



# Board Agenda Item 54

DATE: January 29, 2019

TO: Board of Supervisors

SUBMITTED BY: David Pomaville, Director, Department of Public Health  
Dawan Utecht, Director, Department of Behavioral Health

SUBJECT: Agreement with Central Valley Health Information Exchange

RECOMMENDED ACTION(S):

- 1. Make a finding that it is in the best interest of the County to waive the competitive bidding process consistent with Administrative Policy No. 34 for unusual or extraordinary circumstances for the solicitation of a health information exchange system for the Departments of Public Health and Behavioral Health; and,**
- 2. Approve and authorize the Chairman to execute a sole source Agreement with Central Valley Health Information Exchange for patient data transmission and related services and to facilitate retention and expansion of the providers/facilities connected to the Central Valley Health Information Exchange's system as directed by the County, effective upon execution, not to exceed three consecutive years, which includes a one-year base contract and two optional one-year extensions, total not to exceed \$950,000.**

Approval of the recommended actions will enable the Departments of Public Health (DPH) and Behavioral Health (DBH) to utilize the Central Valley Health Information Exchange (CVHIE) system to more efficiently access and exchange patient data with healthcare facilities and providers, and monitor, track, and improve patient care outcomes. Additionally, the County would have a seat on the CVHIE Board of Directors and direct the use of County funds deposited with CVHIE to facilitate the retention and expansion of the providers/facilities connected to the CVHIE's system, support emergency medical services pre-hospital data retrieval, and/or support the overall CVHIE technology infrastructure. The recommended agreement will be funded with Public Health Emergency Preparedness (PHEP), Health Realignment, Mental Health Realignment, and has a provision for potential pass through special State or Federal grant funding (\$500,000) with no Net County Cost. This item is countywide.

ALTERNATIVE ACTION(S):

Should your Board not approve the recommended actions, the Departments will not be able to utilize CVHIE to access and exchange patient data with healthcare facilities and providers, resulting in existing manual, less efficient, and less comprehensive methods continuing.

SOLE SOURCE CONTRACT:

The Departments' request to waive the competitive bidding process is consistent with Administrative Policy No. 34 as CVHIE is the only vendor that serves the County area. In 2014, the County investigated building and maintaining its own HIE system through issuance of Request for Proposal (RFP) No. 962-5233. Bids received ranged from a low of \$746,694 to a high of \$3,922,815 for acquisition, implementation, and first

year of annual maintenance. The review committee concluded that no bidder could be selected because the bids significantly exceeded available funds at that time and continue to exceed available funds today.

In 2016 your Board approved a Sole Source Agreement with Inland Empire Health Information Exchange (IEHIE) as the only existing health information exchange (HIE) serving the County and surrounding counties. At that time, CVHIE was in contract with IEHIE to utilize IEHIE's technology infrastructure. The County contracted directly with IEHIE for its services. As of March 2017, IEHIE ended the affiliation with CVHIE and is not connected to any CVHIE members' systems. The Departments recommend contracting directly with CVHIE to utilize the new technology infrastructure service provider selected by CVHIE. Internal Services Department - Purchasing Division concurs with the Departments' request to waive the competitive bidding process.

#### FISCAL IMPACT:

There is no increase in Net County Cost associated with the recommended actions. The maximum compensation for the term is \$950,000:

- Up to \$500,000 may be provided to CVHIE and deposited into a Specialized Funding for All Counties Participating in CVHIE account, provided to CVHIE in a lump sum in any single year or may be provided in smaller amounts during multiple years, but may not exceed \$500,000; and,
- Up to \$150,000 may be provided annually to CVHIE and divided, as determined by the County, among the remaining accounts.

FY 2018-19 (up to \$150,000) will be financed only with PHEP and Health Realignment funds. Future years will include a mixture of PHEP, Health Realignment, and Mental Health Realignment funds. Sufficient appropriations and estimated revenues are included in the DPH Org 5620 FY 2018-19 Adopted Budget and will be included in future DPH Org 5620 and DBH Org 5630 budget requests for the duration of the term.

#### DISCUSSION:

The ability to track individual patients' treatment history and health outcomes is limited as the County does not have a system in place allowing interoperability and immediate access to hospital and provider records and many functions have to be performed manually. Potential benefits of an HIE, and a partnership between the County and CVHIE include:

- improved patient care and outcomes through access to more complete patient health records;
- decreased health costs resulting from reduction of duplicated procedures;
- improved public health surveillance abilities and the DPH's response time due to real time monitoring of chronic, acute, and communicable diseases;
- improved patient tracking/identification during disaster events that may result in mass injuries, mass fatalities, or other medical surge conditions;
- improved assessment of community intervention efforts and development of evidence-based practices in addressing community health issues; and,
- help the behavioral health care team gain a whole picture of the patient's health and better prepare for care coordination/transition, care engagement and better assist the behavioral care needs, and improve safety and efficacy of care for patients with behavioral health disorders.

CVHIE continues to be the only HIE serving organizations in the County and surrounding counties (Kings, Madera, and Tulare). The system is a repository that benefits local healthcare providers and hospitals by making health information available to providers to decrease medical errors, securely transfer patient information, and improve patient outcomes. CVHIE membership includes nine hospitals, five clinics/provider networks, and Tulare County. Fresno County is an affiliate member to the extent that it is an active participant at CVHIE's Board of Directors meetings, provides CVHIE with data pertinent to the DPH's HIE

related needs and has provided input as appropriate in assisting CVHIE in selecting a technology infrastructure subcontractor. The CVHIE member clinics are in 47 locations, and the provider network includes numerous physicians at multiple locations. At this time, the Departments recommend contracting directly with CVHIE and utilize the new technology infrastructure service provider selected by CVHIE.

With your Board's approval, the recommended agreement will allow:

- DPH to evaluate population level trends and demographic analysis for chronic diseases that are not mandated reportable, but are responsible for a large portion of medical costs including, but not limited to, diabetes, obesity, cardiovascular diseases, and dementia of various types. The data will be used to create health intervention campaigns, perform needs assessments, and target populations with culturally competent health education.
- DPH's Emergency Medical Services (EMS) Division to share patient care and dispatch data immediately to hospitals and other system participants and allow EMS to use hospital data to measure the outcomes of transferred patients, including cardiac arrest victims and patients with other specific conditions.
- DBH to more efficiently plan for and identify when their clients are hospitalized and discharged from psychiatric inpatient units. Using the system, DBH expects to begin electronic, uniform, and coordinated client care facilitation with local and regional providers, ultimately eliminating significant manual paperwork and better facilitating coordination of care among providers.
- Provide the County with a seat on the CVHIE Board of Directors
- Allow the County to contribute funds to specific accounts established in the recommended agreement and direct the use of the funding for a variety of purposes including facilitating retention of existing providers and facilities connected to the HIE, offsetting costs associated with connecting new providers and facilities to the HIE, projects assisting the Central California Emergency Medical Services Agency (CCEMSA), and direct specialized funding that may be received from Federal and/or State sources that are awarded to all counties participating with the CVHIE and CCEMSA, which include Fresno, Madera, Tulare, and Kings counties.

REFERENCE MATERIAL:

BAI #33, October 11, 2016

ATTACHMENTS INCLUDED AND/OR ON FILE:

Sole Source Acquisition Request

On file with Clerk - Agreement with Central Valley Health Information Exchange

CAO ANALYST:

Sonia M. De La Rosa