AI Tech Sprint Provider Burnout FAQ

Has VA done previous AI Tech Sprints? If so, what was the result?

A: Past AI Tech Sprints have produced AI solutions that can help improve training for VA staff and tools that will allow VA to better manage chronic health conditions that impact Veterans.

Once an application is selected, do participants work on their solution throughout the AI Tech Sprint with the goal of cash prize money at the end, or is there funding for the work that participants are responsible for during the sprint?

A: Teams will work on the solution during the AI Tech Sprint with the prize money given to the winners at the end of the competition. There is no funding for any team for work that occurs during the sprint.

During the AI Tech Sprint, are competitors able to work at their own pace, as staffing allows? Or are there intermediate milestones that must be met to remain on track with the AI Tech Sprint review/testing? When are the milestone submission dates?

A: During the AI Tech Sprint, there are important milestones and deadlines where solutions will need to be submitted for scoring. Please refer to the written materials that were sent following the kick-off call.

- o February 2 – Gate 1 submission
- o February 20 – Gate 2 submission
- o April 5 – Gate 3 submission (final submission)

If selected for participation in the AI Tech Sprint, is it permissible to announce this through our marketing channels?

A: This is permitted and encouraged.

How can participants get involved with VA outside of the AI Tech Sprints?

A: All VA efforts begin at the grass roots. VA highly values all participants' dedication and contributions to AI work at VA and would love to continue to engage and share future innovations and opportunities for collaboration. Please join the AI@VA Community to receive the latest updates on VA AI projects, events, networking opportunities, and collaboration forums.

Regarding the VA's EHR, is VistA the key EHR? Or will Cerner integration also be important to consider?

A: The solution that VA is seeking is EHR-agnostic. Once VA has a fully developed solution, it will have read/write into EHR. It is not tied directly to the Cerner adoption, but it may end up being rolled out at a similar time depending on how the timelines develop. The exact linkages will be determined later as the AI Tech Sprint is more focused on how well the system performs.

Regarding VA CDW Delta Lake and "other VA data sources," will all the relevant data sources be accessible from the Summit Data Platform? If not, what other data sources should participants be mindful of?

A: No, files and audio will be provided.

How many finalists will there be?

A: The number of finalists will be based on the quality of entries.

Will all accepted teams have the same "use case"?

A: Yes, the accepted teams will have the same use cases.

Does participation in the AI Tech Sprint preclude any concurrent contracting or CRADA relationship with facilities in VHA?

A: No. Participants should alert the AI Tech Sprint committee if they have any CRADAs or contracts, so it can be ensured that there is no conflict of interest.

What is the format of the synthetic data that is going to be provided?

A: There will not be any synthetic or test data provided.

Can teams utilize third-party tools or pre-trained models?

A: Yes.

The total cash prize is $1M. Is this per track or split between tracks?

A: It is split between tracks.

Can we use Track 2 data for Track 1?

A: The two tracks use separate data and are different file types.

Are any Federal background clearances needed for personnel participating in the challenge?

A: Background checks are not required for personnel participating in the challenge.

Will synthetic data be static? Or will new sample medical records be added throughout the challenge to replicate real-world environments?

A: The data released at each gate will be in the form of static datasets. Each gate will have a different set of data used for evaluations.

Are there any limitations to the technology leveraged for this challenge or preferred technology platforms to be used?

A: There is no preferred technology platform and there are no limitations.

Can you clarify the rough number and duration of stakeholder meetings/discussions anticipated between the AI Tech Sprint kickoff and final submission? Also, will meetings be held virtually or is on-site attendance required?

A: Meetings will be held virtually. VA will host weekly learning sessions throughout the competition to allow for interaction and to allow VA subject matter experts to speak about topics as they pertain to this type of work at VA. For additional information, please refer to the written materials delivered via email following the kickoff call. Furthermore, there was an AI Tech Sprint webinar hosted on November 30, 2023. The full recording can be found here: https://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=6449.

Is this open to graduate students?

A: Yes. As long as the entry meets all listed requirements, the competition is open to graduate students.

Is there any data on acceptance rate of proposals?

