



# UNIVERSITY OF KENTUCKY

## Purchasing Division

### Written Questions and Answers

Lung Cancer Screening Application

RFP UK-2327-23

Closing Date: 03/22/2023

Today's Date: 03/09/2023

No	Question	Answer
1	<p>To calculate pricing as requested in section 8.0, we need the following questions answered:</p> <ul style="list-style-type: none"> <li>• How many patients are currently enrolled in UK Healthcare's Lung Cancer Screening Program?</li> <li>• Can you please provide the names of all facilities that we should consider for pricing in our proposal?</li> <li>• Across all facilities and all modalities, what was UK Healthcare's total radiology report volume in 2022 or over the last trackable 12 months (please include all facilities where this product will be used)?</li> <li>• Are all of the facilities on the same instance of Epic, or are there multiple EMR platforms from an integration perspective? If multiple, please provide detail.</li> </ul>	<ol style="list-style-type: none"> <li>1. Approximately 1200 patients are currently enrolled</li> <li>2. UK HealthCare Chandler &amp; UK HealthCare Good Samaritan Hospital should be included in your proposal</li> <li>3. Approximately 402,077 for Diagnostic Radiology. Interventional 10,039 and Mammography 24,197.</li> <li>4. All facilities, with respect to Lung Cancer Screening Program are on the same instance of Epic.</li> </ol>
2	<p>Section 4.8.1 states, "Offeror should supply names, addresses, and telephone numbers of up to one (3) reference sites." The "one" and the "(3)" are contradictory. We assume the request is for THREE reference sites and not just one. Please confirm.</p>	<p>Yes, it should be three (3) reference sites.</p>
3	<p>Please provide an approximate annual patient or case volume anticipated for the LCSP program.</p>	<p>Approximate <b>Annual</b> Patient Volume for LCSP in 2023 is 900-1000</p>

4	<p>Section 2.2 - Background Information - UK HealthCare Technical Landscape.  “Compatibility with the UKHC landscape is a key factor in determining a solution’s technical fitness with UK HealthCare.” Do you have a preference for the solution vendor to host their solution at UK private or public cloud datacenters?</p>	<p>Either option is acceptable assuming the implementation provides security and is performant. Cloud-based solutions may also provide opportunities to leverage cloud-native technologies that are not available in UKHC on-premises data centers.</p> <p>The proposal should denote whether the solution can be hosted in our private data centers or if a public cloud option is needed for key cloud-native technologies that are included in the design.</p>
5	<p>Section 2.2 - Background Information - UK HealthCare Technical Landscape.  “Compatibility with the UKHC landscape is a key factor in determining a solution’s technical fitness with UK HealthCare.” We plan to provide a SaaS/laaS solution that may not use the recommended standards and tools, but would meet the solution requirements and be compatible with, or meet/exceed, most standards and tools in use by UK. Please expand on how compatibility would be assessed for a cloud-based service solution.</p>	<p>The standards and tools in place at UKHC have been curated to ensure we are able to provide performant technologies, reduce our technical debt, and to meet our regulatory or statutory requirements for security.</p> <p>SaaS/laaS solutions will be assessed for their ability to ensure performance, while meeting our requirements for security. If UKHC is required to license or maintain additional third-party technologies or tools as part of the solution, we will also need to evaluate these requirements as part of the technical debt we would incur with the proposed solution.</p>
6	<p>Section 4.6 Criteria 2 – Services Defined – 2. In reference to Section 2.2 UK HealthCare Technical Landscape, a set of current reporting and analytics tools currently in use by UK, does UK prefer that reporting come from one of these tools (Tableau/PowerBI), or would you prefer that all reports come from the solution?</p>	<p>UKHC prefers solutions that include reports or dashboards that help meet the goals of the proposed solution. Typically, these are delivered through reports or dashboards included in the solution.</p> <p>We also have our own reporting services and solutions that provide access to data for UKHC customized reporting are favored. This helps us incorporate relevant data into our data warehouse and reporting repositories for inclusion with other enterprise reports or dashboards.</p>
7	<p>Are you looking for the Lung Screening solution to be on-prem or cloud hosted? Or would you like to see proposals for both?</p>	<p>We would like to see proposals for both options, including opportunities or limitations for each option.</p>

