



Request for Proposal

Health Information Exchange Infrastructure Replacement

November 16, 2021

Quality Health Network
744 Horizon Court Suite 210
Grand Junction, CO. 81506

Visit the QHN Website at www.qualityhealthnetwork.org

Table of Contents

1.	Summary Information, Timelines, Instructions and Terms	3
1.1	Introduction	3
1.2	Purpose of the RFP and Needs	4
1.3	Statistics & Volumes	5
1.4	Projected Key Dates & Milestones	5
1.5	Submission Instructions & Accompanying Documents	6
1.6	All referenced documents and links	7
1.7	General Terms & Conditions	7
1.8	Vendor Selection Process	8
	QHN Coverage Area	10

1. Summary Information, Timelines, Instructions and Terms

1.1 Introduction

Quality Health Network (QHN) was formed as a community based non-profit 501(c)(3) organization in 2004. At that time, several leading organizations in the area recognized that patients were moving about different care organizations in our communities and region but their data was not following them, or accessible to their providers of care. QHN was formed to solve this problem.

QHN operates a Whole Health Information Exchange (WHIE) in western Colorado that accommodates physical (medical) data, behavioral health data and social determinants of health data (indicators). QHN connects/interfaces disparate hospital and acute care systems, reference labs, ambulatory and specialty providers, behavioral health, public health, community based and social support organizations, and other health care entities in the region via a common data sharing system to exchange real-time care and patient status information electronically.

The core HIE infrastructure currently utilized by QHN is from NextGen Healthcare and consists primarily of a Mirth technology stack for core exchange functions. The core technical components include: Mirth Connect for interfacing, Mirth Match for person indexing, Mirth Results (2.x) for Clinical Data Repository (CDR), Mirth Mail for secure Direct Messaging, and Mirth Sign On for Single Sign On functions. QHN enables Whole Person Care collaboration and communication, via a product called Community Resource Network (CRN) developed in partnership with Stella Technologies. QHN utilizes AWS, Snowflake and Tableau for our analytics and reporting requirements related to supporting our care organizations as well as WHIE operations and utilization. QHN leverages Diameter Health for CCD enhancements and eCQM (electronic clinical quality measure) reporting.

QHN delivers near real-time information to care providers at the point of care. The information collected and distributed consists of HL7v2 data, CCD, CSV, API, PDF, JPG and various other data formats/protocols are supported to enable exchange across a wide range of disparate participants. Data types exchanged include but are not limited to:

- Demographics, Eligibility, Care Providers
- Admits, Discharges, & Transfers (ADT)
- Laboratory Orders and Results
- Pathology Results
- Microbiology Results
- Radiology Orders and Results with links to images
 - Enable via eHealth Technologies
- Image Enable Results Delivery
 - Enable via eHealth Technologies
- Department Reports
 - ED visits, Surgical Notes, Discharge Summaries, Post Discharge, etc.
- Ambulatory Care Reports
 - Referrals, progress notes, history and physical, SOAP, etc.
- Advanced Directives/Advanced Care Planning (ACP) documents
- Behavioral Health data
 - ADT and Non-psychiatric notes
- Social Needs Data

- Assessments, tasks, needs, care team

Today, QHN supports in excess of 512 organizations, 16 hospitals, and close to 5,000 users in western Colorado. See the QHN Area Map at the end of this document and the [QHN Network Dashboard](#) for more information. Our growth strategy includes enhancing our electronic and technological capabilities, expanding our coverage across and capabilities across the physical, behavioral and social health domains, maintaining and improving our privacy and security standards, and assisting providers of care and patients to improve outcomes and reduce costs.

1.2 Purpose of the RFP and Needs

The current version of the QHN HIE Infrastructure supplied by NextGen Healthcare (Mirth Results/Match 2.x) is scheduled to be replaced by a new major release version called Health Data Hub (HDH). QHN desires to review all available solutions in the marketplace before deciding if to move to HDH and expend the effort required for such a change.

As noted above in the introduction section, separate from our HIE infrastructure QHN utilizes technical solutions for analytics and for quality reporting. As part of the RFP process, QHN will be giving consideration to solutions that include these functions. The analytics and quality reporting functions are not hard requirements of a new HIE solution for QHN, but they could be preferred as part of a more integrated and cost effective overall solution.

