

**CHEROKEE NATION
REQUEST FOR SEALED PROPOSAL**

**TELEMEDICINE/TELEHEALTH/VIRTUAL
CARE PLATFORM**

ADDENDUM 01



**Acquisition Management
On behalf of
Health Services**

**CHEROKEE NATION
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REQUEST FOR SEALED PROPOSAL
TELEMEDICINE/TELEHEALTH/VIRTUAL CARE PLATFORM
ADDENDUM I

The following questions and/or requests for clarification were received by the deadline stipulated in the RFP.

QUESTION: What are the data sources to vendor is expected to integrate? Example: Clinical, Claims, Scheduling Data, ADT's, etc

RESPONSE: Clinical, scheduling, demographics

QUESTION: Which user personas are expected to use the vendor solutions? Example: Physicians, Nursing Staff, Administrators, etc

RESPONSE: Physicians, APP, nursing, registration/scheduling staff

QUESTION: What are Cherokee Nation's expectation w.r.t. solution environment hosting? Are you open to cloud deployment?

RESPONSE: Yes

QUESTION: Can the RFP proposal and its attachments be accepted through an email submission especially during the COVID-19 pandemic time?

RESPONSE: Per the RFP, emailed or faxed responses will not be accepted. Please submit the sealed proposal response as outlined in the RFP instructions.

QUESTION: Especially during the COVID-19 pandemic scenario, will the vendor be required to give an on-site demo?

RESPONSE: No

QUESTION: Each and every page of the proprietary material must be labeled or identified with the word "PROPRIETARY". Will Cherokee Nation sign an NDA with the vendor before the vendor submits it's proposal?

RESPONSE: Please follow the RFP instructions. The Cherokee Nation will not sign an NDA.

QUESTION: Fax integration with Cerner. Could Cherokee Nation please define the use-case for fax integration?

RESPONSE: Must be able to integrate with Cerner faxing to transmit documents securely to other providers

QUESTION: Virtual Front Door Capabilities. Could you please elaborate on Cherokee Nation requirements with respect to the Virtual Front Door Capabilities?

RESPONSE: AI capabilities/chat bots for patient screening and triage, contactless checkin, appointment cancelation, reschedule, etc., and patient information updates and insurance verification. Seamless integration into a virtual visit

QUESTION: Our pricing model is based on the number of providers. How many providers would be using this application?

RESPONSE: 200 providers, 300 nurse, 150 registration staff

QUESTION: I noticed that you use InTouch, are you looking to expand your usage of Intouch? Find a vendor to supplement that application? Or replace?

RESPONSE: No we are not looking to expand intouch

QUESTION: Support or integrate with legacy telemedicine functionality that follows strict regulatory guidelines of previous telemedicine methods. What are the legacy telemedicine functionalities?

RESPONSE: Must be able to meet current/future regulatory requirements for telemedicine

QUESTION: Integration with Cerner. API based and HL7 integration is supported. Is the Cerner deployed by CNHS support APIs and HL7 interfaces

RESPONSE: Yes

QUESTION: Patients not having app store/google play logins for mobile device. Is a responsive web app the key requirement?

RESPONSE: Yes all requirements are key

QUESTION Virtual care service based models, consumer models and onsite patient coordination/home visit models. Please share any references for the above models

RESPONSE: We function as a patient centered medical home and are AAPM using CPC+ for QPP as well as MIPS participant

QUESTION: Digital front door strategy as an approach where intuitive, right-sized, and just-in-time recommendations are shared with customers across digital touchpoints throughout the journey. We must focus on those technology investments that improve personalization and convenience and continuously gather input to improve the customer experience. Customer experience has been the main focus and understandably so. Is there a reference / benchmark front door strategy? And what are the inputs that need to be captured (KPIs) that can help improve customer experience?

