

REQUEST FOR INFORMATION (RFI)



PATIENT NAVIGATION

Patient Navigation Request for Information (RFI)

Table of Contents

1. Introduction and Background	2
1.1. Vision.....	2
1.2. Patient Navigation Project Vision	3
2. Ideation Process.....	4
3. Project Descriptions	7
3.1. Patient Navigation Database	7
3.2. Mini-Nav.....	7
3.3. Community Resource Directory (CRD), Phase 1	8
3.4. Secured Messaging	9
3.5. Referral Management System	9
3.6. Data Feed from Community HIE	9
3.7. Reminder System	9
3.8. Community Resource Directory (CRD), Phase 2	10
3.9. Shared Calendaring, Phase 1.....	10
3.10. Patient View Application.....	10
3.11. Integrate with Other Navigation Systems.....	11
3.12. Data Feed to CCC Data Warehouse	11
3.13. Shared Calendaring, Phase 2.....	11
4. Technical Constraints and Assumptions	11
5. Response Structure	11
5.1. Basic Summary of Suggested Vision.....	12
5.2. Response to Suggested Vision	12
5.3. Solution Methodology/Process.....	12
5.4. Previous Work.....	12
5.5. Cost	12
5.6. Team Qualifications	13
6. Contacts	13
6.1. Technical Contact.....	13
6.2. Administrative (Purchasing Dept.) Contact.....	13

1. Introduction and Background

The Community Care Collaborative (CCC) is the integrated delivery system for uninsured and underinsured patients in Travis County, Texas. Their mission is to provide patient-centered and coordinated care and navigation services that feel seamless, provide value, and are easy for the patient to navigate.

Currently there is minimal coordination of patient navigation services within the CCC system. In order to move closer to the mission of the CCC, we will be procuring a software solution to connect various navigators throughout the system, increase their effectiveness and efficiency, and provide patients with consistent and accurate navigation services.

1.1. Vision

The overall Patient Navigation master-project will be made up of several smaller projects.

A core navigation system (“Mini-Nav”) will allow all navigators to view a timeline of the patient’s navigation touch-points, manage task lists, add/update/delete information, and document patient consent.

Additional navigation features will be developed for availability in Mini-Nav, or as software add-ons for other external systems. These features will include:

- Secured messaging
- Referral management
- Community Resource Directory (CRD)
- Shared calendaring
- Reminders/alerts

