USCG Electronic Health Record Acquisition RFI
Solicitation Number: EHRA_RFI_USCG

Suncoast RHIO Inc. and OpenEMR Collaborative
June 2, 2017

Description of Candidate Model

This RFI is presented by a consortium of companies working together to support and expand the Open EMR initiative. A listing of these companies is presented towards the end.

Suncoast RHIO – Convener

For the purpose of the RFI, Suncoast RHIO, Inc., in business since 2012, is the convener of this collaborative of open source system companies making this response. Suncoast RHIO is a "for profit", "C" Corporation and a national quality PQRS/QPP and other government metric reporting company since 2013. It reports on behalf of medical providers for CMS Part A and B quality measures and performs, consulting to Part C providers for HEDIS measures. Suncoast achieves Interoperability via CONNECTand DIRECT protocols in production as a CMS "Health Information Handler" under the esMD project for audit response, www.cms.gov/esmd and is a pilot of electronic medical documentation interoperability.

Being a certified QPP and QCDR Registry under MIPS and APM MACRA, Suncoast RHIO uses OpenEMR as a fully certified 2014 mechanism to report natively produced certified EHR metrics.

Suncoast has a history of involvement with Government Grants and Contracts. The company has been involved in Wound Care contracts for the US Army, securing grant funding for an ONC Regional Extension Center, and with The National Institute of Health and AHRQ Comparative Effectiveness Research subject matter.

The tax-id of Suncoast RHIO is 26-397780, CAGE Code 5BK27, DUNS 829531699. Suncoast RHIO is a listed SBA participant and uses a separate operating company, CAGE Code 53YG7, which is a woman owned small business and under partial ownership of Suncoast RHIO.

It is our intention and the intention of the consortium to obtain proof of certification with authority to operate (ATO) pursuant to Homeland Security Policy and receive certification by FedRAMP including DoD FedRAMP+ for cloud products and services. Our suggested Implementation and change management policy overview are addressed in Appendix B and available for review via our online policy and procedure and operating manuals. We have achieved the highest level of FIPS required Security and are a level 5 (highest) under the AHIMA Information Governance guidelines.

The Model – Collaborative Companies -Cloud Services, Support, Large Company Repository.

A Florida State "non-profit" "C" Corporation already exists and may, should this RFI potentially evolve to RFP, and under the approval of the collaborative and Board of Directors of that company, be used to implement this project. This Florida Company is called *Rural Healthnet Corsortia, Inc.* The name can be altered with a DBA or alternatively, and totally new collective can be organized.

This RFI depicts our solution as a USCG managed hosted service, jointly operated by USCG. The commercial vendor, the collaborative, would work both onsite when needed for support and as a cloud service provider.

In addition to the one participant convener company that performs operations for Suncoast RHIO, and the collaborative companies listed, we utilize a large and well capitalized affiliated partner for our repository and infrastructure when needed for back up or in the event of non working nodes due to unforeseen reasons.

This affiliate partner is known as Thrasys and was the international supplier of Siemens Solaris systems. Recently, Siemens health IT for the US market was sold to Cerner Corporation but the international supplier still supports global implementations.

Syntranet is the name of the system from Thrasys. They are a worldwide product team that collectively holds 24 domestic and international patents. They launched market-wide products (enterprise applications, real-time control systems, business intelligence frameworks, workflow and rules engines, content management systems) across a number of industries in worldwide markets.
SyntraNet is designed with API's and a data integration engine supporting industry standards and interfaces.

OpenEMR

Our total solution utilizes OpenEMR as the main product with source code open to the public and has been in commercial use for many years. OpenEMR uses mysql/maiadb database. The beauty of our solution is that modules can be built for specific uses for the USCG and can easily be replaced from the open community where the code is kept constant and compliant by the collective team utilizing strict change control and change management processes. This brings the advantage of innovation and specific use while keeping core systems standard and unchanged. OpenEMR is licensed for general use.

OpenEMR is the most popular open source electronic health records and medical practice management solution. ONC certified OpenEMR and it has vast international usage, OpenEMR's goal is a superior alternative to its proprietary counterparts.

OpenEMR is supported by passionate volunteers and contributors dedicated to guarding OpenEMR's status as a free, open source software solution for medical practices and with a commitment to openness and cooperation. Realizing that EMRs are not a "one size fits all" solution, our community offers free a level of volunteer support, professional support when needed, and comprehensive how-to guides to help users succeed and operate the system.

OpenEMR has been in existence for many years and has many contributors; uses; and downloads. Every download is either an end user loading the product for use or a developer insuring the code is able to be repurposed for other end users. It is always up to date and works with Vista or other Vista like government agency or hospital open source systems. In addition, Suncoast RHIO, as a member of the collaborative is a Carequality Implementer node of the Sequoia Project, better known as the eHealth Exchange.

Usage

In 2016, OpenEMR had 75,141 downloads (5,000 to 7,000 per month) within the U.S. comprising 23% of them. From 2012 to 2017 YTD, 298,541 downloads were done with the average monthly download of 3,000 in 2012 to the current 6,000 monthly average this year.

The software has been downloaded from approximately 200 countries over the last 5 years. The Peace Corps uses OpenEmr. Ensoftek, a consortium participating company was part of that government contract.

It has been estimated that OpenEMR serves more than 100,000 medical providers and up to 200 million patients across the globe.

Our plans include the incorporation of downloaded databases using blockchain to enhance security and reliability. When using this for backup and record keeping with Syntranet, blockchain technology will be utilized globally. This aspect is a protection against hacking and ransomware attacks. Ships do not have to be plugged in. Since power is generated locally, a compromised node can be easily disabled and rebuilt without affecting other nodes utilizing distributed named services.

