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**Remote Patient Monitoring Request for Proposal**

**OPEN DATE: May 4, 2022  
CLOSE DATE: June 13, 2022**

**Community Health Center of Cape Cod, Inc.  
107 Commercial Street  
Mashpee, MA 02649**

# Community Health Center of Cape Cod, Inc.

Community Health Center of Cape Cod, Inc. (CHC) is a Federally Qualified Community Health Center (FQHC) with a principal place of business at 107 Commercial Street in Mashpee, MA. CHC is a patient centered medical home with over 25,000 registered patients. Services are provided in person at its main location, as well as satellite locations in Bourne, Falmouth, North Falmouth, Centerville and Sandwich, MA. Programs and services are also delivered virtually through a combination of audio and audio/video modalities. “Store and forward” technology is utilized for dermatology and diabetic retinal images. The following programs and services are available through CHC:

* Primary Care (internal medicine, family practice, gynecology)
* Walk in medical care
* Dental
* Behavioral health (counseling and psychiatry)
* Substance use disorders
* Optometry
* Pharmacy
* Complex Care Coordination
* Nutrition and Wellness
* Enabling Services (insurance enrollment, care navigation)

Additional information may be found at www.chcofcapecod.org

## **Statement of Purpose**

Community Health Center of Cape Cod mission is to improve the health of our community through the provision of comprehensive, integrated, high quality, compassionate health care to all, regardless of ability to pay. Our vision is to be a health care home of choice, empowering individuals toward lifelong wellness. The organization is also guided by its strategic plan which recognizes the value of technology and innovation as a critical component of the health care delivery model.

Earlier this year, CHC was selected by the Health Resources and Services Administration as a grant recipient for “Optimizing Virtual Care”. This grant award will complement existing resources and facilitate organizational expansion of telehealth initiatives including, virtual visits, remote patient monitoring, chat-based interactions and other technology – enabled modalities.

The main goals for expanding telehealth initiatives include:

**Improved Access** – We recognize the value of staff and patient’s time in traveling to health appointments which may be accomplished virtually in many cases. Our experience during the pandemic revealed that patients where engaged in telehealth applications and, in many cases, no-show rates for appointments were reduced. Appropriate, accessible and efficient use of telehealth improved access overall.

**Cost Efficiencies** – It is estimated that by the end of 2023, CHC will be capitated (or otherwise risk based, for over 84% of the population. It is imperative that we be in an improved position to 1) care for our most complex patients in an effective manner, reducing hospitalizations and emergency room visits; 2) reduce overall cost of care through efficient use of data and human resources; 3) utilize technology to compliment the care team actions and communications.

**Improved Quality** – CHC has consistently been recognized within the region and nationally for quality performance, performing between the top 2% and quartile nationally on nearly all quality measures. We seek to maintain or improve our performance in this area.

**Consumer Demand**– Over time, we have learned one of the greatest impacts of telehealth has been the impact on patients and families. Using telehealth technologies reduces travel time and related stresses for the consumer. This has been particularly relevant in a serviced based economy such as Cape Cod.

**Other -**

* CHC would like to offer a remote patient monitoring solution that is integrated within our care management team and billable generally (using CPT codes 99453, 99454, 99091, 99457, and 99458).
* CHC intends to initially roll out the RPM program to a subset of our hypertension, diabetes and otherwise “complex care” population and expand to other chronic conditions in a methodical manner
* CHC will evaluate program effectiveness based on health outcome, patient satisfaction and total cost of care improvement.
* Patient population – We anticipate enrolling approximately 400 individuals over two years initially.

