

This Presentation was prepared for a Request for Proposal for New York State Office of Mental Health and is considered proprietary.



All information contained in this file is simulated and contains no patient/personal information.

# Registration

- You must sign in to attend the EMR Pre-Bidders Conference.
- If you have not done so already, please sign in at the registration desk located just outside the conference room door.
- Presentation starts promptly at 9:00



# New York State Office of Mental Health

Pre-Bidder's Conference  
Day 1

# General Information

- Copies of Agenda distributed
- Pens and paper have been provided
- Today's session will be audio recorded and transcribed.
- Registration at door is mandatory; please sign the list. Please write legibly.
- Timekeeper has been designated to keep us on track.

# General Information

- Restroom and water fountain locations
  
- Emergency evacuation routes

# Ground Rules

- No questions during presentations.
- Questions related to the RFP will not be answered during this conference. All questions must be submitted in writing. Answers will be posted on the RFP website by OMH by Monday, March 5<sup>th</sup>, 2012.
- Silence all cell phones and if you must make a phone call, please exit the room and do so quietly (e.g., 8<sup>th</sup> floor lobby outside of elevators)
- Please keep side conversations to a minimum (partnering to be done outside of this meeting time)

# OMH Day 1 Presenter Introductions

- Hao Wang, Ph.D.
  - Deputy Commissioner and CIO
- Susan Froatz
  - Acting PMO Director
- Gerald Engel, RPh, MBA
  - OMH Director of Health Services
- Greg Miller, MD, MBA
  - OMH Medical Director of Adult Services

# OMH Day 1 Presenter Introductions

- Scott Derby
  - Director of Applications
- Joel Rubin, MBA, PMP
  - Business Analyst, Project Management Office
- Dave Milstein, Esq.
  - Consolidated Business Office
- Sheila Long
  - CIT Administration

# OMH EMR Subject Matter Experts (SME)

| Title                              | Subject of Expertise   |
|------------------------------------|--|
| IT Heads                           | Infrastructure, Security, Architecture, Hardware, Software                 |
| Head Pharmacists                   | Pharmacy, Medical Equipment  |
| Head Laboratory Technicians        | Laboratory, Medical Equipment  |
| Medical Directors (Physicians)     | Clinical Operations, Medical Equipment,                                    |
| Clinical Directors (Psychiatrists) | Mental Health Care, Clinical Operations, Clinical Administration           |
| Directors of Nursing               | Mental Health Care, Clinical Operations                                    |
| Directors of Treatment Services    | Mental Health Care Processes, Clinical Operations, Clinical Administration |

# OMH EMR SMEs

| Title   | Subject of Expertise   |
|---|--|
| Directors of Social Work Services                                     | Mental Health Care Processes, Clinical Operations, Clinical Administration |
| Directors of Administrative Services                                  | Revenue Management   |
| Directors of Education/Staff Development                              | Training and Staff Development   |
| Directors of Quality Management                                       | Quality Standards  |
| Directors of Medical Records, Health Information Management Directors | Medical Records (Health Information) Management                            |
| Directors of Admissions   | ADT Capabilities and Requirements, Clinical Administration, Scheduling     |
| Directors of Rehabilitation Services                                  | Mental Health Care Processes, Clinical Operations, Clinical Administration |
| Directors of Finance  | Revenue Management   |

# OMH Non Presenter Staff Introductions

- Michele Chenette MBA, PMP, OMH Project Manager
- Clinical Team - Attending In Person:
  - Marc Mentis M.D., Director of Medical Informatics, Pilgrim Psychiatric Center
  - Cathy Benham, OMH Director of Pharmacy Services, CO\*
  - Kristine Weber, Director of Nursing, St. Lawrence Psychiatric Center
  - Andy Coates, Medical Director, Capital District Psychiatric Center
  - Jayne Van Bramer, OMH Executive Director Adult Operations, CO
  - Mari Pirie-St. Pierre, Health Information Management Director, St. Lawrence Psychiatric Center

\* CO = OMH Central Office

# OMH Non Presenter Staff Introductions

- Teleconference Participants:
  - Darrilyn Scheich , Director of Nursing - Manhattan Psychiatric Center
  - Thomas Uttaro , Executive Director - South Beach Psychiatric Center
  - Mary Barber , Clinical Director - Rockland Psychiatric Center
  - Mark Cattalani , Clinical Director - Hutchings Psychiatric Center

# Pre-Bid Conference

## Day 1 Agenda (Part 1)

| Topic                          | Presenter   | Time (minutes)                   |
|--------------------------------|---|----------------------------------|
| Vendor Registration            |   | 8:30am – 9:00am<br>(30 minutes)  |
| Introduction                   | <b>CIT Project Mgmt. Office (PMO)</b><br>Susan Froatz         | 9:00am – 9:20am<br>(20 minutes)  |
| Vision of OMH EMR              | <b>Chief Information Officer (CIO)</b><br>Hao Wang, PhD.      | 9:20am – 9:50am<br>(30 minutes)  |
| Behavioral Health EMR          | <b>Medical Director of Adult Services:</b><br>Dr. Greg Miller | 9:50am-10:05am<br>(15 Minutes)   |
| OMH Clinical Overview          | <b>Director of Health Services:</b><br>Gerald Engel           | 10:05am –10:35am<br>(30 minutes) |
| Technology Environment for EMR | <b>Director of Applications:</b><br>Scott Derby               | 10:35am –11:05am<br>(30 minutes) |
| <b>Break</b>                   |   | 11:05am –11:20am<br>(15 minutes) |

# Pre-Bid Conference

## Day 1 Agenda (Part 2)

| Topic                                | Presenter   | Time (minutes)                   |
|--------------------------------------|---|----------------------------------|
| Sectional Overview of RFP            | Joel Rubin and Scott Derby                            | 11:20am –11:40am<br>(20 minutes) |
| Evaluation and Selection Process     | <b>Consolidated Business Office</b><br>David Milstein | 11:40am –12:00pm<br>(20 minutes) |
| MWBE Goals                           | <b>Consolidated Business Office</b><br>David Milstein | 12:00pm –12:10pm<br>(10 minutes) |
| Bid Proposal Submission Requirements | <b>CIT Administration</b><br>Sheila Long              | 12:10pm –12:30pm<br>(20 minutes) |
| Summary/Clarifications               | Scott Derby<br>Sheila Long                            | 12:30pm-1:00pm<br>(30 minutes)   |
|                                      |   |                                  |

# Pre-Bid Conference

## Day 2 Agenda (Part 1)

### Demo of Existing Systems

| Topic                         | Presenter                      | Time (minutes)                      |
|-------------------------------|--------------------------------|-------------------------------------|
| Vendor Registration           |                                | 8:30am – 9:00am<br>(30 minutes)     |
| MHARS – Video Presentation    | Pete Carroll<br>Barbara Scalzo | 9:00 am – 11:00 am<br>(120 minutes) |
| New EMR Design and Wireframes | James Smith                    | 11:00am – 12:00pm<br>(60 minutes)   |

### LUNCH (ON YOUR OWN)

12:00pm – 1:00pm

# Pre-Bid Conference

## Day 2 Agenda (Part 2)

### Demo of Existing Systems

| Topic                  | Presenter                                 | Time (minutes)                    |
|------------------------|---|-----------------------------------|
| McKesson Meds-Manager  | Catherine Benham<br>Kay McCampbell        | 1:00pm – 2:00pm<br>(60 minutes)   |
| Cerner                 | Gerald Engel<br>Ginny Scholz              | 2:00pm – 2:45pm<br>(45 minutes)   |
| NIMRS                  | John Hans<br>Mary Storonsky               | 2:45 pm – 3:15 pm<br>(30 minutes) |
| Open Dental            | Gerald Engel<br>Mary Storonsky            | 3:15 pm – 3:45 pm<br>(30 minutes) |
| Summary/Clarifications | Scott Derby<br>Susan Froatz<br>Joel Rubin | 3:45 pm- 4:15 pm<br>(30 minutes)  |

**Conference End**

# Vision of OMH EMR

Hao Wang, PhD., MPA

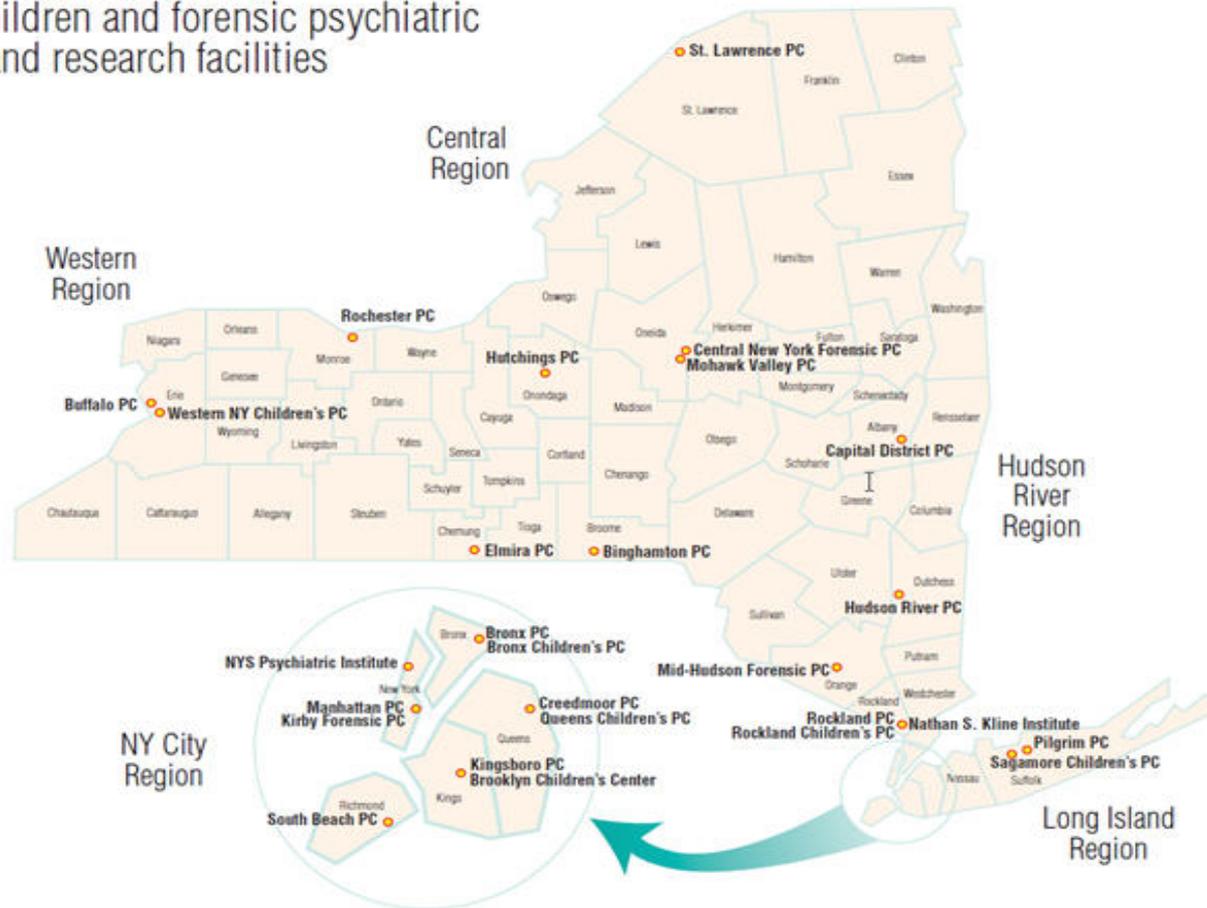
Deputy Commissioner & Chief Information Officer

NYS Office of Mental Health

# Office of Mental Health (OMH)

- With a workforce of over 16,000, OMH is a major provider of inpatient, outpatient, and residential services.
- OMH hospitals are the ultimate safety net/tertiary providers for people with psychiatric illness.
- Through its state-operated and community based programs OMH serves approximately 695,000 adults, children, and adolescents each year.
- As the 3<sup>rd</sup> largest hospital system in New York State, OMH meets the same standards set by CMS and The Joint Commission as Albany Medical Center, Long Island Jewish, or Columbia Presbyterian.

**New York State Office of Mental Health**  
 Adult, children and forensic psychiatric  
 centers and research facilities



March 2008

- Twenty-six (26\*) state operated psychiatric centers (the “hospitals”)
- Approximately 310 OMH Outpatient Locations (the “outpatient facilities”)
- OMH’s Central Office located at 44 Holland Avenue, Albany, NY (“the Central Office”)

\* Number of hospitals may change over time

# Our Transformation

- We are moving from the “casualty model”, which epitomizes expensive prolonged treatment after serious illnesses, to the “early intervention model”, which emphasizes resilience and recovery.
- We are restructuring care from an episodic volume-driven model towards continuous, accountable, and effective support.
- Our early intervention model for people and their families is aligned with primary care, quality management, service utilization management, education, and employment support.

# Our Quality Focus

- Integrated and evidence-based mental health care helps individuals maximize resilience, achieve wellness, and reduce the cost and impact of behavioral health disorders;
- We continue promoting quality of care while making care more efficient and appropriate;
- We are formulating quality measures and putting data in the hands of users across the spectrum of stakeholders, (i.e. clinicians, recipients, families, counties, advocates, policy makers, and administrators).

# EMR Helps to Advance Transformation

- As the core and foundation for health information technology, EMR supports our transformation toward a community focused, preventative, and supportive mental healthcare system;
- It will deliver operating efficiency and productivity gains for collaborations among community providers, care coordination, and state operations;
- It will modernize clinical work environment in both state operations and communities, improve patient safety, provide means for clinical decision support, and empower continuous quality improvement.

