Electronic Death Registration

New York State Department of Health

Vital Records Section
Keynote Address

Brian Y. Scott

Director
Information Systems and Health Statistics Group
New York State Department of Health
Introductory Comments

Peter Carucci

Director, Vital Records Section
New York State Department of Health
Electronic Death Registration

- Why electronic death registration
- What are the benefits
- What are New York State’s plans
Why Electronic Death Registration?

- Timely Registration and Reporting
- Accurate and Complete Information
- Cost Savings through Process Efficiency
- Easier & More Secure than Managing Piles of Paper
Who Benefits?

- Decedent Family Members
- Funeral Directors
- Medical Certifiers
- Local Registrars
- NYS DOH
- County Health Departments
- Pandemic Monitoring Organizations
- Bio-Terrorism Monitoring Organizations
- National Center for Health Statistics
- New York State Organizations
- Federal Organizations (Social Security Administration, CDC)
RFP Review and Clarification

K. John Russell

Project Manager
CMA Consulting Services, Inc.
Introductory Comments

- Being recorded and transcribed.
- Review the RFP and provide clarifying information.
- www.health.state.ny.us/funding
  - Check often
  - Amendment 1 containing corrections
- Questions
  - 325 written questions
  - Questions during the conference
- Issues Not Addressed in the Presentation
  - Being reviewed
**Dates**

**RFP Cover Page**

- **4 Business Days**
  - We have allowed four business days between publication of formal written answers and submission of proposals.

- **Off-shore Development and Testing**
A: Introduction

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- Two Contracts
  - Bidding Restriction: one or the other, not both

- Project Timeframe
  - Early completion is acceptable: all requirements must be met
A.2: Important Bidding Information

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- Fixed Price Bids

- Technology Requirements
  - Alternative technology proposals will be considered non-compliant
  - Will not be considered

- SOA
C.1.1.2: Project Scope

- Iterative Development Cycle
- Beta and User Acceptance
- Final Candidate Cycle
- Live Pilot Program
- Review Diagram of Project

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C.1.1.4: Development Lifecycle

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- Measurable Progress
- Initial Phase/First Iteration
- Quality Criteria Per Iteration
- Final Candidate
- IVV Authority to Reject Iteration or Final Candidate
- User Centered Design
C.1.3.1: Working with an IVV

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- Role of the IVV
  - A note about software testing
  - IVV Authority

- Interactions Throughout the Development Lifecycle
  - (review diagram)
C.1.3.2: Software Quality Requirements

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- Areas of Software Quality Assessment
- Automation
- Quality Per Iteration and Final Candidate
C.2.9: Risk Assessment Reporting

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- IVV Software Quality Reporting
  - Software Reliability Report
  - Review Passing %s
  - Defect Discovery Rates
  - Open Issues

- Interactions with IVV and NYS DOH
C.1.6.1: System Performance

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- Variables
  - Throughput
  - User Load
  - Stability Over Time

- Network and Hardware

- How Performance Numbers were Determined
C.1.7.1: Ease of Use

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- Expectations
  - Intuitive
  - Not Confusing
  - Minimize or Eliminate Opportunity for Failure

- User-Centered Design
C.1.8.1: Core Technology Requirements

- J2EE/XML Web-based Solution
- IBM FileNet Enterprise Content Management
C.1.8.3: Software Licensing

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- Enterprise Licensing for Unlimited Users
  - Per-seat, Per-user, Per-workstation Licensing will be Rejected

- Standard IT Environment Technologies
C.1.9: Integration with Health Commerce System

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- What Is HCS?
  - Health Information Network
  - Health Alert Network
  - Health Provider Network

- What This Means for State-wide Users
C.1.10: Security

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- Importance of Security
  - Nature of Death Records

- Meetings with NYS DOH Chief Information Security Officer (CISO)

- CISO Interactions
  - Per iteration and final candidate cycle
  - Code management and Fortify360
C.1.11.4: Coding Requirements

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(not “programming” coding)

- Demographic Data Elements
  - Pre-populate Codes
C.1.12: Core Functional Requirements

- Highly Configurable
  - Configure users and roles
  - Configure access to capabilities
  - Configure access to data elements
  - Configure permissions
  - Configure screen displays
  - Configure processes
  - Configure actions

