



STATE OF FLORIDA

DEPARTMENT OF CORRECTIONS

REQUEST FOR INFORMATION (RFI) #11-DC-8366 *ELECTRONIC HEALTH RECORD*

June 1, 2012

I. INTRODUCTION

The Florida Department of Corrections, herein referred to as "Department", is seeking information from experienced, qualified vendors for the provision of an electronic health record.

The Department is requesting responses from established vendors with a proven track record in developing, implementing and hosting an electronic health record that meets Medicare and Medicaid certification requirements and all applicable federal technology requirements outlined in the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), the American Recovery and Reinvestment Act of 2009, and the Affordable Care Act. The electronic health record will replace the current systems used by the Department to capture inmate health information: The **Computer-Assisted Reception Process** (hereinafter referred to as "CARP"); and the **Offender-Based Information System** (hereinafter referred to as "OBIS").

II. BACKGROUND

A. General Background

The State of Florida has a current total inmate population of approximately one hundred thousand (100,000), including approximately 90,000 in Department prisons and around 10,000 in private prisons. Florida's state prison system includes fifty-one (51) major correctional institutions and more than eighty (80) other facilities, such as road prisons, work/forestry camps, treatment centers, work release centers, and re-entry institutions. At present, facilities operated by the Department are grouped into three (3) regions (Regions I through III), with Region I encompassing the Florida Panhandle, Region II North Florida and the northern section of Central Florida, and Region III the central and southern sections of Central Florida and South Florida.

The Department is responsible for providing comprehensive health care services to inmates. Currently, the Department delivers medical, dental, mental health and pharmacy services through a combination of state employees and contracted vendors. The Department's Office of Health Services (hereinafter referred to as "OHS") has 2,800 authorized full-time equivalents and several hundred Other Personal Services positions (which are used to fill vacancies and other temporary needs).

The Department employs a variety of managed care principles to coordinate the provision of care and keep health care costs under control. Within each major correctional institution, OHS provides primary care using a core staff of clinicians, nurses, mental health and dental professionals and administrators. Services include: sick call, periodic screenings, chronic illness clinics, hospital and

infirmery care. The health services team provides medical care in the dorms for inmates who are in confinement. Each health services unit has a basic urgent services center.

OHS maintains three regional pharmacies and a pharmacy at the prison hospital at Reception and Medical Center in Lake Butler. Most medications are purchased through the Minnesota Multi-State Contracting Alliance for Pharmacy (MMCAP). The regional pharmacies fill orders submitted by the institutions, and nurses distribute the drugs from a secure medication room at each institution. Repackaging is handled through an interagency agreement with the Florida Department of Health (herein referred to as DOH). The Department also has an agreement with DOH and several local County Health Departments to provide HIV specialty care to Department inmates.

The Department contracts with more than 250 vendors to provide healthcare goods and services. This includes inpatient and outpatient hospital services; ancillary services such as radiology, labs, pathology, dialysis, physical and respiratory therapy; and temporary staffing. OHS contracts with specialists to provide secondary care at outpatient clinics at reception centers whenever possible, to save transport and security costs. Other services are provided in physician's offices and same-day surgery centers within the community.

In addition to the 100-bed prison hospital at Reception and Medical Center, the Department has secure hospital units at Memorial Hospital in Jacksonville (33 beds) and Kendall Hospital in Miami (24 beds). All specialty and hospital care must be approved by the Department's Utilization Management (UM) team. UM nurses and physicians review all requests, ensure only clinically appropriate care is provided, and oversee hospital admissions and discharges.

B. Health Records

Currently, the Department uses a combination of paper records and an archaic mainframe system to record and store inmate health care information. The information in the health record is considered protected health information (PHI) and is maintained and protected according to the Health Insurance Portability and Accountability Act Privacy Rule of 1996.

Inmate health records are initiated during the reception process on the CARP system. Health care staff (either OHS employees or contracted staff) enters information on the physical exam, dental screening, psychological screening, and initial profile. Most of this information is printed out and included in the inmate's paper health record as well. The majority of this data is also transferred into the mainframe system (OBIS) that captures inmate information, including movement, gain time and scheduling. CARP data is only used for the reception process; it is usually maintained for a few months at most.

