



REQUEST FOR INFORMATION

ELECTRONIC SYSTEM for:

PUBLIC HEALTH/CLINICAL

CASE MANAGEMENT

Public Health Foundation Enterprises, Inc.
13200 Crossroads Parkway North, Suite 135
City of Industry, CA 91746

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SECTION 1.0: OVERVIEW

Public health program needs for information technology are dynamic. A historic lack of standards for healthcare technology systems has meant that jurisdictions have developed internal processes and standards to accommodate these systems within their own environments. Legacy systems still dominate much of the landscape. As a result, public health programs have often been overly dependent on software vendors for frequent application changes for even such basic needs as ad-hoc reports and useful data extracts. As a result, public health departments across the country have been slowly replacing legacy programs with more modern, standards-based, flexible applications and systems. This Request for Information (RFI) addresses that need.

1.1 TERMINOLOGY

Terms which have specific meaning when used within this document:

“Offeror” is any person, corporation, or partnership who chooses to submit a response to this request for information.

“System” is the term used throughout this document to refer to the product or application offered by the offeror. The product offered may be a system, an application, or even a module.

1.2 PURPOSE OF THIS RFI

Public Health Foundation Enterprises, Inc. (PHFE) is issuing this RFI to determine if there are companies in the marketplace that provide an electronic solution for use within the Public Health, Environmental Health, and Fiscal setting. PHFE is a 501(c)3 non-profit organization dedicated to protecting and promoting the health of people and communities through the provision of cost-effective administrative and consulting services.

This RFI is not a solicitation for procurement. PHFE currently is working with a public health agency that is developing a Request for Proposal (RFP) for this system(s). Information from this RFI will be used to help develop the Statement of Work for that RFP.

1.3 CONDITIONS GOVERNING THIS RFI

1.3.1 SEQUENCE OF EVENTS

- a. Release of RFI: This RFI is being issued on **March 31, 2008** by PHFE.
- b. RFI Questions: All questions submitted will be catalogued, answered, and published to all offerors

before the RFI deadline. Please submit any questions via e-mail by **April 25, 2008** to Penny Andress at pandress@phfe.org

- c. Offeror Submission of Response: All responses must be submitted electronically to Gwen Bell at gbell@phfe.org , and must be labeled, "Response to Request for Information – PHFE".
- d. Response Deadline: The deadline for receipt of responses is **April 30, 2008**, no later than **3:00 PM** Pacific Daylight Time. Responses received after the due date and time will not be considered.

1.3.2 GENERAL REQUIREMENTS

To be considered, all responses must comply with the requirements and specifications listed:

- a. Termination: This RFI in no manner obligates PHFE, its clients, or any of its vendors to the eventual rental, lease, purchase, etc., of any equipment, software or services described, implied or which may be proposed.
- b. PHFE reserves the right to cancel this RFI at any time, and to reject any or all responses submitted if PHFE determines such action or actions are in its best interest.
- c. Clarifications/Questions: All requests for clarifications or questions are to be sent by electronic mail and directed to:

Attn: Penny Andress Email: pandress@phfe.org

All questions will be catalogued, answered, and published ten (10) days before the RFI response deadline. All offerors will be notified by electronic mail with the full set of questions and responses.

- d. Basis for Response: Only information supplied by PHFE in writing or in this RFI should be used in the preparation of offeror response. All information provided to PHFE in writing or in the RFI response will be held confidential and available only to PHFE and its client.
- e. Response Preparation Cost: Any cost incurred by the offeror in the preparation, transmittal or presentation of any response or material submitted in response to this RFI will be borne solely by the offeror.
- f. Offeror's Terms and Conditions: Offerors must submit a complete set of materials via electronic mail to:

Attn: Gwen Bell Email: gbell@phfe.org

Public Health Foundation Enterprises, Inc.

