**. Strength—**(TEP, pg. 23, RTEP Instructions B.1.4) The Offeror proposes to include a patient discovery request in the off chance that a patient with an appointment has not been correlated to the eHealth Exchange. The patient discovery request will establish correlations with external partners that have previously seen this Veteran patient. This will then allow the Exchange system to download any documentation related to prior medical visits with partners, assuring that the VA has all the information available on a patient at the time of his/her appointment, resulting in better care for the Veteran.

**2. Strength** – (TEP, pg. 13, RTEP Instructions B.1.2) The Offeror proposes to track all artifacts and deliverables on a Project Portal designed to monitor complete and timely submissions triggered by PWS indicated delivery dates. The PWS lists the required deliverables and timeframes but does not discuss how the Offeror must manage delivery to the Government. The use of this Offeror supplied portal will ensure tracking of all deliverables by established deadlines and provide a central repository for all generated artifacts. This lowers the risk that the Government will not receive a deliverable on time, reducing the chance that the project will miss milestones and enhance overall project success.

**3. Strength** – (TEP pg. 24, RTEP Instructions B.1.4) The Offeror proposes to utilize parallel Sprint cycles to provide faster delivery of development efforts. Parallel sprints can also act as an early indicator that a portion of the development is off schedule, allowing for correction before a milestone is missed. This is a benefit to the Government as it lowers the risk that milestones will be missed and increases the chances that product delivery will be on or ahead of schedule.

**4. Strength** – (TEP pg. 22, RTEP Instructions B.1.4) The Offeror proposes to fulfill document queries and retrievals using two different methods; retrieving the document from the eHealth Exchange and storing in the cache, or retrieving from the cache, depending on whether the documents are in cache from the nightly download. This assures that the documents are available at the point of care and provide the Government with a high probability that the most recent documents are available at the time of patient treatment. Currently a document query is done through a single query method and if the external partner does not respond in a timely manner the system assumes that there are no documents available. A simple implementation of pre-fetch would be the same type of query, making the assumption that if nothing is returned then there are no documents available. The Offeror’s approach takes this a step farther, initiating an additional request for documents at the time of patient treatment if there are no documents in the cache. The Offeror’s proposed approach will help insure that the patient medical information necessary to ensure the best care possible to the Veteran is provided at the point of care.

**1. Strength** – (TEP, pg. 22, RTEP Instructions B.1.4)Offeror A proposes an Agile software development methodology to deploy incremental capabilities allowing them to respond to the rapidly changing user requirements. The Offeror describes this as Sprint cycles that are two weeks long. Offeror A further proposes that six (6) sprints will be deployed in each release cycle and will provide a software release every three months, exceeding PMAS requirements. Additionally, the Offeror proposes to perform testing as the product is developed, ensuring all requirements are met and a functioning package is delivered at the end of the sprint. The overall benefit to the Government is faster software delivery, more software developed in a shorter amount of time, and overall improved Veteran care.

**2. Strength** – (TEP, pg. 27, RTEP Instructions B.1.4) The Offeror proposes to implement an only-if-newer parameter in the request handling components, returning only data that is newer than the data the client has already retrieved. This will help ensure that the clinician seeing the patient will have the most up to date information available, improving the overall care received by the Veteran. The overall benefit to the Government is an improved user experience for the clinician and Veteran which in turn leads to more use of the system by clinicians; thus increasing the success of the Program and better care for Veterans.

**3**. **Strength**– (TEP, pg. 27, RTEP Instructions B.1.4) The Offeror proposes to separate network activities involved with the pre-fetch list creation from the pre-fetch itself, allowing the administrator to configure activity times separately. This solution provides a very flexible approach towards customizing pre-fetch data pulls, allowing for changing peak user traffic on the system. The overall benefit to the Government is the ability to change data pull times to meet new user traffic patterns, which in turn improves overall system responsiveness.

**4. Strength** – (TEP, pg. 30, RTEP Instructions B.1.4) The Offeror proposes to utilize Medical Domain Objects (MDO) to decrease the scope and scale of providing consolidated normalized data to existing applications. The consolidated normalized data can then be converted internally into one or more desired formats. This will allow other applications to use the data gathered from the Pre-Fetch software system without lengthy or convoluted conversion processes. Use of MDO will also provide the ability for future additional system integrations such as Meadows (MDWS) or other medical systems, if the VA so desires in the future, providing good flexibility to expand or enhance the system.

**5. Strength** – (TEP, pg. 28, RTEP Instructions B.1.4) The Offeror proposes to use parallel connections configurable by the system administrator to retrieve data from any given data source. This configuration doubles the speed, increasing the rate at which the data is retrieved and increases the probability to well below the seven (7) second requirement. This is done in conjunction with using the existing system component configurations and security. The method proposed provides the Government with a solution that is scalable and provides the best possible response times for patient data retrieval.

**1. Strength** – (TEP, pg. 16, RTEP Instructions B.1.4) The Offeror, as part of the pre-fetch solution, proposes to determine whether a VA scheduled patient is currently correlated with external partners, and if not, performs the necessary steps to correlate the patient with external partners so that data can be retrieved from them rather than indicating that the patient is unknown. This ensures that any external patient data will be available to VA clinicians at the time of patient appointment. As described in the PWS, pre-fetch would attempt to retrieve data only and would not attempt to correlate a patient if the partner system did not have the patient correlated. This will assure that all the data from partner organizations is available to VA clinicians at the point of care, improving the care received by the Veteran.

**2. Strength** – (TEP, pg. 16, RTEP Instructions B.1.4) The Offeror proposes to add a mechanism to the pre-fetch solution that will identify updated external partner documents that were retrieved by the nightly pre-fetch and update them in the data cache. As described in the PWS, the system would pull data for VA patients the night before their appointment. The system described by the Offeror includes an additional check at the time of appointment to verify that the data cache has all the documents available. This part of the system would be able to catch and retrieve any additional visits for the patient that occurred between the pre-fetch pull and the actual appointment, such as an emergency room visit. This will enable the VA clinician seeing the patient to have the most up to date medical information from the partners, improving the care received by the Veteran.