

SAMPLE GASTROENTEROLOGY PRACTICE, PA

ELECTRONIC MEDICAL RECORDS SYSTEM REQUEST FOR PROPOSALS

I INTRODUCTION AND OVERVIEW OF GASTROENTEROLOGY ASSOCIATES, PLLC.

Sample Gastroenterology Associates, PA (SGA) is soliciting proposals from vendors of electronic medical records systems.

SGA is a group of four gastroenterologists providing expertise in diagnosis, evaluation and management of digestive disease for patients in the Anywhere region of All State. This gastroenterology medical clinic has provided healthcare in the Anywhere Region for over 50 years. The practice owns and operates SGA Ambulatory Endoscopy Center (located downstairs from our main) as well as two satellite offices (Anytown1, USA and Anytown2, USA) and one main office in Maintown, USA. SGA anticipates 12 concurrent system users. The target effective date for implementation of the electronic medical records system is January 1, 20XX.

SGA has identified the following functional requirements for the electronic medical records systems:

- Integrated billing with our existing XXXX Practice Management system
- Office Template development
- Endoscopy reporting
- E & M coding and auditing
- E-Prescription refill processing (including allergy reference and interactions)
- Integration of previous Microsoft Word formatted chart notes as well as some previously scanned charts in PDF format.

II INSTRUCTIONS TO RESPONDER A. SELECTION APPROACH

Responses to this RFP will be evaluated and used as the basis for selecting vendors to proceed through the remainder of the selection process, including detailed product functionality review and demonstrations, reference checks and site visits.

Vendor responses to this REP will be evaluated against criteria that include:

- Quality of response - for completeness and overall quality of the vendor's response, including submission of appropriate and reasonable responses to all questions throughout this RFP.
- Vendor stability - the demonstrated financial stability and viability of the vendor's organization.
- Vendor experience - the proven ability of the vendor organization to deliver, implement, and support the proposed product and similar healthcare and information system environments.
- Application functionality - the proposed product's sophistication and functionality.

- Interface capabilities - the ability to interface effectively with existing and planned information systems environment and with third party systems.
- System cost - the overall one time and ongoing costs associated with the proposed applications, hardware; implementation, customization, interfacing, conversion, and support services.

B. SELECTION SCHEDULE

The anticipated timeline for this system selection process is as follows:

| <u>ACTIVITY</u> | <u>DATE</u> |
|--|--------------|
| Issue REP | August 1 |
| Vendor RFP Responses Due | September 1 |
| Site Visits | October 1-30 |
| Select Electronic Medical Records System | December 1 |

C. RFP RESPONSES DESTINATION

One original and four copies of the response must be received no later than 5:00 PM, Pacific daylight Time (PDT), on September 1, 2XXX, and must be delivered to:

John Doe, Practice Administrator
500 Main Street
Anywhere, USA

(333) 444-5555

All questions pertaining to the RFP and product evaluation process should be forwarded to John Doe at the address listed above.

D. INSTRUCTIONS FOR VENDOR RESPONSE

Responses must meet the following format requirements:

- Responses should not exceed 20 pages (excluding cover letter and attachments).
- Response to each question should follow the same outline has the requested information.
- Additional requested information' should be clearly labeled and submitted as attachments to the response.
- Any promotional materials and other documents not specifically requested by this RFP may also be submitted as attachments to the response.

III VENDOR RESPONSE

A. CORPORATE INFORMATION

1. Identifying information:

- Provide the name, address, and telephone number of the legal entity(ies) with which any contract would be written.
 - Specify your incorporation structure.
 - Years in business.
2. Provide the location of the office that would provide implementation and support services to SGA.
 3. Provide the location of the office that conducts product development.

B. FINANCIAL INFORMATION

Submit a copy of your most recent audited financial statement, or similar information that clearly substantiates the current and ongoing financial condition of the company, including the following comparative information for your company for each of the past three years.

- Total sales.
- Net income.
- Assets and liabilities.
- Number of employees.

C. STAFF RESUMES

- Name.
- Position Description: title, areas of responsibility with respect to the quoted work.
- Relationship and tenure to your firm: full-time/part-time, officer or employee, subcontractor or other relationship.
- Summary of qualifications of the individual staff, including particular skills, length of experience, significant accomplishments, and other pertinent information.

