TELEMEDICINE

Request for Proposal (RFP)

Selection of a Vendor to Provide

Telemedicine Platform and Support Services

Proposal Submission Deadline: <u>May 16, 2024 at 11:00 AM CST</u>

Huntsville Hospital Health System

Huntsville Hospital Health System hopes to expand its telemedicine services to support inpatient and outpatient telemedicine across its North Alabama footprint. This will increase rural access, reduce delays in care, prevent unnecessary hospital transfers and keep patients closer to home – all backed by the trusted experience and world-class care of Huntsville Hospital Health System

Table of Contents

1 Introduction

1.1 Overview

Huntsville Hospital was established in 1895 and is a community-based, not-for-profit hospital located in Madison County, Alabama. It has always been volunteer-led and community owned. The hospital is governed by the eleven-member Board of Directors of The Health Care Authority of the City of Huntsville.

Huntsville Hospital Health System has grown to include 15 hospitals in Huntsville, Madison, Athens, Decatur, Boaz, Guntersville, Fort Payne, Moulton, Red Bay, Sheffield, and Scottsboro, Ala., as well as Fayetteville, Tenn. It is now the second-largest hospital system in Alabama, with an annual economic impact exceeding $1 billion with more than 2,500 patient beds and 19,500 employees spread across North Alabama and Southern Tennessee. Huntsville Hospital Health System admits more than 136,000 patients and treats more than 382,000 emergency patients per year.

1.1.1 Huntsville Hospital Health System Mission
Our Mission is to provide high quality care and coordinated services that improve the health of our communities.

1.1.2 Huntsville Hospital Health System Vision
Our Vision is to be the choice for care and careers in the communities we serve.

1.1.3 Huntsville Hospital Health System Values
Our Values are Safety, Compassion, Integrity, Excellence, Innovation, Accountability, Diversity, Equity, and Inclusion.

1.2 Purpose

The purpose of this RFP is to select a system business partner that will provide Huntsville Hospital Health System (HHHS) with a telemedicine solution required for implementation, maintenance, support, and further development and enhancement of telemedicine services.

1.3 Project Background

HHHS currently employs various telehealth solutions at a limited number of hospitals and outpatient clinics that function independently from Oracle Cerner. This approach results in a fragmented patient experience, often necessitating patients to travel outside of their local communities to access care.

2 Project Goals & Objective

2.1 Project Goals

HHHS is seeking to acquire a telehealth platform that:
- *Facilitates synchronous specialty inpatient consults across 15 system hospitals*
- *Optimizes patient experience when seeking and obtaining on-demand or scheduled telehealth encounters; and*
- *Optimizes staff experience by seamlessly integrating with and supporting workflows*

2.2 Project Objective

HHHS is soliciting proposals from qualified vendors for selection of a single contractor to provide a comprehensive telemedicine platform, hardware, and maintenance services that will enhance healthcare

access for the communities we serve. The selected platform should offer full integration with Oracle Cerner to facilitate HHHS Medical Staff in providing inpatient specialty consultations, outpatient scheduled, and on-demand virtual visits. Functionality should also support consults for facilities without Oracle Cerner integration.

3 Project Requirements

3.1 Scope of Services

The scope of work for this RFP includes the design, development, build, testing, deployment, and ongoing support of a comprehensive telemedicine platform to support the healthcare needs of our system clinics and hospitals. Platform must include ability to provide consults originating from an Oracle Cerner integrated facility, as well as consults originating from a non-Oracle Cerner integrated facility where consulting provider accesses and documents within originating facility's non-integrated EMR.

The selected vendor will be responsible for delivering a turnkey solution that meets the following requirements listed below.

3.2 Definitions

- On-demand Encounter: synchronous telemedicine encounter without previously scheduled appointment, sometimes referred to as "urgent care" visit.
- Scheduled Encounter: synchronous telemedicine encounter that has been previously scheduled by either the outpatient clinic or patient via self-scheduling.
- Platform: digital infrastructure or software system used to deliver telehealth services.

