

Responses to Questions
RFA #2023-052
Development of a Product Suite for Telemedicine and Remote
Care
October 27, 2023

The following are the responses of the Digital Square at PATH to questions regarding Request for Application #2023-052, released on October 17, 2023.

Question 1

For Participants that are proposing a solution on top of an existing DPG, do they also need to submit a Digital Square Shelf Readiness assessment as part of the Proposal, or only as part of the Deliverable once project is granted/executed? We believe not as part of the proposal.

Answer 1: The shelf readiness assessment will be expected as a deliverable during the course of the award. It is not needed as part of the application process.

Question 2

In Section IV (Scope of Work and Deliverables), there is a sub-section pertaining to "Documentation" with a table containing points 1-9. These documents are expected as part of the Proposal or as Part of the final Deliverable if project is granted/executed? We believe not as part of proposal.

Answer 2: These documents are expected as deliverables of the project and are not needed in the submission.

Question 3

There are two documents to submit: One is the Technical Proposal Document (in word document format shared by Digital Square, max14 pages excluding any annexures) and the other is a Costing Excel Sheet which shows breakdown of costs. Is this understand[ing] correct?

Answer 3: Yes, that is correct. The technical proposal may be submitted in a PDF or WORD version. The budget **must** be in excel.

Question 4

When will the submitters come to know about the "second" presentation stage of the proposal?

Answer 4: This is an erroneous aspect and has been addressed in the updated RFA document. There will not be a second stage presentation.

Question 5

Implementing this telemedicine solution in a "real hospital or geography" is Out of Scope of this grant. But, showcasing a real-world implementation, if possible, will be beneficial. Is this understanding correct?

Answer 5: Yes, that is correct.

Question 6

Is there any expectation that the systems must be Mobile ready for Clinicians and for the Patient?

Answer 6: The system should showcase its ability to meet the need of the community and the space and justify how their offering is positioned to best serve the future implementation cases that may exist. While not a full expectation it would be a key functionality for reaching communities.

Question 7

Telemedicine usually runs off the internet by connecting to servers running in a Data Center or Public Cloud. Can we assume that "offline requirements" are not in scope for this project, and that patients/clinicians will have decent internet access to perform video calls?

Answer 7: As this award is to support packaging a solution for future reuse, we recommend that the applicant consider the implementation cases where a telemedicine solution would run and frame their proposal to address and indicate if their solution operates in a fully online mode only or an asynchronous mode and in what case. Not having offline functionality is not a disqualifying criterion but will be weighed under the technical competencies of the tool in comparison to other applicants.

Question 8

During a tele-medicine session, is there [an] expectation of patient uploading their current/previous medical documents to the clinician? If yes, what about Radiology documents like xRays/etc, which are usually large in size. Can we assume these documents are out-of-scope of the current project?

Answer 8: As this work is not tied to an active implementation but rather packaging a solution with functionality the applicant can frame the functionality that their solution supports and the use-cases that they cover.

Question 9

Is there a need for a teleconsultation feature that enables doctors to record, transcribe, and archive these sessions for future reference?

Answer 9: That is a value-added option and would recommend that this is a feature available in the package.

Question 10

Is there an expectation to send alerts (via SMS/Email/Whatsapp) to patients about upcoming scheduled consultations?

Answer 10: This would fit into an expected workflow needed to manage care – so yes.

Question 11

Besides SNOMED-CT, ICD10/11, LOINC for Coding, are there any other clinical standards that are expected to be supported? (For Interop we understand OpenHIE standards, FHIR/HL7 and GS1 are expected).

Answer 11: Not explicitly however tools should have the ability to leverage additional codesets that countries may nominate.

Question 12

Is there any expectation that multiple clinicians will be available online, and the system can auto-connect to a free clinician, or is this an explicit clinician-patient virtual appointment, started by a specific clinician to consult a specific patient?

Answer 12: We are open to applications that have both as options.

Question 13

Besides the ability to run the whole software solution in "containers" (docker), is there any other infrastructural requirement that is mandatory to consider? E.g., AWS Readiness, or Security requirements, etc.

Answer 13: No – the key factor here is to create an ease of deployment approach for adoption by countries and implementers.