RESPONSE: We want a single virtual point of entry into telemedicine and existing Cerner millennium functionality as well as other defined service lines. KPI would be patient satisfaction and patient forum feedback

QUESTION: Further optimizations with front office and back office workflows are wanted for review of hybrid staffing for care givers and command/contact center models. Please explain the hybrid staffing and the command/contact models

RESPONSE: By hybrid staffing we mean supporting simultaneous workflow of multiple positions onsite and offsite

QUESTION: Integration with Cerner Millennium allows provider to call patients directly and Fax integration with Cerner. We understand that this integration already exists. And, what is the expectation of the Telemedicine platform to support these integrations?

RESPONSE: Telemedicine platform should support cerner fax functionality

QUESTION: Provider directory/CME/personalized news. Is this requirement to fetch data from Doximity?

RESPONSE: We do not desire a social platform nor CME however provider directory should be available

QUESTION: SIP integration. What is SIP integration?

RESPONSE: Telephone voice system integration: dial from system defined outgoing numbers

QUESTION: ID verification. Is this for patient? If yes, what IDs should be verified? And what is the current verification process?

RESPONSE: Yes, DL and tribal registration card, current state is photocopy and add to chart along with some registration fields for staff to complete

QUESTION: Ability to capture and display metrics from remote monitoring (IoT), ongoing surveillance and wearable devices. What are the tools that need to be supported?

RESPONSE: CNHS does not currently have any of these devices

QUESTION: Support and integrate with remote diagnostic devices for telemedicine. What are the devices that need to be supported?

RESPONSE: No devices are currently defined, however, we would like the ability to utilize Bluetooth based peripheral devices such as stethoscope

QUESTION: Artificial Intelligence or Digital Scribe integration for clinical documentation. How critical is this requirement? And has CNHS evaluated some scribes that we should consider?

RESPONSE: CNHS is a Dragon/nuance partner and has evaluated DAX as well as SUKI

QUESTION: Integration with current video conferencing vendors: Zoom, Microsoft, Cisco, et al. We assume that the requirement is to launch these tools. Is that correct?

RESPONSE: No longer required

QUESTION: Physical Submission of Proposal. Keeping in mind the pandemic situation, stay back home recommendations from WHO, situations outside have been changing dynamically. And also to keep in mind the “Save the Trees” campaign, can we send a “password protected” pdf of our proposal that you can distribute among the concerned for evaluation? 10+1 copies of proposal will turn out to be a big book with a lot of paper. Please suggest?

RESPONSE: Per the RFP, emailed or faxed responses will not be accepted. Please submit the sealed proposal response as outlined in the RFP instructions. The NATION does encourage conservation and the use of recycled paper is acceptable.

QUESTION: Cost Proposal. Is there a format that you suggest us to follow? Or can we follow ours?

RESPONSE: You can follow yours

QUESTION: I believe the cost should be inclusive of all taxes?

RESPONSE: The Cherokee Nation is tax exempt. All overhead for the company should be taken into consideration when completing the cost/price proposal.

QUESTION: Will you need staffing capabilities for any of your services lines - either full or augmented such as night or weekend coverage?

RESPONSE: No

QUESTION: Have internal stakeholders already been identified? Which resources will be dedicated to this engagement?

RESPONSE: Yes, CNHS health IT department will cooperate with vendor on deployment

QUESTION: Will the integrations described need to be automated?

RESPONSE: Need to define integration and automation

QUESTION: Will the 90 days include technology vendor selection and approval?

RESPONSE: No, 90 days is an expected project timeline after vendor selection and agreement

QUESTION: Will there be an opportunity for the staff to engage with the patient and provider prior to visit to ensure technical and user readiness?

RESPONSE: This is a must

QUESTION: Will there need to be a plan to do any portion of the visits with the provider onsite as part of this engagement?

RESPONSE: Yes

QUESTION: Are any facilities a higher priority?

RESPONSE: No

QUESTION: Are any services lines higher priority?

RESPONSE: Primary care/family medicine/pediatrics

QUESTION: Can language changes be made? (indemnification, insurance, venue, etc)?

RESPONSE: Offerors are to submit their proposal with the modified language highlighted, and the Nation will consider it.

