

**STATE OF CONNECTICUT
OFFICE OF HEALTH STRATEGY
STATE INNOVATION MODEL**

**COMMUNITY & CLINICAL INTEGRATION PROGRAM
HEALTH EQUITY IMPROVEMENT VENDOR RFP**

FIRST Addendum

RELEASE DATE – 08/29/18

The Office of Health Strategy's official responses to questions submitted as of 5:00 pm, August 28, 2018 are as follows:

1. **Question:** Could you provide a list of the EMR vendors currently being used by the FQHC Participating Entities (PEs)? Will PEs be able to provide a data dictionary for all data elements included in their EMRs?

Answer: While OHS does not currently have a complete list, two of the major EHRs in use are Epic and eClinicalWorks. One of the challenges some of our Participating Entities (PEs) face is the use of multiple EHRs. For example, one of our PEs has more than 15 EHRs currently in use within their organization. To address this challenge, some PEs may request to pilot data collection is a subset of EHRs and later to expand collection. Individual PEs may be able to provide a data dictionary for all data elements, but that would be a specific question for the selected vendor to address directly with the PEs.

2. For the data analysis (#2 under 2.1 SOW):

- a. **Question:** To what extent will the Health Equity Improvement Vendor (Vendor) be responsible for extracting data from the EHRs? That is, will the Vendor need to import de-identified patient-level data to conduct the analysis? Or will the PEs be able to produce reports as defined by the Vendor?

Answer: The PE is ultimately responsible for achieving each element of the Health Equity Improvement standard. The vendor's role will be to provide expert guidance on the process to extract and analyze data stratified by race, ethnicity, language, and/or sexual orientation and gender identity. This may include providing hands-on-technical assistance, helping to communicate with EHR vendors, or advising PE staff on analyses to conduct.

- b. **Question:** Similarly, will be PEs be able to provide reports on the SIM quality measures? Have algorithms been developed to produce the quality measures using EMR data?

Answer: For the Health Equity Improvement Standard, PEs will need to demonstrate three measures: increased collection of race and ethnicity data, increased collection of sexual identification and gender identity data, and increased collected of preferred language data in the EHR. PEs can choose how to report these measures to the State- the State has not developed measure specifications.

Analyses completed by the PEs to identify gaps in healthcare outcomes for particular subpopulations are not required to be submitted to the State, though the State may request some information about how these analyses were completed.

The role of the vendor will be to support the PEs in improving their collection of the data described above.

- c. **Question:** What data/reports, if any, will be available from the State, through the APCD or other data sets?

Answer: The purpose of the Health Equity improvement Standard is for PEs to increase their own data collection and use that information to improve health outcomes for their patients. The State will not be providing APCD data or other data for this purpose.

3. Under Scope of Work and Qualifications, Section 2.1, #3 refers to implementation of “a” CHW intervention to address “the” identified health disparity.

- a. **Question:** Is the plan that the analysis would be used to identify a common health disparity across all PEs? Or could there be up to eight different health disparities, one for each of the eight organizations?

Answer: Each PE will use its data to identify a health disparity within its organization. Because each PE is unique, identified disparities may or may not be similar.

- b. **Question:** Similarly, is the plan to develop a single design for CHW intervention that would be implemented by each of the PEs? Or could there be multiple designs?

Answer: OHS anticipates multiple designs, however, OHS would encourage the vendor to promote similar programmatic elements that could be adapted for particular populations and conditions. There are numerous existing CHW models across the state and nationally that could be used. Further, PEs may choose to partner with a community based organization with an existing model.

4. **Question:** Which if any of the FQHC PEs are PCMH-accredited/certified by NCQA, AAAHPC, or TJC?

Answer: All participants in PCMH+ are NCQA-PCMH accredited.

5. **Question:** Will the Vendor have full access to UDS data for all of the FQHC PEs?

Answer: Access to data will depend on the policies and practices of each individual PE. The State does not have or request access to data other than reporting requirements as outlined above. OHS would expect that vendor access to data would depend on the specific technical assistance needs of each PE. For example, PEs that require more assistance with data analysis may choose to provide more access. The State will not require such access, so it will be up to the vendor to support the PEs to the best of its ability based on PE preference and policy.

Question: What is the expected date when the mid-point compliance reviews will be completed and made available to the Vendor?

Answer: We expect the mid-point compliance reviews to be completed by June 2019.