

Appendix B – The CCBH Request for Capabilities

Connecting Communities for Better Health

Request for Capabilities Statement

***Note: Please fill out all data on this page within 60 minutes to ensure that all data is saved. Click the "Next" button to save your data.**

BACKGROUND INFORMATION

SELECT A FUNDING CATEGORY:

Category 1: approx. \$200,000-\$400,000 to support 4-16 HIE projects with focused needs.

Category 2: approx. \$1,800,000- \$2,000,000 to support 3-5 broader HIE projects.

1) Health Information Exchange (HIE) project Name:

2) Applicant Agency: (The organization assuming the lead role in the HIE that is submitting a proposal.) *Eligibility Criteria: The lead applicant must be a not-for-profit organization and should be one of the following types: hospital or other healthcare provider, practicing clinician group, multi-stakeholder consortium, public health agency or health plan.*

3) Primary Contact:

Address:

City:

State:

Zip Code:

Phone Number:

Email Address:

4) List all other organizations, including their size, participating in the HIE. Include contact information for the lead representative at each organization. *Eligibility Criteria: Participating organizations must be representative of at least 3 different stakeholder groups, e.g., hospital, physician group, public health department. Additionally, at least one of the stakeholder groups represented,*

should engage more than one representative of that stakeholder group.

5) Describe the geographic area or "community" type to be served by the HIE.

a) The geographic region:

b) If the community is not geographic, include the community type, e.g., disease specific, population, multi-stakeholder:

6) How many of each participating organization listed below, out of how many in the community are a part of the HIE? (For example, *3 out of 5* hospitals in the community.)

a) Hospitals

i) ED:

ii) Inpatient:

iii) Outpatient:

b) Primary care physicians:

c) Specialty care physicians:

d) Independent laboratories:

e) Independent radiology centers:

f) Local public health department:

g) State public health department:

h) Industry (e.g., pharmaceutical developers):

i) Consumer/patient groups:

j) Payers:

k) Employers:

l) Federal Government (e.g. FDA)

m) Pharmacies/PBMs:

n) Community/neighborhood health clinics:

o) Regulators (e.g. JCAHO):

p) School based clinics/nurses:

7) Describe the proposed target population served by the HIE (500 character limit with spaces):

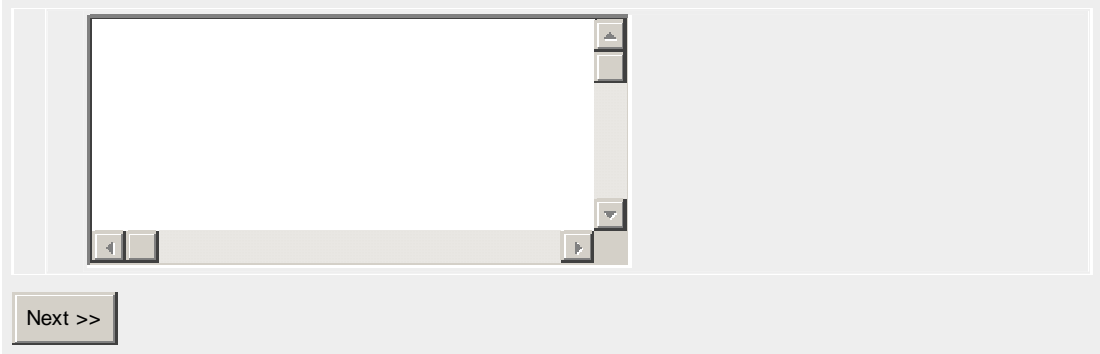
8) Percentage of physicians (public vs. private organizations) and patients (publicly vs. privately insured) covered by the HIE:

	Public	Private
Physicians	<input type="text"/>	<input type="text"/>
Patients	<input type="text"/>	<input type="text"/>

9) Describe the history of the HIE (1000 character limit with spaces for a plus b):

a) What/who is the driver:

b) Have there been past attempts at achieving health information exchange and, if so, what was the result?



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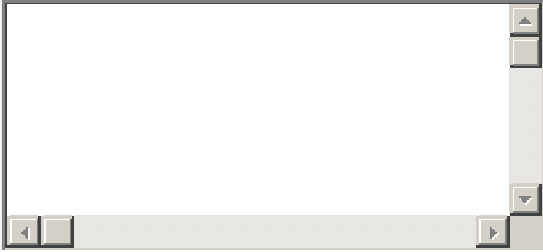
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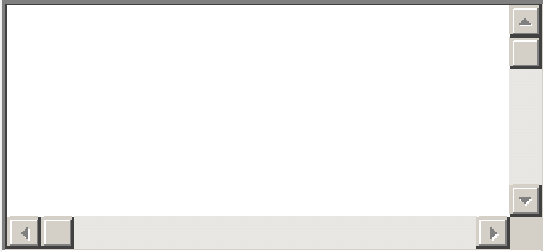
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GOALS AND FUNCTIONALITY

