



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 6/9/2014)

Board Clerk Use Only

Meeting Date: _____
Agenda Item #: _____
Est. Start Time: _____
Date Submitted: _____

Agenda Title: **Approval of a Sole Source Procurement Process for Existing Practice Management and Electronic Health Record Technology**

Note: Title should not be more than 2 lines but sufficient to describe the action requested. Title on APR must match title on Ordinance, Resolution, Order or Proclamation.

Requested

Meeting Date: 6/16/2016 **Time Needed:** 10 Minutes

Department: Health **Division:** Integrated Clinical Services

Contact(s): Vanetta Abdellatif

Phone: 503-988-8887 **Ext.** 88887 **I/O Address:** 160/9

Presenter Name(s) & Title(s): Wendy Lear Deputy Director, Business Services

Vanetta Abdellatif Integrated Clinical Services Director

General Information

1. What action are you requesting from the Board?

Acting as the Public Contract Review Board – Approval to extend sole source contracts to the Oregon Community Health Information Network (OCHIN, Inc.), for information systems and system support specifically surrounding the customized implementation of the Epic Practice Management system and Electronic Health Records (EHR).

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

The Health Department has participated in the OCHIN collaborative since its inception in October 1999. The purpose of OCHIN was to establish an organization to facilitate the integration of health information technology into safety net clinics. Through the OCHIN contract the Health Department implemented the Epic Practice management system providing services including specialized Federally Qualified Health Centers (FQHC) billing and reporting, electronic billing for Oregon Medicaid and other grant billing and reporting services. Starting in 2005, the Health Department implemented a Electronic Health Record (EHR) through OCHIN. In addition to the software provided by OCHIN, OCHIN also provides and supports ancillary software and services needed to support the clinics and public health applications. These ancillary software and services include interfaces to external laboratories, claims clearinghouses, and healthcare databases. The procurement authority allows for the continuation of the

current contracts with OCHIN is set to expire on June 30, 2016. The Health Department believes that the continued use of OCHIN's services and software is in the best interest of the public for the following reasons.

Health Department Specific Customization. OCHIN, through its customized implementation of Epic software, provides for the unique billing and reporting needs of the Health Department. It also includes customizations specific to the needs of unique clinic environments including Dental, School Based Health Centers, Corrections Health, STD Services and most recently Communicable Disease Services. If the Health Department were to procure Epic through another source the customized/configured functionality would not transfer, and would have to be replicated adding significant additional time and cost of implementation.

Buying Power. OCHIN provides reduced Epic system pricing due to economies of scale across all contracting agencies offsetting costs that we as a County would have paid on our own if we were to contract separately. OCHIN is the only HRSA designated Health-Center Controlled Network in Oregon which offsets costs through a federal grant funding.

Data Sharing. By contracting with OCHIN, MCHD participates in a collaborative with other local Health Departments and private not for profit health care providers to share a single patient electronic medical record which provides research capabilities and enhanced quality of care that would not be available through any other provider. OCHIN partners with Epic to provide software, and the resulting EHR is linked across all member clinic sites for a fully integrated electronic health information exchange system in which each patient has a single medical record. This collaboration across the network helps to improve the quality of care delivered across the entire network whose clients tend to be the medically underserved. Since OCHIN was initially established by community health center leaders in Oregon, the coalition membership in Oregon is the broadest of all of the 18 States that OCHIN provides services in.

Research Capabilities. OCHIN is a founding member and administrative home to the OCHIN Practice-based Research Network (PBRN). OCHIN is unique among PBRNs because they have no formal affiliation with a particular academic health center, and is made up exclusively of FQHCs and rural health centers. The mission of OCHIN Research is to improve the health of underserved populations, enhance their quality of care, and inform health policy through research.

The combination of factors – a multi-state network of safety net clinics, an EHR rich with data linked across the network, the ability to improve access to care as well as achieve cost efficiencies through being part of a Health-Center Controlled Network, and participation in research from a uniquely qualified PBRN – are the reasons why the Health Department believes that OCHIN is the one source for provision of these specific goods and services.

3. Explain the fiscal impact (current year and ongoing).

The estimated amount for July 1, 2016 to June 30, 2018 is \$4,500,000. This is based on prior spend and proposed budget for FY 17.

4. Explain any legal and/or policy issues involved.

The Public Contract Review Board (PCRB rule 47-0275) may make exemptions to

competitive contracting processes if it is determined to serve the best interest of the public.

5. Explain any citizen and/or other government participation that has or will take place.

None

Required Signature

Elected
Official or
Department
Director:

*Wendy Lee on behalf
of Joanne Fuller*

Date:

6/6/16

Note: Please submit electronically. Insert names of your approvers followed by /s/ - we no longer use actual signatures. Please insert date approved.

