



Request for Information for Sharing of Advance Care Planning Documents

RFI No. 2018-MeHI-01

**Massachusetts Technology Collaborative
[Massachusetts eHealth Institute]
75 North Drive
Westborough, MA 01581-3340
<http://www.masstech.org>**

Procurement Team Leader:	Judy Iwanski
RFI Issued:	7/31/2017
Questions Due:	9/1/2017
Answers to Questions Posted:	1 week after receipt
Responses Due:	9/15/2017

1 **Introduction**

Massachusetts Technology Collaborative (“Mass Tech Collaborative”), on behalf of Massachusetts eHealth Institute, is issuing this Request for Information for Sharing of Advance Care Planning Documents (RFI No.2018-MeHI-01) (the “RFI”) to solicit responses from interested parties (“Respondents”) in the field of capturing and sharing advance care planning documents electronically.

The Massachusetts eHealth Institute (“MeHI”), a non-divisible component of the Massachusetts Technology Collaborative (“Mass Tech Collaborative”), in collaboration with the Executive Office of Elder Affairs (“EOEA”) and the Massachusetts Coalition on Serious Illness Care (“the Coalition”) is interested in ways to advance the Coalition’s goals of ensuring that patients’ wishes, preferences and goals of care are both documented and made accessible regardless of place of care.

This initiative is examining how technology might be used in Massachusetts to innovate ways that providers can reliably share Advance Care Planning (“ACP”) documents electronically – across systems and platforms – and improve ability of clinicians, emergency medical services, and other caregivers to quickly and reliably identify a person’s wishes and care preferences. Through this undertaking we will examine current best practices, learn what is feasible on the technology side, examine what would be the most clinically useful, and brainstorm possible technological and/or policy solutions.

As part of this process, we are issuing this Request for Information (“RFI”) for interested parties to provide information and data that will help inform development of a direction or course of action. We hope to gather specific information about architectural approaches to solving these problems and about existing technologies as well as evidence of both their efficacy and cost. We would like to hear about possible solutions to the current challenges to digitizing and sharing these documents and in ensuring that the content of ACP conversations are clearly documented and accessible across health care settings.

Through this initiative, including the information gathered in this RFI, we ultimately hope to make recommendations to the Commonwealth of a path forward toward ensuring adoption of the optimum method of electronic sharing of ACP documents, including but not limited to POLST/MOLST (“Physician’s Orders for Life-Sustaining Treatment/Medical Orders for Life-Sustaining Treatment”) forms, living wills, health care proxies, and other powers of attorney.

The following sections provide some contextual background on this initiative and outline the information we are requesting that respondents provide to assist us with this project.

For the purposes of this RFI (and except where the specific context warrants otherwise), Massachusetts eHealth Institute and Mass Tech Collaborative are collectively referred to as Mass Tech Collaborative.

RESPONDENTS PLEASE NOTE:

This RFI does not commit Mass Tech Collaborative to select any firm(s), award any work order, pay any costs incurred in preparing a response, or procure or contract for any services or supplies. Mass Tech Collaborative reserves the right, in its sole discretion, to accept or reject any or all submittals received to request supplemental or clarifying information from respondents, or to cancel, amend or modify the RFI in any manner, in part or in its entirety, at any time.

2 **Background on Sponsors and Project**

2.1 **Massachusetts Technology Collaborative**

Mass Tech Collaborative is an independent public instrumentality of the Commonwealth of Massachusetts chartered by the Commonwealth to serve as a catalyst for growing its innovation economy. Mass Tech Collaborative brings together leaders from industry, academia, and government to advance technology-focused solutions that lead to economic growth, job creation, and public benefits in Massachusetts. Mass Tech Collaborative energizes emerging markets in the high-tech sector by filling gaps in the marketplace, connecting key stakeholders, expanding broadband services, conducting critical economic analysis, and providing access to intellectual and financial capital. Mass Tech Collaborative has three primary divisions: The Innovation Institute at the

MassTech Collaborative, the Massachusetts Broadband Institute, and the Massachusetts e-Health Institute. For additional information about Mass Tech Collaborative and its programs and initiatives, please visit our website at www.masstech.org.