13200 Crossroads Parkway North Suite 135

City of Industry, California 91746

SECTION 2.0: RESPONSE FORMAT AND ORGANIZATION

2.1 NUMBER OF RESPONSES

Offerors may submit only one (1) response. Responses consisting solely of marketing materials will not be considered.

2.2 NUMBER OF COPIES

Offerors shall provide one (1) official copy of a response as an attachment within an electronic mail message.

2.3 RESPONSE FORMAT

Responses should be submitted in PDF format. Completeness and clarity are desirable in all areas. Each offeror's response must include an Executive Summary, the name and title of the person authorized by the organization to contractually obligate the organization, and the names, titles and telephone numbers of persons to be contacted for clarification. The offeror's response to this RFI must be organized in the following format:

- a. Executive Summary – In this section please highlight:
 - What uniquely qualifies you in this space
 - What you believe are the critical success factors to project success
- b. Response to General Requirements
- c. Response to Overall Specifications
- d. Response to Operational and Technical Specifications
- e. Response to Core Functional Requirements
- f. Offeror's General Terms and Conditions
- g. Offeror's References and Organizational Experience
- h. Other Supporting Materials/Documentation (Appendix)*

*Offerors may attach other materials that they believe may improve the quality of their responses. However, these should be included as items in a separate Appendix.

SECTION 3.0: OVERALL AND OPERATIONAL AND TECHNICAL SPECIFICATIONS

3.1 BACKGROUND INFORMATION

On behalf of one of its partnering clients, PHFE is seeking information on a system to improve the case management, billing, tracking, monitoring, and efficiency of services within a multi-jurisdictional rural public health setting. . The client has an overall interest in implementing solution(s) for public health/clinical case management, environmental health and for fiscal functions. **The current RFI is for PUBLIC HEALTH/CLINICAL CASE MANAGEMENT. There is a separate RFI released for this client for Environmental Health and another for Fiscal Services.** This implementation of critical business systems may be a consolidated effort, relying on a single application, or may rely on separate implementations or modules for the RFI for each department (Public Health, Environmental Health, and Fiscal) depending on how the system/s will meet each organization's business requirements.

The client expects to contract with a single or multiple vendors for application software for local installation. The client welcomes partnerships among vendors. The client expects the system to be implemented in a high availability environment.

It is currently the intent of the client to follow this Request for Information (RFI) with a Request for Proposal (RFP) to procure a new system.

3.2 SCOPE

The new application(s) will be employed in a multi-jurisdictional rural public health authority operated by the client. Users within the client environment have workstations and laptops running MS Windows XP or 2000. There is an existing system in place within Public Health that supports numerous fiscal services activities (billing/budgeting/accounts payable and receivable), some public health and clinical functions, and some functions of environmental health. The current system will be entirely replaced by the new system(s) or modules. The specific implementation approach will depend on system/module functionality as well as the client's implementation strategy.

3.3 OVERALL SPECIFICATIONS

Offerors must describe or provide a reference to accompanying documentation describing how the proposed software solution meets each of the following overall system needs. PLEASE USE THE QUESTION NUMBERS AS CROSS-REFERENCES TO YOUR RESPONSE:

- 1) What is (are) the name(s)/version(s) of your proposed system? Please describe in brief the full functionality of the system at the highest level.
- 2) What overall functionality does the system contain for **public health/clinical case management**? To what extent are case management functions configurable to specific case types in public health and clinical settings? Please describe what functionality is present and how it is implemented in the system. Please also describe any previous implementation(s) of system(s).
- 3) Does the system contain specific functionality for **environmental health**? Please describe what functionality is present and how it is implemented in the system. Please also describe any previous implementation(s) of system(s).
- 4) Does the system contain specific functionality for **fiscal (billing, accounting, etc.) services**? Please describe what functionality is present and how it is implemented in the system. Please also describe any previous implementation(s) of system(s).
- 5) Please describe how the proposed system would **integrate** with the other two systems/applications/modules (**environmental health** and **fiscal services**).
- 6) Are there other specific functions in the system not mentioned in this RFI that are valuable or specific to the system? If so, please describe.
- 7) Please also review the list in this RFI of Core Functional Requirements and indicate whether your proposed solution has them currently available, not available, or planned (indicate anticipated delivery date).

