

Q1. With what other systems will the Next Generation Digital Health Platform be integrated? Please describe what is meant by “future-proof.”

A1. The proposed architecture for the Next Generation Digital Health Platform takes this into account and goes beyond the Electronic Health Record and includes five strategic, integrated components:

- One Electronic Health Record system (EHR),
- One Operation Management Platform consisting of one resource allocation, financial, supply chain, and human resources system that are integrated seamlessly with the EHR,
- One Customer Relationship Management (CRM) system,
- One Analytics system,
- One Application Programming Interface (API) Framework that provides seamless interoperability with internal and external systems

The term "future-proof" is intended to mean a forward leaning architecture that is a "learning system" and will not be extensible for the foreseeable future.

Q2. With what other systems will the Next Generation Digital Health Platform need to be interoperable?

- Does this include legacy clinical and administrative systems (Vista CPRS, Acute Care Systems for ICU and OR, Audiology, GI, Ophthalmology, etc.)?
- Does this include legacy administrative billing and coding systems?
- Does this include the enterprise Health Management Platform being integrated into the oDHP?
- Does it include “benefits” software solutions for VBA?
- Does it include “Connect” and “Direct” HIE gateways?
- Does it include DoD EHR interfaces (BHIE)?

A2. Please see response Answer A1. Additionally, it will include a number of existing legacy systems during a transitional state including the eHMP and other legacy systems. All of the interfaces are not known at this point but it is a proper assumption that there will be extensive API's needed for successful operations.

Q3. Which of these benefits would the VHA like to see first? Which later? Can the Department please prioritize?

A3. At this time, VA cannot provide a response to this inquiry, but should refer to the responses to Questions 1 and 2.

Q4. If this RFI leads to the issuance of a corresponding RFP, would that RFP seek to acquire an actual operating model or advisory assistance support services for such a model? Is the premise of the question that there will be an internal advisory/strategy contract in support of VA and then a “technical” implementation contract separately?

A4. It is anticipated that the RFP would be for the advisory assistance support services for such a model. Therefore, the answer is yes - there is intended to be a separate development, engineering and implementation contract.

Q5. Please describe what is meant by “coverage on specific issues.”

A5. As it relates to advisory and assistance support services described as needs in this RFI, it is anticipated that there will be questions and items of concern to be addressed as it relates to government, healthcare and technology aspects of defining requirements, scope and details for consideration by industry.

Q6. What specific “real-world insight and information” would the VA like to gather? Does this presume there will be a formal governance for a “Private/Public Partnership” and arrangement with industry to support innovation, best practices, and standards? If so, what PPP model is VA intending to follow and how will other federal partners be engaged (FHA, ONC, HHS, etc.)?

A6. What specific “real-world insight and information” would the VA like to gather? This is not known at this time.

Does this presume there will be a formal governance for a “Private/Public Partnership” and arrangement with industry to support innovation, best practices, and standards? Possibly, but a number of options are under consideration. If so, what PPP model is VA intending to follow and how will other federal partners be engaged (FHA, ONC, HHS, etc.)? Not known at this time.

Q7. Is VA seeking insights from industry that include management methodologies including claims management, quality measurement, and value based models implemented in the private sector? Additionally, is VA seeking technical architectures and platform approaches supporting these processes and methodologies?

A7. The answer to both of these questions is yes.

Q8. Does VA define “One” as a legal single system of record (SoR) with a common database architecture? Does this account for “specialty” applications (Surgery, Ophtho, GI, ICU, OR, PACU, Audiology, etc.)? Does this presume there are subscribeable “Common Services” (ID-mgmt., Orders, Consults, Clinical Decision Support, Scheduling, Auditing, etc.)? Does this presume the Veterans personal health record (PHR) is directly linked to the institutional EHR (tethered), or is the Veteran PHR a separate system?

A8. This RFI solicits input on advisory assistance support services, which will assist in writing, developing, establishing, and implementation of the specifics of an operating model to execute the strategies and tactics necessary to achieve the VA Mission through the Digital Health Platform. The answers to the questions posed here are not yet known.

Q9. Does this operational management platform presume there is a resource-allocation scheduling solution that supports the entire enterprise? For example, will the general clinical scheduling solutions interface with the specialty procedure and operating room scheduling solutions? Will the “supply chain” future solutions be incorporated with the current legacy “supplies management” VistA solutions? How

will Human Resources applications interplay with EHR personnel and equipment management systems from a “Business Process Modeling” perspective?

A9. Please refer to Answer A8.

Q10. Is the CRM solution intended to be a VA to Non-VA relation management solution for Choice or Care in the Community? Is the CRM intended for equipment, pharmaceuticals, and other supplies? Is the CRM intended for relationship management among clinical and administrative staff?

A10. No decision has yet been made on the specific CRM solution.