2.2 Massachusetts eHealth Institute

The Massachusetts eHealth Institute (MeHI), a division of the Mass Tech Collaborative, is charged by the Massachusetts Legislature and Governor's Administration with supporting the innovative use of technology to reduce the cost and improve the quality of healthcare delivered in the Commonwealth. MeHI's programs are designed to grow the adoption and use of health information technology in multiple care settings to positively impact health reform efforts in Massachusetts. MeHI also supports the growth of the emerging digital health industry cluster in Massachusetts. For additional information about the Massachusetts eHealth Institute and its programs and initiatives, please visit our website at www.mehi.masstech.org

2.3 Massachusetts Coalition for Serious Illness Care

More than sixty organizations have come together to form the Massachusetts Coalition for Serious Illness Care. The Coalition's mission is to ensure that health care for everyone in Massachusetts is in accordance with their goals, values and preferences at all stages of life and in all steps of their care. The Coalition has identified six core priorities to help achieve its mission: (1) everyone in Massachusetts, 18 or older, has designated a health care decision-maker (health care proxy); (2) everyone in Massachusetts, 18 or older, has had a conversation (and continues to have conversations) with their proxy to communicate their goals, values and preferences for care at the end of life; (3) all Massachusetts clinicians have appropriate training to facilitate high-quality communication with patients on advance care planning and serious illness; (4) everyone in Massachusetts facing a serious illness has had a high-quality, informed goals and values conversation with their care team; (5) all Massachusetts health care providers have systems in place to elicit and document goals, values and preferences for patients with serious illness; and (6) all Massachusetts health care providers have systems in place to share patient goals, values and preferences across care settings, to ensure they are accessible regardless of place of care. Through this RFI and other initiatives, MeHI is seeking to help advance the Coalition's goals of ensuring that patients' wishes, preferences and goals of care are both documented and made accessible regardless of place of care.

2.4 Advance Care Planning (ACP)

ACP is the process of planning for one's medical future so that an individual's values, goals, and preferences are taken into account when that person loses the ability to speak for him or herself. Ideally, ACP is integrated into routine care and regularly reviewed and updated, both periodically and whenever the patient has a change in health status. In this RFI, we use ACP in a broadly inclusive sense: everything from wishes regarding potential treatment decisions to designating a health care proxy to advance directives (ADs) as well as medical orders, such as MOLST forms.

Clear end-of-life (EOL) communication – between doctors, patients and families – plays a critical role in ensuring that patients receive care in accordance with their wishes. Adequate documentation of these goals and preferences helps ensure that an individual's wishes will be followed in the case of incapacity, emergency – or at any time when care decisions are made by those without intimate knowledge of the patient and/or involvement in ACP discussions.

The current landscape of ACP is complex, fragmented and often siloed. ACP documents may be completed in numerous settings - primary care, acute, sub-acute settings; nursing home or residential care settings; as part of estate planning in law offices' in consultation with a pastor' and at home around the kitchen table or on a computer. Storage locations are similarly diverse – from consumer-facing web sites and apps, existing online registries, physical or 'virtual' safety deposit boxes, to the front of refrigerator doors, scanned into EHRs, in patient's paper records or even in the files of a church.

Unsurprisingly, it can be difficult to locate the appropriate information in a timely manner. Even when information is captured by EHRs, it can be challenging for providers – even those within the same

hospital or health system – to locate appropriate forms given the numerous places they can be stored in a patient’s electronic medical record.

ACP is most effective when it is part of a coordinated effort that can be used across the continuity of possible care settings by paramedics, in hospitals, and in nursing homes and other residential care facilities. As such, it must be readily and easily accessible. ACP documentation must also be trusted. Providers must have confidence that the ACP forms, including MOLST, accurately reflect a patient’s current values and preferences and that forms are valid. Consumers, too, must trust that their documents are appropriately stored and accurately capture their present goals and preferences.

While not all information may be required by all caregivers in all settings, there is a clear need to develop systems to ensure that all health care professionals are aware of available ACP documentation, can easily locate relevant information, and that providers – especially of emergency medical services - are able to honor these wishes.

3 Goals and Objectives

3.1 Context

Technology can be used to help address some of the challenges described above. MeHI, through this initiative, is currently looking at improving ACP documentation and sharing among settings of care. With this RFI, along with a landscape analysis, stakeholder input and public meetings, MeHI hopes to become better informed on existing technologies and solutions to support developing a strategy and making recommendations for how the Commonwealth could proceed in ensuring that patients’ wishes, preferences and goals of care are met.

We understand that many social, medical, technical, legal and financial barriers exist, as well many possible solutions to these challenges. We hope that this RFI will help inform us about potential technical and policy solutions, including: EHR design changes to make ACP forms visible and easily navigable across systems, the relative merits of particular digital health solutions, and evidence of cost and quality outcomes. We want to know what has worked in other states, what the state of the technologies is, and what might be new on the horizon.

We have heard from providers that there is a critical need to update – and make electronic – the current Massachusetts Medical Orders for Life–Sustaining Treatment (“MOLST”) forms. So to be most impactful, we are initiating this inquiry with a focus on MOLST, while keeping in mind the broader goal of supporting sharing of all types of advance care planning information, especially health proxy information.

