



Doctors Without Borders / Médecins Sans Frontières (MSF) Canada

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Telemedicine Case Management

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Request For Proposal (RFP)

January 9, 2024

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INTRODUCTION TO THE ORGANIZATION

BACKGROUND

Doctors Without Borders/Médecins Sans Frontières (MSF) is an international emergency medical humanitarian organization founded by doctors and journalists in 1971. Our teams go where people's needs are greatest to provide neutral, impartial, and independent emergency healthcare to people affected by disaster, disease, conflict and exclusion. MSF also bears witness, amplifying patient and staff experiences and speaking out to bring abuses and intolerable situations to the public eye. Around 63,000 people work for MSF in operations in over 70 countries, and in operational centres and national offices in 26 countries.

MSF Canada's vision is to be a vital enabler of MSF's social mission and a catalyst for MSF-wide transformation. MSF Canada sends Canadian contracted staff to our projects, increases its financial contribution to MSF's social mission year on year, and actively engages with Canadian society and government for awareness, support and advocacy purposes. MSF Canada also runs several projects that enable our social mission and serve all operational centres: (1) the Transformational Investment Capacity; (2) the Telemedicine program; (3) the Sharing Incident Memory and Mitigation project; and (4) the Climate Environment and Health initiative.

TELEMEDICINE

The Telemedicine (TM) Program breaks down geographic barriers by providing secure solutions to healthcare professionals across MSF that enable clinical collaboration and offer more equitable, accessible, and quality patient care. Our objectives include empowering MSF healthcare professionals, accelerating response times for improved health outcomes, and reducing isolation of MSF project staff. More information on our website: <https://telemhub.org/>

SERVICES

Case Management

A secure case management platform that provides healthcare professionals in MSF projects access to expert clinical and medical advice on a case-by-case basis. The workflow involves asynchronous text & file exchanges only.

Secure Messaging

A secure messaging application that facilitates sharing of sensitive information and files amongst MSF staff through instant messages. The application is available via mobile and web.

Clinical Case Discussions

A secure video calling service that enables clinical and medical discussions amongst healthcare professionals in real-time. This service is available as an add-on to the case management service.

RFP DESCRIPTION

OBJECTIVE OF THE PROJECT

The Case Management service has been offered by the Telemedicine program since 2010. Throughout this time, telemedicine needs within MSF projects around the world have evolved, as have technologies and data privacy regulations. The objective of this project is to ensure the program is adapting to these changes and continuously improving the quality of service by implementing innovative products that demonstrate usability, reliability, and scalability.

PURPOSE OF THE RFP

Through this Request for Proposal (RFP), the Telemedicine team at MSF Canada invites proposals from organizations skilled in customizing healthcare SaaS (Software as a Service) solutions to meet specific needs. **Suppliers that meet the requirements described in this document are asked to submit a proposal.** The RFP is intended to assist the Telemedicine team in selecting a service provider that best meets the organization's needs.

TIMELINE

The timeline for the selection process is as follows:

Launch of RFP	January 9, 2024
Questions deadline	January 19, 2024
Supplier proposals received	February 2, 2024
Pilot of shortlisted candidates	Feb 12 – Mar 8
Selected supplier notified by	March 22, 2024

DISCLAIMERS

MODIFICATIONS TO RFP DOCUMENTS

MSF Canada reserves the right to revise or amend the terms and conditions of the RFP prior to the deadline for submission of supplier's proposals.

RFP OBLIGATIONS & COST

The issuing of the RFP does not imply any obligation for MSF Canada to buy any of the solutions being presented. MSF Canada reserves the right to stop the process at any time. All direct or indirect costs to the vendors linked to the response to this RFP as well as any subsequent negotiations will be borne by the supplier.

CONFIDENTIALITY

Any information disclosed or obtained during the RFP must be treated as confidential information.



REQUIREMENTS

SUMMARY

The SaaS solution proposed by the supplier must provide users in low connectivity settings the ability to post de-identified patient cases online for review by the MSF global specialist network. The solution should follow a store-and-forward model and cases must only be accessible by the assigned specialists and other authorized users within the associated MSF project. A videoconferencing option should also be available on the platform, for select users at a designated time. There must be an admin portal enabling user management and data extraction. Finally, the solution must be:

- GDPR compliant
 - If not based in the EU, compliance to any federal or state data privacy regulations is also required (e.g., PIPEDA, CCPA, PDPB, POPIA, etc)
 - HIPAA compliance would be a benefit
- Accessible internationally
- Available as a web and mobile app (cloud-based)
- Able to support at least 5k users and 10k cases yearly, with potential of yearly increase

TECHNICAL REQUIREMENTS

See [Appendix](#).

PROPOSAL CONTENT

If your organization is interested in participating in this RFP, please prepare a proposal presenting the following information:

1. Responses to the questions in the sections below
2. Description of why you are interested in working with MSF Telemedicine
3. Explanation & demo of how your solution meets our requirements
 - a. If not fully developed, please include the timeline for expected delivery
4. Quote including yearly licensing & maintenance fees, dev costs, and NGO discounts
5. Contact information of sales & technical representatives

ORGANIZATION INFORMATION

Questions to respond to in your proposal:

1. Please provide a brief overview of your business, including head office address (city & country), number of years in service, number of employees, list of products and countries in which your services are offered & used.
2. Please provide your company's annual revenue and operating budget in CAD for the last three years. Have you ever been declared bankrupt?
3. List your top 3 customers and a summary of your business with them. Please indicate which of these we can contact for referrals (at least 1 required).
4. Explain why your company has a competitive advantage over its top competitors.
5. What type of innovations and conservation / sustainability strategies has your company been actively engaged in?

