ADDENDUM 2

DATE: April 4, 2017

PROJECT: Lab Information System (LIS) and Data Migration

RFP NO: 744-R1715

OWNER: The University of Texas Health Science Center at Houston

TO: Prospective Bidders

I. The following are revisions to the general information provided in the RFP 744-R1715 posted March 21, 2017:

1.3 Objective of Request for Proposal

UTHealth (**University**) is soliciting proposals from qualified vendors to perform work (**Work**) more specifically described in **Section 5.4** (Scope of Work) of this Request for Proposal (**RFP**), including (1) to provide software and implementation services for a new Lab Information System (LIS) (**Phase 1**) and (2) technical expertise and implementation services for the migration of data from the legacy LIS into the new LIS (**Phase 2**).

2.2.1 Question Deadline

University instructs interested parties to restrict all contact and questions regarding this RFP to written communications delivered (i) in accordance with this Section on or before **11:00 AM CST on April 10, 2017** (**Question Deadline**), or (ii) if questions relate to Historically Underutilized Businesses, in accordance with **Section 2.5** of this RFP.

2.4 Key Events Schedule

Question Deadline (ref. **Section 2.2**)	April 10, 2017, 11:00 AM CST

5.2.2 LIS Minimum Qualification Requirements

I. Comply with IT Security standards—reference Exhibit A of this RFP.

5.3.25, h. *(revision to last row in table below)*

Report and Library Names	Yes	No
Monthly Turnaround Time Report by pathologist		
Turn around time by cytologist		
Frozen Section Turnaround Time Report		
Quality Control reviewed by pathologist		
Amended reports list		
Monthly Cancer Registry Report		
Monthly Quality Assurance Report		
Case count by physicians location		
Case count by Physicians		
CPT code list		
ICD 10 code		
Macro list		
Insurance list by vendor		
Abnormal HSIL/Malignancy PAP letter		
Case count by pathologist		
Case count by DX		
Case count by cytotechnologist		
Correlation reports		
Correlation NGYN reports		
Correlation surgical reports		
Daily log		
Entered by		
Send out log		
Send out log - outstanding		
List of Reports - Cytology		
Total Volume of Paps and Nongyns		
QC's by Techs		
Turnaround Time for both Pathologist and techs		
List of Pending cases		
List of Gynecological Diagnostic Cases/ Nongynecological Cases and Volume		
Gynecological Correlation with Cervical Biopsies		
Nongynecological Correlation with Surgical Cases		
HSIL Follow up Letters		
Cancer Protocols - Breast Only		
Discrepancies Pathologist/ Cytotechnologist		
Discrepancies Primary Technologist/ QC / Pathologist		
Ability to unsign and correct report within 30 min from sign out		
Currently report option in AP Easy required by CAP/CLIA		

II. The following are University's responses to bidder's questions received by the Question Deadline on April 5, 2017, 11:00 AM CST.

1. The RFP states proposals will be 'normalized' to a common scope of work for evaluation purposes. Since it is likely that the vendors may not have similar offerings / functionality and the functionalities offered will vary, and prices associated with functionality will vary, how will pricing be normalized?

   Answer: The Section 6 Pricing and Delivery Schedule incorporates all components of the LIS pricing that the University deems to be essential to the success of this project. It also provides a mechanism for the University to evaluate various LIS solutions against one another, which is why the Proposer MUST submit its pricing using this pricing structure. The University will evaluate pricing using a point system, allowing the LIS with the lowest price and greatest offerings to receive the most points.

2. Regarding data migration, provide additional metrics (age of databases, size of databases, no. of cases, etc.) that assist in vendor is quoting the data migration in Section 6.

   Answer: The following are specifications for AP Easy:
   A. Operating System: Windows Server 2012
   B. Database: FileMaker Pro 13
   C. Date of Installation: The department begin using AP Easy for reporting in 2001-2002.
   D. HL7 Interface: The HL7 interface to UTHealth Allscripts EHR was established six (6) months ago. For this migration, this database will be considered a "dirty" database.
   E. Size of the database: 260 GB
   F. Total Number of cases signed: 176,484
   G. Total number of specimens signed: 216,262 as of 03/30/2017
   H. Items to be migrated:
      - .pdf files as final reports (as required by law)
      - Contents of .pdf files as discreet data
      - Data in database - TBD

3. Regarding data migration, in Section 6.1.1, is "Data Conversion" the same as Data Migration?

   Answer: Yes—data conversion and data migration have identical meanings in this RFP.

4. Regarding data migration, clarify if the migrated data must be a PDF for view-only and/or if the content of the PDF must be searchable. If the searchable functionality is required, list the specific search criteria that MUST be available once all data is migrated to the new LIS.

