

PHFE Health-e-LA Safety Net Data Warehouse RFI Responses to Vendor Questions



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(Note: The wording of each question was maintained as sent from the originating source.)

1. **QUESTION:** Are there preferred software platform, or will the vendor be free to recommend?
ANSWER: Yes, we prefer Microsoft or other user-friendly software.
2. **QUESTION:** How many FTEs (Full-time Employees) of PHFE/LA DHS eventually be involved in the Knowledge Transfer (KT) and maintain the software components of the system.
ANSWER: We are expecting to gain an understanding of staffing and maintenance requirements from the vendor in the RFI response/quote.
3. **QUESTION:** Are there preferred hardware platform, or will the vendor be free to recommend?
ANSWER: No, we do not have a preferred hardware platform.
4. **QUESTION:** How many FTEs of PHFE/LA DHS eventually be involved in the KT and maintain the hardware and networking components of the system.
ANSWER: See the answer to Question 2.
5. **QUESTION:** Would PHFE be open to cloud computing platform?
ANSWER: We encourage any creative thinking that can resolve the business issue at a competitive price.
6. **QUESTION:** Given the different level of complexity, what is the ratio of functionality expected between the Disease Management and Practice Management component of the Data Warehouse (DWH)?
ANSWER: i2i is providing a mechanism to pull the patient information from disparate Patient Management systems, therefore in this current scope we are not expecting any ratio of functionality between i2i's Disease Management functions and Practice Management component of the data warehouse.
7. **QUESTION:** What is the percentage of the budget being allocated to Master Patient Index (MPI) function?
ANSWER: We are looking for a cost effective (ideally commercial based) MPI that includes a database that allows both ad hoc and standard query functions for reports.
8. **QUESTION:** Will PHFE have in-house resources to manually scrub the patient info that will fall out of the MPI automation (We expect a vest match rate of 95%, which potentially leaves out about 40,000 patients a month, 10,000 patients a week, or 2,000 patients a day)? Or will these be left as UNKNOWN?
ANSWER: Yes, the project team recognizes the need to deal with identity issues, and we would appreciate the vendors' recommendations on how to deal with the issues.

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9. **QUESTION:** What are the reporting tools that are being used across the user base at PHFE?
ANSWER: This is unknown, it is presumed that basic reporting tools that being used across the user base Microsoft Office tools.
10. **QUESTION:** During the discovery phase, we will provide business analyst resources to gather info and build data model. What are the availability of the business and technical resources at PHFE to assist our team during discovery phase (number of resources and number of hours per week per resource)?
ANSWER: We anticipate having the business rules developed with current consortia of partners. Those defined rules would be reviewed, modified, and implemented by vendor.
11. **QUESTION:** Can you provide estimation for volumes of transactions per clinic per day?
ANSWER: This information is unavailable at this time.
12. **QUESTION:** Do you expect DWH operations on the weekend?
ANSWER: Yes, this system will be 24x7, with disaster backup. Please provide any options there might be to a full real-time back-up.
13. **QUESTION:** Are you expecting the selected vendor to provide some “standard” schema/data model for the proposed data warehouse, or are you expecting the vendor to work with your business users to define their needs/requirements and then to design the structure of the data warehouse based on these needs.
ANSWER: We are expecting the vendor to provide 80 % of a standard schema allowing 20% fine-tuning from our business partners to create the final design.
14. **QUESTION:** I2I Tracks already provides certain data warehouse like capabilities. What functionality is lacking in I2I that is driving this creation of a new data warehouse?
ANSWER: We are aware of i2i's functionality however we are reviewing responses from different vendors to ensure we select the system that best fits our needs for the most competitive price.
15. **QUESTION:** “Develop” HL7 interfaces with PM systems – are we receiving data via HL7 or are we required to design and write the interface between PM systems and DW? Can we expect to receive data from every system listed or just a subset? How many of these interfaces (to be designed and developed) are “in-scope” for this project?
ANSWER: In the design 75% of the data will be coming from one source (i2i). We would expect the vendor to write and implement the interface between the PMS and DWH in HL7 format, we do not expect more than five interfaces needing to be written.
16. **QUESTION:** Do you already have a message bus infrastructure in place (e.g., Websphere, BizTalk etc), or will the establishment of such infrastructure also be part of this project?
ANSWER: We have standard messaging infrastructure in place.