3.2 Scope of Request

MeHI is seeking information and advice in three key areas around which we expect to convene and develop recommendations from the community to the Commonwealth of Massachusetts:

- Best practices and policy recommendations for increasing the storage, sharing, and usage of advance care planning documents at the point of care, particularly regarding the usage of MOLST/POLST documents for patients with serious illness, including advice on:
 - How do we get to standard patient identification (high degree of accuracy in matching patients) across all sites of care and differing sources of data?
 - How do we get to standard definitions/content for ACP documents, starting with MOLST (high value ACP document that is critical for responders to easily and reliably access)?
 - How do we develop trust in the system, both for the users of the ACP documents and for the patient to trust the holder of record and consent to share the documents?
- Systems architectural choices for the storage and sharing of ACP documents, including (but not limited to):
 - EHR system design (making ACP documentation visible/navigable)
 - Use of the statewide health information exchange, the Mass HIway, to make information systems interoperable
 - Use of “query” technologies to make information accessible
 - Methods to allow patients to upload ACP documentation accessible to providers

- Specific technical solutions that exist today for the storage and sharing of ACP documents, including (but not limited to):
 - Online secure electronic registries that can store, retrieve, and send ACP documentation
 - Technologies that allow ACPs to be stored and shared in a distributed (non-centralized) manner
 - Platforms that integrate ACP documentation into EHRs
 - Platforms that consumers can use to document ACPs and share them with providers and other caregivers

All available transport standards and processes should be considered, including providing multiple options, which can be used by providers across the technological continuum, from sites with certified EHRs to sites with internet access only.

Please use the above discussion as a framework in your responses (see section 4.4 *Information Required*, below).

4 Submission of Responses

4.1 Schedule

The RFI process will proceed according to the following anticipated schedule:

7/31/2017	RFI Issued.
9/1/2017	Deadline for all questions and clarification inquiries, submitted via e-mail to iwanski@masstech.org
1 week after submission	Answers to Respondents questions posted.
9/15/2017	Responses due by 3:00 p.m.

Responses will be due no later than 3:00 p.m. EST, on 9/15/2017.

4.2 Questions

Questions regarding this RFI must be submitted by electronic mail to iwanski@masstech.org with the following Subject Line: "Questions – RFI No. 2018-MeHI-01". Questions should be submitted as soon as possible, and must be submitted by 5:00 p.m. EST on 9/1/2017. Responses to any questions received will be posted on the Mass Tech Collaborative and Comm-Buys website(s) within a week of receipt.

4.3 Instructions for Submission of Responses:

Respondents are cautioned to read this RFI carefully and note the following:

- (a) Providing a response to this RFI is not a prerequisite to the submission of proposals in any competitive selection process that may follow.
- (b) There is no specific page limit on the response to this RFI, but respondents are asked to be concise. Elaborate proposals or extensive statements of qualifications are neither required nor expected.
- (c) Responses should be submitted electronically in Microsoft Word (preferably) or Adobe PDF to proposals@masstech.org and iwanski@masstech.org
- (d) Any and all responses, proposals, data, materials, information and documentation submitted to Mass Tech Collaborative in response to this RFI shall become Mass Tech Collaborative's property and shall be subject to public disclosure. As a public entity, the Mass Tech Collaborative is subject to the Massachusetts Public Records Law (set forth at Massachusetts General Laws Chapter 66). There are very limited and narrow exceptions to disclosure under the Public Records Law. If a Respondent wishes to have the Mass Tech Collaborative treat certain information or documentation as confidential, the Respondent must submit a written request to the Mass Tech Collaborative's General Counsel's office prior to response submission. The request must precisely identify the information and/or documentation that is the subject of the request and provide a detailed

explanation supporting the application of the statutory exemption(s) from the public records cited by the Respondent. The General Counsel will issue a written determination within ten business days of receipt of the written request. If the General Counsel approves the request, the Respondent shall clearly label the relevant information and/or documentation as "CONFIDENTIAL" in the proposal and shall only include the confidential material in the hard copy of the proposal. Any statements in a Proposal reserving any confidentiality or privacy rights that is inconsistent with these requirements and procedures will be disregarded.

Respondents please note: By executing the Authorized Respondent's Signature and Acceptance Form and submitting a response to this RFI, Respondent certifies that it (1) acknowledges and understands the policies and procedures for handling materials submitted to Mass Tech Collaborative, as described in this RFI, (2) agrees to be bound by those policies and procedures, (3) acknowledges that the statutory exemptions from the Massachusetts public records law are very limited; and (4) agrees that Mass Tech Collaborative shall not be liable under any circumstances for any disclosure of materials submitted to in connection with this RFI that is required by law.

4.4 Information Requested:

This section outlines the elements requested in response to this RFI. While we are interested in learning as much as possible about specific product offerings, technical capabilities, and design recommendations, we value your time and do not want you to spend time preparing an overly detailed response to this RFI.