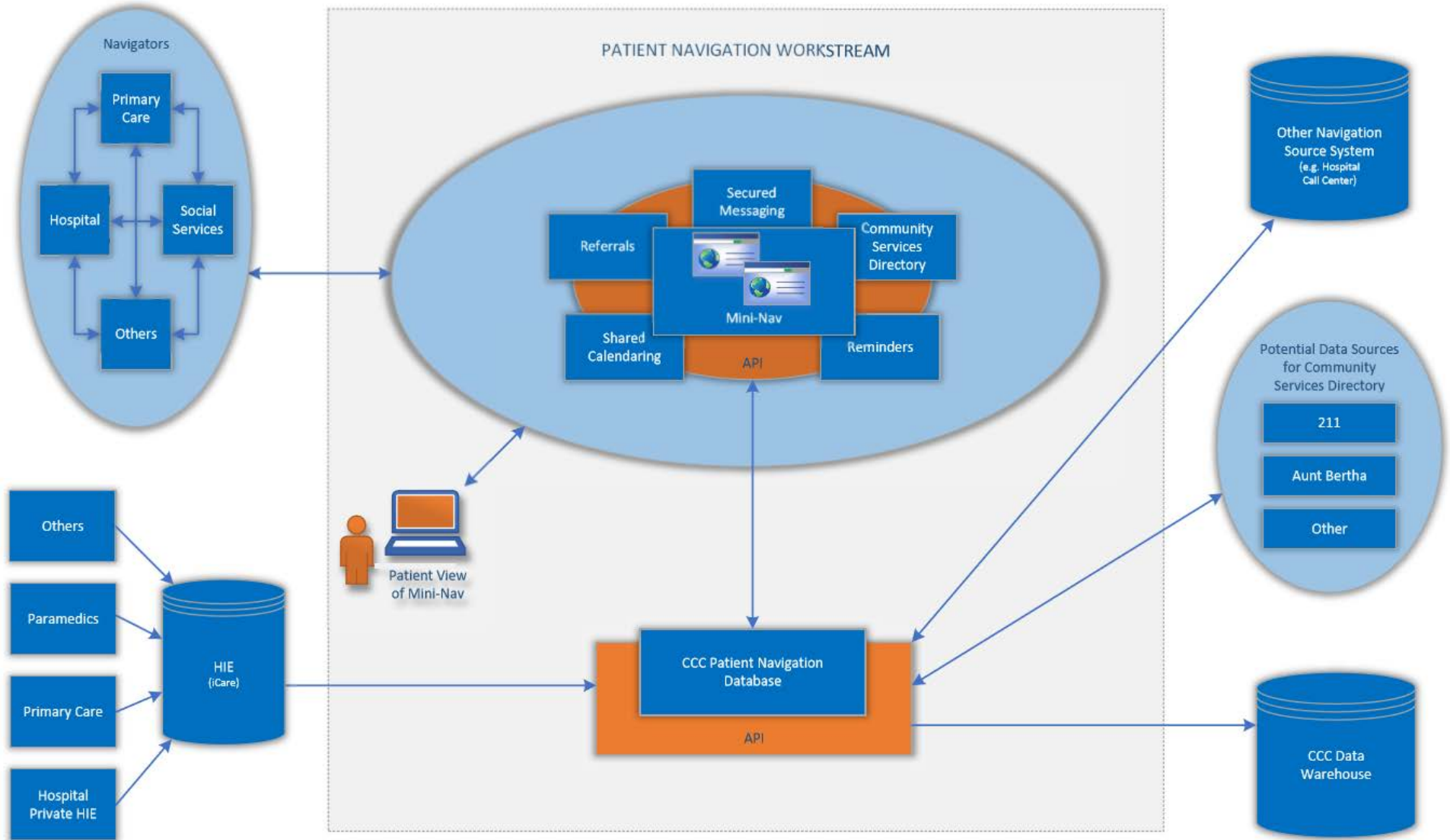
All information documented in Mini-Nav or any of the additional navigation features will need to be able to be imported into other existing systems (EHRs, other navigation systems, etc.) via data feed to prevent duplicate data entry by end users.

A Patient Navigation Database will house all navigation information for CCC patients and will integrate with several other external systems. These integrations will include:

- Community HIE (iCare) will input data into the Patient Navigation Database.
- Other Navigation Source Systems will both input and export data from the Patient Navigation Database.
- CCC Data Warehouse will export data from the Patient Navigation Database.
- Potential vendors for the CRD will both input and export data from the Patient Navigation Database.

A Patient View will also be developed to allow patients to access their navigation information and add/update as appropriate.

1.2. Patient Navigation Project Vision



2. Ideation Process

The ideation process for the Patient Navigation project started with a Rapid Design Session attended by key representatives from organizations providing navigation services within the CCC. From this session, a consensus definition of “Patient Navigator” was developed as well as identification of the different types of Navigators in the community. It is worth noting that “Navigator” is often a broad and general term used to describe the overall role performed, but that each individual type of navigator often has different tasks and focuses.

Once these definitions were developed, several additional artifacts were created:

- Personas – Each navigation user type is represented in a fictional character, including a summary of their perspective, motivations, concerns, key activities, and more. These will be used when developing project requirements and test cases. These are available for review in the attached file.
- Functional Matrix – This artifact shows navigation actions performed in the community, cross-referenced with the different types of navigators performing each task. This matrix will be used in prioritizing software features and aiding in test case creation.