## *Health IT Infrastructure*

Health System/Physician Group uses the following software which shall interact with the remote patient monitoring platform:

|  |  |
| --- | --- |
| Electronic Health Record | OCHIN Epic |
| Patient Portal | MyChart |
| Patient Texting | WELL |

*Interoperability requirements are described in the bid specifications in the Integration Capabilities of Your Platform section.*

## RFP Timeline

|  |  |
| --- | --- |
| *Event* | *Date* |
| *RFP Issued* | *May 6, 2022* |
| *Cutoff Date for Questions* | *May 20, 2022* |
| *Responses Due* | *June 13, 2022 12:00 AM EST* |
| *Evaluation Process* | *June 13, 2022 – June 29, 2022* |
| *Decision* | *June 30, 2022* |

## ***Bid Instructions***

*Vendors are asked to use this RFP document and submit their responses under each question in the Bid Specifications – Vendor Response section.*

## ***Not an Offer***

This is a Request for Proposal, not an order, nor an offer. This document shall not be construed as a request or authorization to perform work at Community Health Center of Cape Cod’s expense. Any work performed by a Vendor in connection with evaluation and responding to the RFP and, if selected, negotiating a definitive agreement, will be at the Vendor’s own discretion and expense. Community Health Center of Cape Cod is not liable for any cost incurred by firms responding to this RFP and reserves the right to cancel the RFP or reject any response at its sole and absolute discretion.

***Bid Response***

*Please provide an electronic copy of the bid response, including all attachments to* [*kgardner@chcofcapecod.org*](mailto:kgardner@chcofcapecod.org)*, with informational copy to* [*eralston@chcofcapecod.org*](mailto:eralston@chcofcapecod.org) *not later than June 13, 2022, 12:00 am EST*

# *Bid Specifications – Vendor Response*

*Please respond to each question in the [Vendor Response] space and list your attachments at the bottom of each answer.*

## *Remote Patient Monitoring Experience*

### *Please describe your company’s proven track record of providing comprehensive RPM solutions to health systems such as Community Health Center of Cape Cod. If applicable, please describe your experience in partnership with a Federally Qualified Community Health Center*

*[Vendor Response]*

### *What features, skills, and/or services set your company and your solutions apart, and what unique value can you provide to Community Health Center of Cape Cod?*

*[Vendor Response]*

### *How many years has your RPM solution been commercially available? [<1, 1–2, 3–5, 6–10, 10+]*

*[Vendor Response]*

### *What range below best represents the customer base of unique provider organizations that are currently live with your RPM solution? [<6; 6–15; 16–30; 31–50; 51–100; 101–200; 201–500; 501+]*

*[Vendor Response]*

### *How many full-time employees do you currently have?*

*[Vendor Response]*

### *What category best represents your annual remote patient monitoring revenue? [<$1M; $1-$2M; $2-$5M; $5-$15M; >$15M]*

*[Vendor Response]*

### *Do you intend to subcontract any portion of your proposed solution (including EHR integration, fulfillment, medical devices, support, and patient logistics)? Please list your subcontractors, their location, and their responsibilities.*

*[Vendor Response]*

### *Will you or will a subcontractor perform any services outside of the United States?*

*[Vendor Response]*

### *Do you currently work with Community Health Center of Cape Cod or have you worked with Community Health Center of Cape Cod in the past?*

*[Vendor Response]*

### *Do you serve other customers in Massachusetts?*

*[Vendor Response]*

### *Please list a minimum of four (4) client references (including contact info) with similar scope of services as stated on this RFP.*

*[Vendor Response]*

## *Medical Devices & Hardware Requirements*

### *Does your solution require to provide patients with a dedicated tablet, smartphone, computer, or cellular hub?*

*[Vendor Response]*

### *For each medical device that you provide, please list the model, manufacturer, connectivity method and FDA UDI. Please address specifically blood pressure monitors, body scales, glucometers, pulse oximeters, spirometers, thermometers, and activity trackers.*

*[Vendor Response]*

### *Do your peripherals support large/obese patients?*

*[Vendor Response]*

### *Do you deliver directly to patients or bulk-ship? Please describe your setup and delivery process.*

*[Vendor Response]*

### *Do you provide reverse logistics including cleaning and sanitization process for re-use with multiple patients?*

*[Vendor Response]*

### *Is your platform compatible with other devices that you do not directly sell or ship? Please provide the model, manufacturer, connectivity method and if applicable FDA URL.*

