CALIFORNIA PRISON HEALTH CARE RECEIVERSHIP CORPORATION
OFFICE OF THE RECEIVER

REQUEST FOR PROPOSAL

CLINICAL DATA REPOSITORY AND PORTAL SOLUTION FOR THE CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

SEPTEMBER 26TH, 2007

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REQUEST

The Receiver of the California Department of Corrections and Rehabilitation (CDCR) prison health care system is requesting proposals for the design, development, and implementation of a clinical data repository (CDR) and portal solution to provide CDCR clinical staff with access to patient health information at the point-of-care. The awarded contract will be an agreement with the Receiver through the California Prison Health Care Receivership Corporation (CPR).

BACKGROUND OF THE RECEIVERSHIP

As a result of the State of California's ongoing failure to provide medical care to prison inmates at constitutionally acceptable levels, the United States District Court for the Northern District of California has established a Receivership to assume the executive management of the California prison medical system and raise the level of care up to constitutional standards. On February 14, 2006, the Court appointed Robert Sillen to serve as the Receiver and granted him, among other powers, the authority to exercise all powers vested by law in the Secretary of the CDCR as they relate to the administration, control, management, operation, and financing of the California prison medical health care system.

The Court's actions stem from the case of *Plata v. Schwarzenegger* — a class action lawsuit brought on behalf of the CDCR's adult inmates. Applicants should refer to the Court's October 3, 2005 "Findings of Fact and Conclusions of Law Re Appointment of Receiver" and the Court's February 14, 2006 "Order Appointing Receiver" for further information regarding the conditions underlying the Receivership and the powers and responsibilities of the Receiver. These and other relevant documents can be found on CPR's website at http://www.cprinc.org/materials.htm .

The CDCR mental health and dental systems are also under court supervision as a result of two additional inmate class actions: *Coleman v. Schwarzenegger* and *Perez v. Tilton*. To avoid duplication of effort, certain health care initiatives that support the entire health care system are being coordinated by the *Plata*, *Coleman* and *Perez* courts. To facilitate such coordination, the courts have agreed that the Receiver will be responsible, in addition to his management of the medical system, for the oversight and implementation of certain mental health and dental support functions, including health information management and information technology.

SCOPE OF WORK AND DISCUSSION

Background

The CDCR currently delivers healthcare services to over 175,000 inmate-patients in thirty-three institutions throughout the state. The scope of the department's healthcare mission includes primary care, acute and urgent care, chronic care management, long-term care, hemodialysis, physical therapy and rehabilitation, and infirmary-level care. The department also provides extensive mental health services, dentistry, and care of inmates who are incapacitated or developmentally disabled. Cases requiring specialty consultation or complex management are seen remotely by telemedicine or are referred to community medical offices or hospitals.

In addition, the CDCR provides a variety of ancillary services. All thirty-three institutions operate a pharmacy and provide radiology and imaging services, e.g., plain film radiology, CT, MRI, ultrasound, nuclear medicine, etc. Currently the CDCR performs approximately 175,000 imaging and radiology procedures annually, the majority of which (92%) are done in-house. The department also operates eleven in-house clinical laboratories, which collectively perform over 300,000 tests annually, and sends out an additional 1 million plus tests annually to national and regional clinical reference laboratories.

Currently, CDCR clinical staff typically have access to incomplete, inaccurate, and/or untimely patient health information at the point-of-care, if they even have access to patients' paper-based medical charts at all. In addition to the typical issues associated with paper-based charts, a further challenge is the highly mobile nature of the patient population in question. Besides referrals out to community hospitals or medical offices, inmates can transferred to multiple institutions over a period of time due to the prison system's overcrowding situation. Unfortunately, inmates' medical charts and associated information are not nearly as mobile as the inmates themselves.

The current lack of availability of patient health information obstructs medical decision making and the efficient delivery of clinical care not only at the individual patient level, but at the institutional and organizational levels as well.

Current Technology and Information Environment

For an organization that is responsible for over 175,000 lives, the CDCR has very little in the way of enterprise-level systems and technology.

