

Participating Vendor Questionnaire for PRIMHD – Expo sessions planned for 18 August 2010

Vendor – HSA Global

#	General Questions	Vendor Response
1	<p>What health IT products do you currently offer to Non Government Organisations (NGOs) such as; a Client Management System; working with an incumbent CMS?</p>	<p>HSAGlobal provides a “Collaborative Care Management Solution” (CCMS) designed to support the management of clients/ patients with long term conditions and shared care requirements. CCMS is aligned to client-centric health service delivery models and concepts embodied in Whanau Ora, including multi-disciplinary care provision and case management.</p> <p>CCMS is used for the integrated management of care between primary, secondary and community providers. CCMS supports multiple clinical services and assumes a high level of co-morbidity for enrolled clients.</p> <p>CCMS is likely to be used by NGO’s in the following scenarios:</p> <ol style="list-style-type: none"> 1. As a Client Management System for the NGO. There are two product options in this scenario: <ol style="list-style-type: none"> a. CCMS as a specialist client clinical management solution b. A Microsoft CRM-CCMS integrated solution providing all client management, resource management, workforce and scheduling functions (including financials where required) 2. As participants in a Shared Care Management “ecosystem” for identified “high needs” clients who access clinical and social services from a range of service providers, including NGO’s.
2	<p>Does your IT solution capture and record the required PRIMHD compliant information?</p>	<p>CCMS can be configured to capture and record the required PRIMHD compliant information.</p>
3	<p>How does your IT solution simplify NGO provider reporting to the Ministry of Health?</p>	<p>CCMS Integration Services support a wide range of standards-based integration capabilities including XML messaging services. These enable automation of NGO provider reporting to the Ministry of Health from CCMS, based on current and anticipated future requirements.</p>

<p>4</p>	<p>Does your IT solution provide flexible in-house reporting options for NGO providers, including ad hoc reporting?</p>	<p>Yes. CCMS generates a range of automatic and configurable reports, including:</p> <ul style="list-style-type: none"> ⊕ Clinical and management reports ⊕ Government and other related compliance reports <p>CCMS data complies with all modern health information standards and can be easily queried to produce standard and ad hoc reports. It is built on Microsoft SQL Server 2008 Reporting Services (SSRS).</p> <p>One level of ad hoc reporting is provided "natively" through the integration of the Microsoft functionality ie all data within the solution can be automatically transferred into Excel or Access for manipulation and analysis. In addition, authorized users can use the SSRS Report Builder functionality against a specially designed Report Model exposing most information they may need, to allow them to build and run their own custom reports.</p> <p>CCMS reporting is based on MS SQL Server Reporting Services (SSRS). Since the CCMS data model is based on the HL7 V3 Reference Information Model, with extensive use of coded fields, using SSRS provides extensive potential inherent reporting capabilities for customers wanting to extend the reporting beyond the standard reports and use of the Report Model, by use of the more powerful Report Designer if they have staff trained in use of it.</p>
<p>5</p>	<p>Have you previously worked with NGOs, and the Ministry of Health on PRIMHD? Are you able to demonstrate that your application combined with the NGO data-set achieves PRIMHD compliance? (Note: it is not just the application that obtains PRIMHD compliance; rather, it is the NGOs data-set that achieves compliance.)</p>	<p>No, although HSAGlobal team members were involved in the Ministry of Health Business Case for a National Mental Health Data Collection (that led to PRIMHD).</p> <p>Partially - we are able to demonstrate other integration and reporting services to show the capabilities of CCMS in this respect. We have completed an initial design of a PRIMHD messaging service, but our practice is not to develop the service until we have a commercial relationship with an organisation planning to use CCMS with this service.</p>
<p>6</p>	<p>How easy is it to modify your Client Management System (CMS) to ensure it meets future Ministry of Health PRIMHD requirements? (Note: The PRIMHD data-set will be reviewed every 3-5 years. As a result of the field codes used, the software may need to be updated to include new data fields</p>	<p>CCMS is configurable by trained system administrators to minimise on-going costs. As services evolve, users can amend/enhance/add to the forms, templates and assessments used and enhance models of care. Additionally, where standards such as PRIMHD evolve, we expect as part of our ongoing obligation to our customers to update associated messaging services, and if need be, underlying data requirements.</p>