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17. **QUESTION:** Define what you consider to be dirty data. What are your expectations – are we simply reporting to allow users to correct data in the PM/source system or are will we be expected to create an alternative entry point for data corrected outside of the system?
ANSWER: Our definition of dirty data is anything that falls outside the implemented business rules. The vendor will we be expected to create an alternative entry point for data corrected outside of the system.
18. **QUESTION:** What is the intended use of the User Interface or other functionality?
ANSWER: The intended use of the User interface is for reporting; creating user defined standard and ad hoc queries, tracking Quality Improvement issues, trend analysis, etc.
19. **QUESTION:** Is there a preferred database platform, such as “Microsoft” or “Oracle” or “IBM” or “Sybase”, etc.?
ANSWER: We are open to all database platforms. However, the vendor will be working with LAC DHS' Oracle database.
20. **QUESTION:** Is there any preference for integrated vendor offerings for back-end database, front-end BI/reporting tool, ETL software, etc. such as for Microsoft or Oracle, or are you open to a mix-and-match “best of breed” with (for example): Microsoft OS, Oracle DBMS, IBM Cognos BI/Reporting tools, Informatica ETL tools, etc.?
ANSWER: Mix match is fine for all with exception of the reporting. For reporting we would something is user friendly such MS OFFICE products.
21. Is there any requirement to provide
- (a) **QUESTION:** multi-dimensional/OLAP capabilities?
ANSWER: Yes, multi-dimensional/OLAP capabilities are required to create user specified reports.
 - (b) **QUESTION:** Dashboards and score cards?
ANSWER: We do not have specific requirement regarding user tools. We are open to all tools that are user friendly and maintain an overall low cost.
 - (c) **QUESTION:** Planning budgeting and forecasting capabilities?
ANSWER: We do not have specific requirement regarding user tools. We are open to all tools that are user friendly and maintain an overall low cost.
 - (d) **QUESTION:** Data mining and predictive modeling capabilities?
ANSWER: We do not have specific requirement regarding user tools. We are open to all tools that are user friendly and maintain an overall low cost.
22. **QUESTION:** 800,000 records dating back how far? 1 year? 2 years? Inception to date? Do you have an archiving expectation or will all records be maintained in the DW? If so, what is

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the expected rate of adding new patient records on a monthly, quarterly or annual basis (growth trend)? Please confirm you want costs modeled based on a five year period.

ANSWER: The 800,000 patients may have many years worth of data accumulated; however, we would only want the last two years of data. We expect all records to be maintained in the data warehouse. We would like projected increase of fees over the next five years, i.e. maintenance, upgrades, etc.

23. **QUESTION:** What is the projected growth of the environment over a 5-year time frame for parameters such as covered lives (patients), number of clinics and locations, simultaneous users, etc... info that will help us to better estimate the infrastructure and level of effort needed to support you adequately over a 5 year time frame.

ANSWER: This is unknown at this time, growth will be dependent on overall Los Angeles County population increases/decreases.

24. **QUESTION:** How many source systems are outbound HL7's generated from? Will each clinic support testing or do we need to include testing costs in our proposal?

ANSWER: This is yet to be determined, but we do not expect more than five additional interfaces. We expect resources from both sides to be involved in testing. Therefore, testing costs should be included in the proposal.

25. **QUESTION:** For the remaining 25% of the source records, how does it breakdown? Evenly across each PM and the systems listed, majority from a few PMs, etc.?

ANSWER: This information is unknown at this time.