- The CDCR currently employs a wide area network (WAN) that is based on a hub-and-spoke model, utilizes fractional T1 lines, and is at 95% capacity. Within each institution, the majority of desktops are neither networked nor do they have Internet access. The Receivership is currently in the process of establishing a medical grade network infrastructure that will include an MPLS-based network, wireless LAN within each of the institutions, a level 4 hosted

data center, and 24 hour staffed network operations center. This effort is expected to be complete by early 2008.

- CDCR primarily uses two systems developed at different times over the past twenty-two years, called Distributed Data Processing System (DDPS) and Offender Based Information System (OBIS), to identify inmates, track their movement, and maintain demographic and administrative information:
    - DDPS is a UNIX-based, distributed system, with thirty four instances existing across the state that are synchronized via a nightly batch process. The data available from DDPS suffers from issues related to accuracy, completeness, and availability. For example, inmates can have multiple aliases and have been know to provide inaccurate demographic information. In addition, while inmates are assigned a unique CDCR identification number during their incarceration, this number is not a unique lifetime number should an inmate be reincarcerated after completing parole. Finally, daily batch files from individual institutions can potentially be delayed for up to seven days before being received centrally at CDCR headquarters.
    - OBIS is a separate mainframe system that is used to maintain inmate information throughout their time in the correctional system from commitment to final discharge, including sentencing information and institutional movement history.

- Besides DDPS, the department does not employ any other type of enterprise-level system or application. It utilizes approximately 1000 Microsoft Access-based applications for everything from claims/invoice processing to scheduling to utilization management. Many of these databases are "synchronized" manually by untrained staff using CD-ROMs or thumb drives to merge databases. Much of the information in these applications is not considered reliable and will not be migrated over.

- Maxor National Pharmacy Services Corp. of Amarillo, TX is currently implementing a pharmacy information management system across all thirty-three in-house pharmacies. Rollout of the Guardian pharmacy management system is scheduled to be completed in the next twelve months. Once the rollout is complete, Guardian will provide reliable, system-wide inmate medication profiles.

- As described above, the department sends out over 1 million lab tests annually to clinical reference laboratories, such as Quest Diagnostics. The results are currently received via paper; however, the CPR is working with some of these laboratories to receive the results electronically when the CDCR's technical infrastructure is in place. It is anticipated that at least 70% of all laboratory results are readily available in electronic form. The eleven

CDCR in-house laboratories also employ their own separate laboratory information systems (LIS) of uncertain provenance and quality

- As part of its Discharged Offender Record Management System (DORMS) project, the department recently scanned over 8 million pages worth of medical charts for discharged inmates, i.e., inmates who have been released and on parole for more than three years.

- The Receivership may obtain access to a number of other trustworthy data sources useful for patient care. These may include a centralized repository of dictation/transcription; Medi-Cal claims from inmates prior to incarceration; data feeds from community providers where inmates are sent for care; and some legacy CDCR Access databases with unusually high quality data.

- In terms of staffing, it is estimated that the vacancy rate for IT positions within the department is approximately 15 – 25% (if not higher); unfortunately there is no accurate information available regarding budgeted positions, approved positions, etc. There is also a severe shortage of staff knowledgeable about and experienced with healthcare informatics and clinical systems, which significantly impacts any future health IT-related initiatives.

Goals and Objectives

In the Receiver's May 2007 Plan of Action, one of his stated goals was to "compile medical data across all compliant data sources into a unified [system] that can be used to generate information valuable for patient care and health care management." Specifically, the CPR is looking to achieve the following objectives:

- Begin establishing a platform upon which to create a longitudinal electronic health record (EHR) for every CDCR inmate
- Better enable clinical decision making and enhance patient safety through reliable and timely access to patient information at the point-of-care
- Collect reliable data electronically to enhance the overall management and delivery of health care services system-wide
- Begin establishing the foundational components necessary for an enterprise-level, integrated health information system