6. Does your company have any written policy or procedures involving any Equity Diversity and Inclusion initiatives in the hiring and staff retention process? If so, please describe.
7. Would your organization be open to having an MSF employee collaborate with your software development team on technical improvements to the product?

PRIVACY AND SECURITY

Questions to respond to in your proposal:

1. Please describe your cybersecurity and data security measures in detail.
2. Please describe your Incident Management plan and what kind of support you offer in case of data breach or suspicious activity over a user account.
3. Please describe your audit process in terms of data privacy.
4. Where are your data servers hosted?
5. Do you have a system for separation of databases between your different customers?
6. Do you use subcontractors? If yes, please provide a list and describe their scope of work and responsibilities over the data.
7. Please list any privacy and security certifications you have.

For your reference, you can find our DPA attached in the RFP package.

DATA PROCESSING DETAILS

Questions to respond to in your proposal:

1. Please list all types of personal data involved in processing (including optional fields).
2. How will you collect, use, store and delete data? How long will the data be stored?
3. What is the source of the data?
4. Will you be sharing data with any third-party organization, including public authorities? If yes, why, how and where?
5. How much control will users have on the data? Can they access, correct, and/or delete the data? How?
6. Do you commit to have fully transparent and up-to-date information on how you process personal data and make it easily available to any data subject?
7. Please include any relevant documentation you have available (e.g., privacy policy, incident management procedure, data processing agreement, etc)

QUALITY MANAGEMENT

Questions to respond to in your proposal:

1. Please describe your internal quality assurance program. How do you make certain that the service(s) you're providing are of the highest quality?
2. How do you measure your client's satisfaction with the service you're providing?
3. How do you ensure data quality and data minimization?
4. Please describe your process for handling any service outages.

SUBMISSION

Any questions or clarifications must be submitted to maana.javadi@toronto.msf.org by January 19, 2023. All proposals must be submitted to the same email address by **February 2, 2023**.

APPENDIX

Requirement	Description
Account setup	Admin must have the ability to create users at different levels with varying permissions (e.g., edit, view-only, comment-only). Users must be linked to the appropriate group (see Figure 1 below). Bulk account creation (e.g., via CSV) must also be possible
Blocked account	Users must be blocked from their account if attempting to log in more than 5 times (warning message about number of attempts left and link to reset password should be sent before blocking the account)
Patient de-identification	Users must not be prompted to enter PHI (patient names, birthdate, hospital admission dates, etc) Additional prompts should be included to ensure appropriate user behaviour
New case creation	Authorized users must be able to create a case using custom templates with dropdown, multi-select, free text fields as defined by the Telemedicine team. Users must be able to attach files of any type to the case (including all image & video types, zipped folders, DICOM files, etc)
Offline case creation	Authorized users must have the ability to create a case while offline (no network connection) and send for upload once connected to network
Case submission progress visibility	Referrers should be able to see the status of case submission (success, failure, % uploaded)
Drafts / autorecovery	Cases and comments not yet submitted should be saved as a draft automatically and auto-recovered if connection is lost. If manually exiting, user should be prompted with confirmation to save draft or discard
Web-mobile compatibility	Users must be able to access draft cases & comments created via the mobile app on the web app and vice versa. All cases should be accessible on either platform regardless of which platform they were created on.
Attachment removal	Admin should have the ability to remove attachments after submitted (edit history should be visible)
Case commenting	All users must have the ability to send comments and reply to designated comments in a case. Replies must trigger a notification to the author of the comment.
Continuous upload	If connectivity is lost during comment or attachment submission, the upload must be automatically restarted when connection is restored (no re-attaching or manual intervention required by user)
Case allocation	Cases should be automatically categorized and allocated to a specialist based on workload, specialty, language, and other criteria provided by the Telemedicine team. The case must be continuously allocated until acceptance. Admin must be able to allocate manually in case of automatic allocation failure.

Specialist availability	Specialists must have the ability to set their availability easily. If they are marked unavailable, they would not be considered for case allocation.
Urgent cases	Cases should be automatically identified as "urgent" based on specific questions asked in the case template.
Case acceptance / refusal	Specialists must have the ability to accept or refuse a case. If refused, the case must be sent for re-allocation.
Attachment viewing	Users must be able to view all attachments (including DICOM files) directly within the platform.
Case list	Users should see a list of cases they are authorized to access on the main page of the platform, displaying data that summarizes the case in a few columns (e.g., creation date, country, project, specialty, status, etc)
Referrer case closure	Users should be prompted to close a case if no further follow-up is needed. Closure of a case must include a final questionnaire determining the outcome of the case and requesting final feedback.
Incident reporting	Users should be able to flag a specific case where a clinical quality incident occurred (e.g., safety incident, inappropriate advice, etc). Cases that are flagged should be escalated to the Telemedicine team
Videoconferencing	A videoconferencing option that can be disabled and enabled for only specific users at a designated time should be available. Admin should have the ability to set this designated time and recurrence frequency.
Support desk integration	Users must have access to contact the support desk directly from the platform
Reporting	All data from the platform should be available to extract in Excel or CSV format

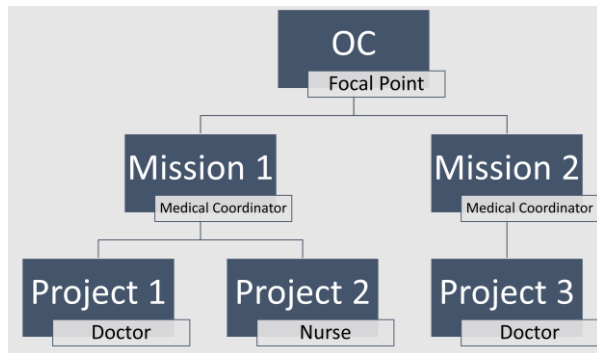


Figure 1: User-Group Hierarchy Example