*[Vendor Response]*

### *Does your platform support Apple Health, Google Fit, Samsung Health, or other personal digital health apps? Please describe*

*[Vendor Response]*

### *B8. What is your device repair policy and procedure? Please explain in detail*

*[Vendor Response]*

## *Software Capabilities of Your Platform*

### *How are patients added to your platform?*

*[Vendor Response]*

### *Please describe the typical user experience for patients.*

*[Vendor Response]*

### *What is the reading level of your patient user interface?*

*[Vendor Response]*

### *Does your solution support “bring your own device” (BYOD)?*

*[Vendor Response]*

### *Do you have an application for companion care or family caregivers?*

*[Vendor Response]*

### *How are care managers and providers added to your platform?*

*[Vendor Response]*

### *Please describe the typical user experience for care managers, and for providers.*

*[Vendor Response]*

### *What data is transmitted from the patient equipment to the care team? How often is it transmitted?*

*[Vendor Response]*

### *How is data transmitted from the patient to the care team (cellular enabled? Or Wifi a requirement?*

*[Vendor Response]*

### *Are there reminders for the patients to take their vitals?*

*[Vendor Response]*

### *How do you ensure that patients stay engaged with the platform and the care team?*

*[Vendor Response]*

### *What solutions does your platform provide for (ie. Hypertension, diabetes,)*

*[Vendor Response]*

### *What other conditions/health issues does your solution support?*

*[Vendor Response]*

### *How can monitoring/care plans be customized? Please address if personalization can be done by segment and/or individually per-patient. Is there an platform for continuous monitoring?*

*[Vendor Response]*

### *Does your platform have an escalation alert system for abnormal or critical values? Please address how the parameters are set and how alerts are handled in your software.*

*[Vendor Response]*

### *Does your solution offer bi-directional messaging? Please describe the patient/clinical user experience if you use a third-party solution.*

*[Vendor Response]*

### *Does your solution offer bi-directional audio/video consultations? Please describe the patient/clinical user experience if you use a third-party solution.*

*[Vendor Response]*

### *Does your solution offer educational content such as videos or articles? Please describe how educational content is provided to patients and how it is authored and maintained by your organization.*

*[Vendor Response]*

### *Is your solution available in multiple languages, including English, Portugese and Spanish?*

*[Vendor Response]*

### *How does your solution keep track of clinical time spent monitoring and engaging patients?*

*[Vendor Response]*

### What reports are generated by your platform? Please list each report and specify whether it is intended for the patient, care manager, responsible physician, billing department or other.

[Vendor Response]

## EHR Integration Capabilities

### How does your solution integrate electronic health records (EHRs)? Please list the EHRs that your solution is currently integrated with. If EPIC, please also indicate integration with OCHIN, if applicable.

[Vendor Response]

### Do you currently have OCHIN Epic or other EPIC instance customers integrated with your solution? Please define each

[Vendor Response]

### Please describe the inbound and outbound integration capabilities of your solution, listing what is available with (OCHIN) EPIC?

[Vendor Response]

### Is data synchronized with (OCHIN) EPIC in near-real time or in batch (ex: daily)?

[Vendor Response]

### Does your solution offer single-sign-on (SSO) capabilities with OCHIN EPIC?

[Vendor Response]

### Please describe your typical EHR integration implementation plan, including resources required from Community Health Center of Cape Cod.

[Vendor Response]

## Architecture & Maintenance

### Is your platform a standalone remote patient monitoring solution or are the capabilities built into another product offering?

[Vendor Response]

### Is your platform deployed on premise or cloud-hosted (public, private, hybrid)?

[Vendor Response]

### Where is patient data stored, and processed?

[Vendor Response]

### Does your software use third-party software components? Please list third-party components and describe for each component your problem resolution process and the impact on user experience.

