|  |  |  |
| --- | --- | --- |
| **T4 TECHNICAL EVALUATION FORM – FIRM FIXED PRICE & TIME-AND-MATERIALS** | | |
| T4 Number  T4-0250 | Task Title  VistA Adaptive Maintenance | |
| Name of Offeror  Offeror B | | 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:**  **Example:**  The Offeror provided a technical and management approach to developing a service layer to emulate Computerized Patient Record System (CPRS) Remote Procedure Calls (RPCs) that builds upon the work of the VistA Data Project. The proposal describes how the Offeror will utilize their extensive knowledge and lessons learned from both CPRS usage and Massachusetts General Hospital Utility Multi-Programming System (MUMPS) programming for RPCs relative to scheduling and orders management to decipher the RPC business logic and document the business rules, which includes the reverse engineering of the Computerized Pharmacy Order Entry (CPOE) application in CPRS. The Offeror’s response described the technical and management solution to the problem identified in the Performance Work Statement (PWS). The response also includes a discussion on the Offeror’s approach to the node.js environment, in which they state their intent to utilize InterSystems’ add-on module to expose VistA’s data operationalized as a single, secure, symmetric read-write server-side interface to all underlying data for external interfacing and integration and described their intent to automate as much of the testing as possible, indicating their experience in a variety of automated testing frameworks. Finally, the proposal outlines the staffing levels by labor category and contract function and the hours proposed for each as referenced by prime and subcontractor.  The Offeror has proposed to team with 1 subcontractor.  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 Maintenance requirements was adequately addressed.  **3. Summary of Significant Strengths and Strengths:**  None  **4. Summary of Significant Weaknesses and Weaknesses:**  **Significant Weakness #1 (TEP p4, Section 2.1, RTEP Instructions D.1.a):** The Offeror’s approach included a “Javascript based approach” using the InterSystems Cache add-on module for Node.js. According to the Offeror, this InterSystems add-on module “can expose VistA’s data as a single, secure, symmetric read-write, server-side interface to all underlying data.” The Offeror provided an example of how this InterSystems Node.js module would provide “MUMPS emulation using a Javascript/Node.js-driven model-driven replacement.” **(WHAT is proposed)** The Offeror’s response indicates a failure to understand that Node.js is simply a Javascript run-time environment (e.g., “plumbing” in that a Java Runtime Environment (JRE) is a software package that contains what is required to run a Java program) and has no functionality beyond this. Specifically, it is not an off-the-shelf, “model-driven MUMPS emulator” as is assumed in this response and which is a custom development requirement of the project. If such a commercially-available, proven product were available in the VistA MUMPS environment, there would be no need for this Request for Technical Execution Plan (RTEP). **(WHY this is a weakness)** The Offeror’s proposed approach fails to address the problem of how to create the model-driven, MUMPS emulation, which is the foundation of this RTEP, which places the Government at risk of successful completion of this project and increases the risk to successful migration to a cloud-based, commercial Electronic Health Record (EHR).  **(IMPACT) Statement)**  **Significant Weakness #2 (TEP p.4, Section 2.1, RTEP Instructions D.1.a):** The Offeror’s approach to distinguishing VA-specific from generic healthcare patterns is stated solely as reliant on the analysis and documentation of CPRS workflows related to the specified VICS. It states that “CPRS encapsulates all the VA-specific workflows necessary for clinical delivery.” **(WHAT is proposed)** The Offeror’s response does not indicate a good understanding of VA-specific workflows, as there are many critical workflows based on prompt and scroll VistA packages which do not utilize CPRS. The Pharmacy package, for which the Pharmacy Computerized Physician Order Entry (CPOE) requirements are elaborated in the Performance Work Statement (PWS) requirements of this RTEP is one example of a prompt and scroll user interface, which does not utilize CPRS. **(WHY this is a weakness)** The Offeror’s response indicates a failure to understand the full scope of workflow requirements required to successfully distinguish VA-specific from generic healthcare patterns so as to identify all affected business processes functioning in RPCs for the Pharmacy CPOE. Following this approach, important functionality used to fill prescriptions and administer medications – and other functionality - would be missing from VICS. This places the Government at risk of successful completion of this project and increases the risk to successful migration to a cloud-based, commercial Electronic Health Record (EHR).  **5. Summary of Deficiencies**:  **Deficiency #1** **(TEP p3, Section 2.1, RTEP Instructions D.1.a):** The Offeror indicated its intent to build on the work done through the VistA data project in which it did not participate at the prime or subcontractor level. The Offeror’s response contains verbatim, unmodified copies of text and figures (figure 2 and figure 5) from the public VistA Data Project website and slideware previously submitted to the government. The Offeror utilized materials produced and made publicly available relative to the VistA data project in its approach, but demonstrated a lack of understanding of the complex factors involved in the application of the Master VistA Data Model (MVDM) to the requirements of the solicited VistA Adaptive Maintenance project. **(WHAT is proposed)** The Offeror stated that “MVDM creates a ‘universal’ data model that each VistA conforms to,” which implies that MVDM creates itself, rather than describing specifically how it would use MVDM to create a standardized FileMan data model for use by the 131 VistA systems. In addition, the Offeror failed to understand and apply the open source concepts to which it got access whereby neither the figures provided, nor the text supporting them, make mention of technical approaches capable of providing backwards synchronization required to enable the final solution to be legacy VistA/MUMPS independent or to demonstrate a solution indicative of centralized Veteran Integrated Care Services (VICS). Since these technical issues were not addressed in the architecture or the text to indicate an approach to develop a service layer to emulate CPRS RPCs for the referenced clinical functions, a complete solution was impossible to assess. **(WHY this is a weakness)** The lack of understanding of the VA’s requirements for the emulation of VA patient data entry (PDE) and Pharmacy Computerized Physician Entry (CPOE) requirements would promulgate the VA’s reliance on MUMPS as opposed to decreasing these dependencies, thus increasing the risk to successful migration to a cloud-based, commercial Electronic Health Record (EHR). The Offeror’s proposal indicates a failure to emulate the PDE and CPOE requirements, which instead maintains reliance on VistA MUMPS and fails the most important criteria of the final solution in being legacy MUMPS independent. **(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** |
|  | |  |
| **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, enter your title here** | | |

*Contract Evaluation Form Rev 2.0 CAI 22 May 2009*