

DEPARTMENT OF VETERANS AFFAIRS

Justification and Approval (J&A)  
For  
Other Than Full and Open Competition (>\$150K)

OCE17-1 ECRI Institute Knowledge Product


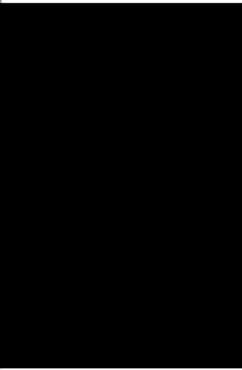
Acquisition Plan Action ID: VA701-17-AP-0132

1. **Contracting Activity:** Department of Veterans Affairs, Veterans Health Administration (VHA), Program Contracting Activity Central (PCAC), 6150 Oak Tree Blvd, Suite 300, Independence, OH 44131. Office of Community Engagement (OCE)/Center for Compassionate Innovation (CCI) and Quality Enhancement Research Initiative (QUERI) offer this Justification for Other Than Full and Open competition. Purchase Request Number is 776-17-4-5412-0414
2. **Nature and/or Description of the Action Being Processed:** This request is for a subscription to the Emergency Care Research Institute (ECRI) Health Technology Assessment Information Service (HTAIS) database for the Office of Community Engagement (OCE)/Center for Compassionate Innovation (CCI) and Quality Enhancement Research Initiative (QUERI). The proposed action is for a new single award firm-fixed price contract with one (1) 12-month base period plus three (3) 12-month option periods in accordance with FAR 13.5 Simplified Procedures for Certain Commercial Items and specifically FAR 13.501 Special Documentation Requirements, where acquisitions conducted under Simplified Acquisition Procedures are exempt from the requirements of FAR Part 6, but still require a justification using the format of FAR 6.303-2.
3. **Description of Supplies/Services Required to Meet the Agency's Needs:** The ECRI Institute HTAIS database is a proprietary research database offered by ECRI Institute as a research database. The database will be used to answer business-related research questions received by OCE/CCI and QUERI staff who want to do their own VA-related research. More specifically, ECRI Institute will provide the 15 members of OCE/CCI and QUERI access to an online, web-based site that will offer unrestricted access to previous reports compiled by ECRI Institute. OCE/CCI and QUERI will have access to ECRI Institute web-based information as outlined in the ECRI Institute membership package. More specifically, OCE/CCI and QUERI will have access to a database that contains reports that provide an evaluation of treatment modalities, technologies, evidence-based practices, as they relate to various domains of age, socioeconomic status, comorbid conditions, and other relevant factors of consideration to make clinical and business decisions. ECRI Institute will produce 30 reports per year based on a given topic identified by OCE/CCI and/or QUERI. ECRI Institute will review existing literature to provide a thorough report that highlights research outcomes, FDA clearance, potential clinical utility, and safety of identified treatment modality or technology. When available, review will highlight application to a Veteran population as well as identified age groups, demographic variations, geographic location, comorbid conditions, and other relevant factors of consideration to make clinical and business decisions

The required period of performance is: One (1) 12-month base period plus three (3), 12-month option periods to be exercised at the discretion of the Government.

Base Year: 9/30/2017-9/29/2018.  
Option Year 1 of 3: 9/30/2018-9/29/2019.  
Option Year 2 of 3: 9/30/2019-9/29/2020.  
Option Year 3 of 3: 9/30/2020-9/29/2021.

The estimated total value of the acquisition is \$696,573.89, for the four (4) year life of the contract. A year-by-year estimated cost breakdown is as follows:

Contract Period	Period of Performance	HTAIS Membership Website Access (15 members)	Rapid Review Reports (30 reports per year)	Total
Base Period	9/30/2017-9/29/2018			\$166,500.00
Option period 1 of 3	9/30/2018-9/29/2019			\$171,495.00
Option period 2 of 3	9/30/2019-9/29/2020			\$176,639.85
Option period 3 of 3	9/30/2020-9/29/2021			\$181,939.04
Total Base plus Three (3) Option Year				\$696,573.89

**4. Statutory Authority Permitting Other than Full and Open Competition:**

The authority for applying the Simplified Procedures for Commercial Items of FAR 13.5 is 41 U.S.C. 1901 and is implemented by for restricting competition on this procurement via FAR 13.106-1(b)(2).

