Request for Proposal
Questions and Responses

Request for Proposal Title: Boston Health Equity Measure Set

Proposal Due Date: August 03, 2020

Prospective Proposers: In reference to the proposal solicitation, the following questions and inquiries were submitted and received. Below is correspondence to the questions:

Question 1: Does BPHC have a requirement regarding whether the cloud solution can be a private cloud solution or from a public cloud vendor only?
Answer: BPHC has no requirement or preference regarding private or public cloud. We do require that the cloud offering should be HIPPA compliant.

Question 2: Will BPHC consider use of public cloud hosting environments such as Amazon Web Services provided that the Bidder can demonstrate maintenance of CSF HiTrust certification?
Answer: BPHC would prefer Azure. However, AWS will work as well.

Question 3: Proposal Requirements: Regarding the 10-page limit, please clarify if each of the four questions above have a 10-page limit? Or is this total of 10 pages to answer all four questions? If total, will this page limit exclude items like a cover letter, title pages, resumes, etc.?
Answer: The total of 10 pages is to answer all four questions together. This excludes page limits for cover letter, title pages, resumes, etc.

Question 4: V. Proposal Requirements, #1: Please clarify if the respondents should reply to every section and bullet/sub-bullet under section IV Qualifications (starting with Experience on page 4 through Other (h. SLA Activation Date) on page 7
Answer: It is highly recommended that the respondent responds to every section and sub-bullet under section IV qualifications.

Question 5: Do you have any existing software licenses that can be leveraged for the purpose of this project such as: “
- Licenses for data movement/ETL tools like Informatica, Microsoft SSIS etc.?
- Licenses for reporting tools such as Tableau, Power BI, MicroStrategy etc.?
- Database licenses, such as SQL Server, Oracle etc.?”
Answer: BPHC has the following software license that could potentially be leveraged:
- Microsoft SSIS
- Microsoft Power
- SQL Server
Question 6: Do you have any standard tools and technologies that you would like to be considered while developing this new solution?
Answer: We would like the vendor to recommend tools and technologies for developing this new solution.

Question 7: Are you averse to using Azure or AWS technology stack for data integration and data quality; we will ensure that data will be housed in Massachusetts only.
Answer: We would prefer Azure technology stack for data integration; however AWS is acceptable.

Question 8: How many EHR systems do you currently have? How many sources of data do you think will be required to integrate for building the system?
Answer: 11 hospitals and 22 health centers are located in Boston and are expected to participate in this data system. Hospitals and hospital systems can share an EMR system with its licensed community health center. At this time, Epic, Athena, and Nextgen are being used by various entities though other EMRs may be in use across the city.

Question 9: Do you have any existing data marts for reporting? How many?
Answer: BPHC does not have existing data marts for reporting.

Question 10: Our understanding of this RFP is that BPHC is looking for a fully managed data analytics platform, where all the tools, technology, and infrastructure along with services and maintenance will be provided by the bidder. Please confirm.
Answer: Yes, that is correct.

Question 11: How many users will be using this system?
Answer: We anticipate up to three users from each health center and hospital (99) and an additional 10 staff members from Boston Public Health Commission will need access to this system. Note that the limited number of BPHC employees will only access a pseudonymized data set and will not have unrestricted access to the data within the system.

Question 12: How many users you anticipate who will be accessing the portal concurrently?
Answer: All users may be using the portal concurrently.

Question 13: What is BPHC's expected timeline/deadline for having the system fully operational?
Answer: Our hope is to have the infrastructure to generate data for at least five measures within six months of vendor selection.
Question 14: Can BPHC provide the bidders the list of sites and/or institutions that BPHC has received consent to participate in data sharing?
Answer: Consent from institutions will be in the form of individual Business Associate Agreements (BAA) and other contractual agreements between the vendor and the individual institution.

Question 15: Please confirm that in addition to standards-based extraction methodologies, that BPHC is amenable to other data extract approaches, (i.e., direct database extraction).
Answer: BPHC would be interested in other data extract approaches.