A: Previous AI Tech Sprints have varied significantly in scope, so direct comparisons are difficult. Historically, a high percentage of applicants have been invited to compete.

Can images and graphics be included in the application?

A: Yes, images and graphics are permitted. Images are not included in word counts.

What types of documents would VA like summarized?

A: The format for Track 1 is a played audio recording of a patient encounter. Track 2 will include sample medical records (i.e., text, hand-written notes, faxes, scanned PDF, etc.).

What is the output expected from document processing for Track 2?

A: For longer documents, a concise, but clinically appropriate and relevant narrative summary of the records is expected. In addition, teams are expected to provide a hyperlinked table of contents to help clinical reviewers quickly navigate to specific areas of the document as desired (reports, lab results, imaging results, discharge summary, etc.). For shorter documents, the hope is that relevant clinical information or activities are recognized and that discrete structured data elements are created to allow this information to satisfy clinical reminder/recommendation logic within VA's EHR, as well as eQM performance measures. These are typically objects such as CPT, LOINC, or SNOMED CT codes. The typical output would be a SOAP note.

What is the expectation for handwriting to be processed?

A: It should be as interpretable as any other medical document.

Is Track 2 focused primarily on converting scanned images to text?

A: Converting scanned images is just one part of Track 2; a summary and index will also be required as part of the solution.

Are there use cases regarding what VA would like to address in Track 1 and 2 that can be shared?

A: Details on use cases were shared during the kickoff call. Please refer to the written materials distributed via email following the kickoff call.

Who will be part of that VA submission team?

A: Subject matter experts from across the VHA ecosystem.

Are demos allowed? Are participants required to prepare a PowerPoint presentation?

A: A competitor's system must run the data and provide the required output; and a maximum 10-minute demo must be provided. A PowerPoint may be provided, but it is not required. Please refer to the written materials distributed via email following kickoff call.

How many recordings will be provided?

A: There will be 3 recordings provided in Gate 2.

How long will the recordings be?

A: The recordings will be 15-25 minutes for Gate 2 and up to 40 minutes for Gate 3.

Will video recordings be furnished?

A: No

Will there be situations where the doctor is deliberately dictating the note?

A: There is no further information about the nature or contents of the recordings as this would compromise the value and integrity of the competition.

Will the recordings be pure ambient recordings?

A: Yes.

Will ambient recordings feature snippets or statements, or will they be conducted in languages or dialects other than American English?

A: No, but the recordings may include various accents.

Is the output language always American English?

A: Yes.

What information will we have aside from the recording?

A: Basic information will be provided regarding the clinical setting (outpatient, inpatient, etc.).

Will teams have access to the sample patient's entire EHR?

A: No.

Are LLM-based approaches encouraged?

A: There is no preferred approach.

Will teams receive credits for Azure or Azure.gov? Or any other cloud provider?

A: No.

Is there general guidance on recording capture and information flow, both in the field and for the synthetic subset to be provided at the onset?

A: Please refer to the written materials distributed via email following the kickoff call, and specifically, the Data Flow Process document.

What do potential pilot projects for deploying ambient recording transcription solutions look like?

A: Potential pilot opportunities include, but are not limited to, transcribing provider/patient interactions across a variety of clinical settings. This will be discussed outside of the AI Tech Sprint clinical evaluation.

Will VA provide sample/test audio conversations for Track 1? Will VA provide sample/test medical records for Track 2? Will any pre-test or dummy data be available in advance?

A: There will be no sample or testing data (for either track) provided.

How will the AWS S3 buckets be accessed?

A: The S3 buckets are external facing, competitors will have credentials provided to them to give them access. There should not be any firewall issues or issues with connection. If there are issues with connection, they will need to be resolved on the competitor side.

Will the VA be pushing files out to the competitors?

A: No, participants must pull files and push the results into the S3 bucket. All buckets have a standard API built around them. This is the process for Track 2.

For Track 1, VA will play the audio file into the system, which requires the ability to access it and log into your system, and that is the confirmation needed for Gate 1.

Should competing teams give VA API credentials to be able to write a file?

A: VA will not be writing any files to the competitor system.

