Ontario Rheumatology Association

Ontario Rheumatic Diseases Evaluation Registry (ORDER) Request for Proposal Vendor Inquiries

The following questions and answers have been posted in the order that they have been received:

August 23, 2018

Q. Is the ORA fully funding this? Would the ORA be interested if we are able to bring some funding to the table by way of our pharma partners?
A: *The ORA will review all proposals so long as they serve the needs of patients and ORA members, and are compliant with the governance guiding principles. If these conditions are met, we will review and consider the proposal.*

August 29, 2018

General

Q. When would the ORA Informatics Committee like to see ORDER live?
A. *We would like to see data being exported from all three EMRs by August 2019*

ORDER Participants

Q. As part of a constant improvement process, is the ORA Informatics Committee considering mandatory and regular training for their ORDER participants and EMR training for their ORA members at large?
A. T*hat is at the discretion of the applicant and should be factored in.*

Q. Does the ORA Informatics Committee have a target and/or minimum requirement established, regarding ORDER participation (number of participants and frequency of data submission)?
A. *We are realistic about the time frame to achieve buy in for the project and a staged uptake of say 15 % of members in year 1 is realistic.*

Q. Is one of the aims of the ORA Informatics Committees to have all EMRs to use the same forms, and custom fields (name and entry options?)
A. *That would have clear advantages but we are looking at all applications seriously and will weigh out pros and cons of all options.*

Q. Will the ORA Informatics Group be providing a copy of the Data Governance Framework?
A. *Yes*

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Data Variables

Q. At this point in time is ORA Informatics Committee assessing the capability to build a dashboard or the dashboard the vendor is proposing itself?
A. *We are not sure we understand this question. We are expecting vendors who feel this is a strength to offer proposals about dashboards.*

Q. Will the ORA Informatics Committee be providing the metrics to be included in the definition of Quality of Care? These may include, and not limited to the following along with their target or standard measurements and formats:

i. Lab results
ii. Disease Activity Scores
iii. Joint counts
iv. Patient Global Score
v. Physician Global Score
vi. Health Assessment Questionnaire
vii. Custom fields inputs

A. *Yes we absolutely will provide the metrics to develop queries around the core dataset we have defined to date.*

August 31, 2018: Part 1

Q. There seems to be 200 users inputting data into the system, how many users are accessing reports and data?
A. *All users are to have access to practice level reports and quality reports.*

Q. Should the proposal breakdown costs for technology (license and maintenance), implementation costs and annual support costs?
A. *Any budget structure can be proposed, but what you have described is reasonable as long as it is clear what is meant by each component.*

Q. Can proponents suggest different Options or different Phases for the work?
A. *Yes.*

Q. Is there a defined budget or even a broad budget range e.g. $250k-$400k?
A. *Appropriate budget range is up to the vendor based on actual costs, but should reflect components of the work (see above question).*

Q. What is the envisaged initial contract length?
A. *Please propose what you would find acceptable.*

Q. Although applicants can only supply one application is it possible to include a component from a sub-contractor who may also be submitting for a small portion of the overall project?
A. *Yes this is completely acceptable, as long as there is a clear description of the sub-contractor's contribution and whether it will be a one-time contribution or ongoing to support the project.*

Q. Is there a target "go-live" date?
A. *August 2019.*

August 31, 2018: (Part 2)

Breakdown of EMR Users

Q. As the breakdown of EMR users can affect the price, we would like to know the following:
a. An estimate of how many users of each EMR
i. Oscar
ii. Accuro (QHR)
iii. Practice Solutions (Telus)
b. An estimate of How many ASP vs Local Installs are there?
i. Local
ii. ASP
c. An estimate of How many Solo vs Group Practices

This is important as it tells us how many individual installs we are looking at.
i. Solo Doctor
ii. Group Practices

A. Oscar: 19
Accuro: 64
Telus Practice Solutions: 10

We will be polling our membership next month to gather an estimate for your questions "b" and "c." Within your application, please take steps to explain cost implications for both.

