



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health /CEO

DATE: 2018 December 12

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## **ELECTRONIC CLIENT RECORD – PROJECT UPDATE**

### ***Recommendation***

*It is recommended that the Board of Health:*

- 1) Receive Report No. 072-18 re: “Electronic Client Record – Project Update”; and*
- 2) Approve entering into a contract with Intrahealth Canada Limited for the purpose of implementing an Electronic Client Record solution.*

### **Key Points**

- Intrahealth Canada Limited was the successful proponent with regard to a Request for Proposal (RFP) issued by Ottawa Public Health (OPH), permitting the Middlesex-London Health Unit to trigger a “piggyback clause” with the selected vendor upon finalizing a contract.
- Contract negotiations have ceased between OPH and Intrahealth, prompting MLHU to enter into a single-source agreement with Intrahealth. Several other health units are already using, or continuing to pursue contracts with, Intrahealth.
- Intrahealth’s pricing model estimates the value of the contract to be approximately \$695,000 for a five-year term.
- Pricing for the electronic client record (ECR) solution is expected to increase by as much as 30 percent in 2019, but can be mitigated by entering into an agreement before the end of the year.
- A project charter has been initiated and work on the ECR project is well underway.

### **Background**

Implementation of an effective electronic client record (ECR) solution can improve efficiency of service delivery, enhance information sharing and collaboration among program areas, and improve overall communication with clients. In 2016, Ottawa Public Health (OPH) issued a Request for Proposal (RFP) seeking an externally hosted, interoperable electronic public health record solution. In submitting proposals in response to the RFP, proponents had to agree that once a contract was awarded, the contractor’s proposal might be shared with other interested public agencies anywhere in Canada. MLHU opted to trigger this “piggyback clause,” once a signed contract is in place following OPH’s RFP process.

Intrahealth Canada Limited was the successful proponent in regard to the RFP issued by OPH. Intrahealth has extensive experience in the public health environment, with five public health units in Ontario currently using their solutions. Public health units currently under contract with Intrahealth include: Algoma Public Health, Durham Region Health Department, Brant County Public Health, Niagara Region Public Health, and Porcupine Health Unit.

As of November 19, 2018, Intrahealth and OPH ceased contract negotiations. In the absence of a signed agreement, a piggyback clause with MLHU cannot be triggered. However, with Intrahealth capacity not being deployed to the Ottawa implementation, there is an opportunity for MLHU to advance implementation timelines in order to be better prepared for the relocation to Citi Plaza.

## **Contract Negotiations with Intrahealth**

Procurement protocols outlined in MLHU Policy G-230, Appendix A, Section 3.4 (1) (v) allows for a Direct Negotiation method when required goods and services are to be supplied by a particular vendor or supplier having special knowledge, skills, expertise, or experience. Based on the robust RFP process carried out by OPH, and from Intrahealth's engagement with five other Ontario public health units, it is clear that Intrahealth possesses specialized knowledge and expertise in the public health environment. Further, Section 3.2 of the Procurement Protocols specifies that the requirement for competitive bid solicitation may be waived where only one source of the supply would be acceptable and cost-effective. In order to achieve efficiencies in time with respect to the implementation of an ECR solution, MLHU is proposing to single-source and enter into direct negotiation with Intrahealth.

## **Terms and Conditions**

A comprehensive review of Intrahealth's Master Level Service Agreement has been carried out following a competitive price negotiation. Confirming a contract prior to the end of 2018 will avoid an increase, for 2019, of up to thirty percent. The first fifty licenses are purchased in year one, and, once operational, additional licenses may be purchased in groups of ten. A periodic audit system procedure will report on actual concurrent licenses used during the first phase of implementation to predict the number of licenses required. At this time, it is estimated that a total of one hundred concurrent licenses would be required to complete all three phases of implementation.

The value of a five-year contract is approximately \$695,000, an amount that includes licensing costs and implementation fees. Annual maintenance and support fees have been included and are based on the total number of licenses purchased during the five-year period.

## **Update on Project Deliverables**

A detailed project charter has been initiated and work on the project is well underway. The project steering committee has created a strategy modelled on that of OPH, which was based on a robust needs assessment OPH had carried out. A phased approach to implementation is being followed, which is outlined in [Appendix A](#). To achieve project scheduling efficiencies, program areas identified for Phase 1 implementation have participated in process mapping exercises. The completed business and workflow analyses will be used by Intrahealth's project implementation team to aid in building MLHU's ECR solution.

## **Next Steps**

It is recommended that the Board of Health approve entering into an agreement with Intrahealth Canada Limited in order to expedite the implementation of ECR and to eliminate a potential price increase within the current market. The Board of Health will continue to receive updates on the status of key deliverables with respect to the ECR project.

This report was prepared by the Healthy Organization Division.



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