3.3 Requirements

Category	Requirement
Inpatient Functional Requirements	Supports delivery of synchronous inpatient specialty consults to patients across health system hospitals, provided by HHHS Medical Staff
	Scalability for future virtual nursing and sitter integration
Outpatient Functional Requirements	Supports delivery of synchronous outpatient telehealth encounters to patients in remote locations, provided by HHHS Medical Staff
	Asynchronous care program for heart failure patients
Technical Requirements	Supports use on computers, tablets, and hand-held devices with Windows, Apple, and Google operating systems
	Supports HIPAA Business Associate Agreement (BAA) compliant services
	Managed services to include support via fleet monitoring services, help desk troubleshooting, and support
	Maintenance and management of systems to include bug fixes, software updates, and enhancements
Integration	Full integration with Oracle Cerner
Data & Reporting	Ability to view usage reports and analytics
Equipment	30 telemedicine carts with integrated HIPAA compliant pan-tilt-zoom cameras, microphones, and speakers capable of providing specialty and

	telestroke consultations, meeting industry standards for audio and video quality
	Included compatible stethoscope peripherals on all carts
	Integrated battery power source for carts
	Ability to connect cart via wired and wireless network options
Implementation	Implementation services to include planning, design, build, testing, training, and deployment

3.4 Project Timeline

HHHS is seeking to begin work and develop implementation processes July 2024 with full deployment of inpatient encounters December 2024.

4 Process & Procedures

4.1 Proposal Contents

Prospective vendors must provide detailed information about their product by completing the following attachment.

ATTACHMENT – Requirements Questionnaire

4.2 Submission Procedure

4.2.1 Submission

Submit one electronic copy of your proposal to the RFP Contact (identified below) via email by the Proposal Submission Deadline. All submissions must be submitted as portable document format files (.pdf) that allow for text to be searchable. Each individual file, other than a zip file, may not exceed 50 megabytes (MB). Each zip file may not exceed 550 MB. Each prospective vendor is solely responsible for ensuring its email settings provide and allow for automatic return and delivery of receipt of acknowledgment confirming the successful transmission of the email submission to the RFP Contact. No additional notice shall be provided by the RFP Contact or HHHS. Prospective vendor is solely responsible for confirming successful delivery and receipt of its submission by the RFP Contact and the accessibility and readability of its submission. Neither RFP Contact nor HHHS shall be responsible or liable for any technical failure causing any prospective vendor from being unable to email its submission by the Proposal Submission Deadline.

4.2.2 Modification of Proposals

Modifications to proposals already submitted will be permitted so long as submitted in accordance with the same requirements as applicable to original submission and are received by the Proposal Submission Deadline.

Any changes, amendments, or modifications to a submitted proposal requires that the original proposal be withdrawn, and a new proposal submitted prior to the Proposal Submission Deadline.

Changes, amendments, or modifications to proposals shall not be accepted or considered after the Proposal Submission Deadline.

4.2.3 Questions Process

All questions pertaining to this RFP shall be submitted to the RFP Contact by email no later than 5 calendar days prior to the Proposal Submission Deadline. Timely submitted questions will be answered in the order received; provided, however, neither the RFP Contact nor HHHS shall have any responsibility to answer any question that is received less than 5 calendar days prior to the Proposal Submission Deadline or that RFP Contact determines, in its sole and absolute discretion, cannot be answered prior to the expiration of the Proposal Submission Deadline. Responses to submitted questions will be made available on the HHHS website. The failure for any or no reason of the RFP Contact to answer any submitted question, whether received timely or not, shall not be an excuse for any prospective vendor's failure to comply with the requirements of the RFP or the Proposal Submission Deadline.

4.3 Selection Criteria

The selection of the winning proposal will be based on a numerical scoring system. The proposals will be assigned a score for each item/category as outlined in the following table. Upon receipt of the proposals, an evaluation team will determine the proposals most qualified based on the following criteria:

Selection Criteria	Description	Maximum Points
Company Information	Company experience and history providing the listed requirements to other similar organizations	75
Capabilities and Services	Functionality, capabilities, and ease of use	100
Technical Requirements	Hardware, software specifications, integration with existing technology, reliability	150
Implementation & Maintenance	Proposed training and methodology for phased implementation support, and ongoing technical support	100
Cost	Total cost over 5 years for scope of services outlined in RFP with initial and yearly breakdown of cost	75
Total		500

4.4 RFP Timeline

Activity	Date
RFP Issued	May 2, 2024
Deadline for submitting questions	May 10, 2024
Proposal Submission Deadline	May 16, 2024 at 11:00 AM CST Bids will be opened immediately after deadline at: Huntsville Hospital 101 Sivley Road Huntsville, Alabama 35801

