# ATTACHMENT B

## USCG Electronic Health Record System Capabilities Checklist

**Company: Suncoast RHIO, Inc._____ System: Open - EMR**

**This system is a candidate for (select one):**

□ USCG In-House □ Federal Shared Service X USCG Managed External Hosted □ Commercial Software as a Service (SaaS)

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**Please select a single response under AVAILABILITY for each system capability indicating whether the capability currently exists within the candidate EHR system (Available), can feasibly developed within the candidate system (Feasible, with Rough Order of Magnitude cost in $K) or cannot be feasibly developed (Not Feasible). Non-responses will be assumed to indicate Not Feasible. Please provide comments on the requirements including clarification needed, hidden cost drivers, risks/issues and any capabilities beyond what is listed.**

**Section 1 – Basic Requirements**

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
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| | Available | Not Feasible | Feasible ($K ROM) | |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
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| | Available | Not Feasible | Feasible ($K ROM) | |
| **Risk Management:** The solution shall provide ability to collect information related to identification, evaluation, and correction of potential risks that could lead to injury to patients, staff members or visitors and may or may not result in financial loss to the Government.<br><br>**Additional Info:** Capability supports the following tasks at minimum: 1) Every organization shall implement a Risk Management (RM) program; 2) Unexpected adverse patient events shall be documented and investigated; and 3) In actual or potential product liability cases, evidence will be preserved.<br><br>Includes Appointing / Web Visit: In the Military Health System (MHS), Appointing / Web Visit is defined as an appointment management tool that allows users to schedule, change, cancel face-to-face appointments and / or conduct a virtual web visit. The tool allows patients and / or care team members to initiate appointment reminders and offers online appointment check-in procedures (e.g., pre-visit questionnaires and screening, wellness assessments, readiness and post-deployment assessments). Also applicable to other capabilities. | YES | | $3K PER DOWN-LOAD/npi | MINOR PROGRAMING OR API, MOST COSTS LABOR, PROCEDURE DEVELOPMENT, AND TRAINING, 50/50 LABOR SPLIT USCG/VENDOR |
| **Patient Safety:** The solution shall provide ability to collect information related to accidental injury due to medical care or medical errors.<br><br>**Additional Info:** Includes medical device malfunction. Includes Appointing / Web Visit and Registration of Patients. | YES | | $1K PER DOWN-LOAD/npi | MODERATE ROUTINE WRITING BY USCG USERS WITH VENDOR AND POLICY AND PROCEDURE UPDATES BY USCG |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
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| | Available | Not Feasible | Feasible ($K ROM) | |
| **Quality Improvement:** The solution shall provide the ability to collect and analyze information related to performance and the systematic efforts to improve it.<br><br>**Additional Info:** Quality Improvement (QI) maintains an ability to track and trend longitudinal performance and includes documentation and tracking of Quality Assurance by peer review of randomly selected charts. Includes Appointing / Web Visit and Registration of Patients. Includes the ability to perform data extraction and evaluation at command, regional, and MHS levels. Data Extraction is a Business Intelligence/Secondary Data Usage function. | YES | | THIS IS A USCG COST - $1K/down-load/npi | MODERATE ROUTINE WRITING BY USCG WITH VENDOR SUPPORT |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
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| | Available | Not Feasible | Feasible ($K ROM) | |
| **Screening:** The solution shall provide the ability to collect and analyze information related to the detection of disease in asymptomatic populations. Military beneficiaries will receive health screenings that has been demonstrated to be effective (reduces mortality, reduces morbidity and/or enhances quality of life).<br><br>**Additional Info:** Includes an annual Periodic Health Assessment (PHA) to assess the overall health and medical readiness status of each Service Member. The PHA is used to recommend preventive services as warranted and to document a need for further evaluation, including referrals. The assessment must be tracked for timeliness (i.e., conducted within 3 months of a specified date) and completeness (i.e., medical history review is complete; health assessment (including the medical history review and Service Member self-assessment review) is completed and signed by authorized personnel; and appropriate Clinical Preventive Services (CPS) education, counseling, and referrals are made for eligible Service Members). The completion date must be recorded in the Services' electronic medical readiness tracking system.<br><br>The CG requires the capability to determine special duty status as defined by the COMDTINST M6000.1F. Documentation and reporting of medical and non-medical "fitness for duty" should occur on a daily basis to appropriate medical and non-medical leadership. Special duty status should be updated based on additional medical documentation and authorization of appropriate leadership. Includes smart flags (e.g., special duty status, Exceptional Family Member (EFM), etc.) from data sets to support: clinical decision making, appointing and registration of patients, and completion of electronic Health Surveys and Questionnaires. Also applicable to other capabilities (e.g., mental / behavioral health, inpatient, extensive outpatient, telehealth, residential, sensitive records, etc.). Includes Appointing / Web Visit and Registration of Patients. | YES | | N/A | BUILT IN |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
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| | Available | Not Feasible | Feasible ($K ROM) | |
| **Health Counseling:** The solution shall provide the ability to present patient education on preventive measures that have been demonstrated to be effective by reducing mortality, morbidity, and/or enhance quality of life.<br><br>**Additional Info:** Personalized Education Capability is defined as an online resource offering multi-media, multi-lingual, customizable, educational material including, but not limited to, medical conditions, procedures and medications. The information will be evidence based, peer reviewed and presented at an 8th grade health literacy level. The provider and the patient shall both have access to the content to develop a personalized education plan for each patient.<br><br>Personal Health Record (PHR) Integration is defined as an interactive, HIPAA compliant, electronic personal health record that persists data and allows for sharing of the information with a healthcare team. It provides the ability for the patient to view, download and export their PHR data. The PHR will populate health information from a variety of sources including the patient (i.e., self-entered), the medical record (e.g., prescriptions, laboratory and radiology results, encounters, etc.), other web based resources and tools, secure messaging, healthcare applications and mobile devices.<br><br>Evidence-Based Practice (EBP) is the conscientious and judicious use of current best evidence in conjunction with clinical expertise and patient values to guide health care decisions.<br><br>Includes Appointing / Web Visit and Registration of Patients.<br><br>Includes Document / Artifact Management.<br><br>Includes Secure Messaging / Telehealth. | YES | | $.5K/NPI FOR PHR AND $.5K/NPI SECURE/DIRECT MESSAGING | BUILT IN PLUS PHR MODULE |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
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| | Available | Not Feasible | Feasible ($K ROM) | |
| **Community Health Education:** The solution shall provide the ability produce any combination of learning experiences provided to DoD beneficiaries with the end goal of attempting to bring about behavioral changes that improve or sustain an optimal state of health. Community health education programs begin with a needs assessment to identify population requirements and to determine whether a particular health education program is warranted and/or will be successful.<br><br>**Additional Info:** Includes Secure Messaging / Telehealth. Includes Appointing / Web Visit and Registration of Patients. Includes Document / Artifact Management. | YES | | N/A | BUILT IN |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
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| | Available | Not Feasible | Feasible ($K ROM) | |
| **Immunization:** The solution shall provide the ability to protect susceptible patients from communicable diseases by administration of a living modified agent, a suspension of killed organisms, a protein expressed in a heterologous organism, or an inactivated toxin in order to induce antibody formation. Military member will receive all USCG mandated routine immunizations (currently Hepatitis A/B, tetanus-diptheria, inactive polio virus, MMR, and seasonal influenza) and all required contingency and travel related immunizations (e.g. smallpox, anthrax, yellow fever, etc). Additionally, military members and other USCG healthcare beneficiaries will be offered all immunizations recommended (beyond the USCG required ones) by the Advisory Committee of Immunization Practices (ACIP). These immunizations and any adverse events will be tracked and monitored. Future emerging/novel infectious disease threats to the Armed Forces may require rapid vaccine development and production capabilities beyond that which can be generated short-notice in the civilian sector. The Coast Guard should have inherent capabilities that can be activated to meet this national security need.<br><br>**Additional Info:** Includes the ability to perform data extraction and evaluation at command, regional, and MHS levels.<br><br>Immunization: In the MHS, immunization is defined as the need to receive vaccines based on Health, Age, Lifestyle, and Occupation (HALO): Health (e.g., Chronic Disease, Pregnancy, Immunosuppression, etc.), Age, Lifestyle (e.g., birth nation, childhood vaccination status, sexual practice, deployment and traveler, etc.), and Occupation (e.g., Health care, Childcare, Animal Control, Plumbers, etc.). HALO aids clinical decision support for provider notification. Military members will receive all Coast Guard policy mandated routine and deployment specific required vaccines. Beneficiaries will receive vaccines in accordance with the recommendation of the Advisory Committee of Immunization Practices (ACIP) and Food and Drug Administration (FDA). Documentation needs to comply and conform to<br><br>Code 42 Chapter 6A, Subchapter XIX – Vaccines (National Vaccine Program-NVP). The capability allows for transcribing / transferring vaccines historically administered, managing vaccine inventory (by | YES | | $2K/NPI | MAY BE NATIVE TO DISEASE REGISTRIES AND/OR INTERFACE WITH VISTA OR VISTA LIKE SYSTEM OR API TO LARGE COMMERCIAL COLLABORATIVE PARTNER |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
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| | Available | Not Feasible | Feasible ($K ROM) | |
| **Immunization Additional Information (Continued):** U.S. Code 42 Chapter 6A, Subchapter XIX – Vaccines (National Vaccine Program-NVP). The capability allows for transcribing / transferring vaccines historically administered, managing vaccine inventory (by product name and lot number), decrementing inventory in accordance with guidelines, facilitating unit level vaccine inventory reconciliation for use and disposal, as appropriate. The capability allows documenting mass vaccination for low communications / no communications, disconnected, and stand-alone operational environment.<br><br>Includes configurable Coast Guard Immunization Schedule.<br><br>Includes Secure Messaging / Telehealth. Includes Appointing / Web Visit and Registration of Patients.<br><br>Includes Document / Artifact Management. | YES | | N/A | BUILT IN CAPABILITY, THIS IS USCG LABOR |

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| | Available | Not Feasible | Feasible ($K ROM) | |
| **Preventive Dentistry Services:** The solution shall provide the ability to maintain the normal masticating mechanism by fortifying structures of the oral cavity against damage and disease using primary (diagnostic and prophylactic treatment), secondary (direct dental restoration) or tertiary (indirect prosthetic) prevention.<br><br>**Additional Info:** The core components of the Electronic Dental Record System must be integrated with the Dental Workflow and Dental Readiness, including:<br>• Scheduling<br>• Data Capture, Analysis, and Reporting including Readiness, Workload, and Access to Care<br>• Encounter, Care, Narrative Documentation including Graphic Charting<br>• Stand-alone capability for use in Theater and other austere environments<br><br>Includes the ability to support Dental Readiness Classification: This is especially important for deploying units to meet their readiness requirements. It must also have the capability to track/prioritize treatment and prevent further disease development for patients with low, moderate and high caries, periodontal, and cancer risk. It must also have the capability to (1) track and monitor Service-specific conditions; (2) customize attributes that need to be highlighted or flagged for special patient categories, such as the Personnel Reliability Program and Special Operations (covert); and (3) provide comprehensive access to care metrics for general dentistry and all dental specialties.<br><br>Includes Secure Messaging / Telehealth.<br><br>Includes Appointing / Web Visit and Registration of Patients.<br><br>Includes Document / Artifact Management. | No | | $.5K/NPI WHERE FUNCTIOALITY NEEDED AFTER DEVELOPMENT.<br><br>DEVELOPMENT COSTS ESTIMATED AT $200K | A DENTISTRY MODULE MUST BE DEVELOPED AT ADDITIONAL LABOR COST TO INSTALL, ESTIMATE 3 MONTHS DEVELOPMENT TIME, SOME CODE ALREADY EXISTS |

