JUSTIFICATION FOR OTHER THAN FULL AND OPEN COMPETITION

1. Contracting Activity: Department of Veterans Affairs (VA)
Office of Acquisition Operations
Technology Acquisition Center
23 Christopher Way
Eatontown, NJ 07724

2. Description of Action: The proposed action is for award of a Firm-Fixed Price (FFP) contract for the renewal of existing enterprise First Databank Inc. (FDB) software licenses and to procure new enterprise FDB software licenses.

3. Description of the Supplies or Services: VA Veterans Health Administration (VHA), Pharmacy Service has a requirement for the renewal of existing enterprise FDB software licenses, as well as the procurement of additional enterprise FDB software licenses. Specifically, VHA requires renewal of the enterprise licenses for the following base modules: FDB MedKnowledge Information Architecture (inclusive of MedKnowledge Framework), Cloud Connector (up to 1,000,000 hits), Enhanced Interoperability Module, the Patient Education Modules (Spanish), Image/Imprint Modules, Drug-Drug Interaction for Consumers Module, and VA Custom Monthly Update. The current tools provide a mechanism to cross check several critical factors in relation to patient safety, such as Patient Medication Information Sheets (PMIS), auxiliary warning labels, drug-drug interactions, duplicate drug order checks and max single dose checks. These seven enterprise FDB software licenses will be procured in the base period for a one-year term, with the ability to renew them in the option period for another one-year term.

Additionally, VA requires the procurement of new enterprise FDB software licenses for the following modules: AlertSpace, Drug Formulary Management Module, Go-Live Med Orders, Medguide Module, Medicare Module, MedTeach Module, MedsTracker, Meducation, State Controlled Substance Module, and Cloud Connector (Greater than 1,000,000 hits) applications. These ten enterprise FDB software licenses will be procured in the base and/or option period. These additional licenses support expansion of the utilities and tools across VHA Pharmacy facilities to provide better, more accurate patient care for Veterans. The period of performance for this effort consists of a 12-month base period, with one 12-month option period. The maximum PoP if all optional tasks are exercised will be 24 months.

4. Statutory Authority: The statutory authority permitting other than full and open competition is 41 U.S.C 3304(a)(1) as implemented by the Federal Acquisition Regulation (FAR) Subpart 6.302-1 entitled, "Only One Responsible Source and No Other Supplies or Services Will Satisfy Agency Requirements."

5. Rationale Supporting Use of Authority Cited Above: The proposed source is FDB, located at 500 East 96th Street, Suite 500, Indianapolis, IN 46240. Currently, there are multiple applications and servers within VA that utilize FDB as a key part of their software infrastructure in performing the necessary cross checks to ensure patient safety relative to pharmacy services. The three main applications, which are fully deployed, nationally operated systems are the Pharmacy Enterprise Customization System (PECS), Medication Order Check Healthcare Application (MOCHA), and Pharmacy Product System (PPS). These applications utilize only FDB to perform the necessary drug-drug interactions checks, duplicate therapy checks, dosing verification, patient medication information sheets, and provide VA and Department of Defense (DoD) pharmacy operations interoperability.   Each of these three applications has servers and software which are fully deployed and are operating in direct support of pharmacists at all VA facilities. These applications have been specifically developed for use with the proprietary FDB software. The seventeen enterprise FDB software licenses described in section 3 of this justification, all work within the proprietary constraints of these three applications. Any other brand name software would be required to be interoperable and compatible with these applications. Due to the FDB proprietary constraints, no other enterprise software license is interoperable and compatible with these applications. Specifically no other brand name software will be able to communicate with them. Furthermore, VA's prescription ordering system in CPRS/VistA is currently dependent on multiple technologies to function and provide service, and in particular, VA currently uses a combination of CACHE and Oracle servers. Based on market research, only FDB can work with both technology stacks. The inability of an alternate product to use CACHE and Oracle introduces significant risk to patient safety. Additionally, VA utilizes several proprietary technologies in its current environment which would have to interact with any alternate solution. Introducing new technology would require a process to recode these dependent applications, which includes but is not limited to, Patient Medication Information (PMI), drug-drug interactions, auxiliary warning labels, duplicate drug therapy, and dosing, all of which are required by VA to have a safe healthcare application. Recoding these applications would result in extensive delays and duplicated costs that would not be recovered through competition. VA requires seamless integration of pharmacy and prescription ordering processes in order to provide patient care and patient safety. Additionally, VA's current system is dependent on proprietary FDB APIs and transition to another proprietary API would require VA to convert all information from one format to another, including proprietary product identifiers on over 18,000 entries.

