STATEMENT OF NEED
Evidence-Based Knowledge Database Subscription for Library Service

1.0 INTRODUCTION

The North Florida/South Georgia Veterans Healthcare System requires electronic clinical knowledge support systems for answering clinical questions. Access to a database subscription of evidence-based knowledge and authoritative medical information in specialized clinical fields is necessary for direct patient care.

2.0 BACKGROUND

The mission of the North Florida/South Georgia Veterans Healthcare System's Library Services Department is to provide benefits and services to Veterans of the United States. In meeting these goals, our Library Services Department strives to provide high quality, effective, and efficient evidence-based knowledge database subscriptions to those responsible for providing care to the Veterans at the point-of-care in an effective, timely, and compassionate manner. The North Florida/South Georgia Veterans Healthcare System depends on the Library Services Department in our pursuit to meet mission goals.

3.0 SCOPE

The contractor shall provide full electronic database access to products of evidence-based medical information including regular updates.

Place of Performance: Service shall be provided for clinicians for the following locates in North Florida/ South Georgia Veterans Healthcare System via online access:

Gainesville VA Medical Center
Gainesville, FL 32608

Gainesville VA Pain Clinic
Gainesville, FL 32606

Gainesville Optometry Clinic/Optical Shop
Gainesville, FL 32608

Compensation and Pension Clinic
Gainesville, FL 32608

Jacksonville Outpatient Clinic
Jacksonville, FL 32206

Jacksonville Outpatient Clinic #2
Jacksonville, FL 32209

Lake City VA Medical Center
Lake City, FL 32025

Lecanto Community-Based Outpatient Clinic
Lecanto, FL 34461

Marianna Community-Based Outpatient Clinic
Marianna, FL 32446

Ocala Community-Based Outpatient Clinic
Ocala, FL 34470

Ocala West (Specialty Clinic)
Ocala, FL 34471

Palatka Community-Based Outpatient Clinic
Palatka, FL 32177

Saint Augustine Community-Based Outpatient Clinic
St. Augustine, FL 32086

St. Mary's Community-Based Outpatient Clinic
St. Mary's, GA 31558

Tallahassee Outpatient Clinic
Tallahassee, FL 32308

The Villages Outpatient Clinic
The Villages, FL 32162

Valdosta Community-Based Outpatient Clinic
Valdosta, GA 31602

Waycross Community-Based Outpatient Clinic
Waycross, GA 31501

Period of Performance: The period of performance shall be 12 months from date of award, with 4 options for 12 months/year for a firm fixed price. Contractor shall be required to provide initial subscription access. Please provide firm-fixed pricing for the desired service time frame of the Base Year, Option Year 1, Option Year 2, Option Year 3, and Option Year 4.

Base Year	May 1st, 2018 through September 30, 2018
Option Year 1	October 1, 2018 – September 30, 2019
Option Year 2	October 1, 2019 – September 30, 2020
Option Year 3	October 1, 2020 – September 30, 2021
Option Year 4	October 1, 2021 – September 30, 2022

4.0 GENERAL REQUIREMENTS

a. **Operational Features –** The typical point of care characteristics and features are:

i. Summaries and recommendations are provided, giving very specific and summarized statements that allow for ease of readability;

ii. User-friendly login and search engine;

iii. Efficiency, timeliness, and ease of navigation through search results;

iv. Comprehensive disease state information, management, diagnosis, and treatment;

v. Summary of new or changing therapies with new clinical guidelines are added within seven business days;

vi. Links to full text articles;

vii. Tools to aid in information retrieval assessment (e.g. medical calculators, tables, graphics);

viii. Platform to easily record, track, and redeem Continuing Medical Education or Continuing Education credits with each topic review;

ix. Vendor-provided original patient information at a basic level (two levels of reading level is preferred);

x. Sources are from vendor produced and updated information;

xi. Several types of treatment are clearly labeled within the table of contents;

xii. Content covers pathophysiology, diagnosis, prognosis, etiology, laboratory tests, and recommended treatment of medical conditions with grading of evidence, if appropriate;

xiii. Provides content that is synthesized into clear and concise answers;

xiv. Provides information about laboratory tests including normative values, contraindications and risks.