3.4 OPERATIONAL AND TECHNICAL SPECIFICATIONS

Design / Architecture

- 1) Describe the system architecture and alternatives supported (e.g., database, application platforms, operating systems with version numbers).
- 2) Does the system integrate with existing network solutions such as Active Directory?

Deployment

- 3) Describe the interface delivery used within the system (browser based, client server, etc.). If there are multiple delivery options, please describe all options including the differences in functionality provided by each delivery option.

System Access

- 4) Describe the technology used for remote access to the system.
- 5) Discuss how the system integrates mobile devices such as Tablet PCs.

Certifications / Partnerships / Federal Initiatives

- 6) Discuss any limitations/issues regarding your willingness or ability to interface/integrate your product with the other systems, internal or external to the working environment.

Authentication / Authorization / Disaster Recovery

- 7) Describe security features, including the use of encryption or masking at either the data element level or the database level, to prevent unauthorized access and viewing to the database. Is the system capable of producing de-identified data queries?
- 8) Describe user authentication and role management and auditing features within the system.
- 9) Can the system integrate with existing authentication and authorization solutions such as Active Directory or other LDAP solutions?

Database

- 10) Please describe how your system performs verification and validation of data to protect the system against data corruption or duplicate records.
- 11) Discuss what functions are in place within the system for identifying, handling, and managing duplicate data records.

Interoperability and Integration

- 12) Is the system compatible or compliant with HL7 messaging standards? If so, what versions? What other standards is the system compliant with for automated messaging of data?
- 13) Discuss how the system can interoperate with other systems in regards to data exchange, application integration via APIs or Web Services? Interoperability with other systems, both internal and external, will be critical for the system. Please describe in detail the approach for the proposed system.
- 14) Please indicate whether you offer an EDI (Electronic Data Interchange) or data integration engine product with your solution and/or describe your experience integrating with third-party EDI or data integration engine solutions.

Business Intelligence / Reporting

- 15) Does the system provide an enterprise business intelligence system for reporting? Can the system integrate with third party systems for all reporting capabilities?

Administrative and Financial Information

- 16) With the system, are there any third party costs associated with specific functionality? If so, please describe where these costs are associated, and for what functions.

SECTION 4.0: RELEVANT BUSINESS ENVIRONMENT

4.1 PUBLIC HEALTH/CLINICAL CASE MANAGEMENT FUNCTIONS

The client's Public Health Department has offices that perform a broad range of public health and clinical functions that will be supported by the new application(s). Below are the key business areas that will need to be better supported by the future software system(s). A list of detailed requirements also follows for each area.

COMMUNITY NURSING AND WOMEN, INFANTS, AND CHILDREN'S SERVICES

Community Nursing and Women, Infants and Children's (WIC) Services focuses its activities in the areas of nutrition, community nursing and health education. Community Health provides services in all locations operated by the client. Community Nursing and Health Education provide services for school health, child health, oral health, diabetes, tobacco cessation, breast and cervical cancer prevention, cancer control. These programs provide services at some locations on a full-time basis and on a part-time basis at other locations.

WIC is a program designed to assist mothers and expectant mothers and their infants and children with nutritional assessments, education, breastfeeding support and special supplemental nutrition to help assure infants and children are afforded the best opportunity possible for a healthy start in life. The program focuses on five principal nutrients that are important to health and found to be lacking in the diets of many women, infants and children.

COMMUNICABLE DISEASE AND PREVENTION

Communicable Disease and Prevention provides tuberculosis control services, sexually transmitted disease services, HIV/AIDS programs, epidemiology and immunizations. Communicable Disease investigations for individuals or outbreaks are focused on gathering disease-specific information to enter into the state reporting system.

