

***Your Practice Name***

**Request for Information  
Electronic Medical/Electronic Health Record Solutions**

**Date:**

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## 1.0 Introduction

*Practice Name* is a physician practice located in *County Name*, New York. Ideal partners will have demonstrated ability to provide hosted as well as installed solutions, strong ability to support execution and practice migration, demonstrated success in working with small as well as large practices of similar specialty, and capital support to demonstrate clear viability and appropriate investment and pricing flexibility.

The remainder of this document requests information that our practice will use to evaluate you as a potential vendor. Please complete this document and return to *Physician's Name*, at *address*, by COB *date* or to [\*email\*](#) *address*. We appreciate your willingness to complete this RFI as an initial step towards partnering with our practice.

## 2.0 Questionnaire

This questionnaire is being sent to a select number of software vendors. The list was determined based on 'meaningful use' certification and ability to service our type of practice.

### 2.1 Background

1. Is your company publicly or privately held?
2. How many total employees are in your organization?
3. How many employees are in the unit associated with your EMR product?
4. What is the size of the deployment or installation organization?
5. What is the average number of years of experience with your product?
6. Who is responsible for developing or negotiating partnerships on behalf of the company in the *County Name Region*, of New York State?
7. Please provide contact information: telephone number and email address.
8. What are your primary differentiators as compared to your competitors? For example:
  - a. Features (specify)
  - b. Integration
  - c. Partnerships
  - d. Ability to execute
  - e. Integrated Suites of products
  - f. Roadmap/Vision
  - g. Installed base
  - h. Capitalization
9. What is your market presence in the *County Name*, NY area?
10. Please supply a short list of customer references with contact information.
11. What Health Data Exchanges or RHIOs do you have interfaces to support?
12. Please supply a short list of the HIEs and/or RHIOs which your company supports.
13. What is the level of involvement with these HIEs and/or RHIOs?

14. What percentage of your customer base is equal or similar in size to our practice?

*Enter number of physicians, other clinicians and staff in practice:*

Physicians: \_\_\_\_\_ Other Clinicians: \_\_\_\_\_ Staff: \_\_\_\_\_

15. What is the size of your physician practice installed base?

16. What is the size of your hospital installed base?

17. What is the typical physician adoption within a hospital or group physician practice?

18. What regions or areas represent your largest or most significant presence?

19. What strategic, if any, third party alliances or relationships does your firm have?

20. Please describe any of these third party alliances/relationships.

21. What is your company's total revenue for last year?

22. What is your company's total profit/loss for last year?

23. If requested, can the practice have a copy of any available audited financial statements?

24. Are you able to provide customer testimonials regarding Return on Investment specifically, Bridges to Excellence and Medical Home?

25. Do specific functional aspects of your EMR contribute the most to the ROI your clients have experienced; what module(s) are they? How does your implementation of them distinguish you from the competition?

26. Please provide name of the company's product (or recommended product if you recommend an integrated third party product in that category) in the following functional categories:

**EMR**

27. Are the EMR products browser-based or web-enabled?

28. What other products does the EMR seamlessly integrate with?

29. Do you have an Analytics module for sophisticated reporting and data gathering? If so, please provide the details.

30. Do you use SNOMED and MEDCIN nomenclatures for standardization of medical terminology? If not, what is your approach and is it proprietary?

31. Are hosted solutions available for EMR?

**E-Prescribing**

32. Does the EMR have an ePrescribing component?

33. Does the product handle multiple formularies?

34. Does the product allow creation of favorite drug lists? Is the list compiled automatically on history of prescribing? Please explain

35. Does the product provide for drug to drug, drug to allergy, drug to food, adverse interaction alerts? Please explain.

36. Does the product allow for prescription history back-fill? Please explain.

**E-Orders**

37. Does the EMR have an E-Orders component?

38. Does the product interface with Labs, specifically LabCorp and Quest, others?

39. Does the product allow for notification of out-of-range test results? Please explain.

40. Does the system provide test result trending? Please explain.

**PHR**

41. Do you have a Personal Health Record product? This is not referring to a patient portal, but a true PHR that can be transported anywhere. If so, please provide the details.