Solution Requirements

The Receiver is seeking a vendor or group of vendors to design and implement a clinical data repository and portal solution comprised of the following components:

I. *Master Patient Index*[*]
   a) Employs a single, unique identifier for each member of the CDCR's patient population across the enterprise;

b) Maintains demographic and other key patient information, including but not limited to DOB, sex, race, SSN, medical record numbers, etc.;
c) Maintains patient aliases;
d) Supports the management of patients' demographic information and health records, e.g., aggregation, merging, deletion, etc.;
e) Supports a variety of patient matching algorithms, e.g., probabilistic, Soundex, etc., that can utilize modifiable aggregate weights and penalties to groups of data elements;
f) Employs a record locator service (RLS) that stores the location of and provides links to patient health information maintained in disparate clinical systems;
g) Maintains a master provider index and associated information, e.g., national provider ID (NPI), medical license number, DEA number, etc.
h) Maintains indexes or registries for other key information, such as service delivery locations, etc.;
i) Maintains a duplicate checking log and provides web-based tool for record management;
j) Maintains an audit trail of all master patient index (MPI) transactions;
k) Supports integration with other clinical information systems by either employing a service oriented architecture (SOA) or providing an application programming interface (API);

***Note:** The Receivership is currently conducting a needs assessment to determine whether an MPI is required and, if so, the type needed, the timing of its deployment in relation to the clinical data repository, etc. Therefore, the Receivership may or may not initially deploy an MPI as part of its CDR project. Responders to this RFP should include an MPI solution in their proposals; however, responders should structure their proposals such that the MPI is an optional component that can be included/excluded at the discretion of the Receivership.

II. <u>Clinical/Provider Portal</u>

a) Utilizes a web-based front end interface that employs a SOA;
b) Aggregates a variety of complex patient health information, including but not limited to:
    - Patient demographic information (including inmate location)
    - Problems
    - Medications (including administration)
    - Allergies
    - Lab results
    - Encounter history (including pending/future appointments)
    - Notes, e.g., discharge summaries, progress notes, etc.
    - Images, including radiology, digital photographs, EKGs, scanned documents, etc.
c) Presents a consistent, longitudinal, patient-centric view of health information;
d) Supports clinical portal user functionality requirements specified in Appendix A;

e) Does not persist any clinical data locally; users can access the same patient information regardless of which workstation they are logged on;
f) Provides a customizable user "inbox" for management of incoming results, messages, clinical notifications, etc.;
g) Supports the creation or registration of new patients in the system;
h) Provides authorized users secure access to clinical information either at the point-of-care or remotely via secure socket layer (SSL)/transport layer security (TLS) or equivalent encryption;
i) Supports user and role-based security profiles to prevent unauthorized access to patient health information (See 'Section V: Security' for additional details);
j) Detects security-relevant events that it mediates and generates audit records for them; at a minimum the events shall include: user login/logout, session timeout, account lockout, patient record viewed, patient data created/updated/deleted, and patient health information exported (e.g., printed);
k) Supports user single sign-on and the Clinical Context Object Workgroup (CCOW) standard;
l) Supports linking to external or third-party web-based content;

III. Clinical Data Repository

a) Employs a flexible data model that can model complex health care processes and patient information, including but not limited to:
    - General medical care
    - Dental
    - Mental health
    - Encounter history
    - Case management
b) Compliant with or mappable to the HL7 Reference Information Model (RIM);
c) Maintains and organizes data within the repository in a patient-centric manner;
d) Supports the discrete storage of structured patient health information associated with but not limited to:
    - Problems
    - Allergies
    - Medications (including administration)
    - Lab results
    - Encounter history (including pending/future appointments)
    - Notes, e.g., discharge summaries, progress notes, etc.
e) Supports the storage of both structured and unstructured clinical documents (such as discharge summaries, progress notes, etc)., either directly within the repository or via linking to a separate document repository;
f) Supports the storage of radiology-related data and images;
g) Supports organization-definable, custom data fields;

h) Support the storage of information in a variety of formats, such as discrete data types, free text, scanned images, digital multimedia, XML, etc.;
i) Supports the storage of patient health information both in a central database and thru the linking of patients' records to external sources of associated health data, such as hospitals, physician practices, regional health information organizations (RHIOs), etc.;
j) Supports reporting and data analysis via third-party reporting tools;
k) Maintains a corresponding meta-data dictionary or repository;
l) Employs an enterprise-level relational database management system that provides high-availability options, such as clustering, fail-over, etc.;
m) Ability to support potentially 1500+ concurrent users and store several terabytes worth of data;