# Meaningful Use of EMR

- Stage 1
- **Electronically capturing health information in a coded format;**
  - **Using electronically captured information to track key clinical conditions and communicating that information for care coordination purposes (in structured format whenever feasible);**
  - **Implementing clinical decision support tools to facilitate disease and medication management;**
  - **Reporting clinical quality measures and public health information.**
- Stage 2
- Encourage the use of health IT for continuous quality improvement at the point of care and the exchange of information in the most structured format possible, such as the electronic transmission of orders entered using computerized provider order entry (CPOE) and the electronic transmission of diagnostic test results (such as blood tests, microbiology, urinalysis, pathology tests, radiology, cardiac imaging, nuclear medicine tests, pulmonary function tests and other such data needed to diagnose and treat disease);
- Stage 3
- May apply broadly to **both the inpatient and outpatient** hospital settings.
  - Promoting improvements in quality, safety and efficiency,
  - Focusing on decision support for national high priority conditions,
  - Patient access to self management tools,
  - Access to comprehensive patient data and improving population health.

Today



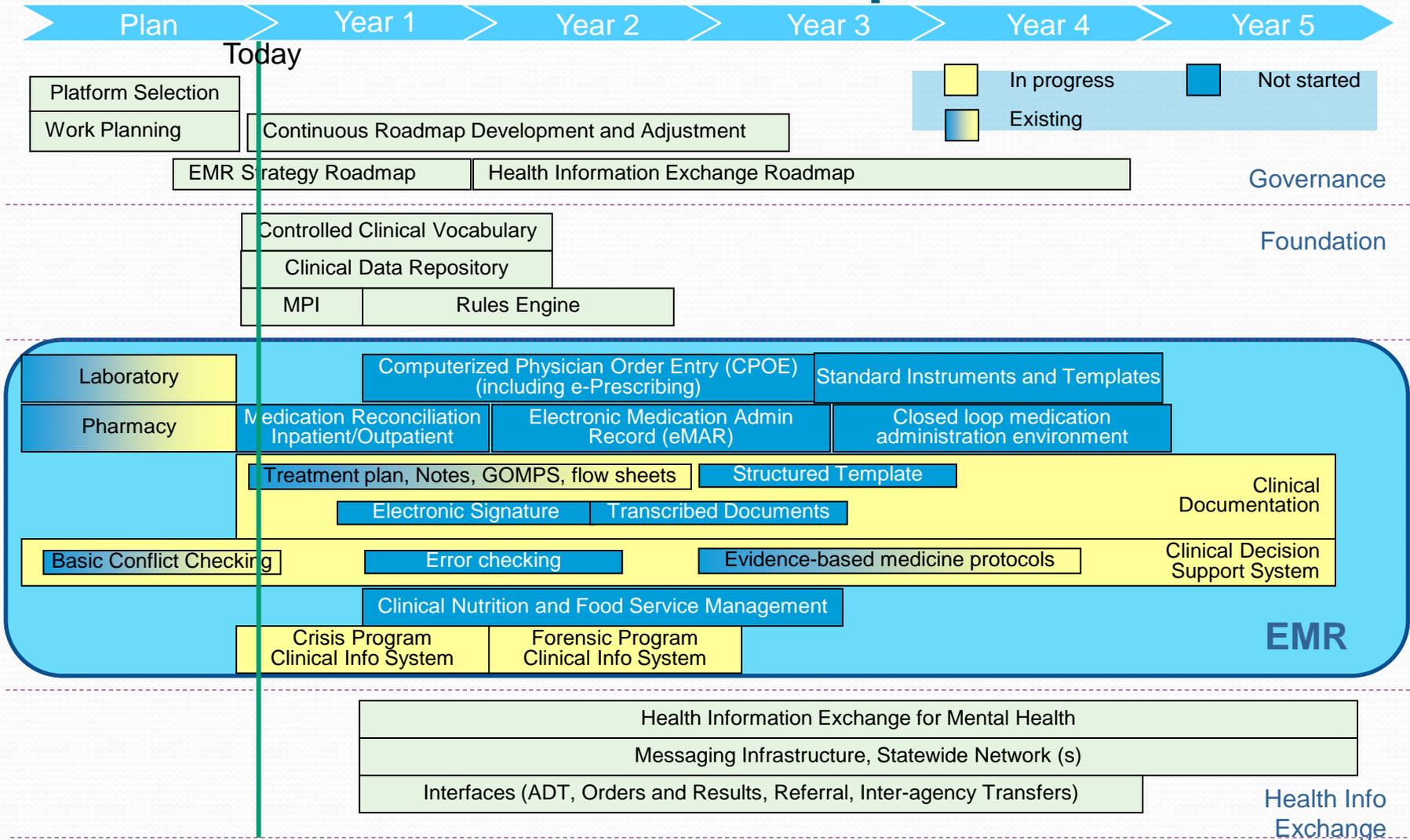
2013



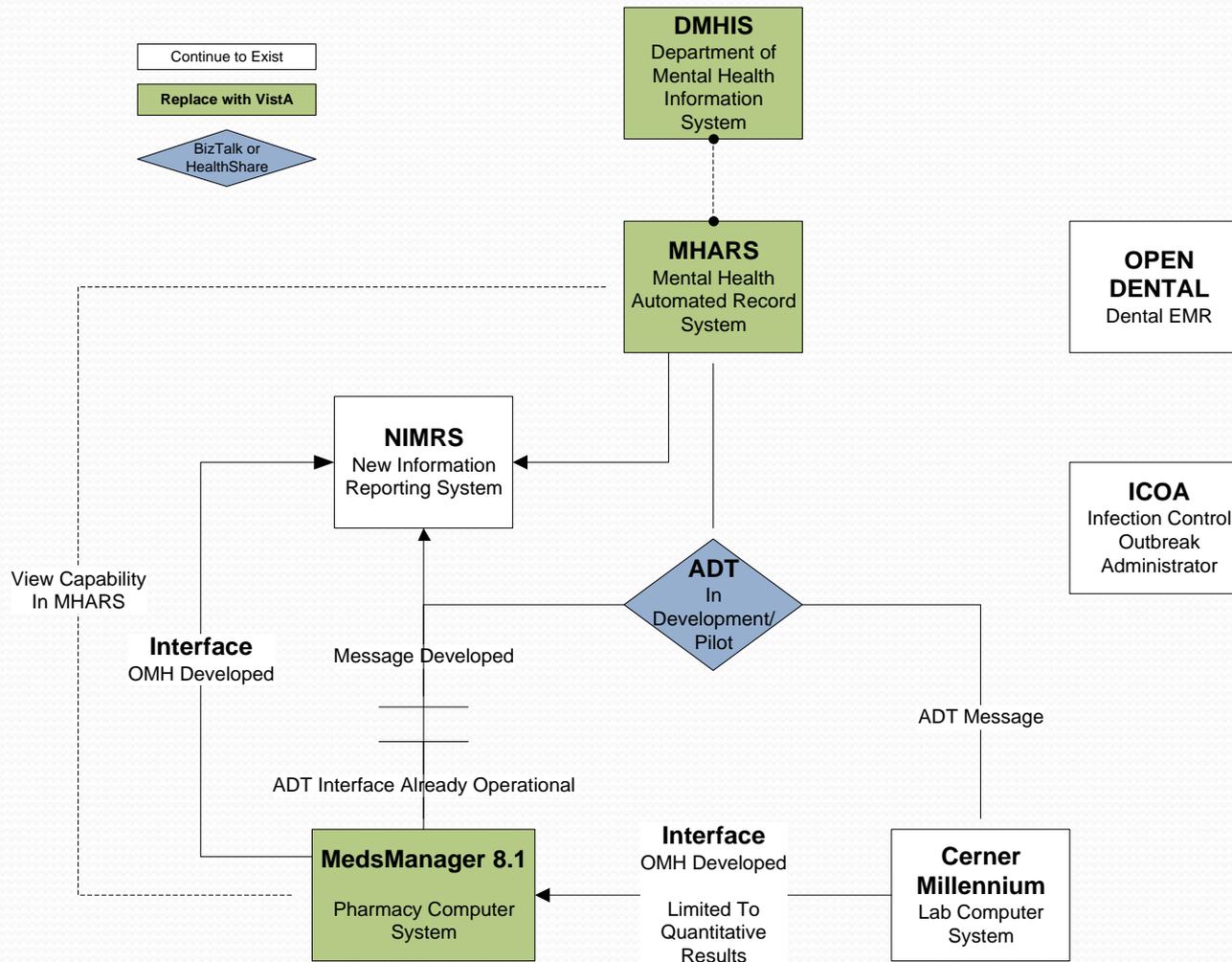
2015



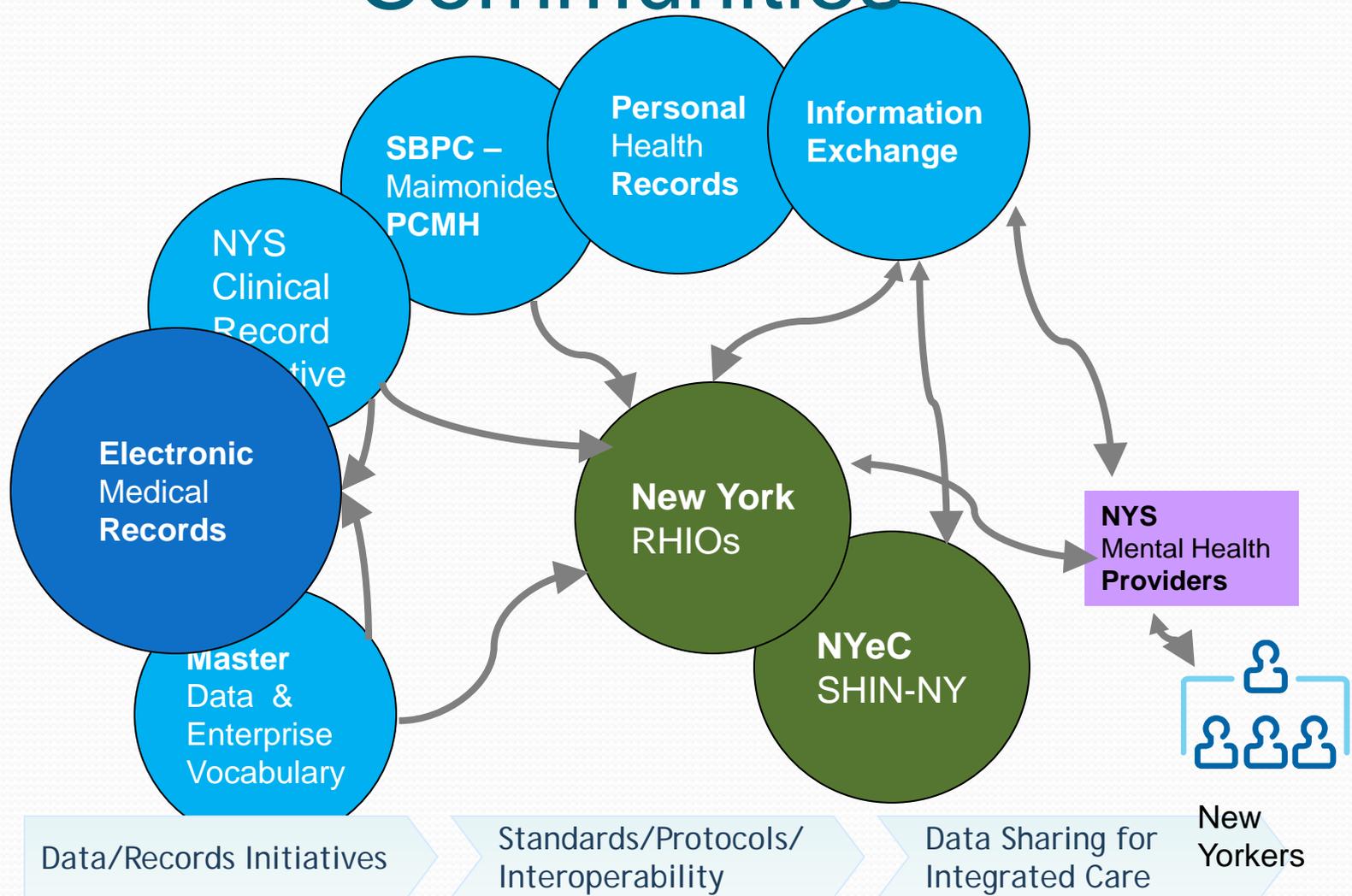
# OMH Health IT Roadmap



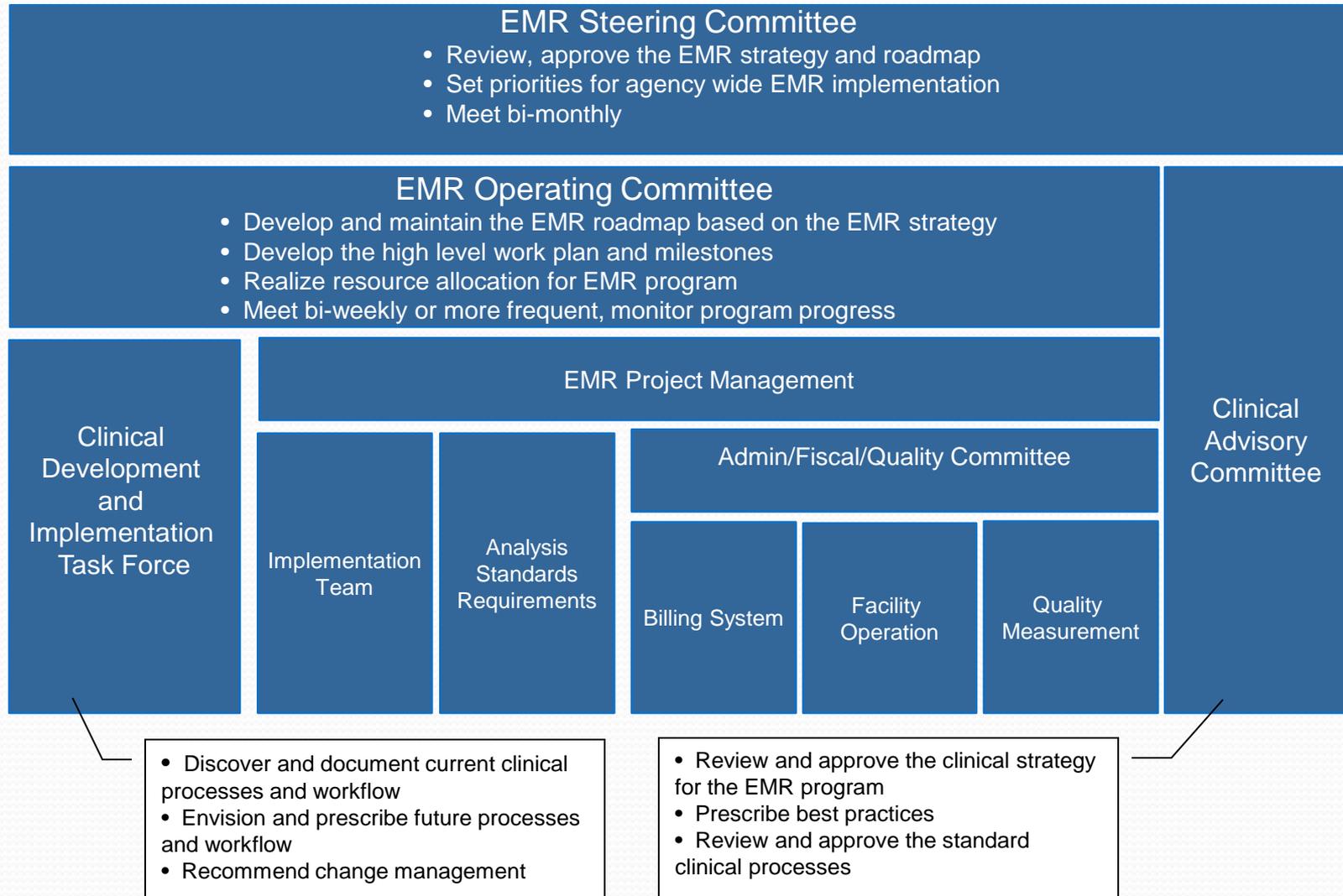
# Integration and System Replacement



# EMR Integrates with the Communities



# EMR Transforms Our Business



# Our Expectations

- **Openness** - EMR has to be open, useful for both state operations and community providers; it has to deliver public value
- **Support Outpatient** – EMR will support both outpatient and inpatient, with special emphasis on outpatient
- **Business and Clinical Transformation** – EMR is not just a system installation, it has to fundamentally transform the way we deliver and manage care
- **Fiscal Functionalities** - EMR has to support fiscal functionalities in an managed care environment
- **Scalable** - Implementation has to be scalable to adapt to fast schedule and change of environment
- **Agile** – Deliver value early and frequently

# Behavioral Health Requirements for EMR

Gregory A. Miller, MD  
Medical Director, Adult Services  
NYS Office of Mental Health

# Divisions: Functionality

- Division of Adult Services
  - 25 Psychiatric Centers across NYS
    - PC Size varies from >500 beds to <100 beds
      - Majority are transfers for intermediate LOS
      - A few PC's do acute care as well
    - 2 Research Institutes
    - Outpatient population over 20,000
      - Clinic
      - ACT
      - Family Care
      - Case Management
      - Peer supported services

# Divisions: Functionality

- Division of Child and Adolescent Services
  - About 1/3 of admissions are for acute care inpatient treatment with the rest being transfer for intermediate care
  - Child PC's AND specialized units within adult PC's
  - Strong focus on development in assessment and related treatment interventions
- Community services
  - Day Hospital
  - Clinic
  - Residential Treatment
  - Intensive Case Management