10) Describe the type of HIE (500 character limit with spaces):

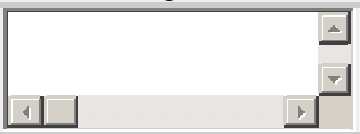


11) Describe what problem the HIE is trying to solve (1000 character limit with spaces):



12) Describe the HIE's years 1, 2 and 3 goals, and include what metrics would be used to evaluate the goals (2000 character limit with spaces):

Year 1



Year 2	<input type="text"/>
Year 3	<input type="text"/>

13) Describe how the HIE's goals will achieve clinical improvement, including the impact on safety and quality outcomes recognizing that these goals may not be measured during the Program funding period. (2000 character limit with spaces)

14) What is the functionality of the information tools proposed by the HIE? (Check all that apply)

- a) Results delivery
- b) Repository
- c) Public health surveillance
 - i) Electronic laboratory reporting
 - ii) Surveillance
 - iii) Case management
- d) Disease management/Reminders
- e) EMR (data capture in the physician's office)
- f) Consultation/referral
- g) Patient/provider communication
 - i) patient-provider email
 - ii) patient-provider clinical data exchange
 - iii) Other, Describe:

h) Alerting to providers (ED or ambulatory practices)

i) Enrollment/Eligibility

j) Quality performance reporting, Describe:

k) Other, Describe:

15) What data will be exchanged by the HIE (*Eligibility Criteria: Clinical information is required for the HIE; administrative data, e.g., enrollment/eligibility is optional*)? (check all that apply)

a) Inpatient episodes (diagnoses, procedures)

b) Outpatient episodes

c) ED episodes

d) Laboratory

e) Dictation/transcription

f) Radiology

g) Pathology

h) Cardiology, Describe:

i) GI, Describe:

j) Pulmonary, Describe:

k) Claims: pharmacy, medical and/or hospital

l) Enrollment/eligibility

m) Outpatient prescriptions

n) Retail pharmacy

o) Other, Describe:

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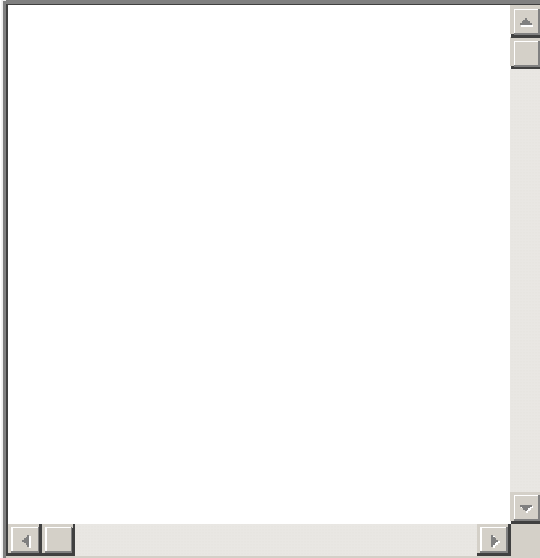
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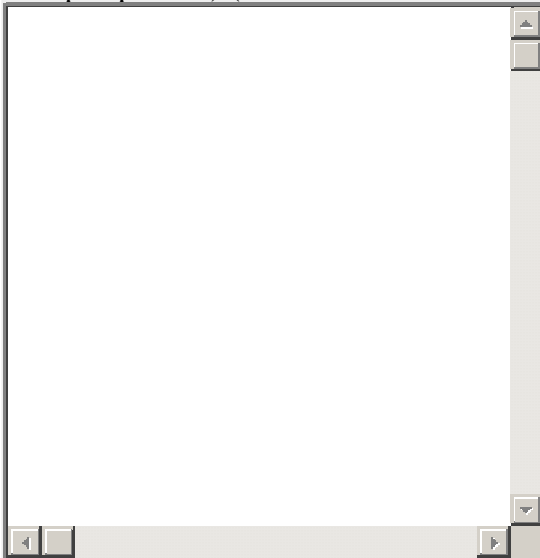
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TECHNICAL APPROACH

16) Describe the proposed technical model of the HIE - architecture and application (3000 character limit with spaces):



17) Describe how the HIE application is integrated into the user workflow (from a user perspective) (3000 character limit with spaces):



18) Describe the approach for community-wide patient identity matching (2000 character limit with spaces):



19) What standards will be used for messaging? (check all that apply)

- a) HL7
- b) DICOM
- c) NCPDP
- d) X12
- e) Other, Describe:
- f) Standards will not be used as part of HIE.

