ISSUING DEPARTMENT INPUT DOCUMENT
CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION

☐ New ☐ OTR ☐ Sole Source ☑ Bid Waiver ☐ Emergency Previous Contract/Project No.

☐ Contract Re-Bid ☐ Other – LIVING WAGE APPLIES: ☐ YES ☐ NO

Requisition No./Project No.: BW-10253 TERM OF CONTRACT 2 YEAR(S) WITH YEAR(S) OTR

Requisition /Project Title: Mobile Telehealth Service and Support Agreement

Description: This contract will provide MDFR the opportunity to provide telehealth services for individuals that do not require to go to the Emergency Department.

Issuing Department: Internal Services Contact Person: Brandon Nealey Phone: 305-375-4884

Estimate Cost/Value: $245,000

	GENERAL	FEDERAL	OTHER
Funding Source:			x

ANALYSIS

Commodity Codes: 92090

Contract/Project History of previous purchases three (3) years

Check here ☐ if this is a new contract/purchase with no previous history.

	EXISTING	2ND YEAR	3RD YEAR
Contractor:			
Small Business Enterprise:			
Contract Value:			

Comments:

Continued on another page (s): ☐ YES ☐ NO

RECOMMENDATIONS

	Set-Aside	Subcontractor Goal	Bid Preference	Selection Factor
SBE				

Basis of Recommendation:

Signed: Brandon Nealey Date sent to SBD: 8/31/2022

	Date returned to SPD:

MARKET RESEARCH

Contract No.: New	**Recommendation:**
Title: Telehealth Software	☐ Exercise Option to Renew (OTR) ☒ Non-Competitive Acquisition ☐ Solicit Competition ☐ Access Contract ☐ Other
Procurement Contracting Officer: Brandon Nealey	

Background:
The purpose of this market research is to determine the best means to procure Telehealth Software for the Miami-Dade Fire Rescue (MDFR) Department. In addition, to providing fire-rescue services to the citizens of Miami-Dade County (County), MDFR also provides emergency medical services (EMS). MDFR Fire and Medical Operation provide the most efficient and professional response to the broadest range of emergency incidents by making every unit and its crew capable of initiating lifesaving action at an emergency. All fire suppression vehicles are equipped to respond to medical emergencies with firefighters who are also emergency medical responders. All medical rescue transport vehicles carry specialized equipment enabling paramedic firefighter crewmembers to support suppression efforts or conduct search and rescue activities at any fire incident. MDFR rescue services also include aero-medical transport to trauma centers and other medical facilities for incidents that involve sever trauma.

The Centers for Medicare & Medicaid Services (CMS) implemented the Emergency Triage, Treat, and Transport (ET3) Model under Section 1115A of the Social Security Act, which permits the CMS, through the Center for Medicare and Medical Innovation, to assess flexible payment and service delivery models that have the capability to reduce the cost associated Medicare, Medicaid, or the Children's Health Insurance Program (CHIP), while maintaining or exceeding the quality of care for Medicare, Medicaid, or CHIP recipients. The ET3 Model is a payment model that was devised to reduce the limitations imposed on ambulance care providers to provide emergency healthcare needs involving citizens that may be recipients of Medicare Fee-for Service following a 911 call.

The CMS issued a Notice of Funding Opportunity (NOFO) of up to $34 million over the course of the next two years for local and state governments to expand emergency and non-emergency medical triage services. MDFR is a recipient and participant of the CMS grant and is looking to invest in a telehealth software solution that would meet the requirements established by the ET3 Model. The intent of this program is to (1) transport to an alternate destination and (2) treatment in place provided to Medicare recipients following a 9-1-1 call, will reduce preventable transports of Medicare recipients to emergency departments and/or utilization of other covered services.

Traditionally, when dealing with Medicare and Medicaid recipients, Medicare only pays for emergency ground ambulance services when beneficiaries are transported to certain types of medical facilities, which is most likely a hospital's emergency department (ED). This stipulation within Medicare typically incentivizes ambulance services to transport all beneficiaries to the ED, when there may be other appropriate means to provide to the beneficiary. The intent of the ET3 Model is to ensure that beneficiaries have access to quality care, while also creating a payment structure that incentives value.

Telehealth services can be provided in many different variations; however, there are four predominant categories ins which telehealth in provided in today's medical industry. Each method has its own benefit and can assist help the medical professional in accommodating the needs of their patients. The four predominant categories that exist today include:

1. Live Video-Conferencing – This is the most recognized form of telehealth, which is a live two-way video-based conference that is conducted between the patient and the medical professional. This form of telehealth is widely utilized by physicians in hospitals and physicians that operate their own private practice. The predominant benefit of utilizing live video-conferencing is it eliminates the need to commute and it assist in bringing healthcare to rural areas that don't' have as many healthcare options as urban areas.

2. Asynchronous Video – this method utilizes electronic delivery of a patient's medical history outside of real-time. This method is predominantly utilized in rural areas when the medical professional need to consult with a medical specialist in another location. The predominant benefit of Asynchronous Video is it brings medical specialist to areas that have restricted access to healthcare.