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| | Available | Not Feasible | Feasible ($K ROM) | |
| **Occupational Health Services:** The solution shall provide the ability to protect the safety, health, and welfare of the warfighter, civilian employees, and contractors in the workplace. Occupational Health Services include occupational medicine, occupational (or industrial) hygiene, public health, safety engineering, chemistry, health physics, ergonomics, toxicology, epidemiology, environmental health, industrial relations, public policy, sociology, and occupational health psychology.<br><br>**Additional Info:** CG Occupational Health policies and regulatory requirements established in COMDTINST M6000.1F. Specifically, there is a requirement for the CG to include exposure information, necessitating the CG Electronic Health Record (EHR) to interface with DoD Exposure information management systems or records (e.g., the Defense Occupational and Environmental Health Readiness System (DOEHRS)). In addition, there are unique medical surveillance programs in the CG for certain occupations (i.e., jobs which entail "added emphasis on safety, security, and personnel reliability, collectively known as "surety"), which the CG EHR must accommodate, for example, medical surveillance programs within the CG mandated by federal requirements, such as OSHA and NFPA. In addition, there are other Federal and State laws (e.g., the Genetic Information and Non-Discrimination Act (GINA)) that limit OHS-related medical information relevant to employment and prohibit the acquisition of genetic information (to include family history). Due to situations where a CG provider may see a client who has both an CG medical record, and a military/retiree medical record, it is a requirement to have a configurable but adjustable "firewall" to limit access to only the CG medical record in order to prevent potential violations of GINA or other federal laws.<br><br>Include Special Duty Personnel.<br><br>Includes Secure Messaging / Telehealth.<br><br>Includes Immunization.<br><br>Includes Appointing / Web Visit and Registration of Patients.<br><br>Includes Document / Artifact Management. | YES | | N/A | BUILT IN |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
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| | Available | Not Feasible | Feasible ($K ROM) | |
| **Public Health Laboratory Services:** The solution shall provide the ability to render services to test and monitor the environment for specific health threats, assess the population's health status, detect and track communicable diseases, and support medical officers, preventive medicine staff and deployed Preventive Medicine (PM) units/forces as they investigate and control disease outbreaks. Public Health (PH) Laboratory Services also provide the ability to assist military preventive medicine, veterinarian specialists, and public health officials in assuring the safety of food and water through provision of laboratory testing and analytical services.<br><br>**Additional Info:** Includes Appointing / Web Visit and Registration of Patients. Includes Document / Artifact Management. | YES | | N/A | BUILT IN |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
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| | Available | Not Feasible | Feasible ($K ROM) | |
| **Ambulatory Diagnostic Services (Medical):** The solution shall provide the ability to apply medical examinations and capabilities on an outpatient basis (return home the same day) without admission to a hospital.<br><br>**Additional Info:** Registration / Eligibility is the collection and verification of data to support a health record. EHR registration will typically use EHR patient identity services to find the patient, collect or validate the core set of demographic data and contact information (including emergency contacts, next-of-kin, and civilian health insurance information). Demographics: The particular features of an individual, excluding identity traits. Demographic data include elements such as faith or religious preference, marital status or ethnic origin. Contact Information: The patient's contact information, including address, telephone number, email address, and emergency/next-of-kin information.<br><br>Eligibility: The determination of which services rendered to a specific patient are authorized for payment under a given health care insurance or medical plan.<br><br>Enrollment: CG beneficiaries may elect to enroll in certain TRICARE programs based on their entitlement categories. The most common of these enrollment programs is TRICARE Prime, which includes assignment to a Primary Care Manager (PCM). It requires interface with Defense Enrollment and Eligibility Reporting System (DEERS).<br><br>Record Management: It is a process associated with maintaining (e.g., using, storing, retrieving) the veracity of inpatient and outpatient medical records through the input of health history, allergy, observations, notes and other health-related information. Information life cycle management activities include planning, controlling, directing, organizing, training, promoting, creating, maintaining, and disposing of records, regardless of media. Record management procedures are used to achieve proper documentation of federal policies/transactions and effective/economical management of agency and organizational operations.<br><br>Patient Population from birth to death, including prenatal. This is also applicable to other capabilities.<br><br>Encounter Context Management is required between Clinical Information Systems and | YES | | $1K/NPI PLUS THIRD PARTY ELIGIBILITY COST OF 3RD PARTY | ELIGIBILITY AND ENROLLMENT IN HEALTH PLAN MUST BE ADDED TO A FIELD IN THE CLEARING HOUSE OR PAYER TAB. ELIGIBILITY IS A FUNCTION OF THE 3RD PARTY CLEARING HOUSE AND IS NOT IN THE REALM OF OPEN-EMR HOWEVER WE SUPPORT IT WHEN IT EXISTS WITH THE 3RD PARTY |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
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| | Available | Not Feasible | Feasible ($K ROM) | |
| **Ambulatory Diagnostic Services (Dental):** The solution shall support the ability to apply medical and dental examinations and capabilities on an outpatient basis (return home the same day) without admission to a hospital.<br><br>**Additional Info:** Radiology in the dental realm is unique in that dentists are the ones ordering, viewing, interpreting and reporting their own radiographs (x-rays), which are in the confines of the same room as they perform their oral procedures. Central radiology, located in the dental clinic, is reserved for more complex radiographs such as panoramic and cephalometric, as well as cone-beam computed tomography. In addition, dental assistants are proficient in taking those ordered x-rays, and function as a dental radiology tech.<br><br>Must have the ability to allow routine dental radiographic ordering, capturing, viewing and interpretation in the same room in which the dentist performs the procedure. It must also have the ability to access more complex radiographic studies such as panoramic, cephalometric and Cone Beam Computed Tomography (CBCT) images ordered from the procedure rooms and performed in central dental radiology. It also must have the capability to view radiographic images from Service-specified repositories on the same screen as the area being charted and support single sign-on context management for both CG, DoD, and VA providers. Finally, it must have the ability to interface with the Medical EHR, including the Medical History, Laboratory and Pathology reports, medical consultation requests and reports, and prescription ordering at the point of examination and treatment.<br><br>The replacement of Dental X-ray is not a requirement.<br><br>Includes Secure Messaging / Telehealth.<br><br>Includes Appointing / Web Visit and Registration of Patients.<br><br>Includes Document / Artifact Management.<br><br>Includes Referrals. | NO | | $200K | DENTAL -MODULE REQUIRED TO BE BUILT. |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
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| | Available | Not Feasible | Feasible ($K ROM) | |
| **Inpatient Diagnostic Services (Cape May):** The solution shall provide the ability to apply diagnostic examination and capabilities that require or support an admission to a hospital. Examples are diagnostic laboratory and radiological services before, during, or after inpatient surgery.<br><br>**Additional Info:** Admission, Discharge, Transfer (ADT): A capability that provides the means for communicating updates about the state of a patient within a healthcare facility. ADT HL7 messaging communicates patient demographic and visit information (e.g., name, insurance, next of kin, attending physician, etc.) when that information has been updated and the purpose of the update (e.g., change in ADT status or bed/ward changes). ADT messaging is typically initiated by the Hospital Information System (HIS) or a registration application and is used to keep ancillary systems synchronized with the state of a patient. These states include, but are not limited to, admission, discharge, transfer or data updates, (e.g., name, insurance, next of kin, patient location, attending physician, etc.).<br><br>Check-In Patient: Manage sign-in of patient at the patient care delivery site and manage encounter-related information. During check-in, all prerequisite information is verified with the beneficiary before services can be rendered. Report the occurrence of medical services being provided to a sick, injured, wounded, or other person requiring medical care or treatment. Find and convey recorded information regarding the disposition of a patient from a medical treatment facility by reason of return to duty, transfer to another treatment facility, death, or other termination of medical care reported by all assigned/attached medical facilities under the authority of a properly designated commander.<br><br>Acuity-Based Management: Patient Acuity Information provides for the management of staff and facility resources in accordance with the level of care a patient requires. This capability assumes that a patient's acuity level will be visible throughout their visit to the facility.<br><br>Referrals: The Consult and Referral Management capability includes the ability to request, document, and track referrals/consults between providers or organizations to obtain necessary medical treatment, as well as the | YES | | ADT FEEDSNEEDED TIMES $15K OR HL7 FHIR LIKE DOWNLOAD TO SYNTRANET REPOSITORY AT $20K/INTERFACE INCLUDING SOFTWARE AND | THIS REQUIRES EITHER INTERFACE OR API PROGRAMMING TO AN EXISTING INPATIENT VISTA OR VISTA LIKE HOSPITAL SYSTEM SUCH AS THRASYS FROM SIEMENS SYNTRANER, BLOCKCHAIN MANY BE USED FOR DISTRIBUTED DATABASE |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
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| | Available | Not Feasible | Feasible ($K ROM) | |
| **Inpatient Diagnostic Services Additional Info (Continued):** Referrals: The Consult and Referral Management capability includes the ability to request, document, and track referrals/consults between providers or organizations to obtain necessary medical treatment, as well as the ability to coordinate appointments and follow-up procedures. This includes the origination of any consent or authorization for disclosures that may be required. This capability includes directing the beneficiary to appropriate health care services and locations, and the communication of referral(s) to internal and external providers (i.e., referral processing). This process involves managing beneficiary referral requests (consults) requiring specialty care providers or additional testing. Throughout the process, the Primary Care Manager (PCM) will remain the primary contact for the beneficiary and will act as the first point of consultation for patients. Additional functions of the Consult and Referral Management capability include: (1) the ability to exchange clinical and administrative data (e.g., insurance information, test/procedure results, medication lists, etc.) as part of the referral process and (2) the ability to display standardized or evidence-based protocols to the referring provider as a decision making tool (i.e., medical necessity).<br><br>Managed Care: Coordination of a constellation of health services, encompassing early intervention to control price, volume, delivery site and intensity of health services provided to maximize the health of the beneficiary, as well as the value of health benefits given. The goal is a system that delivers quality, cost-effective healthcare by monitoring and recommending utilization of services, as well as controlling the cost of those services.<br><br>Includes Anesthesia.<br><br>Includes Secure Messaging / Telehealth.<br><br>Includes Immunization.<br><br>Includes Appointing / Web Visit and Registration of Patients.<br><br>Includes Document / Artifact Management. | YES | | $50/NPI-TIN GPRO OR ACO OR BUNDLEOR VIRTUAL GROUP | SEE ABOVE |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
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| | Available | Not Feasible | Feasible ($K ROM) | |
| **Laboratory Diagnostic Services:** The solution shall support the ability to produce chemical, hematological, microscopic, microbiologic, immunologic, or pathologic study of secretions, discharges, blood, or tissue sections to help diagnose a medical or dental condition or disease.<br><br>**Additional Info:** Capability includes macroscopic evaluation.<br>Includes:<br>• Fully integrated Laboratory Information System (LIS) for Clinical and Anatomic Pathology<br>• Exchanges data with the existing transfusion medicine capabilities<br>• Provides laboratory utilization management activities<br>• Exchanges data with middleware that supports auto-verification utilizing industry standard Quality Control rules<br>• Exchanges data with commercial analyzers for all laboratory equipment to include Point of Care devices<br>• Exchanges data with CG laboratories, commercial reference laboratories, State Health Departments, and other governmental agencies<br><br>Includes Autopsy / Telepathology, Genomics.<br><br>Includes Secure Messaging / Telehealth.<br><br>Includes Appointing / Web Visit and Registration of Patients.<br><br>Includes Document / Artifact Management.<br><br>Includes Referrals. | YES | | N/A | INCLUDED |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
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| | Available | Not Feasible | Feasible ($K ROM) | |
