ability to choose the specific data elements included in the query. Searches should be able to be saved. Data elements may be queried from multiple programs. All data should be exportable to data analysis programs in individually identifiable and de-identified formats. De-identified data may be made publicly available through the IDPH Data Warehouse. Confidentiality must be ensured in any de-identified data, at a minimum through suppressing any data without a minimum number of cases. Metadata reports should also be available.

As public health data needs are continually changing, the software solutions should be **adaptable and customizable** in the future. Future needs may include expanded data entry methods such as QR codes and/or barcodes, addition of new programs, adaptation or expansion of existing programs, additional data linking and exporting options, and data reporting expansion, as well as use of the data systems on additional alternative devices.

RFI Response: Please describe how your service, equipment or product would meet any or all of the following items. We are interested in all possible solutions that meet our need for an integrated, comprehensive system for Iowa's maternal and child health program data collection based on the above information. Respondents are encouraged to be as specific as possible in formulating responses. Respondents may elect to address all or part of the components listed below. You may include both existing functionality and systems under development. Please specify if your responses are for Phase 1, Phase 2 or both.:

Technical Specifications

- Specify the software/infrastructure/program/code that your system utilizes
- Describe how your system complies with the following technical requirements:
 - The user interface must be web-based
 - The system must be browser neutral and support the recent versions of Internet Explorer, Firefox, Chrome and Safari
 - It must be HTML 5 compliant not requiring any plug-ins
 - It must be operating system neutral (i.e., it can not only work on MS Windows' Firefox)
 - Hand-held (mobile) device accessible

Flexibility and Scalability

- Describe the parameters of the software solution and how it can be adapted and scaled for current and future Bureau needs
- Describe your plan to increase capacity in the future

Installation and Implementation

- Describe your expected timelines for development and implementation of system(s) described above

Maintenance and Updates

- Describe options for post-implementation support including support including technical assistance and training at local and state levels
- Describe software licensing and capability for future customization
- Describe how the program will receive updates to software through standard and ad hoc upgrades

Functional Requirements

- Describe how your system will support the workflow and data needs of Bureau programs described above

- Address any additional software functionality that may enhance existing Bureau processes

Access and Security

- Describe how your system protects security and access including:
 - secure access to a variety of parties, both to update information and to review pertinent existing information
 - data security on mobile devices
 - system logs or tracking of user activity
 - authentication process for your system
 - external identity management, aging of passwords and/or password change requirements
 - data encryption at rest
 - system a with the State of Iowa's Web Application Security Standards (accessible at: http://das.iowa.gov/ite/standards/enterprise_it/index.html)

Back-up and Recovery

- Describe how data will be stored and protections against data loss

Data Transfer/Communication Technology

- Describe your system's ability to import and export data from external data sources, such as Iowa Medicaid, Iowa Board of Medicine, Iowa Board of Nursing, or other outside systems, and the mechanism(s) for doing so
- Describe your systems ability to communicate with physicians, families, EHRs, and other interested parties while maintaining client confidentiality
- Describe your system's ability to be used on various devices, including tablets
- Describe the off-line/syncing capabilities of your system

User Acceptance Training

- Describe how you will support users through training, manuals and any additional actions

Functional Training

- Describe how you will test and pilot the system, including the use of testing environments and local pilot sites
- Describe how you will test and pilot system modifications and upgrades

Data Storage

- Describe hosting options, including internal host and external secure host solutions. If possible, please include cost estimation for each option

Major Outputs

- Describe:
 - Your system's ability to generate reports by patient name, agency, date of birth, system ID, or client status
 - Your system's ability to aggregate data

- Your system's ability to generate a variety of statistical ad hoc reports for data entered into the system
- How the data interface is user friendly
- Your system's ability to export raw data for further analysis

Capacity for Records and Users

- Identify the capacity of your system:
 - Number of client records/entries
 - Number of concurrent users

Real Time Data

- Describe your system's ability to provide access to data in real-time.
 - Does your system have an "offline" option for data entry?

Information Security and HIPAA Compliance

- Describe how your system is HIPAA compliant
- Describe any additional protections for PHI
- Describe how your system is compliant with any other relevant regulations (e.g., FERPA)

Cost information

- Provide a cost estimate for the entire project. Cost estimates shall include all supplies, equipment, software, hardware, staffing, etc.

System Integration

- Describe system ownership and how IDPH will ensure ownership and access to data
- Identify any assumptions or limitations to the information provided for all responses.

Section 3 OTHER FEATURES

Is there any other feature, service or option you believe the Department should be aware of in preparation of a Request for Proposal (RFP)? If so, please describe the feature, service product or option and explain how it would improve the program served as identified in this RFI.