All inmate medical, mental health and dental appointments, as well as community care information and laboratory procedures is entered into OBIS.

III. STATEMENT OF NEED

The Department's goal is to review and explore possible solutions for a vendor-hosted electronic health record system that replaces CARP and OBIS and records and maintains data for all health services disciplines. Some of the basic functions being considered are the initial health screening; the initial physical exam; the initial dental visual exam; and the psychological screening. It should contain drop down screens to provide either available codes or comment capabilities and should manage inmate scheduling for

reception center screenings and all health services appointments at permanent institutions. Some of the general needs are as follows:

A. Programmatic/Functional Requirements

1. **Nursing/Medical Requirements**

- Ability to automatically download inmate demographic on all forms/documentation, including family history, Chronic conditions, Drug history including substance abuse.
- Ability to provide inmate/patient tracking and follow-up based on user defined diagnoses. Ability to provide recognition and declination if data is incomplete (e.g., Protocols, passes, etc.).
- Ability to plot labs and graphs (weight, auto BMI conversions, etc.).
- Ability to access electronic forms (sick call, pre-confinements, transfer summaries), complete them, and have them become part of the medical record.
- Ability to document labs, appointments, follow- ups, one time med orders, etc. may be scheduled (will need to communicate with OBIS).
- Ability to provide automatic reminders/flags if an appointment or medication is past due.
- Ability to check appointment calendar, past contacts, history, etc.
- Detailed reporting ability - i.e. able to compile utilization management data, staff productivity, mortality, infection control and quality management.
- Ability to look up the data entered from a specific nurse/user on a specific date and time.
- Ability to request all medical emergencies seen by nursing each month.
- Ability to print out logs: Medical Emergency, Sick-call, lab, refusal, restraint etc.
- Ability to Interface and view the data/information from different contractors/vendors – lab results, EKG etc.
- Ability to provide prompts or pop-ups that tell you if there are blanks or missing information – i.e. pain level is missing, do you want to continue to the next page anyway.
- Ability to lock/protect information after final signature and date, so information cannot be changed afterwards (security protocols).
- Ability to include disease pathophysiology.
- Ability to include disease entity educational materials.
- Ability to include verification of inmate education.

- Ability to generate health screenings timeline.
 - Ability to create various levels of access control (security protocols).
 - Ability to capture infirmary care and in-patient units physician documentation – Admission and Progress notes.
 - Ability to electronically generate passes (ie. Low bunk, shaving and lay-in).
 - Ability to create a Comprehensive summary page – with active problem list, meds, last 20 visits.
 - Ability to access the info/area you want with a click. (Tab/radial markers/indicators).
 - Ability to capture and report infirmary care and in-patient units nursing documentation (Admission note and Daily Evaluation notes).
 - Ability to capture incidental and SOAPE (subjective, objective, assessment, plan, evaluation) notes.
 - Ability to display vital signs graphically. This would allow clinicians to view, for example, BP for a period of time instead of making decisions for treatment based on one set of vital signs.
 - Ability to capture templates for nursing protocols.
 - Ability to sign the electronic document (for example, consent forms).
 - Ability to select or type answers/response and then print the form if desired.
 - Ability to capture infirmary/hospital census information.
 - Ability to determine patient acuity.
 - Ability to allow scanned documents either as a word or pdf file or both.
- a. Medications/Pharmacy
- Ability to check Drug Formulary.
 - Ability to interface with current pharmacy system (CIPS) with scanner capability to ID inmates and record doses of single issue meds. This would replace the written MAR. A “No Show” list could be generated immediately and distributed to security.
 - Ability to process electronic prescriptions directly to CIPS. The clinician would be able to enter medication orders into the system and have the pharmacy receive the orders and fill them without nurses faxing or otherwise sending the orders to the pharmacy.