| **Radiology Diagnostic Services:** The solution shall support the ability to use various radiologtical techniques, mostly noninvasive, to diagnose an array of medical conditions using x-rays, computed tomography (CT) scans, magnetic resonance imaging (MRI) scans, and ultrasound. This includes the ability to provide oral and maxillofacial imaging techniques (e.g., bitewing, pre-apical, and occlusal radiographs; ultrasound, cone beam CT, MRI) and special tests (e.g., sialograph) to help diagnose oral or maxillofacial conditions or diseases.<br><br>**Additional Info:** The replacement of the Picture Archiving and Communication System (PACS) is not a requirement.<br><br>Includes Radiology Information System (RIS): A CG enterprise RIS with the capability to support specialty workflows and enterprise radiology with multiple PACS vendors. The RIS will be used by radiology and other departments (e.g., Cardiology, Urology, Emergency Department and Obstetrics, etc.) to store, manipulate, and distribute patient radiological/specialty data. The RIS is critical to efficient workflow for radiology practices and should fully complement the EHR. The RIS should support patient registration, patient scheduling, Radiology and specialty workflow management, document scanning, and an interface for critical test results management, patient tracking and radiation dose monitoring data.<br><br>Includes Secure Messaging / Telehealth.<br><br>Includes Appointing / Web Visit and Registration of Patients.<br><br>Includes Document / Artifact Management.<br><br>Includes Nuclear Medicine Imaging. | NO | | $35K EACH CHARGED BY PACS VENDOR | CONVERSION TO PACS AND/OR RIS IS SEPARATE PROJECT AND OUT OF SCOPE BUT UNDERPINNINGS EXIST |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
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| | Available | Not Feasible | Feasible ($K ROM) | |
| **Routine Ambulatory Care (Medical), Primary Care:** The solution shall provide the ability to render Patient and Family-Centered Care to our beneficiaries and is considered the foundation (gateway) of health and preventive care.<br><br>**Additional Info:** Routine Ambulatory Care: The ability to provide ambulatory (i.e., outpatient) primary and specialty diagnosis, observation, treatment, and rehabilitation for symptoms and conditions for which non-urgent or non-emergent intervention is required. Includes the ability for multiple providers at different locations to review a patient record simultaneously (e.g., during a provider-to-provider consultation). This also includes the ability to provide patients with medical nutrition therapy for a variety of conditions and illnesses to improve their health and quality of life. The ability to promote positive behavioral and lifestyle changes required to impact long-term eating habits and health, and to promote force readiness.<br><br>Scheduling Appointment: Provides scheduling, coordinating and viewing of patient appointments. It enables users to initiate, request and schedule a health-related visit with a provider. This capability supports interactions with other systems, applications and modules to provide the necessary data to achieve optimal efficiency in the scheduling of patient care, for either the patient or a resource/device. The system may support user access to scheduling systems as required. Relevant clinical or demographic information required in the scheduling process could be linked to the task. The Scheduling Appointment capability also includes obtaining and verifying core information (e.g., eligibility, enrollment, demographics, PCM, case manager, special programs and personal preferences) and scheduling services for beneficiaries. Scheduling appointments also includes coordinating referrals and follow-up procedures, which are managed through primary care providers. The scheduling resource enables the generation of managerial reports, statistical reports, patient letters and workload reports. Users will be able to schedule recurring appointments for patients.<br><br>Includes Secure Messaging / Telehealth.<br><br>Includes Immunization.<br><br>Includes Appointing / Web Visit and | YES | | N/A | INCLUDED |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
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| | Available | Not Feasible | Feasible ($K ROM) | |
| **Routine Ambulatory Care (Medical), Specialty Care:** The solution shall provide the ability to render ambulatory (outpatient) primary and specialty diagnosis, observation, treatment, and rehabilitation for symptoms and conditions for which non-urgent or non-emergent intervention is required.<br><br>**Additional Info:** Component of Routine Ambulatory Care: The ability to provide ambulatory (i.e., outpatient) primary and specialty diagnosis, observation, treatment, and rehabilitation for symptoms and conditions for which non-urgent or non-emergent intervention is required. Includes the ability for multiple providers at different locations to review a patient record simultaneously (e.g., during a provider-to-provider consultation).<br><br>Routine Ambulatory Care includes, but is not limited to:<br>1) Patient identification management<br>2) Narrative and charting alignment with specialty workflows<br>3) Workload reporting<br>4) Medical readiness classification updating / verification (including vision)<br>5) Automated determination of readiness status (e.g., Vision Readiness Classification)<br>6) Appointment scheduling to other specialty care services or primary care<br>7) Procedure site/type verification<br>8) Communication with external data/image capture systems in a clinically relevant, workflow supportive, and specialty aligned format<br><br>Includes Secure Messaging / Telehealth.<br><br>Includes Immunization.<br><br>Includes Appointing / Web Visit and Registration of Patients.<br><br>Includes Document / Artifact Management.<br><br>Includes Referrals. | YES | | N/A | INCLUDED |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
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| | Available | Not Feasible | Feasible ($K ROM) | |
| **Routine Ambulatory Care (Dental):** The solutions shall provide the ability to present examination and assessment of teeth and supporting oral structures. Provide routine prophylactic treatment and care to restore integrity of the teeth and masticatory system to maintain dental health.<br><br>**Additional Info:** Component of Routine Ambulatory Care: The ability to provide ambulatory (i.e., outpatient) primary and specialty diagnosis, observation, treatment, and rehabilitation for symptoms and conditions for which non-urgent or non-emergent intervention is required. Includes the ability for multiple providers at different locations to review a patient record simultaneously (e.g., during a provider-to-provider consultation). Additional Components crucial to the full operation of the Electronic Dental Record System, include, but are not limited to, Patient Identification Management (across systems), Orders Management (i.e., prescribing and ancillary orders/retrieval), and the ability to display data from other systems (such as the medical EHR).<br><br>Must be able to provide patient identification management, operative site verification, encounter narrative and charting, workload reporting, dental readiness classification updating / verification, appointment scheduling and referral to specialty dental care. Must also have the ability to archive records by Service-defined criteria upon transfer or resignation from the Service or retirement. Must have the capability to electronically transfer treatment plans to 3rd party civilian dental providers for consultation or treatment and the ability to operate in a low-communications / no-communications, disconnected, stand-alone, remote version for extended periods of time (when preloaded / store-forward) with a known population until such time as the remote program is reconnected to the central server for synchronization. The remote version must have the same capability as the web version and must be able to add providers and new patients to the pre-loaded database.<br><br>Includes Secure Messaging/Telehealth.<br><br>Includes Appointing / Web Visit and Registration of Patients.<br><br>Includes Document / Artifact Management. | YES | | N/A | INCLUDED WITH LABOR FOR DENTAL MODULE |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
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| | Available | Not Feasible | Feasible ($K ROM) | |
| **Disease Management:** The solution shall support the ability produce and organized effort to achieve desired healthcare outcomes in populations with prevalent, often chronic, diseases or conditions for which healthcare practices may be subject to considerable variation.<br><br>**Additional Info:** Medical Management: The ability to provide an integrated managed care model that promotes utilization management, case management, and disease management programs as a hybrid approach to managing patient care. This includes evidence-based, outcome-oriented management of populations with common conditions emphasizing the integration of clinical practice guidelines and monitoring patient outcomes.<br><br>Medical Management should:<br>• Support the ability to identify select populations (e.g., Exceptional Family Member Program (EFMP))<br>• Support multiple co-morbid conditions<br>• Support the ability to capture data that drives disease specific interventions, education and training materials (culture and language sensitive), and goal setting<br>• Support dedicated and targeted beneficiary education that can be provided at the point of care or accessed through discharge planning efforts<br>• Support evidence-based practice<br>• Support the ability to generate a referral for PCM consideration<br>• Support post-program assessment<br><br>Includes a component of dental in which a multi-discipline treatment plan is utilized when 3 or more disciplines are engaged.<br><br>Includes Secure Messaging / Telehealth.<br><br>Includes Appointing / Web Visits and Registration of Patients.<br><br>Includes Document / Artifact Management.<br><br>Includes Referrals.<br><br>Ensure capability covers the ability to select individual patient records or groups of patient records for segregation based on EFMP status. | YES | | N/A<br><br>May include access to a PCMH which would include certification by NCQA @ $15k per instance or measure | INCLUDED, SOME ROUTINE WORK NEEDED BY USCG AND VENDOR |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Utilization Management:** The solution shall support the ability to invoke processes designed to address the managing of resources expended or to be expended in the delivery of healthcare, while simultaneously measuring the quality associated with the care delivered in an effort to balance quality, risk, and cost.<br><br>**Additional Info:** Billing is a process associated with claims, billing, and/or invoices for medical services (including, but not limited to, dental, radiology, laboratory and pharmacy) provided to patients receiving direct healthcare in the military treatment facilities. Includes the ability to produce bills and detailed reports for each of the Uniform Billing Office (UBO) medical billing sub-programs (e.g., Third Party Collections, Medical Services Accounts and Medical Affirmative Claims). Billing also includes the ability: (1) to manage accounts receivable that allow assignment, tracking and reporting on the status and control of disputed claims for further review and processing; (2) to transmit claims via electronic clearinghouse to insurance companies and receive Health Insurance Portability and Accountability Act (HIPAA) standard responses; (3) to conduct 270/271 transactions and discover valid Other Health Insurance (OHI) information for patients existing in the military database without insurance; (4) to interface with the Defense Eligibility Enrollment Reporting System (DEERS); and (5) to produce an electronic DD Form 2569 that allows users to collect, record, and retrieve health insurance carriers' information.<br><br>Third Party Collections bills insurers for care provided to eligible CG beneficiaries (excluding Active Duty Service Members) with OHI (excluding Medicare and TRICARE). Medical Services Account includes billing for care provided to eligible patients from Veterans Affairs, DoD, Coast Guard, National Oceanic and Atmospheric Administration (NOAA), civilian emergencies, and foreign military and their family members. Medical Affirmative Claims bills for care provided to eligible CG beneficiaries injured by third parties.<br><br>Coding is the process associated with selecting and inputting the correct diagnostic or procedural code in accordance with an established coding standard (e.g., ICD-9-CM, CPT-4, etc.). The Encounter Coding capability functionality has the ability to generate and assign a numerical code to depict | YES | | COST AND UTILIZATION MODULES HAVE NOT YET BEEN RELEASED BY CMS BUT WE EXPECT CHARGES IN LINE WITH VBP | INCLUDED IN COST AND UR OF QUALITY GUIDANCE FOR CMS QUALITY REPORTING |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Utilization Management Additional Info (Continued):** This support is necessary for encounter coding, which relies on providing user interaction and workflows, which are configured according to clinical protocols and business rules based on encounter specific values such as care setting, encounter type (inpatient, outpatient, home health, etc.), provider type, patient's EHR, health status, demographics, and the initial purpose of the encounter. Additional functions of the Encounter Coding capability include the ability (1) to access pertinent patient information needed to support coding of diagnosis, procedures and outcomes; and (2) to assist with the coding of diagnoses, procedures, and outcomes based on provider specialty, care setting, and other information that may be entered into the system during the encounter. Encounter coding ensures the electronic system is efficiently allocated provider reimbursement and provides direct care with user interaction that is based on clinical protocols and business codes. The EHR coding capability will need to interface with a coding compliance editor.<br><br>Defense Medical Information System (DMIS) ID: It is a unique identification code assigned by the Defense Health Agency (DHA), which identifies past and current CG medical facilities. This information is updated monthly with availability going back several years. Full Time Equivalent (FTE) is the number of hours worked that add up to one full-time employee.<br><br>Includes the ability to generate discharge plan for beneficiaries.<br><br>Includes the ability to document benefit waivers and supplemental healthcare determination (i.e., rationale).<br><br>Includes Secure Messaging / Telehealth. Includes Referral Management.<br><br>Includes the ability to track access to care by specialty.<br><br>Includes Document Artifact Management. | YES | | ASSUME 10 NEW NON PQRS MEASURES = $650 | LABOR NEEDED TO CREATE ADDITIONAL MEASURES AND SUBMIT THEM TO CMS FOR INCLUSION AS NON PQRS MEASURES AT $130/HOUR ESTIMATED 5 HOURS PER MEASURE. |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Case Management:** The solution shall support the ability to assess and assist clients with complex health needs, utilizing a collaborative process, to promote the delivery and receipt of appropriate medical care to achieve positive health outcomes in the most cost-effective manner.<br><br>**Additional Info:** Medical Management: provides an integrated managed care model that promotes utilization management, case management, and disease management programs as a hybrid approach to managing patient care. This ability includes evidence-based, outcome-oriented management of populations with common conditions emphasizing the integration of clinical practice guidelines and monitoring patient outcomes.