IV. Interoperability

a) Employs a set of services or components that support data aggregation and normalization, including:
   - Terminology maintenance
   - Data mapping
   - Data translation
b) Supports data exchange and messaging standards specified by standards and health information exchange bodies such as CalRHIO, Health Information Technology Standards Panel (HITSP), etc. (See Appendix B for complete list):
   - HL7 v2.x/3.0
   - DICOM
   - ASC X12
   - NCPDP
   - ELINCS v1.0
c) Supports clinical document standards specified by standards and health information exchange bodies such as CalRHIO, Health Information Technology Standards Panel (HITSP), etc. (See Appendix B for complete list):
   - Continuity of Care Document (CCD)
d) Supports terminology standards specified by standards and health information exchange bodies such as CalRHIO, Health Information Technology Standards Panel (HITSP), etc. (See Appendix B for complete list):
   - ICD-9/ ICD-10
   - LOINC 2.15
   - CPT-4
   - SNOMED
   - SNODENT
e) Supports integration with various clinical information systems, such as laboratory information system (LIS), picture archiving and communication system (PACS), claims processing, electronic medical record system

(EMR), etc., and non-clinical systems, such as credentialing, financial, etc.;

f) Capable of health information exchange with legacy point-to-point interface engines/systems;
g) Supports data/message exchange via an integration engine or enterprise service bus that is based on a service oriented architecture and utilizes web services;
h) Employs a set of services which ensure the secure and reliable management of messages, e.g., routing, delivery, queuing, orchestration, encryption, identity management, exception/error handling, etc.

V. Security

a) Authenticates the user before any access to protected resources, e.g., patient health information, is allowed;
b) Associates permissions with a user using one or more of the following access controls:
    - user-based (access rights assigned to each user);
    - role-based (users are grouped and access rights assigned to these groups);
    - context-based (role-based with additional access rights assigned or restricted based on the context of the transaction such as time-of-day, workstation location, emergency mode, etc.)
c) Enforces the most restrictive set of rights/privileges needed by users or groups for the performance of specified tasks;
d) Supports the ability to control access to sensitive patient health information:
    - Ability to "blind" sensitive patient health information, thereby prohibiting access to unauthorized users;
    - Provide access to blinded information to a clinician, when the information is necessary for managing an emergency condition; this feature is commonly known as a "break glass" function;
    - "Break glass" function must require the clinician requesting access to document and record the reason(s) for requesting access;
e) Enforces a limit of (configurable) consecutive invalid access attempts by a user. The system shall protect against further, possibly malicious, user authentication attempts using an appropriate mechanism (e.g. locks the account/node until released by an administrator, locks the account/node for a configurable time period, or delays the next login prompt according to a configurable delay algorithm);
f) Upon detection of inactivity of an interactive session shall prevent further viewing and access to the system by that session by terminating the session, or by initiating a session lock that remains in effect until the user reestablishes access using appropriate identification and authentication procedures; the inactivity timeout shall be configurable;
g) Detects security-relevant events that it mediates and generates audit records for them; at a minimum the events shall include: user login/logout,

session timeout, account lockout, patient record viewed, patient data created/updated/deleted, and patient health information exported (e.g., printed);

h) Supports user single sign-on and the CCOW standard;
i) Supports enforcement of enterprise security policies;
j) Provides transport-level security via secure socket layer (SSL)/transport layer security (TLS) or equivalent encryption;
k) Implements web services-related security according to the Web Services Security Framework and corresponding specifications:
    - Content Security: XML Encryption, XML Signature
    - Message Level Security: WS-Security
    - Secure Message Delivery: WS-Addressing, WS-ReliableMessaging, WS-ReliableMessaging Policy Assertion
    - Metadata: WS-Policy, WS-SecurityPolicy
    - Trust Management: SAML, WS-Trust, WS-SecureConversation

Given the current conditions within the system and the overall lack of technology, staff, infrastructure, etc., the Receiver is seeking not only the technical components described above, but also the development, implementation, project management, and training resources critical to ensuring the successful implementation of any proposed solution.