Estimated Costs

The EHR will be complete for all levels with the exception of a dentistry module, estimated to build at $200,000 in a 3 month effort. It is estimated that a range of $800,000 to $2,200,000 (this includes the new dentistry module) would support the system including downloads, training, travel, implementation, and administration. This figure is a rough estimate based on 1000 to 3000 users within the first 24 months.

The different levels of operating capacity are set with an administrative password so that if the level of care is changed or enhanced the only change is the GUI that need to appear for the increased level of care. This is especially true for ships. One ship may originally only have an Independent health specialist or Corpsman on most cruises but a special cruise may include a doctor as an additional crew member for special operations. with surgeons and nurse anesthetists onboard for that cruise. This allows the EHR to be documented with the advanced clinical information.

The delivered base Open EMR EHR should be established and installed throughout the USCG infrastructure. The COTS EHR should be determined and no changes incurred until the system is fully implemented in all facilities and ships. Then once operations are initiated USCG and vendor jointly agree on what needs to be changed or enhanced. Making changes and adding features before initial implementation will double or even quadruple the costs. Meeting 80% of a good EHR implemented in 2 years is better than 100% that costs 4 times as much and takes 5-7+ years to implement. Since there is no licensing fee, the main components are the hardware (already existing at USGC), software (same), and human labor of both vendor and time of USCG program managers organized to optimize local place of usage. Consultant fees vary from $130 to $150 per hour and can be derived by multiplying nodes, npi's, clinics, ships, and administrative areas by an average of 6 hours to download and adjust settings for use. With OpenEMR, there is no licensing fee and the product is compatible with Windows, Linux, and Ma OsX operating systems and the hardware specified in Attachment B. Labor of both vendor and time of USCG program managers are counted in estimates above.

A program management team with both vendor liaison and liaison of the Coast Guard that includes an Independent Corpsman, doctor and specialist will ensure that the information they are putting into the EHR is what is needed.

The program team is also responsible for cost and scheduling, training and coordination even if training is completed in-house by train the trainer or full training personnel.

The Key Performance Parameters of our eHRa solution will meet the stated parameters:

1. Support military health care delivery across the full range of military operations: 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.

2. Be deployed and managed on USCG computing and communications networks, and comply with all applicable DoD, federal government, and health care industry standards.

3. Effectively exchange information with the VA and DoD: have a standards-compliant common clinical data model to achieve interoperability among the applications that comprise the DoD Electronic Health Record (EHR) system and with EHRs employed by the VA.

4. Meet Connectivity, Latency and Reliability requirements in the "Tactical Fixed Center" and "Tactical Mobile Center" environments described in the DISA Operational Environments Model (see Attachment F); must also be fully accessible from the most current USCG Standard Workstation Image (Microsoft Windows 10-based)."

Some Features of OpenEMR

Open Source and Free	Fully Customizable	ONC Certified
Appointment Scheduling	Multi Facility/Unit Support	Drug Screenings
Medications Tracker	Immunizations Tracking	Clinical Forms
Eye Module	Vast Coding Systems	Chart Tracking
Physician Reminders	Internal Messaging	Allergies Tracking
Labs Integration	Cloud Ready	Data Portability
Patient Demographics	Patient Scheduling	Prescriptions
Medical Billing	Reports	Patient Portal
Clinical Decision Rules	Electronic Medical Records	Multilanguage Support
Patient File Encryption	Horizontally Scalable	User Access System
Intuitive User Interface	Patient Education Module	Pharmacy Management
Insurance Tracker	Clearinghouse Interface/Support	Inventory Support

And many more. See www.Open-emr.org for full functionality description.

Other Key Topics not Addressed Above

In the above narrative, Suncoast RHIO's government contract and grant experience was mentioned. We addressed – " Description", "List of agencies and foreign countries and NGO's using the system" (www.Open-emr.org), and "solution infrastructure and strategy for customer network integration". Other required information follows : The key contact for Suncoast RHIO, as convener organization, is Lou Galterio, President, cell – 941-661-9845. Milestones will be set using either a Microsoft "Project" or "Project" like software, or a product chosen by USCG. Milestones, Duration, assigned resources with costs and time will be submitted to achieve this FOC within the 1 to 2 year schedule limit.

The Collective Group – 12 Vendors – Program Management and Fiscal Agent TBD

Ace Health Solutions
http://www.acehealthsolutions.com/
Jit Chawla
(919) 228-8744

Care Management Solutions, Inc.
http://cmsvt.com/
Stephen Waite
800-371-8685

info@acehealthsolutions.com

stephen.waite@cmsvt.com

EnSoftek, Inc.
http://www.ensoftek.com/wp2015/
Ramesh Nagul
503.643.1226
info@ensoftek.com
ramesh@ensoftek.com

HITECH Compliance
1-787-368-2321
aperez@hitechcompliance.net

Open Med Practice
http://www.openmedpractice.com/
Sherwin Gaddis
757-328-2736
sherwin@openmedpractice.com

Starlight Media
Robert Down
robertdown@live.com

Padgett Systems and Consulting
http://www.openhealthnews.com/resources/padgett-systems-and-consulting
Jerry Padgett
sjpadgett@gmail.com

Suncoast RHIO
http://www.suncoastrhio.org/
Lou Galterio
1-855-MIPS-EHR
info@suncoastrhio.org

Sunset Systems
http://www.sunsetsystems.com/
Rod Roark
(707)410-9380
help@sunsetsystems.com

Trinity Technology Healthcare Consulting Services
Joyce Boyd
571-354-6938
trinitytechhealthcare@gmail.com

ViSolve, Inc.
http://hc.visolve.com/
Sena Palanisami
(408) 850-2243
services@visolve.com

ZH Healthcare, Inc.
http://zhhealthcare.com/
Shameem Hameed
855.936.3367
support@zhservices.com