**Addendum 1**

DATE: October 25, 2018

PROJECT: Telehealth Platform and Support Services

RFP NO: 744-R1901 Telehealth

OWNER: The University of Texas Health Science Center at Houston

TO: Prospective Proposers

This Addendum forms part of and modifies Proposal Documents dated, October 11, 2018, with amendments and additions noted below.

1. **Section 5.4.2.7 Describe both online and offline capabilities.** Are there specific offline capability requirements that UTHealth has in mind?

Ability to capture a history, standard diagnosis algorithms, etc. (not the primary objective of this RFP but growth in telemedicine is rapid and expansion to asynchronous options may be important over time).

1. **Section 5.4.2.28 Describe the solution’s ability to require PIN/password or lock meeting rooms.** Does the “meeting room” mentioned here refer to the virtual exam room of a telehealth encounter?

Yes. It could also refer to a group therapy or education-type room for multiple participants.

1. **Section 5.4.2.18 Software must allow desktop user to enable a moderator (or room owner). Describe the capabilities/meeting controls given to the moderator.** Can you identify the user type that is referenced in this question (provider, admin user, etc.)? Do “room” and “meeting” refer to the virtual exam room of a telehealth encounter?

User type: physician or other level of provider: moderator might be a coordinating nurse or intake MA. Room and meeting refer to the exam room and the virtual waiting room that patients may be placed into prior to an encounter.

1. In the Technical and Functional Requirements section, you refer to being able to interface to your existing EMR(Allscripts), and RCM(GE Centricity). My question is, Do you currently have an interface between those 2 systems? If yes, Do you require interfaces to both systems? If the data is captured in the Telehealth system, then saved in the EMR, wouldn’t any associated info/data be accessible to the PM through the existing interface?

No current interface between them. No interface is required – we are simply inquiring about a company’s ability to interface with these types of systems.

1. In the Functional Requirements section, you ask for a Robust/Intake process. Do you mean from a creation standpoint? Or From an import standpoint? If the info is collected in the PM system, and we can interface, and bring over any/all of the patient data would that be sufficient, or do you want creation capabilities within the Telehealth system.

Either creation by patient or provider (critical) or import (nice but not required). Again, creation not a firm requirement, but we would like to be able to grow in these capabilities.

1. On the call this week, you mentioned Patient forms and Questionnaires needing to be part of the Telehealth system. Are you looking for specifically "Patient Kiosk", capabilities, or do you want the telehealth system to contain that functionality?

Can be Kiosk-type or some type of adjunct. Not an absolute requirement for the same system to contain that functionality (but some type of intake system is obviously necessary).

1. Are there any other components or systems, where data import would be required, or additional interfaces would be preferred?

No

1. How firm are these requirements:

5.4.1.1 The vendor must work with more than five large institutions with more than 200 physicians currently using this technology and these institutions must have facilitated more than 10,000 patient/physician interactions annually. Provide the client list and include the number of physicians and patient/physician interactions for each.

5.4.2.4 Provide three references for clients that are academic organizations similar in size and complexity to UTHealth.

Both requirements are firm.

1. If we (vendor) were to have a relationship with Memorial Hermann, how does that impact?

This is an RFP independent of Memorial Hermann. See also question 14 below.

1. Will there be a phased implementation of defined services? Would that accommodate roadmap opportunities for the vendors?

We expect the needs to grow over time. Willing to entertain a phased feature approach. See also question 15 below.

1. Are native applications (ex: iOs/Android) a requirement?

Not a requirement, but mobility options and ease of use will be part of the evaluation.

1. Are you looking for a single vendor for all use cases or will there be multiple that could be integrated to work together?

Single vendor

1. Is the vendor required to have previously participated in teledentistry?

No, but the vendor must have teledentistry capabilities.

1. With multiple EMR vendors, what are the expectations on integration? Will there be one-connection point or multiple?

Over time, this need will likely grow; our primary clinical partners use Cerner and Epic solutions. Ability to interoperate with them is nice to have at the start, but not a requirement or even a plan on our current roadmap.

1. Do you intend to have Phases of implementation or implementation system-wide at the same time?

System-wide implementation of all base requirements.

1. Please advise on the verticals of care? (ie. Dentistry, Oncology etc..)

Outpatient settings in medical, dental and nursing areas of UTHealth, including consultations and assessments.

