

MHINT Vendor Questions **Responses due August 24, 2005**

CORPORATE QUALIFICATIONS – General, Partners, Reference

1. Are you involved in a proposal to the Office of the National Coordinator (ONCHIT) in response to the prototype RFP? If so, are you the prime contractor or a partner?
2. If you are involved with an ONCHIT proposal, please identify your partners and the sites you have proposed.
3. Are the partners you have identified in the response to the MHINT RFI the same partners used for the projects you identified as reference projects in your response? Please briefly explain any differences in partner choices.
4. Please point to the section in your RFI response that answers the question: "What economic justification was shown to participants and were you involved in developing the data?"
5. How many people are in your healthcare IT division and how many would be involved in this project?
6. Briefly clarify how much on-site involvement is usually provided by you for a project of this magnitude.
7. Are you willing to be contractually accountable for the work to be performed by your partners?

MHINT Architecture and System Design

8. Please provide a list of interfaces for both inbound and outbound by vendor by type (e.g. ADT, Lab, Clinical, Administrative) and indicate which are functional and which are under development.
9. Please describe your approach to secure messaging and alerts, including your ability to communicate across platforms.

COST

10. If you have a presence in Maine, could that engagement offset any costs to the MHINT project? Please briefly explain.
11. Please provide us with a more detailed description of your proposed solution as it would be applied to the following pilot and statewide implementation scenarios (two scenarios). Including a full list of the required hardware, software, software licenses, support contracts, and FTEs both for up-front and

MHINT Vendor Questions

Responses due August 24, 2005

ongoing/monthly operation. You would not need to double-count any equipment or licenses that were purchased for the pilot when calculating the cost for the statewide implementation. When detailing the required hardware/software for the statewide system, list the items, but note where they would have already been paid for as part of the pilot. Any support/maintenance fees moving forward would need to be included in the statewide system ongoing/monthly cost.

Assumptions to be used when developing budget estimates for the two scenarios identified below.

- Assume that none of these sites will give you direct incoming access to any machines located on their internal protected network (inside their firewall)
- Assume that all of the data contributing sites will allow you to locate a reasonable amount of equipment (2u rackmount) at their location where it will be connected to their internal protected network where it will have access to all of their systems that will be providing data and to an Internet connection (outbound). If your proposed solution would require more equipment or more remote access than this, be sure to specify exactly what your requirements would be.
- Assume that data updates will occur at least once a day, 7 days a week for all sites contributing data.
- Assume a required availability level of 99.99 percent (less than 52 minutes/year down time) for all parts of the system involved with access to the clinical data by physicians. This does not include the Internet connection, local network, and workstation at the physician sites, which would be the responsibility of the participants.
- Assume a required availability level of 99 percent (less than 3.65 days/year down time) for all parts of the system involved with gathering data updates from the data contributing sites. This does not include outages caused by the Internet connection, local network, power, air conditioning, or other environmental factors at the data contributing site, which would be the responsibility of the data contributor.
- If your solution requires any central resources (MPI, central record index, central data repository, etc.) there should be a minimum of two redundant central sites with the ability to load balance between the sites and redirect all of the traffic to the remaining site(s) if one site should fail.

MHINT Vendor Questions **Responses due August 24, 2005**

- For the purpose of pricing your solution, assume that there will be suitable locations that will be willing to host central resources for no cost. These sites will be providing hosting for MHINT equipment only. All required equipment, licenses, configuration and setup, and maintenance should be detailed in your estimate and their cost should be included in both the up-front and ongoing cost estimates for your proposed system.
- Ongoing monthly maintenance of your system will require a certain number of permanent technical positions which will vary depending on the number of installations and type of maintenance required by your proposed solution. These technical positions should be included in your cost estimate. For the sake of consistency, please assume the following for salaries for technical positions:
 - \$81,600 = average annual cost of FTE for positions requiring technical skills (database administrator, systems administrator, Web developer, data processing, senior help-desk support) which translates to an average salary of \$50,000
 - \$49,000 = average annual cost of FTE for positions requiring entry-level technical skills (transporting and installing pre-configured servers, visiting remote sites to replace and/or trouble-shoot equipment with telephone support as needed from senior support, first-level help-desk support, and simple administrative responsibilities) which translates to an average salary of \$35,000.
- Assume that it will be necessary to operate a 24-hour by 7-day help desk with an average of two entry-level support technicians on duty.
- Cost your models out for both up-front cost and ongoing/monthly costs and include ongoing/monthly cost per participating physician.

Pilot Scenario

6 = number of contributing sites for infrastructure purposes
(4 hospital sites)
(2 rx sites)

12 = number of distinct systems to build interfaces to (not counting re-use of any interfaces in pilot)
(1 interface for the large hospital site which will have integrated data from labs, and images into HIS)
(9 interfaces for the three remaining hospital sites that might not have integrated data from labs and images into HIS...estimate 3 interfaces per

August 17, 2005

MHINT Vendor Questions **Responses due August 24, 2005**

site)
(2 interfaces for Rx data sources...estimate one interface per site)

Physicians

330 physicians at the large regional hospital system
87 physicians at the medium hospital
16 physicians at the first small hospital
31 physicians at the second small hospital

464 total physicians who would be potential data users but count on only 400 of these actually participating as data users.

- The physicians that would have access to the system as data users would include both hospital based physicians and those working in affiliated practices.

- assume that two (2) of these sites have computer facilities (secure rooms, power protection, redundant Internet connections, highly configurable firewall/routing, staff to swap tapes for routine backups, etc.) suitable for hosting a central/regional resource (central data store, central index, record cache, MPI, etc.) and have volunteered to host any central resources (MPI, central record index, central data repository, etc.); these sites would provide a safe controlled environment for the equipment and highly available Internet connectivity only, all system setup and administrative costs (except swapping tapes) would need to be included in your estimate.

Statewide Scenario

100 = number of contributing sites in full/statewide implementation
(36 hospital sites)
(60 practice sites)
(4 rx sites)

35 = estimate of unique interfaces built for full/statewide implementation
(counts on re-using interfaces)

2500 = total number of physicians statewide who would participate as data users

- The physicians that would have access to the system as data users would include both hospital based physicians and those working in ow affiliated practices.

- assume that four (4) of these sites have computer facilities (secure rooms,

MHINT Vendor Questions
Responses due August 24, 2005

power protection, redundant Internet connections, highly configurable firewall/routing, staff to swap tapes for routine backups, etc.) suitable for hosting a central/regional resource (central data store, central index, record cache, MPI, etc.) and have volunteered to host any central resources (MPI, central record index, central data repository, etc.); These sites would provide a safe controlled environment for the equipment and highly available Internet connectivity only, all system setup and administrative costs (except swapping tapes) would need to be included in your estimate.

12. Does your system comply with the evolving Continuity of Care Record (CCR) standards being developed by ASTM?