Qualifications

The successful vendor(s) will meet the following qualifications:

- Extensive experience as a health information technology (HIT) vendor developing and/or implementing clinical data repositories, electronic medical records systems, clinical/physician portals, or clinical workflow solutions for large healthcare organizations, such as hospitals, large physician organizations, and regional health information organizations, with the ability to demonstrate multiple “live” clients with 3 or more years of active, continous use and storage of data; experience with correctional healthcare preferred;
- Extensive health information exchange experience, including:
    - Demonstrated knowledge of and experience with health messaging standards, such as HL7, ELINCS, ASC X12, etc.;
    - Development and deployment of either point-to-point interfaces and/or SOA-based clinical messaging/interoperability solutions;
    - Implementation of clinical standard code sets, such as CPT, ICD, LOINC, SNOMED, etc.;
    - Aggregation and normalization of clinical data from disparate health information systems;
    - Knowledge of or experience with national and/or regional clinical interoperability efforts, e.g., Consolidated Health Informatics Initiative, HITSP, CalRHIO, etc.;

- Extensive knowledge of and experience with HIPAA, including demonstrated ability to develop/implement HIT solutions that secure and protect the privacy of patient health information;
- Extensive knowledge of and experience with the development of health care solutions based on service oriented architecture and web services;
- Demonstrated history of success implementing HIT projects at comparable-sized health care organizations, i.e., manage 200,000+ patient lives, have 300+ providers, multiple delivery locations, etc.;
- Capacity to provide the clinical, technical, operational, training, and project management resources necessary to successfully implement the project, utilizing both internal resources and as needed partnerships with other leading health information technology vendors;

INSTRUCTIONS FOR PROPOSALS

1. Point of Contact

All communications regarding this Request of Proposal (RFP) must be directed to:

Glen Moy
Director, Health Information Integration
California Prison Health Care Receivership Corp.
1731 Technology Drive, Suite 700
San Jose, CA 95110
-or-
glen.moy@cprinc.org

2. RFP Schedule and Activities

The schedule of RFP-related activities is as follows:

Activity	Date(s)
RFP Issued	Sept. 26, 2007
Bidders' Teleconference	Oct.10, 2007
Deadline for questions regarding RFP	Oct. 12, 2007
Answers to RFP questions posted	Oct. 17, 2007
Proposals due	Oct. 26, 2007
Semi-finalists announced	Nov. 12, 2007 (Estimated)
Presentations and solution demonstrations	Nov. 19 – Dec. 7, 2007 (Estimated)
Final evaluations and reference checks	Nov. 19 – Dec. 14, 2007 (Estimated)
Award announced	Dec. 31, 2007 (Estimated)

Please direct any questions regarding the RFP to Glen Moy electronically at glen.moy@cprinc.org by 5pm PST on the specified deadline; questions will

be answered on a rolling basis, and all answers will be compiled in anonymous fashion and shared with any other prospective contractors.

The Receivership will conduct a bidders' teleconference tentatively scheduled for **Wednesday, Oct. 10**; additional details will be forthcoming. The teleconference will provide bidders with an introduction to Receivership management, learn more about its overall mission and goals, develop a clearer understanding of the environment in which the Receivership operates, and better understand its vision, objectives, and requirements for this project.

Proposals must be submitted to the identified point of contact by the specified deadline; please see 'Format of Proposal' below for additional information regarding proposal submission.

