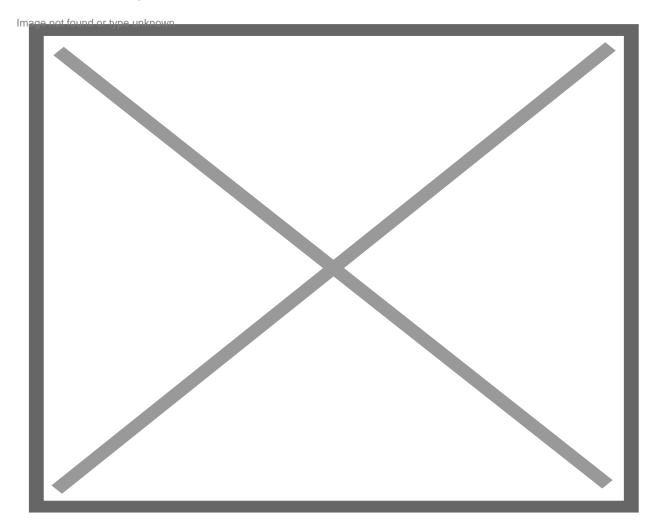# Company Named 'InductiveHealth Informatics' Wins Bid for Dept. of Health Contact Tracing Contract; Cost is $220,040 for 1 Year

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Ernice Gilbert September 11, 2020

InductiveHealth's list of clients. **By. INDUCTIVE HEALTH WEBSITE**

A company named InductiveHealth Informatics, based out of Atlanta, Georgia and formed in 2013, has won the V.I. Department of Health's bid for the coronavirus contact tracing contract, which will last for one year and will cost $220,040 with a 1-year renewal option.

V.I. Department of Health Commissioner Justa Encarnacion confirmed the agreement to the Consortium Thursday evening, with Jahnesta Ritter, a member of D.O.H.'s Epidemiology Division, furnishing further details.

The new agreement comes a month and a half after the Consortium reported that a company named Avera, co-owned by Governor Albert Bryan's daughter, Aliyah Bryan, and friend Michael K. Pemberton — who Mr. Bryan said he mentored — was selected for the job within 72 hours during a no-bid process that D.O.H. had justified as a matter of exigency under the Covid-19 state of emergency declaration. The Avera deal would have lasted for three years and cost $1 million. Avera does not have experience in contact tracing work.

The matter caused a furor in the community, dominating the news cycle for a while and leading D.O.H. to eventually abandon the deal. Governor Bryan had lashed out at senators and the media before stating he would have recused himself had an agreement arrived to his desk, because his daughter was involved. Instead, Mr. Bryan said he would have deferred to Lieutenant Governor Roach, but Mr. Roach swiftly removed himself from the equation and said Virgin Islands agencies should collaborate on the project.

InductiveHealth has been in business since 2013. Its highest listed revenue haul was in the first quarter of 2019, when it brought in an estimated $2.2 million, according to Zoom Info, which hosts a vast trove of company data and other pertinent information. Zoom Info estimated the company to have 8 employees, though the firm's official website lists 40, which most likely include contract workers.

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The firm describes itself as bringing "innovation to the public health informatics arena to dramatically lower the costs of integration, operations, and large-scale analysis of health data.

"Our firm was formed in 2013 to deliver public health technology that just works, letting epidemiologists focus on public health action and not worry about maintaining complex, costly technology.

"We are the leaders in NBS Software-as-a-Service, with deep expertise in HL7 integration, secure cloud hosting, and disease surveillance technology. We manage some of the largest information systems in public health for over a dozen clients, delivering more clinical to public health integrations than any other firm," reads the InductiveHealth description.

In July, InductiveHealth hired Alexis Sulyma as chief growth officer to lead the company's expansion. Ms. Sulyma's duties include leading a team of epidemiologists and technologists who work on national and global health projects, including InductiveHealth's work with the Centers for Disease Control and Prevention supporting nationwide syndromic surveillance and COVID-19 disease surveillance efforts.

Along with the V.I. Dept. of Health, the firm's clients include the World Health Organization, the U.S. Centers for Disease Control and Prevention, the Nebraska Department of Health and Human Services, Nigeria Federal Ministry of Health, Wyoming Dept. of Health, Rhode Island Dept. of Health, Nebraska Dept. of Health and Human Services, and the Association of Public Health Laboratories.

For the territory, InductiveHealth says it "hosts and supports an implementation of StarLIMS, allowing for direct instrument integrations, HL7 lab reporting, and customized lab workflows. As a result, laboratorians can focus on the lab science rather than systems patching, maintenance, HL7 integration, and information security controls."

Relative to the new agreement, Ms. Ritter said, "We are in the final stages of the contract process and the work is expected to begin when the contract is executed. That should happen shortly."

The department said it has always performed contact tracing work, and that the contract with InductiveHealth is for a multifaceted contact tracing app to perform a multitude of functions.

What the Dept. of Health needs out of the agreement (scope of work):

1. Ability to ensure data security and confidentiality of significant volumes of client information, which is critical to maintain community trust in using any case management tool.

2. Interoperability capabilities to receive input from the public health authorities (PHA) (including local, state, tribal, and territorial public health departments), information systems and/or laboratory systems, either via import or real-time synchronization.

3. Ability to facilitate identification/elicitation and documentation of known contacts of clients with COVID-19, both through manual entry by the PHA and via self-report from cases.

4. Ability to send notifications to users (clients and contacts) via manual and/or automated means. These messages will include:

a. Notification to contacts of their exposure and time window when exposure may have occurred.

b. Initial survey about their symptoms and clear instructions on how to regularly monitor their symptoms and health status and report that information every day. (This will ensure their data reaches the contact management team at the PHA and that aggregate data reach relevant state and federal partners.)

c. Public safety messages to identified contacts to educate them about COVID-19, its common signs and symptoms, and reinforcing prevention messages defined by the government, such as self-quarantine and social distancing. (This messaging should be repeated daily throughout the contact's self-quarantine period with new information supportive of the evolving stage of isolation.)

5. Ability to send notifications in multiple formats, such as voice messages, emails, and SMS.

6. Capability for contact-generated and system-generated alerts or workflows (e.g., to facilitate appropriate follow-up, presence of symptoms, contact request for information).

7. Ability to produce individual-level and aggregate data supporting worker and PHA- level process metrics as described above.

8. Ability to capture individual laboratory results