

# Unix-to-Linux Migration for Healthcare Client



**Client: A leading provider of healthcare products and services worldwide**



## Situation

- The client experienced increasing costs and diminishing business benefit from the Unix application portfolio. The Linux migration was predicated upon realizing:
- Reduced Total Cost of Ownership (TCO) including both CapEx and OpEx components
  - Improved application availability, reliability, flexibility, scalability, and supportability
  - Improved operational efficiency and data center capacity through virtualization
  - Reduced application support effort and cost through application portfolio rationalization



## Challenge

- The engagement focused on assessing the viability, cost, and migration path for each Unix application. Several challenges had to be overcome:
- The Configuration Management Data Base (CMDB) was out-of-date and incomplete
  - Where the CMDB was incomplete, 'Tribal Knowledge' proved to be error-prone
  - IT staff servicing the Unix applications and servers had limited participation due to conflicting duties



## Action

- As Engagement Manager and Lead Architect, I led a team of onshore and offshore architects and analysts.
- We cataloged the Unix applications and servers, mapped the applications to the servers, defined the future state Linux environment, and planned the migration.
  - The resulting migration plan:
    - Managed risk and partitioned investment over a multi-year migration
    - Selectively replaced applications to avoid costly vendor software licensing fees, "Sunset" scenarios, and lack of vendor/product Linux migration path



## Result

- Financial and technical benefits were achieved:
- Avoided continued investment into existing costly Unix applications and servers
  - Reduced costs through accelerated application replacement
  - Reduced IT complexity and improved manageability

**This Unix-to-Linux migration realized more than US\$13 million in OpEx savings for this healthcare leader.**