How will VA send competitors the ambient file for processing?

A: VA will not send a file. A member of the AI Tech Sprint committee will play the recording into a microphone, or other audio device required for the application. If the solution is a SaaS application that has a URL, participants will have to provide login information. For a user interface that is not a SaaS application that has to be installed on a device, participants must inform the AI Tech Sprint committee as soon as possible so those can be installed. VA will log into the user interface and represent the visit by playing these files over the audio device provided. Then, participants will process and send it back into the external-facing S3 bucket within the allotted time.

Is there a user interface expected for Track 2?

A: Track 2 – Community Care Records is open. There are many concepts on how this might be managed, so no specific user interface is required.

If the solution is mostly a desktop client-based app, can competitors place the executable app in a file and then create a virtual environment that VA will access from Track 1?

A: Either is an option. There is an opportunity for participants to put it in an environment that VA can access. There is no dependency on getting it loaded onto the client. That does not mean that it is prevented; VA does have a pathway to load onto a client.

How will ambient dictation be tested?

A: Ambient dictation will be tested by playing multiple varieties of messages that have been recorded. The recordings will be played through speakers into the audio detection device (generally a microphone) which will represent the visit. The microphones will be standard, unless the competitor provides a specialty microphone. Generally, most ambient technologies would have an app of some sort with a user interface that controls when it is, and is not, recording. If the solution expects to use phones or download an app, the competitor should clarify that as soon as possible. An iPhone is an officially approved device, if that is what is required to use the app. If it is a mobile app, please provide that information as soon as possible. It is not a requirement that the solution be an app, but this is one possible option.

If the actual audio provided is extensive, should the output created be within 2 minutes?

A: That is the requirement. These are real-life visits and maturity is an aspect of the evaluation. It is not unusual for a visit at VA to be a standard of 30 minutes, and it could be longer.

Is FedRAMP a requirement to compete? Or is it something that the participants should be open to and can pursue at a future date?

A: No, it is not a requirement to compete.

To what degree will trustworthy AI be weighed?

A: This information will not be public.

What is VA's existing trustworthy matrix of existing OTS projects like OpenAI?

A: Currently, this information is not publicly available.

Is the requirement to have a hyperlinked table of contents in the JSON format?

A: A summary of the documentation must be returned in a VA standard compliant file (i.e., JSON or HL7). This summary should include a hyperlinked table of contents, including internal hyperlinks to the source of truth within the document. It will be up to the vendor to determine how the table of contents is hyperlinked.

What file format is VA expecting for the output documents summarizing all incoming community care documents into a single summary of care and running an updated "patient profile"?

A: The format should be JSON or HL7. Each document should have a unique JSON or HL7 summary.

Can the output file format for Gate 1 be in JSON or XML or piped file format, as long as it is compliant with FHIR/CCD/HL7 standards? Is there a preference? Does VA have any concerns with solutions using cloud-provided services, or does the whole solution have to be custom-built?

A: JSON is preferred and cloud solutions that can be expeditiously FEDRAMP-certified or shifted into VAEC are ideal.

Does VA use some external email service (e.g. Microsoft 365) or is there a custom mail server?

A: VA uses Microsoft 365.

Can GFE web browsers access a public-facing URL?

A: Yes, VA will use a GFE-configured device to allow access to cloud hosted systems.

What is the version and type of the web browser on GFE (e.g., Chrome, Firefox, Internet Explorer)?

A: Microsoft Edge or Chrome are the preferred browsers.

Are large businesses eligible to compete and receive challenge awards?

A: Large businesses are eligible to compete in the challenge and receive awards.

If an application is selected, does the team work on their solution throughout the AI Tech Sprint with the goal of winning cash prize money at the end? Or is there funding for the work that is completed during the AI Tech Sprint?

A: There is no funding for the work completed during the competition. Teams will work on their solution throughout the competition, working toward the goal of receiving a financial reward. Teams placing first, second, and third at the end of the competition will receive a cash prize reward.

Can an individual apply for the competition without being a part of a team?

A: Yes, individuals are welcome to apply.

Will there be any direct integrations with the ONC QHINS?

