Request for Applications

Medicolegal Death Investigation FHIR Implementation Collaborative (MDI FIC)

RFA Issued on January 11, 2023

Due Date: February 6, 2023, by 11:59 Eastern Time

Responses to Questions

Supplemental Q&A Released on January 25, 2023

This Supplement addresses questions submitted during the inquiry period from **January 11 to January 19, 2023.**

Please note that only communication received in writing from the RFA Contact on behalf of the CDC Foundation shall serve to supplement, amend, or alter in any way, this RFA released by the CDC Foundation. Any other communication is not binding and should not be relied upon by any party in interpreting or responding to this RFA.

For a copy of this Supplement or the Request for Applications, please go to:

Request for Applications

Questions and Answers

Q1: It appears the project close date is June of 2023. We would need to work with our IT department to schedule project time such as bridging between our database system and EDRS. Is there a timeline for implementation of proposed projects?

> **A1:** As stated on page 4 of the RFA, this collaborative will be funded through July 31, 2023. We ask that MDI offices work diligently during the funding period to develop data flow process maps and start to understand, develop and test Fast Healthcare Interoperability Resources (FHIR) for their proposed project. We understand that MDI offices will have different implementation timelines based on staffing, partnerships, etc. While we do not expect full implementation at the end of the project, we will expect that funded MDI offices fully participated in the design and testing collaborative. We do not have a specific timeline for when MDI offices should be able to implement a FHIR-enabled data exchange. As part of the project, we ask that all MDI offices provide a six-month action plan for continuation of activities after this collaboration ends.

Q2: What specifically do you mean by "use cases" in the following statement: Provide use case(s) to support creation of process maps for data flows between MDI offices and data share partners.

> **A2:** Use cases in this context describe the data exchanges between an MDI office and another data sharing partner. During this collaborative, each MDI office will create a process map to document the data flow of their use case. One example use case is: the process of data exchange from an electronic case management system (CMS) to electronic death registration system (EDRS). In other words, how are the death certificates filled out and signed in an MDI office. Another use case would be the process of data exchange from the toxicology laboratory to an electronic CMS.

Q3: Is the current budget $100,000 allocated to this pilot?

> **A3:** The $100,000 budget should specifically be allocated to personnel, data sharing partner contracts, vendor contracts, equipment, travel, etc. that are necessary for supporting the MDI offices in implementing the work required of this project.

Q4: Can funds be used to obtain a new MDI with FHIR connectivity? We have an electronic MDI with very limited functionality (cannot add any interfaces or connections). We are interested in using funds to implement a new MDI with FHIR interfaces.

> **A4:** No, funds cannot be used to obtain a new electronic CMS with FHIR connectivity. Due to the short time frame of this collaborative, MDI offices must have and use an electronic CMS, either commercial or internally developed, that is already fully functioning.

Q5: Is the FHIR Accelerator Team's [GTRI] budget outside of any funds provided to our MDI office for this potential grant from the CDC Foundation?

> **A5:** Yes, the cost of technical support provided to MDI offices by GTRI should not be included in an applicant's budget. GTRI is under contract to provide one-on-one and group technical assistance as described above. While GTRI will be available for support, they are not available to MDI offices for actual development work. Their title is not "FHIR Accelerator Team."

Q6: It says "MDI offices" but it doesn't mention the vendor awardee can you please clarify?

> **A6:** As stated on page 5 of the RFA, the eligibility requirements for this funding state that the applicant must have an MDI affiliation (e.g. Agency with the authority to perform medicolegal death investigations or is a public agency/organization that provides regionalized integration of C/ME Offices). Vendors are not eligible to apply for this award funding. However, the MDI offices awarded this funding may provide funding to electronic CMS vendors and/or data sharing partner vendors that will be working collaboratively with them on MDI FIC.

Q7: It says [if] "FHIR is already enabled by the applicant MDI office"[...] did some of the offices already have adopted [sic] FHIR data exchange?

> **A7:** Yes, there are some "early adopter" MDI offices that have already tested and implemented FHIR with one data sharing partner. In those cases, the MDI offices are only eligible for this funding if they are enhancing existing data exchange (e.g. bi-directional data flow, additional flows such as amendments) or establishing a new data sharing partner for which FHIR-enabled data exchange has not yet been established.

Q8: If we have an existing CMS and interoperability capabilities, will we be required to collaborate with other CMS vendors (as indicated in Project Expectations #2)?

> **A8:** There is no expectation for cross-jurisdictional data exchange in this RFA (e.g. between MDI offices). There is an expectation for selected MDI offices to help identify common data flows and processes that occur to MDI offices (e.g. toxicology to CMS) or from MDI offices (e.g. CMS to EDRS) or to support MDI office data needs in other ways

with their existing electronic CMS. The work is to help build the guidance documents and tooling for later adopters.

Q9: Outside of the data interoperability needs, is the CDC Foundation looking for MDI offices to provide reporting functions or surface those from our existing tools (if already deployed)? (for example: reporting MDI dataset views, downloads by user/timeframe, etc.)

> **A9:** The CDC Foundation may ask MDI offices to choose metrics for evaluation such as data quality, amendment rate, entry time, in order to identify improvements related to FHIR implementation. The requirement to use CMS reporting functions or tools will not be mandated by CDC Foundation.

Q10: Is the expectation that the selected MDI offices will collaborate with the CDC as initial adopters to define/refine data flow, process and reporting services cross jurisdiction?

> **A10:** There is no expectation for cross-jurisdictional data exchange in this RFA (e.g. between MDI offices). There is an expectation for MDI offices to help identify common data flows and processes that occur to MDI offices (e.g. toxicology to CMS) or from MDI offices (e.g. CMS to EDRS) or to support MDI office data needs in other ways. The work is to help build the guidance documents and tooling for later adopters.