Task	PSR	Eligibility Specialist	Community Health Worker	Case Manager	Provider
Verify insurance coverage before appointments	x				
Obtain insurance authorization before appointments with internal specialists (ex - behavioral health)	x				
Schedule wellness class appointments	x				
Handle other forms of patient communication (messages from website, apps, etc)	x				
Documents patient encounters in EPM	x				
Schedule translation services during appointments for patients who need them (hearing impaired and languages other than English or Spanish)	x	x			
Schedule clinic appointments	x			x	
Uses Medicaider to verify coverage	x			rare	
Schedule eligibility appointments	x	x		x	
Scans/stores documents	x	x		x	
Obtain patient information (income, residency, insurance status)	x	x		x	
Handle in-bound phone calls	x			x	

Task	PSR	Eligibility Specialist	Community Health Worker	Case Manager	Provider
Data entry for food pantry into "Charity Tracker" (Capital Area Food Bank tracking software)				x	
Uses Medicaider to screen patients for eligibility in different programs		x			
Uses eligibility screening tools (other than Medicaider, ex - state programs, market place)		x			
Use Medicaider to certify and enroll patients in MAP and local grants		x			
Uses smartphone or other mobile device to document encounters with the patient		x			
Help patients submit applications for state and federal programs		x			
Participate in health fairs and other community outreach programs		x	x		
Refer patients to primary care providers		x	x		
Perform "preliminary screening" of patients to determine if potentially eligibility for local, state, and federal programs (patient then sees Eligibility Specialist for actual screening)	x		soon	x	
Uses computer to document encounters with the patient	x	x		x	x
Helps patient's get basic needs met through community resource referrals (healthcare and housing)	soon	x	x	x	rare
Place out-bound phone calls	x	x	x	x	x
Provides one-on-one support to patient	x	x	x	x	x
Provide Spanish translation services	x	x	x	x	x
Coordinate logistics for plan adherence, such as appointment reminders, arranging transportation, child care, etc.	x		x	x	
Organize and coordinate schedules across multiple programs and providers	x		x	x	
Communicate with medical team (providers, nurses, etc)	x		x	x	x
Identifies clinic patients with chronic diseases and provides follow-up education and counseling			x		
Document encounters on paper form			x		
Meet with potential partners to explore collaboration in patient care and programs			x		
Attend continuing education classes to ensure understanding correct information to provide to patients and maintain certification			x		
Runs screening clinics (ex - BP and glucose)			x		
Provides classes on education, wellness, and healthy living			x	rare	

Task	PSR	Eligibility Specialist	Community Health Worker	Case Manager	Provider
Patient's get referred to them by providers			X	X	
Refer patients to education classes			X		X
Coordinates specialty referrals (scheduling and follow-up and financial assistance)				X	
Coordinates diagnostics (scheduling and follow-up and financial assistance)				X	
Promotes patient adherence to medication(s)				X	X
Implement care plan				X	X
Documents patient encounters in EHR				X	X
Places referrals to specialty providers				X	X
Provide general patient education					X
Order medications					X
Order diagnostics (labs, imaging)					X
Provide counseling on chronic conditions					X
Reviews lab/diagnostic results and communicates results to patient					X

- Project Pitch – Once the Patient Navigation master-project was broken down into smaller projects, these were presented to the Patient Navigation Steering Committee. From this presentation, feedback was gathered on perceived importance, concerns, and level of commitment to the different projects.
- Project Prioritization – After feedback from the Patient Navigation Steering Committee was received and analyzed, the CIO, CMO, and project leaders met to develop a final prioritization of the patient navigation projects. These projects were grouped into three categories, with group 1 being the highest priority.

Priority Group	1	2	3
Projects	<ul style="list-style-type: none"> • Patient Navigation Database • Mini-Nav • Community Resource Directory, Phase 1 • Secured Messaging • Referral Management System 	<ul style="list-style-type: none"> • Data Feed from Community HIE • Reminder System • Community Resource Directory, Phase 2 • Shared Calendaring, Phase 1 • Patient View Application 	<ul style="list-style-type: none"> • Integrate with Other Navigation Systems • Data Feed to CCC Data Warehouse • Shared Calendaring, Phase 2

3. Project Descriptions

3.1. Patient Navigation Database

Create a Patient Navigation Database to house all patient navigation data. Navigation data and encounter data are different. Examples of data are listed below:

Navigation Data	Encounter Data
<ul style="list-style-type: none"> • Visit type • Date of visit • Location of visit • Provider 	<ul style="list-style-type: none"> • Diagnoses • Medications • Chronic problem list • Vital signs

- 3.1.1. The patient navigation data will contain protected health information (PHI), including medical and social services data, so this must be secure and HIPAA compliant.
- 3.1.2. The database will need an API that will allow it to interface with other applications.

