

DHIN Response to PHR RFP Vendor Questions

Document	Page No.	Reference	Requirements	Query	DHIN Response
DHIN PHR Functionality - RFP	1	Supports Patient Identity Matching	Capability to integrate with the DHIN's CMPI and IBM Initiate EMPI patient matching solutions (or other third-party identity-proofing and/or authentication solutions) for positive patient identification.	What type of interfaces are available to integrate with DHIN CMPI and IBM Initiate EMPI? What are the other third-party solutions intended for integrations?	The vendor will support HL7, PIX/PDQ, and XML. It is expected that any 3rd party integrating with an EMR/EHR will support FHIR.
DHIN PHR Functionality - RFP	1	Supports Patient Identity Matching	Capability to utilize multi-factor authentication for user login.	What are the intended MFA scenarios? Kindly list down the authentication factors (identity credentials).	National standards, plus Email, mobile phones, potential credit bureau information.
DHIN PHR Functionality - RFP	3	Supports HIE-HIE Exchange	Capability to embed or allow URL quick links to health care provider-specific patient portals and vice versa.	Can you please clarify this requirement further preferably through an example?	This PHR patient portal solution will need to connect to other patient portals and consume their data back creating a one-stop shop for the patient.
DHIN PHR Functionality - RFP	4	Supports HIE-HIE Exchange	Capability to integrate with other PHR systems (such as HealthVault), Hospital EHR systems, Provider EMR applications, health information exchanges, and patient mobile applications (such as Apple HealthKit in iOS).	Can you please provide a representative list of PHR, EHR, EMR and HIE systems which need to be integrated with the solution?	The listing of DHIN-certified EMRs is available on the DHIN web site. The DHIN does not maintain a listing of PHR vendors in Delaware.
DHIN PHR Functionality - RFP	4	Supports HIE-HIE Exchange	Capability for the user to link with peer support groups.	Can you please clarify what these peer support groups are? Are these pre-existing support groups, or does the solution need to have the capability to allow users to form new support groups?	The DHIN does not maintain a listing of peer support groups in Delaware.
DHIN PHR Functionality - RFP	4	System Admin Tools	Capability to accommodate multiple languages, with English and Spanish as required.	Is it expected for the vendor to provide help documents in Spanish language too?	Yes.
DHIN PHR Functionality - RFP	4	Supports Connectivity with Medical Devices	Capability to integrate with, capture, exchange, and report on data from home monitoring devices.	Can you please share a representative list of home monitoring devices that will need to be integrated. Also, can you throw some light on the type of interfaces supported by these devices for integration?	The DHIN does not maintain a listing of home monitoring devices in Delaware. For example, there are blood pressure monitors, CPAP machines, heart monitoring devices, diabetic testing devices.
DHIN PHR Functionality - RFP	5	Supports Consumer Engagement	Capability for a user to easily customize preferences.	Can you share a representative list of preferences that may be customized by the user?	A representative listing is patient demographics, insurance information, and vital signs.
DHIN PHR Functionality - RFP	5	Supports Consumer Engagement	Capability to track/graph health measures over time.	Can you share a representative list of health measures that require trend analysis reports?	A representative listing is the common clinical data set in the RFP.
DHIN PHR Functionality - RFP	5	Supports Consumer Engagement	Capability for a user to upload data into the system in multiple formats (e.g., PDF, MS Word) through a secure folder location or other method.	Is there also an expectation that the uploaded data needs to be ingested into the primary systems of hospitals (EMR, EHR or PACS)?	There is not an expectation for this, but the DHIN would like the vendor to propose how this data could be uploaded to the hospitals or the CHR.
DHIN PHR Functionality - RFP	7	Supports Direct Secure Messaging	Capability to support multiple options for message delivery, as Hospitals/Providers may have multiple systems dealing with secure messaging.	Can you please provide some examples of the secure messaging systems that the providers may be using?	Direct secure email and secure text messaging
DHIN PHR Functionality - RFP	7	Supports Consumer Engagement	Capability to provide integration with patient scheduling, as well as patient scheduling across provider EHR systems.	Can you please share a representative list of patient scheduling systems that need to be integrated with the solution?	The DHIN does not maintain a listing of patient scheduling systems.
DHIN-PHR-RFP-FINAL-20160711	5			General – Given that this RFP requires more than just a Personal Health Record (PHR) product, please provide a diagram of the total desired solution that shows connectivity, integration and data flow.	The DHIN is proposing that the vendor provide this as part of its solution.