26. **QUESTION:** Are any reports to be included within the scope of this initiative? If so, what reports? Or how many reports? -- Basically looking for some guidance to estimate the level of effort for developing reports.

ANSWER: We are looking for a system that provides an easy to use reporting function that allows the user to create both standard and ad hoc reports.

27. **QUESTION:** When estimating ongoing support costs, should we consider only system-level technical support to fix any problems that come up , or ongoing support to develop reports, enhancements etc. also.

ANSWER: All possible costs should be included the proposal.

28. **QUESTION:** Item A.9 asks “...Provide a high level diagram of the data model of the proposed system for review; include source data definitions, target data models, metadata dictionary, conforming data maps, and transformation and business rules... “ Are you looking for a format (or sample) of how the selected vendor will provide such information to you, or are you looking for an actual pre-defined data model of some kind for this purpose.

ANSWER: We are looking for the vendor specific data model of how the proposed system is designed.

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29. **QUESTION:** Can you characterize how much of the expected solution you expect to be “off-the-shelf” and how much you expect to be developed for this project?
ANSWER: The expectation for the solution is to be a proven product successfully deployed in the health care sector.
30. **QUESTION:** If 75% of the data for the warehouse is coming from i2i, can you identify the expected *subset* of products that makes up the other 25% of the interfaces?
ANSWER: The other 25% may be a mixture of AllScripts, Dentrix Enterprise, eClinical Works, Ehealth, eHealthcare Systems, EPIC, HealthPro, IDX, MD Rythym, Medical Manager, Medinfor-matix, MegaWest, Misys, NextGen, and Signature
31. **QUESTION:** Does i2i support HL7 natively? Will its vendor be responsible for generating the HL7 messages necessary for feeding into the warehouse, or is that the responsibility of the warehouse vendor as well?
ANSWER: i2i is providing a mechanism to pull the patient information from disparate Patient Management systems, that information will flow to the data warehouse in HL7 format. For the clinic systems not going through i2i we will expect the selected data warehouse vendor to generate the HL7 messages.
32. **QUESTION:** Will the data warehouse vendor be responsible for developing the HL7 messages from the other feeder systems, or will those system vendors be responsible to develop and deliver those messages?
ANSWER: See the answer to Question 31.
33. **QUESTION:** Are there particular HL7 implementation guides that you feel are appropriate for the transactions you choose to have implemented?
ANSWER: We anticipate having the business rules developed with current consortia of partners. Those defined rules would be reviewed, modified, and implemented by vendor.
34. **QUESTION:** How often do you expect the data warehouse to be refreshed from the i2i and Practice Management Systems? Periodically (and, if so, what is the period)? Continuously?
ANSWER: We do not have specific requirement regarding batch or real-time transactions. We are expecting to gain an understanding of the options from the vendor in the RFI response/quote.
35. Under “Data Warehouse should be able to:” bullet 2 requires building interfaces to Practice Management Systems. The second paragraph under I. Background describes a single feed from i2i. Please describe how the Practice Management System interfaces would be used.
- (a) **QUESTION:** Would the i2i and Practice Management Systems interfaces be used concurrently?
ANSWER: Yes.
- (b) **QUESTION:** or would the Practice Management Systems interfaces be used if i2i wasn’t available?
ANSWER: No the interfaces would be concurrent.

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(c) **QUESTION:** Would some of the Practice Management Systems feed i2i and the data warehouse?

ANSWER: No, if a Practice Management System from a specified clinic is already feeding the data warehouse via the i2i feed it is not necessary for a secondary point-to-point feed between that clinic and the data warehouse.

36. **QUESTION:** Under “Data Warehouse should be able to:” Bullet 4 – Include MPI functions. What MPI functionality do you want?

(a) Just the index? What systems would access the index?

(b) Do you want deduplication of data? If you include deduplication functionality on the input to the data warehouse, the data warehouse will not have the same data as the operational i2i system.

ANSWER: We are looking for a cost effective (ideally commercial based) MPI that will be able to correctly match up patients from multiple sources and includes a database that allows both ad hoc and standard query functions for reports.

