

MASSACHUSETTS EHEALTH COLLABORATIVE

QUDDC RFP FAQs

March 9, 2006

1. We've been told that the North Adams practices all provide their data to one source. Is this so? What about the other sites?

All North Adams practices will be using eClinicalWorks EHR. Most North Adams practices will have their EHRs deployed as a locally ASP, hosted by the North Adams Regional Hospital. Thus, their data will be stored centrally but logically partitioned by practice. A few practices will have client server-based EHRs in their offices. Newburyport and Brockton have a variety of hosting approaches and vendors.

2. The RFP states that the EHR systems provide or are working on HL7 formats for the data. Do they all have this capability? If not, what is the timeline on this?

The vendors have committed to providing batch HL-7 reporting capability based on the DOQ-IT approach. We can discuss timelines with them based on our requirements once they are identified. We are also open to RFP responses that propose alternative approaches for data extraction and aggregation. For data elements that are not currently defined in HL-7, please describe how you would address collection of these data elements.

3. Do the EHR systems have HL7 capability in regard to the usage parameters?

We recognize that some data elements are not currently defined in HL-7; please describe how you would address collection of these data elements. We are also open to RFP responses that propose alternative approaches for data extraction and aggregation.

4. Are all the data named in attachment A contained within the EHR systems or will some of this data have to be extracted from the practice management systems and other sources?

Most, if not all, of the data is within the EHR systems. In addition, most of the practices will have integrated EHR/PMS systems so the distinction won't matter.

5. Are all of the data in the EHR usage table contained within the EHR system or will some of this data have to be extracted from the practice management systems and other sources?

See #4 above. EHR usage data will be made available through audit logs from the EHRs.

6. Do we have to obtain Business Associates Agreements from each physician practice or will a single BAA with MAeHC cover the entire project?

MAeHC has a BAA with the practice. Vendors to MAeHC will have a downstream BAA.

7. Some of the data elements in attachment A may only be available from text rather than data fields: such as ejection fraction, CHF class, PAP smear, clinical breast exam results. Do the EHR system vendors include these text fields in their HL7 output?

We will work with the practices and the vendors to isolate where this information is recorded in the EHR. We recognize that some data elements are not currently defined in HL-7; please describe how you would address collection of these data elements. We are also open to RFP responses that propose alternative approaches for data extraction and aggregation.

8. Is there going to be any historical data loaded into the EHRs for the physician practices? If so, how far back will it go?

Some practices may decide to load some historical data, but that will be a local decision and thus spotty so please assume no historical data. We would be interested in integrating historical HEDIS data.

9. Does MAeHC have Business Associate Agreements (BAAs) in place with all of the office practices and hospitals? Do these agreements identify the QUDCC as a business associate of MAeHC that will be receiving data under the MAeHC BAAs?

MAeHC has BAAs in place with each of the practices. The QUDCC will be a downstream BAA from this one.

10. Will the physician-office PMS data be accessible via the Exchange Network? If not, will the QUDCC vendor need to obtain the PMS data directly from each office?

The vast majority of practices will have integrated EHR/PMS systems, and the remaining ones will have interfaced systems.

11. Does MAeHC anticipate that the QUDCC vendor will interface with each EHR installation site (i.e., physician office practice or hospital) to obtain data, or will the QUDCC vendor be included as a node on the Exchange Network enabled to obtain direct monthly batch data feeds (from all practices and hospitals) through the network?

As the exchange network will be deployed over time, we should assume that data will be extracted from each practice's vendor.

12. The RFP indicates that most of the data will be extracted from EHRs and billing (PMS) systems, but doesn't say anything about the remaining data sources. What additional data sources will the QUDCC need to be integrating?

No other data sources are anticipated.

13. Will lab test results be incorporated into the EHRs (not just e-lab orders)?

Yes, lab results will be incorporated.

14. Will Pharmacy prescriptions dispensed be included in the EHRs (not just e-prescriptions)?

No, only prescriptions written through the integrated eRX application.

15. Does MAeHC anticipate using external physician performance benchmarks during the early months of QUDCC operations (before sufficient data volume has been accumulated for internal benchmarks)?

No.