b. Continuing Medical Education (CME) included: Users shall be able to track CME activity after establishing an account as provided by the contractor. All username/password and account maintenance shall be the responsibility of the contractor. Accreditation providers shall include a majority of the following:

i. Accreditation Council for Continuing Medical Education (ACCME).
ii. American Medical Association (AMA).
iii. American Academy of Family Physicians (AAFP).
iv. American Academy of Pediatrics (AAP).
v. American Academy of Physician Assistants (AAPA).
vi. American Association of Nurse Practitioners (AANP).
vii. American College of Emergency Physicians (ACEP).
viii. American College of Obstetricians and Gynecologists (ACOG).
ix. American Osteopathic Association (AOA).
x. American Midwifery Certification Board (AMCB).
xi. National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA).

c. Maintenance of Certification (MOC) included: Users shall be able to track MOC activity after establishing an account as provided by the contractor. All username/password and account maintenance shall be the responsibility of the contractor. Accreditation providers shall include a majority of the following:

i. American Board of Internal Medicine.
ii. American Board of Medical Specialties Maintenance of Certification Directory.

d. Maintenance of Certification (MOC) Part II Continuing Medical Education (CME) Activity included: Users shall be able to track MOC Part II CME activity after establishing an account as provided by the contractor. All username/password and account maintenance shall be the responsibility of the contractor. Accreditation providers shall include a majority of the following:

i. American Board of Allergy and Immunology.
ii. American Board of Anesthesiology.
iii. American Board of Colon and Rectal Surgery.
iv. American Board of Family Medicine.
v. American Board of Physical Medicine and Rehabilitation.

   vi. American Board of Preventive Medicine.
   vii. American Board of Psychiatry and Neurology.
  viii. American Board of Thoracic Surgery.
   ix. American Board of Surgery.

 e. Point of care tool should be accessible in mobile version and downloadable as an application (app).

 f. The application should be at minimum compatible for Internetwork Operating System (iOS) and Android systems.

 g. The database shall provide multiple simultaneous users, via one interface and one search platform, extensive evidence-based and peer-reviewed information on the following specialty areas including, but not limited to:

   i. Adult Emergency Medicine.
   ii. Adult Primary Care and Internal Medicine.
   iii. Allergy and Immunology.
   iv. Anesthesiology.
   v. Cardiovascular Medicine.
   vi. Dermatology.
   vii. Endocrinology and Diabetes.
  viii. Family Medicine and General Practice.
   ix. Gastroenterology and Hepatology.
   x. General Surgery.
   xi. Geriatrics.
   xii. Hematology.
  xiii. Hospice and Palliative Care.
  xiv. Hospital Medicine.
   xv. Infectious Diseases.
  xvi. Nephrology and Hypertension.
  xvii. Neurology.
 xviii. Obstetrics, Gynecology and Women's Health.
  xix. Oncology.
  xx. Pulmonary, Critical Care and Sleep Medicine.

 h. Content presentation and provision shall be appropriate for a large-scale teaching hospital's usage and relevant to its medical education curriculum. Content shall be appropriate to use in the development of an educational curriculum, not solely developed for the practicing physicians' use.

 i. Content shall be presented with/in a scholarly based approach. It shall be developed and presented with concise and expansive evidence-based information and not in a "recipe book" or "short answer" format.

 j. Content shall provide insight to an understanding of the clinical application of the diagnosis and treatment of specialty areas in medicine.

    k. Content must be in a narrative format suitable for health sciences students, residents, and fellows to educate themselves on point of care/clinical topics.

    l. An overall academic basis approach is required in the presentation and content of the clinical information.

    m. Theory, Clinical Insights, and Understanding methods are presented and included in the content provided.

    n. The point of care information shall be written for a wide range of health professionals, but is targeted to internal medicine and related specialists. Designed to provide concise, practical answers (with recommendations with lists of evidence grades), the topics are written exclusively for clinicians in a minimum of 17 different medical specialties.

