



MAY -9 10:00

STATE PROCUREMENT OFFICE
NOTICE OF AMENDMENT TO EXEMPTION FROM CHAPTER
103D, HRS, CONTRACT

1. TO: Chief Procurement Officer
2. FROM: Department of Health / Health Information Systems Office
 Department/Division/Agency
3. Name of Contractor: CGI-AMS
4. P.E. Reference No. 06-039-J

5. Description of goods, services, or construction:
 Provide Information Technology solutions to support the Pandemic Flu plan. Assessment and development of IT requirements to meet Pandemic Flu plan was conducted. Enhancement of the existing Disease Surveillance Monitoring system was completed. Replacement to the laboratory information management system with a more robust system to streamline large volume of testing to confirm virus strain in a patient was completed. Continue to address the remaining needs identified in the assessment.

6. Scope of work for the contract is revised as follows:
 As the Disease Surveillance and laboratory testing report more cases, volumes of vaccines and antivirals must be administered to the state population to slow the spread of the Pandemic. Work would include implementing an automated system that effectively and efficiently tracks patients and inventories equipment, supplies and staff involved in the response to the spreading Pandemic. Contract extended to 3/31/2010.

Original Contract Price: ~~\$1,800,000~~ Amended Contract Price: *J-to 5/29/08*
~~\$469,580 + \$1,800,000 (Amend 1)~~ ~~\$2,775,000~~ + ~~\$975,000 (Amend 2)~~ = ~~\$3,244,580~~

7. Reason: This / These amendment(s) are necessary because:
 During the assessment it was determined that in the event of Pandemic, there must be an effective way of managing resources that will be responding to the prevention of its spread. Because of large volume of vaccine, antivirals, and large number of supplies, equipment and staff needed for this responds, only an automated system will be able to help manage all these resouces effectively and efficiently.

8. Direct questions to: Dwight Bartolome Phone: 586-4450

Agency shall ensure adherence to applicable administrative and statutory requirements.

9. Pursuant to § 103D-102, HRS, and § 3-120-5, HAR, I certify that the information provided above is, to the best of my knowledge, true and correct

[Signature] 5/5/08
 Department Head Date

Reserved for SPO Use Only

10. Date Posted: 5/07/08

11. Submit written objections to this notice of intent to amend a procurement exemption contract within seven calendar days or as otherwise allowed from the above posted date to: Chief Procurement Officer
 State Procurement Office
 P.O. Box 119
 Honolulu, Hawaii 96810-0119

Chief Procurement Officer's Comments:

12. APPROVED DISAPPROVED

[Signature] 5/29/08
 Chief Procurement Officer Date

13. P.E. No. 06-039-J
Amend 2

**Notice of Amendment to Exemption from Chapter 103D, HRS, Contract
P.E. Reference No. 06-39-J**

Section 7. Reason These Amendment(s) are Necessary:

The procurement exemption was requested for CGI-AMS because they are most familiar with all aspects of the information technology (IT) requirements for preparedness and response for the Pandemic Flu Plan. Because of the urgency to address this potential crisis for public health and safety, CGI-AMS was in the best position to address the IT needs in a timely manner.

The original exemption was approved for \$469,580 for about a year ending 12/31/2006. The assumption for this was CGI-AMS would do a quick assessment and develop a quick solution using existing surveillance monitoring systems within DOH. Another assumption was the current laboratory system, which does environmental sample testing, would be enhanced by the vendor under the annual maintenance support to track and process confirmation of the pandemic virus. The final assumption was that Center for Disease Control (CDC) would provide an automated system to track immunization of patients and to manage inventory of vaccines, anti-viral, supplies, equipment and people resources needed in a response to a Pandemic outbreak.

The assessment was started. Because of the many complex facet of the Pandemic plan, the assessment took longer than expected. From the assessment, it was determined that the modifications to the existing surveillance monitoring system would be more extensive than previously estimated and the vendor that provided the software for the current laboratory system backed away from enhancing their software to support pandemic virus confirmation under the annual maintenance contract. This made it impossible for CGI-AMS to take the laboratory system and integrate into the Pandemic Information Management system. CGI-AMS was forced to do an evaluation and selection of a replacement laboratory information management system (LIMS).

This resulted in the first request for amendment to the original exemption. The cost of the assessment was \$219,000. The cost of the NEDSS modifications was \$660,000. The cost of the LIMS software, hardware and implementation was \$900,000. Considering other miscellaneous expenses, cost totaled \$1,800,000.

Enhancements to NEDSS have been completed and implementation of the LIMS is scheduled for ending of May 2008.

CDC started various initiatives to develop automated systems to track immunization of patients and to manage inventory of vaccines, anti-viral, supplies, equipment and people resources needed in response to a Pandemic outbreak. CDC recently ceased all initiative and left it up to each state to develop or acquire their own Incident Resource Management System (IRMS) to track immunization of patients and to manage inventory of vaccines, anti-viral, supplies, equipment, and people resources needed in response to a Pandemic outbreak.

CDC also provided a mechanism to efficiently transform and transfer data to and from the various application systems that need to share data in a Pandemic. The following systems are identified: Disease Surveillance system, Laboratory Management Information systems, electronic lab reporting, Disease reporting, and immunization systems. Implementation support is not being provided by CDC and it will be up to the states to do it's own implementation of the transformation and transfer tools.

Cost for these two items is estimated to be \$975,000 and implementation would take about 20 months.

This has resulted in DOH requesting a second amendment to this exemption to use CGI-AMS to implement an incident resource management system and implement the CDC transformation and transfer tools called PHIN-MS and Rhapsody. Because of CGI-AMS in-depth knowledge of DOH Pandemic Management Information Systems, they would be in the best position to understand the requirements and do the integration into the Pandemic Management Information Systems.