



## ADDENDUM II

**SUBJECT:** Request for Competitive Sealed Proposals – Enhanced Disease Surveillance System (RFCSP 23-072, RFX # 6100016711) Scheduled to Open: May 26, 2023; Date of Issue: March 23, 2023

**FROM:** Jennifer Johnson, Procurement Administrator

**DATE:** May 26, 2023

**THIS NOTICE SHALL SERVE AS ADDENDUM NO. II - TO THE ABOVE REFERENCED  
REQUEST FOR COMPETITIVE SEALED PROPOSALS**

**THE ABOVE-MENTIONED REQUEST FOR COMPETITIVE SEALED PROPOSAL IS HEREBY AMENDED AS  
FOLLOWS:**

- 1. MODIFY:** On pages 6 and 8 of the RFCSP document (Scope – Data Analysis...) and page 64 (Proposed Plan), all mentions of “Attachment-D” pertaining to the Enhanced Epi Surveillance Record Type Descriptions are renamed “Exhibit 10.” RFCSP Attachment D is the Litigation Disclosure Form. A corrected RFCSP has been posted as a separate document.
- 2. MODIFY:** On page 8 of the RFCSP document (Scope – Data Analysis...), all mentions of “Attachment-A” pertaining to ITSD Technology Standards are renamed “Exhibit 4.” RFCSP Attachment A is the General Information Form; Experience, Background, Qualifications; and Proposed Plan. A corrected RFCSP has been posted as a separate document.
- 3. MODIFY:** On page 11 of the RFCSP document (Scope – Data Analysis...), all mentions of “Attachment-B” pertaining to process maps are renamed “Exhibit 11.” RFCSP Attachment B is the Price Schedule, as revised. A corrected RFCSP has been posted as a separate document.
- 4. The RFCSP submission deadline has been extended to June 5, 2023 at 2:00 p.m. Central Time.**

**QUESTIONS SUBMITTED IN ACCORDANCE WITH SECTION 008, SUBMISSION OF PROPOSALS,  
RESTRICTIONS ON COMMUNICATIONS**

**Question 1:** How many users does the City anticipate requiring access to the new Enhanced Disease Surveillance System that are current users of ezEMRx?

**Response:** In the TB Program, 10 users will need access to the system. In the STD/HIV program, 49 users will need access to the system.

**Question 2:** Of the anticipated non-ezEMRx users, please provide the breakdown of their role and how many there will be of each?

**Response:** Please see the User Persona Profiles tab in the Attachment E- Requirement Traceability Matrix Rev2.

**Question 3:** Will questions be answered and posted as the City receives the questions (in a rolling format), or will release be delayed until after the question deadline to release all answers at once? If it's the latter, when will that be?

**Response:** Questions are collected then answered by City staff. The questions and the City's answers are posted in a

group as part of an addendum. For this solicitation, two addenda were required due to the large number of questions submitted at or near the deadline.

**Question 4:** For data intake of files via e-fax and scanned courier documents, has the City attempted any image to text conversion and automated data extraction to standard data forms? If so, is there any summary of this work available?

**Response:** The City uses Kofax and IBM DataCap for similar use cases where forms are more standardized. Up until now, these tools have not been utilized for this particular use case.

**Question 5:** Can the proposal include a requirement for reporting healthcare providers to transition to either:

Using a limited number of standard human-readable reporting formats? For example, the state of Texas provides a set of standard reporting forms, e.g.: Initial Provider Disease Report (EPI-2), or Confidential Disease Report (EPI-1), or similar for human-readable reporting. See <https://www.dshs.texas.gov/idps-investigation-forms/reporting-forms>.

OR

Using HL7 FHIR eICR standards for machine readable reporting, and integrating with the RCKMS / AIMS platform? See <https://www.cdc.gov/ecr/how-does-ecr-work.html>.

**Response:** Respondents may recommend reporting requirements for healthcare providers and describe how they will implement and be fully responsible such transition; however, the City is not making this a requirement for healthcare providers and cannot guarantee it will make this a requirement.

**Question 6:** DSHS currently has an existing process around NEDSS interoperability with local jurisdictions. DSHS will share Electronic Lab Reports (ELRs) reported to the state with local jurisdictions, and DSHS will accept completed case reports from local jurisdictions via the PHDC standard or via structured CSV files for selected disease conditions. Regarding the RFCSP requirement for near-real-time syncing with NEDSS, does receiving ELR data from DSHS, and providing DSHS systems completed case data as PHDC or CSV in near real-time meet the bi-directional data syncing requirement?

**Response:** Yes, this meets the requirement.

**Question 7:** Has the RFCSP requirement for near real-time syncing with NEDSS been discussed with DSHS, and have they committed to supporting this effort?

**Response:** No, not at this time.

**Question 8:** For the SharePoint case migration as described on page 8 of the RFP – the tasks described are: "The successful respondent will be required to perform the necessary conversion for any data that needs to be migrated from SharePoint to the new system. The successful respondent will be required to provide qualified technical resources that can assist in the identification and analysis of existing information sources and provide recommendations for its conversion and/or access. "

In order to provide a well targeted estimate for this effort, it's necessary to understand how case data is currently stored in SharePoint. The most concise description of case data that can be found in the RFP seems to be in the section with heading "APPENDIX A - Acronyms and Abbreviations " starting on page 12. On page 15 in this section, the term "Splice" is defined as "Copying and pasting multiple pages from an e-faxed patient intake record into a Word document to form the complete individual patient intake record, then converting the resulting multipage Word document into a PDF formatted document in the SharePoint document repository.". This seems to indicate that case data in SharePoint is stored primarily as PDFs. The term "Splice" is not used elsewhere in the RFCSP.