<br><br>Includes the ability to identify select populations (e.g., Limited Duty (LD), IDES review, etc.).<br><br>Includes the ability to generate referrals for PCM consideration.<br><br>Includes the ability to capture post-program assessments.<br><br>Includes the ability to communicate / coordinate with VA Care Management teams<br><br>Includes a component of dental in which a multi-disciplinary treatment plan is utilized when 3 or more disciplines are engaged.<br><br>Includes Secure Messaging / Telehealth.<br><br>Includes Appointing / Web Visit and Registration of Patients.<br><br>Includes Document / Artifact Management.<br><br>Includes Referrals. | YES | | N/A | INCLUDED |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Inpatient Non-surgical Treatment (Cape May):** The solution shall provide the ability to render all non-surgical medical care and services to treat patients admitted to a hospital for at least one overnight stay.<br><br>**Additional Info:** Includes Appointing / Web Visit and Registration of Patients.<br><br>Includes Secure Messaging / Telehealth.<br><br>Includes the ability to support food and nutrition management operations and provide preventative and corrective medical nutrition therapy and medical food management. The replacement of a nutritional management system is not a requirement. Also applicable to other capabilities.<br><br>Includes Document / Artifact Management.<br><br>Includes Referrals. | YES | | $15K/ HOSPITAL INTERFACE PER FACILITY. | LABOR NEEDED TO INTERFACE WITH IQR, VBP, OR VISTA LIKE HOSPITAL INPATIENT SYSTEM WITH USCG AND VENDOR |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Pharmacy Services:** The solution shall provide the ability to support clinical activities in all environments through expert clinical consultation, patient education, and appropriate handling and dispensing of drugs and other medical supplies to patients or family members.<br><br>**Additional Info:** Medication Management is a suite of capabilities that perform refills, request renewals, generate alert notifications, perform medication reconciliation, process electronic prescribing and offer drug interaction checks. The capability allows for medication management activities between the patient and the provider, direct care, purchased care and mail order pharmacies.<br><br>Includes Secure Messaging / Telehealth.<br><br>Includes Appointing / Web Visit and Registration of Patients.<br><br>Includes Document / Artifact Management.<br><br>Includes a Perpetual Inventory Management capability that electronically interfaces with the MHS material management system.<br><br>Includes Medication Therapy Management.<br><br>Includes a Pharmacy Decision Support capability that adheres to National Quality and Patient Safety standards.<br><br>Includes the ePrescribing capability that adheres to National Standards including controlled substances (e.g., send and receive electronic prescriptions).<br><br>Includes Referrals. | YES | | N/A | ANOTHER SOLUTION IS NEWCROPRX, A COMPANY THAT INTERFACES WITH OPENEMR |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Mental Healthcare:** The solution shall support the ability to present patients with tools to achieve a state of functional well-being and successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, an ability to adapt to change and cope with adversity, decreased stigma associated with a warfighter seeking mental health, and mitigated risks for post-traumatic stress disorder (PTSD).<br><br>**Additional Info:** Includes the ability to collect data on reported symptoms, mental health diagnoses and atypical activities from medical encounters and non-medical sources (e.g., police reports, command incident reports, etc.) within the area of interest or population.<br><br>Includes Secure Messaging / Telehealth.<br><br>Includes Appointing / Web Visit and Registration of Patients.<br><br>Mental Healthcare is equivalent to Behavioral Healthcare.<br><br>Includes Behavioral Health concerns.<br><br>Includes Evaluations.<br><br>Includes data on treatment outcomes.<br><br>Includes Document / Artifact Management.<br><br>Includes Referrals.<br><br>Includes the ability to support residential programs. | YES | | N/A | OPEN – EMR HAS BEEN USED EXTENSIVELY IN ALL APPLICATIONS OF BEHAVIORAL HEALTH. AS LONG AS USCG ADHERES TO A STRONG HIPAA CFR 42 INTERPRETATION |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Substance Abuse Care:** The solution shall support the ability render medical and/or psychotherapeutic treatment for dependency on illegal drugs and prescriptions or over-the-counter drugs or alcohol or other mind altering substances.<br><br>**Additional Info:** Includes Secure Messaging.<br><br>Includes Appointing / Web Visit and Registration of Patients.<br><br>Includes Document / Artifact Management.<br><br>Includes Referrals.<br><br>Includes Abuse and Misuse. | YES | | N/A | SAME AS ABOVE |
| **Physical Therapy:** The solution shall support the ability to manage patient conditions involving the neuromuscular, musculoskeletal, cardiopulmonary, and integumentary systems through specific therapeutic and rehabilitative interventions based on the results of examination, evaluation, and testing.<br><br>**Additional Info:** Physical Therapy is a subset of Physical Rehabilitation. It includes the ability to use therapeutic measures and re-education to restore physical, psychological, social, vocational, speech, and educational potential consistent with neurological or anatomical impairment.<br><br>Includes Secure Messaging.<br><br>Includes Appointing / Web Visit and Registration of Patients.<br><br>Includes Document / Artifact Management.<br><br>Includes Referrals. | YES | | N/A | INCLUDED |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Medical Support to Disability Evaluation:** The solution shall support the ability to evaluate service members who have achieved the optimal medical benefit from available treatment options against retention standards.<br><br>**Additional Info:** Includes the ability to support the evaluation of Service Members through appropriate data sharing.<br><br>Includes Secure Messaging / Telehealth. Includes Line of Duty (LOD) forms.<br><br>Includes Appointing / Web Visit and Registration of Patients.<br><br>Includes Document / Artifact Management.<br><br>Includes Referrals. | YES | | INTEROPERABILITY NEEDED WITH SEQUOIA PROJECT AT $6K PLUS LABOR AND TESTING VIA CARE-QUALITY | |
| **Transitional Services:** The solution shall support the ability to present to severely ill or injured warfighters who are transitioning to civilian life and possibly or VA healthcare with the guidance and support to make the passage as seamless and trouble free as possible.<br><br>**Additional Info:** Includes Secure Messaging / Telehealth.<br><br>Includes Appointing / Web Visit and Registration of Patients.<br><br>Includes Document / Artifact Management.<br><br>Also applicable to other capabilities. | YES | | N/A | SEE BEHAVIORAL HEALTH MODULE |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Partnership Development Operational Tasks:** The solution shall provide the ability to explore collaborative clinical, business arrangements, and/or research with other Federal agencies, health industry partners, health care vendors, research institutes, and academia to provide required health care and health care services so that patients receive the best possible care and services that will result in the best possible medical outcome.<br><br>**Additional Info:** Includes Referral Management and Appointing.<br><br>Includes the ability to explore collaborative arrangements and research in order to provide the best possible clinical outcomes.<br><br>Includes Secure Messaging / Telehealth.<br><br>Dental private sector partners include the Active Duty Dental Program (ADDP).<br><br>Includes patient level cost accounting. | YES | | COSTS DETERMINED BY PARTNER ARRANGEMENT USUALLY AT LESS THAN $10K/PARTNER | There are partner organizations that support all needs and interface with OPENEMR |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Medical Logistics/Medical Material/Operational Tasks:** The solution shall provide the ability to organize and provide life cycle management of medical materiel, including pharmaceuticals, medical supplies, medical assemblages, and medical gases. The Medical Materiel capability must provide the ability to plan and execute the provision of medical supplies required for delivery of HR capabilities and in compliance with all applicable national standards. It must also facilitate coordination among Joint Logistics Enterprise partners for end-to-end distribution of medical supply and delivery of medical logistics support required to sustain HR.<br><br>**Additional Info:** Includes the ability to organize and provide life-cycle management for medical products, devices, equipment, and services required to support Health Readiness (HR) requirements across the range of military operations.<br><br>Includes the capability to provide a common suite of point of use/point of care medical supply capabilities in support of direct clinical care, documentation to the patient record, and support to DoD medical supply chain management.<br><br>Includes the management of dental materiel and the facilitation of Joint Logistics Enterprise partnerships to sustain the dental record.<br><br>Includes the ability to exchange data and workflows between the EHR and CG medical logistic systems. This does not include PHI or PII.<br><br>Includes the ability to leverage inherent EHR clinical business capabilities to support CG Medical Logistics supply chain management (e.g., supply chain orders, receipts, etc.).<br><br>Includes the ability to report EHR utilization data, which drives materiel decisions within Materiel Standardization business processes.<br><br>The replacement of the Defense Medical Logistics Standard Support (DMLSS) system is not a requirement. | YES | | N/A | LABOR TO MODIFY THE EXISTING LOGISTICE/INVENTORY MODULE ROUTINES IN OPEN EMR |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Medical Logistics/Medical Equipment & Technology/Operational Tasks:** The solution shall provide the ability to organize and provide life-cycle management of medical equipment, including the assessment and integration of medical technology. The Medical Equipment and Technology capability must provide the technology assessment and decision support for the acquisition, integrated logistics support, fielding, sustainment and disposition of medical equipment required for HR.<br><br>**Additional Info:** Includes the ability to organize and provide life-cycle management for medical products, devices, equipment, and services required to support Health Readiness (HR) requirements across the range of military operations. It includes life cycle management, technology assessment and decision support for dental equipment.<br><br>Includes the management of dental materiel and the facilitation of Joint Logistics Enterprise partnerships to sustain the dental record.<br><br>Includes the ability to exchange data and workflows between the EHR and DoD medical logistic systems. This does not include PHI or PII.<br><br>Includes the ability to leverage inherent EHR clinical business capabilities to support DoD Medical Logistics supply chain management (e.g., supply chain orders, receipts, etc.).<br><br>Includes the ability to report EHR utilization data, which drives materiel decisions within Materiel Standardization business processes.<br><br>The replacement of the Defense Medical Logistics Standard Support (DMLSS) system is not a requirement.<br><br>Includes the ability to share medical device identification data and clinical data from a medical device to the patient record.<br><br>Includes the ability to utilize asset tracking technologies (e.g., Radio Frequency Identification (RFID) (active and passive), Real Time Locating System (RTLS), etc.). Asset tracking is not limited to Medical Logistics. | YES | | N/A | |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Medical Logistics/Medical Maintenance/Operational Tasks:** The solution shall provide the ability to organize and manage the maintenance of medical equipment and plan for and execute the sustainment of medical equipment through preventive maintenance, repair services and calibration at the organizational and support maintenance levels.<br><br>**Additional Info:** Includes the ability to organize and provide life-cycle management for medical products, devices, equipment, and services required to support Health Readiness (HR) requirements across the range of military operations.<br><br>Includes the maintenance and sustainment of dental equipment at the organizational and support maintenance levels.<br><br>Includes the ability to exchange data and workflows between the EHR and DoD medical logistic systems. This does not include PHI or PII.<br><br>Includes the ability to report EHR utilization data, which drives materiel decisions within Materiel Standardization business processes.<br><br>Includes the ability to utilize asset tracking technologies (e.g., Radio Frequency Identification (RFID) (active and passive), Real Time Locating System (RTLS), etc.). Asset tracking is not limited to Medical Logistics.<br><br>Includes the ability to share medical device identification data and clinical data from a medical device to the patient record.<br><br>The replacement of the Defense Medical Logistics Standard Support (DMLSS) system is not a requirement. | YES | | VENDOR HOURLY RATE IS $130 + USCG TIME | LABOR NEEDED BY USCG AND VENDOR TO MODIFY EXISTING ROUTINES |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Medical Research and Development/Operational Tasks:** The solution shall provide the ability to support development of the most promising and expedient medical solutions.<br><br>**Additional Info:** Includes the ability to support the MHS academic mission.<br><br>Includes the ability to access clinical data; configure reports; support role based access/security;<br><br>Includes the ability to search and query patients and cases by diagnoses, imaging results, and system factors (e.g., clinic schedules), etc.<br><br>Includes the ability to facilitate patient recruitment through the identification and notification of potential study cohorts. Includes the ability to enhance research care components (e.g., study enrollment indicators), management of research patient encounters (e.g., tracking study encounters and orders) and additional support capabilities (e.g., capturing patient associated time / date stamp throughout continuum of care and across different time zones).<br><br>Includes the ability to query the system for comparative analysis and produce reports that provide research-associated metrics of patient study populations (e.g., biometrics and utilization by hospital, clinic, etc.). | YES | | $15K/INTERFACE | MUST BUILD INTERFACES OR USE FHIR |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Access a Healthy and Fit Force:** The solution shall provide the ability to obtain a healthy and fit force using appropriate standards for aptitudes and abilities, medical and mental conditions, and physical fitness to select recruits most likely to finish basic training, perform their job, and successfully complete the first term of service (generally 36 months).