Question 16: Please confirm that BPHC is open to alternative methods to support business continuity. For example, in the event that it becomes impractical for a bidder to service the BPHC because of bankruptcy, dissolution or other business disruption, BPHC shall have a perpetual license to the licensed materials and source code that will be deployed in a hosted environment that the bidder configures and transitions to the BPHC.
Answer: All bidders are reminded that under the Data Ownership provision (Page 6 of the RFR), BPHC will be the sole owner of the BHEMS QDS system and all data stored there. Further, in the event of a bankruptcy, dissolution or other termination of the vendor's business, BPHC will retain all such ownership of the entire system and the vendor will, as a material term of the contract, have the obligation to transfer the operation of the system to BPHC or a new vendor in a manner that allows for full continuity of the system and the project. There may be additional related terms to this issue in the final contract.

Question 17: Will BPHC have access to patient identified information through the portal or DataMarts/extracts? If not, will BPHC require the bidder to maintain the ability to re-identify the data made available to BPHC?
Answer: BPHC will not have access to patient-identified information, only pseudonymized data. BPHC will not require the ability to re-identify the data.

Question 18: Will the bidder be required to sign contracts and Business Associate Agreements (BAAs) with the hospitals and health centers, or will the QDS fall under HIPAA public health uses (“required by law” or “public health authority”)? If the latter, which HIPAA authority will BPHC be exercising: “required by law” or “public health authority”?
Answer: The bidder be required to sign contracts and Business Associate Agreements (BAAs) and contracts with all participating hospitals and health centers.
Question 19: Who will be responsible (BPHC or data sources) for paying for the QDS service, including project management to engage and on-board data sources, deployment of interfaces/connectors, design, development, testing QDS data environment and applications, ongoing recurring cost of maintaining end-to-end QDS infrastructure and services?
Answer: BPHC will cover all infrastructure costs and, at a minimum, one year of implementation costs for all participating sites.

Question 20: Will all data sources be required to be live on the QDS by the end of the first contract period (Jun 30, 2021)?
Answer: Yes.

Question 21: By what date will the first measure calculations need to be completed?
Answer: Our hope is to have the infrastructure to generate data for at least 5 measures within 6 months of vendor selection.

Question 22: Can BPHC provide the bidders a full list of sites and/or institutions for which data collection will be required?
Answer: Under the Data Collection Regulation, hospitals and community health centers located in Boston are generally required to participate in reporting. Lists of licensed hospitals and community health centers can be found below. However, please note that the universe of reporting institutions is subject to change during ongoing implementation as determinations about combined reporting and limited waivers are made.

Hospitals:
1. Beth Israel Deaconess Medical Center
2. Boston’s Children’s Hospital
3. Boston Medical Center
4. Brigham and Women’s Hospital
5. Carney Hospital
6. Dana Farber Cancer Institute
7. Faulkner Hospital – Brigham and Women’s Hospital
8. Mass Eye and Ear
9. Mass General Hospital
10. St Elizabeth’s Hospital
11. Tufts Medical Center
Community Health Centers:
1. Boston Health Care for the Homeless Program
2. Bowdoin Street Health Center
3. Brookside Community Health Center
4. Charles River Community Health
5. Codman Square Health Center
6. Charlestown - MGH
7. Dan Driscoll - Neponset Health Center
8. Dimock Center
9. DotHouse Health
10. East Boston Neighborhood Health Center
11. Fenway Community Health Center
12. Geiger-Gibson Community Health Center
13. Greater Roslindale Medical and Dental
14. Harvard Street Neighborhood Health Center
15. Mattapan Community Health Center
16. North End Waterfront Health
17. South Boston Community Health Center
18. South Cove Community Health Center
19. South End Community Health Center
20. Southern Jamaica Plain Health Center
21. Uphams Corner Community Health Center
22. Whittier Street Health Center

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