Question 14

"The test suites must leverage the upcoming OpenHIE Testing Harness tool and approach to showcase the product suite's ability to fulfil the desired functionality, i.e., the tests showcasing the functionality of the tool must be able to be run on the same framework as the OpenHIE Testing Harness." - Is there a publicly accessible link for the OpenHIE Test Harness tool? We are already using opensource publicly recognized unit/integration testing tools like JUnit/Mockito/etc. And for Functional testing, we use BDD based tools like Gauge/Taiko. Does this requirement mean we will need to migrate our test suite for this grant to OpenHIE Test Harness tool? If yes, this could significantly increase costs/risks since the new toolchain is unknown in terms of its maturity/stability.

Answer 14: The testing harness tool is an active project in the design phase and is being documented here:

https://wiki.digitalsquare.io/index.php/OpenHIE_Testing_Harness_and_Test_Framework. The key focus is that the tests will need to be defined and loaded into the framework (which allows for running of existing tests etc.). This is not to be confused with standard unit tests or tests for development. The Testing Harness is focused on facilitating core functional tests of a tool and

interoperability tests. As such, there is not an expectation to migrate existing tests to OpenHIE Test Harness. However, tests around interoperability with existing systems will be discussed as to how it will be loaded into the testing harness through the project.

Question 15

Is it possible that users of the software may be located in different time zones from the server/admin?

Answer 15: Yes, that is a possibility.

Question 16

From the provided objective, it is evident that the integrated solution might touch various facets of the digital health ecosystem, potentially ranging from an EMR system capturing patient-specific drug orders & dispensing, lab test orders & results, and referrals, to a health insurance management system handling claims. Could you elucidate:

Which components would form the core solution envisioned by Digital Square, and Which components would be demonstrated in a potential showcase of the core solution's capabilities, among the following digital health entities:

- Patient app/portal,
- Teleconsultation platform,
- EMR system,
- Billing system,
- Claims management system?

Answer 16: The teleconsultation platform component is required; the rest can be reused from existing tools. In LMICs the use of a patient app/portal may be very small, however there should be a consideration of the investment of effort with the level of usage of the component. It's the patient app/portal that can be incorporated if it is going to be used by a health worker. Showcasing how the app which has the two components is integrated with an EMR, a billing system and a claims management system is important.

Question 17

If a patient app or portal is integral to the core solution envisioned by Digital Square, our consortium has already undertaken preliminary ideation and design for a forthcoming open-source patient app. However, actual software development for this app is still pending. Would Digital Square be open to a proposal that seeks funding for the development of the initial version of this patient app and to start promoting it as a new Global Good?

Answer 17: Provided the design is not tied to a specific implementation (say for example the app is designed to be implemented in a district in Uganda). The design should be flexible and easily customized to be deployed in different settings with minimal customizations.

Question 18

Is there a preference for the telehealth solution to prioritize asynchronous communication methods to counter potential challenges posed by unstable network conditions, such as frequent disruptions or latency from satellite or poor bandwidth connections?

Answer 18: This tool should be capable of working in low resource settings such as in low- and middle-income countries. So preferably it should be able to work well both online and offline, any methods that will achieve this are acceptable.

Question 19

Is there an emphasis on incorporating end-to-end encryption into the telehealth solution, even if it might potentially impact the overall user experience?

Answer 19: Security is highly considered however that should not come at a great expense to user experience.

Question 20

In the case of a consortium application, would each participating entity be individually registered and allocated funding, or is there an expectation for a lead entity to manage and disburse funds among the consortium members?

Answer 20: Digital Square will only enter into contract with the leading organization.

Question 21

Is there a preferred open source EHR solution?

Answer 21: Preference is for tools that are Digital Public Goods or global goods.

Question 22

Are there specific SMART Guidelines and or FHIR IGs that should be considered initially?

Answer 22: Not at this stage; we would recommend that during the course of the project the functionality and base configurations are documented and if aligned to SMART guidelines/FHIR IGs then these are developed during the project and published.

Question 23

Are there Open HIE use cases prioritized to adopt?

Answer 23: Not at this stage. It is worth noting that Telemedicine tools should form part of a national Health Information Exchange and would be strongly encouraged to showcase their ability to leverage interoperability workflows.

Question 24

Are there specific SMART Guidelines that should be considered initially?

Answer 24: See Q/A 22.

Question 25

Is there a need to solve all the patient journeys within the developed Platform, or should it integrate with other legacy/standard solutions in place? E.g., pharmacy software, payment systems, etc.

Answer 25: Reusing existing tools is highly recommended.

Question 26

In the case of immunizations, is only registration required or is stock management also required?

Answer 26: The focus of this RFP is to facilitate remote care and telemedicine services.

Question 27

In the patient journey it is necessary to add the patient health portal?

Answer 27: It is encouraged to have a mechanism for patients to access the system.