Real Time Mechanism (Page 1 of RFP)

Q. What does the ORA mean by this when it states that "ORDER will be a real-time mechanism"? Is the ORA requiring that all access to EMR data be done in real time? Is the ORA requiring that as soon as data is entered into the EMR it is available to all ORDER queries and exports?
A. Yes this is correct.

Q. Quality of Care Indicators as a Field (Page 3 of RFP). Does this mean that the analytic package were specifically defined QoC indicators need to be captured (to specification) and analysed?
A. Correct. The ORA will provide indicators for the initial build and for future iterations/releases.

Q. What is the Rheumatology Clinical Guidelines Metabase? (Page 3 of RFP)? Is this an existing database? Or is this what the ORA is hoping to build and maintain on an ongoing basis with the data they collect from participants?
A. Clinical practice guidelines are always changing. There will be a set of "rules" or standards as defined by the ORA and updated on an ongoing basis. This will be used to compare against clinical data collected for the purpose of providing context to quality metrics. For example, thresholds for % of patients with RA who have been 1) counseled for vaccinations, and 2) vaccinated.

Q. In the opening paragraph of page 4 of the RFP – it states "ORDER is developed, maintained, **owned**, and operated exclusively by the ORA membership." Can you further define what you mean by this (e.g. "owned")? Do you mean the data? Or are you also including the technology or IP that may be used in the process? Do you expect those bidding on the project to sign over their technology to the ORA? If so what compensation will you be offering for those rights? How does the ORA see this working with existing technology products?
A. The project is owned by the ORA. The data 'products' (i.e. products of data analytics) are owned by the ORA. The technology used by the ORA to fulfill the goals (re. the 3 components of the tech solution) of the ORDER project will be licensed or owned by the ORA depending on the vendor proposal negotiations with the vendor.

Q. Re: Independent Application and Approval Process (Page 4 of RFP). The RFP notes the use of an independent application and approval process. Is the ORA looking for a way to get physician approval (so the process knows what data to pull in a multi-physician clinic)? Will Patient approval also be required? If so – do you already have an application in mind? Or if it was part of the collection process would that be acceptable?
A. The ORA will consider any proposal design. One possibility may be to provide the greatest flexibility for all parties involved. First, participating ORA physicians can choose between 3 levels of participations: 1) contribute their data only to be able to analyze their own practice, 2) share to include in the province level analysis, or 3) include in province level and research purposes. Next, patients may be given the option to have their data included (e.g. opt-out or opt-in process at the practice level). Finally, to answer the question above, the independent application and approval process, this is addressing the research pillar of the project. Since researchers will only be able to access ORDER data sets for research purposes after submitting an application and receiving approval from the ORA, this process will be administered and adjudicated separately by the ORA. It would be ideal for the tech solution to address these needs including receiv-

ing submissions and providing researcher portal access to the data sets. Database access parameters for researchers would be discussed with the ORA during the development phase.

Q. Re: Research Data Sets (Page 4 of RFP - Bottom). It is noted that the ORA Clinical datasets will also be used for research questions. Does the ORA see this as another collected dataset from each of the EMRS? Or a subset, extracted from the ORA's master dataset?
A. The latter (see description above as well).

Q. On Page 5 the first sentence of the RFP Requirements and Objectives states that the primary objective of this RFP is to find technology solutions providers to assist the ORA with the development and implementation of the technological infrastructure supporting the ORDER initiative. What does the ORA mean by the word Assist?
A. Vendor(s) to build, maintain, and service the technological solution that the ORA will use to run the project.

Q. Re: Core Components – Standardized Data Entry (Page 6). In this section, you note that you want proposed EMR data entry. Are you looking for the bidder to design data entry modules that the EMR vendors will then implement? Or are you looking for the bidder to develop these modules and then have them interface with the EMR itself, storing the data in the EMR database? Or are you looking for the bidder to design an entirely separate application that will allow the data entry you are looking for?
Can you explain in more detail what exactly you are looking for a bidder on the RFP to provide in this area?
A. The ORA is looking for a tenable solution for standardized data entry that will work with existing EMR applications that are in use by Ontario Rheumatologists as described in the RFP. There is no prescription for how this must be done, but the options suggested above are all possibilities. The successful vendor(s) will have clearly outlined the design and rationale for each component of the project, including how it will be implemented given that EMR vendors have competing priorities and requirements to maintain EMR certification (i.e. by OntarioMD).