Within two weeks of the proposal submission deadline, the Receivership will announce the semi-finalists. Semi-finalists will then be invited to meet with the project selection committee, make a formal presentation of their solution, and conduct product demonstrations. Concurrently the selection committee will conduct due diligence on all semi-finalists, including corporate and/or client site visits, interviews of references, etc. The committee will subsequently make its recommendations to the Receiver, who will then make the final decision. See 'RFP Evaluation and Contract Award' for additional information.

3. Format of Proposal

a. Proposals must be submitted electronically via e-mail, followed by an original proposal signed by the person or persons authorized to bind the applicant; please include "**CPR CDR RFP**" in the subject line of the e-mail. Originals must be postmarked by the deadline for submission.
b. Submit eight copies of the hard-copy proposal.
c. All proposals must include required attachments, exhibits, etc. All attached materials should reference the applicant's name.
d. Oral, telephone or facsimile proposals will not be considered.
e. Proposals should be printed on 8-1/2" x 11" paper.

4. Content of Proposal

Proposals must provide complete responses to all the items in this section.

a. Executive Summary. Provide a summary of the key aspects of your proposal and the principal advantages of contracting with your company or group of partners.
b. Company or Partners Profile. Provide a brief profile of the company or each of the partners, including:
    - Corporate history

- Profile of executive team (background, years with company)
- Breakdown of employees by functional area (management, research & development, implementation, training, support)
- Current customer base (total number of systems installed, total number of users, geographical distribution, etc.).
- Total annual sales and revenue for past three years
- Number of systems sold and implemented for past three years
- List and description of all relevant third-party relationships
- Company's long term goals for itself and its product(s)

c. Description of company's qualifications and ability to execute this proposal.

d. Description of company's prior relevant experience.

e. List of customer references whom CPR can contact, along with corresponding contact information.

f. Solution Description. Provide a detailed description of the proposed solution that includes:
   - Technical architecture;
   - Solution components and underlying technologies;
   - Features and functions;
   - System requirements;

g. Services Description. Provide a description of the services the company provides to assist customers with:
   - Development, implementation, and project management;
   - Training;
   - On-going support services and resources;
   - Help desk support, including hours of operation, time zone, availability of after-hours support, response levels and times, etc.;

h. Project Plan. Provide a draft project plan that includes:
   - Description of methodology;
   - Proposed schedule with key dates and milestones;
   - Work breakdown structure;
   - Project staffing, including description of the organization of the project team, identification of roles and responsibilities, and estimated work hours or level of effort for each team member;

i. The names and resumes of key personnel to be assigned to this project.

j. Contact person and corresponding information for the purpose of this proposal.

k. Cost. Provide a cost proposal for performing the project, including a methodology for payment based on the successful completion of contract deliverables. Cost proposals must include the anticipated costs to the applicant in providing the proposed services, including

the compensation for each member of the applicant's team providing services under the proposal.

5. Modification or Withdrawal of Proposal

Prior to the proposal due date, applicants may modify or withdraw a submitted proposal. Such modifications or withdrawals must be submitted to CPR in writing. Any modification must be clearly identified as such and must be submitted in the same manner as the original (e.g., appropriate copies, paper size, etc.). No modifications or withdrawals will be allowed after the proposal due date.

6. Public Opening

There will be no public opening of responses to this RFP. However, after a contract is awarded, all proposals may be available for public review. CPR makes no guarantee that any or all of a proposal will be kept confidential, even if the proposal is marked "confidential," "proprietary," etc.

7. General Rules

a. Only one proposal will be accepted from any one person, partnership, corporation, vendor or other entity.
b. Sub-contractors or sub-prime vendors can be associated with two or more separate proposals.
c. Proposals received after the deadline will not be considered.
d. This is an RFP, not a work order. All costs associated with a response to this RFP, or negotiating a contract, shall be borne by the applicant.
e. CPR's failure to address errors or omissions in the proposals shall not constitute a waiver of any requirement of this RFP.

