

ADDENDUM 1

Date: NOVEMBER 06, 2020

REQUEST FOR PROPOSAL #21036

PATIENT ENGAGEMENT SOLUTION

DATED: OCTOBER 21, 2020

The above entitled specifications are modified as follows and except as set forth herein remain unchanged and in full force and effect:

Addendum to RFP documentation

Modification 1:

Instructions for proposal response: Detailed Specifications and Special Conditions, Section 6, Page 17-18

Proposals must be submitted in the number and manner as specified below: All submissions are requested via email to Kyla Rogers rogersk@umsystem.edu

Submit two separate emails for each volume listed below, with the subject lines as follows: RFP#21036 Volume 1 and RFP#21036 Volume 2

Volume I – Functional Section must be submitted electronically through email and contain:

- Response to Information for Respondents and General Conditions
- Mandatory Specification with vendor confirmation response
- Desirable Specifications and vendor response
- Any vendor related contract documentation that must be signed as part of doing business
- Any additional documentation requested from the University of Missouri Health Care
- **No pricing information should be included in Volume 1.**

Volume II – Financial Section must be submitted electronically through email and contain:

- Authorized Respondent Representation Form

- Request for Proposal Form (Pricing form with any supplemental pricing schedules, if applicable. Also include financial summary including additional costs, if any, for Desirable Specification Compliance, functional or technical.)
- Supplier Diversity Participation Form.
- Supplier Registration Information Form.
- Financial statements that may be required are also to be included in this section.

Respondent must complete and return the University Proposal Form with proposal response. Vendor quote sheets are not acceptable forms of bidding and could cause rejection of response. **All proposals must be submitted electronically via email by volume with the subject lines: Request for Proposal #21036 for Volume 1 and Request for Proposal #21036 for Volume 2.**

Modification 2:

Mandatory Criteria: Detailed Specifications and Special Conditions, Section 11, Page 22

The mandatory criteria are hereby revised to be divided into two sections, Inpatient mandatory criteria and Outpatient mandatory criteria. The respondent must comply compliance within a single section for further consideration. Respondents must provide a written, affirmative response to each of the criteria listed below and submit with the RFP submission. The RFP may be awarded to multiple suppliers at the sole discretion of the University.

INPATIENT MANDATORY CRITERIA

1. It is mandatory that the solution has the ability to provide inpatient education.
CONFIRM COMPLIANCE YES _____ or NO _____

2. It is mandatory that the solution provides patient discharge planning capabilities.
CONFIRM COMPLIANCE YES _____ or NO _____

3. It is mandatory that the solution have a fully capable test environment for validating dependent software changes and upgrades.
CONFIRM COMPLIANCE YES _____ or NO _____

4. It is mandatory that the solution can provide in room entertainment.
CONFIRM COMPLIANCE YES _____ or NO _____

5. It is mandatory that the solution can provide patient video conferencing capabilities internally and externally.
CONFIRM COMPLIANCE YES _____ or NO _____

OUTPATIENT MANDATORY CRITERIA

1. It is mandatory that the solution can integrate with the Cerner patient portal.

CONFIRM COMPLIANCE YES _____ or NO _____

2. It is mandatory that the solution can provide scheduling integration, patient confirmations, reminders and updates.

CONFIRM COMPLIANCE YES _____ or NO _____

3. It is mandatory that the solution has the ability to provide outpatient education.

CONFIRM COMPLIANCE YES _____ or NO _____

4. It is mandatory that the solution can provide patient outreach services.

CONFIRM COMPLIANCE YES _____ or NO _____

5. It is mandatory that the solution can provide patient video conferencing capabilities internally and externally.

CONFIRM COMPLIANCE YES _____ or NO _____

6. It is mandatory that the solution have a fully capable test environment for validating dependent software changes and upgrades.

CONFIRM COMPLIANCE YES _____ or NO _____

Response to Vendor Questions

QUESTIONS AND ANSWERS: The following questions and answers are provided as a matter of information to clarify issues raised about the RFP. All responses are noted below in red.