8	How many different clinics will be performing CT Lung Screening?	There is one Lung Cancer Screening Clinic. We can perform the CT Lung Cancer Screenings at two primary locations – UK HealthCare Pav G Gill and Pav S Good Samaritan. Each have 2 CT Scanners. There may be future sites added.																																				
9	How many studies does each location perform on an annual or monthly basis?	Currently all Lung Cancer Screening studies are performed at UKHC Pav G. Expansion to Pav S Good Samaritan is starting this month (March 2023)																																				
10	Are you looking for incidental findings tracking as well?	Yes, capabilities for management and follow-up of other 'incidental' findings should be described, but the primary consideration is for lung cancer screening.																																				
11	Would you prefer web or onsite training?	Hybrid options.																																				
12	Total number of Epic EHR instances to integrate with?	One (1)																																				
13	Total number of ACR Registries to migrate data from?	Two (2)																																				
14	Identify each PACs Imaging System	Change HealthCare																																				
15	Current monthly LDCTs volume	Unable to parse data to protocol level.																																				
16	Total CTs completed enterprise-wide over the last 12 months.	133,628 (Jan 1, 2022- Dec 31,2022)																																				
17	Volume for each of the CPT codes below over the last 12 months. (These are CT's that capture a portion of the lung):  <b>CPT Code Name</b>	<p>Note: 0 volume for 72130 and 73202 Data:01/01/2022-12/31/2022</p> <table border="1"> <thead> <tr> <th>Row Labels</th> <th>Count of Procedure Desc2</th> </tr> </thead> <tbody> <tr><td>71250</td><td>8399</td></tr> <tr><td>71260</td><td>9706</td></tr> <tr><td>71270</td><td>15</td></tr> <tr><td>71271</td><td>1000</td></tr> <tr><td>71275</td><td>9710</td></tr> <tr><td>72125</td><td>7095</td></tr> <tr><td>72126</td><td>182</td></tr> <tr><td>72127</td><td>1</td></tr> <tr><td>72128</td><td>4694</td></tr> <tr><td>72129</td><td>206</td></tr> <tr><td>72131</td><td>5420</td></tr> <tr><td>72132</td><td>304</td></tr> <tr><td>72133</td><td>4</td></tr> <tr><td>73200</td><td>782</td></tr> <tr><td>73201</td><td>313</td></tr> <tr><td>73206</td><td>155</td></tr> <tr><td>74150</td><td>188</td></tr> </tbody> </table>	Row Labels	Count of Procedure Desc2	71250	8399	71260	9706	71270	15	71271	1000	71275	9710	72125	7095	72126	182	72127	1	72128	4694	72129	206	72131	5420	72132	304	72133	4	73200	782	73201	313	73206	155	74150	188
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	<p>71250 Ct thorax dx c-</p> <p>71260 Ct thorax dx c+</p> <p>71270 Ct thorax dx c-/c+</p> <p>71271 Ct thorax lung cancer scr c-</p> <p>71275 Ct angiography chest</p> <p>72125 Ct neck spine w/o dye</p> <p>72126 Ct neck spine w/dye</p> <p>72127 Ct neck spine w/o &amp; w/dye</p> <p>72128 Ct chest spine w/o dye</p> <p>72129 Ct chest spine w/dye</p> <p>72130 Ct chest spine w/o &amp; w/dye</p> <p>72131 Ct lumbar spine w/o dye</p> <p>72132 Ct lumbar spine w/dye</p> <p>72133 Ct lumbar spine w/o &amp; w/dye</p> <p>73200 Ct upper extremity w/o dye</p> <p>73201 Ct upper extremity w/dye</p> <p>73202 Ct uppr extremity w/o&amp;w/dye</p> <p>73206 Ct angio upr extrm w/o&amp;w/dye</p> <p>74150 Ct abdomen w/o dye</p> <p>74160 Ct abdomen w/dye</p> <p>74170 Ct abdomen w/o &amp; w/dye</p> <p>74174 Ct angio abd&amp;pelv w/o&amp;w/dye</p> <p>74175 Ct angio abdom w/o &amp; w/dye</p> <p>74176 Ct abd &amp; pelvis</p> <p>74177 Ct abd &amp; pelv w/contrast</p> <p>74178 Ct abd &amp; pelv 1/&gt;regns</p> <p>75574 Ct angio hrt w/3d image</p> <p>75635 Ct angio abdominal arteries</p> <p>78815 PET image w/ct skull-thigh</p> <p>78816 PET image w/ct full body</p>	<p>74160 394</p> <p>74170 577</p> <p>74174 5498</p> <p>74175 79</p> <p>74176 7298</p> <p>74177 17540</p> <p>74178 981</p> <p>75574 917</p> <p>75635 910</p> <p>78815 2673</p> <p>78816 635</p> <p><b>Grand Total 85676</b></p>
18	<p>Can some more details be provided for question #10 in section 4.6?</p> <p>Question: Describe capabilities to federate or combine data from multiple hospital systems based on client preference.</p>	<p>EMR systems changed over June 5, 2021. Please list considerations for historical data migration/access.</p> <p>UKHC recently acquired King's Daughter Medical Center and is working to harmonize data between the existing data systems. We also anticipate there will be opportunities for UKHC to acquire or partner with other hospitals, ambulatory clinics, or</p>

		healthcare services. It is vital for us to understand how data from separate, but related hospital systems can be federated within your solution to determine if your solution can serve as a single shared service or if multiple instances would be required.
19	Would data from multiple hospitals be on the same EMR or different EMRs?	Our goal at UKHC is to maintain patient data for our various hospitals in a single EMR. However, as we acquire properties, we will have situations where data is in separate EMRs.
20	Would the MRNs be the same schema or different?	MRNS will be on the Same Schema
21	If you have multiple EMRs, is there an MPI across the EMRs	Yes