<br><br>**Additional Info:** Ensuring a healthy and fit force starts at accession. The collection and documentation of medical, dental, and biological history at accession establishes the baseline that can be tracked throughout a military member's career. There are many physical and mental challenges in a deployed setting, and commanders need to ensure their personnel are fit to handle the challenges. Being able to proactively address health issues is paramount.<br><br>Includes role based, 'read only' access<br><br>Includes scanning and Document / Artifact Management<br><br>Includes the ability to select individual patient records or groups of patient records for segregation. | YES | | N/A | INCLUDED WITH MODIFICATION TO OUT OF THE BOX CUSTOMIZATION |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Ensure the Physical and Mental Health of the Redeployed Force:** The solution shall provide the ability to evaluate and predict physical and mental health effects on a redeployed Warfighter (routine screening and follow-up of immediate and long-term health threats); communicate effective implementation strategies to decision-makers; and provide effective communication and accountability systems enabling contact between commanders, their injured Warfighters, and families.<br><br>**Additional Info:** The EHR needs to ensure detailed pre and post deployment surveys can be generated in the EHR in garrison and theater areas of operations. These are structured, highly branched surveys. They must be available to medical and non-medical users to access and complete electronically both within and outside the .mil domain (e.g.at home, and at duty stations in Garrison and theater areas of operation). Pre / post Deployment Health Assessments/Reassessments (DHRAs) must be completed within prescribed timeframes, include person-to-person provider health assessments and referral scheduling and management when required, be recorded in the EHR and have capability for electronic transmission to the MHS data repository of record. Includes the ability for timely updates of the survey instrument and the ability to track the status of DRHA completion.<br><br>Includes the capability to interface with key enterprise information management or information technology systems to facilitate data exchange on medical readiness elements required to include: Periodic Health Assessment (PHA) status, deployment-limiting medical and dental conditions, dental readiness classification, immunization status, required laboratory tests, and required medical equipment. Specific deployment medical requirements may include specific immunizations, lab tests, occupational exams, neurocognitive assessments, chemoprophylactic/pharmaceutical agents, deployment-related health assessments and other Combatant Command-specific requirements as identified.<br><br>Includes the ability to determine service member (or those identified as being on some special duty status as defined by the Services) medical "fitness for duty" on a daily basis which includes the documentation and reporting of that "non-medically fit for duty" | NO | | THESE FUNCTIONS CAN BE INCLUDED WITH PROGRAMING AT $130 PER HOUR DETERMINED BY APPROVED SOW | THIS IS NOT A SYSTEM FUNCTION |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
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| | Available | Not Feasible | Feasible ($K ROM) | |
| **Non-clinical Preventive Medicine/Health Surveillance:** The solution shall provide the ability to render comprehensive and continuous military non-clinical preventive medicine and comprehensive health surveillance to effect early intervention and control strategies for all occupational and environmental health (OEH) hazards and CBRNE threats, using joint technologies, practices, and procedures consistently across the military services.<br><br>**Additional Info:** Comprehensive health surveillance, which is the continual, systematic, standardized collection, epidemiological analysis, interpretation, and archiving of data to identify health trends and potential health risks, including mental health conditions, in the CG population at the level of small units, organizations, and installations, theater of operations, and country level. Data includes medical data, health data, and all-hazards occupational and environmental health monitoring and exposure data, veterinary diseases, and disease carrying vectors. Comprehensive health surveillance enables the timely detection of disease or illness outbreaks and the dissemination of actionable information and data and facilitates early interventions to prevent, treat, or control disease and injury. This includes Chemical, Biological, Radiological, Nuclear and High Yield Explosives (CBRNE).<br><br>Includes ability to interface with external health surveillance systems. | YES | | INTERFACED COSTS OF $15K EACH | INTERFACE TO DISEASE AND SURVEILLANCE REGISTRIES MUST BE BUILT. |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Provide for Medical Countermeasures:** The solution shall provide the ability to minimize the incidence or the severity of disease or illness, including the protection of US personnel against rare or exotic diseases or against CBRN hazards through the application of medical countermeasures. Includes the ability to provide timely Immuno- and Chemoprophylaxis (preventive) Countermeasures.<br><br>**Additional Info:** Includes the capability to review and print lab reports based on International Classification of Diseases (ICD) codes and environmental sampling. In order to "minimize the incidence or the severity of disease or illness" CG needs to know what disease we are dealing with via bio-surveillance methods. These actions are accomplished by obtaining lab samples and results, which requires the capability to review and print lab reports, so we know what we are dealing with and how to treat/mitigate exposures to those pathogens. We can also use a 'clinical case definition' of a disease via ICD-9 codes to search for particular groupings of suspected disease exposure or diseases (i.e. 'upper respiratory infection' and 'fever' and 'rash' may help determine what type of disease may be present in a population setting). These same concepts apply to the results of environmental sampling. This allows the CG to determine the best treatment option and how to disposition those individual(s). Includes the need to display and print data received from sources such as the National Center for Medical Intelligence (NCMI), Centers for Disease Control & Prevention (CDC), and the World Heath Organization (WHO) related to threat analysis and disease outbreak. Includes documentation for travel and international health/medicine with content delivered to the end user through the EHR. | YES | | VENDOR COST IS $130/HOUR BASED ON DEVELOPED SOW. | If built into EXISTING custom routines- all labor costs of USCG and vendor |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Global Patient Movement:** The solution shall provide the ability to evacuate injured and ill personnel with appropriate en-route care. This includes all activities related to casualty evacuation (CASEVAC), medical evacuation (MEDEVAC), aeromedical evacuation (AE), enroute care, PM planning, medical regulating, patient staging facilities, patient movement items (PMIs), and patient in-transit visibility. Also included are all activities related to maintaining the DoD/USCG Global Patient Movement Network.<br><br>**Additional Info:** If care is able to be provided during transport, the need exists to electronically capture the information for the continuum of care and, depending on bandwidth, forward the data to the next point of care. Includes the ability to evacuate/transport injured and/or ill casualties with appropriate en route care to and between a medical treatment facility (MTF) staffed and equipped to provide essential care in the area of operation (AO), and further evacuation from the AO to provide definitive, rehabilitative, and convalescent care in the CONUS. This includes the ability to document the continuation of care while being moved to an MTF by CASEVAC, MEDEVAC or AE; direct and manage a patient movement safety program for evaluation of the quality of care standards and process improvement, as well as activities related to patient movement (PM) planning, medical regulating, patient staging facilities, and patient in-transit visibility.<br><br>Needs to be able to create a patient movement request.<br><br>Includes the ability to interface with the current patient tracking system. | YES | | TRACING MUST BE INTERFACED WITH VA~~,~~ OR DOD SYSTEMS | THIS IS A VARIABLE COST AND A SHARED EFFORT INCLUDING INTERFACES TO AHRQ, CDC, MEDVAC AND CASEMAC UNDER DOD. |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
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| | Available | Not Feasible | Feasible ($K ROM) | |
| **Manage Patient Movement Items (PMI):** The solution shall provide the ability to manage medical equipment, supplies, and PMIs required to support PM. This includes activities related to managing theater resources, preventive maintenance and repair, and supporting information systems.<br><br>**Additional Info:** Includes the capability to document the unique PMI asset tracking system (ATS) equipment barcode or supplies utilized, to a patient at the point of care. Documentation must occur for utilization inclusion of the specific PMI equipment identifier in the patient record. The PMI ATS barcode will allow the EHR system to pass PMI movement data to, and receive PMI maintenance and management data from, the PMI ATS for a specific piece of PMI equipment (does not include PHI or PII).<br><br>The PMI ATS will interface with the CG medical logistics solution, the electronic health record (EHR) and the DoD patient regulating and command and control solution.<br><br>The replacement of current Defense Medical Logistic Enterprise (DMLE) medical logistic systems is not a requirement. The PMI ATS capability is a component of the DMLE system.<br><br>Note: Not everyone will have an EHR device (non-clinical) or the DoD medical logistic solution. PMI is managed in two categories: peacetime (unit assigned) & wartime/contingency (operation assigned). Theater PMI tracking resources are managed differently at each of the assigned levels: Center, Cell, Node, Site. | YES | | SYSTEM INERFACES AVERAGE $15K PER SYSTEM | MUST BE INTERFACED WITH EXISTING USCG SYSTEMS |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Medical Command and Control:** The solution shall provide the ability to exercise authority and direction over assigned and attached forces in the accomplishment of the mission. Command and control functions are performed through an arrangement of personnel, equipment, communications, facilities, and procedures employed by a commander in planning, directing, coordinating, and controlling forces and operations in the accomplishment of the mission.<br><br>**Additional Info:** This capability provides worldwide medical asset visibility, command and control (C2), patient search and tracking, decision support, theater blood tracking and reporting, and medical surveillance with geographic information mapping of data. This capability includes the ability to provide the non-medical commander aggregated data on the medical readiness of their units within their area of operation. The aggregation of certain types of medical information in operational environments may make that information classified. For the purposes of medical C2, medical information generated in operational environments must be readily identifiable and transferrable for upload into a classified environment. There is a need for a one way Nonsecure Internet Protocol Router Network (NIPRNet) to Secret Internet Protocol Router Network (SIPRNet) data exchange from the EHR to the CG medical command and control solution. | YES | | N/A EXCEPT FOR INTERFACES THAT NEED TO BE BUILT AT $15/INERFACE ON AVERAGE | DONE AT CUSTOMIZATION LEVEL |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Operational Medical Logistic Support:** The solution shall provide the ability to manage, synchronize, integrate, and maintain visibility of medical logistics support to the joint force in a designated operational area.<br><br>**Additional Info:** Role 1 and 2:<br>Includes the capability to view and order from an electronic supply catalog, download catalog data, place orders, obtain order status, and manage unit level medical supplies and inventory. This includes catalog management, document registers, transaction registers, order request handling,<br><br>Includes interface to Service-specific logistic systems.<br><br>Role 3:<br>Includes interface to CG medical logistic systems.<br><br>Includes the capability to provide data and workflow sharing.<br><br>Includes the ability to leverage inherent EHR capabilities (if any) to perform supply chain order/receipt functions for clinical business area support, through interoperability with CG Medical Logistics supply chain management systems.<br><br>Includes the reporting of utilization data from EHR to drive materiel decisions within the Materiel Standardization business processes.<br><br>Includes the ability to share medical device identification data and clinical data from a medical device to the patient record.<br><br>Includes the ability to utilize asset tracking technologies.<br><br>Includes the capability to operate in a disconnected network environment.<br><br>Includes the capability to share data with Service-specific logistic systems.<br><br>The replacement of current Defense Medical Logistics Enterprise medical logistic systems is not a requirement. | YES | | N/A | INCLUDED |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Casualty Management:** The solution shall provide support for the ability to present a continuum of timely, responsive medical and surgical care that incorporates the latest technologies and advancements in medical science.<br><br>**Additional Info:** Includes medical management on all operational platforms across all roles of care and operational environments by all levels of non-medical and medical personnel.<br><br>In connected, low connectivity, no connectivity, disconnected and dismounted modalities. Records of all care, regardless of the location of care or the environment in which it was provided, will be updated with the care which was delivered in connected, low connectivity, no connectivity, disconnected and dismounted modes to ensure continuity of care, quality of care monitoring and maintenance of patient safety. The ability to document and store locally (e.g., laptop, shipboard) and then re-synch when a network connection becomes available is required.<br><br>Records of all care provided must be readily available for review and further provision of care. | YES | | $29K/WOUND SYSTEM INTERFACE | MUST USE ARMY WOUND SYSTEM |