3.2. Mini-Nav

Mini-Nav will be a software application that will allow navigators to get a complete view of the patient's navigation history and future events. The following are key features of Mini-Nav:

3.2.1. Timeline

- The main feature in Mini-Nav will be a timeline of the patient's navigation touch points, both past and future. This could be accomplished in many ways, but we have envisioned an actual timeline like the one pictured below:



- High level information would be initially visible, with the capability to drill down for more details if desired.
 - High level information could include things such as clinic visits, ED visits, or telephone calls.
 - There will be exceptions for specific information that should not be shared, such as certain behavioral health visits or HIV visits.
- 3.2.2. Tasks/To Do List
- Navigators will be able to create tasks for themselves to complete.
 - Navigators will be able to create tasks for a specific patient that anyone can complete.
- 3.2.3. CRUD (Create-Read-Update-Delete)

- Navigators will need CRUD capabilities for both patient records and navigation encounters.
- 3.2.4. Search/Filter Functionality
- Navigators will need search and filter functionality throughout Mini-Nav.
- 3.2.5. Consent
- Users will need to document consent from the patient to view and access their navigation data.
 - The logistics of this will have to be discussed with the legal department, but this will be a necessary feature.
- 3.2.6. Permissions
- There will be many complexities and dimensions to permissions.
- Admin functionality will need to exist to create and modify permissions as needed.
 - The following is a sample of some of the permissions that will need to be created:
 - Role-specific permissions
 - Example: Only a licensed professional can access encounter information
 - Facility-specific permissions
 - Example: Staff from Clinic X can't see information documented on patients from Clinic Z
 - Consent override permissions
 - Example: Only specific users have the right to override the need for consent and access a patient's navigation information
- 3.2.7. Mobile Scalability
- Mini-Nav needs to support responsive web design to allow compatibility across a wide range of devices from desktop computer monitors to hand-held mobile devices.
- 3.2.8. Data Feed into EHRs
- Information documented in Mini-Nav needs to be able to be pushed into EHR systems to prevent duplicate data-entry for navigators.
 - There is potential that this may expand beyond EHRs in the future.

3.3. Community Resource Directory (CRD), Phase 1

A Community Resource Directory (CRD) is a listing of resources in the community that are available to patients who might need them. We are currently aware of two private CRDs (Aunt Bertha and United Way's 211) that could potentially be leveraged for the CCCs CRD.

- 3.3.1. The CRD allows navigators to enter specific information about a patient (household size, household income, zip code, etc.) and then displays programs and other resources that the patient is eligible to access.
- 3.3.2. The goal of CRD, Phase 1 is to integrate the information from existing private CRD vendors into a single directory for the CCC navigators to use. Logic needs to exist to prevent duplicate data entry fields and resource information.
- 3.3.3. There must be a quick and efficient way for navigators to provide feedback if a resource listed in the CRD is determined to be inaccurate (examples: resource no longer available, incorrect contact information listed). This is vital to maintaining the most up to date resource directory possible.
- 3.3.4. The CCCs CRD will be embedded as a feature in Mini-Nav.

- 3.3.5. The CCCs CRD will also be developed with a software kit and API so that any organization in the CCC not using Mini-Nav will still be able to use the CRD.

3.4. Secured Messaging

For navigation services to work optimally, navigators must be able to quickly and efficiently communicate with each other.

- 3.4.1. Because the information shared between navigators will often contain PHI, their communication must be secured and HIPAA compliant.
- 3.4.2. The messages must persist and be traceable.
- 3.4.3. Messages should have the ability to contain attachments and link to a patient's profile.
- 3.4.4. The secured messaging feature will be embedded as a feature in Mini-Nav.
- 3.4.5. Secured messaging will also be developed with a software kit and API so that any organization in the CCC not using Mini-Nav will still be able to use secured messaging.

3.5. Referral Management System

One of the navigator's job duties is to refer patients to resources within the community such as medical care, social services, and basic needs management. The goal of the referral management systems is to "close the loop" on these referrals and make sure that patient's receive the services they need.