- Ability to secure pharmacy information on drug allergies, so this cannot be removed by anyone other than specific pharmacy administrators.
- Ability to provide an inmate-specific running medication list.
- Ability to generate MARs from a list of medications ordered by the Clinician – that can be printed and used as they are now. Able to print the MARs at the end of each month for all IM's as a group – instead of having to go into each IM's record separately to request the MAR.
- Ability to track and report on medication and drug interactions.
- Ability to include access to Physician's Desk Reference (PDR) and other medical references.

b. Medical Record

- Ability to maintain up to date problem list (current health and family medical), medication list, allergy list, tattoos list and scar marks with locations, advance directive status, immunizations, etc. in Medical Record.
- Ability to maintain STD history, known allergies, last PPD test results, physical handicaps, surgery/hospitalization, potential Special Education, signed medical and mental health consent forms.

c. Chronic Care Clinics

- Ability to create templates of treatment based on diagnosis and chronic illness clinic with reminders of requirements of the clinic such as immunizations, labs, and other tests that are needed.

d. Laboratory

- Ability to create serial displays of labs, for basically the same reason as above. This would be particularly helpful with viral loads.
- Ability to integrate with external lab products/providers if system does not include a lab module (i.e.; Spectra).
- Ability to generate laboratory reports with red flags (indicators) for abnormalities.

e. Infection Control

- Ability to interface with the Department of Health's Health Management System (HMS) and other systems for continuity of care for our inmates in the 340B (HIV) program, LTBI treatment, active TB for an option for re-entry.
- Ability to generate reports and survey data collected for communicable disease.

2. Psychology/Mental Health Requirements

- Ability to conform with all State and Federal rules and regulations pertaining to protected health information (PHI).
- Ability to ensure access to electronic mental health records only by those authorized and those with a need to know.
- Ability to interface with the Florida Department of Children and Families "SAMH Production" link to facilitate Department mental health re-entry continuity of care.
- A vendor-provided pharmacy module, or the ability to interface with the Department's existing CIPS Pharmacy database.
- Ability to load links to all current federal, state, DOC and OHS Procedures, Health Service Bulletins (HSBs) and other policy directives as applicable.
- Ability to capture documentation required of each of the HSBs pertaining to mental health. This includes being able to pull up required data fields for "forms", as well as text entry fields for clarifying or justifying clinical decisions.
- Ability to prompt the provider to complete all fields of required information. Ability to determine which fields must be required.
- Ability to enable the mental health provider to retrieve any e-documentation of mental health services provided.
- Ability to produce lists of:
 - patients assigned to each institution and case manager;
 - mental health providers for each inmate on the MH caseload;
 - inmates by psychological grade;
 - inmates by diagnosis;
 - inmates by psychotropic medications;
 - inmates on self-harm observation and mental health observation status;
 - inmates on mental health hold;
 - inmates in confinement who are on the mental health caseload;
 - inmates on inpatient mental health units; and
 - inmates who have engaged in deliberate self-harm and/or suicidal behavior according to the codes assigned for these behaviors.
- Ability to interface with the mental health transfer process (Procedure 404.003).
- Ability to enable production of group notes, merging DC numbers with a general statement of the group and providing for comments by the provider regarding observations of individuals and their progress in the group.
- Ability to trace mental health treatment provided to each inmate.
- Ability to schedule individual mental health inpatient review periods.

3. Dental Requirements

The Department recognizes that most EHR systems do not include an actual dental component. This Electronic Health Record must include a dental system (or add-on module) with the following features:

- A complete dental record component including diagnoses, treatment plans, referrals, consults, plaque scores/evaluations, periodontal screening and recording, dental progress notes with drop-downs for all procedures, prescriptions, etc.
- Ability to capture numbered tooth assessments according to: tooth missing, restoration present, extraction indicated, restoration indicated, etc.
- Ability to access all standard dental forms (lab authorization, periodic examination, periodontal evaluation, etc.) electronically, complete them, and have them become part of the dental record.
- Ability to capture all consents for treatment, including extractions, oral surgery, endodontics, etc.
- Ability to capture refusals of care.
- Provide section for assessment of lips, tongue, hard palate, soft palate and floor of mouth.
- Compatibility with the Medical EHR as prescriptions, lay-ins and other orders must be integrated for the physicians, nurses and pharmacists.
- Dental staff members must have full access to the Medical EHR as there are many medical issues, lab results and medications that must be known/reviewed before dental treatment is rendered.
- Ability to create and run a variety of dental reports, including: oral pathology reports, Needle, Scalpel and Blade reports, etc.
- Ability to capture electronic signatures for dental staff and inmate patients.
- The system must include the ability to capture digital radiography. DC currently has 70 dental clinics that would need to be upgraded, in addition to replacement of numerous x-ray machines due to non-compatibility with digital x-rays. Several panorex machines will need to be replaced and the remaining ones upgraded to digital. All panorex machines purchased in the past few years are digitally upgradeable. These digital radiographs must be main framed and be able to be viewed by all dental staff, all the time. This will allow staff to refer/consult cases without transferring the actual inmate (teledentistry).