A challenge facing QHN as an HIE is to consolidate and normalize the data from many disparate systems in such a way that the data can be easily presented to and consumed by other applications and users for a range of purposes from detailed patient interactions to advanced health reporting (population health) needs and analytics (cost, performance, risk). Solutions should demonstrate built in capabilities such as terminology services and robust mapping capabilities that can assist QHN in growing value to participants and to help expand our ever growing analytics and reporting capabilities.

QHN, as the regional HIE, is working to continually enhance, innovate, and add value to the services and solutions we provide to our partners and communities. To that end, QHN seeks an HIE vendor partner to assist us in the creation and deployment of advanced WHIE infrastructure. Our high level goals are as follows:

1. Provide a solution that consolidates, aggregates, integrates, and presents data in such a way that it is easily consumed or utilized by all applications or functionality supported by QHN including but not limited to:
 - a. Query-able Longitudinal Health Record (LHR) via an easy to use User Interface
 - i. Unified view of all needed data types the WHIE may exchange including HL7 (ADT, Lab, Rad, TRN, Notes, batch exports), CCD/CCDA, data via web services and or API such as FHIR, others, flat files/batch exports, XML, JSON, others.
 - b. Single sign on (SSO) capabilities both to and from the solution
 - c. Supports triggers and notification capabilities to users
 - i. QHN currently provides notifications for events such as: Admits/Discharges/Transfers, Observation patient, Jail incarceration and release notifications, Advanced Care Planning (ACP) documents, Telehealth visit, Deceased, Hospice, Mental Health
 - d. Registries, population management, preventative care, evidence-based care, gaps in care
 - e. Provider point of care tools (EMR/EHR) interoperability
 - f. Performance, profiling, quality reporting
 - g. Risk and opportunity analysis/stratification
 - h. Syndromic surveillance, public health reporting
 - i. Potential cost analysis, cost trending

2. Allow for detailed auditing of all access to the system, users, or other methods
3. Accommodates recognized industry standard toolsets and structures
 - a. HL7, CCD, FHIR, XML, IHE, API, REST, JSON, X12, etc.
4. The solution is scalable and has SLA levels that are adequate and enforceable for system availability, performance, issue resolution, and includes robust disaster recovery
5. Employs open architecture data services to allow ease of access to the underlying data to individual users and/or applications via batch, web services, data services, API and other more traditional interfacing methods.
6. Has security controls and infrastructure present to limit access to the data as appropriate for users, roles, rights and/or as applicable for regulatory compliance.
 - a. RBAC, HIPAA, 42 CFR Part 2, Data Use Agreements (DUA), Policies and procedures.
7. Is scalable to support current and future yet to be defined needs for data integration and system utilization. The immediate need is to aggregate data in whole or part from the following at least the following domains:
 - a. Clinical including hospitals, laboratories, EMR and pharmacy data
 - b. Administrative including payer, billing, and practice management
 - c. Combined clinical and administrative data aggregation by multiple relational constructs
8. Vendor has worked with other HIEs and in situations that include the goals above and can demonstrate as such with clients and references

1.3 Statistics & Volumes

The following information is provided to assist the Vendor in properly scaling the proposed solution.

Factor	Current
Approximate number of unique IDs in the MPI	1,800,000
Average number of HL7 msgs/day	75,000
Number of data sources sending data to QHN	275
Number of organizations receiving data from QHN	297
Number of Operational HIEs	1
Number of Connected Hospitals	17
Approximate Number of Physician Practices	516
Approximate Number of Commercial Labs connected to HIE	6

1.4 Projected Key Dates & Milestones

- RFP released On or before November 16th, 2021
- RFP Questions Due Before December 10th, 2021 5PM MDT
- Vendor's Proposal Submitted – RFP Closed December 20th, 2021 5PM MDT **New Date**
January 20th, 5PM MDT