	and/or new sub-set of information.)	
7	<p>Does your application currently include other modules which offer additional functionality to NGOs (e.g. dashboard, generates electronic TXT messages to clients, customisation of reports by users)? Explain how this could be implemented (e.g. change management, training, support etc).</p>	<p>CCMS has been specifically designed and built to meet the requirements of shared care management within a health ecosystem, including NGO's and other Social and Community Services Providers. CCMS is a web-based application that incorporates the following core functions which can be enabled/ disabled as required:</p> <ul style="list-style-type: none"> ⊕ Registration and referral – authorised providers (from a PMS if a GP) can refer and register a client into a pre-defined Shared Care Management programme to create a client-centric integrated record for the patient's journey. ⊕ Referral screening, triage, acceptance, pre-admission, waitlist (as required) –screen and triage a referral and accept (admit) clients to the appropriate programme of care/ service. ⊕ Assessments – a range of standard or local assessments, configurable in the system to allow all of the care team members to see them, allow them to be filled in on-line and allow comparison (across a time series for the same client or across multiple clients to analyse the health and social need patterns/trends by population) ⊕ Service Delivery/ Care Plan –create an individualised, multi-disciplinary Plan for the client (from a pre-configured template). Assign, track and manage tasks for each of multi-disciplinary care team – providing them with a view of their outstanding tasks/ actions for the clients and Plan elements under their remit. ⊕ Case Management/ Care Co-ordination (across a multi-disciplinary Care Team, and across settings) – the allocation of responsibility for the overall management of the Care Plan to a Case Manager/ Health Navigator and then subsequent transfer of responsibility to someone else in the Care Team as the situation demands. ⊕ Client Documentation – record clinical and non-clinical progress (notes, medications, measurements and results, assessments etc) against Care Plan activities ⊕ Inter-party communication - request and record input from other team members across the continuum within the client-centric record ⊕ Workflow support – views of task status, notification of overdue tasks, dashboards for Case Managers and other key personnel ⊕ Mobility – provide on and off-line portability (mobility) to allow for “anytime, anywhere” review and update of Care Plan, care record etc and to enable clinic, and home-based visits

		<ul style="list-style-type: none"> ⊕ Client Portal - a portal (for those clients for whom this is deemed useful) as a method of enrolling clients actively in their own care –enabling them to update their own care plan tasks, see the list of their care team members and have links to targeted and endorsed educational material, such as NZ Guidelines Group, and track any specific measurements and results. ⊕ Transfer of Care/ Programme Exit - transfer of care back to other care providers on “exiting” the programme (keeping the record available should the client be re-enrolled) ⊕ Programme Management – administer/manage the Service (and other programmes as required), including establishment of criteria for programme entry, programme capacity, waitlists when required ⊕ Reporting – flexible and user-definable reporting to analyse client, population, care plan inputs and outcomes ⊕ Two-way SMS Messaging and Outreach – for many clients, the best mechanism for communication is SMS via mobile phone. To involve these clients in their care more effectively two-way SMS Outreach capability is delivered. This can be used for multiple activities eg reminders, reinforcement, results, task allocation, confirmation of activities. These interactions also become part of the clinical record for the client. <p>User Configuration – CCMS is configurable by trained system administrators to minimise on-going costs. As Programmes evolve, users can amend/enhance/add to the forms, templates and assessments used and enhance models of care.</p> <p>CCMS is also available fully integrated with Microsoft CRM to provide a comprehensive client, service and delivery management solution for NGO’s. Information on this solution is available on request.</p>
<p>8</p>	<p>Some organisations have multiple agencies funding and other contract reporting requirements e.g. reporting to the District Health Board, the Ministry of Health and the Ministry of Social Development. How will your system assist the NGO to also meet these diverse reporting requirements ensuring that activities are not being double</p>	<p>See answer to Question 4 above. Once data is captured it can be reported on in multiple ways, depending on requirements.</p>

	reported?	
9	Describe the user access and administration access rights of your system (e.g. the ability for people to view only limited records, or for clients to view only their own information.)	<p>Easy-to-use online tools, like CCMS, can help health organizations increase productivity by enabling more efficient communication between providers, healthcare professionals and clients. However such tools vary greatly when it comes to embedded security features. Moreover, it is essential to address the security implications of managing online client information, and compliance with safe usage guidelines.</p> <p>Using any online service requires careful consideration of potential threats and resulting risks. Security needs that must be addressed when adopting an online service include:</p> <ul style="list-style-type: none"> ⊕ Preventing unauthorized use of the service and its features. ⊕ Avoiding any compromise of company assets, including client computers and the private networks to which they are attached. ⊕ Protecting the privacy and integrity of confidential communication. ⊕ Integrating seamlessly with other network / computer security measures. <p>CCMS was developed from the ground up to satisfy these common business security needs. By incorporating security features and making them easy to administer and use, CCMS enables effective and safe online health information management.</p> <p>There are two sorts of client record security in CCMS:</p> <p>Role Based Authorization - User Roles are set up within CCMS and have access privileges assigned to them (in terms of functionality within the system). Users can then be assigned to those roles to limit access to only that functionality the customer wishes them to be authorized for.</p> <p>Jurisdictional Authorization - The first step in setting up jurisdictional security is to set up Groups within CCMS. These can be user orientated around organization units / teams or client orientated eg confidential clients. Users and clients can then be assigned to groups.</p> <p>There are 2 standard levels of Groups –</p> <ul style="list-style-type: none"> ⊕ Normal – All can access. This is intended to be used for reporting purposes. ⊕ Partial Restriction– Essentially means secured clients. All can see secured clients in search results. However only users in this group can access clients within same group. <p>To provide for situations where non-authorized users need access to client records, “break the</p>