  - Respite Care

# Divisions: Functionality

- Division of Forensic Services
  - legal status
    - Types of Forensic Patients
      - unfit to stand trial (“730”)
        - Civil: for assessment
        - Forensic: for restoration
      - Insanity Acquittees (“330.20”)
      - Civil patients considered too dangerous for the civil setting (“Part 57”)
      - State prisoners in need of inpatient psychiatric care (“508”)
      - County jail inmates in need of inpatient psychiatric care (“402”)
      - SOTP program (“MHL 10”)
    - Interface with corrections
    - FORTS (forensic database)

# Clinical Processes

- Clinical Missions of NY Operated Psychiatric Centers
  - Intermediate length of Stay
    - Referral from acute care hospitals
    - Specialized psychiatric treatment with a goal of community integration over a longer period of time
  - Acute Inpatient Hospital Care
    - About 1/3 of Child Psychiatric Centers
    - Isolated service in some adult centers
  - Community based outpatient care
    - Traditional outpatient mental health services
    - Specialized services for seriously mentally ill
      - State operated residential care
      - Family care
      - ACT Teams
      - Clinic
      - Recovery based services

# Functionality Issues

- Integration
  - Interdisciplinary Assessment
  - Interdisciplinary Treatment Planning
  - Interdisciplinary Treatment Interventions and response
- Data
  - Tracking
  - Quality Improvement
- Efficient, User Friendly Environment
  - Great discrepancy between the facilities re: electronic and technical sophistication
    - How to maintain individual facility gains, and when possible disseminate
  - Ability to attract and engage clinicians
    - Incorporate ideas from clinical leaders
    - Engage leaders in implementation
    - Create an EMR that makes process of care more efficient and gives providers value
- Consistent with evolving community standards
  - NYSCRI
  - RHIOS

# Implementation and Development: Co-Mutual Process

- RFP contains exhaustive content description collated from across the system around all domains of care
- Process for development will need to consider
  - Core content from vender
  - Content needing development
  - Content currently in use that needs consolidation across the system

# Overview of NYS OMH Clinical Environment

February 06, 2011

Gerald M. Engel RPh, MBA-OMH Director of Health Services

Gregory A. Miller, MD MBA -OMH Medical Director Adult  
Services

# OMH EMR Clinical Goals

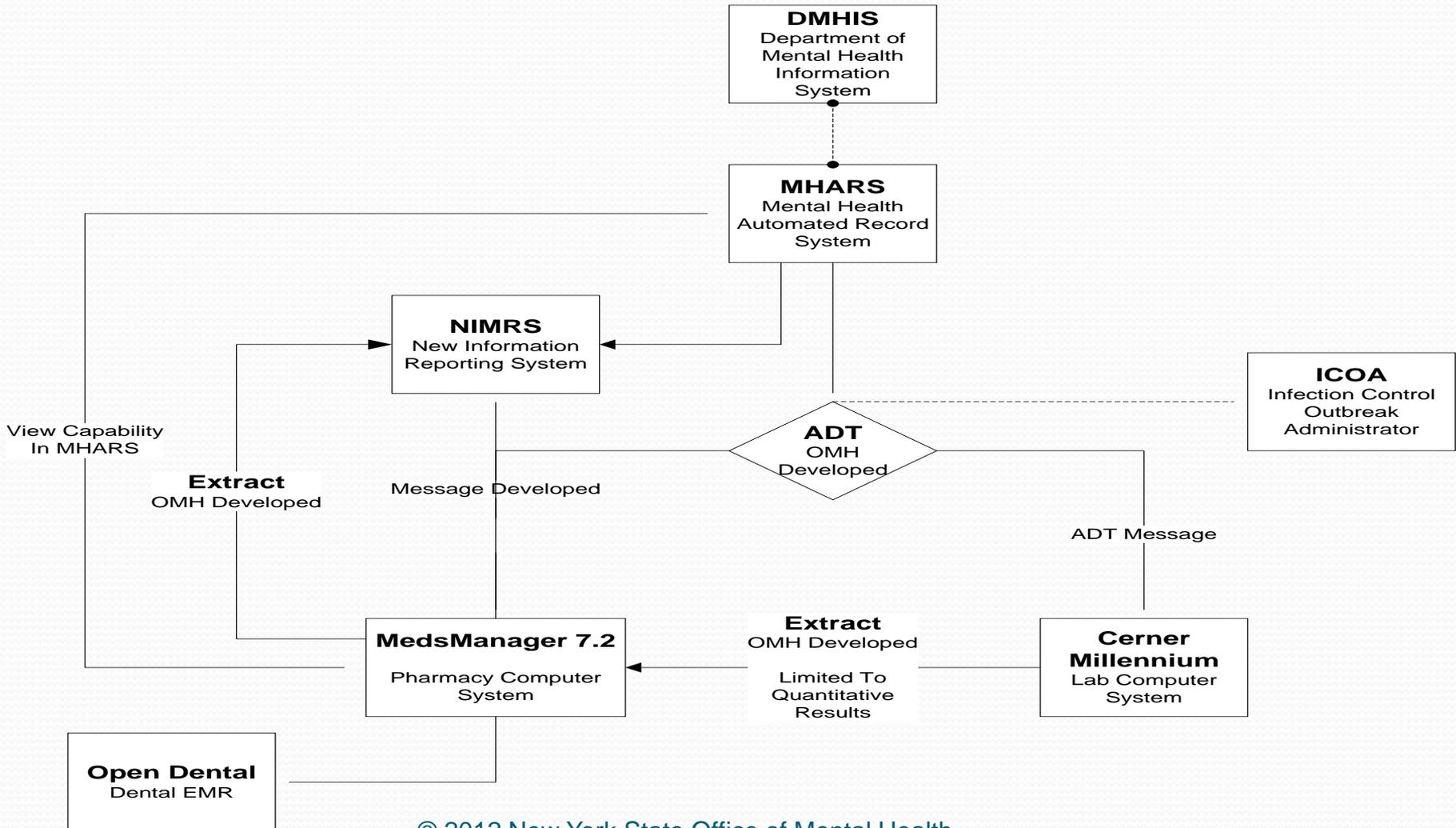
Use Improvements in Technology to:

- Enhance communication and monitoring of care
- Reduce Adverse Drug Events
- Reduce Medical Errors
- Reduce or eliminate duplicate or unnecessary tests (e.g. lab) or tasks
- Eliminate redundancies
- Increase clinician efficiencies in medication administration, monitoring processes, and documentation and communication
- Replace legacy systems
- Increase quality of care while at the same time reducing cost of providing care

# Current OMH Clinical Systems

- Pharmacy (Horizon MedsManager)
- Lab (Cerner Milenium)
- Dental (Open Dental)
- Infection Control (ICOA)
- MHARS (Mental Health Automated Record System)
- PSYCKES- Psychiatric Services and Clinical Knowledge Enhancement System (Clinical Review)

