JUSTIFICATION FOR OTHER THAN FULL AND OPEN COMPETITION

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

2. Description of Action: The proposed action is for a firm-fixed price, time and materials, single award, indefinite delivery/indefinite quantity (ID/IQ) national contract for Document Storage Systems (DSS) Infusion Therapy Manager (ITM) software, annual limited licenses, and ancillary services to include maintenance, delivery, installation, testing, implementation, and training. Maintenance includes software updates, upgrades, bug fixes, help desk support, training, reporting, and project management.

3. Description of Supplies or Services: VA, Veterans Health Administration, National Oncology Program requires DSS ITM software and associated services for any VA Medical Centers (VAMC) across the United States. The solution must be interoperable and compatible for use with the Veterans Health Information Systems and Technology Architecture (VistA) and the Computerized Patient Record System (CPRS) which is a graphical user interface (GUI) for the VistA electronic health record (EHR) system. VA requires brand name DSS ITM for sites using VistA Chemotherapy Manager (VCM), the pre-existing legacy version of DSS ITM, to manage infusion therapy in CPRS/VistA that has not yet transitioned to the new Oracle EHR. Each of these sites shall have the ability to utilize the national contract for DSS ITM software since DSS is retiring the pre-existing contracted VCM software for ordering antineoplastic and other infusion therapy in VistA/CPRS and is replacing VCM with its next-generation solution, ITM, which is also compatible with VistA/CPRS. Examples of required interfaces with CPRS/VistA include patient specific information which includes labs, age, height, to calculate patient specific doses, allergy alerts, and dose alerts. In addition, a requirement of the system is to document in CPRS/VistA detailing the patient specific chemotherapy regimen including doses and dates. Another required functional capability of the system is placing the medication orders directly into VISTA with minimal editing. The total estimated value of this proposed action is [redacted], inclusive of 5, 12-month ordering periods.

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 Revolutionary Federal Acquisition Regulation Overhaul (RFO) VA Deviation 6.103-1 entitled, “Only One Responsible Source and No Other Supplies or Services Will Satisfy Agency Requirements.”

5. Rationale Supporting Use of Authority Cited Above: Based on market research, as described in Section 8 of this document, it has been determined that limited competition for brand name DSS licenses and ancillary services are available among authorized resellers and the original equipment manufacturer.

Currently, there are 120 VAMCs in the process of transitioning to the Oracle EHR and is scheduled to be completed in 2031. At this point, more than 50 VAMCs have not yet been transitioned which require the DSS ITM solution for antineoplastic and other infusion therapy requirements within CPRS/VistA. Salt Lake City VAMC, a previous VCM user, currently has an ITM software contract in place and already went live with the conversion from VCM to ITM in 2025. Mountain Home, TN VAMC also went live with ITM in February 2026. DSS ITM is the infusion administration software that interfaces with VistA and other data sources into a single software solution. Only DSS can provide the necessary software updates, patches, and defect support because of the property source code. Any other brand name software is unable to integrate with the currently fielded DSS ITM solution. Existing software solutions other than DSS ITM would require integration with VistA and CPRS. Any alternative to the DSS ITM software would require full system re-implementation, a substantial technical and operational undertaking that poses risks, challenges, and delays. This effort would include the redesign of system integrations, comprehensive data migration and validation, redevelopment of configuration and automation logic, and creation of role-based training materials and sandbox environments. Training would need to occur in multiple waves—pilot, general rollout, and remediation—across approximately 2,000 clinical, operational, and administrative staff. Based on comparable enterprise transitions, the total implementation timeline is estimated at 12 to 21 months, encompassing 3 to 6 months for analysis and design, 6 to 9 months for development, configuration, and testing, and 3 to 6 months for training, deployment, and stabilization. The scope and duration of this initiative would substantially divert organizational and information technology resources from core service delivery activities and introduce elevated schedule, cost, and operational risks, including extended time to transition from the ongoing modernization efforts transitioning VCM to ITM in CPRS/VistA.

