**Texas Medical Association**

**Physician Services Organization**

**EHR RFP Submitted Q&A**

**January 28, 2014**

**Introductory Comments**

* The February 5, 2014 due date of the RFP will not be extended.
* TMA’s ad hoc Committee on HIT will review the responses. TMA may request follow-up details around late February to mid-March.

**Question:** Will questions sent via email be part of the question and answer posting?

**Answer:** Yes. Questions received prior to January 28, 2014 will be included in the Q&A posting.

**Question:** What is the project implementation timeline?

**Answer:** The purpose of the project is to define two to three preferred EHR vendors to work with and focus closely on interoperability and performance standards, and as an integral part of the PSO.

**Question:** Regarding pricing, should we follow the same pricing as the EHR comparison tool as far as the practice sizes of solo, two-physician, and ten-physician practices?

**Answer:** Yes.

**Question:** Can you provide more detail on the business partnership arrangement or structure? For example, will TMA be a reseller of EHRs?

**Answer:** It would be appropriate to answer the RFP questions with various ideas and options, including a reseller model, as TMA is considering different approaches and seeks proposals. In addition to TMA members, it is possible that this type of partnership could be open to other medical societies across the nation. The eventual reach of the PSO will beyond Texas.

**Question:** What is the total TMA membership?

**Answer:** There are more than 48,000 members.

**Question:** What specialties does TMA cover?

**Answer:** TMA members include all specialties.

**Question:** What are the EHR adoption rates across Texas?

**Answer:** According to the 2012 TMA Survey, EHR adoption rates in Texas are at 60 percent. The survey further indicated that another 20 percent intend to adopt over the next two years.

If the projections are correct, it is estimated that 80 percent of Texas physicians will use an EHR by the end of 2014. [2012 Survey Flyer](http://www.texmed.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=25312&libID=22948). [2012 Survey Results](http://www.texmed.org/WorkArea/DownloadAsset.aspx?id=27755).

**Question:** How will sales and marketing be approached?

**Answer:** The marketing function of the PSO will be fulfilled by TMA. That does not mean that TMA will not look to the preferred vendor for marketing partnerships. From a sales perspective, TMA will work closely with the county medical societies allowing a boots-on-the-ground sales arm. All applicable sales efforts would be discussed jointly with the preferred vendors.

**Question:** Is TMA subsidizing the EHR for physicians?

**Answer:** No. However, there will likely be financial support based upon innovative payment models, such as shared savings.

**Question:** Is there reluctance by TMA to identify or endorse preferred vendors?

**Answer:** TMA is unique in its level of trust, engagement, and advocacy for its members. TMA will include the selected vendors as service providers within the PSO structure, which will be shared with TMA members and county medical societies.

**Question:** Will TMA enter into non-disclosure agreements (NDAs) with vendors to protect pricing information that is disclosed during the RFP process?

**Answer:** TMA will not enter into any NDAs as part of the RFP process. Pricing information will be kept confidential and held separately during the initial RFP review, as the focus will be on product functionality and interoperability. However, pricing will be considered a factor for further consideration and selection as the RFP process continues.

**Question:** Please describe the comparison or scoring process to be used during the RFP review.

**Answer:** A “typical” practice setting has not been identified, as TMA members encompass all types of disparate practice settings and needs. Pricing will be extracted during the initial part of the review process to ensure that functionality and interoperability capabilities are the appropriate focus.

As vendor pricing is reviewed, please note the breakdown by practice size (solo, 2-physician, 10-physician), as well as the following categories: Getting Started; Additional Options; and Ongoing Costs as indicated below:

|  |  |  |
| --- | --- | --- |
| **Getting Started** | **Additional Options** | **Ongoing Costs** |
| Software License | Data conversion | Ongoing annual costs (annual license, support, any other ongoing fees) |
| Training and implementation | Basic interface |  |
| Practice management (interface or additional software) | Eligibility verification |  |
| E-prescribing (module or interface) | Patient portal |  |
| Technical support | Secure messaging |  |
| Other required costs | Reporting tools |  |
| Hardware | Scanning software |  |
|  | Voice recognition software |  |
|  | Additional costs to accommodate ICD-10 |  |
|  | Additional fees for remote locations |  |

**Question**: What is the percentage of Texas of physicians who are trying to meet meaningful use? Of those, describe the breakdown of Medicare and Medicaid.

**Answer:** According to the 2012 TMA survey, 33 percent of physicians applied for Medicare incentives, and 12 percent applied for Medicaid incentives. Another 27 percent did not know if their practice had applied. Below is data from CMS regarding the actual number of eligible providers and hospitals in Texas that have participated in the EHR incentive program:

|  |  |  |  |
| --- | --- | --- | --- |
| **EHR Incentive Program** | **# Paid as of November 2013** | | |
|  | **EPs** | **Hospital** | **Total** |
| Medicare | 15,620 | 412 | 16,032 |
| Medicaid | 8,111 | 464 | 8,575 |
| **Total** | 23,731 | 876 | 24,607 |

**Question:** Is TMA looking for integration or interface interoperability?

**Answer:** Integration and interface. Extraction of data and sharing information between practices are important factors, allowing members of the PSO to identify care gaps in patient care. TMA is looking to the vendor partners to share data to benefit the PSO, and thereby its members.

**Question:** Please describe the importance of data for analytics.

**Answer:** From the PSO standpoint, physicians need data to understand and close gaps in patient care. The PSO will also utilize information for purposes of (including but not limited to) the pre- and post-adjudication of claims and for revenue cycle management purposes.

**Emailed Question:** If the vendor has companion products that support future payment models, may they be included in the RFP response.

**Answer:** Yes, they may be included as an addendum, although such detail will be considered solely informational at this time, but not necessarily part of the overall EHR evaluation.

**Emailed Question:** What is the full meaning in this case of “dictation cost” Section 3.4 Question #2?

**Answer:** Section 3.4, Question 2 refers to costs that may be associated with interfacing a third-party dictation system which may be required for some EHRs.

**Emailed Question:** What is the full meaning of “referral transactions” Section 3.6 Question #30

**Answer:** Section 3.6, Question 30 refers to primary care to specialist referral transactions that may be handled through EHRs and clearinghouses. TMA suggests that if the vendor system does not support real-time transactions, to please describe how referral tracking is supported.

**Emailed Question:** Request to clarify Section 3.6 Question #27.

**Answer:** Section 3.6, Question 27 refers to how the EHR supports case management vital to the patient centered medical home (PCMH) and value based care models as patients must be ensure that the full care team remains connected.  For example, a nurse managing the patient across transitions of care.