-
- | | |
|--|---|
| • Top vendor finalists notified
2022 | Late January 2022 New Date: Late February |
| • Vendor Presentations Concluded
2022 | Late February 2022 New Date: Late March |
| • Right to negotiate contract awarded
2022 | Early March 2022 New Date Early April |
| • Best & Final Offers Received & Agreement Executed | Late March 2022 New Date Late April 2022 |
| • Implementation Planning & Project Begin | May 2022 New Date June 2022 |
| • Implementation Complete - Priority Components Live | November 2022 New Date December 2022 |
| • Solution Accepted by QHN | February 2023 New Date March 2023 |
-

1.5 Submission Instructions & Accompanying Documents

1) Understand the RFP

- a) Review the *Health Information Exchange Infrastructure Replacement RFP* (THIS document) in its entirety.

2) If you have questions

- a) Submit any questions you have regarding the RFP at the following link:
<https://qualityhealthnetwork.org/rfp-qa/>
- b) Questions must be received before the “RFP Questions Due” time listed above in the section above.
- c) Answers to questions will be posted in the *RFP Q&A* section of the website as soon as possible after they are received at this link:
<https://qualityhealthnetwork.org/faq-rfp/>

3) Complete your response using the template

- a) Enter your vendor responses directly into the RFP RESPONSE TEMPLATE:
<https://qualityhealthnetwork.org/wp-content/uploads/2021/11/QHN-RFP-RESPONSE-TEMPLATE-FINAL.xlsx>
- b) You may include additional documentation with your submission as long as they are clearly referenced in the RFP RESPONSE TEMPLATE.
- c) Responses that do not utilize the RFP RESPONSE TEMPLATE may not be considered or evaluated.
- d) The QHN RFP RESPONSE TEMPLATE is located at the following location:
<https://qualityhealthnetwork.org/wp-content/uploads/2021/11/QHN-RFP-RESPONSE-TEMPLATE-FINAL.xlsx>

4) Submit your response

- a) Save your RFP response template in the original XLSX format.
- b) You may submit your response and accompanying materials by one of the following methods on or before the RFP Closed deadline:
 - i) Submit your response via the QHN website at: <https://qualityhealthnetwork.org/contact-us-rfp/>

- ii) Send your QHN Health Information Exchange Infrastructure Solution RFP response and accompanying materials as attachments to procurement@qualityhealthnetwork.org
- iii) Proposals submitted after the RFP Closed deadline may not be considered or evaluated.

5) Check for updates

- a) Frequently review the QHN RFP website for any updates to this process
<https://qualityhealthnetwork.org/updates-to-rfp/>

1.6 All referenced documents and links

The RFP document	https://qualityhealthnetwork.org/wp-content/uploads/2021/11/QHN-HIE-RFP-FINAL.docx
The RFP Response Template	https://qualityhealthnetwork.org/wp-content/uploads/2021/11/QHN-RFP-RESPONSE-TEMPLATE-FINAL.xlsx
Vendor Questions Submissions	https://qualityhealthnetwork.org/rfp-qa/
Responses to Vendor Questions	https://qualityhealthnetwork.org/faq-rfp/
Email for all correspondence	procurement@qualityhealthnetwork.org

1.7 General Terms & Conditions

- 1) This RFP process is intended to provide information to Quality Health Network (QHN). The issuance of this RFP does not imply an offer to do business with any respondent. The RFP is designed to provide respondents with the information necessary for the preparation of informative responses. Responses to the RFP will be included as part of the vendor contract should a contract be awarded to a vendor through the procurement process.
- 2) QHN reserves the right not to review or otherwise to reject, in whole or in part and at any time, any or all responses received in response to this RFP. Issuance of the RFP in no way constitutes a commitment by QHN to award any contract for the goods and services described in the RFP.
- 3) By submitting a response, the respondent agrees that QHN may copy the response for purposes of facilitating QHN review or use of the information. The respondent represents that such copying will not violate any copyright, license or other agreement with respect to the materials submitted.
- 4) The proposal submitted by the respondent shall be incorporated as a binding exhibit in any final contract executed between QHN and the respondent.
- 5) All respondents must submit proposals on a sealed basis to QHN and may not disclose proposals publicly or to non-bidding entities until the evaluation is complete. All financial information regarding the respondent's organization shall be kept confidential by QHN.