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DHIN-PHR-RFP-FINAL-20160711	5			General – What is DHIN’s expectation on how patients would manage consent and at what granularity? Would patient consent need to be reflected back into the Community Health Record (CHR)? If connections to other HIE’s consent management systems are needed, please provide examples of the requirements of those systems.	The DHIN's expectation is for the patient to enroll in this service or not.
DHIN-PHR-RFP-FINAL-20160711	5			1.1 – Is this for the implementation of a DHIN-sponsored patient portal (PP)/PHR solution that can be populated from both Hospital and Practice PPs or PHRs?	Yes.
DHIN-PHR-RFP-FINAL-20160711	5			1.1.1/2.1.1 – Co-Branded Model. If the practice already has a patient portal, and a requirement is for the selected vendor to provide a longitudinal patient record to the existing patient portal, Would DHIN explain the need for co-branding?	The DHIN would like to explore the vendor's capability for co-branding access to the PHR, through various presentation layers.
DHIN-PHR-RFP-FINAL-20160711	5			1.1.1/2.2.1 – Untethered Mode. Please explain how DHIN envisions the different portals linking up. Would the vendor be a consumer of this data or display it only? Is the intent of the data exchange to be bi-directional?	The DHIN envisions that this will occur using national standards for bi-directional connectivity between the DHIN portal and the patient portal.
DHIN-PHR-RFP-FINAL-20160711	5			Page 5 – In addition, the selected PHR solution must provide the capability for patients to: a. View their patient data located where? i. In Hospital/Provider PPs/PHRs? ii. In the DHIN CHR? iii. Other? iv. All of the above? b. Download their patient data – to where? i. The proposed PHR solution? ii. Other media? iii. All of the above? c. Manage access to their health records – where? i. In the proposed PHR? ii. In other places like the DHIN CHR or Hospital/Provider PPs/PHRs?	The capability to connect to multiple downstream systems of record to view, download, and transmit the data.
DHIN-PHR-RFP-FINAL-20160711	9			1.4.1 – Does DHIN require 9 or 10 print copies of the proposal in addition to the original signed printed document?	One signed original, 9 paper copies, and one electronic copy.

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DHIN-PHR-RFP-FINAL-20160711	29			<p>2.1.1 – Integrated/Embedded Model. Please define “embedded” What is the workflow? Would a patient access the PHR through SSO/iFrame in the CHR? How are users/roles/orgs to be administered to support this? Is this connecting the Hospital/Practice PPs/PHRs to the DHIN CHR to populate the DHIN CHR with the PP/PHR data? Or is to populate the Hospital/Practice PPs/PHRs with data from DHIN CHR so the patient’s information is one location the Hospital/Practice PPs/PHRs they are using.</p>	The DHIN is proposing that the vendor provide this as part of its solution.
DHIN-PHR-RFP-FINAL-20160711	29			<p>2.1.1 – Co-Branded Model. Please define or describe “multi-tenant co-branding” Would DHIN provide an example of what this would look like or how it would function from a Practice PP/PHR view?</p>	The DHIN would like to explore the vendor’s capability for co-branding access to the PHR, through various presentation layers.
DHIN-PHR-RFP-FINAL-20160711	29			<p>2.1.1 – Untethered Patient Portal Model Will DHIN or the proposed PHR solution provide the backend connectivity (integration) from the DHIN CHR to the third party PP/PHR (e.g., HealthVault)? Please define backend connectivity.</p>	The DHIN envisions back-end connectivity from the HIE. The DHIN requests the vendor’s proposed solution as part of its response.
DHIN-PHR-RFP-FINAL-20160711	29			<p>2.1.2 – What is the expectation for HISP to function in the models outside of the integrated model? Will all users (regardless of model [embedded, co-branded, tethered, etc.] be provisioned separately on the HISP?</p>	The DHIN expects all users to have dedicated Direct secure email accounts.
DHIN-PHR-RFP-FINAL-20160711	29			<p>2.1.4 – Please clarify which certification edition(s) and specific certification criteria are required. What is the timing expectation for the 2015 edition?</p>	The DHIN expects certification to the current ONC MU standard and future standards.
DHIN-PHR-RFP-FINAL-20160711	30			<p>2.1.6 – Please define which model [embedded, co-branded, tethered] and user type [provider, patient] would be required to use multi-factor authentication, especially considering requirement 2.1.7 (SSO).</p>	Embedded, co-branded, tethered models are independent of single sign-on. All three models would be required to use multi-factor authentication.
DHIN-PHR-RFP-FINAL-20160711	30			<p>2.1.7 – What type of Single-Sign On solution will be required; for example, SAML?</p>	SAML v 2.0. Please provide your solution.
DHIN-PHR-RFP-FINAL-20160711	30	2.1.8 Online Documentation, Linkages and Help	The DHIN is seeking a solution that provides screen and field-level online assistance. This information must be system-defined as well as provide the capability for DHIN-specific content. The DHIN is seeking a solution that provides links to outside educational sources for content specific information. In addition, the DHIN is seeking a solution that provides end-user training of the system functionality.	<p>Please elaborate more on end-user training. What is the intended audience (qualification/role/count) here? How are the sessions intended to be conducted?</p>	Please provide your solution.