4. Pharmacy Requirements

- Ability to integrate with various pharmacies software programs and include pharmacy software in EHR program if pharmacy services are retained after the department's comprehensive health care services procurement is finalized.

- May be multiple private vendors / pharmacy software programs that the EHR will have to integrate with.
 - May be mixture of private and public pharmacy software programs.
 - Approximately 1.8 million prescriptions per year.
- Ability for clinicians to prescribe via electronic prescriptions with electronic signature.
 - Ability for pharmacy to control “drug data bank” in the EHR to:
 - Ensure proper spelling;
 - Ensure proper dosing;
 - Ensure proper drug allergy, interaction, etc. notifications;
 - Formulary control;
 - Etc.
 - Ability for electronic prescriptions to be printed (transmitted) directly to pharmacy(s).
 - Ability to request electronic clarification, documentation, etc. on issues with prescriptions, medications, etc., including:
 - Medication allergy;
 - Medication dosing;
 - Medication interactions with other medications, conditions, etc.
 - Electronic DER (drug exception requests) capability.
 - Electronic MAR (Medication Administration Record) capability.
 - Ability to print at institutions if not paperless;
 - Paperless MAR (for nursing);
 - Electronic documentation;
 - Ability to manually enter data on electronic MAR by nursing (scanning/bar coding).
 - Ability to reorder prescriptions electronically.
 - Ability for clinicians to “view” pharmacy / patient profile including:
 - Medication profile;
 - Medication history;
 - Compliance history;
 - Allergy(s);
 - DER(s);
 - Etc.
 - Ability to provide daily inmate movement updates.

5. Administrative/General Requirements

a. Messaging/Notification Capabilities

- Ability to capture overdue appointments – Email reminders for consults, labs, x-rays, CICs, passes, etc.
- Ability to capture lab and radiology results.

- special flags for abnormal
 - notifications on duplicates
- Ability to capture information on inmate transfers.
- Ability to track mortality information.
- Ability to interface with internal DOC systems that capture information on inmate requests and grievances for all disciplines.
- Ability to track Infection Control information.

b. Reporting

- Ability to capture and report inmate demographics.
- Ability to report workload and schedule for each day.
- Ability to run report against any data field in the database.
- Ability to provide Quality Management data – reporting on certain chronic conditions.
- Ability to track performance measures/outcomes for Department and contractors.
- Ability to provide flags for overdue appointments.
- Ability to run staff productivity reports – for all disciplines; with capability to sort against other institutions.
- Ability to create Ad-Hoc reports.
- Ability to facilitate the capture of cost and billing information.
 - by institution and hospital/provider
 - by medical coding (CPT codes, etc.)
 - by budget line item
- Ability to facilitate the reporting of Utilization management data (use all reports from HSUM as example):
 - ALOS;
 - total hospital days;
 - utilization by provider;
 - utilization by patient;
 - comparing utilization at like institutions;
 - repeat admissions;
 - Census – Infirmaries, IP MH, IP hospital, etc.

c. Interfaces

- To support continuity of care, billing and other processes, the system should provide the:
 - ability to interface with current vendors who use Medicare Medicaid certified systems.
 - ability to interface with current Department information systems (pharmacy, utilization management, etc.).
 - Ability to report against the HEDIS Quality Data Set (Centers for Medicare and Medicaid Services).
 - Ability to receive data downloads of data from contracted vendors.
 - Ability to send data extracts to other entities.

d. General Items

- Ability to submit electronic signatures.