**5. Demonstration that the Contractor's Unique Qualifications or Nature of the Acquisition Requires the Use of the Authority Cited Above (applicability of authority):**

ECRI Institute is designated as an Evidence-Based Practice Center (EPC) by the U.S. Agency for Healthcare Research and Quality (AHRQ). The unique nature of ECRI Institute and the Health Technology Assessment Information Service (HTAIS) is due to its components are not available from any other source. ECRI Institute's multidisciplinary clinical and scientific staff is comprised of more than 400 full-time healthcare professionals on site at its headquarters. These include physicians, nurses, medical technologists, clinical engineers, physicists, life scientists, cognitive scientists, methodologists, master's level medical librarians, health systems specialists, patient safety specialists, and continuing medical education professionals. ECRI's HTAIS work is informed by the corporate-wide staff and decades of diverse experience. This has enabled ECRI to develop methods of producing rapid review reports that have become widely accepted as valuable support for decision making by health plans, healthcare providers, and hospital systems. ECRI also differs from any other commercial Health Technology Assessment (HTA) provider in that they obtain external



peer review from experts in the relevant field for their in-depth HTAs. ECRI provides actual evidence synthesis of health technology, product-specific on-demand evidence synthesis targeted to a health systems' very specific questions. HTAIS covers many other issues related to decision making about acquiring and implementing new technology or interventions (e.g., training, infrastructure, cost, FDA status of product) and their evidence-based practice center offers on-demand reviews with outputs greater than 500 reports a year. This ensures the scientific and clinical relevance and accuracy and balance of perspectives.

The program office requesting the contract would have access to ECRI's previously completed evidence review documents on various topics as well as ECRI's rapid report service. They would compile research studies, case studies, and anecdotal reports and synthesize this information into a report they would present to the Office of Community Engagement/Center for Compassionate Innovation (OCE/CCI). ECRI is unique in that they compile reports and synthesize information for new or emerging topics – topics that do not have a robust evidence base that includes many published studies. ECRI would investigate and integrate case studies, case series, research studies, and anecdotal reports when compiling their report. This would offer a nuanced approach that would provide access to information that is not generally available through traditional databases that focus on published research findings.

Given the nature of the CCI, it will focus entirely on emerging or innovative treatment approaches or modalities that may not have a strong or well-developed evidence base. Therefore, CCI cannot rely solely on traditional avenues to review existing research on these topics. Specifically, CCI explores emerging therapies that are safe and ethical to enhance Veteran physical and mental well-being when other treatments have not been successful. CCI focuses on proposals in the following areas: Traumatic Brain Injury (TBI), Posttraumatic Stress Disorder (PTSD), chronic pain, and suicidality.

6. **Description of Efforts Made to ensure that offers are solicited from as many potential sources as deemed practicable:** A survey of the market place was accomplished by publicizing a notice in Fed Biz Ops (<https://www.fbo.gov/>). In addition, a query of VETBIZ was performed to determine if at least two (2) or more Veteran-Owned Small Business (VOSBs) and /or Service-Disabled Veteran-Owned Small Businesses (SDVOSBs) are qualified/capable of providing the service. No responses were received as result of the queries. Please see paragraph 8 below for detailed market research accomplished.
7. **Determination by the Contracting Officer that the Anticipated Cost to the Government will be Fair and Reasonable:** The contracting officer will perform the required analysis to ensure that the price is fair and reasonable. The price analysis will be based on published price lists, offered discounts if any and comparable pricing for similar, web-based resources.
8. **Description of the Market Research Conducted and the Results, or a Statement of the Reasons Market Research Was Not Conducted:** Market research, in accordance with FAR Part 10, was conducted as follows:

a) *FBO.gov*

An intent to sole source was posted May 4, 2017 with due date May 15, 2017 10:00am eastern local for comments concerning the sole source. No responses were received as a result of the posting.

b) *VetBiz.gov*

The vendor information page (VIP) at [www.vetbiz.gov](http://www.vetbiz.gov) was queried on May 4, and then again on June 19, 2017 in an attempt to locate Service-Disabled-Veteran-Owned-Small-Business (SDVOSB) & Veteran-Owned-Small-Business (VOSB) concerns utilizing NAICS code 519130. The search produced 92 results. Upon review of these vendors zero (0) were capable of offering the ECRI subscription or similar Services.

