

ENVIRONMENTAL PUBLIC HEALTH TRACKING NETWORK
SECTION OF ENVIRONMENTAL EPIDEMIOLOGY AND TOXICOLOGY
OFFICE OF PUBLIC HEALTH
DEPARTMENT OF HEALTH AND HOSPITALS
RFP # 305PUR-DHHRFP-EPHT-OPH
Proposal Due Date/Time: May 23, 2011, 4:00 PM CST

RFP questions:

1. What will the load frequency be for the data warehouse? Daily, weekly, monthly, etc...
The load frequency is dependent on requirements and will be determined during data warehouse design. We are expecting that most data sets, if not all, will be loaded annually.
2. Will the SSAS cube processing take place immediately after the periodic data loads or at some other interval?
The usual options apply: following cube build, loads, and following script or structural changes.
3. How many external data sources are going to be used for this project? Are all data sources from the same vendor?
We are expecting 2 external data sources. No, all data sources are not from the same vendor.
4. How will DHH obtain the data from these external systems, and what is the level of communication with external vendors? Will DHH setup the communications link for the external data sources (such as FTP, email, etc...)? What is the format of the external data sources (CSV, Oracle, Open Source, etc...)
See Task 13
5. How many internal data sources are going to be used for this project?
Eight- Hospitalization (asthma, acute myocardial infarction), Childhood Blood Lead, Air Quality, Reproductive health& Birth Outcomes, Birth Defects, Cancer, Drinking Water, Carbon monoxide.
6. Has a DHH representative been identified for assistance in verification of HIPAA database compliance? Are any of the current DHH systems certified as HIPAA compliant? If so, how will this affect hardware and software requirements for the project?
DHH IT, Contractor, and Project Manager are responsible for maintaining data security on this project. Data owners will decide to provide HIPAA data or aggregated data. See Attachment III. It is unknown whether other DHH systems are certified as HIPAA compliant.
7. If data issues in the source systems are identified during the Data Profiling Phase of this project, will modifications to the current systems take place by DHH, or will this be handled by the ETL process?
At the source, if possible, by ETL if not.
8. How large is the current DHH Data Warehouse and how will re-design to the current dimensional model be handled when issues (use of surrogate keys, valid record flags, date stamps, and other audit type columns) arise during the initial Data Profiling and during the ETL development phase?
The contractor will implement standards and best practices and will be expected to ensure a solid design and issue management process.
9. How does the current DHH Data Warehouse handle Change Data Capture process? (SSIS, Hash-Keys, other...)
Also, how are Slowly Changing Dimensions handled in the current DHH Data Warehouse? (SCD Types 1 & 2) Is there a current system for logging and handling errors during the ETL processing?
The contractor will determine and recommend the best approach, technique, and model based on initial assessment of requirements and current system. See Task 12.
10. Does the budget for this project support multiple servers for the development, test and production environments?
Yes
11. How many Data Marts are in the current model and what is the reason for using Data Marts?
The use of Data Marts, cubes, and the Dimensional Model will be identified in the design process. See Task 12.
12. Does DHH have staff that will be dedicated to the project on a full-time, daily basis, or will this be in addition to current daily work tasks?
Both
13. What is the working environment setup for this project? (Work areas for how many consultants, meeting rooms, network access...)

See Section D under 'Staffing Requirements/Qualifications'

14. Have the key stakeholders been identified for this project at DHH? Has there been time allotted for the Executive level interviews required in order to define the business processes that will be the basis of the DHH Data Warehouse?
Yes to both questions
15. Will DHH be implementing Microsoft Team Foundation Server in order to store SSIS packages, stored procedures, documents and other project related data?
Yes
16. On page 28, the RFP states that there are 3,000 hours available for support over the length of the 3-year contract. It also states that these hours are not to be used until after the warranty period has been met. Are these hours available only during the original contract or are they meant to be used after the original project is completed? If they are to be used during the original 3-year contract, can DHH please provide some examples of how they anticipate these hours will be spent?
Hours can be used for maintenance and support not included in the scope of the current contract deliverables. Also, hours can be used to fix any issues found after the warranty period.
17. On pages 39 and 40, the RFP states that the response should "Demonstrate an understanding of, and ability to implement, the various types of organizational strategies to be integrated within the day to day operations which are critical in organizing their functioning and maximizing productivity." What types of organizational strategies are DHH referring to? Does this refer to how the vendor's team will coordinate with DHH resources, and how the project tasks will flow with DHH's day-to-day operations?
Yes, coordination with DHH and other contractor resources, an understanding of how the project aligns with DHH and DHH IT strategy and the soft skills required to contribute to the success of the project.
18. Is there currently in place the infrastructure and technology to create a secure VPN between DHH and the CDC? Is this secure tunnel already in place? If not, will there be any issues getting this tunnel created?
DHH has the mechanisms in place and has successfully transferred data to CDC. See Objective 4 and Task 14.
19. Is there documentation or procedures that contain roles and security that have to be applied to each subset of data? Has this already been considered and if so is there documentation explaining what roles will have access to each dimension?
No
20. Considering that there is already a logical model in existence, would it be possible to acquire the documentation that describes the individual KPIs and the explanations of each dimension, measure, input and outputs that relate to each of the KPIs?
The contractor is required to create the logical data model. See Task 6.
21. Does DHH have a data diagram explaining which fields are needed and the data types that are assigned to each field? If this diagram exists, can DHH provide it?
No. Refer to the National EPHT Program site <http://www.cdc.gov/nceh/tracking>
22. CDC's portal lists the existence of some dimensions and measures that already include data from Louisiana. Where is this current data derived and who is currently handling the processing and transfers?
Nationally derived and housed in CDC (cancer, lead, vital statistics data) and EPA (air data). Data sets are provided to either EPHT or CDC by the data owner.
23. Is there a current process for the collection of the required data for the LEPHTN project or is that a completely new process? If there is an existing process, what is that process? Does all of the necessary data exist? If so, does it reside in a data repository?
No
24. What is the Louisiana Technical Network Implementation Plan?
This is the plan used to guide Louisiana's EPHT Network development. As a living document, it is maintained and updated as information is gathered, assessments are completed, experience is acquired, and the network components are implemented.
25. What are the PHIN – Preparedness Cross Functional Components?
The CDC Public Health Information Network. See <http://www.cdc.gov/phin/index.html>
26. One of the tasks defined in the RFP is to assess and rate LATNIP implementation success in annual report cards. What information will the annual report cards be based on?