- 3.5.1. Navigators must be able to document when a referral is made and completed, along with any referral related communications.
- 3.5.2. Reports will need to be available so that patients with outstanding referrals can be tracked and contacted as needed.
- 3.5.3. Eventually the referrals will interface with the Reminder System (another project).
- 3.5.4. The Referral Management System will be embedded as a feature in Mini-Nav.
- 3.5.5. The Referral Management System will also be developed with a software kit and API so that any organization in the CCC not using Mini-Nav will still be able to use the Referral Management System.

3.6. Data Feed from Community HIE

The community HIE (iCare) receives clinical and claims information from many local health care providers. By integrating with iCare, this information can be sent from a single source instead of multiple individual systems.

- 3.6.1. Information from iCare will be saved in the Patient Navigation Database.
- 3.6.2. The following is a sample of information that might be sent from iCare:
 - Encounter dates
 - Encounter locations
 - Encounter providers
 - Visit types

3.7. Reminder System

A reminder system will be created to provide alerts about a patient's navigation needs. This system will allow for proactive navigation instead of today's model that is strictly reactive.

- 3.7.1. The reminder system will pull data from the Patient Navigation Database, identify a patient's navigation needs, and then create an alert for the navigator.

- 3.7.2. Reminders will be triggered when a patient is accessed in the navigation system.
- 3.7.3. General reports will be available to be run for navigation contact campaigns.
- 3.7.4. All reminders will have the option to be acted up, dismissed, or delayed until the next patient contact.
- 3.7.5. The following are some examples of reminders that might be created:
 - Patients who were seen in the emergency room and need a follow-up appointment with their primary care provider
 - Patients who have MAP (the local county indigent program) that will expire soon and needs to be renewed
 - Patients who meet eligibility requirements for a new assistance program
- 3.7.6. The Reminder System will be embedded as a feature in Mini-Nav.
- 3.7.7. The Reminder System will also be developed with a software kit and API so that any organization in the CCC not using Mini-Nav will still be able to use the Reminder System.

3.8. Community Resource Directory (CRD), Phase 2

In Phase 1 of CRD, navigators must manually enter information about the patient (household size, household income, zip code, etc.) into the CRD to get a list of programs and other resources that the patient is eligible to access. However, much of this information will already exist in the Patient Navigation Database.

- 3.8.1. Information from the Patient Navigation Database will automatically be fed into the CRD. This will minimize the information that must be manually entered by the navigator and decrease duplicate work.
- 3.8.2. Update the existing CRD feature in Mini-Nav.
- 3.8.3. The existing CRD software kit and API will be updated as needed.

3.9. Shared Calendaring, Phase 1

Shared Calendaring will allow all navigators to view the schedule for any provider within the CCC.

- 3.9.1. Calendars will be view-only access - no additions, updates or deletions will be allowed.
- 3.9.2. Create data feed from existing scheduling systems used throughout the CCC into the CCC Patient Navigation Database.
- 3.9.3. Shared Calendaring will be embedded as a feature in Mini-Nav.
- 3.9.4. Shared Calendaring will also be developed with a software kit and API so that any organization in the CCC not using Mini-Nav will still be able to use Shared Calendaring.

3.10. Patient View Application

This will allow patients access to view their navigation information.

- 3.10.1. The following are examples of navigation information that may be included:
 - Appointment times and locations
 - Referral contact information
 - Demographic information
- 3.10.2. The patient will be able to add/update certain information as needed.
- 3.10.3. Patients will be able to make navigation requests or inquiries.
- 3.10.4. The Patient View application needs to be usable on mobile device's web-browser.
- 3.10.5. An app needs to be developed for patients to easily use the Patient View Application.

3.11. Integrate with Other Navigation Systems

Not all organizations in the CCC will necessarily be using Mini-Nav. For those organizations that choose to use their own independent navigation system, we want to establish a data feed between them and the CCC Patient Navigation Database to ensure that all users see a complete navigation history for each patient.

- 3.11.1. Create data integration between the CCC's Patient Navigation Database and other navigation systems.
- 3.11.2. The data feed between the two databases needs to be as close to real-time as possible.

3.12. Data Feed to CCC Data Warehouse

The CCC Data Warehouse will store multitudes of data for future research and analytics.