1. Is the patient engagement system expected to process patient bills, view them through the inpatient TV? (Section 2.A.6- Scope)
 - a. **That would be a desirable feature, but not mandatory.**
2. Is a specific input device expected such as a tablet or keyboard? (Section 2.B.13- Scope)
 - a. **Mandatory functionality would be integration capability with the nurse call system to control the inpatient engagement system.**
 - b. **Desirable functionality would be to have a keyboard, tablet, or mobile app for input.**
3. Are the Ads expected to be on digital signage or patient TV or patient personal devices or all of the above? (Section 2.D- Scope)
 - a. **This desirable functionality is negotiable based upon the amount of reimbursement being offered.**
4. Is the vendor expected to sell the advertisements or is it envisioned that the hospital will sell the advertisements? (Section 2.D- Scope)

- a. The desire is that the hospital will have the ability to sell advertisements. We are interested in determining if it is possible to present advertising to our patients, and if so, are there any controls on the type of ads? How the advertisement is sold and the revenue distribution.
5. Are you looking for a single-source provider, or are you considering multiple vendors to meet the needs?
 - a. The desire is to identify a single vendor that can provide both inpatient and outpatient needs. The RFP does state that it may be awarded to multiple suppliers at the sole discretion of the University.
6. Will UM consider a separate vendor for outpatient needs and another for the inpatient scope?
 - a. The desire is to identify a single vendor that can provide both inpatient and outpatient needs. The RFP does state that it may be awarded to multiple suppliers at the sole discretion of the University.
7. Mandatory 8 requires that the solution can provide in room entertainment. If the answer was no would we be removed from further consideration?
 - a. All mandatory specifications must confirm YES in order to move forward to desirable criteria review. The mandatory criteria submission has been modified per the RFP modifications at the top of the Addendum #1.
8. Can you further clarify what in-room entertainment means and how it correlates to patient engagement: Mandatory 8: It is mandatory that the solution can provide in room entertainment. Are you looking for a sole vendor or would our partnerships qualify us to submit for the RFP?
 - a. The desire is to identify a single vendor that can provide both inpatient and outpatient needs. The RFP does state that it may be awarded to multiple suppliers at the sole discretion of the University. The mandatory criteria submission has been modified per the RFP modifications at the top of the Addendum #1.
9. Can companies from Outside the USA apply for the RFP?
 - a. Any company that can meet the mandatories and requirements of the scope can provide a proposal submission. The mandatory criteria submission has been modified per the RFP modifications at the top of the Addendum #1.
10. Will the vendors be required to attend onsite meetings?
 - a. The awarded vendor may be required to attend onsite meetings once awarded.
11. Can the vendors perform the tasks (related to RFP) outside the USA?

- a. Onsite task may be required.
12. Can we submit the proposals via email?
- a. Proposals will be accepted via email, per the RFP modifications at the top of Addendum #1.
13. How many locations/facilities are currently using Cerner Millennium? How many ambulatory locations are not? Are you planning/hoping to include affiliated physicians/practices in your patient experience initiatives?
- a. Yes, ideally, we would have a pricing structure to include affiliates should they choose to buy-in on MU Health software solutions when aligning. Attached clinic list all use Cerner.
14. Under the Features and Functionality section, #2r – Describe your solutions ability to convert a telehealth visit to an inpatient visit.
- a. Describe your solutions ability to convert a telehealth visit to an inpatient visit
 - b. Can you elaborate on the use case and/or provide an example of the desired workflow?
 - i. The intention is to provide a similar experience thru out the continuum of care. Ideally the patient would utilize a similar UI for both the inpatient engagement solution and the outpatient engagement solution.
 - ii. A desirable feature would be the ability to embed your solution into our existing portal to allow for all the patient’s outpatient needs to be met from one application.
15. Can you provide the number of ancillary locations (waiting rooms, exam rooms, etc.) involved in the project?
- a. The waiting rooms are currently only CATV televisions and are not in scope currently.
 - i. Please provide a description of waiting room system features you would recommend if applicable.
 - b. Currently, we are hosting a website of links to a media server for presentation outside of the inpatient engagement solutions. Ideally, we would present the engagement solution capable of streaming educational videos on exam room PCs on Citrix. See attached Clinic list for clinic/room details.
16. Would you like us to include TVs in our quote?
- a. Yes please.
17. Can we assume that an HD cable TV or CATV/IPTV headend will be needed in each hospital and if so, how many in each facility/total should be provided in our proposal?