37. **QUESTION:** Under “Data Warehouse should be able to:” Bullet 8 Source data definitions. Are you expecting us to include the definitions of the output of each of the potential input systems? If you want that and have the definitions, please provide them.

ANSWER: We are looking for the vendor specific data model of how the proposed system is designed.

38. **QUESTION:** Under IV System Cost Bullet “Projected increase in fees over the next 5 years.” Other than Ongoing annual maintenance, what recurring fees do you mean? Are you expecting some ongoing consulting help from the contractor?

ANSWER: We would like projected increase of fees over the next five years, i.e. maintenance, product upgrades, etc. If the data warehouse vendor uses contractors in their implementations then those fees should be included.

39. **QUESTION:** Can you describe a little more about the purpose of the warehouse? What kinds of queries are envisioned? Do you expect mostly pre-packaged reports, ad hoc queries, or a good mix of both? What functionality do you expect from the data warehouse that is not provided by i2i reporting functions?

ANSWER: The purpose of the RFI is to determine the feasibility of a data warehouse for the LA HIE Health-e-LA Safety Net Initiative. The intended purpose of the data warehouse is to provide a simplified process by which LAC DHS can receive information on only their patients, enable all clinic patient data to be extracted and centralized, provide clinics with the ability to receive trending and quality improvement reports to help improve the quality of care to their patients, and provide the clinicians with the ability to pull reports on the demographic population for analysis, quality improvement reporting, comparative analysis etc. We are looking for a system that provides an easy to use reporting function that allows the user to create both standard and ad hoc reports. In the current scope of this project, i2i is

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providing a mechanism to pull the patient information from disparate Patient Management systems; therefore we are not using any of their system functions on the data.

40. **QUESTION:** Where will the data warehouse be housed/operated? Is the vendor supposed to provide these services? The housing of the data warehouse is yet to be determined.

ANSWER: We are open to all recommendations and encourage any creative thinking that can resolve the business issue at a competitive price.

41. **QUESTION:** Just to clarify: There is a ten page limit on the response, which is to include answers to section VI, Section VII, and some costing information as well? And the response agreement form (Section V) and cover page/table of contents if present do not count in the page total?

ANSWER: Yes, responses are limited to a maximum of ten (10) pages, exclusions are; (1) requested documentation, (2) the one page response agreement(section V), (3) a cover page, and (4) a table of contents page.

42. **QUESTION:** With respect to Section VII, Question 9 (“Provide a high-level diagram...”), it seems that this question is more appropriate once the project has begun. Every data warehouse is different – a function of the systems and data that are feeding it. Would a sample of some work from another project be sufficient for this question, but just as a sample?

ANSWER: We are looking for the vendor specific data model of how the proposed system is designed.

43. **QUESTION:** Where will the data warehouse be housed? We have capacity to host in our Colocation facility and can provide hosting costs to do so as part of our response. It wasn't clear if there was a requirement to house at one of the stakeholder facilities.

ANSWER: We are open to all recommendations and encourage any creative thinking that can resolve the business issue at a competitive price.

44. **QUESTION:** On page 3, bullet 2 under the “Data Warehouse should be able to” section it states that HL7 interfaces will be developed to various systems. Typically data warehouse projects pull data from source systems. Would these HL7 interfaces be receiving from these systems like the current HL7 interface from i2i? Or is there a requirement to send HL7 files to these source systems?

ANSWER: For the clinic systems not going through i2i we will expect the selected data warehouse vendor to generate the HL7 messages.

45. **QUESTION:** On page 5 under System Costs the HL7 outbound messages include data elements for Patient Demographics, Charge, Appointment, and Lab Results. Assuming this data warehouse will be used as an HIE platform should we also include outbound messages for medications, allergies, problems, immunizations, referrals, etc.?

ANSWER: The current project scope includes the data elements listed in the RFI. However, you may include any additional data elements and the associate