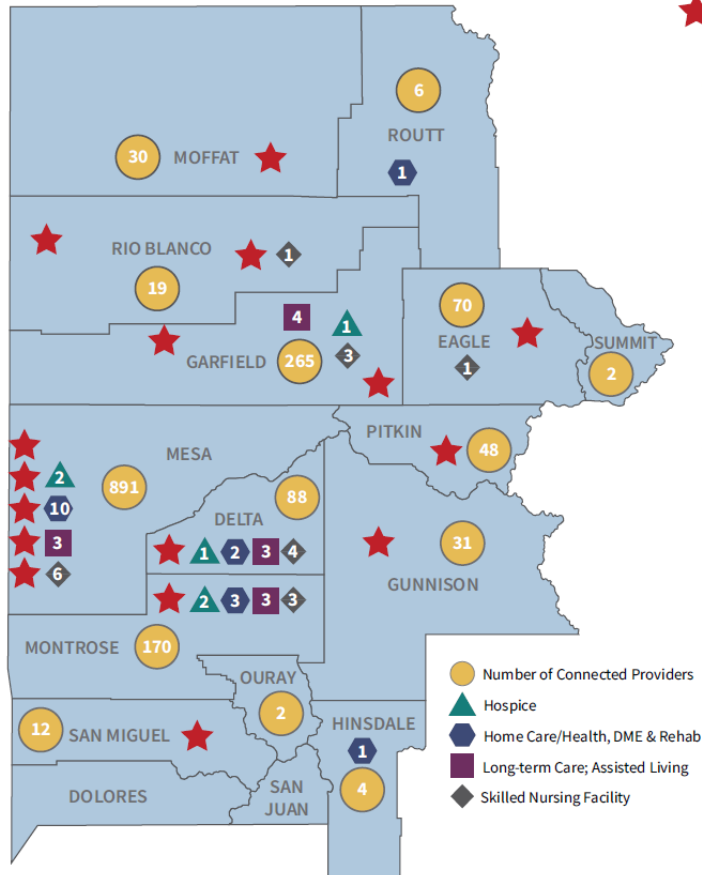
- 6) By submission of a response, respondent certifies that respondent has not paid or agreed to pay to any employee or current contracting consultant of QHN any fee, commission or any other thing of value that is contingent upon QHN contracting with respondent for this service.
 - 7) QHN reserves the right to rescind or modify this RFP at any time. QHN reserves the right to contact respondents after the submission of responses for the purpose of clarifying any response. Respondent understands that any and all information provided in response to the RFP is subject to validation. By submitting a response each respondent agrees that it will not bring any claim or have any cause of action against QHN or any agent of QHN based on any misunderstanding concerning the information provided in the RFP or concerning QHN failure, negligent or otherwise, to provide the respondent with pertinent information as intended by this RFP.
 - 8) QHN is not responsible for any costs incurred by a respondent which are related to the preparation or delivery of the response or any other activities of respondent related to this RFP.
 - 9) The laws of the State of Colorado and the United States of America shall apply to and govern the interpretation, validity and effect of this RFP. QHN contractors and subcontractors may be subject to federal or state laws or regulations applicable to recipients of funds from public sources. Respondents are responsible for determining the applicability of these laws to their activities and for complying with applicable requirements.
 - 10) QHN will not respond to phone or email inquiries about the selection process or identifying vendors still under consideration, or release any information about the proposals or results until contracts for the solution have been awarded, and QHN determines, in its sole discretion, that the release of such information will not unduly prejudice this or future RFP processes.
 - 11) It is the responsibility of the vendor to clearly mark and indicate any confidential or proprietary information included in a submitted proposal.
 - 12) **Any and all contact from bidding entities must be made exclusively with the appointed QHN RFP Manager.** Any other contact with QHN by bidding entities during the RFP process is prohibited, and may result in the exclusion of a bidding entity's proposal from evaluation.
 - a) The QHN RFP Manager is: Tess McInnis, Project Manager
 - b) The QHN RFP Managers email address is: procurement@qualityhealthnetwork.org
 - c) **PLEASE NOTE: Email** should be the primary means of any and all contact regarding this procurement. Phone or regular mail should only be utilized in cases where there are difficulties utilizing email.
 - d) The QHN RFP Managers phone number is: (970)248-0033
 - e) The QHN RFP Managers physical mail address is: Quality Health Network, 744 Horizon Court Ste. 210, Grand Junction, CO. 81506
-

1.8 Vendor Selection Process

The following procedures will be utilized to select a vendor for the QHN Health Information Exchange Infrastructure Solution.