- a. No, we currently have our own campus supplied CATV distribution system.
 - b. It is a mandatory requirement that the proposed inpatient patient engagement solution can present a combination of both IPTV and CATV stations.
18. Can you confirm whether there is a live network port behind each TV? If not, should we include cabling costs in our proposal?
- a. All inpatient televisions currently have at least one active network port behind them and we do not require additional cabling unless more than one port is required.
19. Can you describe the network connections between facilities/network topography between sites including bandwidth and which facilities are on which campuses?
- a. We have a 10Gigabit connection between all of our main hospitals, 1 Gigabit connection to most of the ambulatory facilities within/near city limits, and VPN tunnels over 3rd party ISOs to the remainder of our remote clinics.
 - b. We are happy to provide a detailed network topology diagram to respondents once we are thru initial selections.
20. What TV provider(s) do you currently have at the inpatient hospitals?
- a. We currently have a MU campus supplied CATV feed at our University Hospital and Missouri Orthopedic Institute. Additionally, we have a Mediacom cable television feed at our Women's and Children's hospital.
21. What model TV do you currently deploy across the intended scope of the patient engagement solution?
- a. Our current televisions are end of life and will need replaced during this project.
 - b. A desirable requirement would be an inpatient engagement solution that runs on the television directly without additional hardware required behind the television.
22. Who is your current cable service provider? Do you also have a current IPTV provider?
- a. We currently have a MU campus supplied CATV feed at our University Hospital and Missouri Orthopedic Institute. Additionally, we have a Mediacom cable television feed at our Women's and Children's hospital.
 - b. We currently host our own IPTV station and modulate it back into the CATV stream for waiting rooms and other locations.
23. What languages will content and messaging need to be delivered in?
- a. English, Spanish Mandarin, Kinyarwanda, Arabic, Burmese, Swahili, French, Russian, Cambodian, American Sign Language.
24. Will APIs for Cerner Millennium and CBORD software be available. Or are representatives from these organizations involved in interface development?
- a. We cannot speak for CBORD and you will need to reach out to them directly.

- b. Cerner development partnerships would need to be requested thru the partner management program.

25. Does MU Health Care currently have any interactive patient care system installed?

- a. We currently have Cerner MyStation as our inpatient engagement solution.

26. Are the outpatient needs a requirement and what are they using now to meet these requirements? (Scope 2)

- a. Outpatient requirements are listed under the outpatient criteria within the updated mandates listed on Addendum 1. Currently, we use Cerner's eClipboard for screening forms, but it is not being used for record release requests, consent forms, or registration-related forms. We are using Intrado/Televox for appointment reminders, but there's no linkage to forms nor can it be used for easily communicating with patients if a provider is running behind. We do not have any tools available today for patient outreach or pre-check in or self-arrival.

27. How should we present pricing for hardware? (Qty 1) give no totals are defined?

- a. Please present pricing in an a la carte format. Qty1 of each item for an apples to apples comparison between respondents.
- b. Please also provide a quote for a Qty 650 inpatient complete installations.
 - i. Labor and education need to be clearly identified.

28. Can you define Cerner Portal on Mandatory question #1. Is this HealthIntent and not the EHR?

- a. This is Cerner's HealthLife patient portal. It uses web services to pull data out of the Cerner Millennium EHR. There isn't anything in the standard HealthLife portal that pulls from HealthIntent today.

29. Can you describe the use case of when the system would need to convert a telehealth visit to an inpatient visit? (Feature & Functionality, Workflow 2.R)

- a. See response on Question 14.