Q. Re: Core Components – Data Extraction & Storage (Page 6 of RFP). In this section you note that the vendor responding to the RFP will be responsible for database backup, server uptime, speed, etc. Are you looking for the vendor to host the data for the ORA? Or will the ORA be hosting and controlling the data themselves? Can you provide a little more clarity around how the ORA sees its role here and the role of the vendor?
A. The answer is it depends on the vendor. If data storage, backup, and access is a strength of the vendor, the vendor may choose to propose that it will host data for the ORA. Alternately, the vendor may choose to work with other agents (e.g. as a subcontract), or partner with other vendors who are interested in working with the ORA.

Q. Re: Dashboard in their EMR (Page 6 of RFP)
a. Do the Dashboards have to be launched from the EMR itself? Or can they be launched as a separate application? Can you provide more details as to how you see this working?

A. There is no prescribed method, but the preferred design will provide the most user-friendly experience for the user, in this case ORA members. Please propose the best possible solution.

b. These dashboards seem to be run against the EMR data. Should they also be able to run against aggregate provincial level data provided by the ORA?

A. Since it is difficult for the ORA to know what technological restrictions may exist with any proposed design, we have not prescribed a requirement. However, provincial aggregate data should be viewable alongside practice level data for ORA members who would like to be able to make such comparisons. Please propose the optimal solution.

Q. Re: ORDER Website Access (Page 7 of RFP). Is this a separate deliverable? Is this part of the deliverables of this RFP? Who will be building the website? Will the data collection process have to interface with this deliverable? Or is this outside the scope of this RFP?

A. If a website is required for the ORA to administer/control the ORDER project and database (e.g. user profile creation/access, etc), then it should be included as part of the RFP. If a website is not required according to the vendor's design, that there will be no ORDER website required for the purpose of the RFP.

Q. Re: Considerations (Page 7 Bottom)

These considerations are somewhat vague.
- Ability to change/update indicators. By the word indicator we take it you mean the individual data points you want to collect? Does this mean you want the vendors to be able to update what indicators are collected at all clinics across the install base?

A. Indicators are data products. In the RFP, indicators are described as practice level indicators (e.g. wait times for consults), quality indicators (e.g. % of fertile-aged female patients counseled about DMARD risks), or province level indicators (e.g. # of repeat ANA tests ordered on a patient after a negative ANA test). The ORA will continue to develop new indicators and provide definitions to the vendor for incorporation into the tech solution. Provision should be made for this on a periodic (e.g. annual) basis.

- It is noted that Indicators must be interactive to allow identification of actionable items. Are you referring to data displays such as Dashboards, etc.?

A. When indicators are used to view data, often there will be secondary questions generated from viewing that data. For example, if the % of fertile-aged female patients counseled about DMARD used is <100%, the rheumatologist will want to know which patients have NOT been counseled, and why not. Thus, generating actionable reports (e.g. click a slice of a pie that represents a subpopulation of interest, which provides a list of patients included) will create a direct mechanism to "drill down" to the necessary information to answer the WHO and WHY questions. This is required to make the quality indicators useful.

- Indicators should be accompanied by Guidance statements or thresholds. Will the ORA be providing this? As the experts in the field this would seem to be the way to ensure the guidance and thresholds are accurate and relative to the members.
A. Yes, the ORA will provide the vendor(s) with the indicators, indicator definitions, and guidance statements to put with the indicators as appropriate.

Q. Auditing / Logging of User Activities (Page 8 of RFP)
a. Just the Data Extractions or the Data Presentation as well (i.e. what data and dashboards have been viewed)?
b. Metrics. Will the ORA be providing a complete list of what metrics it wants to capture?
A. Please propose what would be useful. If there are changes required, the ORA will request them during the development process.