See Appendix V

27. What is the process for capturing the input data for all the different NCDM categories for the tracking network? Will this information all be input by an administrator, or will there be some type of process where files are received?

The EPHT data team requests the data from the data owner, and applies the how to guide and data dictionary (provided by CDC) in order to develop indicators and aggregate data. Then, data will be transported to the CDC Tracking Program in accordance with acceptable practices ensuring the protection, confidentiality, and integrity of the data contents. The preferred format for data received is XML validated against XML schema developed for the particular dataset and made available to the data steward or Tracking Grantee. The Tracking Program supports two transport mechanisms for receiving data: 1) Public Health Information Network Messaging System (PHIN MS); and 2) Secure Data Network Secure File Upload (SDN SFU).

PHINMS is the CDC's Public Health Information Network (PHIN)-compliant solution for secure and reliable communications and is the preferred method of communications. PHINMS currently requires installation of client software and a SDN certificate. Detailed information on installing PHINMS can be found in the PHINMS Quick Guide. SDN SFU provides a second option for the transporting of data to the Tracking Network. It is a Web application that does not require any software installation but does require a SDN certificate. Detailed instructions and technical assistance are available. If a data steward is unable to transport data via PHINMS or SDN SFU, other arrangements will be made for secure data transportation.

28. When the RFP refers to gaps in data, what does this mean? Can an example be provided?

For example, a report requires filtering by age group and the source does not include age group data.

29. On Task 12.4 of the RFP, what does DHH mean by optimizing existing Data Marts and the Data Warehouse schema? Please provide a more detailed explanation or examples.

Assessment activities often reveal opportunities for utilizing optimization techniques. Data Marts may need to be refined to optimize performance, for example.

30. On Task 12 of the RFP, what data warehouse standards and compliance rules are DHH referring to? Where is this documentation located? Also, what does DHH mean by secure data access? SQL Server, Windows Server, Database level, SharePoint security?

Ensure that the servers, databases, and database objects all are within compliance with DHH IT Security policy HIPAA, and CDC security requirements. Work with the DHH database team to utilize the security features in SQL Server 2008 R2 to enforce policy based management, control exposure to threats, etc.

31. On Task 12.3 of the RFP, what does DHH consider a Data Warehouse Functional model? Would this be a diagram of the framework used for data warehouse design, development, implementation, and maintenance? Please provide examples or clarify in more detail.

This will come from the functional requirements and will provide information from the contractor's data warehouse expertise, the assessment results, and the contractor's understanding of the requirements.

32. On Tasks 16.3 & 16.4 of the RPF, is DHH asking for a list of technologies that will be used to implement these deliverables? Step by Step documentation on how to carry out these procedures in SQL Server? For 16.4, is DHH asking for a recommended list of groups and roles to implement in SQL Server and how to use the Windows Authentication integrated security mode?

The contractor will work with the DHH IT database team for these tasks as database administration will determine usage of DDL to build out the physical database. DDL will provide for the database structures such as the partitions and the DCL may be used by database administrators to establish security.

33. To provide secure access to restricted data on the LEPHT portal, will users be given VPN accounts or must all external user access be handled through a publicly addressable URL?

VPN accounts will not be used for secure access to restricted data on the portal.

34. What user roles will require the ability to use tools to interact with data? What is the functionality required for the tool made available to these users?

Power User, Report Analyst, Data Analyst, Research Analyst, etc. A web based tool, such as PowerPivot and for those with access to download, desktop applications, such as Excel, PowerPivot. Some levels of interaction will utilize the standard SharePoint 2010 and SQL Server 2008 R2 functionality. See the CDC EPHT site and link to other state sites for examples.

35. Does DHH currently own licensing for SharePoint web parts for ArcGIS, ESRI, and SAS? If not, does DHH plan to purchase licensing for web parts to support all users of the EPHT solution?

DHH will have all licensing needed to meet the requirements for the project.

36. The ability to search public and secure portal metadata is noted. Will it be required that data of the EPHT portal be indexed (and made searchable)?

Yes

37. What authentication methods/types are required or not allowed for the EPHT portal interfaces (public and secure)?

The contractor will determine and recommend the best authentication method that meets CDC requirements for secure portal access.