42. Are the PHR products browser-based or web-enabled?

43. What other products does the PHR seamlessly integrate with?

44. Are hosted solutions available for PHR?

**Practice Management System (PMS)**

45. Are the PMS products browser-based or web-enabled?

46. What other products do the PMS seamlessly integrate with?

47. Are hosted solutions available for PMS?

48. What is your market share for equal or similar size practice:

*Enter number of physicians, other clinicians and staff in practice:*

Physicians: \_\_\_\_\_ Other Clinicians: \_\_\_\_\_ Staff: \_\_\_\_\_

49. What is your commitment to solo and small doctor practices?

50. What is your commitment to the NYS *Regional Area (i.e. Capital, Northern, Western, Central Regions)*?

51. Please cite any additional value propositions you are able to bring to this partnership.

## **2.2 Functionality**

1. Please describe your solution's ability to interface with other software systems (i.e. Practice Management System, Lab Management Systems, e-prescribing)?
2. Please provide a list of vendor software that has existing interfaces that are both developed and operational.
3. Please provide details on your solution's HL7 messaging capabilities.
4. Please provide details on your solution's capability to support ASTM CCR.
5. With what e-Prescribing network does your solution interface?
6. Is there a preferred network?
7. Does your solution offer a PHR or interface with a third party PHR?
8. Does this PHR solution allow the patient to add information?
9. With what third party PHR solutions does your solution currently interface?

## **2.3 Support**

1. Please provide information on the company's active user group(s).
2. What is your ability to effectively execute an EHR/eRx/eOrders/PMS/PHR implementation?
3. How many trained people do you have that are able to be simultaneously on the ground for deployment?

4. How big is your consulting staff?
5. Where is your company's development staff located?
6. Please describe your company's software release strategy, including frequency and when major/minor releases are published.
7. Please describe the process for how a client, under a current support agreement, will be notified of a new release of the software.
8. Please describe the process for bug fixes and how these fixes are tracked, reported and released to your clients.
9. Where is your company's support team located?
10. Is your support team comprised of employees of your company or has the support team been outsourced to a third party?
11. What is the first line of support for physician practices?
12. Is all support included in the annual maintenance and support fees or are there limitations/additional charges?
13. Is support limited to software or is hardware also included?
14. If the support team has been outsourced, please provide information on the SLAs between your company and the third party.
15. Do you have the SLA, *Application Maintenance* in place with your SAAS/ASP clients?
16. Do you have the SLA, *System Availability* in place with your SAAS/ASP clients?
17. Do you have the SLA, *System Access* in place with your SAAS/ASP clients?
18. Do you have the SLA, *Confidentiality* in place with your SAAS/ASP clients?
19. Do you have the SLA, *Outage Penalties* in place with your SAAS/ASP clients?
20. Is site availability clearly defined and measured against the SLA?
21. Are there penalty clauses if you are not in compliance?
22. What is the average wait time for call to repair?



23. Please provide details on the training required for the various user levels of your solution (i.e. receptionist, billing clerk, nurse, office manager, physician).
24. What various methods of training are provided? On-site, on-line (Webex)?
25. Do you provide real-time monitoring of hardware AND software?
26. Do you offer Help Desk support? If so, is the Help Desk accessed by phone, email, or other means?
27. What are the Help Desk's hours of operation?
28. Does the Help Desk utilize an automated ticketing system?
29. How many staff members directly support customers via the Help Desk?
30. What is the average tenure at the company of Help Desk staff?
31. Do clients have access to a test environment before upgrades are applied to their production system?
32. Is there a procedure for acceptance testing of modifications before an upgrade is applied to a client's production environment?
33. Can a client set backup times?
34. Can a client set maintenance times?
35. Are there documented maintenance schedules?

## **2.4 Business Model (SAAS/ASP or On-site)**

### **Implementation**

1. What is the average length of an implementation for a practice of our size?
2. What is the average cost for an implementation of your full EMR/EHR solution for a practice of our size?
3. Please describe the pre-installation activity that a practice would need to undergo prior to an installation (timeline and high-level details)?
4. Do you provide consulting services to standardize workflow, train and assist implementation? Please include this in the cost section spreadsheet.

5. What are the pre-requisites for a practice to effectively use your EMR/EHR solution?
6. What types of resources and man-hours are required for an implementation at the typical physician practice of our size?
7. How many of your staff and the practice's staff are required for an implementation at the typical physician practice of our size?
8. How do you typically support historical conversion of medical records?
9. What is your approach to workflow re-engineering to position the practice to best use your application?
  - a. Is there a common workflow for all sites?
  - b. How is it documented?
  - c. How is training on the workflow and system conducted? What is the timeframe/resource commitment?
10. Do you provide:
  - a. Hardcopy scanning services?
  - b. Data entry services?
11. Do you provide ROI analysis assistance as part of your project planning?
12. Please outline the general timeline for a site rollout of a practice of our size for physicians and their staff. Please provide information for each of the below phases, add phases that may be missing, if you deem them significant to cite:
  - a. Preparation and planning
  - b. Workflow orientation
  - c. Record Conversion
  - d. Software installation and training
  - e. Post-implementation support – on-site
  - f. Post-implementation support - level one phone support
13. Please explain your implementation methodology.
14. When can we expect Lab, Radiology, Rx, Hospital, or RHIO interfaces to be functioning after a practice goes live? Will the interfaces be in place immediately upon implementation or is there a lag? If there is a lag, please explain the reason and time frame.
15. What factors do you deem as critical for the practice as a partner to insure successful implementations?