**Section 2 – Communications/Information Technology Requirements**

| EHR SYSTEM CAPABILITY, THRESHOLD AND OBJECTIVE | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Interfaces:** The system shall provide the ability to interface with devices using open standards (e.g., medical devices (hardware), related network devices (printers))<br>Threshold = Objective (Requirement Realized) | YES | | EITHER FHIR OR DIRECT INTERFACES AT COST | INCLUDED |
| **Interoperability – Ports/Protocols:** The system shall support network interoperability, using DoD approved ports and protocols<br>Threshold: Shall meet Connectivity, Latency and Reliability requirements in the "Mobile Platform" • environments described in the DISA Operational Environments Model in the CSF Reference<br>Objective = Threshold | YES | | | INCLUDED |

| EHR SYSTEM CAPABILITY, THRESHOLD AND OBJECTIVE | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Data Strategy:** The system shall support the ability to migrate core data elements from the legacy systems using approved open standards.<br>Threshold: Shall meet Connectivity, Latency and Reliability requirements in the "Mobile Platform" • environments described in the DISA Operational Environments Model in the CSF Reference<br>Objective = Threshold | YES | | N/A | |
| **External Public Health Reporting:** The system shall establish an interface to exchange data with external public health reporting systems (e.g., state immunization registries, public health surveillance).<br>Threshold = Objective (Requirement Realized) | YES | | N/A | |
| **Reference Lab Interfaces – Receive:** The system shall provide the capability to interface with external reference labs to receive results using national standards-based interfaces.<br>Threshold = Objective (Requirement Realized) | YES | | INTERFACE TO LABS REQUIRED | |
| **ASC X12 EDI:** The system shall comply with ASC X12 Electronic Data Interchange (EDI) transactions when conducting administrative process transactions electronically.<br>Threshold = Objective (Requirement Realized) | YES | | | SUNCOAST RHIO ALREADY UTOLITRES X.12 ROR ESMD AUDIT |
| **Occupational Health Interface:** The system shall establish an interface to exchange data with occupational health systems.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Medical Readiness Interface:** The system shall establish an interface to exchange data with medical readiness systems.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **HSDW Interface:** The system shall establish an interface to exchange data with Health Services Data Warehouses (HSDWs).<br>Threshold = Objective (Requirement Realized) | YES | | | API |
| **MDR Interface:** The system shall establish an interface to exchange data with the Military Health System Data Repository (MDR).<br>Threshold = Objective (Requirement Realized) | YES | | | API REQUIRED |
| **Patient Identity – Synchronization:** The system shall be able to synchronize all patient identities to the enterprise Identity Management System (i.e., DEERS).<br>Threshold = Objective (Requirement Realized) | YES | | N/A | INCLUDED |
| **Patient Identity - Patient Identifier:** The system shall be able to retrieve patient identity information (name, DOB, gender) from the enterprise Identity Management System (i.e., DEERS) using the DoD Identifier (aka EDI_PI).<br>Threshold = Objective (Requirement Realized) | YES | | N/A | INCLUDED |

| EHR SYSTEM CAPABILITY, THRESHOLD AND OBJECTIVE | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Patient Identity - Primary Search:** The system shall conduct the primary patient search against the enterprise Identity Management System (i.e., DEERS). Threshold = Objective (Requirement Realized) | YES | | N/A | INCLUDED |
| **Patient Identity - Family Search:** The system shall be able to perform family searches based on family sponsor's identity to the enterprise Identity Management System (i.e., DEERS). Threshold = Objective (Requirement Realized) | YES | | $1K PER PERSON | ROUTINE MODIFICATION |
| **Patient Identity - Trait Retrieve:** The system shall retrieve identity traits from the enterprise Identity Management System (i.e., DEERS) prior to updating patient traits. Threshold = Objective (Requirement Realized) | YES | | N/A | INCLUDED |
| **Patient Identity - Patient Search:** When communications allow, the system shall enforce a search to the enterprise Identity Management System (i.e., DEERS) prior to adding a new patient. Threshold = Objective (Requirement Realized) | YES | | N/A | INCLUDED |
| **Patient Identity - Add Patient:** The system shall be able to add a patient to the enterprise Identity Management System (i.e., DEERS). Threshold = Objective (Requirement Realized) | YES | | N/A | INCLUDED |
| **Patient Identity - Maintenance Notifications:** The system shall consume identity maintenance notifications from the enterprise Identity Management System (i.e., DEERS). Threshold = Objective (Requirement Realized) | YES | | N/A | INCLUDED |
| **Patient Demographics – Retrieve:** The system shall be able to retrieve a patient's affiliation to DoD from the enterprise Identity Management System (i.e., DEERS). Threshold = Objective (Requirement Realized) | YES | | N/A | INCLUDED |
| **Patient Information – Retrieve:** The system shall be able to retrieve patient contact information (e.g., addresses, phone numbers, email) from the enterprise Identity Management System (i.e., DEERS) using the DoD Identifier (aka EDI_PI). Threshold = Objective (Requirement Realized) | YES | | N/A | ROUTINE SETUP LABOR USCG AND VENDOR |
| **Patient Registry Info – Retrieve:** The system shall be able to retrieve patient registry information (e.g., preferred language, religion, next of kin) from the enterprise Identity Management System (i.e., DEERS) using the DoD Identifier (aka EDI_PI). Threshold = Objective (Requirement Realized) | YES | | N/A | ROUTINE SETUP, VENDOR AND USCG |
| **Patient Eligibility – Retrieve:** The system shall be able to retrieve patient eligibility information (e.g., Dates of Coverage, allowed coverage - direct care, dental, network, pharmacy; current beneficiary status - Active, Spouse, Guard, TAPS, Wounded Warrior, etc.) from the enterprise Identity Management System (i.e., DEERS) using the DoD Identifier (aka EDI_PI). Threshold = Objective (Requirement Realized) | YES | | $.5k/NPI | Dependent on price passed on from payer eligibility system |

| EHR SYSTEM CAPABILITY, THRESHOLD AND OBJECTIVE | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Patient OHI – Retrieve:** The system shall be able to retrieve patient commercial health insurance information from the enterprise Identity Management System (i.e., DEERS) using the DoD Identifier (aka EDI_PI).<br>Threshold = Objective (Requirement Realized) | YES | | Interface cost to DoD if not already there $10k | DEPENDENT ON PRICE (IF ANY) PASSED ON FROM PAYER ELIGIBILITY SYSTEMS. |
| **Patient OHI – Update:** The system shall be able to update patient commercial health insurance information from the enterprise Identity Management System (i.e., DEERS) using the DoD Identifier (aka EDI_PI).<br>Threshold = Objective (Requirement Realized) | YES | | ESTIMED $10K INTERFACE COST IF NOT ALREADY THERE | |
| **Patient OHI – Add:** The system shall be able to add patient commercial health insurance information from the enterprise Identity Management System (i.e., DEERS) using the DoD Identifier (aka EDI_PI).<br>Threshold = Objective (Requirement Realized) | YES | | INTERFACE COST TO DoD IF NOT ALREADY THERE, $10K | |
| **DMIX Query Interface:** The system shall interface with the Defense Medical Information Exchange (DMIX)-provided Query service (e.g., RESTful or SOAP) to obtain patient medical history and clinic encounter data from legacy systems.<br>Threshold = Objective (Requirement Realized) | YES | | INTERFACE COST TO LEGACY SYSTEMS. $15-20K PER SYSTEM | |
| **DHMSM Query Interface:** The system shall provide a real-time, on-demand, standards-based query service that will enable external systems to request and receive EHR data for use by other DoD medical systems.<br>Threshold = Objective (Requirement Realized) | YES | | DoD INTERFACE COST | |
| **HAIMS Interface:** The system shall establish an enduring interface to exchange data with the Health Artifacts and Images Management System (HAIMS) system.<br>Threshold = Objective (Requirement Realized) | YES | | DoD INTERFACE COST | |
| **DMIX Query Interface:** The system shall interface with the Defense Medical Information Exchange (DMIX)-provided standards based interface (e.g., C-CDA) to obtain patient medical history and clinic encounter data from legacy systems and external partners.<br>Threshold = Objective (Requirement Realized) | YES | | DoD INTERFACE COST | |
| **DMIX Transactional HL7 2.x Feed:** The system shall interface with the Defense Medical Information Exchange (DMIX)-provided Transactional Health Level 7(HL7) 2.x feed service that will provide HL7 2.x messages from the legacy clinical systems.<br>Threshold = Objective (Requirement Realized) | YES | | HL7 FEED TO ALL COLLABORATIVE HISP DB OR SYNTRNET OR FHIR, $15K | |

| EHR SYSTEM CAPABILITY, THRESHOLD AND OBJECTIVE | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **PDTS Interface:** The system shall establish an enduring interface to exchange data with the PDTS system.<br>Threshold = Objective (Requirement Realized) | YES | | PDTS INTERFACE $10K | |
| **HL7 2.x Data Feed:** The system shall provide Health Level 7 (HL7) 2.x message feeds (e.g., ADT, orders and results, etc.) to the transitory and enduring legacy clinical systems that will subscribe to these feeds.<br>Threshold = Objective (Requirement Realized) | YES | | $10K/HL 7 FEED | |
| **Bulk Data Feed:** The system shall provide the capability for bulk data feeds to enable external reporting.<br>Threshold = Objective (Requirement Realized) | YES | | $4K | BATCH PROGRAM REQUIRED |
| **eHealth Exchange Interface:** The system shall provide a bidirectional eHealth Exchange connectivity using content specifications (e.g., Health Level 7 [HL7] Consolidated Clinical Document Architecture [CDA]).<br>Threshold = Objective (Requirement Realized) | YES | | $6K/INTERFACE | SUNCOAST RHIO IS A CAREQUALITY IMPLEMENTER TO eHEALTH Exchange via Kno2 partner |
| **Reference Lab Interfaces – Send:** The system shall provide the capability to interface with external reference labs to send orders using national standards-based interfaces.<br>Threshold = Objective (Requirement Realized) | YES | | PER INTERFACE @ $2K | |
| **Mail Order Pharmacy Interfaces:** The system shall provide the capability to exchange prescriptions with external Mail Order Pharmacies.<br>Threshold = Objective (Requirement Realized) | YES | | $1K | SMALL ROUTINE/ PROGRAMING EFFORT REQUIRED |
| **DMHRSi Interface:** The system shall establish an interface to exchange data with the DMHRSi system.<br>Threshold = Objective (Requirement Realized) | YES | | $6K PER INTERFACE | |
| **Pharmacy Interface:** The system shall establish an interface to exchange data with pharmacy systems (e.g., Opti-fill, P2K).<br>Threshold = Objective (Requirement Realized) | YES | | N/A | INCLUDED |