8. Reservation of Rights

CPR reserves the right to do the following at any time, at CPR's discretion:

a. Reject any and all proposals, or cancel this RFP.
b. Waive or correct any minor or inadvertent defect, irregularity or technical error in any proposal.
c. Request that certain or all candidates supplement or modify all or certain aspects of their respective proposals or other materials submitted.
d. Procure any services specified in this RFP by other means.
e. Modify the specifications or requirements for services in this RFP, or the contents or format of the proposals prior to the due date.
f. Extend the deadlines specified in this RFP, including the deadline for accepting proposals.
g. Negotiate with any or none of the candidates.
h. Terminate negotiations with an applicant without liability, and negotiate with other applicants.

i. Award a contract to any applicant.

9. RFP Evaluation and Contract Award

Each proposal submitted in response to this RFP will be evaluated by a selection committee, which will make recommendations to the Receiver or his designee regarding the best proposal. The committee will take into consideration the bidder's RFP response, solution demonstration, peer-to-peer reference checks, and client and corporate site visits. Key factors in the selection committee's recommendations will include the following:

- Solution functionality and usability
- Technical architecture
- Solution demonstration
- Cost approach
- Project methodology
- Development, implementation, and enhancement support
- Ongoing system maintenance support
- Reference checks
- Install base
- Capacity to meet requirements (company size, financial condition, business capabilities, etc.)

The Receiver or his designee, in his or her sole discretion, will select the candidate with whom CPR will begin negotiations for a contract. If CPR is unable to negotiate a contract with the selected applicant, the Receiver or his designee may select another applicant with whom CPR will begin contract negotiations, or the Receiver may elect not to award the contract.

The Agreement will include the General Terms and Conditions and Contractor Certification Clauses set forth at: http://www.documents.dgs.ca.gov/ols/GTC-307.doc and http://www.documents.dgs.ca.gov/ols/CCC-307.doc, except that all references to the State of California or the Department of General Services will mean the California Prison Health Care Receivership Corporation.

Unsuccessful applicants will be notified as soon as possible either after the selection of the RFP semifinalists or the award of the contract.

Appendix A: Clinical Portal User Functionality

Item No.	Description
Category: Identify and Maintain a Patient Record	
1.1	The system shall automatically create a single patient record for each patient using a single unique identifier.
1.2	The system shall provide the ability to manually create a patient record for a patient.
1.3	The system shall associate (store and link) key identifier information (e.g., system ID, medical record number) with each patient record.
1.4	The system shall provide the ability to store more than one identifier for each patient record.
1.5	The system shall provide the ability to search for a patient using one or more criteria.
Category: Manage Patient Demographics	
2.1	The system shall capture and maintain demographic information as part of the patient record.
2.2	The system shall provide the ability to maintain and make available historic information for demographic data including prior names, aliases, etc.
2.3	The system shall provide the ability to modify demographic information about the patient.
2.4	The system shall provide the ability to store inmate location information.
2.5	The system shall store demographic information in the patient medical record in separate discrete data fields, such that data extraction tools can retrieve these data.
Category: Manage Problem List	
3.1	The system shall provide the ability to maintain all current problems associated with a patient.
3.2	The system shall provide the ability to maintain a history of all problems associated with a patient.
3.3	The system shall provide the ability to maintain the onset date of the problem.
3.4	The system shall provide the ability to associate orders, medications and clinical documents with one or more problems; association to be structured, codified data.
3.5	The system shall provide the ability to maintain a coded list of problems.
3.6	The system shall provide the ability to display inactive and/or resolved problems.
Category: Manage Medication List	
4.1	The system shall provide the ability to maintain medication lists.
4.2	The system shall provide the ability to maintain records for the prescribing of medications, including the identity of the prescriber.
4.3	The system shall provide the ability to maintain medication ordering dates.