- Ability to comply with standard user security structures.
- Ability to include, manage, and update standard code/reference sets:i.e.; ICD-9, ICD-10, CPT, HIPCS, etc.
- Ability to manage multiple sites and users.
- Ability to manage multiple time zones.
- Ability to interact with specialty services systems and with systems from related external sites.
- Ability to provide telehealth/telemedicine functions.

e. Price Estimate

- Price estimate should include all features outlined above, plus an estimate of imaging costs for current health records for a lookback period of 1 year. For pricing, estimate 102,000 inmates at 350 pages per record.
- Price estimate should include on-going costs for patches, updates, version upgrades (and certification for said changes - as needed).
- Price estimate should include updated training for new features/functions and updates for related system environment (as applicable).

B. Technical Requirements

The Contractor's Electronic Health Record:

- Must integrate and exchange encounter data in XML format including documentation version control and electronic signature encryption.
- Must be able to exchange data with other systems as approved by OIT and/or required by OHS.
- Must integrate single sign on access for all users to physician and patient medical reference library such as Up-to-date.
- Must provide Hosted solutions with no server hardware onsite. The contractor is to provide complete disaster recovery services including fail over data center.
- Should combine patient records including scanned documents and dynamic (keyed) data entry document types.
- Should provide the feature of Electronic signature workflows on all document types.
- There should be an option to electronically verify medications on demand with outside providers via RXHUB or similar data sources.
- Should have a device level security for individual PC's and Laptops to access the EHR.
- Must not utilize a Virtual Private Network (VPN).
- Must have capacity to handle more than 180,000 patients per year (includes inmate movement in and out of the system).
- Must have capacity to handle more than 3,000 users, including OHS staff and contracted staff.
- Must have tiered level security with capability to apply templates for defined groups and/or types and/or functions
- Must have audit (multiple levels) and user tracking capabilities containing sufficient information to establish what events occurred, the sources of the events, and the outcomes of the events
- Must be Web based environment or equivalent and capable of using Department browsers (currently IE 7)
- Must have capability to provide automatic log off

The Department's data must be protected from all environmental threats. The Contractor's computing equipment installation will be protected by the timely, accurate, complete, and secure backup of data including the use of similarly secured offsite storage of all Department information and other controls that manage any risks from all conditions including but not limited to fire, water/humidity, temperature, contamination (unwanted foreign material, etc), wind, unauthorized entry or access, and theft.

The Contractor must maintain support for its services following an emergency that affects the facilities and systems it maintains or those maintained by Department. Following an emergency that affects the Contractor's facilities or production systems, the Contractor must provide access and use of a backup system with the same functionality and data as its operational system within twenty-four (24) hours. The Contractor must also guarantee the availability of data in its custody to the Department within twenty-four (24) hours following an emergency that may occur within the Contractor's facilities or systems. Following an emergency that affects the Department's facilities or systems, the Contractor must continue to provide access and use of its production systems once the Department has recovered or re-located its service delivery operations.

The Contractor must host the computing equipment protected by the following:

1. Controlled access procedures for physical access to all computing equipment;
2. Controlled access procedures for electronic connections to the Contractor's network;
3. A process designed to control and monitor outside agencies access to the Contractor's information network;
4. A Firewall device;
5. Server based antivirus/malware software;
6. Client based antivirus/malware software;
7. Use of unique userIDs with expiring passwords;
8. A process that involves collection of userID activities and regular review of these activities for unauthorized access;
9. A process that ensures up to date software patches are applied to all information resources; and
10. The Contractor shall maintain an Information Security Awareness program. This program will be designed to keep users of the system up to date on cyber security events capable of compromising the system and or network.

The Contractor's solution must operate to the Department's satisfaction on its current personal computer platform, if applicable, which currently is configured with 1Gb of RAM, a 1Ghz processor, a 100Mb NIC and Windows XP, SP3.

All Contractor activities involved in the support of its Contract and obligations to the Department must be conducted in full compliance with all applicable HIPAA (Health Insurance Portability and Accountability Act) requirements, including but not limited to those in the HIPAA Security Rule, Part 164, Subpart C. Any service, software, or process to be acquired by the Department that transmits electronic protected health information must do so with encryption provided as a part of the service, software, or process. In addition, the transmission and encryption scheme supplied by the Contractor must be approved by the Department prior to acquisition.