A: No.

Which specific information about the ATO and configuration support is needed in the questionnaire?

A: This question is to assess IT readiness. Competitors will not need an ATO for this challenge. The question is asking, hypothetically, if the competitor were to be given a contract today, could the information required be provided and would the necessary internal resources be available to achieve ATO status.

For each product a team proposes, can the team require multi-factor authentication for the VA testers to access the URLs that will be provided?

A: Teams are requested to include multi-factor authentication information as a part of the connectivity submission.

If the example inbound JSON message format provided is the expected format teams will receive from VA to their solution or is that the format their solution is expected to return to VA? In other words, is "inbound" in the description referring to A) inbound to the team's solution or B) inbound to the VA systems?

A: The JSON and HL7 format is to send to VA with the outputs. There is no inbound JSON.

Is the expectation that there is one set of outputs (extracted medical terms, concise summarization, and table of contents) per each input file (i.e., per PDF or per TIFF)? Or should the outputs coalesce multiple input files into one set of outputs?

A: Each input file should have a respective output file.

The sample JSON output references metadata that will likely not be present in community care documents — including station number, clinician IEN, clinician login ID, patient IEN, and other patient identifiers — will this metadata be provided along with the input files?

A: If the solution cannot identify relative semantic data, then this is optional.

The evaluation criteria for the community care documentation track mentions submitting (1) extracted medical terms; (2) summarization of documentation; and (3) a hyperlinked table of contents. It also mentions submitting each of these in a compliant file (i.e., JSON or HL7). However, the sample JSON output does not include an explicit place for each of these items. Is the intent for these three outputs to be included as a separate attachment in a different format?

A: Medical entities and summary should be in the VistA data field(s). The format of the table of contents is open for the contestants to solve. Teams are evaluated on the creativity of their solution(s).

The evaluation criteria also mentions returning extracted UMLS concepts in JSON format. Is there a specific schema that should be used for these extracted concepts?

A: UMLS should be inserted into the VistA data field(s) using standard JSON delimitation rules.

It is mentioned that field1 in data for VistA should be the source document ID. What are field2 and field3 in the sample output used for?

A: Field2 and field3 are used for summary, progress note text, or medical entity extract. The vendor will need to inform VA of what other data has been inserted in any additional VistA data fields. This competition will be evaluated on innovation factors.

When is a narrative summary needed?

A: A narrative summary is needed when there are over 20 pages of documentation. There is no penalty for providing summaries on documents that are less than 20 pages.

Will multiple patients be processed? Or is it a single patient?

A: The ambient dictation track is one patient per encounter. The CCR documentation track is all documents for multiple patients processed at once.

If there are multiple patients, is the "two-minute requirement" for processing ALL patients or two minutes per patient?

A: The two-minute expectation is to process documentation for all patients. The two-minute clock begins when teams receive (pull) the documents.

Will the input file include a complete medical history, a single encounter, or multiple encounters?

A: The input file may include a complete medical history, a single encounter, and/or multiple encounters. We are looking for an innovative solution that can handle multiple scenarios. The only consistent identifier is name.

Is VA authorized to use the Apple MacBook Pro?

A: Apple MacBooks will not be accepted. It must be Windows 10, if a laptop or desktop is required.

Should a full transcript file be generated as well?

A: A full transcript is not required but should be available upon request.

What is the maximum file size for Track 1?

A: There are no files being shared. The audio will be played directly into the microphone used in your solution.

Regarding the required JSON format provided, are these variables required to be populated by the participant? If so, how are the values for the variables derived?

A: The variables are not required but will indicate the maturity of the system. No specific format is required.

Is FHIR an acceptable structure for inbound data to VA systems and machine-based processing for this challenge? Or is the inbound JSON format provided in the data document required for all challenge participants?

A: FHIR is not acceptable for the AI Tech Sprint, but it might be acceptable for a system that is selected for contract in the future.

If an organization has access to VA clinicians (e.g., nurses, doctors, social workers, etc.), can participants seek their feedback on our app UI flows for this challenge?

A: Participants are permitted to seek consultation with clinical personnel.