



**Request for Information (RFI) For
Exchange Services and Data Strategy
ISSUED BY THE
NEW YORK eHEALTH COLLABORATIVE**

APPLICATION INFORMATION	
CONTACT NAME	NYeC
EMAIL ADDRESS	exchangesvcs_datastratRFI@nyehealth.org
SUBMISSION DEADLINE	5:00PM est., March 7, 2024

All correspondence and proposals should be submitted via email directly to the contact listed above and include 'Exchange Services and Data Strategy RFI' in the subject line.

I. STATEMENT OF PURPOSE

New York eHealth Collaborative (NYeC) is performing preliminary investigations into products, services, and strategies to create robust exchange and data management capabilities for a new centralized Health Information Exchange (HIE) platform utilizing shared infrastructure within the State of New York. This platform would serve multiple independently organized HIEs, who have been certified by the State of New York as Qualified Entities (QEs), covering several designated geographic areas across the state. Implemented Solutions will include the provisioning of modern data and analytics services beyond the traditional scope of an HIE. The strategies and approaches collected from this RFI will shape the intended solution direction and the scope of the subsequently planned RFP process to select solution technologies and implementation services.

NYeC understands there are companies in multiple industry segments, and numerous solution types where partners may be capable of achieving these functionalities/outcomes. The options evaluated to date include:

- **Traditional HIE Platforms**
- **Non-HIE Industry Solutions**
- **Custom Development Providers**
- **Hybrid or Combination of these Options**

NYeC welcomes responses from technology partners representing all categories outlined above, and depending on responses received may use collected information to create limiting evaluation criteria in subsequent procurements for these products and services.

The NYeC team is seeking wholistic services, solutions, and strategies to meet the needs of all major components/functionalities outlined within this RFI, and also welcomes responses including individual or multiple elements of the solution.

II. ABOUT NYEC:

NYeC is working to improve healthcare for all New Yorkers through innovative health information technology and exchange (HIT and HIE). Founded in 2006 by healthcare leaders, NYeC is a 501(c)(3) non-profit organization and the State Designated Entity (SDE) in New York charged with the leadership, coordination, and administration of the Statewide Health Information for New York (SHIN-NY), the state's public HIE. In that capacity, NYeC works through a public/private partnership with the New York State Department of Health (NYS DOH) on the development of policies and procedures that govern how electronic health information in New York State is shared via the SHIN-NY, a "network of networks" that interconnects New York's regional health information organizations (Qualified Entities or QEs). QEs enable healthcare professionals to

perform various data access, reporting, quality management, event notification, and other advanced functions. These capabilities are enabled by secure data exchanges and significantly support and enhance the delivery of quality healthcare services across the State of New York.

Additional information regarding NYeC can be found on the NYeC website www.nyehealth.org.

III. BACKGROUND/ PROJECT DETAILS:

Existing commercial HIE and related technologies come with pre-existing database schemas and rules, in that, they are limited from a structural sense for organizations to apply their own strategies for data management. To meet the strategic needs it has identified, NYeC is seeking services, solutions, and recommendations to build an extensible and flexible data model, integrating it with either a commercially available or custom/proprietary technology to perform HIE functions. In this implementation, the data model must retain architectural independence from the HIE exchange services functions. Additionally, it needs to support robust reporting and enable analytics through data access capabilities for data teams to provide regional and cross-regional views of the data. Solutions should also have the capability to support existing regional applications and data products through data feeds or similar functionalities.

Core Exchange services include connectivity to providers and approved 3rd parties for the exchange of health data, for example: ADTs, text reports, transcribed reports, lab results, radiology reports, and other common health data used for the coordination of care. Future exchange needs may also include claims, health related social needs, and other related data. Exchange services also accommodate communication methods via standards like HL7, CCDs, FHIR, and other formats as needed. Additionally, this data is required to be made available via a secure user interface, with SSO, user authentication, and audit capabilities included. Detailed requirements and additional information about the expectation of these functions will be included in subsequent procurement documentation. For the purposes of this RFI, the elements below summarize vital elements to be addressed in proposed infrastructure and solution strategies:

- Core Exchange Services
 - Query-based services to facilitate the exchange of critical health information between approved, participating providers and healthcare organizations.
 - Alert Notifications
 - Based on defined triggers and/or cohort definitions
 - Results Delivery (Lab, Radiology, Transcribed Reports)
 - Based on defined triggers and/or cohort definitions
 - Aggregated Patient Record Lookup
 - Presentation through a Provider Portal