The Family Planning Program operates clinics at four sites, targeting low-income women, with income-based sliding fees based upon the federal poverty index. A critical component of the tracking of family planning patients is whether they have been given a "careful contact" designation, which provides household anonymity. The Program also tracks contraceptive types provided against inventory.

The client supports a variety of clinics. Refugee Clinics for political refugees provide public health screenings for clients from all over the world and offer complete physical examinations as well as Tuberculosis and other laboratory testing. HIV and STD Clinics offer individual diagnosis and treatment, also critical for managing programmatic aspects of disease control programs. Immunization Clinics use both state-supplied (free) vaccine as well as District-supplied vaccine, and must track both. Vaccines include those for overseas travel and flu shots.

4.2 SCOPE OF SERVICES: PUBLIC HEALTH/CLINICAL CASE MANAGEMENT

Function	Program ("X" = Functions CURRENTLY provided by each program)													
	TB Clinic	Family Planning	HIV/AIDS Prog.	STD Prog.	CD Prog.	WIC	Chronic Disease Prog.	Dental Health	Refugee Health Services	IZ Prog.	Child Health & Safety	Early Child. Screen.	School Health	Womens Health Check
Admin/Reg. Functions														
Client Intake	X	X	X	X	X	X		X	X	X	X	X		X
Client Billing	X	X		X				X	X	X		X		X
Client Appointments	X	X	X	X		X	X	X	X	X				X
Client Referrals	X	X	X	X	X	X		X	X		X	X		X
Education Class Scheduling						X	X	X						
Program hour/Employee tracking	X	X	X	X	X	X	X	X	X	X	X		X	X
Supply Inventory	X	X	X	X	X	X		X	X	X				
Coupon Dispensing			X gas							X				X
Online Applications						X								
Clinical Functions														
History	X	X	X	X	X	X		X	X	X	X	X		X
Medications	X	X	X	X					X					
Physical	X	X	X	X					X	X				X
Other Exams or Tests	X xray	X preg	X lab	X	X lab	X		X	X lab					X
Vitals		X	X	X					X					X
PPD Status	X		X						X	X				
IZ Status		X	X	X		X			X	X	X	X		
Electronic Forms for Site Visits	X		X		X						X	X		
Contact Follow-up	X	X	X	X	X				X					X
Rx Monitoring/Treatment Protocol	X	X	X	X	X				X	X				X
Lab Results Monitoring	X	X	X	X	X				X	X				
Employment Follow-up	X				X									
Clinical Documentation of:														
Site Visit											X	X		X
Education	X	X	X	X	X	X		X	X	X	X	X		X
Screening	X	X	X	X					X	X				X
Outreach	X		X		X	X	X		X					X
Lab Results	X	X	X	X	X				X	X				X
Other Test Results	X	X	X	X	X	X		X	X					
Counseling	X	X	X	X	X	X			X	X	X	X		
Confidentiality Safeguards	X	X	X	X	X				X	X				
Quality Assurance	X audit					X								
Reporting to/for State	X	X	X	X	X	X	X	X	X	X	X			X
Ad Hoc Reporting Capability	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Communication to Public, or Health Officer, or Coalition		X			X				X	X	X			
Diagnostic and Rx Services														
Phlebotomy	X		X	X	X				X					
Lab Specimen Labeling	X		X	X	X				X					
Lab Result Intake	X		X	X	X				X					
Lab Sample Retrieval	X		X	X	X				X					
Prescription Writing	X	X		X	X				X					

SECTION 5.0: CORE FUNCTIONAL REQUIREMENTS

CORE FUNCTIONAL REQUIREMENTS: PUBLIC HEALTH/CLINICAL CASE MANAGEMENT

The list below includes the working set of public health, clinical, and related programmatic requirements. Note that the majority of these are Case Management functions. Exclusions in this Phase: please note we are not requesting full EMR/EHR functionality nor full integration with ELR (Electronic Laboratory Reporting) or a comprehensive task tracking/workflow management.