# Current OMH Clinical Information Systems

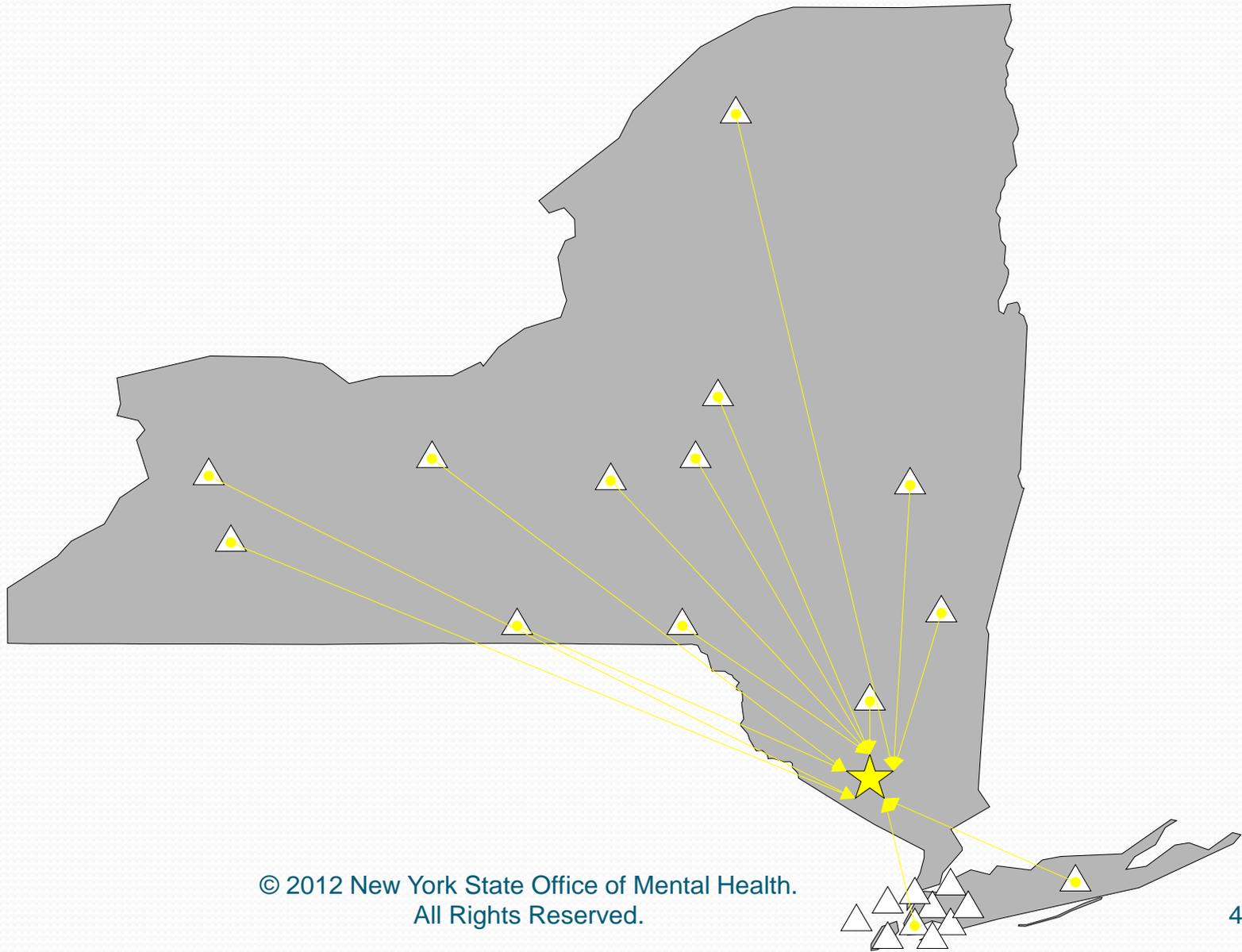


# OMH Current Environment

## Current environment



# Clinical Laboratory 2012

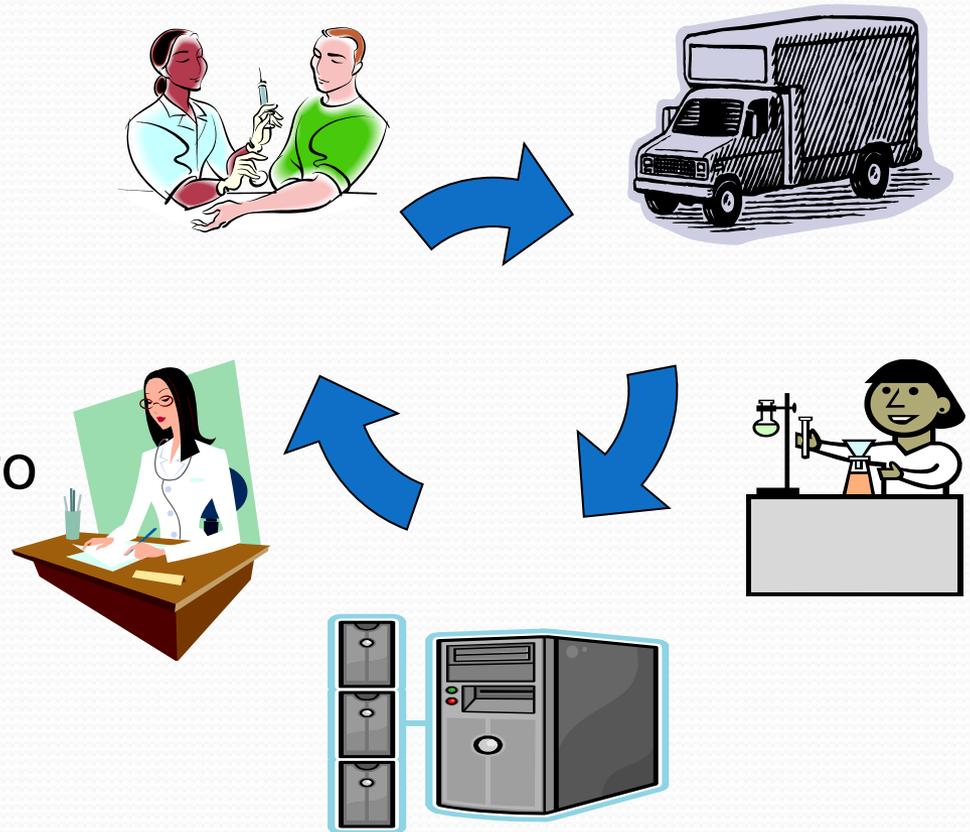


# OMH Clinical Laboratory

- Licensed by Department of Health
- Accredited by College of American Pathologists
- Develops therapeutic drug test assays which are approved by DOH and used in clinical settings
- Uses Cerner Millennium Laboratory software operating system
- Real time linkages to MHARS and MedsManager
- Order entry done at the facility lab processing stations
- Lab results transmitted electronically to all facility lab processing stations
- Administers facility "point-of-care" testing programs

# How OMH Laboratory Network Works

- Sample drawn at Facility
- Shipped to Lab that day
- Analyzed at Lab upon receipt
- Verified results available on computer at Facility
- Critical **values** reported to facilities via fax and telephone



# Communication

- Lab results transmitted electronically to all facility lab processing stations
- Critical values reported to facilities via fax and telephone
- The Cerner System can send an e-mail or text notification to designated staff at the facility
- Cerner access available to clinicians
- MHARS access available to clinicians

# What the clinician sees in MHARS

MHARS - Production Facility - 12 - [Patient Profile]

File Tools Reports Window Help

Search New Edit Save Save And Continue Delete Cancel Print Preview Print Shells Abstract Copy EOC Scan Dashboard

Case Number: 66020 New Patient **Last Name, First Name!** Patient Forms Profile Episode of Care: Episode of Care Forms

 **Last Name, First Name** Legal Status: CPL 330.20 Commitment(Expires 07/30/2008) Primary Clinician  
 DOB: 04/04/1944 Age: 63 MALE Primary Psychiatrist  
 Weight: 175 lb Height: 5 ft 11 in BMI: 24.4

**Patient Profile**

Demographics Alerts / Health Information Lab Results Unconfirmed Forms

[Print Preview](#) [Print Labs](#)

All  
 Last Panel  
 Last Year

Group  
 ALL  
 Cardiac Isoenzymes  
 Chemistry  
**Coronary Risk Assessm**  
 General Hematology  
 Immune Status  
 Iron Metabolism  
 Special Chemistry  
 Syphilis Testing  
 Therapeutic Drugs  
 Thyroid Evaluation  
 Urinalysis

**All Current Results** Current Critical/Abnormal Results

| Panel        | Test Name      | Result    | Normal Range | Critical  | Collected            |
|--------------|----------------|-----------|--------------|---|----------------------|
| Chem 5 Panel | Cholesterol    | 136 mg/dL | 144-199      |  | 9/21/2005 6:00:00 AM |
| Chem 5 Panel | Triglyceride   |           |              |   |                      |
| Chem 5 Panel | HDL            |           |              |   |                      |
| Chem 5 Panel | Chol/HDL Ratio |           |              |   |                      |
| Chem 5 Panel | LDL            |           |              |   |                      |

**Lab Result History**

| Test Group:              | Collected  | Result    |
|--------------------------|--|-----------|
| Coronary Risk Assessment |  9/21/2005 6:00:00 AM | 136 mg/dL |
|                          | 6/28/2005 6:00:00 AM   | 174 mg/dL |
| Test Name:               | 6/20/2005 7:35:00 AM   | 169 mg/dL |
| Cholesterol              | 3/18/2005 7:25:00 AM   | 165 mg/dL |
| Normal                   | 11/23/2004 7:00:00 AM  | 158 mg/dL |
| 144-199                  | 11/9/2004 6:30:00 AM   | 164 mg/dL |
| Critical                 | 8/3/2004 6:40:00 AM  | 186 mg/dL |
|                          | 3/16/2004 6:00:00 AM   | 160 mg/dL |
|                          | 3/10/2004 6:00:00 AM   | 179 mg/dL |
|                          | 2/6/2004 7:00:00 AM  | 167 mg/dL |
|                          | 12/31/2003 6:00:00 AM  | 175 mg/dL |
|                          | 11/5/2003 6:00:00 AM   | 172 mg/dL |

TOC Expand

# What the clinician sees in Cerner

ePathLink provided by Cerner Corporation - Windows Internet Explorer

Task Reports Tools Help

**Rockland PC, Test** Client Rockland Psychiatric Center Unit/Ward N Roc Clin 150 MRN 9999999 Gender Female

Date of Birth 01/05/1954 Age 58 Years

Demographics Insurance Orders Order View Encounter View Cumulative View

From date: 01/01/2010 To date: 01/31/2012

| Procedure           | Result | Flag | Normal Range   | Critical Range    | Comment | Collect Date/Time |
|---------------------|--------|------|----------------|-------------------|---------|-------------------|
| <b>Chem 1 Panel</b> |        |      |                |                   |         |                   |
| Glucose             | 90     |      | 70-105 mg/dL   | <50, >300 mg...   |         | 2/23/2010 11:40 A |
| BUN                 | 2      | LOW  | 6-19 mg/dL     | >50mg/dL          |         | 2/23/2010 11:40 A |
| Creatinine          | 0.2    | LOW  | 0.4-1.1 mg/dL  | <0.0, >3.0 mg/... |         | 2/23/2010 11:40 A |
| Sodium              | 123 f  | CRIT | 133-145 mEq/L  | <125, >150 m...   |         | 2/23/2010 11:40 A |
| Potassium           | 4.0    |      | 3.3-5.1 mEq/L  | <3.0, >6.0 mE...  |         | 2/23/2010 11:40 A |
| Chloride            | 107    |      | 96-108 mEq/L   |                   |         | 2/23/2010 11:40 A |
| CO2                 | 25     |      | 22-32 mEq/L    | <15, >39 mEq/L    |         | 2/23/2010 11:40 A |
| Alk Phos            | 84     |      | 39-117 Units/L |                   |         | 2/23/2010 11:40 A |
| ALT(SGPT)           | 24     |      | 1-31 Units/L   | >500Units/L       |         | 2/23/2010 11:40 A |
| AST(SGOT)           | 21     |      | 1-31 Units/L   | >500Units/L       |         | 2/23/2010 11:40 A |
| LDH                 | 102    |      | 94-250 Units/L |                   |         | 2/23/2010 11:40 A |
| T. Bilirubin        | 0.4    |      | 0.1-1.1 mg/dL  |                   |         | 2/23/2010 11:40 A |
| Total Protein       | 6.0    |      | 5.9-8.4 g/dL   |                   |         | 2/23/2010 11:40 A |
| Albumin             | 3.8    |      | 3.2-5.2 g/dL   |                   |         | 2/23/2010 11:40 A |

Ready QA issdvas

# Lab Results In MedsManager

Horizon Meds Manager: TEST FACILITY (COHSGME)

System Activities Print Select Patient Order Entry Medication Retail Charges Lab System Maintenance Programs Help

Room: UNIT 1 Name: PATIENT NEW Hosp. #: X555555 Pat. ID: X555555

Comments: Diagnosis: Allergy: PENICILLINS

Age: 68 Sex: M Wgt: 200Kg IBW: 50 BSA: 1.44 CrCl: MDDR KNOW Uncoded

Patient (F3) MED (F4), IV (F5), IT (F6), TPN (F8), Retail (F9) Charges (F7) Lab (F10) Work Queue (F12)

Lab Group: View History

| # | Description             | Units | Low  | High  | Value | Severity | Date              | Specimen | Code | Lab Group | Date of Entry     | Date Modified     |
|---|-------------------------|-------|------|-------|-------|----------|-------------------|----------|------|-----------|-------------------|-------------------|
| 1 | WHITE BLOOD CELL COUNTS | MM-3  | 3000 | 19900 | 7600  | NONE     | 1/4/2008 13:10:47 |          | WBC  |           | 2/4/2008 13:11:07 | 2/4/2008 13:11:07 |

### WHITE BLOOD CELL COUNTS Results

| Date  | Value |
|-------|-------|
| 09/04 | 4878  |
| 10/04 | 4878  |
| 11/04 | 8634  |
| 12/04 | 7600  |
| 01/04 | 7600  |

Minor High: 19902  
Minor Low: 3000

Buttons: Add, Update, View Text

Browse - <ESC> TO SELECT (To Window) JANET Enter the Lab Code

Windows Taskbar: start, N..., O..., M..., J..., M..., M..., H..., 1:11 PM

# Reports generated in Cerner and transmitted to Facility

COMMUNICABLE DISEASE REPORT  
week ending 01/14/2007

Bronx PC ATC  
 Bronx Psychiatric Center Bldg 13 - 1500 Waters Place  
 Bronx, NY 10461-2723  
 Ph: (718) 904-0026

| <u>FNAME</u> | <u>LNAME</u> | <u>BIRTHDATE</u> | <u>CASE NO.</u> | <u>WARD</u> | <u>COLLECTED</u> | <u>TEST</u>   | <u>RESULT</u>    |
|--------------|--------------|------------------|-----------------|-------------|------------------|---------------|------------------|
| TEST         | CASE         | 06/19/1958       | B001234         | ATC/41      | 01/08/2007       | HCV AB CUTOFF | 10.77            |
| TEST         | CASE         | 06/19/1958       | B001234         | ATC/41      | 01/08/2007       | HEP C AB      | REACTIVE         |
| BRONX        | BOMBER       | 06/11/1955       | B002345         | ATC/41      | 01/08/2007       | HCV AB CUTOFF | 50.52            |
| BRONX        | BOMBER       | 06/11/1955       | B002345         | ATC/41      | 01/08/2007       | HEP C AB      | REACTIVE         |
| POLLY        | POCKET       | 08/23/1956       | B003456         | ATC/41      | 01/05/2007       | HCV AB CUTOFF | 8.02             |
| POLLY        | POCKET       | 08/23/1956       | B003456         | ATC/41      | 01/05/2007       | HEP C AB      | REACTIVE         |
| CAESAR       | SALAD        | 10/02/1957       | B005678         | ATC/41      | 01/10/2007       | MHATP         | POSITIVE         |
| CAESAR       | SALAD        | 10/02/1957       | B005678         | ATC/41      | 01/10/2007       | RPR           | POSITIVE         |
| CAESAR       | SALAD        | 10/02/1957       | B005678         | ATC/41      | 01/10/2007       | RPR TITER     | <u>TITER 1:1</u> |

# Horizon Meds Manager Pharmacy Information System

Distributive, Clinical Decision Support and  
Administrative Pharmacy Software

# Meds Manager Features

- Multi-facility
- Decision supported order entry
- Allergy, drug interaction screening
- Clinical Drug Utilization reports
- Global Administrative Functions
- Browse capacity for non pharmacy clinicians
- Lab data available in Meds Manager
- Outpatient functionality
- Reporting programs for Controlled substances and Clozapine Registry requirements

# Patient Medication Profile

MED-Solution: CAPITAL DISTRICT PSYCHIATRIC CENTER (COHSJPM) \_ [ ] X

System Print Select Patient Medication Retail Charges Lab System Maintenance Programs Help

