

Request for Proposals 0804-001: External Service Providers (IT Services)
Section I: Statement of Work

A. Background

The Travis County Healthcare District ("District"), created pursuant to Chapter 281 of the Texas Health and Safety Code, is a limited-purpose taxing district responsible for providing, or arranging for the provision of, healthcare services to indigent Travis County residents. Upon creation of the District, in addition to the tax base, the District received ownership of and responsibility for Brackenridge Hospital, Austin Women's Hospital, and 15 Community Health Centers (CHCs) that are currently operated by the City of Austin Community Care Services Department (CCSD) through a contractual arrangement. Currently, the District does not provide any direct healthcare services but rather contracts with third parties to provide those services.

The District owns limited technology infrastructure except for desktop PCs and printers. The network and telecommunications infrastructure used by the District, as well as that used by the CHCs, is provided by the City of Austin through its Communications and Technology Management (CTM) Department. CTM further manages and maintains all District/CHC application servers and storage equipment in the City's data center.

In March 2009, the CHCs will transition from the City into a new organization, a District affiliated, 501(c)(3) non-profit. At the time of transition, the District must have both acquired and built the infrastructure to support its needs as well as those of the CHCs (501(c)(3)).

In addition, the District is also working in collaboration with another 501(c)(3) non-profit, Centex Systems Support Services (CSSS), which will require the infrastructure to support the implementation of a standardized Electronic Medical Record/Practice Management (EMR/PM) system for its users. The EMR/PM will allow various members of the CSSS to share patient information. Both the District and the CHCs are current members of the CSSS, but not users.

Additional information regarding these entities and the current technology and management environment is found in the appendices listed in Section IV and provided as separate documents in the RFP.

B. Project Description/Scope

The District/CHCs require IT functionality capable of meeting evolving needs, which have arisen due to increasing demands for community healthcare services and information. Therefore, the District seeks an External Services Provider (ESP) with strong capabilities and experience in partnering with complex public-sector and healthcare organizations. The selected ESP will provide the resources and expertise necessary to support the District/CHC infrastructure needs. **Note:** *For ease of reading, throughout the remainder of the document, the District/CHC will jointly be referred to as "Client". References to the District indicate that this is the organization responsible for issuing and awarding the contract.*

As a member of the CSSS and a funding source to many of the entities within the CSSS, the District desires to leverage its resources to achieve economies in scale. Therefore, the District also seeks an ESP that will be flexible and agree potentially to enter into a separate contractual arrangement with the CSSS and/or any entity ("user") that has a contract with the CSSS to receive services at a future date, offering the contract pricing/services resulting from the award

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this RFP by the District. Any such arrangement will be negotiated separately by the selected ESP and the individual entity (e.g. CSSS).

The scope of this procurement is a full-service solution for all infrastructure components and services typically associated with turnkey IT solutions. The minimum primary categories of infrastructure services include:

- Networking and communications (voice and data communications)
- Data center, server, and storage management
- Service desk and desktop support

Ideally, the ESP will also provide ancillary infrastructure services such as:

- Local break/fix service for second- and third-tier troubleshooting of issues
- E-mail services
- Software procurement and license management
- Workstation lease and rollout management
- Equipment transportation services
- Internet and intranet hosting services

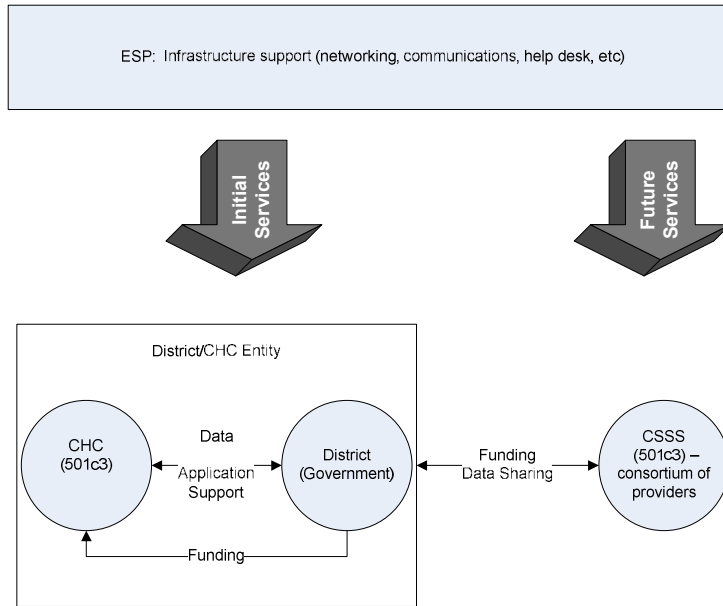
The expected outcomes of proposed ESP solutions include:

- Reliable/fail safe systems that are operational during all business hours (see **Appendix 1** for hours of operation);
- A scalable infrastructure that can grow to meet increasing community healthcare needs;
- A flexible infrastructure built of modular, upgradeable components to maximize operational efficiency through the consolidation of services;
- An infrastructure that facilitates data sharing across de-centralized sites throughout the City of Austin, Travis County, and Williamson County (CSSS-future).
- Responsive systems that provide users with a robust infrastructure environment to support patient care;
- Recoverable data with solutions that have built-in redundancy to minimize disruption to business and healthcare operations;
- Technology solutions that can streamline operational and business processes, increasing staff efficiency and effectiveness to deliver healthcare services.

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Figure 1 depicts the relationships among the entities described in the statement of work.

Figure 1: Relationships with External Services Provider



C. Project Objectives and Critical Success Factors

1. Partnership and Communication:

As noted earlier, the Client seeks an ESP with strong capabilities and experience in outsourcing, and partnering with large, complex, public-sector and healthcare organizations. The partnership formed as a result of this process will be founded upon open communications and the Client expects full answers to Proposal questions and encourages its ESP candidates to propose alternatives that are in the best mutual interest of both parties.

2. Outsourcing Relationship:

The District is considering two models for the complete delivery of services outlined in the RFP: a single source provider model and a multi-provider model. The preferred relationship model is a single ESP. In the single source provider model, the ESP may solely provide the services or partner with other vendors, as appropriate, to ensure that best-of-breed services are provided in all service areas while still complying with the District’s Contract Terms and Conditions. In this model, the ESP will act as the “prime” and have the sole responsibility of providing a high-level of systems integration and facilitation among sub-contractors (if the ESP is not providing all services internally), including both technical infrastructure and systems administration.

In the multi-provider model, the soliciting entities (Client) may either assume administration duties or may negotiate with other ESPs to perform these duties.

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To ensure a long-term partnership, an arrangement must be developed to protect the interests of both parties, while providing the flexibility to handle unforeseen situations that arise in the future.

3. *Optimal Use of Existing IT Resources:*

The Client has considerable investments in existing equipment and systems. Consistent with the partnership philosophy expressed in item 1, ESPs are expected to consider maximum use of existing Client IT resources in any proposed solutions.

4. *Transition Requirements/Timelines*

The Client needs to maintain current levels of technical functionality on day one of the transition, with no disruption to key systems and/or functions. Therefore, the Client desires solutions that will allow all systems to be functional no later than March 1, 2009 in the new environment. The Proposer(s) is encouraged to identify solutions that will allow phased transition of systems/organizations earlier than March 2009. There are two key periods for this contract: the transition project period (from contract award through March 1, 2009) and the post-transition period (after March 1, 2009).

5. *Security and Confidentiality:*

As a healthcare entity, private and confidential health data are collected and stored that are subject to special statutory protection and must be compliant with the Health Insurance Portability and Accountability Act (HIPAA). These data are owned by the specific entity (e.g. Client, CSSS user, etc.). The selected ESP will provide secure, modern solutions that allow these data items to be safeguarded, yet shared within the CHCs and throughout the safety net of healthcare providers who are part of the CSSS collaborative.

6. *Length of Contract Commitment:*

The District, as the funding entity, intends to enter into a three-year contract for services for the Client with an option to extend the term for four additional one-year renewal terms. As part of the proposal, ESPs should address the relative advantages and disadvantages of this contracting arrangement, and its effect on pricing.

7. *Performance Measures and Accountability:*

The Client intends to manage and monitor this project and subsequent services through the use of measurable Service Level Agreements (SLAs) as outlined in Section II d.6. (Business Requirements, Service Level Agreements).