QUESTION: Will awardees be allowed an opportunity to negotiate the terms of the contract prior to signing?

RESPONSE: Offerors are to submit their proposal with the modified language highlighted, and the Nation will consider it; and, the same for any offered agreement based on award.

QUESTION: If awarded, should there be contract terms we are unable to accept, is there a penalty for not signing a contract? Example: monetary damages.

RESPONSE: No.

QUESTION: By submitting a response, are we automatically agreeing to a contract and its terms? Or if there are terms & conditions we cannot agree to; can we decline the contract if awarded?

RESPONSE: Refer to previous questions and responses.

QUESTION: Is there a specific pricing form to include?

RESPONSE: No

QUESTION: Will you consider \$1M per occurrence/\$3M aggregate insurance limits?

RESPONSE: Per Cherokee Nation Risk Management this is acceptable.

QUESTION: We understand that Cerner is the current EHR system used by CNHS. Do all your locations have the same instance of the software? Hospitals and clinics?

RESPONSE: All locations are on the same instance of Cerner

QUESTION: When do you expect to integrate?
RESPONSE: TBD

QUESTION: How do you want to integrate?
RESPONSE: Need additional information

QUESTION: What are your expectations?
RESPONSE: Outlined in the RFP

QUESTION: What aspects will you require?
i. Scheduling? Yes
ii. Bi-Directional? Yes
iii. Payment? n/a
iv. Other?

RESPONSE: Scheduling integration with Cerner millennium, bidirectional

QUESTION: In your current clinics, other than the InTouch Devices in the hospitals, what type of WOWs (Workstation On Wheels) or devices are you currently conducting encounters?

RESPONSE: There is cart usage for bedside care but no specific carts for telemedicine solutions

QUESTION: Please let us know the types of WOWs (custom, brand, etc.) Do you expect to continue to use these devices for telehealth?

RESPONSE: We use multiple WOW vendors and would base any decisions for further deployment on available solution

QUESTION: What type of peripherals are you currently using in these clinics or hospitals? Stethoscope, etc.

RESPONSE: There is no single vendor however we would like to support bluetooth peripherals

QUESTION: How many medical providers will be accessing the platform?

RESPONSE: 200 providers, 300 nurse, 150 registration staff

QUESTION: Will you have MA's and/or other staff interacting with the patients pre/post appointment?

RESPONSE: Yes

QUESTION: Do you have standardized forms and documents that you would like to incorporate into the system? (Consent Forms, etc)

RESPONSE: Yes

QUESTION: Will you need a call center for customer interaction? Or will that be handled by the Nation?

RESPONSE: TBD

QUESTION: How important are data reports on sessions

RESPONSE: Critical

QUESTION: How important is 24/7 monitoring of network?

RESPONSE: High importance

QUESTION: Can you elaborate on your requirements around Virtual Front Door and desire for a virtual front desk (i.e., patient intake)? Does that include patient payment?

RESPONSE: Answered above

QUESTION: Are you primarily looking for a virtual solution to meet the needs of existing patients? What role does/will telehealth play for unknown or new patients to CNHS?

RESPONSE: This is needed to meet the need of existing patients as well as new patients to the system. The ability to enroll/register a new patient remotely and without requiring on site verification is critical.

QUESTION: *We cannot agree to the following Indemnification language.*

Indemnity and Insurance: The Cherokee Nation assumes no responsibility for acts of either the offeror or their employees; therefore, the offeror is responsible for obtaining the insurance coverage the NATION considers appropriate. The offeror will keep harmless, defend, and indemnify the Cherokee Nation against any or all loss, cost, damage, claims, expense or liability for all acts related to services provided including but not limited to Telemedicine/TeleHealth/Virtual Care Services and enforcement of this contract

RESPONSE: Offerors are to submit their proposal with the modified language highlighted, and the Nation will consider it.

QUESTION: To ensure the most thorough proposals offerors can provide, we respectfully request Cherokee Nation grant an extension for receiving proposals to August 28.

RESPONSE: This project timeline requires the dates to remain as set.