Room  Name  Hosp. #  Pat. ID

Comments  Diagnosis  Allergy **ASPIRIN**

Age  Sex  Hgt  cm Wgt  Kg CrCl  MDKRISHNAPPA K Uncoded **POLLEN**

Patient (F3) MED (F4), IV (F5), IT (F6), TPN (F8), Retail (F9) Charges (F7) Lab (F10) Work Queue (F12)

|   | Description   | Dose      | Form | Strength    | Route | Freq/Rate | Rx #    | Start            | Stop/Days        | Type  | MD               | Visit | Size   | Measure |
|---|---|-----------|------|-------------|-------|-----------|---------|------------------|------------------|-------|------------------|-------|--------|---------|
| 1 |  CHLORPHENIRAMINE MALEATE      | 4 MG      | TABS | 4 MG        | PO    | TID P     | 2342886 | 12/10/2003 12:18 |                  | STAND | KRISHNAPPA K I-1 |       | 1 EA   |         |
| 2 |  FLUTICASONE PROPIONATE 220MCG | 1 PUFF    | AERO | 220 MCG/ACT | INH   | BID       | 2424526 | 1/21/2004 20:00  | 02/20/2004 08:01 | STAND | KRISHNAPPA K I-1 |       | 7.9 GM |         |
| 3 |  VITAMIN E                     | 400 UNITS | CAPS | 400 UNITS   | PO    | TID       | 2424528 | 1/21/2004 16:00  | 02/20/2004 08:01 | STAND | KRISHNAPPA K I-1 |       | 1 EA   |         |
| 4 |  HYDROCHLOROTHIAZIDE           | 25 MG     | TABS | 25 MG       | PO    | QAM       | 2455735 | 2/4/2004 11:00   | 03/05/2004 08:01 | STAND | KRISHNAPPA K I-1 |       | 1 EA   |         |

| Description   | Dose | Strength | Size | Brand | Item Freq | Disp Cntl | Bulk | Units Per Dose | Rx Dose | ASO | Route | PRN                      | Freq |
|---|------|----------|------|-------|-----------|-----------|------|----------------|---------|-----|-------|--------------------------|------|
|  |      |          |      |       |           |           |      |                |         |     |       | <input type="checkbox"/> |      |

Dose Limit  Start  Stop  Prescribed?   
 Par  Disp  STAND MD

Done

Add - <ESC> TO END DATA ENTRY CARTFILL 2/5/2004 08:00:00 (To Window)24 CDF Enter the medication description

# Decision Support Detects Interaction

MED-Solution: CAPITAL DISTRICT PSYCHIATRIC CENTER (COHSJPM)

System Print Select Patient Medication Retail Charges Lab System Maintenance Programs Help

Room UNIT C Name TEST24 Hosp. # 1212123 Pat. ID 1212123

Comments DOB=7/24/46 Diagnosis GERD, SCHIZO AFFECTIVE DISORD Allergy ASPIRIN  
 Age 57 Sex M Hgt 178.3 cm Wgt 104.33 Kg CrCl MDKRISHNAPPA K Uncoded POLLEN

Patient (F3) MED (F4), IV (F5), IT (F6), TPN (F8), Retail (F9) Charges (F7) Lab (F10) Work Queue (F12)

| Description                     | Dose      | Form | Strength    | Route | Freq/Rate | Rx #    | Start            | Stop/Days        | Type  | MD           | Visit | Size   | Measure |
|---------------------------------|-----------|------|-------------|-------|-----------|---------|------------------|------------------|-------|--------------|-------|--------|---------|
| 1 CHLORPHENIRAMINE MALEATE      | 4 MG      | TABS | 4 MG        | PO    | TID P     | 2342886 | 12/10/2003 12:18 |                  | STAND | KRISHNAPPA K | I-1   | 1 EA   |         |
| 2 FLUTICASONE PROPIONATE 220MCG | 1 PUFF    | AERD | 220 MCG/ACT | INH   | BID       | 2424526 | 1/21/2004 20:00  | 02/20/2004 08:01 | STAND | KRISHNAPPA K | I-1   | 7.9 GM |         |
| 3 VITAMIN E                     | 400 UNITS | CAPS | 400 UNITS   | PO    | TID       | 2424528 | 1/21/2004 16:00  | 02/20/2004 08:01 | STAND | KRISHNAPPA K | I-1   | 1 EA   |         |
| 4 HYDROCHLOROTHIAZIDE           | 25 MG     | TABS | 25 MG       | PO    | TID       | 2455325 | 2/11/2004 11:00  | 02/20/2004 08:01 | STAND | KRISHNAPPA K | I-1   | 1 EA   |         |

**Add Therapy Summary**

Stat Dose: <Enter> to Add and Charge Edit Cancel <Esc>

Add with Attachments Stock Area

2/4/2004 - 3/5/2004 LITHIUM CARBONATE 300 MG PO TID DISP.QTY: 0 CENTRAL

| Type               | Warning  |
|--------------------|--|
| 1 Drug Interaction | LITHIUM CARBONATE Rx:New Rx with<br>HYDROCHLOROTHIAZIDE Rx:New Rx (On<br>02/04/2004)<br>Onset: Delayed Severity: Major<br>Documentation: Established<br><br>HYDROCHLOROTHIAZIDE may decrease the<br>renal excretion of LITHIUM CARBONATE and<br>produce elevated serum lithium<br>concentrations with toxicity. Adjustment + |

View Warning View Full Report

Description: LITHIUM CARBONATE

Route: PO PRN:  Freq: TID

Dose Limit: Start: 2/4/2004 16:00 Stop: 3/5/2004 08:01 Prescribed?

Par 3 Disp STAND MD 00007 KRISHNAPPA K

Done

Add - <ESC> TO END DATA ENTRY | CARTFILL 2/5/2004 08:00:00 | (To Window)24 CDF | Enter the name of the Ordering MD

# Therapeutic Intervention Attachment

MED-Solution: CAPITAL DISTRICT PSYCHIATRIC CENTER (COHSJPM)

System Print Select Patient Medication Retail Charges Lab System Maintenance Programs Help

Room UNIT C Name TEST24 Hosp. # 1212123 Pat. ID 1212123

Comments DOB=7/24/46 Diagnosis GERD, SCHIZO AFFECTIVE DISORD Allergy ASPIRIN  
 Age 57 Sex M Hgt 162.3 cm Wgt 104.33 Kg CrCl MDKRISHNAPPA K Uncoded POLLEN

Patient (F3) MED (F4), IV (F5), IT (F6), TPN (F8), Retail (F9) Charges (F7) Lab (F10) Work Queue (F12)

| Description                   | Dose | Form | Strength | Route | Freq/Rate | Rx # | Attachments | Start | Stop/Days | Type | MD                     | Visit |
|-------------------------------|------|------|----------|-------|-----------|------|-------------|-------|-----------|------|------------------------|-------|
| 1 CHLORPHENIRAMINE MALEATE    |      |      |          |       |           |      |             |       |           |      | STAND KRISHNAPPA K I-1 |       |
| 2 FLUTICASON PROPIONATE 220MC |      |      |          |       |           |      |             |       |           |      | STAND KRISHNAPPA K I-1 |       |
| 3 HYDROCHLOROTHIAZIDE         |      |      |          |       |           |      |             |       |           |      | STAND KRISHNAPPA K I-1 |       |
| 4 VITAMIN E                   |      |      |          |       |           |      |             |       |           |      | STAND KRISHNAPPA K I-1 |       |
| 5 LITHIUM CARBONATE           |      |      |          |       |           |      |             |       |           |      | STAND KRISHNAPPA K I-1 |       |

**Therapy Attachments (Rx # 2455782)**

| Date           | Open | Type         | From    | To |
|----------------|------|--------------|---------|----|
| 2/4/2004 11:11 | Y    | Intervention | COHSJPM |    |

Date: 2/4/2004 11:11 Type: Intervention Intervention: LAB DRUG MONI  
 From: COHSJPM To:   Open

Therapy 1: HYDROCHLOROTHIAZIDE Therapy 2: LITHIUM

Recommendation: Change therapy

SUGGEST CHANGING DIURETIC. CONSULT FORMULARY FOR SELECTIONS

Accepted  Reduced LOS Days:   Reduced Morbidity  Cost Impact

Outcome: Avoided possible ADR

MD WILL MONITOR PATIENT

Add Update Print Print ALL MED\_CD E-Mail Done

Update - <ESC> TO END DATA ENTRY

Route PRN Freq  
 PO   TID

Stop Prescribed? 2004 16:00 3/5/2004 08:01

Par 3 Disp 0 STAND MD D0007 KRISHNAPPA K

|        |       |             |        |         |          |                 |           |
|--------|-------|-------------|--------|---------|----------|-----------------|-----------|
| Add    | D/C   | Add Joined  | Charge | Reorder | Verify   | Sched           | Replicate |
| Update | Label | Add Chained | Hold   | Teach   | Protocol | Print (Default) | Inactives |

Browse - <ESC> TO SELECT (To Window)24 CDF Enter the medication description





# Custom Report for Drug Timeline

ATYPICAL MMY

1 of 3 Total:24 100% 24 of 24

Preview

ATYPICAL MMY  
0048129  
1212123

Wednesday, February 4, 2004

NY State Office of Mental Health

**CAPITAL DISTRICT PSYCHIATRIC CENTER  
ATYPICAL DRUGS**

FROM: 06/04/2002 THRU: 06/04/2003

| NAME          | PatientID  | VISIT #              | ADMIT DATE | DISCHARGE DATE |      |
|---------------|------------|----------------------|------------|----------------|------|
| START DATE    | STOP DATE  | DESCRIPTION          | STRENGTH   | DOSE           | FREQ |
| <b>TEST24</b> |            |                      |            |                |      |
| 8 / 2002      |            |                      |            |                |      |
| 08/29/2002    | 09/11/2002 | ZIPRASIDONE          | 20 MG      | 20 MG          | BID  |
| 11 / 2002     |            |                      |            |                |      |
| 11/01/2002    | 11/01/2002 | ZIPRASIDONE MESYLATE | 20 MG/ML   | 20 MG/ML       | STAT |
| 11/01/2002    | 11/01/2002 | ZIPRASIDONE MESYLATE | 20 MG/ML   | 20 MG/ML       | STAT |
| 11/13/2002    | 11/18/2002 | ZIPRASIDONE          | 40 MG      | 40 MG          | QD   |
| 1 / 2003      |            |                      |            |                |      |
| 01/01/2003    | 01/01/2003 | ZIPRASIDONE          | 60 MG      | 60 MG          | BID  |
| 01/31/2003    | 02/19/2003 | ZIPRASIDONE          | 80 MG      | 80 MG          | BID  |
| 2 / 2003      |            |                      |            |                |      |
| 02/11/2003    | 02/11/2003 | QUETIAPINE FUMARATE  | 100 MG     | 100 MG         | BID  |
| 02/13/2003    | 02/13/2003 | OLANZAPINE ZYDIS     | 15 MG      | 15 MG          | QD   |
| 02/13/2003    | 02/13/2003 | OLANZAPINE ZYDIS     | 20 MG      | 20 MG          | QD   |

# Summary

- Meds Manager 8.1 is in use by all 25 OMH facilities. The earlier version (MED-Solution) has been in use since June of 2000.
- Lab data is downloaded into Meds Manager from the current Cerner Lab System.
- A history database has been developed and non pharmacists are able to browse and run reports against history since the beginning of use of MED-Solution.

# Applications Using Meds Manager Data

- Data from Meds Manager is incorporated into PSYCKES (Psychiatric Services and Clinical Knowledge Enhancement System).
- Meds Manager data is also used by NKI for its IRDB (Integrated Research DataBase) information
- NIMRS and MHARS rely on Meds Manager to supply patient medication information
- Open Dental interface so Dentist has current medication profile

# Infection Control Programs

- **Principal Goals –**
  - **Protect the Patient;**
  - **Protect the Healthcare Worker;**
  - **Provide Cost-effective Infection Control**
- **Primary Functions –**
  - **Managing critical data and information;**
  - **Reporting of Infectious Disease outbreaks**
  - **Developing and recommending policies/procedures;**
  - **Direct intervention to interrupt transmission of infectious diseases;**
  - **Education and training of healthcare workers**
  - **Employee Health**

# Infection Control Nurse

- ✿ **The Infection Control Nurse at each facility manages the Infection Control Program**
  - ✿ **Written Infection Control Plan**
  - ✿ **Ongoing risk assessment**
  - ✿ **Prioritize risks**
  - ✿ **Implementation of effective IC strategies and processes**
  - ✿ **Annual Evaluation of the IC Program effectiveness**

# OMH EMR Needs- Track 1

- Computerized Prescriber Order Entry (CPOE) with Clinical Decision Support (CDS) capability
- Nursing Bar Code Medication Administration (BCMA)
- Provide E-prescribing capabilities at OMH hospitals and outpatient clinics
- Provide a complete electronic record for ALL laboratory tests- Cerner, Stat tests, Point of Care (POCT), Laboratory contract

# Technology Environment for EMR

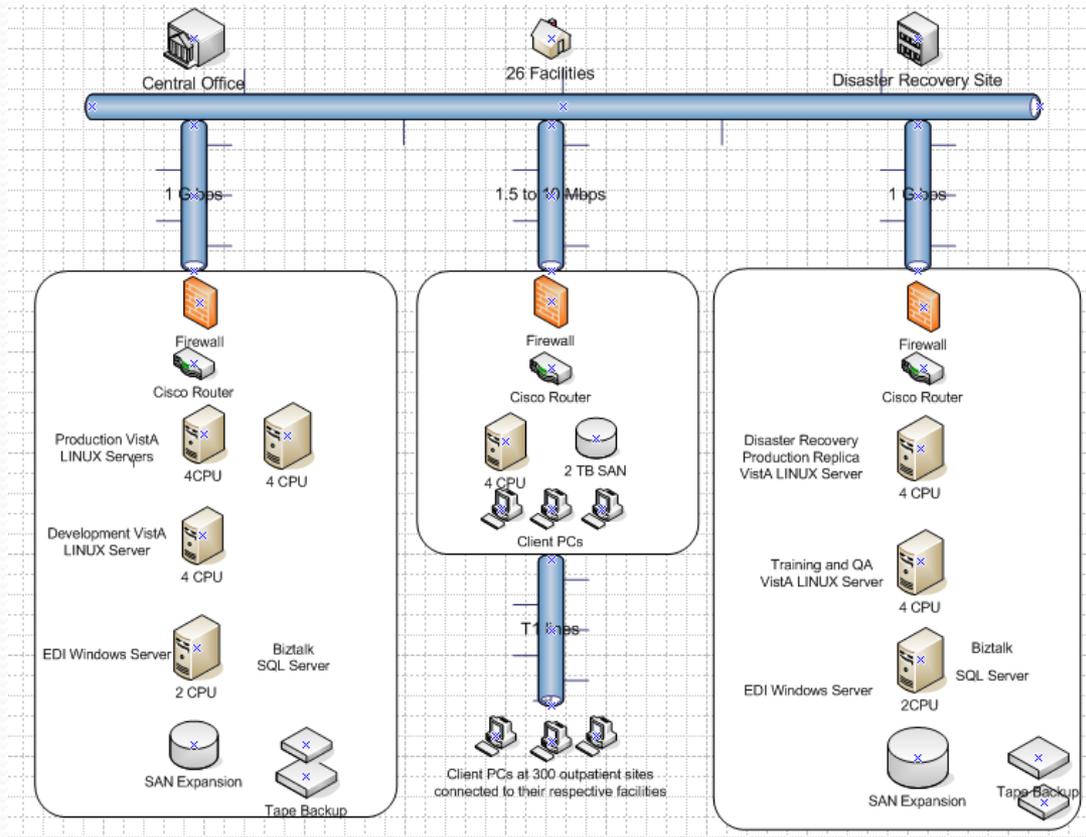
Presented by  
Scott Derby

Director Application Services

# Overview of Hardware & Network Configuration

- Page 22 2.3 statewide computing environment
- Page 23 2.3.2 OMH network
- Page 99 central office HW configuration
- The stated HW/SW configuration is accurate for this bid. OMH will in the future provide upgrades as needed to support operations
- VDI Options for future deployment of EMR