    o. Content is comprised of topic reviews written by recognized physician experts who address specific topics, synthesize research and make recommendations for treatment in their area of expertise.

    p. For content written by participating physicians, a wide range of medical journals are searched regularly along with the biomedical databases and hand-searching of the literature.

    q. Content shall be written and reviewed by expert physicians in their specialty and peer-reviewed by other experts in the specialty. Credentials and affiliations of the authors and reviews shall be included in the content, and potential conflicts of interest clearly delineated. Authors or content experts for each section shall be recognizable as experts in that field.

    r. Components of the clinical topic review (diseases, conditions, symptoms, and other presentations) shall include the following information fields:

    i. Date of record or review update for each entry.
    ii. Author(s) or editor(s) of record or review update for each entry.
    iii. Author(s) or editor(s) credentials for each entry.
    iv. Author(s) or editor(s) affiliation of record and review update for each entry.
    v. Specialty peer reviewer(s), credentials & affiliation of record or review update for each entry.
    vi. General Information and Overview.
    vii. Epidemiology, Incidence, Prevalence, Causes, and Risk Factors.
    viii. Pathophysiology.
    ix. Diagnosis, Prognosis, Treatment, and Laboratory
    x. Tests, Complications, Prevention, and Screening.
    xi. Information for patients written at various levels to meet the varying needs of patients.
    xii. Hyperlinks to MEDLINE abstracts within the body of the record and in record or review references section.
    xiii. Graphics (figures, pictures, graphs, tables and more) integrated into record or review that can be printed or exported.
    xiv. References and Guidelines section with hyperlinks to MEDLINE abstracts.
    xv. Hyperlinks to related record of review topics.

       xvi.   Summary and Recommendations with grading.

     s.   Ability and ease of remote connection.

     t.   Updates of content at no additional cost.

     u.   Static Uniform Resource Locator (URL) for access within Department of Veterans Affairs (DVA) Internet Provider (IP) firewall and account login and password for access outside Department of Veterans Affairs Internet Provider firewall.

     v.   The electronic reference must be easily accessible remotely by mobile devices and non-Veteran Administration equipment for employees of the Department of Veterans Affairs.

5.0 PERFORMANCE REQUIREMENTS

a. Contractor shall provide support to cover accessibility to the end-user during system delays.

b. Contractor shall provide most current timely evidence-based medicine resources of information (clinical trials, adverse drug events, diagnosis, and more) based on daily or weekly updates.

c. Contractor shall provide communications of system delays, server outage, or any major emergency affecting access to the database content by information bulletins, emails, or other modes communication.

d. The contractor shall provide 24 hours 7 days a week license rights for immediate access to multiple simultaneous users from any web-enabled computer and mobile device.

e. The contractor shall provide usage statistics upon request within three (3) business days. The format of the usage statistics is provided either via email or contractor provided login username/password and shall include session count, search count, total document retrievals per title, top topics searched, method of access (onsite, remote, mobile), and a breakdown by Internet Provider per medical center is required.

f. The contractor shall conduct online webinars and provide online tutorials upon request.

g. If a plug-in, additional software or recommended software is required for optimal use, specific requirements must be included. Contractor shall address any questions or problems encountered when using this product with supported software or hardware.

h. Contractor shall provide technical support telephone numbers and email addresses. Customer service shall be available to troubleshoot website/connectivity issues via telephone and email within less than two (2) business days response.

i. Maintain multiple layers of redundancy to assure consistent availability with web farms located in several locations - (worldwide redundant servers to ensure availability in case of a disaster).

6.0 DELIVERABLES

    a.   Contractor shall deliver content via online access.

    b.   Contractor and publishers frequently have license agreements for their electronic publications, systems and software products. Licenses may be for the subscription agent's proprietary products, or publisher's proprietary products. All license agreements will be between Library Service and the Contractor or Publishers. License agreements will be reviewed, approved, signed and enforced by according to local procedures. Contractor's proposals must contain copies of all Contractor proprietary licenses for all items offered.

7.0 CONTRACTOR PERSONNEL SECURITY REQUIREMENTS

The C&A requirements do not apply and a Security Accreditation Package is not required.