



County of Fresno

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Legislation Details (With Text)

File #: 16-1116

On agenda: 10/11/2016

Final action: 10/11/2016

Enactment date:

Enactment #: Agreement No. 16-606

Title: 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, approve and authorize Chairman to execute a Sole Source Agreement with Inland Empire Health Information Exchange, for provision of patient data transmission and related services, effective upon execution for a period of five years (\$107,500)

Attachments: 1. Agenda Item, 2. Sole Source Acquisition Request, 3. Agreement A-16-606 with Inland Empire Health Information Exchange

Date	Ver.	Action By	Action	Result
10/11/2016	1	Board of Supervisors	Approved (Consent Agenda)	Pass

DATE: October 11, 2016

TO: Board of Supervisors

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

SUBJECT: Agreement with Inland Empire 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.**
- 2. Approve and authorize Chairman to execute a Sole Source Agreement with Inland Empire Health Information Exchange, for provision of patient data transmission and related services, effective upon execution for a period of five years (\$107,500).**

Approval of the recommended action will enable the Departments of Public Health and Behavioral Health to utilize the Inland Empire Health Information Exchange (IEHIE) system to more efficiently access and exchange patient data with healthcare facilities and providers, and monitor, track, and improve patient care outcomes. 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. The recommended agreement is funded with Public Health Emergency Preparedness (PHEP) and Public Health Realignment, with no Net County Cost.

ALTERNATIVE ACTION(S):

Should your Board not approve the recommended action, the Departments will not be able to utilize IEHIE to more efficiently access and exchange patient data with healthcare facilities and providers, and monitor, track and improve patient care outcomes. Existing, manual, less efficient and less comprehensive methods utilized

for these purposes would continue to be used.

SOLE SOURCE CONTRACT:

The Departments' request that the Board waive the competitive bidding process consistent with Administrative Policy No. 34 as the IEHIE has been identified as the only health information exchange that serves the Fresno County area. Although the Central Valley Health Information Exchange serves the Central Valley, and the County is an affiliate, they partnered with IEHIE for sharing and resources. A determination was made to contract directly with IEHIE. The County investigated building and maintaining its own 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 due to the costs, which significantly exceeded available funds. Purchasing 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 action. The maximum cost for FY 2016-17 is \$27,500; \$107,500 for the five-year term and will be financed with PHEP, Health Realignment, and Mental Health Realignment funds. FY 2016-17 will be financed with only PHEP and Health Realignment funds; the balance of the term (\$80,000) will be will be financed by PHEP, Health and Mental Health Realignment. Sufficient appropriations and estimated revenues are included in the Department of Public Health (DPH) Org 5620 FY 2016-17 Adopted Budget and will be included in future DPH Org 5620 and Department of Behavioral Health (DBH) Org 5630 budget requests for the duration of the term.

DISCUSSION:

Currently, the ability to track individual patients' treatment history and health outcomes is limited as the County does not have a system in place allowing immediate access to hospital and provider records and many functions have to be performed manually. Health information exchange systems offer many advantages including:

- real-time monitoring of chronic, acute, and communicable diseases;
- de-identified patient reporting to third party systems;
- work seamlessly with a variety of electronic health record systems; and,
- allow local health care professionals to appropriately access and securely share a patient's protected health information electronically.

On January 7, 2014, the DPH released RFP No. 962-5233 soliciting bids for a health information exchange system solution that would create a County owned system. Eight vendors responded with qualified bids that ranged from a low of \$746,694 to a high of \$3,922,815 for acquisition, implementation and the first year of annual maintenance. While there were qualified bidders, the evaluation panel consisting of a DPH Epidemiologist, Health Educator, and Systems and Procedures Analyst and an Internal Services Department - Information Technology Services Division (ITSD) Senior Information Technology Analyst determined that no bidder could be selected due to proposed costs, which significantly exceeded available funds.

Following the panel's determination, the County conducted research to identify existing health information exchange systems serving organizations in the County. While a number of systems serving various areas within California were identified, IEHIE was the only service provider to medical facilities and healthcare organizations in the County area including: five hospitals, four out-patient centers, and five community health centers. Following investigation and negotiation, it was determined that IEHIE can provide the services the Departments require within available funding limits. The system provides immediate access to a significant amount of data which will allow the County to better track patient care and health treatment outcomes. A number of hospitals and health centers in Central Valley counties are also connected to IEHIE and two other

counties' health departments are considering or are in the process of entering similar agreements with IEHIE.

With your Board's approval of the recommended Agreement, IEHIE 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 EMS patient care and data dispatch data to hospitals and other system participants. One goal of using the system is to allow EMS to electronically transfer patient care information to a hospital's records when turning a patient over to the hospital, and discontinue the printing and transfer of paper reports. The recommended Agreement will also allow EMS to use hospital data to measure outcomes of transferred patients, including cardiac arrest victims and other specific conditions.
- DBH to more efficiently plan for and identify when their clients are hospitalized and discharged from psychiatric inpatient units. Current methods involve multiple, cumbersome steps. Using the system, DBH expects to begin electronic, uniform and coordinated client care facilitation with local and regional providers in FY 2017-18, ultimately eliminating significant manual paperwork and better facilitating coordination of care among providers.

The proposed five-year Agreement is consistent with IEHIE's policy of creating five-year agreement terms, which deviates from the County's standard three-year base term, plus two one-year extensions. The Agreement allows the County to terminate without cause upon giving a minimum of 90 days prior notice.

The recommended Agreement includes security requirements that are consistent with industry and Health Insurance Portability and Accountability Act (HIPAA) standards. Within the County's infrastructure, access to data will be limited to specific employees that require access to the data sets. Departments, in conjunction with ITSD, will monitor employee access into the system. If data is downloaded it will be secured on a separate drive that meets current industry and HIPAA security standards. The process will conform to the County's existing HIPAA Management Directives.

Additionally, the recommended Agreement contains an indemnification clause whereby the County and IEHIE mutually indemnify each other and allows for termination if an uncured breach occurs and remains uncured for a period of 60 days. If a breach is identified, the County may immediately, temporarily cease transmission of patient data to IEHIE until the breach is cured.

REFERENCE MATERIAL:

RFP No. 962-5233

ATTACHMENTS INCLUDED AND/OR ON FILE:

Sole Source Acquisition Request

On file with Clerk - Agreement with Inland Empire Health Information Exchange and Policies and Procedures

CAO ANALYST:

Sonia De La Rosa