D. CLIENT BASE AND REFERENCES

1. Provide a minimum of five references, with size and demographic profiles similar to those of SGA, currently using the product and release you are proposing. Reference information should include:

- Organization name, location, and type.
 - Name, title, and telephone and fax number of an authorized contact.
 - Description of practice management system interfaces.
 - The date production usage of the system began.
 - Operational statistics, such as number of lives, providers, specialties, etc.
 - Release or version number of software implemented.
2. How many organizations are currently using the proposed application (and specific release) in a production environment?
- Number of systems sold
 - Number of current users

E. CONTRACT TERMINATION FOR DEFAULT

Indicate if your company has had a contract terminated for default in the last five years. Termination for default is defined as notice to stop performance due to your firm's nonperformance or poor performance. If your firm has had a contract terminated for default in this period, then submit full details, including the other party's name, address and phone number.

F. APPLICATION DESCRIPTION AND FUNCTIONALITY

1. Specify the name, the release number, and release date of the application you are proposing for SGA.
2. Describe the modules available and the primary functionality of each component or module.
3. Specify any product component or modules that are not fully integrated with the core applications and explain how information is shared.
4. Describe the reporting functionality available with the applications. Describe the options for selecting the data elements and specific selection and sorting criteria.
5. Described the key features of your product that differentiates it from competitive products.
6. Attach copies of main menu and data entry screens.
7. Maximum number of users that can log on to the system at once.
8. Product focus (size of group).

G. DATA CONVERSION

Sample Gastroenterology Associates currently has transcription of clinical notes saved on a Microsoft Word documents platform and has pre-scanned some chart in Adobe PDF format. Describe your approach to converting data from Microsoft Word and Adobe PDF to your system.

H. UPGRADES AND NEW RELEASES

Describe your approach to upgrades, new releases and system enhancements. Are upgrades included as part of the purchase price or maintenance fee? How frequently do you issue upgrades and new releases? How does your system update CPT codes, RVU and ICD information? What is the cost (if any) to users for system upgrades? Is the product HIPAA compliant?

I. TECHNICAL ARCHITECTURE

1. Describe the technical architecture of the applications/modules you would propose for SGA. Include details on the data architecture, programming language, available hardware/network environments, and minimum workstation requirements.
2. Specify the technical configuration you would recommend for SGA. include server, workstation, network, communications and user interface components. Recommend how it will be installed on our current server.
3. Describe the amount of downtime experienced by users in the last 12 months.
4. Describe the import and export utilities available with your applications that support interfacing with physician practice, hospital, and health plan systems. Specify the EDI standards to which your software adheres.
5. Described the methods (i.e. tools) available to generate both standard and ad hoc reports. Specify compatibility with voice recognition software.
6. Described the proposed interface with our XXXX Practice Management system and other user's experiences with that interface.

J. IMPLEMENTATION AND SUPPORT SERVICES

1. Attach a sample implementation work plan for the products that you are proposing to SGA.
2. Described your approach to on-site training.
3. Provide a sample of the training manual that covers creating an endoscopy report.
4. Include a sample of the user documentation that supports the same function specified in the prior question.
5. Specify the office location of resources that would be providing implementation services,. training, and ongoing application support. What are the hours of operation?

6. Estimation of the time to proficiency for users.

K. COST INFORMATION

1. Provide a detailed cost estimate for the full implementation of the products you are proposing to SGA. Include line items for license fees for application modules and recommended tools, interfaces, computer hardware and peripherals (servers, workstations, printers etc.), networking/communications, implementation services, training services, and ongoing support. Clearly highlight the areas for which you provide support, the basis of the support, and the annual costs based on the proposed solution for SGA. What additional products (if any) are not included in the prices above, but are available at an extra charge to enhance the basic system?
2. Of the above components for which you provided cost information, specify the components (i.e. PCs) and/or support that GA may acquire from other sources.
3. Provide a detailed option and cost estimates for partial implementation of the EMR with the following phases:
 - Phase 1 : Full implementation of the EMR for generating endoscopy reports in the free standing endoscopy center, utilizing three workstations to be shared by endoscopy staff and 4 physicians (anticipate 4 concurrent users at any given time).
 - Phase 2: Expansion of EMR from endoscopy reporting to EMR for general use throughout the practice.