Statement System Requirements— Public Health and Clinical (Case Management)		Priority (H=High, L=Low)	Currently Available	Planned (When?)	Not Available
Overall System Requirements					
1.	Capability for sufficient training and education for staff to learn and use new system.	H			
2.	Capability to increase capacity for electronic record keeping through new hardware.	H			
3.	Capability to support a secure email system.	H			
4.	Capability to capture external data and documentation.	H			
5.	Capability to integrate data from an outside source.	H			
6.	Capability to access electronic clinical data at remote clinics and off-site.	H			
7.	Capability to integrate some scanned records for archiving.	H			
8.	Capability to scan paper forms so that they may be used in an electronic format, or to link with existing scanning system.	H			
9.	Capability to add and update patient demographic information via interaction with other systems/applications/modules.	H			
10.	Capability to capture free text documentation. (Capability to support narrative notes).	H			
11.	Capability to merge or link dispersed information for individual patient upon recognizing identity of the patient.	H			

Statement System Requirements— Public Health and Clinical (Case Management)		Priority (H=High, L=Low)	Currently Available	Planned (When?)	Not Available
12.	Capability to present aggregate data in the form of reports for external use.	H			
13.	Capability to use any demographic or clinical information as criteria for aggregation.	H			
14.	Capability to present aggregate data in an electronic format for use by other analytical programs.	H			
15.	Capability to define report formats for the export of data. This formatted data could be viewed, transmitted electronically or printed. Capability to customize reports to match mandated formats.	H			
16.	Capability to monitor client's records and documentation electronically.	H			
17.	Capability to maintain client information in a secure and confidential system.	H			
18.	Capability to access client information quickly and easily.	H			
19.	Capability to communicate system errors clearly to end user.	H			
20.	Capability to link and unlink multiple unique identifiers and associated records in the system to a single primary identifier [NOTE: addresses issue of aliases, duplicate records]. (Capability to recognize record duplication.)	H			
21.	Capability to support generation of anonymous labels (using a unique identifier #) for lab, records, reports, etc.	H			
22.	Capability to support portable data entry devices such as wireless tablets, laptops, mobile computer stations. (Capability to maintain an electronic record that works in the field)	H			
23.	Capability to capture patient data from remote devices and integrate that data into the patient's record. (Capability to integrate electronic records from the field into main patient records)	H			
24.	Capability to automate workflow: task creation.	L			
25.	Capability to manually modify and update task status (e.g. created, performed, canceled, denied, resolved, etc.)	L			
26.	Capability to track the status of tasks.	L			

Statement System Requirements— Public Health and Clinical (Case Management)		Priority (H=High, L=Low)	Currently Available	Planned (When?)	Not Available
PH Clinic Patient Information Requirements					
27.	Capability to create a single logical record for each patient. (Capability to perform client intake electronically)	H			
28.	Capability to capture patient vital signs such as blood pressure, temperature, heart rate, respiratory rate as discrete elements of structured or unstructured data.	H			
29.	Capability to support an integrated health record to include documentation of medical screening/assessments, clinic services, dental, social services records and other services provided during a clinic visit.	H			
30.	Capability to communicate/share patient health information among authorized personnel in health clinic settings and programs, as appropriate to support continuity of care and other purposes and as permitted by prevailing policy and law.	H			
31.	Capability to communicate clinical information (e.g., referrals) with other service providers via secure email or other secure electronic means.	H			
32.	Capability to generate timely notifications to patients including services, tests or actions that are due or overdue. (Capability to generate a client service nurse reminder)	H			
33.	Capability to provide patient-specific Medication Administration Records (MARs) for both clinic and field operations.	H			
34.	Capability to create ad-hoc assessments.	H			
35.	Capability to access health assessment data in the patient record.	H			
36.	Capability to generate specified multi-lingual documents such as appointment slips, health education, patient instructions, etc.	H			
37.	Capability to document patient teaching with signature of acknowledgement (via scanned documentation).	L			
38.	Capability to support SOAP-E (education) clinical documentation format.	H			
39.	Capability to support inventory management including stock levels, ordering, confirmation of receipt, drug returns, expiration dates, and user-defined lists. (Capability to track inventory of clinic supplies, medications, and contraceptives)	H			