**Section 3 – Design Requirements**

| EHR SYSTEM CAPABILITY, THRESHOLD AND OBJECTIVE | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |

| EHR SYSTEM CAPABILITY, THRESHOLD AND OBJECTIVE | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Cybersecurity:** The system shall meet DoD Cybersecurity requirements based on an impact level of NIST High for confidentially, High for integrity, and Moderate for availability in order to obtain an ATO (DoD Risk Management Framework)<br>Threshold: All CAT I issues are resolved prior to operational testing, CAT II and CAT III issues have approved mitigation strategies. (Metrics will be leveraged to manage Cybersecurity CTPs throughout the system lifecycle). System achieves an ATO in accordance with the deployment timelines<br>Objective: No CAT findings | YES | | N/A | INCLUDED |
| **Access Control:** The system shall lock after a specified period of inactivity regardless of how the system is accessed in accordance with DoD Cybersecurity controls.<br>Threshold = Objective.<br>Objective: Timeout is configured to meet the most stringent requirements defined by either DoD, DHA, PII, and/or PIA requirements for timeout | YES | | N/A | INCLUDED |
| **Access Management:** The system shall use DoD standardized access management methods.<br>Threshold = Objective.<br>Objective: The system uses approved methods and products for providing access management. | YES | | N/A | INCLUDED |
| **Data Access:** The system shall support the ability to access data elements using open standard based interfaces including legacy data.<br>Threshold = Objective.<br>Objective: Comply with all applicable DoD, federal government, and health care industry standards. | YES | | N/A | INCLUDED |
| **Information Access:** The system shall provide role-based access.<br>Threshold = Objective.<br>Objective: The system user roles are well defined to show segregation of system component access and approval authority; also based on role only information that the role should access is accessible. | YES | | N/A | INCLUDED |
| **Identity Management:** The system shall use DoD standardized identity management framework.<br>Threshold = Objective.<br>Objective: The system shall authenticate CAC users from an authoritative data source, based on the DoD PKI cert | YES | | N/A | INCLUDED |
| **Approved Software (SW) List:** The system shall be compliant with DoD and DHS approved software.<br>Threshold = Objective (Requirement Realized) | YES | | N/A | INCLUDED |
| **Approved Hardware (HW) List:** The system shall be compliant with DoD and DHS approved hardware.<br>Threshold = Objective (Requirement Realized) | YES | | N/A | INCLUDED |

| EHR SYSTEM CAPABILITY, THRESHOLD AND OBJECTIVE | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Hardware - Client Laptop Specification:** The system shall be able to perform required functions on the hardware defined by the minimum hardware specification document as follows:<br><br>- Processor: Intel dual core 2.4 GHz; 64 bit<br>- RAM: 4 GB<br>- Hard disk: 160 GB/ 5400 rpm<br>- Optical Drive: DVD R/W Drive 8X<br>- Network - Ethernet Card (10/100/Gigabit)<br>- Wireless<br>- USB ports: 2<br>- Display 14.1 inch/resolution 1600x900<br>- Smart Card Reader<br>- Pointing Device: PS/2 compatible Mouse<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Integration:** The system shall enable product upgrades.<br>Threshold = Objective (Requirement Realized) | YES | | USCG COST | |
| **Interoperability/Ports-Protocols:** The system shall provide the ability to interface with devices using open standards (e.g., medical devices (hardware), related network devices (printers)).<br>Threshold: Shall meet Connectivity, Latency and Reliability requirements in the "Mobile Platform" • environments described in the DISA Operational Environments Model in the CSF Reference<br>Objective = Threshold | YES | | | |
| **Joint Integrated Environment Enablement:** The system shall provide the ability to leverage enterprise data centers using applicable Joint Integrated Environment objectives.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Limited Communications:** The system shall work in environments where limited connectivity is available (low-comm).<br>Threshold: Support the provision of quality, efficient, effective health care to individual patients and to populations. Be flexible and configurable to accommodate changing standards of practice in multiple health care settings. Be employable in all DoD health care environments, and maintain a rapid time to clinical adoption.<br>Objective = Threshold | YES | | N/A | INCLUDED BUT IS FUNCTION OF USCG COMMUNICATIONS MEDIA. AS LONG AS PHYSICAL OSI LEVEL LINK IS STANDARD |
| **Net-Centric-Data Environment:** The system shall be compatible with DoD data strategy.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Net –Centric-Environment:** The system shall be implemented using open standards for key interfaces at the system component capability level.<br>Threshold: Custom system interfaces shall use open systems architecture that meets the IPO standards.<br>Objective: System interfaces shall use established commercially available EHR APIs. | YES | | | |

| EHR SYSTEM CAPABILITY, THRESHOLD AND OBJECTIVE | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Network Configurability:** The system shall provide the ability to configure the ports and protocols used by the system (no hard coded ports or protocols).<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Networking-IPV6:** The system shall be IPV6 capable.<br>Threshold = Objective.<br>Objective: System will be IPV6 compatible | YES | | | |
| **Open Standards:** The system shall be implemented using open standards for key interfaces at the system component capability level.<br>Threshold: Open standards are used for key interfaces at the system component capability level.<br>Objective = Threshold | YES | | | |
| **PKI Infrastructure:** The system shall use DoD-approved public key infrastructure (PKI) certificates in PKI-based identity authentication processes for component business and mission processes.<br>Threshold = Objective.<br>Objective: All solution system/servers will have valid PKI certificates installed and used on web-based systems, websites and web servers | YES | | | |
| **Portability-Open Standards:** The system shall be capable of sharing data using DoD approved open standards.<br>Threshold: Shall meet Connectivity, Latency and Reliability requirements in the "Mobile Platform" • environments described in the DISA Operational Environments Model in the CSF Reference.<br>Objective = Threshold | YES | | | |
| **Portability-Web Browsers:** The system shall run on DoD-approved web browsers.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Portability-Operating Systems:** The system shall work on DoD-approved operating systems.<br>Threshold = Objective (Requirement Realized) | YES | | N/A | AS LONG AS OPERATING SYSTEMS SUPPORT SQL |
| **Modularity:** The system shall consist of a loosely coupled, high cohesion modular design based on open standards allowing for the independent acquisition of system components, technologies and new capabilities.<br>Threshold: Custom system interfaces shall use open systems architecture that meets the IPO standards.<br>Objective: System interfaces shall use established commercially available EHR APIs. | YES | | | |

| EHR SYSTEM CAPABILITY, THRESHOLD AND OBJECTIVE | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **DISA STIG Software Vulnerabilities - Category I:** The system shall provide access to the code to perform code vulnerability scans based on automated security and quality scans performed by SCQC. (Correction or mitigation through government-approved compensating controls prior to entry of the software into government test; applies to Category I DISA STIG vulnerabilities.)<br>Threshold = Objective.<br>Objective: 100% Category I vulnerabilities corrected or mitigated. | YES | | | |
| **System Backward Compatibility:** The system shall be backward compatible to support system interoperability between deployed versions of the system, at least two generations of the system baseline.<br>Threshold: Backward compatible for two generations.<br>Objective: Backward compatible for more than two generations. | YES | | | |
| **System Workflows:** The system shall be capable of configurable workflow modifications to meet DoD changes (e.g., policy, directives, and strategies.)<br>Threshold: Support the provision of quality, efficient, effective health care to individual patients and to populations. Be flexible and configurable to accommodate changing standards of practice in multiple health care settings. Be employable in all DoD health care environments, and maintain a rapid time to clinical adoption.<br>Objective = Threshold | YES | | | |
| **User Configuration:** The system shall enable role configuration.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **User Login – CAC:** The system shall provide the ability of the user to log in to the system via a DoD common access card (CAC).<br>Threshold = Objective.<br>Objective: All CAC users are authenticated and clear traceability of their DoD identifier is mapped to a unique system account. | YES | | | |
| **User Login - Two Factor:** The system shall provide the ability of the user to log in to the system using two factor authentication.<br>Threshold = Objective.<br>Objective: All users are authenticated using two factor and mapped as authenticated identities to a system account | YES | | | |
| **Integration - Open Standards:** The system shall enable integration with external solutions into the proprietary solution baseline using open standards.<br>Threshold: Custom system interfaces shall use open systems architecture that meets the IPO standards.<br>Objective: System interfaces shall use established commercially available EHR APIs. | YES | | | |

| EHR SYSTEM CAPABILITY, THRESHOLD AND OBJECTIVE | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Secure Messaging:** The system shall provide secure messaging for exchanging PII/PHI information.<br>Threshold = Objective.<br>Objective: The system encrypts PII/PHI data in transit. | YES | | $.3/NPI/ YEAR | HISP CHARGES INCLUDE CERTS |
| **DoD Standards:** The system shall be implemented based on Health Care Information Interoperability Technical Package (I2TP).<br>Threshold: Shall meet Connectivity, Latency and Reliability requirements in the "Mobile Platform" • environments described in the DISA Operational Environments Model in the CSF Reference.<br>Objective = Threshold | YES | | | |
| **Data Community Of Interest:** The system shall implement data models that adhere to the DoD medical community of interest standards based on the ONC data exchange standards.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Section 508 Compliance:** The system shall meet section 508 requirements in accordance with Federal and DoD policies, directives and standards.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **NCPDP:** The system shall meet the National Council for Prescription Drug Programs (NCPDP) standards in accordance with the latest version of each standard defined by the NCPDP.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **ONC CHPL Certified:** The system shall meet the Office of National Coordinator (ONC) certifications on the CHPL incremental updates as published (these updates meet regulatory improvements, enhance interoperability and "bug fixes").<br>Threshold = Objective (Requirement Realized) | YES | | | SEE OPENING NARRATIVE |
| **International Classification Of Diseases:** The system shall meet all International Classification of Diseases (ICD) standards as mandated**.**<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Records Management:** The system shall meet all DoD Medical community records management requirements.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Patient Registration:** The system shall provide the capability for automated patient registration via government-issued identity token.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Patient Identity – Identifier:** The system shall use the DoD Identifier as the uniform person identifier.<br>Threshold = Objective (Requirement Realized) | YES | | | UNIQUE PATIENT IDENTIFIER MUST BE SUPPLIED IN FORMAT BY USCG IF NOT USING SSN |

| EHR SYSTEM CAPABILITY, THRESHOLD AND OBJECTIVE | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Patient Identity – SSN:** The system shall not use SSN as a patient identifier but shall collect it as an element of identity trait search to the enterprise Identity Management System (i.e., DEERS).<br>Threshold = Objective (Requirement Realized) | YES | | | GIVEN WE, AS VENDOR, ARE PROVIDER GUIDANCE ON MPI OR NEWLY ANNOUNCED CMS NUMBER TO USE AS DIRECTED |
| **Patient Identity - Identity Set:** The system shall be able to display a minimum identity set (name, DOB, gender, and DoD Identifier).<br>Threshold = Objective (Requirement Realized) | YES | | | SOME SMALL CUSTOMIZATION DONE OUT OF THE BOX |
| **Patient Identity - Patient Search Results:** The system shall be able to present up to 10 patient search results.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Patient Identity - Additional Traits:** The system shall be able to display returned additional candidate traits to assist the operator in selecting the correct patient from the list of search candidates.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Patient Identity - Search Error:** The system shall be able to present patient search results that return 0 candidates, along with an error code that indicates person not found.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Patient Identity - Card Scan:** The system shall be able to obtain the DoD Identifier by scanning the patient's DoD Identification Cards (barcode).<br>Threshold = Objective (Requirement Realized) | YES | | | UNIQUE PATIENT IDENTIFIER MUST BE SUPPLIED IF NOT USING SSN |
| **Patient Identity - Trait Update:** The system shall be able to enforce an identity trait update authorization code.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Patient Identity - Identity Updates:** The system shall apply identity updates from the identity maintenance notifications.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Patient Identity - DoD Identifier:** When the enterprise Identity Management System (i.e., DEERS) is not available, the system shall add patients using the DoD Identifier, if it is available from a reliable source (e.g., from an ID card).<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Patient Identity - Interim Identifier:** When the enterprise Identity Management System (i.e., DEERS) is not available and no reliable source for the DoD Identifier is offered, the system shall use an enterprise-unique Interim Patient Identifier.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Patient Identity - Added Synchronization No Comm:** The system shall synchronize all identities added during a loss of connectivity once connectivity to the enterprise Identity Management System (i.e., DEERS) is restored.<br>Threshold = Objective (Requirement Realized) | YES | | | |