Memorandum



TO: Board of County Commissioners
FROM: Joanne Fuller
SUBJECT: Request for Exemption to County RFP Requirements
DATE: June 3, 2016

The Health Department requests an exemption from purchasing rules requiring a competitive procurement. This exemption request specifically would allow the Health Department to contract with Oregon Community Health Information Network (OCHIN), for information systems and system support. The request is being made under PCRB rule 47-0275 – Sole Source Procurements for goods and non-personal services over \$150,000.

Background

The Health Department has participated in the OCHIN collaborative since its inception in October 1999. The purpose of OCHIN was to establish an organization to facilitate the integration of health information technology into safety net clinics. Through the OCHIN contract the Health Department implemented the Epic Practice management system providing services including specialized Federally Qualified Health Centers (FQHC) billing and reporting, electronic billing for Oregon Medicaid and other grant billing and reporting services. Starting in 2005, the Health Department implemented an Electronic Health Record (EHR). In addition to the software provided by OCHIN, OCHIN also provides and supports ancillary software and services needed to support the clinics and public health applications. These ancillary software and services include interfaces to external laboratories, claims clearinghouses, and healthcare databases.

OCHIN is a health center controlled non-profit network that provides its members economies of scale that allows each organization access to quality and robust software products and services that are most likely out of reach for County run safety net clinic systems. OCHIN provides the opportunity for its members to share a single patient medical record across the collaborative. This reduces the chance of errors and duplication of services and also provides research opportunities for the purposes of understanding and improving care outcomes for the unique needs of the clients they serve. OCHIN is funded primarily by participating clinic fees, the federal government (HRSA), and various grants.

Basis of Exemption

Below are the Departments findings as outlined in PCRB 47-0275.1 sections A, B, C, E, F and H.

(A) The Department is requesting sole source procurement for July 1, 2016 to June 30, 2018 in the amount of \$4,500,000. This procurement will allow for the extension of two existing contracts, 4400002194 and 4600006839.

(B) This procurement covers the costs associated with enterprise wide software, vendor contract management, installation, transaction processing, reporting, help desk, training, necessary ancillary systems, data storage, support, research, connectivity and other related services for

systems that provide healthcare practice management and electronic health care systems. This is a continuation of sole source exemption request FX02-0450 that has been in place since 2001.

(C) Although OCHIN isn't the only Health Information Network in the country, nor is it the only way to procure EHR technologies, it was specifically established to facilitate the integration of health information technology into safety net clinics including those run by Local Health departments. OCHIN, through its customized implementation of Epic software, provides for the unique billing and reporting needs of the Health Department. It also includes customizations specific to the needs of unique clinic environments including Dental, School Based Health Centers, Corrections Health, STD Services and most recently Communicable Disease Services. If the Health Department were to procure Epic through another source the customized/configured functionality would not transfer, and would have to be replicated adding significant additional time and cost of implementation. Additionally, OCHIN provides reduced Epic system pricing due to economies of scale across all contracting agencies offsetting costs that we as a County would have paid on our own if we were to contract separately. It is also important to note that OCHIN is the only HRSA designated Health-Center Controlled Network in Oregon.

(E) By contracting with OCHIN, MCHD participates in a collaborative with other local Health Departments and private not for profit health care providers to share a single patient electronic medical record which provides research capabilities and enhanced quality of care that would not be available through any other provider. OCHIN partners with Epic to provide software, and the resulting EHR is linked across all member clinic sites for a fully integrated electronic health information exchange system in which each patient has a single medical record. This collaboration across the network helps to improve the quality of care delivered across the entire network whose clients tend to be the medically underserved. Since OCHIN was initially established by community health center leaders in Oregon, the coalition membership in Oregon is the broadest of all of the 18 States that OCHIN provides services in.

(F) OCHIN is a founding member and administrative home to the OCHIN Practice-based Research Network (PBRN). OCHIN is unique among PBRNs because they have no formal affiliation with a particular academic health center, and is made up exclusively of FQHCs and rural health centers. OCHIN Research is an AHRQ-registered primary care research network consisting of the FQHCs and "look-alikes" that are members of OCHIN. The mission of OCHIN Research is to improve the health of underserved populations, enhance their quality of care, and inform health policy through research. OCHIN Research is especially interested in collaborating on studies that examine effective interventions and deliver system improvements that meet the following priorities:

- Understanding and addressing health conditions with known health disparities that are common in safety net populations
- Improving health outcomes in safety net populations
- Evaluating interventions that have potential to improve safety net practice
- Testing Health IT interventions to improve population health
- Implementing evidence-based practices within the clinic network

(H) The combination of factors – a multi-state network of safety net clinics, an EHR rich with data linked across the network, the ability to improve access to care as well as achieve cost efficiencies through being part of a Health-Center Controlled Network, and participation in research from a uniquely qualified PBRN – are the reasons why the Health Department believes that OCHIN is the one source for provision of these specific goods and services.