**Architecture**

16. Please provide information on the general system architecture requirements.

17. Do you require a practice management system to be in place to operate your EMR/EHR solution?
18. Which practice management systems do your solutions interface with currently?
19. Does your solution allow for the ability to port the EMR data to a central data repository?
20. Please provide details on how this is accomplished. (Standards supported, interfaces developed and in place, etc.)
21. What database is used for your back-end processing, e.g.: Oracle, SQL, MYSQL, etc.

**SAAS/ASP Hosting**

22. What percentage of your business is hosted with an SAAS/ASP?
23. What percentage of your revenue is derived from SAAS/ASP?
24. Please give details of your business continuity arrangements.
25. Where is your Hosting facility located?
26. In total, how many clients are using the facility to host your solution?
27. As a percent of your total client base, how many clients are using the facility to host your solution?
28. Do you offer Shared Hosting (multiple customers share space on servers which are owned by the hosting provider)?
29. Do you offer Dedicated Hosting (each customer utilizes a dedicated server which is owned by the hosting provider)?
30. Do you offer Co-location Hosting (customers rent infrastructure within the facility and customer owns server/equipment within this infrastructure)?
31. Please describe your relationship with the hosting vendor, if you do not provide the service.
32. How long have you offered a SAAS/ASP Hosted Solution?
33. Is there a dedicated failover site for your primary hosting facility?
34. Is the failover seamless to the client?

35. Is the failover site on a different power grid than the primary hosting site?
36. Does the hosting facility utilize redundant direct connections to an Internet backbone provider?
37. Does the hosting facility utilize connections to more than one Internet backbone provider?
38. Please describe additional physical security measures utilized, such as:
  - a. Provision against damage from natural disasters
  - b. Human entry into the facility
  - c. Video surveillance
  - d. Facility access policies (Picture ID, authorization, package inspection, etc)

### 3.0 Response Requirements

We appreciate your participation in this questionnaire. We look forward to discussing your responses with you. Please answer the above questions to the best of your ability, and attach additional documents as necessary.

Please reply, via email, to *Physician Name*, at *email*, by  
*Time and Date*.  
 Email: *address*

*Please contact Physician Name at [email](#) address should you have any questions.*

**In addition to the email response, please mail 2 bound responses, annual reports/financial statements and collateral materials to the following address:**

**Practice Address**  
**Attn: Lead Physician Name**

### 4.0 Timeline

- |       |   |                  |
|-------|---|------------------|
| 4.    | Evaluation Process                        |                  |
| 4.1.  | Receipt of responses:                     | Specify MM/DD/YY |
| 4.2.  | Review and questions:                     | Date Range       |
| 4.3.  | Finalists identified:                     | Specify MM/DD?YY |
| 4.4.  | On-site presentations to Practice         | Date Range       |
| 4.5.  | Detailed reference checks and site visits | Date Range       |
| 4.6.  | Partnership Review                        | Date Range       |
| 4.7.  | Notification of partners                  | Specify MM/DD/YY |
| 4.8.  | Negotiate Required Agreements             | Date Range       |
| 4.9.  | Project Implementation Begins             | Specify MM/DD/YY |
| 4.10. | Phased Implementation Rollouts            | Specify Dates    |

## 5.0 Detailed Pricing

Please provide your best pricing scenario based on the size of our practice as indicated on pages 5 and 7. Please note any additional pricing (i.e. options, interfaces, 3<sup>rd</sup> party software licenses), maintenance and support, training and implementation. In addition, if you provide hardware and support for hardware, please include pricing for application server for client/server models, fax server, scanners, printers and hardware peripherals (tablets, laptops, work stations, wireless routers). Also include costs for data conversion and list value-added services provided.

## 6.0 Limitations of Purpose

This request for information has been provided to you solely for the purpose of gathering information about products offered by your company. Nothing in this request for information establishes any relationship between our practice and you other than that of an arms'-length vendor to purchaser relationship. This RFI is not a promise to purchase any product from you or from anyone else receiving this RFI.

**This document is provided as informational purposes only. This is reading material provided solely to give the physician knowledge about the activities and processes customarily involved with the evaluation of EHRs. This is in no way an endorsement of any particular product by MSSNY.**

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