| EHR SYSTEM CAPABILITY, THRESHOLD AND OBJECTIVE | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Patient Demographics – Display:** The system shall be able to display a patient's affiliation to DoD.<br>Threshold = Objective (Requirement Realized) | YES | | | SOME SMALL CUSTOMIZATION DONE OUT OF THE BOX |
| **Patient Information – Display:** The system shall be able to display patient contact information.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Patient Information – Update:** The system shall be able to update patient contact information.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Patient Information – Add:** The system shall be able to add patient contact information.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Patient Registry Info – Display:** The system shall be able to display patient registry information.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Patient Registry Info – Update:** The system shall be able to update patient registry information.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Patient Registry Info – Add:** The system shall be able to add patient registry information<br>Threshold = Objective (Requirement Realized). | YES | | | |
| **Patient Eligibility – Display:** The system shall be able to display patient eligibility information.<br>Threshold = Objective (Requirement Realized) | YES | | $.5/NPI | GIVEN PAYER MODULE TO SHOW ELIGIBILITY |
| **Patient OHI – Display:** The system shall be able to display patient commercial health insurance information.<br>Threshold = Objective (Requirement Realized) | YES | | $.5/NPI | GIVEN PAYER ELIGIBILITY MODULE |
| **User Provisioning:** The system shall provision services to the user once authenticated.<br>Threshold = Objective.<br>Objective: Once a user is authenticated, the system will provision resources. | YES | | | |
| **Web Application Identity Management And Assurance:** The web applications for the system shall implement identity management and assurance.<br>Threshold = Objective.<br>Objective: The web services are implemented with identity assurance, credentialing and access management. | YES | | | |
| **Data Encryption:** The system shall support the encryption of Sensitive But Unclassified (SBU) Data at Rest for all system data.<br>Threshold = Objective.<br>Objective: All data stored by the system is encrypted using approved DoD encryption methods. | YES | | | HISP FUNCTION IN COMBINATION WITH USCG FIPS SERVERS |
| **Coding Compliance:** The system shall provide coding compliance functionality.<br>Threshold = Objective (Requirement Realized) | YES | | | |

| EHR SYSTEM CAPABILITY, THRESHOLD AND OBJECTIVE | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Load Scalability:** The system shall scale to meet global deployment requirements while maintaining performance and reliability requirements.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Scalability - MTF Users:** The system shall be capable of scaling to support the maximum total number of users at an MTF site.<br>Threshold: 100 user max/site.<br>Objective: 120 user max/site. | YES | | $1K/LAP-TOP | DEPENDENT ON NUMBER OF LAPTOPS OR DESKTOPS IN FIELD |
| **Scalability - Global Users:** The system shall be capable of scaling to manage the total number of global users across all MHS serviced locations.<br>Threshold: 2,300 total users.<br>Objective: 2,500 total users. | YES | | $1K/LAP-TOP | NUMBER OF LAPTOPS IN FIELD IS DEPENDENCY |
| **Scalability – Installations:** The system shall provide an integrated enterprise solution that scales to support the global list of installations.<br>Threshold = Objective.<br>Objective: **144 sites** (96 ashore clinics/48 afloat sick bays) | YES | | | |
| **Scalability - Concurrent Users/MTF:** The system shall support the maximum total number of concurrent users for an MTF site.<br>Threshold: 40 concurrent users per site.<br>Objective: 60 concurrent users per site. | YES | | | |
| **Scalability-Medical Clinics:** The system shall provide an integrated enterprise solution that scales to support the global list of medical clinics.<br>Threshold = Objective.<br>Objective: **144 sites** (96 ashore clinics/48 afloat sick bays) | YES | | | |
| **Scalability-Dental Clinics:** The system shall provide an integrated enterprise solution that scales to support the global list of dental clinics.<br>Threshold = Objective.<br>Objective: **28 Ashore sites** | YES | | | |

| EHR SYSTEM CAPABILITY, THRESHOLD AND OBJECTIVE | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Approved TMIP Hardware - Client/Server Laptop Specifications:** The system shall be able to perform required functions on the hardware defined by the minimum hardware specification document as follows:<br><br>- Processor: Intel quad core 2.4 GHz; 64 bit<br><br>- RAM: 8 GB<br><br>- Hard disk: 320 GB/7200 rpm<br><br>- Optical Drive: DVD R/W Drive 8X<br><br>- Network - Ethernet Card (10/100/Gigabit)<br><br>- Wireless<br><br>- USB ports : 4<br><br>- Display 14.1 inch/resolution 1600x900<br><br>- Smart Card Reader<br><br>- SD Card Reader<br><br>- Pointing Device: PS/2 compatible Mouse.<br>Threshold = Objective (Requirement Realized) | YES | | $1K/LAP-TOP | SUPPLIED BY USCG, NOT A VENDOR SUPPLY |
| **Approved TMIP Hardware - Server Specifications:** The system shall be able to perform required functions on the hardware defined by the minimum hardware specification document as follows:<br><br>- Processor: Dual Processors, Dual Core 2.4 GHz; 4 Mb Cache; 64 bit<br><br>- RAM: 32 GB<br><br>- Hard disks: 2 1TB /7200 rpm drives<br><br>- Disk Controller: RAID with 256 MB cache<br><br>- Optical Drive: DVD R/W Drive 24X<br><br>- Network - Dual Ethernet Card (Gigabit) with failover and load balancing<br><br>- USB ports : 2<br><br>- Pointing Device: PS/2 compatible Mouse<br><br>- Power supply: Redundant dual power supplies.<br>Threshold = Objective (Requirement Realized) | YES | | | SAME AS ABOVE |

| EHR SYSTEM CAPABILITY, THRESHOLD AND OBJECTIVE | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **DISA STIG Software Vulnerabilities - Category II:** The system shall provide access to the code to perform code vulnerability scans based on automated security and quality scans performed by SCQC. (Correction or mitigation through government-approved compensating controls prior to entry of the software into government test; applies to Category II DISA STIG vulnerabilities.).<br>Threshold = Objective.<br>Objective: 100% Category II vulnerabilities corrected or mitigated | YES | | | |
| **DISA STIG Software Vulnerabilities - Category III And Other:** The system shall provide access to the code to perform code vulnerability scans based on automated security and quality scans performed by SCQC. (Correction or mitigation through government-approved compensating controls prior to entry of the software into government test; applies to Category III DISA STIG vulnerabilities and those identified by automated tools but not yet recognized as DISA STIG Vulnerabilities).<br>Threshold: 100% Other Software Vulnerabilities have been incorporated into a government-approved POA&M.<br>Objective: 100% Other Software vulnerabilities have been corrected OR mitigated. | NO | | | USCG RESPONSIBILITY TO SUPPLY. VENDOR HAS NO SOFTWARE THAT PERFORMS THIS FUNCTION |
| **SW Assurance- Quality:** The system shall adhere to the quality measures as outlined within the IDIQ PWS.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Data Encryption - Removable Media:** The system shall support the encryption of Sensitive But Unclassified (SBU) Data at Rest on removable storage media.<br>Threshold = Objective.<br>Objective: All data stored on mobile devices is encrypted using approved DoD encryption methods | YES | | | |
| **Usability:** The system shall provide for end-users to achieve a specific set of tasks effectively, efficiently, and with satisfaction consistent with the HIMSS Usability Principles.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Data Synchronization - Disconnected Clients/Sites:** The disconnected clients shall be able to synch data with the parent system upon return of connectivity.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Technical Event Management – Track:** The system shall provide a mechanism to track system events in accordance with DoD Instruction 8500.01 (e.g., failed log-ins, system error).<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **No Communications:** The system shall work in environments where no connectivity is available (no-comm environments/disconnected).<br>Threshold = Objective (Requirement Realized) | YES | | | |

| EHR SYSTEM CAPABILITY, THRESHOLD AND OBJECTIVE | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Networking - IPV4:** The system shall be backward compatible with IPV4.<br>Threshold = Objective.<br>Objective: System will be IPV6 compatible | YES | | | |
| **Patient Identity - VA Card Scan:** The system shall be able to obtain the DoD Identifier by scanning the patient's VA Identification Cards (barcode).<br>Threshold = Objective (Requirement Realized) | YES | | | WITH USCG ASSISTANCE AND TOOLS |
| **Patient Identity - Manual Entry:** The system shall be able to accept the DoD Identifier by manual entry.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Patient Identity - Updated Synchronization No Comm:** The system shall synchronize all identities updated during a loss of connectivity once connectivity to the enterprise Identity Management System (i.e., DEERS) is restored.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Unique Device Identifier:** The system shall be capable of capturing the Unique Device Identifier (UDI) formatted in a construct of one of the three (3) FDA approved standards organizations (Global Language of Business (GS1), Health Industry Business Communications Council (HIBCC), or International Council for Commonality in Blood Banking Automation, Inc. (ICCBBA)) of the supplies, devices, and pharmaceuticals used during an episode of care.<br>Threshold = Objective (Requirement Realized) | YES | | | UNIQUE PATIENT IDENTIFIER MUST BE SUPPLIED IN FORMAT AND IDENTIFIED TO VENDOR BY USCG IF NOT USING SSN |
| **AE Equipment Standards:** Any system equipment used on aircrafts shall adhere to aeromedical airworthiness standards including a safe to fly certification.<br>Threshold = Objective (Requirement Realized) | YES | | | USCG ASSURED |
| **Patient Prioritization - Limited Communications:** The system shall be capable of prioritizing patient data for syncing when limited connectivity is available (low-comm).<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Patient Prioritization - No Communications:** The system shall be capable of prioritizing patient data for syncing when no connectivity is available (no-comm environments/disconnected).<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Credentialing:** The system shall include the ability to support credentialing, licensing, and board certifications.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Single Sign-On:** The system shall allow users access to multiple applications using a single means of authentication (e.g., valid DoD CAC combined with personal identification number (PIN)).<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Context Management:** The system shall provide context management capability.<br>Threshold = Objective (Requirement Realized) | YES | | | |
| **Non-DoD Registration:** The system shall be capable of the registration of non-DoD patients.<br>Threshold = Objective (Requirement Realized) | YES | | | |

| EHR SYSTEM CAPABILITY, THRESHOLD AND OBJECTIVE | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| **Record Segregation – Individual:** The system shall include the ability to select individual patient records for segregation. Threshold = Objective (Requirement Realized) | YES | | | |
| **Record Segregation – Group:** The system shall include the ability to select groups of patient records for segregation. Threshold = Objective (Requirement Realized) | YES | | | |
| **Billing Management:** The system shall be capable of processing all stages of the billing lifecycle for medical services (e.g., dental, radiology, laboratory, pharmacy). Threshold = Objective (Requirement Realized) | YES | | UNLESS SPECIFIED, ALL BLANK FUNCTION PRICES ARE STD | |

**Section 4 – Human/System Integration Requirements**

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| All services and Electronic Information Technology (EIT) delivered shall comply with accessibility standards in accordance with Federal Information Technology Accessibility as required by Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d), as amended. | YES | | | |
| Characteristics that contradict User Interface/User Interaction standards shall be minimized or eliminated. | YES | | | |
| The solution shall supply informative feedback regarding errors conditions, assisting users to:<br>• Recognize the error condition<br>• Diagnose the cause of the error<br>• Recover from the error | YES | | | |
| The solution shall warn users before they initiate an action that may result in potentially serious consequences. | YES | | | |
| The solution shall be tolerant of human errors, in accordance with military and industry standards and best practices, such that errors do not have catastrophic consequences. | YES | | | |
| Characteristics of the system design that present impediments to the seamless integration with other components systems shall be minimized or eliminated. | YES | | | |
| The system shall provide for end-users to achieve a specific set of tasks effectively, efficiently, and with satisfaction consistent with the HIMSS Usability Principles | YES | | | |
| All training products shall comply with Coast Guard training policies, regulations and manuals, including COMDTINST the CG training system Standard Operation Procedures (SOP) | YES | | $2K/USER TO MODIFY NATIVE TRAINING | |

| EHR SYSTEM CAPABILITY | AVAILABILITY | | | COMMENTS |
|---|---|---|---|---|
| | Available | Not Feasible | Feasible ($K ROM) | |
| The training products shall include curriculum, Personal Qualification System, job-aids, reference cards, maintenance procedure cards (MPC), and materials for on-the-job training (OJT). | YES | | | |
| The training system shall be real-world representative. | YES | | | |
| A detailed training plan shall be developed based on the training strategy which outlines the objectives, needs, and curriculum for training end users and service providers on the new solution. | YES | | $10K/TRAINEE | |
| Training shall be tailored to ensure that end users are fully equipped to do their jobs and have the proper support during and after the implementation. | YES | | INCLUDED | |