4.5 Huntsville Hospital Health System RFP Contact

RFP Contact Info	
Name	Sara Werner
Title	Telemedicine Program Manager
E-mail	Sara.werner@hhsys.org

4.6 Vendor Requirements

Each person or entity submitting a proposal represents, warrants and certifies each and every of the following: (A) it has never been and is not suspended, excluded, barred or sanctioned by the Medicare or Medicaid programs, or other federal health care program (as defined at 42 U.S.C. § 1320a-7b(f)), by any government agency, or by any private health insurance program, or been convicted of any health care offense that falls within the ambit of 42 U.S.C. §§ 1320a-7(a) or 1320a-7(b), (B) has never been and is not currently excluded, debarred, or otherwise ineligible to participate in any federal health care program, including, but not limited to, Medicare, Medicaid or Tricare, and is not on the List of Excluded Individuals and Entities ("LEIE") list; (C) is not subject to exclusion from participation for fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct in any health care program operated in whole or in part by any federal, state or local governmental entity agency; (D) is not a specially designated national set forth at 31 C.F.R. § 501.701 and is not on the Specially Designated Nationals list (the "SDN" list); (E) has never been disbarred by the General Services Administration and is not on the Excluded Parties List System list (the "EPLS" list); (F) is not convicted of a criminal offense related to the provision of health care items or services but has not yet been excluded, debarred, or otherwise declared ineligible to participate in the federal health care program, and (G) is not under investigation or otherwise aware of any circumstances which may result in it being excluded from participation in any federal health care program.

ATTACHMENT 1 - Requirements Questionnaire

Company Information – 75 Points

1. Discuss your qualifications and experience in the telehealth industry and relevant experience providing similar services to healthcare systems.
   a. A vendor should have at least 10 years of experience providing telehealth, should have experience working with at least 5 large healthcare institutions, and should have experience facilitating at least 10,000 patient/provider interactions per year.

Capabilities and Services – 100 Points

Inpatient Capabilities

2. Provide an overview of the provider's workflows when performing a virtual consult, from notification to completion of visit. What are the steps and/or clicks required when completing via integrated EMR? What workflow options are available when performing consults for patients in facilities with non-integrated EMR?
   a. A vendor should be capable of providing a seamless workflow that facilitates launching an encounter via PowerChart with minimal steps required for both provider and bedside staff, no-click solution for nurses and 3-click or less solution for providers when initiating visit.

3. Does your company offer virtual nursing and sitter capabilities?
   a. The vendor should offer services for both virtual nurses and sitter with options to utilize vendor or HHHS staff.

Outpatient Capabilities

4. Describe the process for scheduling outpatient encounters in clinics with integrated EMR. Does your product include functionality to deliver push links to patients to join scheduled and on-demand encounters? What methods are available such as text, email, or portal?
   a. The vendor should provide a streamlined process for scheduling patients, including capability for push links to be sent via multiple methods.

5. Describe the process for patients to join encounter. Do you have a waiting room? Can the patient connect without an app? If app is required, for which platforms do you provide apps?
   a. The vendor should facilitate browser-based access and single sign-on with minimal steps required by patient.

6. Provide an overview of your patient status dashboard to include information on patients who have joined, are waiting, left room etc.
   a. The dashboard should allow staff to clearly visualize patient status including wait time.

7. Does the platform have the ability to add multiple participants to the virtual visit? Describe.
   a. The vendor should facilitate multiple participants, with the ability to add participants after the encounter has started. Additionally, capabilities should allow multiple staff such as nurses and medical assistants to enter and exit without ending the encounter.

8. What functionality do you offer for completion of intake process prior to initiation of encounter?
   a. The vendor should allow for patient entry of insurance information, co-pay transparency, and payment options prior to start of encounter. List all content that can be shared during a video call such as links, images, and ability to share screen and any limitations.
   b. The vendor should facilitate sharing of screen to include images from PowerChart and PACs.

9. Describe your in-visit tools to such as custom virtual backgrounds, captions, translations, and interpreter services.
   a. The vendor should provide multiple virtual backgrounds with the ability to use custom backgrounds, offer translation services via existing HHHS contracted language services and provide access to in-visit captions.