Q. Re: Sustainability (Page 8 of RFP). When the ORA requests that the CDR is easily portable to other platforms – are they referring to database technology or the entire application framework? What platforms (Databases, operating systems, application frameworks, programming languages, etc.) are you looking to support and why?
A. At a minimum, the database should be portable and written in standard language that can be hosted in any SAS compliant data center. The ORA prefers to keep a stable solution for the ORDER in the long run, but recognizes that business priorities for vendors may change over time. Thus, proposals that include built in portability and contingency planning for transitioning of the entire application and database framework if necessary will be viewed more favourably.

Q. Re: Integration (Page 8 of RFP): The RFP states that technological solutions must integrate with current OMD EMR providers. What exactly do you mean by Integration? What are you trying to achieve here? If you are looking to capture data – then that is one thing. If you are looking to integrate into each of the EMRs – then that is another thing entirely. It would help to understand what you are trying to achieve here so that we can understand if it is feasible or not and what we might have to do to meet your requirements.
A. Please propose the most feasible and user friendly solution. The EMRs in use by ORA members have been clearly provided. Integration with OMD-certified EMRs is a requirement for the project to be feasible. For example, a well designed ORDER application interface that is very intuitive and user-friendly will still not be successful if it does not integrate with EMRs. Physicians are busy and do not want to take on extra steps to participate in practice improvement/quality improvement initiatives such as ORDER. It needs to flow seamlessly with their existing workflow and, except for an extra click or two here and there, should not add to the amount of time/effort required to carry out usual care-related tasks. Data collection for the purpose of feeding the ORDER project should not duplicate or extend the data collection process completed for providing standard of care (i.e. think 2 birds, one stone). If necessary, data viewing may be feasible to perform "outside" the EMR environment, but should be minimal additional effort and very intuitive/enjoyable to use.

Q. You note that you are only including the three EMR programs (Oscar, PSS, and Accuro). This would exclude most doctors working in a hospital setting. This would imply that the platform would not be useful or usable by rheumatologists practicing at St. Mike's, Mt. Sinai, London Hospital, Women's College, etc. Can you confirm that you are not looking to gather data from these ORA members in this RFP and are they using Hospital based EMRs such as Cerner or community based EMRs such as the 3 listed in this RFP? As this can mean a significant number of rheumatologists might this not impact your provincial summary data?
A. For the initial launch of the ORDER project, the intention has been to focus on EMRs in use in the province and not to include EHRs. If there was a possibility to include EHR-based users with little or no additional effort on the part of those providers to participate, that would be seen as an advantage for the RFP process. However, our understanding is that the majority of EHR-based providers use a hybrid paper/EHR based practice and data collection is somewhat more challenging without duplication of effort.

Q. While the primary goal is to use this data for practice improvement, the ORA has indicated that they might use this data for research. This constitutes a 'secondary use' and may require, whether the data is de-identified or not, full patient consent to use the data for this purpose. The patients may be required to be notified that their data that their doctor is recording may be used for research. Has the ORA done any research into these possible requirements? Has the ORA given any thoughts as to how it will get these permissions, maintain a valid list along with signatures, etc.? Will this be part of implementation and change management role the vendor must take on?
A. Please see answer to a similar question above. The ORA has researched these requirements for secondary operationalizing of the data for research in different contexts. Vendor proposals that consider a graded patient and physician consent-collection process (i.e. opt-in or opt-out as the case may be) will be considered more favourably as it will expand the utility of the data collected under the ORDER framework.

Q. In the past, various EMR data collection efforts, in the Province of Ontario have needed data cleansing processes after the collection in order to make the data truly usable. This is due to the low quality of data held in many of the EMRs in Canada. Has the ORA considered that it might need this process as well? Is it something that should be considered as part of the scope of the RFP? Or is it something the ORA will be handling themselves?
A. This is a crucial limitation of the project. It is up to the vendor to consider the requirements outlined in the RFP carefully. Please propose the best solution possible, which must include a mechanism for collection of standardized structured data. Non-standardized data requires extensive "cleaning" which is laborious and not efficient.