		glass” functionality is available under which the user is specially logged for administrator review.
10	Is your solution compliant with the Secure Health Network code of practice? If the NGO is the one that needs to compliant, do you help them meet the requirements?	Yes
11	Is your solution compliant with the Health Information Privacy Code 1994?	Yes
Commercial requirements		
12	What is the initial purchase cost of your system (inc GST and any ongoing costs)? Specify costs for the PRIMHD component plus any additional modules that may apply. Does your company provide consultancy to implement the change management process?	<p>CCMS and CRM-CCMS are available in two delivery models, depending on your size and requirements. These are:</p> <ol style="list-style-type: none"> 1. Software as a Service (SaaS) model of delivery to enable customers to access all the benefits of CCMS and up to date technologies at a reasonable cost with monthly charging based on usage of the applicable components. 2. an “on premise” basis either with monthly usage charges or with an initial license fee and annual maintenance fees. <p>Costs for CCMS range from \$30-\$125 per user per month under the SaaS model. Cost for CRM-CCMS are available by request.</p> <p>Once configured, CCMS compliance with PRIMHD is included within the license fee. Automated upload is charged at \$50-\$100 per month.</p> <p>HSAGlobal has a strong Implementation and Delivery Services capability to support NGO’s to redesign and improve processes and support users to make the most from their CCMS implementation.</p>
13	What are the annual licence renewal costs, if any? (Include additional licence costs, which may apply to server software i.e. additional user licensing for web-based applications.)	The on-going monthly/ annual license costs are dependent on the selected model from question 12.
14	What are the annual maintenance fees,	The on-going annual maintenance fees are dependent on the selected model from question 12.

	if any?	
15	How do you manage application software upgrades? (i.e. frequency, ease of upgrade, any additional cost including approximate consulting fees.)	CCMS is a product, typically delivered under a Software as a Service model. Product changes are delivered as part of the service and are maintained within the code-base so no reinstallation is required ie automatic upgrades. There are two feature releases per annum at no charge.
16	What are your consulting fees for non-contracted modifications to the software, on-site support etc (e.g. creating reports.)	Consulting fees for non-contracted software modifications range from \$800-\$1500 per day, dependent on scale and complexity.
17	From a New Zealand perspective, describe the maturity of your software product including the length of time in a production environment; the approximate number of users; and the number of mental health NGOs currently using your system.	CCMS has been in production for over two years, with three customer installations. There are no "live" Mental Health NGO's using CCMS at this stage, although CCMS is being used for Mental Health in primary care and there are several NGO "prospects" engaged in the sales process.
18	Describe your post-implementation support, help desk facility, issue resolution process, and user access to consultancy resources.	<p>CCMS is a web-based solution, designed to be delivered either as a service (SaaS), or hosted on premise. The model can change over time.</p> <p>The CCMS SaaS offering includes:</p> <ul style="list-style-type: none"> ⊕ Server and software provisioning ⊕ Current production version of CCMS ⊕ Provision of Staging, Training and Production environments, including the continuous maintenance of an End to End environment for testing ⊕ Server hosting in a secure data centre (with UPS and back-up generator) ⊕ Firewall / intrusion detection services ⊕ Anti-virus and backup (both online and offsite) ⊕ Network management to the EBOP VPN demarcation point ⊕ Proactive capacity and performance management of the hosted environment