QUESTION: Given the extra precautions the nation is taking during the COVID-19 pandemic, and for the safety and health of our own employees and of Cherokee Nation's evaluators, we respectfully request that vendors be permitted to submit a soft copy submission rather than a hard copy submission.

RESPONSE: Per the RFP, emailed or faxed responses will not be accepted. Please submit the sealed proposal response as outlined in the RFP instructions.

QUESTION: Cost represents a large part of the evaluation factor. Considering the RFP provides no specific cost format, what is Cherokee Nation’s approach to evaluating a bidder’s cost consistently?

RESPONSE: N/A

QUESTION: Please provide the evaluation factors “cost” must account for.

RESPONSE: N/A

QUESTION: Please provide an estimate for the number of users the solution needs to support? And if known, provide a breakdown of number of providers.

RESPONSE: 200 providers, 300 nurse, 150 registration staff

QUESTION: How many providers will be using the platform?

RESPONSE: 200 providers, 300 nurse, 150 registration staff

QUESTION: Will the awarded offeror be fielding calls from providers and patients?

RESPONSE: TBD

QUESTION: What is the purpose of the SOC 1 audit and would an ISO 27001 Certification be acceptable in place of SOC Type II?

RESPONSE: Regulatory requirement

QUESTION: With regard to the overall Scope of Work features and capabilities, how is Cherokee Nation evaluating functionality? What minimum functional requirements (including the ones listed below) does Cherokee Nation seek?

RESPONSE: Functional requirements are defined in the RFP and will be evaluated internally

QUESTION: Is fax integration with Cerner a requirement or a desired capability?

RESPONSE: Desired

QUESTION: Twilio Comparison, Page 18. Please define “verification/authorization”.

RESPONSE: We need to verify new patient registration

QUESTION: Also does Cherokee Nation require this capability for the base solution or is this an optional capability?

RESPONSE: Base

QUESTION: Define contact center platform requirements. Which functionality / technical features from Twilio does Cherokee Nation require?

RESPONSE: Remote verification of new patients

QUESTION: Will Cherokee Nation please confirm support for standards-based VTC protocols are required – e.g., SIP and WebRTC?

RESPONSE: TBD

QUESTION: Does Cherokee Nation require the marketing text/email capability for customer retention and capture strategy? If yes, please define the requirement.

RESPONSE: Yes, the capability is needed to be able to send out individual or mass communication to all patients who have opted into that service

QUESTION: What kinds of surveys does Cherokee Nation require? Does Cherokee Nation have a survey platform today? If yes, which one?

RESPONSE: Survey monkey and salesforce

QUESTION: Please define your organizational announcement needs. Is it for providers, patients, or both?

RESPONSE: Both

QUESTION: What tools are being done now, what types and frequencies?

RESPONSE: Social media platforms directed at patients, i.e facebook, twitter, etc

QUESTION: How often do you need them?

RESPONSE: Frequently

QUESTION: Do you want us to make the announcements or do you have internal resources to manage this effort? Please provide examples if available.

RESPONSE: Internal

QUESTION: Please confirm whether “virtual front door” integration is a requirement or a desired feature?

RESPONSE: Requirement

QUESTION: Does Cherokee Nation require the enabling only of existing devices, or does it seek a bring-your-own-device (BYOD) strategy?

RESPONSE: We will need enabling of existing as well as BYOD strategy

QUESTION: Please define onsite care? Do you want the offeror to provide an onsite care resource, or will Cherokee Nation provide onsite care resources?

RESPONSE: Cherokee Nation will provide

QUESTION: Please define Media Score. Also, does Cherokee Nation require this feature / or is it a desired capability

RESPONSE: Not required

QUESTION: Does CNHS need specific workflow in our solution for all these specialities? Or the expectation is to do integration with Cerner EHR to bring data for televisit/telemedicine?

RESPONSE: Integration with our Cerner Millennium instance

QUESTION: Can we get the list of legacy Telemedicine functionalities that CNHS is currently using? Can we also get the details on list of legacy applications that are integrated in existing Telemedicine solution?