Since 2006, FDB has been built into the software code of the current VA Computerized Patient Record System (CPRS)/Veterans Health Information systems and Technology Architecture (VistA) operating system. CPRS/VistA is the Electronic Medical Record (EMR) used to provide care to Veterans. VA has embarked on several major projects to ensure that clinical order checks and associated decision support tools are incorporated into the ordering and

prescription filling processes. These projects resulted in the MOCHA, PPS and PECS systems. In addition, other systems including Consolidated Mail Outpatient Pharmacy and the Clinical Data Repository/Health Data Repository systems have been modified to use FDB data and FDB's Application Program Interfaces (APIs). FDB's National Drug Code (NDC) and pricing information is used to validate VA's class of prescription products and to verify that the contractual prices are at or below the open market pricing.

VA must continue to support mission critical services such as drug-drug interactions, duplicate therapy, dosing, patient medication information sheets, and VA-DoD interoperability to ensure patient safety. If VA is no longer able to use FDB, the already deployed versions of these applications, and the support applications and features would be rendered useless. This would leave pharmacists with no tools to assist in order checks to prevent patient safety issues and harmful drug interactions during the long transition period, which would have a severe negative impact to Veterans' healthcare.

Additionally, VA has a requirement for additional functionality to enhance the current FDB system and pharmacist's tools to better support Veterans. The new functionality that is required is part of the FDB suite of applications, therefore, these proposed items will be able to seamlessly integrate and interoperate with the existing VA environment. Therefore, in order to satisfy VA's requirements for additional functionality, these additional tools and applications must be procured from FDB.

6. Efforts to Obtain Competition: Market research was conducted, the details of which are in the market research section of this document in section eight below. The market research conducted did not yield any capable sources, other than FDB, who could meet all of the Government's requirements. There is no competition anticipated for this acquisition. Additionally, the proposed action will be synopsized on the Federal Business Opportunities Page (FBO) in accordance with FAR Part 5, and this Justification will be posted with the resulting notice of contract award to FBO within 14 days after award in accordance with FAR 6.305(a).

7. Actions to Increase Competition: In order to remove or overcome barriers to competition in future acquisitions for this requirement, the agency will work with the program office to perform additional market research so that other solutions can be considered.

8. Market Research: Market research was conducted via release of a Request for Information (RFI) VA118-17-N-1779 on the Federal Business Opportunities page on November 2016. In the RFI, the Government requested capability statements from vendors that could demonstrate their current ability to provide an enterprise software licenses. Two responses were received, one from the

incumbent contractor, FDB, and one response was received from Wolters Kluwer Health, Inc. (WKH).

After review of the information received, the Government's technical experts determined that only FDB was technically capable to execute the requirements detailed in section five of this justification. Only FDB is interoperable and compatible with the existing applications and infrastructure currently supporting pharmacy operations within CPRS/VistA. Specifically, the WKH solution fails to meet the requirement to support PECS, MOCHA, and PPS as well as CACHE and Oracle servers as outlined in section 5 of this justification. WKH's response also indicated that its proposed solution is dependent on its proprietary API's. This would require VA to convert from one proprietary API to another. VA would also have to convert proprietary product identifiers on over 18,000 entries from FDB's unique Generic Sequence Code (GCN) to WKH's Generic Product Identifier (GPI). VA estimates that this would result in two years of delays in obtaining an enterprise software license. WKH's response advised that they have little or no in-house programmers or resources to support this conversion and that third parties would have to be used, further increasing risk of ensuring seamless interoperability with existing applications and infrastructure. Additionally, FDB is the only source that can provide the necessary functionality within the Government's required timeframe. VA followed up with WKH in response to the RFI submission, specifically requesting additional information on similar conversions from customers' utilizing FDB to include estimated/actual timelines. WKH's response offered no additional information to assess the timeframe required for conversion from the FDB products. The Government contacted WKH in December 2016 to advise them of the Government's assessment that WKH's product cannot meet VA's needs, no response has been received.

Additionally, in discussions with FDB, FDB stated that there are no resellers for the required products, and provided a sole source letter. Based on this market research, the Government's technical experts have determined that only FDB can meet all of VA's needs, and that competition is not expected for this requirement.

9. Other Facts: None.