Is this a correct assessment regarding the contents of case data in the SharePoint repository?

**Response:** Yes, case data is primarily stored as PDFs in SharePoint, but these PDFs do not need to be migrated into the new system. The City prefers that the historical data from NEDSS and THISIS be migrated into the new surveillance system.

**Question 9:** Approximately, how many cases will be migrated from SharePoint to the new system?

**Response:** Zero. The historical SharePoint data does not need to be migrated into the new system.

**Question 10:** In the section on Data Analysis, Visualization, and Reporting on page 6: last bullet in the section references Attachment D. This is a litigation form in RFCSP packet. Elsewhere in the RFCSP, Attachment D is referenced as "Attachment-D – Enhanced Epi Surveillance Record Type Descriptions" It is assumed that Attachment D is referencing Exhibit 10, which is also named "Enhanced Epi Surveillance Record Type Descriptions". Is this correct?

**Response:** The assumption is correct and the mention of "Attachment-D" was in error. Please refer to Amendment 1 of this Addendum for details of the correction.

**Question 11:** Is there any existing middleware for this project?

**Response:** No.

**Question 12:** Does the city have any DevOps set up or infrastructure already set up?

**Response:** No.

**Question 13:** Please provide details on the data volume (# of fields) and source systems in scope of data migration.

**Response:** The source systems are as follows:

Source system for Epidemiology is the National Electronic Disease Surveillance System (NEDSS) which has an estimated 136 number of fields and 120 disease/conditions for 3,000 average cases per year.

Source system for STD/HIV and TB is THISIS. STD/HIV estimated number of fields is 3,414 for an average of 40,600 cases per year for 23 years. TB estimated number of fields is 3,727 for an average of 500 cases/contacts per year for 23 years.

**Question 14:** The RFCSP states there are 200 users but please clarify the statement: "Typical user load is generally about 200 users but could increase to 500 or more users during large-scale or long-term events. The volume of incoming data can vary widely throughout the year and during outbreak/pandemic events, and the system must be able to scale to meet demand." Please provide details on the user types and what role they would have in the system.

**Response:** Please see the User Persona Profiles tab in the Attachment E - Requirement Traceability Matrix Rev2.

**Question 15:** Will the City be ready with all the requirements and questionnaires for diseases for San Antonio analytics/reporting and the State of Texas NEDSS reporting before we start the project, or will this be a roll-out or extensions?

**Response:** The system must be implemented by May 2024. The City of San Antonio has all the requirements and questionnaires ready that have been provided by the State of Texas and the CDC.

**Question 16:** Even though years 2 and 3 are required years, did the City mean to gray out Maintenance and Support in years 2 and 3?

**Response:** The revised Price Schedule was released with Addendum I. Please make sure your firm submits ATTACHMENT B PRICE SCHEDULE FINAL REVISED v2 with their response.

**Question 17:** Please clarify if the Provider Portal is in scope for the Providers to submit case data or they would continue to use e-Fax and Non-e-Fax manual channels for Data intake?

**Response:** The City does not use a provider portal and it is uncertain whether or not providers would be willing to use one. Current plans are to continue using e-Fax.

**Question 18:** Is a public unauthenticated portal in scope for this RFCSP? Another possible route would be that new system sends data to the external web platforms (OpenCities, Granicus, and OpenGov) and sites for external reporting. Please confirm which is correct.

**Response:** The system will use the City's existing external web platforms (OpenCities, Granicus, and OpenGov) for external reporting.

**Question 19:** After the implementation of the new disease surveillance system, one assumption would be that SF Files would initially store files depending on the file size (as SF Files have limitations) and then push it to SharePoint or archive it to FileNet after the desired date. Can you confirm how the files would be stored and which system would be the source of truth?

**Response:** The proposed solution will be the source of truth for operational content, whereas FileNet will be the source of truth for archived record content.

**Question 20:** What is the current tool the City uses for ticket logging and handling??

**Response:** The City requires additional context for this question.

**Question 21:** What is the total volume of records for all these integrations?

**Response:** Please refer to question 10 of this addendum.

**Question 22:** Does San Antonio have a drop-dead date for when the solution should go live?

**Response:** This solution must go live in May 2024.

**Question 23:** Attachment E – RTM – Section 4.3.10 includes directions that solution “must allow user to examine other data sources for common exposures.” Please provide clarification as to what is needed for this requirement or its intended outcome?

**Response:** This requirement includes the ability to compare data from other outbreaks/cases/contacts to find common exposures for the identification of the source of the outbreak or to determine if the case meets outbreak criteria.

**Question 24:** Does Attachment E – RTM – Section 5.8.2 “Ability to allow the public to view releasable information on a public-facing website” mean that vendor is to provide said public-facing website?

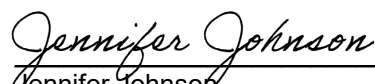
**Response:** The solution could be a public-facing website for reporting, or it could be a report/dashboard/visualization embedded in a website the City already maintains.

**Question 25:** Regarding Attachment E – RTM – Section 7.9.1 “Ability to request data from external providers to complete missing information,” will the City have emails or cell phone numbers for external providers?

**Response:** Yes, the City has this information.

**Question 26:** Regarding Attachment E – RTM – Section 3.6.15 “Support interoperability with the contact tracing and case management systems,” would this project include a contract tracing feature? Contract Tracing was not listed under Integrations.

**Response:** This project shall include a contact tracing feature and the overall system should support interoperability between the contact tracing and case management components.



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JJ/pf