		<ul style="list-style-type: none"> ⊕ 24/7 Service Desk for Level 2/3 support <p>Excluded from the CCMS SaaS offering, and therefore the responsibility of the NGO, are:</p> <ul style="list-style-type: none"> ⊕ Desktop hardware and software provisioning ⊕ Local network management, including WAN connectivity to the CCMS SaaS service ⊕ Desktop support for local devices (Level 1 support) ⊕ Support for non-CCMS applications <p>Support The following table provides a description of the support services to be provided by HSAGlobal under SaaS:</p> <table border="1" data-bbox="860 639 2045 1054"> <tr> <td data-bbox="860 639 1081 778"> HSA Services Support <i>(by HSA)</i> </td> <td data-bbox="1081 639 2045 778"> HSAGlobal help desk will take and resolve support requests from NGO Service Desk relating to the following issues: CCMS Service Availability and Performance, CCMS Software faults; CCMS Component faults; and database management issues. </td> </tr> <tr> <td data-bbox="860 778 1081 1054"> NGO Services Support <i>(by NGO as determined necessary)</i> </td> <td data-bbox="1081 778 2045 1054"> NGO to offer its own Service Desk (or equivalent support) for Authorized Users. Includes support for Authorized Users; inquiries relating to functionality, performance, data, networks, infrastructure, devices or otherwise. Provides a point of contact for all support and customer service requests (including moves, adds, and changes; how to requests; and fault and incident management). NGO Service Desk support includes the logging, diagnosis, triage, resolution, escalation and ownership of all calls. </td> </tr> </table> <p>HSAGlobal Services Support is provided free for the first 8 hours used per month, and \$150 per hour thereafter.</p>	HSA Services Support <i>(by HSA)</i>	HSAGlobal help desk will take and resolve support requests from NGO Service Desk relating to the following issues: CCMS Service Availability and Performance, CCMS Software faults; CCMS Component faults; and database management issues.	NGO Services Support <i>(by NGO as determined necessary)</i>	NGO to offer its own Service Desk (or equivalent support) for Authorized Users. Includes support for Authorized Users; inquiries relating to functionality, performance, data, networks, infrastructure, devices or otherwise. Provides a point of contact for all support and customer service requests (including moves, adds, and changes; how to requests; and fault and incident management). NGO Service Desk support includes the logging, diagnosis, triage, resolution, escalation and ownership of all calls.
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<p>19</p>	<p>What system user manuals and other documentation and training are provided?</p>	<p>CCMS is intuitive with full user training (based on a Train the Trainer/ Super User model). CCMS has full on line help facilities.</p>				
<p>Technical requirements</p>						
<p>20</p>	<p>How compatible is your application with different operating systems and</p>	<p>CCMS is a Microsoft .Net application, delivered over the internet. It is natively compatible with Internet Explorer and can also be used within Safari browsers. Compatibility with other</p>				

	database software?	browsers is tested and confirmed based on customer demand.
21	Can your application be remotely accessed via a secure web portal? If yes, with which mobile devices?	<p>CCMS is a secure web-based application that can be accessed from anywhere over the internet. An off-line “briefcase” version is available for those workers who are mobile and who may have intermittent internet connections.</p> <p>The minimum client device requirements to use CCMS are:</p> <ul style="list-style-type: none"> ⊕ PC (Online Server Edition): CPU 1.6GHz, RAM 1GB, HD 80GB, Display XGA (1024x768), WinXP, IE 7.0, Internet connected ⊕ Laptop / Tablet (Online Server Edition and Briefcase): CPU 1.6GHz, RAM 1GB, HD 80GB, Display XGA (1024x768), WinXP, IE 7.0, 3G wireless (optional) ⊕ Netbook (Online Server Edition and Briefcase): CPU 1.6GHz, RAM 1GB, HD 16GB, Display WVGA (1024x600), WinXP, IE 7.0, 3G wireless (optional)
22	Does your application require a stand-alone server? Does the NGO host the application? Describe any hardware requirements or additional cost implications.	<p>CCMS is a web-based solution, delivered either as a service (SaaS), or hosted on premise by the NGO. Under the SaaS model, the NGO does not host the application or require any server hardware.</p> <p>Under the on-premise model, the reverse is true. Server and infrastructure requirements vary based on scale, performance and load. Requirements for NGO’s can be detailed in response to specific requests.</p>
23	What is the level of technical expertise required for NGOs to administer your application?	<p>The Systems Administrator role manages all customer configurable functionality in CCMS. This includes editing, creating new Codeset codes; creating/ editing Assessment templates, Care Plan element templates and Client Note types; add new Programmes/ Providers/Facilities; creating/ managing Users, User groups and User types; and building reports via Microsoft SQL Server Reporting. Any changes in configuration would be completed by the NGO System Administrator as part of an agreed business change process within the NGO.</p> <p>There are no specific technology skill pre-requisites required, although a good understanding of the business objectives and decision-making rationale of NGO is useful. The role can be performed by any user who has completed the System Administrator CCMS training.</p>
24	Are NGOs able to customise your application in any way? If yes, how much technical expertise is required?	As in Question 23, CCMS is a highly user-configurable solution, where user refers to someone with in-depth appreciation of the relevant healthcare domain, is “IT savvy”, and takes a systematic approach towards constructing solutions. No IT engineering expertise is needed.