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| **T4 TECHNICAL EVALUATION FORM – FIRM FIXED PRICE & TIME-AND-MATERIALS** | | |
| T4 Number  T4-0250 | Task Title  VistA Adaptive Maintenance | |
| Name of Offeror  Offeror A | | Date of Proposal  August 17, 2017 |
| **1. Technical Evaluation Criteria:**  TECHNICAL: The evaluation of the technical proposal considered the following:  (1) Understanding of the Problem – The Technical Volume of the Task Execution Plan (TEP) was evaluated to determine the extent to which it demonstrates a clear understanding of all features involved in solving the problems and meeting and/or exceeding the requirements presented in the task and the extent to which uncertainties are identified and resolutions proposed.  (2) Feasibility of Approach –The Technical Volume was evaluated to determine the extent to which the proposed approach is workable and the end results achievable. The Technical Volume was evaluated to determine the level of confidence provided the Government with respect to the Offeror’s methods and approach in successfully meeting and/or exceeding the requirements in a timely manner.  **2. Proposal Summary:**  The Offeror provided a technical and management approach to conducting Agile Planning through Release and Deployment Support by applying a Veteran-Focused Integration Process (VIP)-Centric Scrum implementation of Agile methodology and use Test-Driven Development (TDD) in conjunction with it.  The Offeror’s response described its technical and management approach to the problem identified in the Performance Work Statement (PWS). The proposal describes how the Offeror would implement an integrated, micro-services architecture to compartmentalize common web services functionalities.” This “micro-services architecture” consists of modification of current production VistA Massachusetts General Hospital Utility Multi-Programming System (MUMPS) and Computerized Patient Record System (CPRS) Delphi code, and addition of an Entity File to the VistA FileMan database, which is in turn wrapped as “micro-services.” The Offeror’s response also described the means by which they will employ automated testing. Finally, the Offeror’s response outlines the staffing level of effort (LOE) by labor category and also the proposed role of the staffing resource.  The Offeror has proposed to team with three (3) subcontractors.  After review of the entire proposal, it was determined that the Offeror’s approach contained the Weaknesses and Deficiencies detailed below. The remainder of the VistA Adaptive requirements was adequately addressed.  **3. Summary of Significant Strengths and Strengths:**  None  **4. Summary of Significant Weaknesses and Weaknesses:**  **Significant Weakness #1 – (Task Execution Plan (TEP) p7, Section 2.1, Exhibit 7, Request for TEP (RTEP) Instruction B.1.1.a)** The Offeror proposes to use FileMan logical path analysis currently provided by Remote Procedure Calls (RPCs) and MUMPS logic, which fails to provide an approach to the FileMan data modeling required. **(WHAT is proposed)** Because there is no description of FileMan Data modeling of each of the 131 VistAs, variations in local VistA will not be identified, exposed or supported.  **(WHY this is a weakness)** Without the execution of FileMan data modeling on all VistA instances, a single common data model cannot be created to support Veterans Integrated Care Services (VICS). Current localized functionality cannot be supported without inclusion of local FileMan data models backwards compatible to the common centralized data model. VICS is intended to provide backward and forward compatibility between VistA and a commercial Electronic Health Record (EHR). Without ensuring local data models are reconciled with a common data model, the VICS will not meet the requirement for backward compatibility. (**IMPACT)** Statement  **5. Summary of Deficiencies**:  **Deficiency #1 (TEP pp6-8 and pp9-10, Sections 2.1 and 2.2, RTEP Instruction B.1.1.g and B1.2.g):** The Offeror demonstrated a lack of understanding of the intended final solution as explicitly described in PWS Section 1.0, Background, and as further emphasized in RTEP Instruction D.1.g, which states that, among other requirements, the “final solution has no legacy MUMPS dependencies.” **(WHAT is proposed)** The Offeror proposed an approach that required the modification to/enhancement of MUMPS code and the addition of an entity file to the FileMan database and then wrapping the legacy code (rather than emulating in Javascript/Node.js as required) which locks their solution into the legacy MUMPS technology stack. The Offeror mis-states how Node.js services are utilized, indicating a misunderstanding of the intended technology desired to emulate the legacy code as a new service. By modifying the legacy MUMPS code, the Offeror does not centralize the service off of VistA and cannot achieve backwards compatibility if the legacy code has been modified. A critical outcome of this project is demonstration of the ability to replicate Outpatient Pharmacy Computerized Physician Entry (CPOE) and VA patient data entry (PDE) functionality independent of VistA and MUMPS. This ensures that application functionality is clearly understood and implemented correctly to meet the required “forward compatibility.” It also ensures that an interface to a commercial EHR can be correctly specified as a centralized service without dependency on the legacy MUMPS code. Reusing existing MUMPS code hides critical implementation details and invalidates any claim that functionality is documented, implemented correctly and forward compatible. **(WHY this is a weakness)** The lack of understanding of the VA’s requirements for the emulation of PDE and CPOE requirements would enlarge VA’s reliance on MUMPS (as opposed to decreasing these dependencies) thus increasing the risk to successful migration to a cloud-based, commercial EHR. The failure to emulate the PDE and CPOE requirements and instead maintaining reliance on VistA MUMPS fails the most important criteria of the final solution in being legacy MUMPS independent. (**IMPACT)** Statement)    **Deficiency #2 (TEP pp8-10, Section 2.1, RTEP Instruction B.1.1.g):** The Offeror demonstrates a failure to understand the objective of the intended solution by proposing changes to the CPRS Delphi code (Pg 10, Exhibit 13 of response). **(WHAT is proposed)** The PWS requires that there shall be no change to CPRS or VPR clients or code. The solution objective is to provide forward and backward compatibility for CPRS by adding an emulation layer enabling CPRS to communicate to either legacy VistA or a new commercial service - with no change to CPRS. **(WHY this is a weakness)** Simply stated, the solution isn’t backwards compatible with CPRS if it requires changes to CPRS to work, and thus the approach is not feasible. As this is a core objective of the solution, the approach represents a clear risk of unsuccessful contract performance. (**IMPACT)** Statement)    **6. Special Terms and Conditions / Deviation / Critical Assumptions stated in TEP:**  None  **7. Evaluation Criteria:**  **a. Understanding of the Problem**  Overall the Offeror demonstrates a X understanding of the requirements.  **b. Feasibility of Approach**  Overall the Offeror demonstrates an approach that is considered X feasible and is considered X risk.  **8. Rating:**  Unacceptable - A TEP that contains a major error(s), omission(s) or deficiency(ies) that indicates a lack of understanding of the problems or an approach that cannot be expected to meet requirements or involves a very high risk; and none of these conditions can be corrected without a major rewrite or revision of the TEP. | | **Technical Rating:**  **Unacceptable** |
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| **Evaluator Signature**  *Only one signature should be provided even if multiple technical evaluators participated. The lead technical evaluator should sign and date the technical reports.* | | **Date** |
| **Rafael M. Richards, MD MS, Physician Informaticist, U.S. Department of Veterans Affairs** | | |

*Contract Evaluation Form Rev 2.0 CAI 22 May 2009*