20) What standards will be used for data? (check all that apply)

- a) SNOMED
- b) LOINC
- c) NDC
- d) ICD-9/10
- e) CPT-4
- f) Other, Describe:
- g) Standards will not be used by HIE

21) If applicable, describe the migration plan to use standards as part of the HIE
(*Eligibility criteria: The HIE must demonstrate a commitment to standards with a clearly defined plan for either implementing standards or migrating to the use of standards over time in a cost effective matter*):

22) Describe how the HIE will address data quality and validity:

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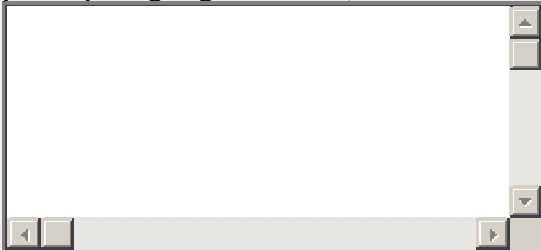
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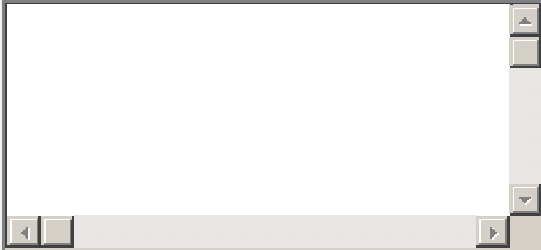
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ORGANIZATION AND SUSTAINABILITY

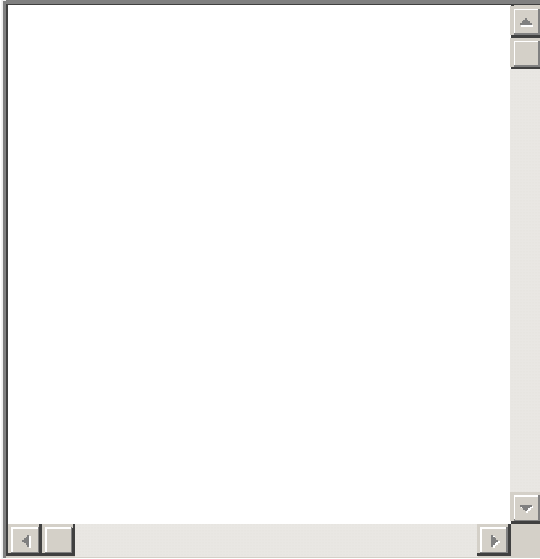
23) Describe the HIE staffing plan and the roles and responsibilities of each participating organization (1500 character limit with spaces):

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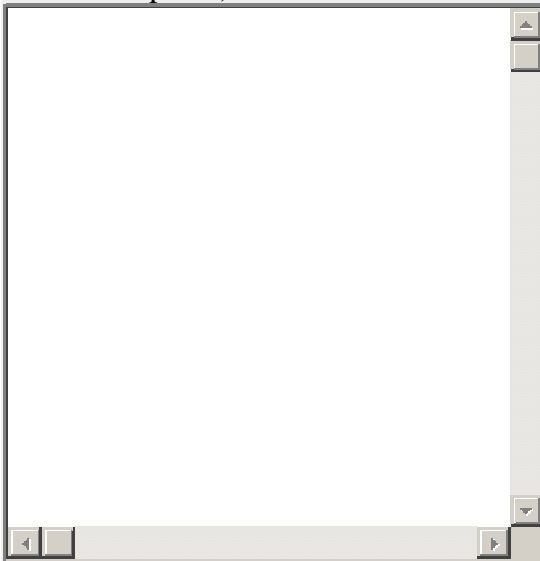
24) Describe the participation of payers and purchasers in the HIE (1500 character limit with spaces):

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25) Describe the business model for the HIE (3000 character limit with spaces):



26) Describe the process and methods by which the financial contributions of stakeholders are defined and how this definition is facilitated (3000 character limit with spaces):



27) What are the sources of up front/existing funding for the HIE?

a) Federal Government, How Much:

b) State of Local Government, How Much:

c) Philanthropic Funds, How Much:

d) Health information exchange Organizations, How Much:

e) Not-for-Profit Organization, How Much:

f) Private Investment, How Much:

g) No Up Front Funding Sources

h) Other:

How Much:

28) What are the proposed revenue sources for financial viability and sustainability of the HIE?

a) Subscriber fees, What % of total:

b) State or local government, What % of total:

c) Data source fees, What % of total:

d) Pay for performance, What % of total:

e) Other:

What % of total:

29) HIE Budget: Include a total budget for each year for 3 years and submit as an attachment. Highlight the areas in which the project funds will be used and include a distinction between in-kind vs. direct cash amounts for the total budget.)