Consequently, transitioning to another solution is estimated to cost VA over $10 million ($200,000.00 for each of the 50 sites that currently use VCM), which includes an interface build effort estimated to be over $1 million as well as reprocuring licenses and necessary infrastructure hardware estimated to be over $6 million, over a minimum of two years. This also includes the duplication of costs to run two systems concurrently until any new system is fully up and running. These estimated duplicative costs and time are based on previous software design and integration efforts of similar size and scope and would not be recovered through competition. In addition, since this requirement is transitioning to VA's Oracle EHR over the next five years, re-procurement as well as reimplementation (i.e., integration, development, customization, and training) would cause duplication of cost and time that would inevitably be wasted as the VA transitions to the EHR solution.

Failure to procure the software that manages specialty care infusion treatments will remove a currently operational capability that VA uses to coordinate orders,

schedule infusions, calculate doses, document administration, and track monitoring for high-risk infusion therapies. In the absence of this system staff would be required to use manual processes for these activities, which is associated with increased risk of scheduling errors, dosing errors, incomplete documentation, and delays in care for complex medication regimens. For high-risk infused medications, such as biologic and chemotherapeutic agents, these types of failures are known to be associated with adverse clinical outcomes and increased utilization of higher-acuity services. Accordingly, failure to procure this software would disrupt continuity of these functions and would introduce identifiable patient safety, operational, and compliance risks to VA's delivery of specialty infusion care.

6. Efforts to Obtain Competition: Market research was conducted, details of which are in Section 8 of this justification. This effort did not yield any additional sources that met all the Government's requirements. However, the undersigned VA technical representative determined that limited competition is available among authorized resellers for brand name DSS licenses and ancillary services. In accordance with RFO VA Deviation 6.301(b)(2) and 5.201(c)(3) this justification shall be posted with the solicitation. Furthermore, a pre-solicitation notice for the proposed action will be posted on the Contracting Opportunities Page in accordance with RFO FAR 5.101. Any responses that are received shall be evaluated.

7. Actions to Increase Competition: The Government will continue to conduct market research to ascertain if there are changes in the marketplace that would enable future actions to be competed.

8. Market Research: VA's technical experts conducted web-based research in February 2026, to determine if there are other relevant electronic chemotherapy software products that are available commercially that interface with CPRS/VistA.

There are other electronic chemotherapy software platforms reviewed include: OncoEMR by Flatiron Health (originally Altos Solutions); ARIA Oncology Information System by Varian Medical Systems / Siemens Healthineers; MOSAIQ (Plaza, Medical Oncology) by Elekta; iKnowMed by McKesson; Epic Beacon by Epic Systems Corporation; Cerner Oncology by Oracle Health (Cerner); EndoVault Oncology by EndoSoft; CellmaEHR Oncology by Riomed; CureMD Oncology by CureMD; and Oncology-Cloud by WRS Health / Oncology-Cloud. These systems do not meet the required interface to work with VISTA/CPRS, which is a critical requirement as described above. Once a VAMC goes live with the new Oracle EHR, they will utilize the Oracle imbedded chemotherapy ordering module and will transition away from ITM/VCM. Based on these market research efforts, the Government's technical experts have determined that only brand name DSS ITM can meet all of VA's needs.

The Contract Specialist also performed additional market research in January 2026 by searching the NASA SEWP Provider Look Up for key word "Document Storage Systems." The search revealed that there are five companies that are resellers of

this product, all of which are small businesses, which includes One of those being a Historically Underutilized Business Zone and one Service-Disabled Veteran Owned Small Businesses. On February 2, 2026, the Contract Specialist emailed DSS to determine whether DSS Inc's ITM software annual limited licenses and ancillary services can be procured through NASA SEWP. DSS responded on February 4, 2026, and stated that ITM resellers exist on NASA SEWP and are able to provide licenses however, DSS performs the services work, including training and installation. Although brand name DSS is available on NASA SEWP, this requirement is for an ID/IQ contract which cannot be awarded under NASA SEWP. An ID/IQ contract is required since there are 120 VAMC's in the process of transitioning over to the Oracle EHR and is scheduled to be completed in 2031 as mentioned in Section 5. Both the quantity and timing of the required brand-name DSS licenses and ancillary services remain variable, and the VA requires flexibility to order these licenses and services as needs arise.

9. Other Facts: None.

[redacted]

[redacted]