Please feel free to address any or all of the topic areas – your input is valuable even if focused only on one aspect of the challenges or goals described above.

a) Executive Summary

Respondents are asked to provide a 1 page summary of their suggestions for our consideration as we develop recommendations. This summary should focus on the bottom line value proposition and key aspects of the policies, architectural recommendations, or technical solution.

This summary should also include a description of your company/organization and your relationship to and experience with your recommendations.

b) Questions

In your responses, please focus on helping us understand answers to the following questions:

- 1) How does the potential technology/solution present a scalable, cost-effective resolution to the issues discussed herein? (*use detail section (c) below to describe technical specifications)
- 2) How could Massachusetts improve the ability of providers to easily and efficiently document, store and retrieve ACP documents? How could it improve the ability to seamlessly and reliably make storage and retrieval work with any EHR system?
- 3) How could Massachusetts solve the issue of multiple locations of ACP documentation in EHRs (make them easy to find)? Please address standardizing the location of these documents and problems of interoperability between EHR systems.
- 4) How could Massachusetts improve the ability of providers to easily share ACP documents among the various departments/facilities within a health system/organization and with outside providers and among different systems?
- 5) How could Massachusetts solve the issue of multiple locations of ACP documentation OUTSIDE the EHR setting?
- 6) How could Massachusetts account for geographic and socio-economic disparities, including lack of internet connectivity and/or consumer familiarity with new technologies?

- 7) How could Massachusetts improve the ability to know if the document on file is the most current reflection of a patient's wishes (providers can rely on the information)?
- 8) How could Massachusetts allow consumers to engage with their documents – to review, update, and validate their information?
- 9) How could Massachusetts ensure that a solution would be adaptable and scalable to ever growing technologies? How could we adapt existing technologies, take advantage of mHealth and other e-health applications, and any potential integration with social media, both now and in the future?

c) Details

In this section, we ask that you provide additional specific details on the architecture, costs, constraints, etc. of any technology/solution presented. Specifically, we seek to gather information on the following:

- a) Technology capabilities, standards, design best practices, and other factors that we should take into consideration related to the design and implementation of a solution;
- b) Expected costs related to implementation of the technology or solution including initial build or start-up costs, access and storage fees, update and/or retrieval costs, accessories (wallet-size alert cards), etc. Please include any additional fees e.g., to archive or electronically transmit, and any on-going support or monitoring costs;
- c) Architecture and integration considerations we should take into account, including interoperability with other technologies;
- d) Where and with what partners the solution is currently implemented. Please include detailed cost information for each distinct implementation or organization that uses/accesses the technology/solution, if differences exist;
- e) The major business and technical complexities anticipated with your technology/solution including lessons learned and key success factors from previous implementations;
- f) Anticipated constraints, including Massachusetts-specific considerations; and
- g) Outcomes of the technology/solution relevant to the goals and challenges described above including:
 - Provider and/or consumer use;
 - Provider and/or consumer acceptability/usability/trust;
 - Impacts on the provision of goal-concordant care; and
 - Impacts on health care cost or quality.

d) Supporting Details / Documentation

In this section, you may provide any supporting details about the solutions that are not covered in the above sections. You are welcome to submit pre-printed items, including sales and instructional materials. You may also include links to reference materials hosted on the Internet.

5. Other Provisions

5.1 Changes/Amendments to RFI

This RFI has been distributed electronically using the Mass Tech Collaborative and the Comm-Buys websites. If Mass Tech Collaborative determines that it is necessary to revise any part of this RFI, or if additional data is necessary to clarify any of its provisions, a supplement or addenda will be posted to the Mass Tech Collaborative and Comm-Buys websites. It is the responsibility of Respondents to check the Mass Tech Collaborative and/or the Comm-Buys websites for any addenda or modifications to any RFI to which they intend to respond. Mass Tech Collaborative, the Commonwealth of

Massachusetts, and its subdivisions accept no liability and will provide no accommodation to Respondents who submit a response based on an out-of-date RFI document.

MASSACHUSETTS TECHNOLOGY COLLABORATIVE
AUTHORIZED RESPONDENT'S SIGNATURE AND ACCEPTANCE FORM

The undersigned is a duly authorized representative of the Respondent listed below. The Respondent has read and understands the RFI requirements. The Respondent acknowledges that all of the terms and conditions of the RFI are mandatory, and that Respondent's response is compliant with such requirements. **The Respondent specifically acknowledges the application of the procedures regarding disclosure of sensitive information as set forth in Section 4.3 (d) of the RFI, and specifically agrees that it shall be bound by those procedures.**

I certify that the statements made in this response to the RFI, including all attachments and exhibits, are true and correct to the best of my knowledge.

Respondent: _____
(Printed Name of Respondent)

By: _____
(Signature of Authorized Representative)

Name: _____

Title: _____

Date: _____