RESPONSE: Current solutions include Skype for Business and Zoom

QUESTION: Does CNHS require our solution to be invoked directly from Salesforce CRM application?

RESPONSE: No

QUESTION: Does CNHS require our solutions to write the entire virtual visit data back into Salesforce CRM as a case record:

RESPONSE: No

QUESTION: Does CNHS require our solution to post the data on Salesforce as well?

RESPONSE: Desire not required

QUESTION: What is the case volume that is anticipated by CNHS on a monthly/annual basis?

RESPONSE: Current volume of telemedicine (phone and video) is 300-400 daily. We anticipate that most of these visits will move to the video platform once implemented

QUESTION: Does CNHS have the standard list of devices that they would need to be integrated in the proposed solution?

RESPONSE: Not currently

QUESTION: Can we get the list of devices that are supported in the legacy Telemedicine solution?

RESPONSE: Android and ios mobile devices

QUESTION: Is there an existing e-Fax solution that CNHS currently uses and would want us to integrate with Cerner, or does CNHS want us to propose an option as part of our solution?

RESPONSE: We currently utilize Cerner's e-fax solution

QUESTION: For a non-registered patient, functionalities like integrations with Cerner and Salesforce would be limited. Is there a scaled-down version that CNHS expects for non-registered patients?

RESPONSE: No we need to acquire new patients remotely who will have full functionality after the remote registration is complete

QUESTION: Does CNHS have an existing Contact Center that we would integrate with?

RESPONSE: No

QUESTION: Would it be possible to provide more detailed requirements on Contact Center Platform addressing the users of this platform and how it will be used in CNHS so we can explore integration?

RESPONSE: TBD

QUESTION: Is there any specific Health CRM tool we need to integrate with?

RESPONSE: Salesforce

QUESTION: Which Health CRM does CNHS use currently in the legacy Telemedicine solution?

RESPONSE: None

QUESTION: For any Peer to Peer meetings, Do we need to integrate our solutions with any internal applications or will it be a standalone application?

RESPONSE: Desire not requirement

QUESTION: Peer to Peer meetings. Does this require any integration with Active Directory or SSO?

RESPONSE: Yes

QUESTION: Share Room Access. Please provide more information on this requirement. Does it say that if the provider with whom the telemedicine appointment was already set-up, then he/she can delegate to another provider/staff?

RESPONSE: More directed at group appointments with multiple patients and staff but ability to involve a nurse case manager or benefits advocate in the visit is desired

QUESTION: Group Therapy Support. Can you please elaborate more on this requirement?

RESPONSE: Capability to have multiple patients and staff in one virtual visit

QUESTION: Group Therapy support. Is it same as multi-way conferencing requirement or have any specific requirement?

RESPONSE: No specific requirements, multiple patients and staff on one visit

QUESTION: Can CNHS provide the list of diagnostic devices? Is this in reference to X-Ray m/c, CT Scan, MRI m/c etc.

RESPONSE: No current devices, not in reference to xray, ct, mri

QUESTION: Artificial Intelligence or Digital Scribe integration. Is this a requirement for the telehealth application to convert voice to text messages.

RESPONSE: The request is functionality similar to Dragon Ambient Intelligence where the visit is transcribed into provider documentation

QUESTION: The anticipated term of the proposed contract is stated to be approximately one (1) year with an option to renew for five (5) additional years based on need, satisfactory performance, mutual agreement of both parties, and funding availability through September 30, 2026. Should the proposal only address pricing for the initial performance period (i.e. starting from date of last signature on agreement and ending September 30, 2021)?

RESPONSE: Yes, and then any proposed percentage of cost increase for subsequent years.

QUESTION: What functionalities are required for a "Virtual Front Door"?

RESPONSE: Answered above

QUESTION: Can you share any existing data retention requirements of Cherokee Nation Health?