30. MU has a Cerner connected portal already (<https://www.muhealth.org/patient-login>), does RFP scope consider making additions to this existing system ?
- a. Yes, this RFP scope would add capabilities to the existing patient portal through integration.
31. Does the scope include enhancement to Cerner web portal as well as connected native mobile apps for iOS and Android ?
- a. Yes, over 60% of patients access the portal through the mobile app so we would want the same capabilities there. The mobile app is a native wrapper for the web portal, so it may be possible to do the integration work in the web portal and then have it available in the native app with no additional effort as long as the functionality doesn't require a native-only service.
32. Apart from Cerner is other third-party vendor systems also being currently /to be used ?
- a. Not currently. There will be integration with Amwell at some point in the near future for on-demand video visits. There will also be SSO integration with HealthPay24 for MU Health Care online bill pay.
33. Is Taylor forms or some other platform used for pre visit forms, if not, can such a system be considered for integration
- a. We currently use Cerner's eClipboard solution. Another electronic forms vendor/platform could be considered for integration.
34. Is Cedar or some other platform used for pre visit forms, if not, can such a system be considered for integration
- a. We currently use Cerner's eClipboard solution. Another electronic forms vendor/platform could be considered for integration.
35. We can safely assume education content creation would be out of scope of the product. Is the educational content already present (LMS)?
- a. We currently have a contract with HealthWise for education material and continued use of that vendor is a mandatory requirement.

36. Does review of inpatient education involve surveys to collect details from patient to provide better care & follow up education:
- a. MU Health's current workflow is for the nursing staff to review the education provided to determine absorption.
 - b. Please describe any functionality your offering would have surrounding surveys for educational content within the inpatient engagement solution.
 - c. Review of inpatient education involves staff identifying recipient, teaching method, barriers to learning, teach-back response to patient education, and topics requiring further education. All this information is documented in the EMR Education Teach Back.
37. Is chronic disease library present currently?
- a. Healthwise provides education on almost all patient education topics.
38. If yes, what integration mechanisms (APIs, database query etc.) are present to connect with the library ? N/A
- a. No
39. Self-check-in by patient could be done through app notification / SMS through patient's registered mobile number, please confirm whether that will suffice ?
- a. I believe that would suffice for notification, but how would the patient be notified of any forms they need to fill out prior to the visit?
40. Advertisement capabilities would be through an Ad serving platform (e.g. Google), please confirm. Please let us know about any other platforms that can be used to serve ads.
- a. Advertisements would be through an Ad servicing platform. See response to question number 4.
41. Can you please elaborate about the personas for the app, apart from patient & admin users? Is there some work done on workflows needed for the system, please share documents if any?
- a. I'm not aware of any workflows already put together for this yet, but I think patient family members/caretakers would also be valid personas.

42. What is the scope of RTLS integration (Patients, Healthcare staff, equipment), is some RTLS product already being used / considered ?
- MU Health currently has an enterprise RTLS system from Stanley Aeroscout.
 - A desirable requirement would be integration capability with the RTLS system to document and display care team interaction on the television.
 - An additional desirable requirement would be the ability to mute the television based on the presence of the care team in the room.
43. Can you please elaborate about room control capabilities needed for in-patient's entertainment/education?
- MU Health does not currently have room control capable infrastructure, but in order to future proof our investment we are requesting information on current room control capabilities.
44. Patient, Physician data is stored in Cerner, and can be authenticated, read, written into Cerner. Please confirm.
- Cerner development partnerships would need to be requested thru the partner management program.
45. Should the product be hosted on premise or cloud?
- MU Health would be willing to consider either at this time.
 - A desirable requirement would be for cloud hosted capability.
46. What is the concurrent number of users anticipated for the system? E.g. average monthly, max in a day et.
- In FY20 we averaged about 1200 unique patients/day that accessed their portal account. If no one else has a better idea of estimating volume, I'd think that would be a usable average. There are 751 FTE for outpatient. That is all inclusive so not all would be engaged with it and a lot would depend on what the system could provide.