C. PURPOSE OF RFI

Pursuant to Rule 60A-1.042, Florida Administrative Code (F.A.C.), an agency may request information from the business community by issuing a written Request for Information (RFI).

Agencies may use RFI's in circumstances including, but not limited to, determining whether or not to competitively procure a commodity or contractual service, determining what solicitation process to use for a particular need, or researching general, special, and/or technical specifications for a solicitation. A vendor's answer to a RFI is not an offer and shall not be used to justify a contract with that vendor without otherwise complying with Chapter 287, F.S., and Rule 60A-1, F.A.C. Vendors submitting answers to an agency's RFI are not prohibited from responding to any related subsequent solicitation. The Department reserves the right to use or reject any information supplied in response to this RFI.

Interested parties are requested to answer all questions contained in Section 4 of this RFI. Additionally, interested parties shall provide details of enhancements and other applications and systems that may apply to the delivery of services or technology described.

D. QUESTIONS AND RESPONSES

1. Describe your electronic health record system and ensure you address the items identified in the statement of need above.
2. Describe what services are included with your electronic health record.
3. Provide a description of your company's profile including a general description of your corporate experience in the provision of electronic health record systems.
4. Describe your company's experience in working with statewide correctional jurisdictions.
5. Describe the type of technology used and procedures involved.
6. Does your company maintain all necessary certifications, licenses as required by the State of Florida to develop, implement and host an electronic health record?
7. Describe the software components of your electronic health record.
8. Describe any minimal technical software and hardware requirements needed
9. Describe the user and technical support that you provide.
10. Describe the training that is offered.
11. Describe the security components required and utilized with the solution.
12. Describe your company's background and experience in implementing an electronic health record. Provide a copy of three current or former Contract(s) for similar services.
13. How much time do you estimate it would take to implement your services for a project of this magnitude? Include a timeline for each step required.
14. Are you willing to accept the risk associated with the negotiable instruments that you receive?
15. What additional information does the Department need to know about your company and the provision of services that may be beneficial?

16. Describe any value added services that may be of interest to the department.
17. Describe the estimated price for the project, to include: development, installation, implementation, hosting, and all other associated fees and charges.
18. Describe the estimated costs for on-going support and maintenance, enhancement upgrades, compliance with regulatory mandates and related factors.
19. Describe a typical implementation/support team for this size of project.

E. PUBLIC RECORDS

Vendors are cautioned that Florida law generously defines what constitutes a public record (see Section 119.07, F.S.). If a vendor responding to this RFI believes that its information submittal contains information that should not be a public record, the vendor shall clearly segregate and mark that information (for example, stamp each page "Confidential" and place it in an envelope marked "Confidential") and briefly describe in writing the grounds for claiming exemption from the public records law. The Department will not independently evaluate claims of exemption. If the Department receives a public records request related to this RFI, the Department shall notify the vendor in writing at least seven (7) days before making the information available for review by the requester. The vendor shall be solely responsible for taking whatever action it deems appropriate to legally protect its claim of exemption from the public records law. If the vendor fails to do so, the Department shall make the information available for review. In no event shall the Department or any of its employees or agents be liable for disclosing, or otherwise failing to protect the confidentiality of information submitted in response to this RFI. In addition, the Department will attempt to afford protection from disclosure of any trade secret as defined in Section 812.081, F.S., where identified as such in information provided in response to this RFI, to the extent permitted under Section 815.04, F.S. By submitting information in response to this RFI, a vendor acknowledges, however, that the protection afforded by Section 815.04, F.S., is incomplete, and it is hereby agreed by the vendor and the Department that no right or remedy for damages arises from any disclosure.

F. SUBMISSION OF INFORMATION

Responses must be in writing and submitted via mail and email no later than **5:00 p.m. ET, June 20, 2012**. If responses are submitted via mail, an original and five (5) copies shall be submitted. Responses must reference the RFI number (RFI #11-DC-8366), the company name, address, telephone number, email address and contact person. Send responses to:

Ana G. Ploch, Procurement Manager
Florida Department of Corrections
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The Department of Corrections sincerely appreciates your time and interest in responding to this Request for Information.