RESPONSE: Must meet all federal regulatory requirements we do not anticipate recording visits for storage

QUESTION: How is the ROI measured for the Telemedicine platform implementation by CNHS? For example - is it based on reduced visit cancellations or better patient engagement or increased patient volume etc.?

RESPONSE: Better patient engagement, reduced no-show rates, increase volume

QUESTION: In the BID submission instructions, it indicates that suppliers must submit printed copies of the proposal. Would you accept electronic copies via emailed files rather than printing and binding our responses? Due to the COVID-19 pandemic.

RESPONSE: Per the RFP, emailed or faxed responses will not be accepted. Please submit the sealed proposal response as outlined in the RFP instructions.

QUESTION: Given the stated proposed term of contract options, can you share any details of Pricing/Commercials model that Cherokee Nation Health Services prefers?

RESPONSE: No, this is evaluated internally

QUESTION: How many providers will be leveraging the system over 3 years?

- If possible, please detail and best estimate

RESPONSE: 200 providers, 300 nurse, 150 registration staff

QUESTION: Which virtual care modalities are of most interest:

- Video
- Telephonic
- Asynchronous (Store and Forward)

RESPONSE: Video and asynchronous, telephonic is desired

QUESTION: Which of the following branding models is of interest:

- White Label (one brand)
- White Label (multiple brands)
 - If so, how many brands or sub brands are anticipated?
- Co-Branded (Our company and Client)

RESPONSE: White label preferred, one brand

QUESTION: Mobile Experience:

- Will we need to white label our mobile application for your organization?
- Will your organization need to leverage our API's to integrate into an existing mobile application?
- Will your organization like to purchase our mobile SDK?
- No Mobile strategy for now?

RESPONSE: Yes, will need to integrate with cerner millennium and healthlife application, mobile use is required

QUESTION: How many Electronic Medical Records will MDLIVE be integrating with Cerner?

- What type of integration? Example CCDA or MDM. Please state the type of interface for each EMR integration

RESPONSE: Cerner millennium is the only EMR, approximately 150000 records, CCDA via HL7 interfaces

QUESTION: To the best of your ability, please detail all Use Cases in consideration (Definition of a Use Case below)

- *Use Case – defined as a virtual care service line targeted at a specific population of patients. Examples of virtual care service lines include urgent care, behavioral health, dermatology, school health, oncology or a specific specialty. Multiple brands are considered separate Use Cases.*

RESPONSE: Primary care, hospitalist, orthopaedic surgery, general surgery, obgyn, ems, pediatrics, podiatry, physical therapy, pharmacy anticoagulation clinic, infectious disease, diabetic educators, dietitians, neurology, cardiology, dental

QUESTION: On pages 17-20 under “Scope of Work” are we to answer Y/N or elaborate on each? Just some clarification on how best to answer these.

RESPONSE: Elaborate as needed

QUESTION: How many providers/end users would be using the Telemed/Telehealth/Virtual care platform?

RESPONSE: 200 providers, 300 nurse, 150 registration staff

QUESTION: What specifically would you like to integrate with Cerner?

RESPONSE: Clinical data, scheduling, patient demographics

QUESTION: Are you referring to a bidirectional integration with Cerner?

RESPONSE: Yes

QUESTION: Which of these data elements would you like sent back into Cerner:

- Problem/Diagnoses/Conditions - Yes
- Encounters - Yes
- Medications - Yes
- Allergies - Yes

RESPONSE: All clinical data will continue to be documented in Cerner. We are not seeking a mobile EHR to then integrate with our enterprise EHR...the solution will need to integrate scheduling/patient/demographic data but not the clinical data.

QUESTION: For Patient Portal integration, are you referring to providing the patient a link to initiate a telehealth visit?

RESPONSE: Integration with the patient portal for displaying of information, to be able to join their telehealth visit from the portal, scheduling capabilities in the portal

QUESTION: What are you trying to achieve with the integration with current video conferencing vendors: Zoom, Microsoft, Cisco?

RESPONSE: See above

QUESTION: Will providers' documentation from the telehealth visit be done in the EHR (Cerner)?