# Virtual Server and Network Configuration



# Server Available Likely to Change for the Better

| Server Functions        | Dell Model # | Processors (cores) | Memory | Disk           | Total # |
|-------------------------|--------------|--------------------|--------|----------------|---------|
| VistA Cache - Prod      | R910         | 4(8)               | 128G   | Dual 146G, 15K | 2       |
| VistA Application Prod  | R715         | 2(12)              | 32G    | Dual 146G, 15K | 3       |
| VistA Cache QA-DR       | R910         | 4(8)               | 128G   | Dual 146G, 15K | 1       |
| VistA Application QA-DR | R715         | 2(12)              | 32G    | Dual 146G, 15K | 2       |
| VistA Dev Cache         | R715         | 2(8)               | 32G    | Dual 146G, 10K | 1       |
| VistA Dev App.          | Virtual      | 2(1)               | 4G     | 20G            | 2       |

# OMH Programming Environment

- VB6 supports our client service applications
- For this discussion MHARS Classic is the target of VB6
- VB6.net or C#.net is common for all other EMR targeted applications – MHARS does contain a VB6.net component
- OMH does support Microsoft Biztalk 2008
- Plan on using Microsoft Sharepoint as a teamsite for EMR project management
- Most application interfaces are Oracle Db-links however connections like Enterprise Service Bus (“ESB”), Healthshare or Biztalk –ADT are available.

# Overview of Agile Systems Development Life Cycle

- Page 25 3.2.4
- Primarily used for RFP Track 2 development
- Will be used for RFP Track 1 configuration
- OMH EMR team will have received basic training on the OMH Agile process and expectation of participation

# Overview of Agile Systems Development Life Cycle

- OMH is constantly refining and creating new content in this area. OMH expects the Vendor to cooperate in the effort and make the effort to incorporate this work into the overall EMR process
- OMH expects Business Process Modeling (BPM) to be used as needed to define the existing, modified and new BP as this effort unfolds
- OMH plans to use generic BPMN compliant BP software

# System Development Life Cycle Software to Support Agile

- Team Foundation Server installed and available
- TFS V 11 possible by end of 2012
- TFS used to house documents for business process, test scenarios and plans and deployment options, requirement/bug fixes, open problems, source code etc
- Business process mapping using generic BPMN compliant process modeling tool

# Why has OMH Committed to Agile Methodology for the EMR?

- **Faster Time to Market**

Using the Agile process, working software is delivered on a regular and frequent basis, weeks rather than months.

- **Immediate Business Value**

The Agile process emphasizes working with business stakeholders to determine requirements and priorities. Cross-collaboration teams of business stakeholders and developers work closely on a regular basis to maintain focus and continuity of communication. Consequently, each software product delivers value to the user.

# Why has OMH Committed to Agile Methodology for the EMR?

- **Flexibility**

The Agile process allows for the project to respond quickly to changing circumstances such as changes in functional and technical requirements or external mandates. It is well-accepted that as projects progress, requirements become more fully understood; the Agile process supports that increase in understanding. Flexibility also results in a reduction of overall risk.

- **Quality**

Close collaboration and regular meetings between business stakeholders and the development team results in continuous attention to technical excellence and good design.

# Why has OMH Committed to Agile Methodology for the EMR?

- **Customer Satisfaction**

Customer satisfaction is improved by active business stakeholder input on requirements and rapid and regular delivery of useful software. Priorities are set by the customer and reflect their needs. Not only do the stakeholders decide what to work on initially but continue to provide that direction throughout the project.

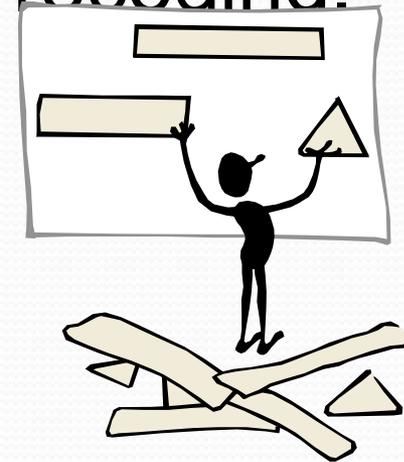
- **Sustainability**

The Agile process promotes sustainable development, a continuous project over a lasting period. This benefit allows for efficient utilization of resources across time and the additional benefit of continuous collaboration and communication.

# Why has OMH Committed to Agile Methodology for the EMR?

- **Lower Cost**

The Agile process results in less risk of missed and misunderstood requirements, thus, less risk of redesign and recoding.



# System Development Life Cycle Software to Support Agile

- Team Foundation Server installed and available



- TFS V 11 possible by end of 2012
- TFS used to house documents for business process, test scenarios and plans and deployment options, requirement/bug fixes, open problems, source code etc
- Business process mapping using generic BPMN compliant process modeling tool

# Master Patient Index

- Master Data Management is a current project to integrate existing OMH applications for master patient index processing.
- The work product will be available to the selected Vendor as a base code set and technology standard for integration of your OMH EMR Solution to the OMH MDM Solution.
- The software being utilized is IBM Initiate, which will be in Production status by the time the EMR Contract is awarded.

# Health Information Exchanges

- OMH is actively pursuing Health Information Exchanges (HIE) with various entities
- OMH has InterSystems HealthShare software to manage our health data exchange
- OMH also has an enterprise service bus (ESB) that may be used if needed
- OMH also has InterSystems Ensemble software to 'join' existing Oracle with Cache data files.



# OMH EMR Information

## Technology Team (Day 2 Presenters)

- Manager of Patient Systems – Pete Carroll
- Business Process & User Support – Barbara Scalzo
- Technical Support – James Smith
- Pharmacy Lead – Kay McCampbell
- Laboratory Lead – Ginny Scholz
- Data Interface – Ginny Scholz & James Smith

# Master Patient Index

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# Health Information Exchanges

- OMH is actively pursuing Health Information Exchanges (HIE) with various entities
- OMH has InterSystems HealthShare software to manage our health data exchange
- OMH also has an enterprise service bus (ESB) that may be used if needed
- OMH also has InterSystems Ensemble software to 'join' existing Oracle with Cache data files.

# The Challenge

- New database and software technology
- Largest single project to replace an existing application suite at OMH
- Will touch sections of our hospital operation that has not traditionally been involved with IT on this scale
- Must be reliable in performance and consistency of function
- Huge coordination and training effort for all

# The Promise

- Will transform how OMH uses IT to manage delivery of patient services across our hospitals

# Break

- 15 Minutes



# Sectional Overview of RFP

Joel Rubin M.B.A, P.M.P.  
Information Technology Specialist 3

Scott Derby  
Director Patient Information Systems

# Key Terms

(Glossary is provided as Exhibit 18)

- As-Is VistA Solution - The Bidder's VistA product as it exists at the time of submission of the Bid.
- Base VistA – The VistA solution to be implemented in the Track 1 Implementation (VistA CPOE, BCMA, Pharmacy and CPRSmodules)
- OMH EMR – the Core Functions in the Base VistA Solution, plus any remaining Core Functions not delivered in the Track 1 Implementation, and any Additional Functionality or Enhancements.

# Key Terms

- Core Functions – The functions set forth in the Requirements Traceability Matrix in Exhibit 17.
- Track 1 – implement the Base VistA to selected users at 25 facilities. ADT feed to Base VistA from MHARS
- Track 2 – ADT feed from OMH EMR replaces old MHARS interfaces

# Sectional Overview of RFP

1. Introduction
2. OMH Systems Background
3. Mandatory Contractor Requirements
4. EMR Project Scope
5. Supporting Information
6. Enhancements
7. RFP Evaluation Criteria and Bid Submission Requirements
8. Contract Boilerplate and Other Required Provisions
9. Library of Attachments and Forms

# Sectional Overview of RFP

## Section 1.0 Introduction

- 1.4 Contract Information
  - Fixed Price Bid to deliver Core Functions and Deliverables
  - Flat Hourly Rate to carry out Additional Functionality and Additional Deliverables
  - Base Contract Term – Five Years plus two optional one-year renewals.
- 1.5 Related Procurements
  - Independent Validation and Verification Vendor will be procured to provide project management, quality control and assurance, oversight, and risk mitigation

# Sectional Overview of RFP

## Section 2.0 OMH Systems Background

- OMH Patient Systems were introduced in this morning's Clinical Overview presentation.
- They will be covered in greater detail in the Day 2 presentations of five patient systems: MHARS, MedsManager, Cerner Lab, NIMRS and Open Dental
- The OMH EMR must support the Inpatient and Outpatient Billing Systems once MHARS is replaced. (See: Requirements Traceability Matrix "Services Recording")

# Sectional Overview of RFP

## Section 3.0 Mandatory Contractor Requirements

Mandatory Requirements for Firm (Submit on Attachment S1) **Five years** experience in:

- implementing a VistA-based EMR Solution at multiple facilities within a single hospital entity or state agency.
- using project management best practices to successfully manage and implement a multi-facility EMR Project.
- using the firm's clinical and nursing expertise to drive process reengineering and training.
- software design, development, testing, configuration, customization, and integration with third party software to solve business problems and meet business needs.

# Sectional Overview of RFP

## Section 3.0 Mandatory Contractor Requirements

The OMH will be conducting reference checks for both the Bidder's Firm, and the Proposed Key Staff, including any subcontractors.

- Project experience for the Firm must be described on **ATTACHMENT S1: Mandatory Qualifications Detail Form – Firm.**
- Project references for the Firm must be provided on **ATTACHMENT Q: Project Abstract Form.** Print out one copy of the form for each project reference. Prime Contractor: 2 Project References, plus 1 for any subcontractors whose experience is being applied to the Firm's experience.

# Sectional Overview of RFP

## Section 3.0 Mandatory Contractor Requirements

Mandatory Requirements for Firm (submit in Project Summary):

- Demonstrate relationship with the VA and outline plans to keep the OMH EMR current with all VistA development and modifications
- Outline strategy to stay abreast of VA's planned move to a more modular, open VistA structure and establish an online Open Source community

# Sectional Overview of RFP

## Section 3.2 Key Staff

- Six Key Staff Roles:
  - Project Manager
  - Technical Solutions Architect
  - Clinical Solutions Architect
  - Implementation/Training Manager
  - Lead Business Analyst
  - Lead Pharmacy Expert
- Project experience for the Proposed Key Staff must be described, and 2 references provided on ATTACHMENT S: Mandatory Qualifications Detail Form – *<key staff role>*