c) *EBSCOhost*

An inquiry was made to EBSCOhost at <https://www.ebscohost.com/> to see if similar services could be met. EBSCOhost is a tool rather than a series of finished information products. EBSCOhost databases are collections of references to the scholarly literature which are sometimes used to support Health Technology Assessments created by others e.g. HTAIS. EBSCOhost may be used by researchers and analysts as one initial source to identify a set of appropriate bibliographic references which are then combined with others to support the creation of evidence reports.

d) *National Institutes of Health (NIH)*

An inquiry was made to NIH at <https://www.nlm.nih.gov/> to see if similar services could be met. HCAHPS provides resource tools used to perform high-quality health technology assessment and systematic review. These resources do not address decision makers' need for an evidence synthesis or rapid review of a body of evidence on a healthcare intervention about which they need to make a decision.

e) *Agency for Healthcare Research and Quality (AHRQ)*

An inquiry was made to AHRQ at <https://www.ahrq.gov/research/ahrq-research.html/> to see if similar services could be met. AHRQ's topics target third party payer concerns, and their reports do not discuss all the factors affecting how to introduce a new technology into a health system (clinician training and credentialing needs, costs, infrastructure, safety issues). Also, their report formats are not usable by health systems. Because AHRQ is a federal government agency that must post draft reports for public comment, its timeframe for producing a report takes 10 to 20 times longer than ECRI (e.g. 52 to 100 weeks compared to our 2 to 12 weeks). In fact, at AHRQ's request, ECRI provides consultation in helping them to better understand the evidence needs of health systems.

f) *Centers for Disease Control and Prevention (CDC)*



An inquiry was made to CDC at <https://www.cdc.gov/> to see if similar services could be met. CDC provides articles on tools that can be used to support evidence-based decisions on public health. It is not health technology assessment.

g) *Cochrane Library*

An inquiry was made to Cochrane Library at <http://www.cochranelibrary.com/home/topic-and-review-group-list.html?page=topic> to see if similar services could be met. Cochrane produces systematic reviews but are not driven by client request. Their Central database focuses only on synthesizing evidence from randomized controlled trials, which are few and far between for most healthcare topics of interest to health systems. They also provide no information on what is required to introduce a healthcare intervention into a health system (training, infrastructure, safety issues, and costs).

h) *Emergency Center Research Institute (ECRI)*

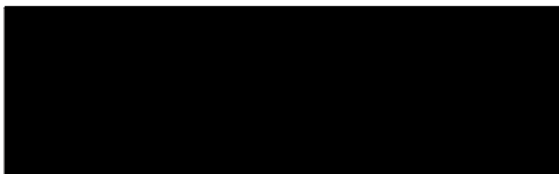
ECRI was contacted to see if their Rapid Reports and the propriety HTAIS membership is sold by other vendors specifically VOSB and SDVOSB. ECRI does not grant authorized sellers of its product. NCQA will only grant use to the user and is not transferrable. Each user is required to separately register with ECRI to obtain access to the product.

9. Any Other Facts Supporting the Use of Other than Full and Open Competition: None

10. Listing of Sources that Expressed, in Writing, an Interest in the Acquisition: None

11. A Statement of the Actions, if any, the Agency May Take to Remove or Overcome any Barriers to Competition before Making subsequent acquisitions for the supplies or services required: In order to remove or overcome barriers to competition in future acquisitions for this requirement, Industry will be continually perused to see if other solutions are feasible and can be considered as a viable alternative.

12. Requirements Certification: I certify that the requirement outlined in this justification is a Bona Fide Need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge and belief.



Director  
VHA Office of Community Engagement

July 5, 2017  
Date

13. Approvals in accordance with the [VHAPM, Volume 6, Chapter VI: OFOC SOP](#).

- a. Contracting Officer or Designee's Certification (required): I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

Laurie Walker

Laurie Walker  
Contract Officer  
Program Contracting Activity Central (PCAC)

Date

- b. Director of Contracting /Designee (Required over \$150K but not exceeding \$700K): I certify the justification meets requirements for other than full and open competition.

Richard C. Dahmen

Richard Dahmen  
Director of Contracting  
Program Contracting Activity Central

Date