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Place du Portage, Phase III

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11 Laurier St./11, rue Laurier

Gatineau

K1A 0S5

Bid Fax: (819) 997-9776

**SOLICITATION AMENDMENT
MODIFICATION DE L'INVITATION**

The referenced document is hereby revised; unless otherwise
indicated, all other terms and conditions of the Solicitation
remain the same.

Ce document est par la présente révisé; sauf indication contraire,
les modalités de l'invitation demeurent les mêmes.

Comments - Commentaires

Vendor/Firm Name and Address

Raison sociale et adresse du
fournisseur/de l'entrepreneur

Issuing Office - Bureau de distribution

Business Transformation and Systems Integration
Service/Division de transformation des opérations et
d'intégrat

Special Procurement Initiative Dir

Dir. des initiatives spéciales

d'approvisionnement

Terrasses de la Chaudière 4th Floor

10 Wellington Street

Gatineau

Québec

K1A 0S5

Title - Sujet RFI EHRP - DDR PDSE Request for Information EHRP - Demande de renseignements PDSE	
Solicitation No. - N° de l'invitation W6369-210257/A	Amendment No. - N° modif. 004
Client Reference No. - N° de référence du client 6000534572	Date 2021-05-07
GETS Reference No. - N° de référence de SEAG PW-\$\$XE-685-39378	
File No. - N° de dossier 685xe.W6369-210257	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM Eastern Daylight Saving Time EDT on - le 2021-05-28 Heure Avancée de l'Est HAE	
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Ferrier, Heather	Buyer Id - Id de l'acheteur 685xe
Telephone No. - N° de téléphone (613) 408-0259 ()	FAX No. - N° de FAX () -
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction:	

Instructions: See Herein

Instructions: Voir aux présentes

Delivery Required - Livraison exigée	Delivery Offered - Livraison proposée
Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur	
Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur	
Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)	
Signature	Date

SOLICITATION AMENDMENT 004

This Solicitation Amendment is issued to provide Questions and Answers 18 through 23 regarding the RFI W6369-210257/A.

TRACKING LOG OF INDUSTRY QUESTIONS AND ANSWERS PROVIDED TO DATE:

Q#	QUESTIONS	ANSWERS
18	On page 13 in paragraph 4 it details "tightly integrated virtual care support" Q: Are they talking about the ability to do video conferencing between patients & clinicians? - also entailed in Annex D	Yes. Telehealth interactions would be for both encounters between clinicians and patients and for consults between clinicians and other clinicians (such as specialists) in accordance with Annex D, HLR 2, Item 2.4 (a) and (b). Such telehealth interactions would ideally encompass several different modalities: video, telephone, email and text messaging.
19	On page 13 in paragraph 4 it details "sharing information between CAF, NATO allies and Provinces/Territories". Q: Is this meaning real-time sharing of data, bidirectional such as interfaces, or an ad-hoc style, ie: only when requested and one way initiation? Would the external parties require user accounts and only access to specific subsets of information?	Both, depending on the situation and the solution that NATO implements. External parties would only have access to our EHR if they were working under our Command in our installations or were extended the solution via MOU (this would most certainly only be in the most rare of instances).
20	The EHRP must provide secure Internet access from anywhere in the world for all users. Appendix D 1.3 Q: Would whitelisting/blacklisting as part of a defense in depth approach be an option to exclude certain IP blocks from accessibility, ie: Russia, China, or would those restrictions potentially prevent users from utilizing the system?	The EHRP, as a component of the Canadian military defence IT infrastructure, would be subject to the same access controls as other defence systems, as noted in Item 1.2. Rather than DND and PSPC specifying detailed security considerations in the RFI such as whitelisting and DDOS protection, amongst many other measures, DND and PSPC request that respondents to this RFI suggest security measures that they assess would be appropriate to both the DND security environment and the overall system architecture that the respondent is proposing.
21	Can you please provide the following annual metrics: a. Number of surgical procedures b. Number of mental health visits and number of behavioural health physicians c. Number of prescriptions dispensed d. Number of social worker visits e. Number of lab tests performed f. Number of diagnostic imaging procedures g. Number of other visits	a. <u>Number of surgical procedures.</u> "DND/CAF do not operate hospitals and operating rooms. Minor procedures such as laceration suturing, lesion excision, joint injections, and nerve blocks are carried out in DND/CAF clinics but no surgical procedures, such as those requiring an operating room, are carried out."

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	<p>b. <u>Number of mental health visits and number of behavioural health physicians.</u> "Approximately 116,000 mental health appointments occur per year, across approximately 400 clinicians (psychiatrists, psychologists, social workers, mental health nurses, and addictions counsellors). This does not take into account mental health related clinical encounters that occur with primary care clinicians such as with family doctors, nurse practitioners, and physicians assistants."</p> <p>c. <u>Number of prescriptions dispensed.</u> – "600,000 prescriptions are dispensed in DND/CAF pharmacies annually, with a further approximately 90,000 dispensed to patients through pharmacies external to DND/CAF."</p> <p>d. <u>Number of social worker visits.</u> "Included in the total of number of mental health appointments are approximately 55,000 clinical encounters with social workers per year."</p> <p>e. <u>Number of lab tests performed.</u> "Approximately 1.003 million lab tests occur per year. This number does not indicate the number of blood work draws, however. For example, a lab requisition for liver transaminases AST and ALT counts as two lab tests in the total quoted."</p> <p>f. <u>Number of diagnostic imaging procedures.</u> "Approximately 52,000 diagnostic imaging tests are performed annually in DND/CAF clinics (consisting of X-rays primarily, but also some CT and ultrasounds, which are carried out in those few clinics equipped accordingly)."</p> <p>g. <u>Number of other visits.</u> "Other than mental health appointments, there are approximately 498,000 medical appointments per year across DND/CAF clinics. Note that the majority of these visits are encounters with primary care</p>
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		providers providing family medicine and occupational medicine care.”
22	For the Annex B One on One attendees form, may we add additional rows to the table to reflect the all attendees we would like to be included?	The rows contained in Table 1 - One-on-One Consultations Participant List do not represent an exhaustive list of participants for the one-on-one consultations. As such, interested suppliers may add rows to cover additional participants as required. However, interested suppliers are encouraged to designate a single representative at the consultation to streamline the flow of questions from their own participants.
23	In relationship to this process, we were wondering if we would be allowed to have more than the four individuals listed in this table above?	The rows contained in Table 1 - One-on-One Consultations Participant List do not represent an exhaustive list of participants for the one-on-one consultations. As such, interested suppliers may add rows to cover additional participants as required. However, interested suppliers are encouraged to designate a single representative at the consultation to streamline the flow of questions from their own participants.