4.4	The system shall provide the ability to maintain other dates associated with medications including start, modify, renewal and end dates as applicable.
4.5	The system shall provide the ability to display medication history for the patient.
4.6	The system shall provide the ability to maintain common content for prescription details, including strength, sig, quantity, and refills to be selected by the ordering clinician.
4.7	The system shall store medication information in discrete data fields such as dose, route, sig, dispense amount, refills, associated diagnoses, etc.
4.8	The system shall provide the ability to print a current medication list.
4.9	The system shall provide the ability to display current medications only.
4.10	The system shall include standard medication codes associated with each medication in the list.
Category: Manage Allergies	
5.1	The system shall provide the ability to maintain lists of medications and other agents to which the patient has had an allergic or other adverse reaction.
5.2	The system shall provide the ability to specify the type of allergic or adverse reaction.
Category: Summarize Patient Record	
6.1	The system shall provide the ability to create and display a summary list for each patient that includes, at a minimum, the active problem list, current medication list, medication allergies and adverse reactions
Category: Manage Clinical Documents	
7.1	The system shall provide the ability to display clinical documentation and notes.
7.2	The system shall provide the ability to filter, search or order notes by document/note type within a patient record.
7.3	The system shall provide the ability to filter, search or order notes by date within a patient record.
7.4	The system shall provide the ability to associate standard codes with discrete data elements in a note.
7.5	The system shall provide the ability to capture and store external documents, such as scanned documents.
7.6	The system shall provide the ability to receive, store in the patient's record, and display text-based outside reports.
7.7	The system shall provide the ability to index and retrieve scanned documents based on the document type, the date of the original document, and the date of scanning.
7.8	The system shall provide access to clinical images. They must be accessible from within the patient's chart and labeled and date-time stamped or included in a patient encounter document. These images may be stored within the system or be provided through direct linkage to external sources.
7.9	The system shall provide the ability to accept, store in the patient's

	record, and display structured text-based reports received from an external source.
7.10	The system shall provide the ability to accept, store in the patient's record, and display, codified data received from an external source.
Category: Manage Results	
8.1	The system shall provide the ability to indicate normal and abnormal results based on data provided from the original data source.
8.2	The system shall provide the ability to display numerical results in flow sheets and graphical form in order to compare results, and shall provide the ability to display values graphed over time.
8.3	The system shall provide the ability to display non-numeric current and historical test results as textual data.
8.4	The system shall provide the ability to notify the relevant providers (ordering, copy to) that new results have been received.
8.5	The system shall provide the ability to filter or sort results by type of test and test date.
Category: Manage Medication or Immunization Administration	
9.1	The system shall provide the ability to maintain medication administration information.
9.2	The system shall provide the ability to maintain, for any medication, the medication type, dose, time of administration, route, site, lot number, expiration date, manufacturer, and user ID as structured documentation.
9.3	The system shall provide the ability to maintain immunization administration information.
9.4	The system shall provide the ability to maintain, for any immunization, the immunization type, dose, time of administration, route, site, lot number, expiration date, manufacturer, and user ID as structured documentation.
9.5	The system shall provide the ability to maintain information regarding patient adverse reaction to a specific immunization.

Appendix B: Clinical Interoperability Standards

The list below details the clinical interoperability standards which the Receivership to date has adopted to lay the framework for health information exchange and the clinical interoperability of current and future information systems.

As of August 2007

Clinical Interoperability Standards	
Description	Version
Category: Data Exchange/Messaging Standards	
Health Level Seven (HL7)	2.x/3.0
Accredited Standards Committee (ASC) X12	--
Digital Imaging and Communications in Medicine Committee (DICOM)	--
EHR-Laboratory Interoperability and Connectivity Specifications (ELINCS)	2.0
National Council for Prescription Drug Programs (NCPDP)	--
Category: Clinical Document Standards	
HL7 Continuity of Care Document (CCD)	--
Category: Terminology Standards	
Current Procedure Terminology (CPT)	4
International Classification of Diseases (ICD)	9/10
Logical Observation Identifiers Names & Codes (LOINC)	2.15
Systematized Nomenclature of Dentistry (SNODENT)	--
Systematized Nomenclature of Medicine (SNOMED)	--
Unified Medical Language System (UMLS)	--
Category: Conceptual Information Standards	
HL7 Reference Information Model (RIM)	--