1. Roughly, how many medical providers will be on system?

Approximate number of providers provided below for Year 1 and anticipated expansion to Year 3.

Year 1 Year 3

McGovern Medical School 40 120

UT Physicians 120 360

School of Public Health 10 40

School of Nursing 10 30

School of Dentistry 40 75

1. Approximately how many unique users do you anticipate for this service?

Please see answer to Question 17 above.

1. Describe the offline capabilities are you looking for?

Please see answer to Question 1 above.

1. From EHR, do you need to pull data or only push data from EHR?

Both; however, there is a greater need to push data.

1. In regards to question 5.4.2.21 in the RFP "How do you handle member eligibility?" define member?

A patient subscribing to a health plan of any type (Medicare, Medicaid, private insurer, etc.)

1. If we are not awarded the bid will you tell us why in a post bid call. This is so we can improve our offerings in the future.

Yes, we are open to participating in a post bid call.

1. If we are awarded the bid, would you be ok with a publicity clause that allows us to mention the fact that UTHealth is a customer?

This can be further discussed upon contract negotiation.

1. When you answer the questions from the various prospective vendors, will you be sending all questions and answers to everyone else questions to the group?

Yes, all submitted questions are provided in this Addendum 1.

1. What connectivity, if any, is required to the UT System Virtual Health Network (VHN) and the capabilities/pilots already established with UT HSC Houston and/or the Rio Grande Valley?

None required – this is a separate program.

1. For your existing established telemedicine programs at UTHealth, what services do you currently offer (e.g., for what clinical use cases) and what telehealth vendors and modules are you currently using?

Inpatient and outpatient telehealth in several clinical areas with several vendors. There are no current established clinical use cases for SON and SOD.

1. Who will lead this effort from UTHealth from a governance standpoint?

UTHealth has a governance structure in place for telemedicine at the University level, as well as an internal committee at each individual school.

1. Will you have UTHealth resources dedicated to this effort (e.g., for project management and training activities)?

Yes, we expect RFP responses to detail the resource needs for UTHealth.

1. As far a phased approach for implementation, do you have phases for each participating school in mind?

We expect to get many programs up and running over the first year. That will mean simultaneous implementation.

1. Are you looking to only use your current providers to deliver services or would you want a vendor that has access to a provider network for specific use cases?

Only current providers.

1. Are you currently or planning to include telemedicine in your curriculum for medical, nursing and dental students? If so, are you looking for a vendor to support curricula development?

Yes, we are including it, but we are not looking to have curricula developed at this time.

1. If we were not able to participate in the pre-proposal conference held on 10/16, would it be possible to get notes on the questions and responses covered during the conference?

The Pre-proposal conference is an opportunity for vendors to ask questions and have them answered informally. Formal questions to answers submitted are included in this Addendum 1.

1. Who attended the Pre-Proposal Conference? UT Attendees? Vendor Attendees?

The UTHealth attendees included the steering committee for the formal evaluation team – this team consists of both functional and technical experts from all of the different schools within UTHealth participating in this RFP. UTHealth feels we have provided all relevant information for interested vendors to submit a proposal.

1. In addition to Allscripts and GE connectivity, are there other key vendors you anticipate will need connectivity (Cerner, for instance)?

Not at the SOD. UTP has an active RFP to likely replace Allscripts/GE with another leading EMR vendor within a 2-3 year timeframe. It will only be a vendor with significant market traction. Expect a similar integration with our future vendor. If you can list all EHR vendors that you have experience with connectivity, or can connect with, that would be useful.

1. In addition to the technical implementation, to what extent are you looking for support in: Strategy development (use case prioritization, roadmap development), clinical process transformation, change management planning (to drive adoption), and business case development?

Not much if any for SOD. Adoption, marketing, and other items mentioned in the RFP. As the business grows, this has the potential to develop into a partnership where all of these items could be considered. Minimal from the MMS. We would appreciate thoughts and will certainly have meetings regarding these issues but we will have leaders working on these.

1. The UTHealth HUB Subcontracting Plan Checklist is herein included in Attachment 1 to Addendum 1.

**Addendum Controlling**. In the event there is a conflict between the RFP and this Addendum 1, this Addendum 1 will control.

**END OF ADDENDUM 1**