- EHR Integration for query/response implementation in Healthcare compliant responses
 - Secure Direct Messaging
 - Consent Management
 - Managing consent transactions and permissions
 - Honoring consent rules for access to data, including regional and statewide policies for sharing while managing discrete permissions at an organization level.
- Data Stewardship
 - Strategies for Patient Data Aggregation, Curation, and Segmentation (utilizing strategies and functions like tagging, etc.)
 - Data standardization and synchronization across sources and formats
 - Data mapping/normalization of values
 - Traceability of changes applied to data
 - Ability to apply stewardship on inbound and outbound data to meet different use cases and requirements
- Data Model
 - Operational Data
 - Data Store
 - Including lake, warehousing, or similar strategies
 - Ability to extend/expand the data model as needed
 - Ex.- Ability to include Health Related Social Needs (HRSN), Claims, etc.
- Operational Reporting
 - Audit and Compliance
 - Metrics and Volumes
 - Business Objective Measurement
 - Logging and Security Monitoring and Alerting
- Analytic Services
 - Analytics capabilities, whether:
 - Native to solution
 - Custom developed
 - Leveraging additional data platforms/products
 - Enable Access to Data for the Purposes of:
 - Population Health Analytics
 - Public Health Reporting
 - Clinical Reporting
 - Quality Reporting
 - Identifying Gaps in Care
 - Compatibility of product with modern, cloud-based platforms and tools
- Innovation and Product Roadmap

- Ability of product to remain current with technology, policy, and practice evolutions, ability to provide novel value-adding capabilities to the platform
- Ability to integrate with 3rd party Master Patient Index systems

To ensure adequate support of current volumes and anticipated growth, respondents are asked to provide evidence that speaks to the scalability of recommended solutions to sustainably support New York’s volumes. In addition to supporting these volumes, the solution must be efficiently architected to operate in a cost-effective manner. While the solution will initially support a limited cohort of HIEs, it should be capable of scaling to support all of New York State. Below are some key metrics that provide approximate volume measurements at launch, full initial deployment, and at scale for the state. These metrics are representative of current volumes, and exceptional growth is expected with increases in population, data processing, and additional provider adoption.

Metrics (Annual)	Single Region	Consortium	Full State Participating Providers	All Statewide Providers
Hospital Data Sources	40	116	234	234
# of Physician/Clinician Practices	1400	5,686	14,234	24,765
# of Clinics	120	717	1,389	1,778
# of Behavioral Health/SUD Entities	90	511	887	1,205
# of Community Based Organizations	75	185	239	406
Census Population				
MPI Patient Population	8,000,000	32,507,958	91,368,854	--
Annual Alert Notifications	20,000,000	95,415,660	435,408,716	--
# of Lab Results Delivered	25,000,000	155,023,383	610,686,929	--
# of Record Lookups Via Portal	500,000	4,030,077	8,223,412	--
# of Aggregated CCDs Retrieved within an EHR Workflow	800,000	9,092,175	13,768,056	--

Core to the intended strategy for the solution is the data model, reporting capabilities, and their interaction with the Core Exchange Service functions and associated data structures. Below outlines the key characteristics and functions of such a system:

1. Data Aggregation, Curation and Segmentation: The solution must aggregate and curate patient data/records before being leveraged through the Core Exchange Services to ensure the highest quality messages, alerts, and results. This is also important to reduce

the volume of unnecessary messages routed through the solution by translating raw messages into data concepts for ease of use.

2. Robust Data Access and Reporting Capabilities: To serve a multi-regional and multi-stakeholder environment, robust data storage and access enablement will be necessary to allow for views, exports, and real-time access to both raw and curated system data. Ideally, the solution would offer comprehensive analytics with flexible and extensible visualization tools including low/no-code options for building datasets and reports. Reporting must manage/inherit security rules and restrictions at the user level.
3. Data Model Abstraction: Regardless of the methods used for achieving the above criteria, NYeC seeks to achieve a level of independence between the developed data model and the Core Exchange Services. A data model leveraging API-based outbound integrations to exchange services is one example of such a strategy to be evaluated, and NYeC seeks to understand these strategies and their compatibility with existing solutions.
4. Flexible and Extendible: In the rapidly changing landscape of healthcare, the importance of flexibility, scalability, and extendibility cannot be overstated. The implemented data model must retain these characteristics to flexibly enable adaptation as needed to meet new interoperability standards, and incorporate additional data elements for the benefit of patient care. Health Related Social Needs data is provided as one example of such data, and the proposed data model should be flexible to incorporate other elements.
5. Secure: A foundational element of establishing these new systems is preserving the uncompromising security posture of the current environment and adapting to the emerging threat landscape. Successful vendors will demonstrate the ability to meet stringent security requirements ensuring compliance with regulations like HIPAA, HITECH, and HITRUST. Vendors should provide an overview of security certifications and capabilities, including audit capabilities for activities within their solutions.
6. Integrate with Statewide and other External Networks: Solutions will be required to comply with New York State policies for HIE operations and integrate with existing NYeC services for Statewide Patient Record Lookup (MPI), Cross-HIE Alerting, and the Statewide MPI. Additionally, the platform will be required to exchange data with other external health data utilities/providers (i.e. National Networks/QHINS).
7. Scalable and Modern Architecture: Cloud service providers align closely with the NYeC's identified needs for scalability, system reliability, and the desire to shift from managing infrastructure towards focusing on core competencies and service offerings. Embracing the cloud will enable a seamless integration of Infrastructure as a Service (IaaS), Platform as a Service (PaaS), and Software as a Service (SaaS), all of which will be leveraged to meeting the NYeC's variable data management and processing requirements. For the purposes of providing sample architectures and solutions in response to this RFI, any cloud service provider or technical solution may be utilized as an assumed supporting infrastructure for implementing and hosting the future-state solution.