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DHIN-PHR-RFP-FINAL-20160711	30			<p>2.1.9 – Please clarify how a proxy would be identified and verified.</p> <p>Are there other business requirements around data access policies such as time boxes, exceptions or data segmentation?</p> <p>During search, please clarify the granularity of access controls.</p> <p>Will the search need to be limited to signed results?</p> <p>Specific data sources?</p>	Please provide your solution.
DHIN-PHR-RFP-FINAL-20160711	30			<p>2.1.9 – Will the PHR solution proposed permit the patient/consumer (or their proxy) to search or query for their clinical information located in hospital or providers PP/PHR and/or the DHIN CHR? Allowing them to view and download the clinical information to the proposed PHR solution or other media?</p>	Please provide your solution.
DHIN-PHR-RFP-FINAL-20160711	30			<p>2.1.9 – Is this the same as the feature/function #10 on page 5 of 9 – Capability to all users to view, download and transmit their personal information within 36 hours of availability?</p>	Yes.
DHIN-PHR-RFP-FINAL-20160711	30			<p>2.1.10 – Is the expectation that data entered by the end-user will be integrated back into the CHR for access by the providers?</p>	Please provide your solution. Can it integrate with downstream systems?
DHIN-PHR-RFP-FINAL-20160711	31			<p>2.2.1 – Would alternate certifications be appropriate (e.g., SOC 2)?</p>	Please refer to the State of Delaware Department of Technology and Information's Cloud and Offsite Hosting Policy included in the RFP.
DHIN-PHR-RFP-FINAL-20160711	31			<p>2.2.2 – Please clarify expectations around CMPI and Initiate. Is there a relationship between the two today? Would the PHR solution use the Initiate eMPI solution as part of our product OR rather query against it to find the right patients?</p>	Please provide your solution, especially related to patient matching across downstream systems.
DHIN-PHR-RFP-FINAL-20160711	31			<p>2.2.2 – Which aspects of the MPI should be integrated? For example, issuance of standard identifiers or curation of demographic data sets.</p> <p>Which systems (CMPI/Initiate) provides the single source of truth for patient identities?</p> <p>Considering the transient nature of identifiers, what is the expected behavior when identities are unlinked, merged or otherwise altered as new data enters the system?</p> <p>Please clarify how consent would be managed separately for the HIE and PHR?</p> <p>The CMPI does not actively propagate identity management. Please clarify what is meant by integration.</p>	Please provide your solution, especially related to patient matching across downstream systems.

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DHIN-PHR-RFP-FINAL-20160711	31			2.2.3 – Please describe the DHIN Directory Services Listing? Would it be self-developed or developed by vendor? If so, who? Is this so a patient/consumer using the proposed PHR solution can look-up a provider to securely message with?	Please provide your solution. It is expected that this would be DHIN-developed unless the vendor has an alternate solution.
DHIN-PHR-RFP-FINAL-20160711	31			2.2.3 – Direct Inbox – Please provide a use case?	Please provide your solution.
DHIN-PHR-RFP-FINAL-20160711	31			2.2.3 – Identity of a patient must be asserted for XDS/XCA. Please clarify how this interaction would occur.	Please provide your solution.
DHIN-PHR-RFP-FINAL-20160711	32			2.2.11 – Please describe the help desk capability DHIN is seeking; e.g., Tier 1, Tier 2, etc.	Please provide your help desk solution capability for each tier.
DHIN-PHR-RFP-FINAL-20160711	32	2.3.1 Training for System Administrative and Technical Support Staff	The DHIN is seeking a solution that will provide Offeror-based training to DHIN administrative and technical staff. This includes administrative and technical staff at each of the DHIN stakeholder hospitals and representative practices.	Please share the administrative and technical staff count at each of the DHIN stakeholder hospitals and representative practices.	Please provide your customer support and training support requirements.
DHIN-PHR-RFP-FINAL-20160711	32	2.3.2 End User Training	The DHIN will provide webinar and group training to patients and consumers.	Any role of the vendor to play here?	The DHIN does not anticipate any vendor role at this time.
DHIN-PHR-RFP-FINAL-20160711	32	2.3.3 Training Materials	The DHIN is seeking Offeror-based training materials (paper and electronic based) that can be duplicated for training sessions.	Is it also expected from the vendor to provide audio/video content for training sessions? Is it expected to provide training content in Spanish language as well?	Please provide your solution.
DHIN-PHR-RFP-FINAL-20160711	33			2.4.3 – Would DHIN identify the other PHRs they know are installed in Delaware and if those PHRs have the capability to complete XCA query and retrieve?	The listing of DHIN-certified EMRs is available on the DHIN web site. The DHIN does not maintain a listing of PHR vendors in Delaware.
DHIN-PHR-RFP-FINAL-20160711	35			3.1.1 – "Utilize DHIN-supplied production-quality sample data." What type of sample data? What is the format and nature of this data?	The DHIN will provide sample data for certification testing as needed.
DHIN-PHR-RFP-FINAL-20160711	35			3.1.1 – "Demonstrate backend connectivity with the HIE for additional patient data not resident in hospital/provider patient portal." Would this data come from the HIE or from another source? Would this require setting up an actual connection or proving support for a specific protocol?	The vendor will support HL7, PIX/PDQ, and XML. It is expected that any 3rd party integrating with an EMR/EHR will support FHIR.
DHIN-PHR-RFP-FINAL-20160711	42			4.1.2.8 – Would the vendor integrate to one or more EMRs? Or one interface to the HIE/CHR?	The capability to connect to multiple downstream systems of record to view, download, and transmit the data.