- a) Year 1 total, including % of proposed contract funds:
- b) Year 2 total, including % of proposed contract funds:
- c) Year 3 total, including % of proposed contract funds:
- d) Years 1-3 total, including % of proposed contract funds:

30) Describe how the proposed HIE will be continued after Connecting Communities Program funds are expended (3000 character limit with spaces).

31) Describe how the HIE is organized and governed:

- a) How far along is the HIE organization structure:
 - i) Conceptual
 - ii) Loose group of collaborators
 - iii) Established corporation
 - iv) Other, Describe:

[]

b) What, if any, operational experience does the HIE organization have:

- i) Beta testing
- ii) Pilot
- iii) General availability
- iv) Other, Describe:
[]

c) Describe the HIE organization structure, including voting rights:
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ROLE OF CLINICIANS

32) Describe the role of clinicians in the HIE:

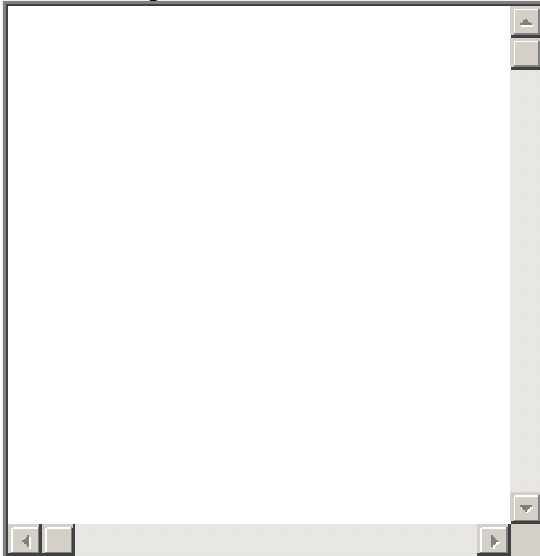
a) Organization

- i) The HIE is largely organized by physician groups
- ii) The HIE is largely organized by other organization types e.g., hospital, public health agencies
- iii) Other clinician-based organization role in HIE, Describe:
[]

b) Leadership

- i) Clinicians participate in Advisory Committees to drive HIE strategy and implementation
- ii) Clinicians drive adoption and usability requirements for HIE application(s)
- iii) Clinicians drive clinical process change for successful adoption
- iv) Clinicians lead product usability testing
- v) Clinicians drive training programs and provider feedback
- vi) Other clinician role, Describe:
[]

33) How will you drive technology adoption in clinician offices (3000 character limit with spaces)?



34) Describe the HIE's clinician adoption plans and a forecast of adoption targets (3000 character limit with spaces).



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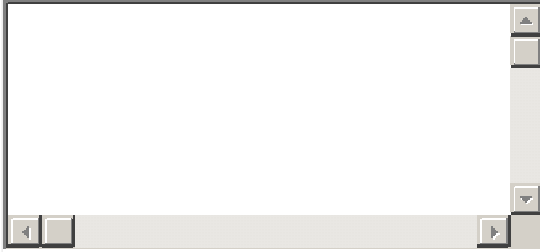
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PATIENT INVOLVEMENT

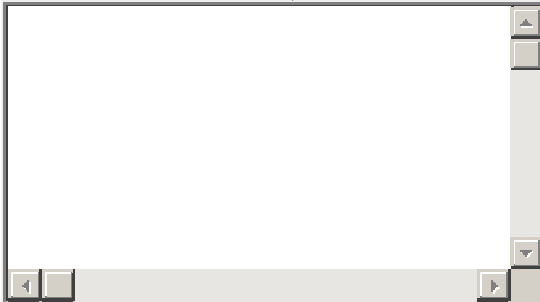
35) Describe the patient or consumer involvement in the HIE, including any specific participation in HIE governance (1500 character limit with spaces).

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36) How will patient privacy be addressed in the HIE (1500 character limit with spaces)?

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37) What role do patients have in determining the policies and procedures around authorizations required for data use and disclosure? How will these policies be maintained over time (2000 character limit with spaces)?

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ADDITIONAL QUESTIONS

38) Describe the biggest barrier for the HIE and how this Program will help overcome it (1500 character limit with spaces):

39) What is the single strongest argument being raised AGAINST the HIE and FOR it (1500 character limit with spaces)?

40) The Connecting Communities for Better Health Program wishes to include your de-identified data in a national summary of community readiness for health information exchange

- I wish to be included in this summary.
- I do not wish to be included in this summary.

The Connecting Communities for Better Health Program may wish to promote your project to potential funders, to facilitate investment in community-based health information exchange. No such promotion will occur without the express permission of the applicant.

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Done