10. Provide an overview of any asynchronous or remote patient monitoring services you offer for patients with heart failure.
    a. The vendor should provide capability to remotely monitor heart failure patients through automatic transmission of patient weight via smart scale and subsequent escalation of patient reported symptoms based configurable algorithms, with data being transmitted directly into patient's Oracle Cerner EMR for follow up with HHHS clinical staff.

Technical Requirements – 150 Points

11. What is your video uptime? In the event the video call is dropped, how does the patient reconnect to the provider? Describe any ability to switch between video and phone visit if connectivity issues occur.
    a. The vendor should be able to demonstrate a technical visit success rate of at least 95% and provides alternate options for completing visit in the event of poor connection.

12. Customer data should never leave the contiguous United States to include primary as well as backup or replicated copies of data.
    a. The vendor should provide geographic fencing so that customer data never leaves the 48 contiguous states.

13. List all operating systems that are supported by your software.
    a. The vendor should support use within iOS, Windows, and Android operating systems.

14. List technical specifications of telemedicine carts to include safety, dimensions, camera, audio, display, input/outputs, network, power, and on-cart storage details.
    a. A telemedicine cart shall meet the following minimum specifications: rolling casters, footprint no larger than 20" x 25", adjustable height, fluid-resistant speakers, beamforming microphone, 20x pan-tilt-zoom camera, integrated battery source providing at least 4 hours of continuous use, wired and wireless network options, and include a connected stethoscope with each cart.

15. Describe your company's Electronic Medical Record (EMR) integration capabilities and standards.
    a. The vendor should provide an out-of-the-box solution to include integration with Oracle Cerner and require minimal if any build or configuration. Platform should allow provider to launch encounter within PowerChart for patients located at Oracle Cerner-integrated facilities. Alternatively, product should provide solution to allow providers to receive and complete consults for patients located in non-Oracle Cerner facilities where provider will document

directly into native facility EMR.

16. Can the platform be private labeled? Describe options for HHHS branding and logos.
    a. The vendor permits HHHS labeling and marketing of product.

17. Describe how and what type of data HHHS will have access to such as utilization, technical performance, demographics, and other performance metrics.
    a. The vendor provides access to robust usage reports and analytics at regular and frequent intervals.

18. What features or enhancements, if any, are you planning for the next 12 months?
    a. The vendor will show intention for innovation and improvement of services and capabilities.

Implementation & Maintenance – 100 Points

19. Provide an overview of your implementation process, including timelines, milestones, and responsibilities of both the vendor and HHHS during the deployment phase.
    a. The vendor provides a detailed project plan outlining key milestones and timelines for each phase to include platform development and build, testing, and training with full deployment of inpatient neurology encounters at five system hospitals by September 2024.

20. What type of training is provided with the software platform? Is additional training available (and at what cost, if any?)
    a. The vendor will offer a robust training program, enabling end-users to effectively utilize both software and equipment and also provide educational material such as tip sheets for distribution to patients.

21. How do you support clients in administering the platform after go-live (e.g., support for end users, fleet monitoring services, etc.)?
    a. The vendor should offer a dedicated helpdesk, troubleshooting assistance, tools for monitoring the status and connectivity of carts.

22. How do you support clients in configuration and optimization after go-live?
    a. The vendor should proactively work with HHHS to maximize the value of the platform through optimization and configuration of product.

23. Discuss scalability of your product to accommodate changing user bases and usage volumes.
    a. The provider will allow opportunity to adjust services based on patient volumes and expansion to additional facilities.

24. How do you handle patches, upgrades, and maintenance to the platform?
    a. The vendor should offer an approach that is proactive, regular, and provides timely notification HHHS.

Cost – 75 Points

25. Detail the pricing structure of your product to provide total cost over 5 years, including any initial setup costs, recurring fees, maintenance expenses, support, and any additional charges. For

reliability of comparison, pricing should be based on a volume of 1,000 annual synchronous telehealth encounters provided by 10 licensed end users and enrollment of 100 patients in a remote monitoring program for heart failure.

a. Cost scores are determined by giving the proposal with the lowest total cost the maximum number of Cost points available. The remaining proposals are rated by applying the following formula: $[1 - (B-A)/A] \times C$ = Final Cost Score

    i. A- lowest Bidder's cost

    ii. B- Bidder's cost being scored

    iii. C- maximum number of cost points available (15)

    iv. Note: If the formula results in a negative number (which will occur when the Bidder's cost is more than twice the lowest cost), zero points shall be assigned.