Q11. Does one API framework presume there is a Service Oriented Architecture (SOA) in order to orchestrate the disparate applications and services? Are there expectations that standards based systems are utilized? If so will they include CCDA and/or FHIR? Is there expectation that secure “Cloud” services will be leveraged? If so, will they be FISMA moderate, high, or does this presume there will be mobile and telehealth systems involved for patients and providers alike?

A11. To the question regarding API framework and SOA, the response is yes. To the question referring to the expectations that standards based systems are utilized, the response is yes. For the follow-up question about including CCDA and/or FHIR, the response is yes. To the question regarding the expectation that secure “Cloud” services will be leveraged, the response is yes. For the follow up question regarding FISMA security, that information is not known at this time. Finally, to the question regarding mobile and telehealth systems involved for patients and providers alike, the response is yes.

Q12. What is the VA timeline for implementing DHP? The support which is requested in the RFI can take multiple forms and will likely need to change over time. An understanding of the proposed timeframe can help inform offerors about which insights would be most relevant to VA’s desire to learn about implementing changes to operating models. For example, would the support have the opportunity to assess VA HR position descriptions and recommend changes?

A12. The timeline for implementing the DHP is not yet defined.

Q13. Does VA envision implementing DHP as a parallel (at the same time) implementation of its 5 integrated components, or will it be a single effort? Would the determination of this point be part of the services in question? The support needed for a single acquisition vs a series of acquisitions will likely be different, and an understanding of this can provide more detailed insight to the government in response to this RFI.

A13. It is anticipated that there will be substantial parallel activities and that extent that this can occur will be addressed as part of the services in question.

Q14. Similarly, does VA envision implementing DHP incrementally or all at once? Would the determination of this point be part of the services in question?

A14. The expectation is that DHP will be implemented incrementally.

Q15. Will the vendor supporting the activities covered in this RFI be precluded from competing on all acquisitions for the development of the DHP, or would the government be open to mitigation plans?

A15. It is anticipated that they will be precluded from competing on the DHP development acquisitions, but final decision will be made by proper acquisition and legal authorities.

Q16. Can VA share a clear understanding of the functionality and programs which will be impacted by the DHP? Will the vendor who supports an RFQ associated with this effort be precluded from responding to all future support in regards to DHP, or does the government envision this contract working with existing programs such as the Cloud Broker and VistA Evolution?

A16. It is anticipated that they will be precluded from competing on the DHP development acquisitions, but final decision will be made by proper acquisition and legal authorities.

Q17. Which VA contracting office will be involved in the acquisition of the cloud and SaaS procurements? Is VA open to using other contracting offices (e.g. GSA FEDRAMP)?

A17. This has not yet been determined but there is consideration for using other contracting offices.

Q18. Will the scope of acquisition support include or impact any ongoing programs such as VistA Evolution? If so, then does the government have guidance as to the relationship between this effort and those efforts? Understanding potential overlaps and relationships between existing programs will be important for the offeror to understand as they provide insights for the VA.

A18. It is anticipated that they will be precluded from competing on the DHP development acquisitions, but final decision will be made by proper acquisition and legal authorities.

Q19. Will the business cases leverage an analysis of alternatives to drive a build vs. buy methodology when developing the DHP? This RFI and previous RFI lay out a vision of DHP as a managed service, but will the government be looking to validate that view using an AoA? If so the offerors can provide additional insight as to linkages to activities the government has already identified (e.g. the determination of LCATs and FTEs for support of DHP, or the development of Lifecycle Cost estimates).

A19. Yes - The business case is addressing the build vs buy decision. The need for or approach for an AoA have not been addressed at this time but may be desired in the future.

Q20. Does the government know at what level will the cost estimates be performed – e.g., enterprise-level, portfolio-level, program-level, acquisition-level? Will input be provided to the support contractor by the government at these levels, or will the contractor have to conduct discovery for that information? Offerors can provide better insights to the government if they are away of the type of support VA requires for cost estimation.

A20. The creation of cost estimates will lead to the government IGCE. The government is not set on a particular cost model, data set or methods at this time. Enterprise level and portfolio level estimates are the primary focus at this stage of the effort.

Q21. Will the creation of cost estimates include the creation of Independent Government Cost Estimates (IGCE)? Does the government prefer the usage of particular cost estimating models, data sets, or methods? Clarification on guidelines for cost estimates can help inform responses from industry as they provide more targeted information to the government.

A21. The creation of cost estimates will lead to the government IGCE. The government is not set on a particular cost model, data set or methods at this time.

Q22. What historical data does the government possess that could be useful in developing cost estimates, in particular does the government have Data across all 5 integrated components, or is the government looking for the vendor to provide such information from industry?

A22. The government has some industry estimates. There are estimates across all 5 integrated components but the government is expecting the vendor to do additional work in validating estimates and providing more granularity.