3. Remote Patient Monitoring (RPM) – This method is predominately utilized for senior citizens or in areas with large senior population. The focus of this method is the collection of a patient's health data from one location that is then electronically transmitted to a medical professional for monitoring and review. The predominant benefit of this method is in senior living areas, which assist medical professionals in monitoring the vitals of elderly patients who may be more susceptible to health issues.

4. Mobile Health (mHealth) – This method utilizes smart devices, and health-based software apps developed specifically to bring healthcare professionals closer to patients. Currently, there are numerous health-based applications that can monitor a variety of health conditions from a diabetic patient's blood sugar level to one's daily water intake. These health-based software apps were specifically designed to promote healthier lifestyles and behaviors, and has the functionality to integrate with a patient's personal health records, creating a unique ecosystem for the patient and the healthcare provider.

Currently, there are is not a contracts in place that would provide the products and services that are being requested by MDFR. Adequate research will need to be conducted in order to assess the market and determine the best procurement method to purchase the products and services being requested.

Research Conducted:
Although telehealth services may seem like new phenomenon for many, it is a service that has been around for decades. However, it has only received recognition through the COVID-19 Pandemic, as many healthcare providers turned to alternative methods of providing healthcare services to patients in a safe and secure manner. The actual concept and practice of utilizing telecommunication technology to remotely diagnose and treat patients has been round for over a century.

In 1840 the electric telegraph was invented, which point-to-point messaging system that allowed for communication over long distances. The electric telegraph would be utilized from the 1840's until the late 20th century, as newer technologies started to become available. One of the first major occurrences of telecommunications for medical use was during the Civil War when upward of 15,000 miles of telegraph cable was laid. With the introduction of electric telegraph it allowed for medical supplies and transmit casualty reports. In order to provide this service in the battlefield it was not uncommon for a telegraph wagon to be stationed behind the frontline, which would allow for communication and information to be transmitted to and from the battlefield as needed. The Internet has allowed scientist and healthcare professional transmit larger quantities of data over longer distances, simplified the process of sending, receiving and managing data, and cost savings.

In 1876, the telephone was introduced, and was quickly adopted and utilized by medical professionals. Based on articles that were published in the late 19th-century medical journals, the use of the of the telephone communications was utilized to reduce the need of unnecessary office visits.

As technology has advanced over the years, with radio communication, television, and the internet, it has significantly advanced the use of telecommunications. One of the first telehealth efforts that would utilize radio communications was performed in Australia in 1928. The Arial Medical Service (AMS), founded by Reverend John Flynn, utilized telegraph, radio, and airplanes to provide treatment to remote areas of the country. AMS is considered to be one of the first organizations to address limited geographical access by utilizing telecommunications technology. By the 1950's the developments of the television had advanced to the point where visual telecommunication was a viable option for healthcare professionals to interact with patients. During this time period the Nebraska Psychiatric Institute began using closed0circuit television to remotely monitor patients. By 1959 the Institute began providing additional telemedicine services at Norfolk State Hospital, which included: long-term therapy, consultation-liaison psychiatry, and medical student. While telephones, radio communications, and television were major advancements in telemedicine, the introduction of the Internet completely transformed telemedicine.

Market Availability
With the expansion of technology and the COVID-19 Pandemic, healthcare professionals had to rely on alterative means in order to provide medical care. As a result there was a huge serge in telehealth request. It is estimated that in the first quarter in 2020 telehealth services increased by upward of 50%. This also meant a huge surge of tech companies looking to capitalize on this new serge in the medical industry. Based on an internet search the following companies provide Telehealth Software: Spruce Health, OhMD, Whereby, Mend, Updox, Teladoc, NextGen Healthcare, etc.

While the services being requested by MDFR are readily available in the market, they are a participant in ET3 Model and must conform to the requirements that were established by CMS. These requirements stipulate the following:

Medicare Part B pays for covered telehealth services included on the telehealth list only when furnished by an interactive telecommunications system, defined as a "multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system."

Based on the requirements stipulated the providing vendor must have the capabilities of providing all associated audio and video equipment permitting two-way, real-time interactive communication. Although there are various companies that can provide access to telehealth services, not all vendors provide the associated software and hardware. For example, some companies provide services through an app that can be downloaded on through a link that is provided by a healthcare provider.

One of the few companies that includes all associated hardware and software and hardware is Specialty Telehealth Services (STS).

Comparable Contracts:
Based on the research that was conducted there are no comparable projects that would meet the needs of the County.

Recommendation:
Based on the research that was conducted, it would be in the best interest of the County to proceed with a non-competitive Bid Waiver with STS. As part of the requirements to participate in the ET3 Model agencies that intend on utilizing a telehealth software must comply requirements stipulated. The performance period for ET3 Model is stipulated below. Currently, the program is in Performance Year 2 and has three years remaining. A competitive solicitation would not be beneficial at this time, as the process could take well over a year to award and the ET3 Model program will be near conclusion. This would be a disservice to the citizens of the County, as they would not receive the benefit of receiving care based on best method.

Performance Year 1: January 1, 2021 through December 31, 2021
Performance Year 2: January 1, 2022 through December 31, 2022
Performance Year 3: January 1, 2023 through December 31, 2023
Performance Year 4: January 1, 2024 through December 31, 2024
Performance Year 5: January 1, 2025 through December 31, 2025

Procurement Contracting Officer: _____ Date: _____