- 3.12.1. Patient Navigation data from the CCC Patient Navigation Database will need to feed into the CCC Data Warehouse.
- 3.12.2. The following is a sampling of information that may be sent to CCC Data Warehouse:
 - Usage data (how much is Mini-Nav being used)
 - Interaction data (all Navigation data from the Patient Navigation Database)

3.13. Shared Calendaring, Phase 2

Where Phase 1 provided view-only access to calendars, Phase 2 will now allow navigators to schedule appointments.

- 3.13.1. Change the existing one-way data feed to a data integration between the scheduling systems and the CCC Patient Navigation Database.
- 3.13.2. All data feeds will be real-time.
- 3.13.3. Update the existing Shared Calendaring feature in Mini-Nav.
- 3.13.4. The existing Shared Calendaring software kit and API will be updated as needed.

4. Technical Constraints and Assumptions

- 4.1. Assignment/team management will follow an agile project model, and project artifacts and assignments will 'live' in the CCC wiki (Confluence) and task tracking tool (JIRA). Source code created for this project will reside in the CCC SVN instance.
- 4.2. We expect modern usability features to be available in all software, including adaptive design (or mobile-specific versions of applications) and strong globalization features (particularly Spanish language support).
- 4.3. Any software developed for this project will be the property of CCC and will reside on CCC servers (we understand that Commercial-Off-the-Shelf (COTS) or pre-existing software will be licensed to the CCC – this statement solely refers to custom code created/paid for by this project).

5. Response Structure

This is a request for information. Depending on the nature of the responses we receive, we may move forward with direct vendor demo/evaluation and contracting via one or more Statements of Work (SOWs) – or put some or all of the work through a further RFP process. We will not issue any contract without additional work/discussion with vendors,

and do not expect firm price quotes (we want to know what you *could* do and generate ideas/options – we do not assume responses will be final and actionable as we receive them).

NOTE: Vendors may respond to **SOME OR ALL** portions of this RFI. We assume that we will largely receive responses focused in three main areas:

- Orchestration Role: Overall project management, architecture, planning, or testing.
- Community Resource Directory: Focused on the CRD module described in this document.
- Navigation Software: Focused on the navigation software described in this document.

Teaming arrangements or creative solutions/responses are welcome, as are ideas or criticisms of the vision as currently documented.

Vendor's responses shall be submitted in several parts as set forth below – not exceeding 20 pages in length total (if responding to a subset of the overall RFI – please limit your page-count appropriately lower). The submitted responses are suggested to include each of the following sections:

5.1. Basic Summary of Suggested Vision

Describe your understanding of the work to be performed and your firm's ability to perform the work.

5.2. Response to Suggested Vision

The Patient Navigation project is still in the ideation phase. Provide your thoughts on the suggested vision. If you believe that any parts of the vision should be adjusted, explain why and describe an alternative solution.

5.3. Solution Methodology/Process

What would be your approach to meet the suggested vision? This will include the below details:

- 5.3.1. Development plan: How would you plan to perform the work necessary to build the solution?
- 5.3.2. Software platform: What software platform would you use?
- 5.3.3. Timeline: How long would you expect for the projects to be completed?

5.4. Previous Work

Describe any previous projects that you have completed similar to this one. This will include the below details:

- 5.4.1. Overview of the project, including visuals when appropriate
- 5.4.2. Timeline and approximate cost for the project
- 5.4.3. References for the project

5.5. Cost

While we do not expect a quote for the project at this time, please provide some information for context.

Suggested information is listed below:

- 5.5.1. What is your cost structure/hourly rate?
- 5.5.2. How much have similar projects cost?

5.6. Team Qualifications

Identify the specific partners, managers, and in-charge staff who you anticipate assigning to this project. Provide their bios specifying relevant experience to the type of services requested. Only include team members who will dedicate at least half of their time to working on this project.

6. Contacts

All email contact should contain “**CCC Patient Navigation RFI**” in the subject line.

6.1. Technical Contact

Any questions concerning technical specifications or requirements should be directed to:

Name	Emily Hafner
Address	8627 N. Mopac, Suite 350, Austin, TX 78759
Email	ITPurchasing@CCC-IDS.org

6.2. Administrative (Purchasing Dept.) Contact

Any questions concerning administrative process should be directed to:

Name	Norma Williams
Address	1111 E. Cesar Chavez St, Austin, TX 78702
Email	ITPurchasing@CCC-IDS.org