Statement System Requirements— Public Health and Clinical (Case Management)		Priority (H=High, L=Low)	Currently Available	Planned (When?)	Not Available
40.	Capability to perform client follow-up for positive lab reports.	H			
41.	Capability to access scheduling features for patient care resources. (Capability to schedule clients)	H			
42.	Capability to assist with the coding of diagnoses, procedures and outcomes based on services accessed, care setting and other information that may be entered into the system during the encounter. (Capability to electronically code patients)	H			
43.	Capability to present recommendations for potential referrals based on patient condition (e.g. for smoking cessation counseling if the patient is prescribed a medication to support cessation).	H			
44.	Capability to track contraceptive types given to a client against clinic inventory.	H			
45.	Capability to track the status of diagnostic test(s).	H			
46.	Capability to communicate and document receipt of applicable educational materials to the patient and/or patient representative (Vaccine Information Sheet, etc.)	H			
PH Case Management, Case Investigation & CD Reporting Requirements					
47.	Capability to provide case management functions including contact tracing and other essential disease control capabilities.	H			
48.	Capability to support field operations, including real-time data entry for case-specific clinical documentation.	H			
49.	Capability to support documentation of HIV, STD, TB, and IZ services.	H			
50.	Capability to support a comprehensive field assessment (and required forms) to facilitate index case location.	H			
51.	Capability to support home visit documentation, including real-time data entry for case-specific clinical documentation.	H			
52.	Capability to maintain and track separate client data.	H			
53.	Capability to document physical exams and other lab data for refugee health screenings.	H			

Statement System Requirements— Public Health and Clinical (Case Management)		Priority (H=High, L=Low)	Currently Available	Planned (When?)	Not Available
54.	Capability to track “careful contact” designation clients (client information kept confidential from household).	H			
55.	Capability to audit compliance of selected groups that are the subjects of investigation protocols. (Capability to monitor client progress)	H			
56.	Capability to support routine electronic lab reporting from private labs for a permitted range of test types for access by authorized staff.	L			
57.	Capability to capture/store/display the results of laboratory testing, e.g., cultures, HIV testing, other.	H			
58.	Capability to track the status of diagnostic tests. (Capability to maintain a system of tracking client lab tests).	H			
59.	Capability to maintain electronic record for communicable disease single person reporting (“Confidential Morbidity/Disease Report”: CMR/CDR)	H			
60.	Capability to maintain electronic record for communicable disease multiple person reporting (outbreaks).	L			
61.	Capability to perform de-identified programmatic reporting for HIV treatment services (support for state/federal program requirements).	L			
62.	Capability to identify patients related by employer and work location for epidemiological exposure and public health analysis and reporting.	L			
63.	Capability to generate lab specimen labels with client demographics, insurance company, state income level (lab needs info for client billing).	H			
64.	Capability to document and capture results of epidemiologically pertinent data from patient record to create sortable population-level lists (by results, date range, etc.)	H			
65.	Capability to receive, store and display other forms of clinical results (i.e. lab results, patient clinic info.) received from an external source.	H			
66.	Capability to automatically trigger alerts upon documentation of diagnoses or events reportable to outside agencies including the state department of health. (Capability to gather ad hoc communicable disease data for reporting to state)	L			