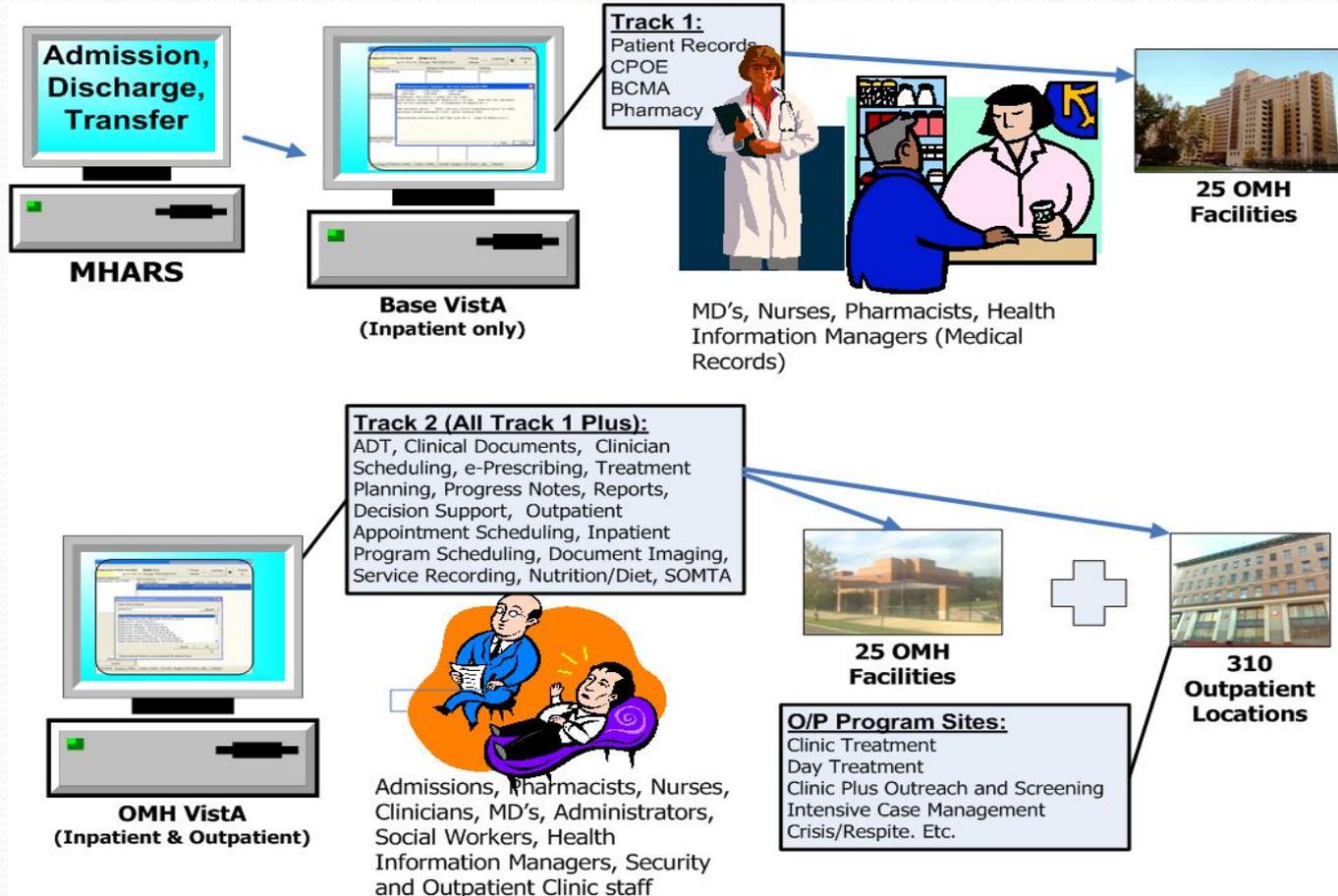
# Sectional Overview of RFP

## Section 4.0 EMR Project Scope

- **Exhibit 17 – Requirements Traceability Matrix**
- **Table 4-1 OMH EMR Project Deliverables (56 Total)**
  - Project Management
  - Requirements
  - Design Deliverables
  - Development Deliverables
  - Testing Deliverables
  - Training Deliverables
  - Implementation Deliverables
  - Maintenance/On-going Support Deliverables
  - Software Deliverables
  - Project Closure Deliverables

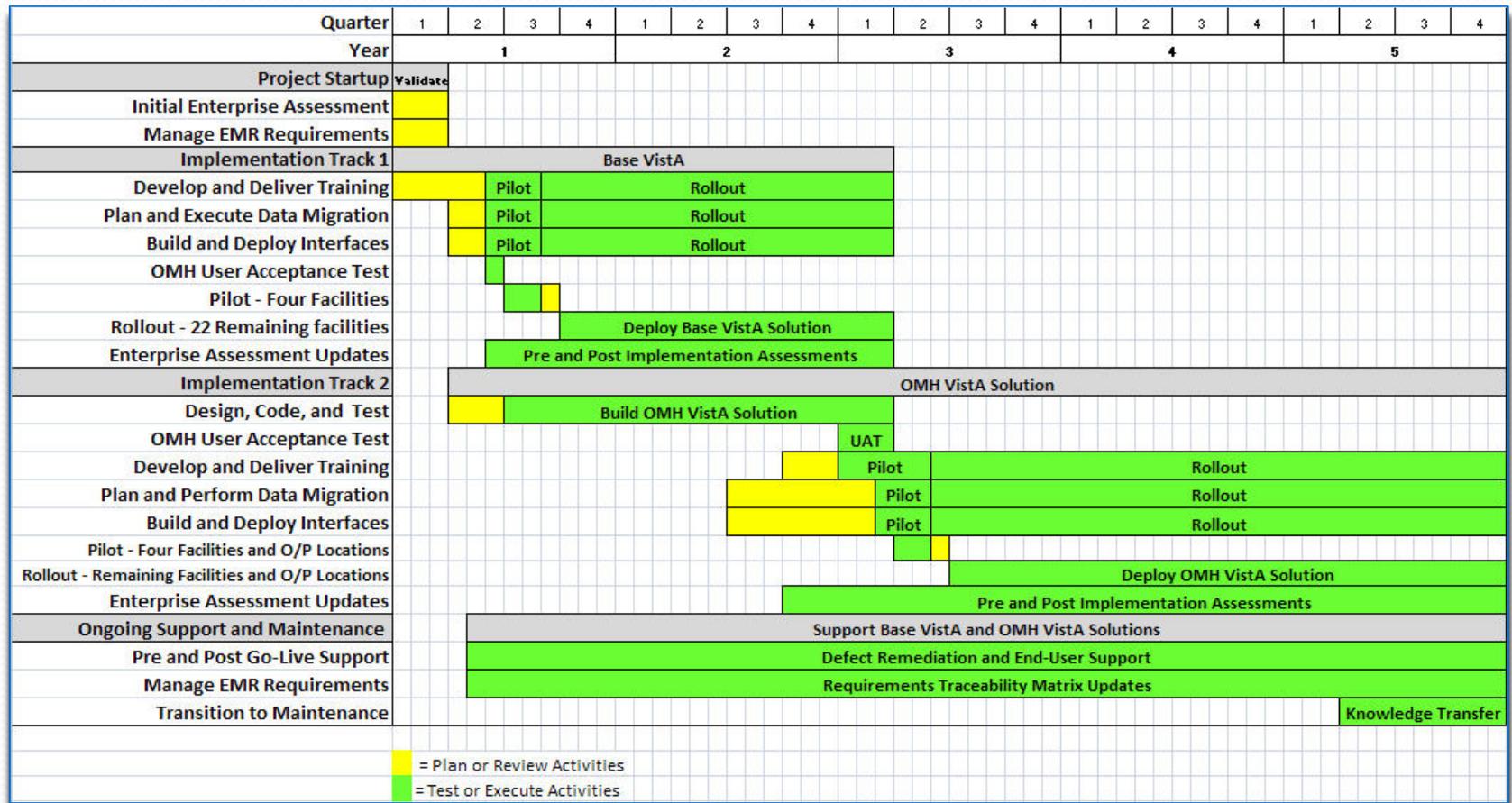
# Sectional Overview of RFP

## Section 4.0 EMR Project Scope



# Sectional Overview of RFP

## Section 4.0 EMR Project Scope





# Anticipated Pilot Sites

(Subject to Change)

- OMH Central Office – Albany, NY
- South Beach PC – Staten Island, NY
- Capital District Psychiatric Center – Albany, NY
- Central New York Psychiatric Center – Marcy, NY
- Brooklyn Children’s Center – Brooklyn, NY

# Sectional Overview of RFP

## Section 4.0 EMR Project Scope

### Exhibit 17 – Requirements Traceability Matrix

- ADT | BCMA | Business | Caseload Management  
Clinical Documents | Clinician Scheduling | Codes |  
CPOE | Decision Support | **Document Imaging** |  
Education | General **Inpatient Program Scheduling** |  
**Interface/Migration** | Laboratory | Nutrition/Diet |  
Outpatient Appointment Scheduling | Patient Record |  
Pharmacy | Printing | Progress Notes | Provider  
Management | Reports | Security/Auditing | Service  
Recording | SOMTA | Technical | **Training** | Treatment  
Plan | Workflow

### Requirement Categories

# Sectional Overview of RFP

## Section 5.0 Supporting Information

- 5.1. OMH Facilities and User Counts
- 5.2. OMH's Proposed Hardware Architecture
- 5.3. OMH Hardware/Software Configuration to support EMR Project
- 5.4. Inpatient and Outpatient Counts by facility
  - Exhibit 16\_Inpatient counts by ward within Facility.xls
  - Exhibit 16\_Outpatient counts by unit-clinic within Facility.xls

# Sectional Overview of RFP

## Section 6.0 Enhancements

- Enhancements are “Additional Functionality and Additional Deliverables” (not stated in the RFP )
- Describes Enhancement Request Process and includes template for OMH Enhancement requests

| Enhancement Request Template                                       |   |  |
|--|---|--|
| <b>OMH Enhancement Request</b>                                     |   |  |
| <b>Requested By</b>  | <b>Project Role</b>                     | <b>Signature</b>   |
|  | OMH Project Manager                     |  |
| <b>Enhancement TITLE:</b>  |   |  |
| <b>OMH Description Of Proposed Enhancement</b>                     |   |  |
| <b>Reason for Enhancement and Impact of Not Making the Change:</b> |   |  |
| <b>Contractor Response</b>   |   |  |
| <b>Job Category Per Attachment O List Categories</b>               | <b>Estimated Hours for Job Category</b> | <b>Total Charge for Job Category (Number of Hours x Cost per Hour)</b> |
|  |   |  |
|  |   |  |

# Sectional Overview of RFP

## Section 7.0 RFP Evaluation Criteria and Bid Submission Requirements

Will be covered in greater detail by:

- David Milstein in his upcoming talk on the Evaluation and Selection Process
- Sheila Long in her upcoming presentation on the Bid Documents and Mandatory Package

# Sectional Overview of RFP

## Section 8.0 Contract Boilerplate and Other Required Provisions

- Conditions under which we may Terminate the Agreement, Suspend Work
- Dispute Resolution – Good faith effort to settle amicably
- Software Licenses
- Warranties – 18 months after the final acceptance of the final OMH EMR implementation and acceptance