- Avoid Hard Coding Roles, IDs, and other
C.1.12.2: User Administration and Login

- Interaction with HCS
  - (as previously reviewed)

- User Login and Authentication
  - RSA Tokens for Authentication

- Easy Access to Signature Screen
  - Make it easy for signers/certifiers
C.1.12.11: Printing Permits

- Disposition and Disinterment Permits

- Configurable Printing
  - Local Printing
  - Central Office Printing

- Restricted Access
  - One Copy
  - No Blank Copies

- Cross-Registration District Coordination

- Ability for Disposition Facilities to Accept
C.1.12.13: Produce Copies

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- Watermarks for Printed Working Drafts
- Order Registered Copies
  - Place and Track Orders
- Credit Card Payment
  - Security of Credit Card Orders
  - Multiple options for delivering this capability
  - Final solution determined with selected vendor
C.1.12.18: View History

In Conjunction with C.1.10.7 Audit and Transaction Logging
- Ability to view detailed changes to any record (registered or not)

- Registered Record History

- Should be Easy and Intuitive View of Registered Record Versions
C.1.13.3: Notifications

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- Notification Facility w/in Health Commerce System

- Configurable
  - Automatic or Manual Notification
  - General Notifications
  - User-specific Notifications
C.1.13.6: Dropped to Paper Certificates

- **Dropped**
  - Personal *or* Medical Sections Signed (but not both)
  - Human-readable Bar Code

- **Abandoned**
  - Death certificate started, but neither personal nor medical sections will be signed (effectively a paper only certificate)

- **Picked-Up From Paper**
C.1.13.7: Back Office Integration

Critical Operational Interaction

- State File Number Assignment
- Data collection of personal information from paper records
- Medical information data entry and coding
- EDR data export to master death file
C.1.14: Beta and User Acceptance

- Beta and User Acceptance
  - Initiate upon NYS DOH authorization
  - Complete before final candidate cycle

- Internal *and* External Users
  - Three (3) counties (to be determined)

- Must Make Changes Based on Feedback
  - Not necessarily change orders
C.1.15: Pilot Implementation

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- Pilot Implementation
  - To take place after final candidate cycle, and final candidate acceptance
  - Initiate upon NYS DOH authorization
  - Six month timeframe

- Objectives
  - Enable Vital Records staff to operate
  - Prove system viability and readiness for state-wide use
  - Obtain data for future implementation activities

- Vital Records Staff
  - Required to operate fully upon initiation of pilot
  - All back office requirements must be in place
Training

- Beta and User Acceptance Training
  - p. 64: Interactive WebEx's and Webinars
  - Approximately 100 people

- Pilot Implementation Training
  - p. 68 minimum of 65 instructor-led training sessions; a maximum of 1,300 people trained
D.1: Development Vendor Proposals
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- Two Separate Sealed Envelopes/Packages
  - Cost Proposal and Administrative
  - Technical Proposal
    *(can be combined into a single delivered package)*

- Proposal Contents
  - Mandatory
  - Required
Implications for Payment Schedule

Dev Proposal Grand Total and the Bid Form Price

Cost of 3rd Party Tools In Your Solution

Standard IT Environment Technologies

Hourly Labor Rates
  - Correlate provided titles to your titles as appropriate
D.1.2: Technical Proposal

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- Project Information
  - (review items)

- Project Staffing
  - (review items)

- Solution Technology
  - (review items)
D.3.4: Eliminations

1. Mandatory Minimum Requirements
2. Minimum Passing Security Score
3. Minimum Passing Technical Score
4. Mathematically Unable to Win
E.4: Submission of Proposals

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- Send or Deliver to Address Provided
- Do NOT email Proposals or Associated Materials
E.7.1: Payment Schedule
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- Solution Development
  - Iterations + Beta + Final Candidate Cycle
  - Payment Per Iteration
  - Hold-Back of 25%
  - Balance Upon Acceptance of Final Candidate
- Payment Reductions
  - 5% of Total Solution Deliverable Amount

- Pilot
- Training Materials and Documentation
- Additional Training Sessions
- Change Orders
Questions?