[Vendor Response]

### Do you offshore or subcontract software development of your platform? Please list software development vendors and their location.

[Vendor Response]

### How and when is your platform (including cloud, interfaces, and medical devices) updated? Please describe the impact on [Health System], patients and providers.

[Vendor Response]

## Security, Privacy & Medical Safety

### Please describe the security features and processes of your RPM solution.

[Vendor Response]

### Is your solution/company HIPAA-compliant?

[Vendor Response]

### Is your solution/company HITRUST-certified?

[Vendor Response]

### Is your solution/company NIST-compliant?

[Vendor Response]

### Is your solution/company ISO-27001-certified?

[Vendor Response]

### Is your solution/company ISO-13485-certified?

[Vendor Response]

### Is your solution/company FDA-registered?

[Vendor Response]

## Support & Other Services

### Please provide a staffing chart for our project listing proposed personnel, assigned duties and resumes.

[Vendor Response]

### Please describe your solution’s implementation plan. Make sure to propose a timeline, include milestones and distinguish your responsibilities from Community Health Center of Cape Cod responsibilities.

[Vendor Response]

### Do you provide full patient recruitment, enrollment, and onboarding to your platform?

[Vendor Response]

### Do you provide patient monitoring, triage, and engagement services?

[Vendor Response]

### Do you provide patient training/orientation for equipment and software use?

[Vendor Response]

### G5.1 Do you provide on-going patient support, and if so, in languages other than English (Portuguese, Spanish)

[Vendor Response]

### Do you provide clinical training/orientation for equipment and software use?

[Vendor Response]

### Please describe your support services, including support hours, escalation processes and communication methods available to patients and providers.

[Vendor Response]

## Roadmap, SDK & Customization

### Please provide your roadmap for the next six, twelve and twenty-four months.

[Vendor Response]

### What improvements and new functionalities have been added to your platform in the last twelve months?

[Vendor Response]

### How do you handle customer requests for new features and improvements?

[Vendor Response]

### Do you have an SDK for your platform?

[Vendor Response]

### Do you have an API that can be accessed by Community Health Center of Cape Cod and/or other partners?

[Vendor Response]

### Can your solution be customized for specific Community Health Center of Cape Cod requirements?

[Vendor Response]

### Can your software, medical devices and collaterals be white-labelled to Community Health Center of Cape Cod branding?

[Vendor Response]

## **Chatbot Technology**

### Does your RPM solution partner or utilize Chatbot technology; and if so, please describe

# [Vendor Response]

# Pricing – Vendor Response

## Standard Pricing

### Please use the information provided in the Statement of Purpose to provide your best available total price.

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Unit Fee** | **Total** | **Comments** |
| **Platform** | | | |
| Setup/One-Time Fee |  |  |  |
| Ongoing/Recurring Costs |  |  |  |
| Medical Devices |  |  |  |
| Blood Pressure Monitor (per device) |  |  |  |
| Weight Scale (per device) |  |  |  |
| Pulse Oximeter (per device) |  |  |  |
| Blood Glucose Monitor (per device) |  |  |  |
| Activity Tracker (per device) |  |  |  |
| Spirometer (per device) |  |  |  |
| Shipping (per device) |  |  |  |
| **Professional Services** | | | |
| Patient Onboarding Service |  |  |  |
| RPM Service |  |  |  |
| CCM Service |  |  |  |
| Additional CCM Service |  |  |  |
| **Technical Support** | | | |
| Technical Support for Patients |  |  |  |
| Technical Support for Clinicians |  |  |  |
| **Additional Options** | | | |
| EHR Integration |  |  |  |
| On-Premise |  |  |  |
| White-Label |  |  |  |
| Chatbot |  |  |  |

## Volume Discount

### Please describe any volume discount program you may have, or other discount available to Community Health Center of Cape Cod

[Vendor Response]

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