Q11: Is the FHIR Accelerator Team [GTRI] or the CDC providing any non-technical or process development support? (particularly for potential collaboration across different MDI offices)

> **A11:** See Q5. Yes, CDC Foundation will convene monthly collaborative cohort calls and monthly check-in calls. These calls will be used to review progress, challenges and lessons learned.

Q12: How is the FHIR Accelerator Team (GTRI) expected to interact with our office?

> **A12:** See Q5. GTRI's role in this project is to provide technical assistance to the MDI office during virtual, monthly all-site, regularly scheduled office hours, and one-on-one assistance. GTRI is supporting the MDI FIC and MDI offices will not need to provide funds from their budget to work with GTRI.

Q13: Is there a perceived data flow or process already in place for exchange of MDI data using the proposed FHIR MDI services with other MDI offices or other agencies?

> **A13:** No, CDCF does not presume what data flows MDI offices currently have, such as between one MDI office and another data sharing partner. This RFA only asks that the MDI office pilot the use of FHIR-enabled interoperability in one of their current data flows whether the flow is currently electronic (e.g. import/export) or even a more human involved data flow.

Q14: Are there any downstream public health or vital statistics systems (such as Naphsis's STEVE) that CDC is planning to share this FHIR MDI data with? Will they have representation on this project?

> **A14:** CDC has support for data modernization for the MDI offices as a high-level goal. CDC currently does not exchange data directly with any MDI office. Only the data flows that each MDI office has currently will be included in this project, while systems such as NAPHSIS's STEVE will continue working downstream between state EDRS and other public health systems.

Q15: If selected and successful with this initial FHIR MDI adoption, what is the CDC's (or CDC Foundation's) vision about longer-term support for the partner MDI offices and modernizing MDI reporting cross jurisdictions and at the federal level?

> **A15:** CDC has supported efforts for data modernization for the MDI offices in the past and has data modernization as a high-level goal. The type of support will be provided in the future is dependent on upcoming federal budgets.

Q16: Once the pilot is delivered successfully, is CDC Foundation planning to expand the scope of work?

> **A16:** At this time, we are only working on this one effort to test and demonstrate the utility of data modernization.

Q17: The RFA mentions that a consultant is concurrently being sought to develop and lead the MDI FIC… can you elaborate on this? What area of expertise will this consultant serve?

> **A17:** The CDC Foundation is still assessing and developing the scope of work. When finalized it will be posted here.

Q18: Is the CDC expecting our MDI office to use the FHIR MDI v1.0.0 spec (as published here: http://hl7.org/fhir/us/mdi/)? Are there any additional mortality FHIR profiles or resources that are not published here?

> **A18:** Yes, the FHIR spec mentioned is required for use. No other FHIR Implementation Guides should be necessary. However, in the work that MDI offices conduct, they might identify changes and/or additions to the MDI FHIR IG that need to be implemented. These changes to the FHIR spec are anticipated and the technical team supporting the MDI FIC will work to support the revisions to the Implementation Guide as identified by the funded MDI offices.

Q19: Is the FHIR Accelerator [GTRI] providing a cloud based FHIR server as an accelerator option for the purposes of this project? Will they also provide a Docker image for us to locally deploy should we wish to do so?

A19: See Q5. Yes, GTRI has tools available for demonstration and training purposes. They will not be providing the tools as final products for MDI offices to use. However, the tools are open sourced, and full sources are available in GitHub (https://github.com/MortalityReporting/). The tools (including FHIR server) can be built and deployed in the local environment.

Q20: Is the FHIR Accelerator team [GTRI] providing any infrastructure or APIs to cryptographically proof source of data or validate usage and exchange of MDI data cross jurisdictions? If so please describe implementation options and related costs.

A20: See Q5. GTRI is providing Raven as an open-source, proof-of-concept platform to serves as a reference for implementation and to provide testing tools for interoperability between CMS and other external actors. No other tooling or services should be expected to be provided.

Q21: Is the Raven testing tool and reference implementation guaranteed to be maintained by the FHIR Accelerator [GTRI] for reliable testing during this project?

A21: See Q5. Yes, the technical support staff at GTRI will maintain the Raven testing tool and reference implementation during this project. However, as the MDI FIC participants identify IG changes that are then made by the IG developer, there will be periods in which Raven, the reference implementation, will need development to incorporate those IG changes.

Q22: Does the local office need to use the full FHIR spec as implied on the diagram on page 3 of the Request for Application? Our interpretation is that--where it already exists through our current CMS--we can leverage our existing MDI data interoperability functions that transform relevant CMS data to machine-readable, FHIR ready resources, and use the FHIR MDI spec for interoperability with other MDI offices or CDC or other federal agencies.

A22: The diagram on page 3 is presented as a diagram of an example pathway for FHIR implementation. Another data exchange workflow that is not currently FHIR-enabled would be a potential use case for the MDI office to target, as long as the data sharing partner agrees to participate in this project.

Q23: Are all existing code supporting the FHIR MDI APIs open source and listed on the project's Github site? https://github.com/MortalityReporting

A23: Yes, all existing code supporting the FHIR MDI APIs are open source and listed on the project's Github site. GTRI will be supporting MDI offices in implementing code for their use case.

Q24: Is it a safe assumption that the specific implementation of the FHIR MDI spec that we choose (for instance choice of programming languages) is entirely up to our own MDI office needs and ability to support with our staff or contractors long-term?

A24: Yes, we intend to provide technical support; however, MDI offices should be aware that some choices, such as choice of programming language may limit our ability to do so. We primarily work in Java with some support for .NET.