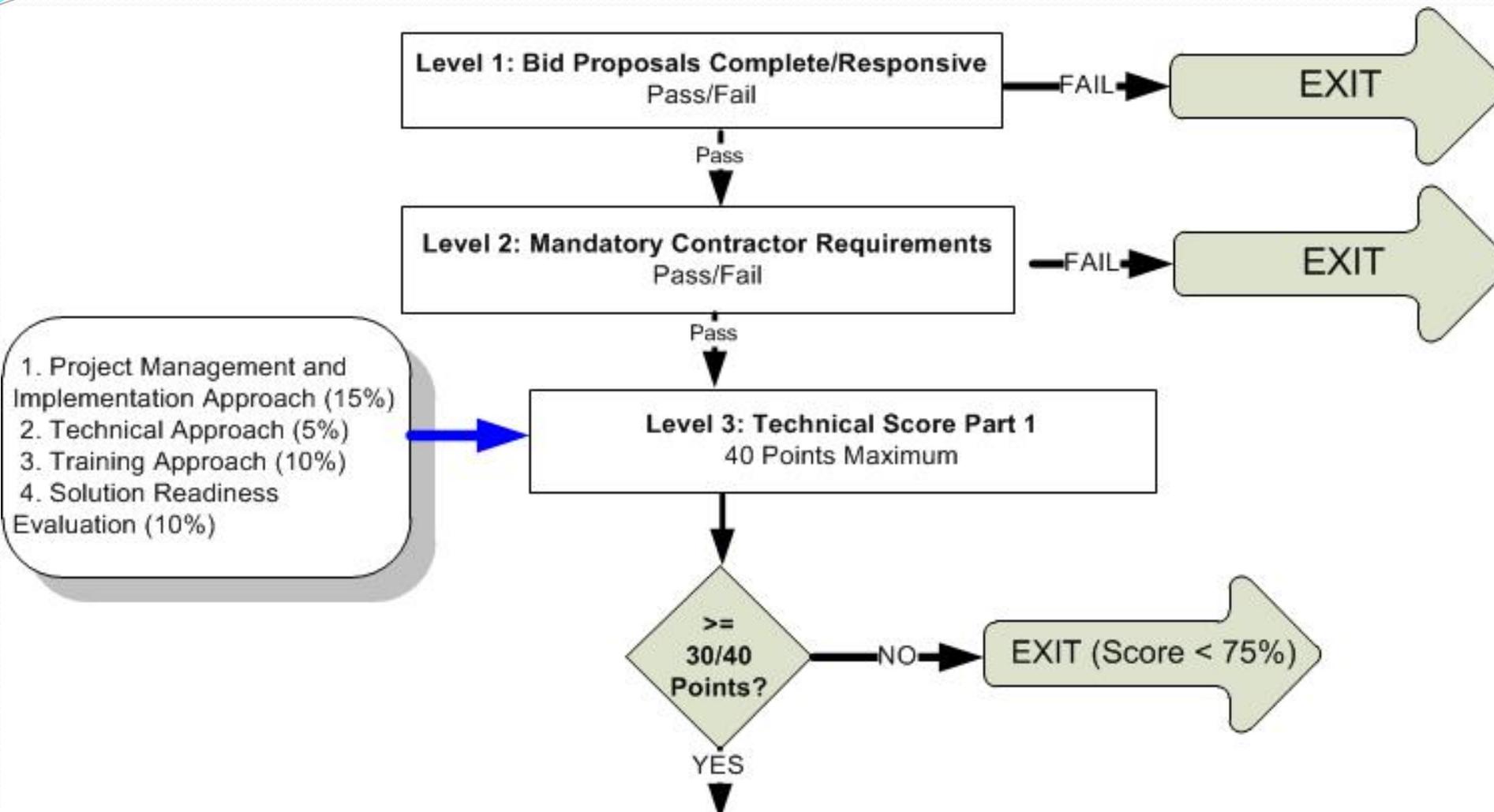
# Sectional Overview of RFP

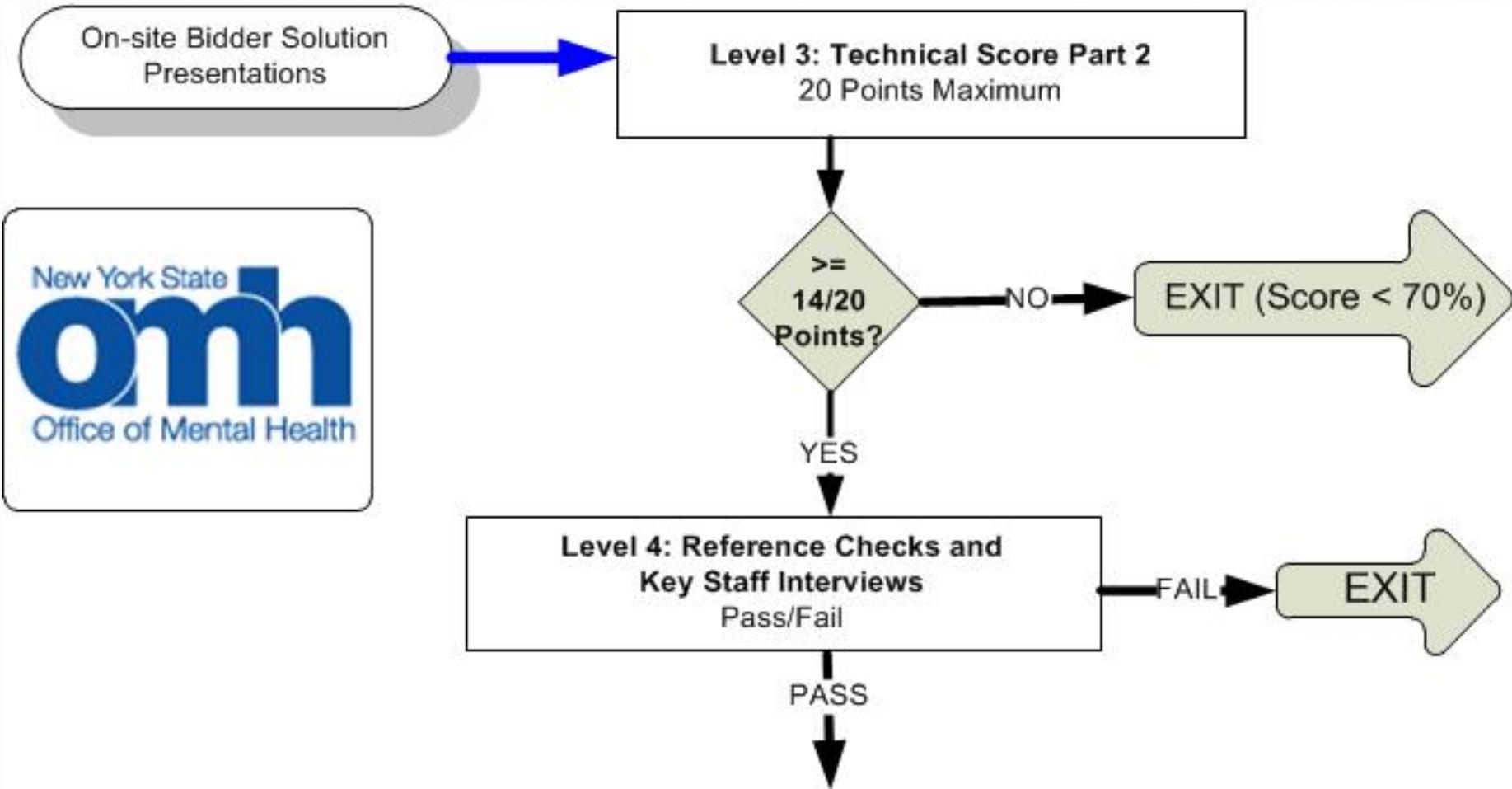
## Section 9.0 Library of Attachments and Forms

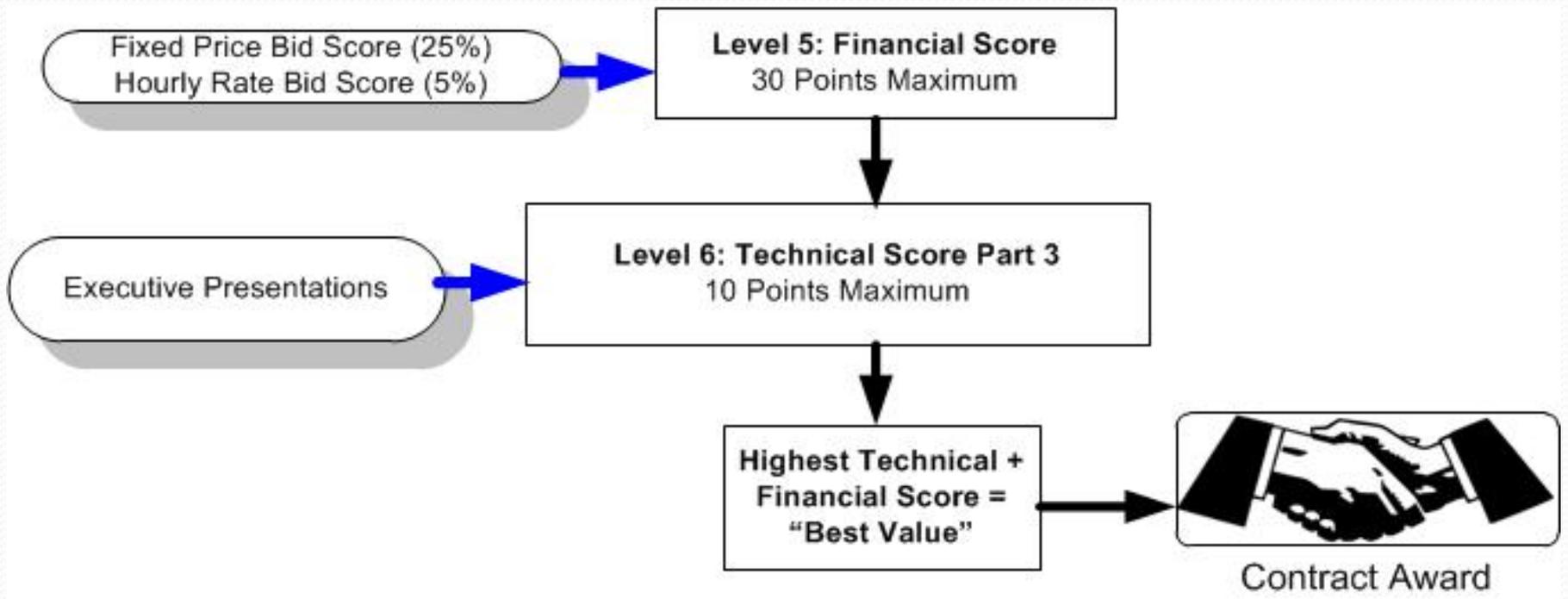
- Forms to submit with either the Technical or Financial Proposal

# Evaluation and Selection Process

David Milstein, Esq.  
Director of Procurement Services







# MWBE Goals

# MWBE Goals

- **Total MWBE Goal for this solicitation: 20%**
- **MBE: 12%    WBE: 8%**

# MWBE Goals

## ATTACHMENT L: MWBE CONTRACTOR UTILIZATION PLAN

NEW YORK STATE  
OFFICE OF MENTAL HEALTH  
MINORITY AND WOMEN BUSINESS ENTERPRISES  
PROGRAM

Contract # \_\_\_\_\_

1. NAME :

4. FEDERAL ID OR SSN.

2. ADDRESS:

3. TELEPHONE NUMBER

5. CONTRACT NUMBER:

6. TOTAL CONTRACT AMOUNT: \$

10. MWBE SUBCONTRACTORS.

11. CLASSIFIC.

12. SUBCONTRACTOR'S FEDERAL ID/ SSN.

13. DESCR.

NAME:

MBE

ADDRESS:

WBE

PHONE NO.:

NAME:

MBE

ADDRESS:

WBE

## ATTACHMENT M: MWBE REQUEST FOR WAIVER

NEW YORK STATE  
OFFICE OF MENTAL HEALTH  
MINORITY AND WOMEN BUSINESS ENTERPRISES  
PROGRAM

Contract # \_\_\_\_\_

1. NAME AND ADDRESS

4. CONTRACT DESCRIPTION

2. TELEPHONE NUMBER

5. CONTRACT NUMBER

3. FEDERAL ID OR SOCIAL SECURITY NO.

6. TOTAL CONTRACT AMOUNT

11. REASONS FOR REQUESTING THE WAIVER (Use additional sheet(s) if necessary)

# Bid Proposal Submission Requirements

RFP Sections 7.4 and 7.5

Sheila Long

Contract Management Specialist 3

# Four Critical reminders:

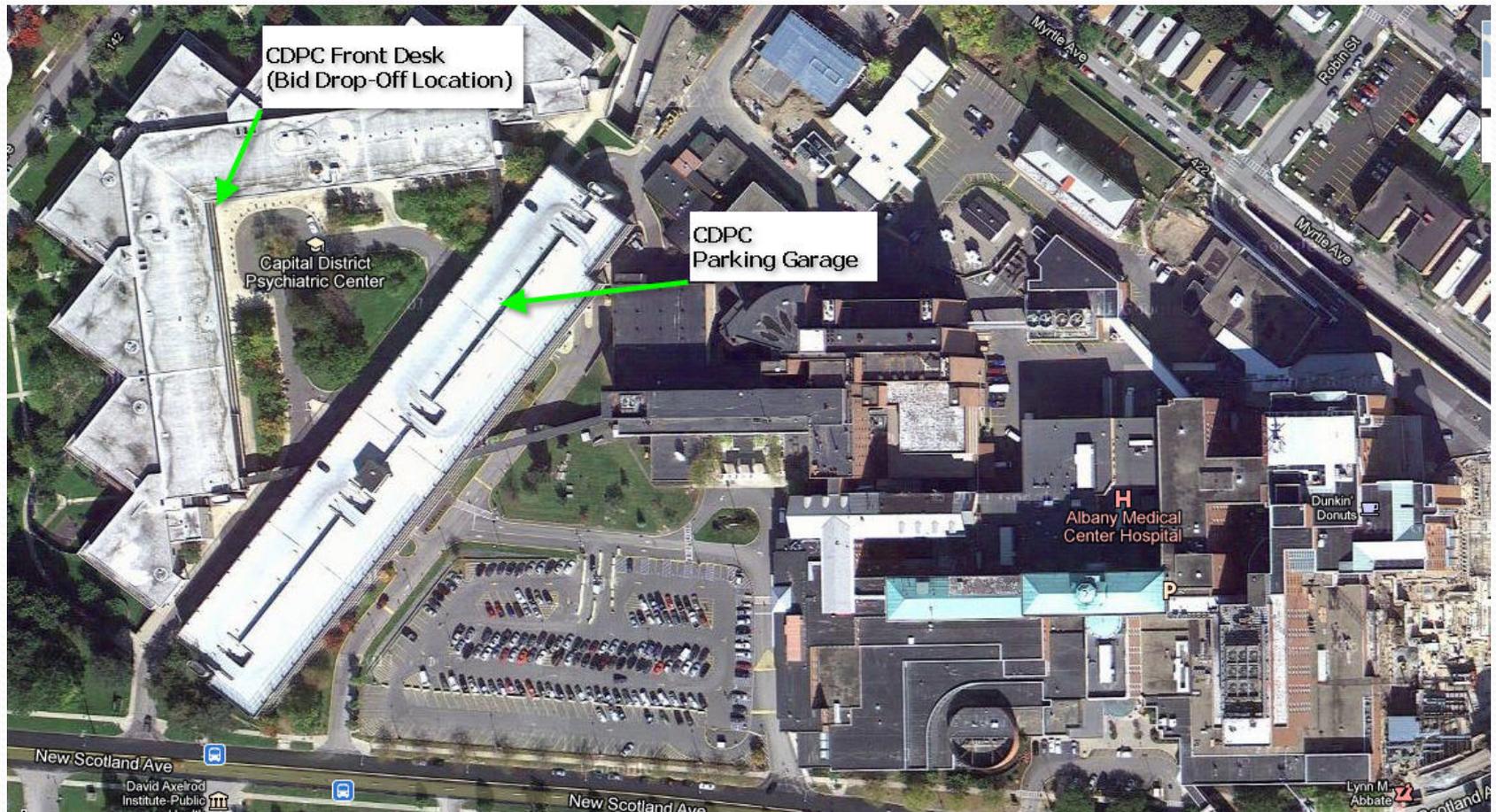
1. Must keep the Financials separate from the Technical– the technical evaluators **MUST NOT** have any access to costing related material
2. Clearly reference “Bid C009999 EMR” and company name on all boxes, envelopes

## Four Critical reminders (cont'd):

3. Proposals are to be delivered to the Consolidated Business Office (“CBO”) located within CDPC, 75 New Scotland Ave. and NOT to CIT here at 44 Holland Ave.
4. Allow sufficient time for mandated 3 PM arrival (Fed EX delivery times, hand delivery parking, security)



# Bid Delivery



# General Criteria:

- Use only the forms provided and in the format specified in the RFP
- Authorized signatory
- Extraneous terms or deviations may render a bid as non responsive; address these concerns as part of the question and answer process

# NYS Procurement Lobbying Act:

- Communicate via the defined email address to assure only dealing with designated contacts:  
**[EMR-RFP@omh.ny.gov](mailto:EMR-RFP@omh.ny.gov)**
- Do not attempt to contact OMH staff through social networking sites (e.g., Facebook, LinkedIn, Twitter)

# Technical Proposal

- Original – unbound
- 1 bound copy
- 2 electronic copies (via USB Flashdrives)
- Use template labels provided in the RFP
- 7.4.1 Adhere to page limits, topics as defined in this section (Executive Summary, Project Approach)

# Financial Proposal

SEPARATE sealed submission to include:

Sealed Envelope #1:

- 1 Original Attachment O
- Original supporting documentation:  
[c009999-pricing-omh-emr-rfp.xlsx](#)
- 1 clone copy

Sealed Envelope #2:

- Original, unstapled set of required forms/original signatures
- 1 clone copy (stapled)

2 USB Flash Drives: each shall contain all items from both envelopes

- USB flash drives must be separate from the Technical flash drives

Use Template labels provided in the RFP

# Proposal Submission Checklists (new)

- Technical and Financial Proposal Checklists have been provided as a handout with this presentation
- Each checklist will be used as the cover page for each original set
- Utilize for correct bid submission

# Closing

- Updated Event Dates have been provided as a handout
- Frequent the OMH website for updates and revisions to the RFP
- Not bidding? Submit:  
ATTACHMENT B: No Bid Explanation

# Working Lunch

## Summary/Clarifications

Scott Derby

Sheila Long