   Answer: The migrated data should possess both functions. The University needs the contents within the .pdf final reports as well as the final reports in .pdf format (as required by law). In addition, the University does not have specific search criteria at this time. For this RFP, the Contractor will migrate data from the .pdf files available in AP Easy into the new LIS; therefore, the University desires to migrate all data fields that can be extracted.

5. Regarding data migration, clarify the responsibilities of the vendor versus those of UTHealth and specify what input will be available from existing vendor/resources.

   Answer: The migration phase will be a collaborative effort between both vendors and UTHealth staff. Each vendor will be expected to provide technical resources for their product and phase of the project. UTHealth will make available any resources required to make this phase a success. Ana McCauley (UTHealth) will be the primary contact and will lead both phases of the project.

6. Regarding ad-hoc Reports, clarify if LIS should allow University to write its own ad-hoc reports and/or if information will be sent to Contractor to write ad-hoc report on University's behalf.

   Answer: UTHealth would prefer to write its own ad-hoc reports whenever possible and would like to have the Contractor's support available if the University cannot do it on its own.

7. What is Image Link and how is it used?

   Answer: Image Link is a feature available in many EHRs in today's market. The basic process is that the LIS will send a final report to the EHR. Within the EHR, any user can look at the final report. Embedded in the final report is an URL. When the user selects the URL, the LIS will display the original report in .pdf format or as an image. In the LIS world, the URL directs the user to the LIS .pdf final reports. From a technical perspective, authentication credentials need to be transferred from the EHR to the LIS systems for Image Link to work successfully.

8. Regarding LIS Minimum Qualification Requirements (Section 5.2.2),

   a. Molecular Module (A, #3)
      i. Clarify how the Molecular Module currently functions…what data is currently used?

         Answer: The University currently uses the molecular module for GC/CT, HPV, HPV Geno typing, and trichinosis reporting. The test order is sent from AP Easy LIS to the Panther instrument. The instrument performs the tests and sends the findings or results back to AP Easy LIS. Prior to the pathologist signing the report, the QC is verified. If it passes, the results are signed. If it does not pass, the test is performed again in its entirety. If the report is signed on AP Easy, the final report is automatically forwarded to the requesting MD. For the EHR interface, AP Easy will hold all final reports until all specimens have been resulted and signed as a batch. This batching processing applies to OB/GYN and molecular tests.

      ii. What functionality is needed in the new LIS Molecular Module at Go-live and Post Go-live?

         Answer: The LIS Molecular Module functionality required at Go-live is described above in the answer above—reference Question 8, a, i.

   b. Billing Module (A, #6)
      i. Is the University seeking a billing module and/or a billing interface?

         Answer: UTHealth is seeking both a patient billing and client billing. The University needs need to be able to differentiate between patients and client accounts—see clarification below.
            1. Patient billing is currently performed by McKesson Billing services. Therefore, the LIS should offer an interface to McKesson.
            2. Client billing is currently performed in-house by the Pathology department. Therefore, the LIS should offer a billing module that would allow the University to continue performing these activities.

      ii. Please explain the current and expected function.

         Answer: Both functions described above will be required at Go-live—reference answer to Question 8, B, i above. For patient billing, the University would like to see

all patient billing to be sent to McKesson interface automatically and for the LIS to provide the University an alert if an error in transmission occurs due to erroneous information. For client billing, the University performs all billing functions in-house at various time intervals. The University would also like the ability run billing reports for specific client accounts via the LIS.

9. My company is especially skilled at interfaces with EMRs and has interfaced to just about every EMR out there EXCEPT for EPIC. Therefore, if my company does not have a current interface with EPIC, will the University still accept and consider my proposal?

   Answer: The EPIC interface will not be required at Go-live, therefore, the University will consider proposals without an EPIC. The following will be considered:
   a. Does the LIS have an internal interface engine that utilizes HL7 standards?
   b. Have you used HL7 standards to interface with other EMR's? Have these interfaces been customized for each EMR system/client or are they well-developed interfaces?
   c. Other than HL7, what other interface protocols/standards has your company utilized when interfacing to EMRs?
   d. Does your company plan to develop an EPIC interface? If yes, what is the timeframe for its availability?
   e. What solutions would your company offer in lieu of an established EPIC HL7 interface?
   f. How much, if any, is the additional costs associated with your EPIC interface solution?

10. Please clarify what departments make up Pathology Outreach and the number of new LIS users for each.

    Answer: Both—the UTHealth Pathology Outreach is the entire UTHealth pathology and dermatology organization in Houston. The total number of physicians that will be utilizing the new LIS at UTHealth will be:
    a. Pathology – 31 Pathologist and 25 residents
    b. Dermatology – 5 pathologists and 1 fellow

END OF ADDENDUM 2