- 1) The successful vendor(s) for a Health Information Exchange Infrastructure solution will represent the best overall value to QHN.
- 2) Only Vendors who have submitted the “Health Information Exchange Infrastructure Replacement RFP – RESPONSE TEMPLATE” by the “Vendor’s Proposal Submitted – RFP Closed” deadline will be considered.
- 3) Initial Vendor Qualification
 - a) An RFP Initial Vendor Qualification workgroup will be established for the Initial Vendor Qualification process
 - b) Vendor response templates will be reviewed via the workgroup.
 - c) In addition to information included in the vendor response to the RFP, the Initial Vendor Qualification workgroup may utilize multiple sources of additional information to evaluate the vendor's proposal.
 - d) The output of the Initial Vendor Qualification process will be the top vendors for handing off to the Final Vendor Evaluation Process
 - e) Top vendors are determined by scoring, further research and additional information, and consensus of the workgroup
- 4) Final Vendor Evaluation
 - a) A Final Vendor Evaluation Committee will be established for the Final Vendor Evaluation
 - b) The top vendor candidates determined from the Initial Vendor Qualification workgroup will undergo detailed RFP review via the committee.
 - c) In addition to information included in the vendor response to the RFP, the Final Vendor Evaluation Committee may utilize multiple sources of additional information to evaluate the vendor's proposal.
 - d) Top vendors are determined by scoring, further research and additional information, and consensus of the committee.
 - e) The output of the Final Vendor Evaluation Committee will be a vendor recommendation to QHN that the best overall value vendor has been selected.
 - f) Issuance of a vendor recommendation to QHN amounts solely to a right by the recommended vendor to negotiate a contract and is not a guarantee of a contract.
 - g) Issuance of a vendor recommendation by the Final Vendor Evaluation Committee in no way constitutes a commitment by QHN to award any contract for the goods and services described in the RFP.
 - h) QHN reserves the right to negotiate contracts with other qualified respondents if a contract cannot be executed with the recommended vendor

QHN Coverage Area



★ Hospitals and Lab Connections

Hospital Connections

- Aspen Valley Hospital
- Community Hospital
- Delta County Memorial Hospital
- Family Health West
- Grand River Health
- Gunnison Valley Hospital
- Memorial Regional Health
- Montrose Memorial Hospital
- Pioneers Medical Center
- Rangely District Hospital
- St. Mary's Hospital & Regional MC
- Telluride Hospital District
- Vail Valley Medical Center
- Valley View Hospital
- West Springs Hospital
- VA Hospital

Lab Connections

- Aspen Clinic Internal Medicine Associates
- Aspen Internal Medicine Consultants
- David Borchers, MD
- Dialysis Centers Inc.
- Glenwood Medical Associates
- Grand Junction Diagnostics
- Internal Medicine Associates
- LabCorp
- Quest Diagnostics

Connections to other HIEs

- Arkansas SHARE
- Colorado Regional Health Information Organization
- East Tennessee Health Information Network
- Great Lakes Health Connect
- HASA (San Antonio, Texas)
- Health Current (Arizona)
- Health HIE Nevada
- HealthLINC (Indiana)
- Idaho Health Data Exchange
- Indiana Health Information Exchange
- Kentucky Health Information Exchange
- Michiana Health Information Network
- Missouri Health Connection
- MyHealth Access Network (Oklahoma)
- Nebraska Health Information Initiative
- North Carolina Health Information Exchange Authority
- Reliance eHealth Collaborative (Oregon/Washington)
- San Diego Health Connect
- Santa Cruz HIE
- The Health Collaborative (Cincinnati, Ohio)
- Utah Health Information Network