Statement System Requirements— Public Health and Clinical (Case Management)		Priority (H=High, L=Low)	Currently Available	Planned (When?)	Not Available
67.	Capability to audit compliance of selected populations and groups that are subjects of communicable disease outbreaks and investigations. (Capability to perform client follow-up reports for communicable disease reports)	L			
68.	Capability to communicate applicable educational materials to the patient and/or patient representative.	H			
Program Monitoring Requirements					
69.	Capability to de-duplicate client records for accurate client counting by county and office serving the client.	H			
70.	Capability to track staff time spent with clients from specific counties by disease type.	H			
71.	Capability to perform population-based health services performance reporting by specified indicators.	H			
72.	Capability to generate ad hoc query and reports of structured clinical and administrative data through either internal or external reporting tools. (Capability to perform ad hoc reporting for number and type of clients by program)	H			
73.	Capability for program performance evaluation via ad hoc data retrieval (client #'s served/ county, health outcomes, monthly budgeting reports, timely provision of program deliverables).	H			
74.	Capability to perform ad hoc reporting for clinic schedule fill rates and actual client numbers seen.	H			
75.	Capability to track program related hours of clinical work vs. hours of follow-up and training.	H			
76.	Capability to track number of visits by program seen per office compared to prescheduled lists.	H			
77.	Capability to track staff cost per program per month.	H			
78.	Capability to track program generated income vs. billings.	H			
79.	Capability to track Clinician to support staff hours by clinic site.	H			

Statement System Requirements— Public Health and Clinical (Case Management)		Priority (H=High, L=Low)	Currently Available	Planned (When?)	Not Available
80.	Capability to generate/print a configurable set of program information, i.e., time spent by employee on program, program outcomes, number of clients served upon request by the employee or supervisor. (Capability to perform program monitoring/reporting)	H			
81.	Capability to report state-required family-planning data electronically.	H			
82.	Capability to generate monthly budget monitoring reports.	H			
Immunization Requirements					
83.	Capability to track state-supplied vaccine supply.	H			
84.	Capability to recommend required immunizations and due dates during an encounter based on accepted immunization schedules.	H			
85.	Capability to perform checking for potential adverse/allergic reactions for immunizations in real time.	H			
86.	Capability to capture immunization administration details, including date, type, lot number and manufacturer. (Capability to maintain an electronic record for immunization clients)	H			
87.	Capability to record as discrete data elements data associated with any immunization.	H			
88.	Capability to update the immunization schedule.	H			
89.	Capability to capture the administrator of the immunization and the immunization information.	H			
90.	Capability to support mass vaccination clinics by capturing essential information for all patients and auto-populating medication administration history. (Capability to maintain electronic record for immunization clients)	L			
91.	Capability to export immunization information to state immunization registry. (Capability to report state-required immunization data electronically)	H			
92.	Capability to create and print a single Immunization Record for the Client/Patient to share with their Provider.	H			

Statement System Requirements— Public Health and Clinical (Case Management)		Priority (H=High, L=Low)	Currently Available	Planned (When?)	Not Available
WIC Program Requirements					
93.	Capability to generate ad hoc reports for WIC based on # clients served, client show rate, clinic location, and health outcomes.	H			
94.	Capability to monitor and track client satisfaction.	H			
95.	Capability to de-duplicate clients when transferring data to and from state WIC System.	H			
96.	Capability to maintain Client Certification data: clinical assessment, diet assessment, and education.	L			
97.	Capability to maintain high risk client nutrition counseling data using SOAP protocols.	H			
98.	Capability to schedule client appointments (education, counseling, recheck).	H			
99.	Capability to electronically issue and track issuance of WIC checks.	L			
100.	Capability to maintain client information for tobacco cessation classes.	H			
101.	Capability to print out referral services.	H			
102.	Capability to share client demographics/information within scope of department (multiple service clients).	H			
103.	Capability to communicate with “WIC Computer” to avoid double entry of client information.	H			

SECTION 6.0: ORGANIZATIONAL EXPERIENCE

6.1 KEY CLIENTS AND REFERENCES

The offeror shall provide a list of their largest clients. Please also provide estimated volumes (active cases and transactions).

The offeror shall also supply three or more references for clients who are using the system. Each reference must include the name of the contact person, address, email address, and telephone number.

6.2 OVERALL ORGANIZATIONAL EXPERIENCE

Insert Organizational Experience.