IV. ELIGIBILITY CRITERIA

NYeC is seeking responses to this RFI from vendors that meet all the following criteria:

- 1) Have developed similar applications within the healthcare sector, or similar exchange-based solutions in other industries.
- 2) Have experience in implementing highly complex data management, analytics, and business intelligence solutions.
- 3) Adheres to the current HITRUST, HITECH, and HIPAA privacy and security rules. Detailed security requirements will be provided in the subsequent RFP.

V. QUESTION & ANSWER PERIOD

A question-and-answer period has been built into the timeline to allow vendors to seek additional clarification and guidance on the RFI. Please refer to the RFI timeline for related dates and times for submission of questions. All questions should be sent to the email address indicated on the cover page. NYeC will provide responses to all questions asked and will make the Q & A available directly to vendors who submit questions and on our website: <https://www.nyehealth.org/resources/rfps/>.

Please note for all inquiries regarding this RFI, vendors may only make contact via the email address indicated on the cover page.

VI. LETTER OF INTEREST

Following the distribution of the Q & A document, NYeC is requesting that those vendors intending to submit a response to this RFI indicate their intent to do so by sending a Letter of Interest by the date and time indicated in the RFI timeline. In the event NYeC does not receive any Letters of Interest, this RFI will be immediately canceled. Letters should be sent to the email address indicated on the cover page.

VII. APPLICATION PROCESS AND TIMELINE

If you wish to respond to this RFI, please send a response in alignment with the guidance provided in Appendix A below and submit via email to the address provided on the cover page. Submissions are due **by the date indicated in the timeline**.

NYeC reserves the right to amend or cancel this RFI at any time. NYeC is not responsible for any costs incurred in the preparation of a response to this RFI.

RFI TIMELINE:

Item	Date
RFI Release	February 7, 2024
Deadline to submit Questions to NYeC	February 14, 2024 by 5:00PM est.
Q&A Document Posted	Approx. February 19, 2024
Letters of Interest Due	February 21, 2024 by 5:00PM est.
Responses Due	March 7, 2024 by 5:00PM est.

VIII. NYEC’S USEAGE OF INFORMATION OBTAINED THROUGH RFI:

NOTE: THIS IS NOT A SOLICITATION FOR PROPOSALS. No contract will be awarded from this RFI. Information gathered from responses to this RFI may or may not be used by NYeC at an unspecified future time to develop a Request for Proposals. NYeC is under no obligation to use any information or material submitted in response to this RFI. This RFI is issued solely for informational purposes and does not constitute a procurement or solicitation. Responding to this RFI is not required to participate in any future procurements that may occur as a result of this RFI.

While NYeC reserves the right to use the information and/or concepts obtained through this RFI in the development of a future Request for Proposal, NYeC shall do so in a manner that does not directly disclose or identify the contributor of the information and/ or concepts. Any vendor wishing to respond to the RFI and indicate those sections it deems proprietary or confidential in the event of a FOIL request should provide a redacted version of their response or a letter indicating which sections of the RFI response are deemed confidential.

APPENDIX A – RFI RESPONSE FORM

Vendor Company Name:
 Vendor Headquarters Address:
 Vendor Headquarters Telephone:

Vendor Contact Name:
 Vendor Contact Title:
 Vendor Contact E-Mail:
 Vendor Contact Phone Number:

Respondents are asked to provide the following information:

Section	Title	Structural Requirements	Criteria / Restrictions
1	Executive Summary		- Summary of proposal, including intended solution direction based on available information - 1 Page Limit
2	Experience Background		- Experiences and implementation(s) relevant to this RFI - 1 Page Limit
3	Approach Overview		- 20 Page limit for all sections
3a	Data Model		
3b	Exchange Services		
3c	Enablement of Analytics, Reporting, and Data Access		
3d	Conceptual Architecture Diagram	Diagram and Associated Description Required	
4	Scalability and Cost Efficiency of Solution		- Scalability overview for volume handling - Provide reference(s) to existing deployments of the proposed solution including volumes - Strategies for efficiency and cost containment - 2 Page Limit
5	Implementation Milestones	Diagram and Associated Description Required	- Outline timing, and dependencies of key implementation steps/stages - 1 page Limit
6	Security Overview		- 1 Page Limit

RFI responses are limited to 26 pages, single or double spaced, with 12-point Calibri, Arial, or Times New Roman font with 1-inch margins.