RESPONSE: Yes

QUESTION: What is the use case for Artificial Intelligence or Digital Scribe integration for clinical documentation?

RESPONSE: To reduce administrative burden on providers, allow more time with the patient rather than typing/dictating notes

QUESTION: What devices are currently being used for remote patient monitoring?

RESPONSE: Ambulatory blood pressure monitors

QUESTION: What remote diagnostic devices are currently being used?

RESPONSE: None

QUESTION: Can you please give some more details on what you mean by "Onsite Care (Concierge)"?

RESPONSE: Deployment of clinical staff/extenders to the patient home for delivery of care

QUESTION: Can you describe the different types of communications?

RESPONSE: This question is unclear

QUESTION: What is the estimated total number of patients that will be contacted during the contract term?

RESPONSE: 300-400 visits per day

QUESTION: Can you describe the lifecycle engagement from patient notification to Feedback? For example, How many reminder notifications are sent before an appointment?

RESPONSE: Patient schedules an appt, they are sent 2-3 reminders prior to appt, 1 week, 3 days, and 1 day prior to appt. then follow up with surveys post appt.

QUESTION: How many sending domains do you require?

RESPONSE: Need more information

QUESTION: Are there any EHRs other than Cerner in use?

RESPONSE: No

QUESTION: What version of Cerner are you using?

RESPONSE: Current version is millennium 2018

QUESTION: Have you built any HL7 interfaces with Cerner?

RESPONSE: Yes

QUESTION: What type of Video endpoints does your current provider have?

RESPONSE: None

QUESTION: Has the marketing team been involved in branding for Mobile App and Website Tele-health landing page?

RESPONSE: Yes

QUESTION: What other devices / tablets are providers using today?

RESPONSE: ios and android devices

QUESTION: Are patients able to schedule appointments via Cerner Mobile App?

RESPONSE: Not currently

QUESTION: It was mentioned that you all are interested in integrating SMS messaging capabilities with your Telemedicine solution. Are you interested in messaging patients through the Telemedicine solution or would you prefer to send messages through your Cerner platform or other patient management solutions?

RESPONSE: Telemed solution

QUESTION: Is The Cherokee Nation currently sending patients appointment reminders or notifications through SMS or MMS based text messages?

RESPONSE: Yes

QUESTION: If you are currently sending text messages to patients, what is your current messaging volume monthly?

RESPONSE: Service has not been used since Covid-19 Pandemic, refer to other questions regarding planned future usage

QUESTION: If you are not currently sending text messages to patients, do you have estimated messaging volumes based on the number of visits? Would it be safe to assume that you would be sending a minimum of 2,500 messages a day?

RESPONSE: Yes we would anticipate 2500-5000 sms messages daily

QUESTION: You mentioned that you would like to gather IoT data from medical devices during an appointment. Do these medical devices integrate with your Cerner platform or any other solutions that you would like to integrate with your Telemedicine solution?

RESPONSE: They are not currently integrated

QUESTION: Are you looking for IoT capabilities that can be used to monitor patient vitals and information remotely?

RESPONSE: Yes

QUESTION: "5000 provider level visits per day", "50% of all visits post-implementation (approximately 2500 per day) were performed virtually" - is this the same for weekends or should we consider just for weekdays?

RESPONSE: Just weekdays for now

QUESTION: What is the average duration of the Telehealth sessions?

RESPONSE: 16 minutes

QUESTION: Do you want to record the sessions?

RESPONSE: No

QUESTION: If you do record the sessions, do you want us to store the recordings or they will be off loaded to your storage?

RESPONSE: No recordings

QUESTION: "The solution we require must support or integrate with legacy telemedicine functionality " - It needs to integrate with Cerner, Salesforce. What else?

RESPONSE: Cerner and Salesforce are primary

QUESTION: "Further optimizations with front office and back office workflows are wanted for review of hybrid- staffing for care givers and command/contact center models" - What do you mean by hybrid-staffing?

RESPONSE: Supporting synchronous staff interaction both virtual and on-site