



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: February 21, 2018

HSS 19 028

**TRAINING MEDICAL PROVIDERS TO UTILIZE THE TRAINING
IMMUNIZATION INFORMATION SYSTEM (IIS)
FOR
DIVISION OF PUBLIC HEALTH**

Date Due: March 28, 2019
11:00AM

ADDENDUM # 1

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE
MENTIONED BID.

Responses to questions received by the deadline of February 14, 2019
and asked at the pre-bid meeting February 21, 2019.

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**TRAINING MEDICAL PROVIDERS TO UTILIZE THE TRAINING
IMMUNIZATION INFORMATION SYSTEM (IIS)**

RFP HSS 19 028

Question and Answers

1. Are there 168 VFC provider sites?

Answer: Yes, 168 actively enrolled VFC provider sites

2. Is there a break down by county?

Answer: Kent County - 28, New Castle County - 92, Sussex County - 48

3. Are there multiple vendors or do you expect that the chosen vendor will be able to service the entire state?

Answer: The vendor will service the entire state.

4. Is there a preference for training format?

Answer: We are currently utilizing live webinar format and that has worked the best. We are open to other options if the vendor were to present a different approach such as on-site. Live webinar has provided the flexibility needed when working with many different provider sites, schedules and number of individuals being trained.

5. Is there written documentation or feedback surveys from the past users of how they may suggest the current training material may be improved?

Answer: We do collect post evaluation surveys that includes information regarding the training experience and comments.

6. Can vendors see the current training material?

Answer: No. The current training material contains proprietary information and will only be shared with the selected vendor.

7. The training is to provide to current users of this service. Are you actively enrolling more provider sites so that number could go up? Or is that a firm number?

Answer: The number of actively enrolled VFC provider sites fluctuates. The average for yearly enrollment and disenrollment is approximately 10-12 provider sites. This number depends on disenrollment. There are several reasons for disenrollment such as provider retirement, provider inactivity and provider non-compliant with requirements. CDC reported a 30% decrease in provider enrollment in 2017.

8. The proposal is for a full year?

Answer: Yes.

9. Is there a breakdown of which requirements are most difficult for providers? Is it using the system (IIS), reporting, etc.?

Answer: Reporting to DeIVAX (IIS) is mandatory in Delaware. All immunizations given to adults and children are to be reported to DeIVAX. The information can be reported by paper or electronically. Reporting to DeIVAX is listed on the VFC provider agreement that participating providers sign. The VFC program does randomly check reporting in DeIVAX before placing vaccine orders. Vaccine orders may be withheld until issues with reporting are resolved. This is the same for storage and handling issues as well. Vaccine storage and handling is the primary issue for non-compliance with VFC.

10. Are there preferences for the times established for trainings?

Answer: No, whatever works best for the provider's staff and is convenient for staff to attend the trainings.

11. Are you primarily focusing on coverage rates for the trainings?

Answer: Yes, specifically coverage rates and the IIS functionality that will increase coverage rates such as patient inactivation, reminder recall, missed opportunities and reporting immunization history.

12. Do the providers have a single point of contact that manage vaccines or are there different people within the office that have that responsibility?

Answer: Enrolled VFC providers are required to have a primary VFC contact and a secondary VFC contact. Those individuals can be a clinician or non-clinician. There may be additional people in the office that are responsible for reviewing coverage rates or establishing procedures and/or workflow that impact coverage rates. Those individuals may benefit from the training as well. The training is open to anyone in the provider's office that may benefit from the knowledge of the IIS functionality to improve coverage rates.

13. How do your coverage rates compare now to what they were 3 years ago?

Answer: IIS functionality provides a Master Rate Report which includes every active VFC provider and the coverage rates for each provider site as of the date of the report. The report is provided every 6 months, June 1st and December 1st of each year. The functionality was available in September 2017. We have master rate reports for each increment of time since the functionality has been available.

Program staff conducted an analysis of baseline coverage rates for providers who took the current training and implemented the functionality within their workflow. The majority of those sites saw an increase in their coverage rates at the time of feedback which occurred 3-6 months after the initial assessment of coverage rates.

Referencing the RFP Scope of Services #5 - Provide feedback and follow up to ensure education is enforced, the program would like to see the vendor reaching out to those sites trained to ensure usage of the reports functionality within the providers office or possibly re-training staff.

14. How often should the vendor report project status to the program? Including reports of providers utilizing the reports functionality in DeIVAX.

Answer: Monthly reporting is preferred.

15. Is the vendor expected to supplement the current site visits being conducted?

Answer: No, VFC/AFIX site visits are conducted by program staff.

16. Can the program provide data for a pre-assessment of the current coverage rates?

Answer: Yes, DeIVAX has the Master Rate Report that can be accessed at any time.

17. With the current training, is there any particular area you would like to upgrade or improve?

Answer: The program will make the reports training mandatory for providers with low coverage rates

18. Are there currently quick reference guides or training aids in place? Can they be shared?

Answer: Yes, we do currently have quick reference guides. Due to the ongoing enhancements to the IIS functionality, there is a need for review and edit of the quick reference guides on a regular basis depending on when the upgraded functionality is deployed into the IIS.

19. What is the timeline from the time of the RFP date to the time of implementation? The vendor would need time to become familiar with DeIVAX.

Answer: We are looking at the contract from this RFP starting 7/1/19. The Estimated Notification of Award is 4/15/19.

20. The RFP states multiple methods for training, i.e., via webinar, site visits. Are site visits expected?

Answer: Program staff conduct VFC/AFIX site visits annually. This type of site visit is for compliance only. It does not involve training on DeIVAX functionality. Live webinar is the method currently used but other training methods such as on-site training could be proposed.

21. Do you have any web-based training now?

Answer: No, not for DeIVAX functionality.

22. Is there a training site for DeIVAX?

Answer: Yes, but end-users in the provider's offices do not have access to the training site. The vendor would have access in order to become familiar with the functionality and to create and update training material. Once the user has taken the training and they pass the posttest, they are then granted access to the reports functionality in the production system of DeIVAX.

23. Out of the current 168 provider sites, is there a target?

Answer: The program has the capability to provide a Master Rate report that indicates low coverage rates for specific providers. There are several things taken into consideration when targeting providers such as reporting issues, patient populations, specific age co-horts and storage and handling issues.

24. Should any of the sites be prioritized?

Answer: The program can identify provider sites that are below a certain percentage to be targeted first.

Quality Insights is another vendor that is now conducting HPV education in the provider's offices for providers and staff. The DeIVAX Reports Training is one of the items discussed during the education. Quality Insights provides information about registering for the training and will inform program staff of potential training interest so the training can be coordinated.

25. Will the vendor be expected to partner with Quality Insights?

Answer: No, the program will coordinate communication from each vendor.

26. What are the expectations of the vendor if the provider is interested in the HPV education provided by Quality Insights?

Answer: The vendor should communicate that information to the program and the program will coordinate with Quality Insights.

27. Does the program dictate who takes the DeIVAX reports training?

Answer: No. The current training flyer describes who should take the training so the provider's staff has an idea of who should be included.