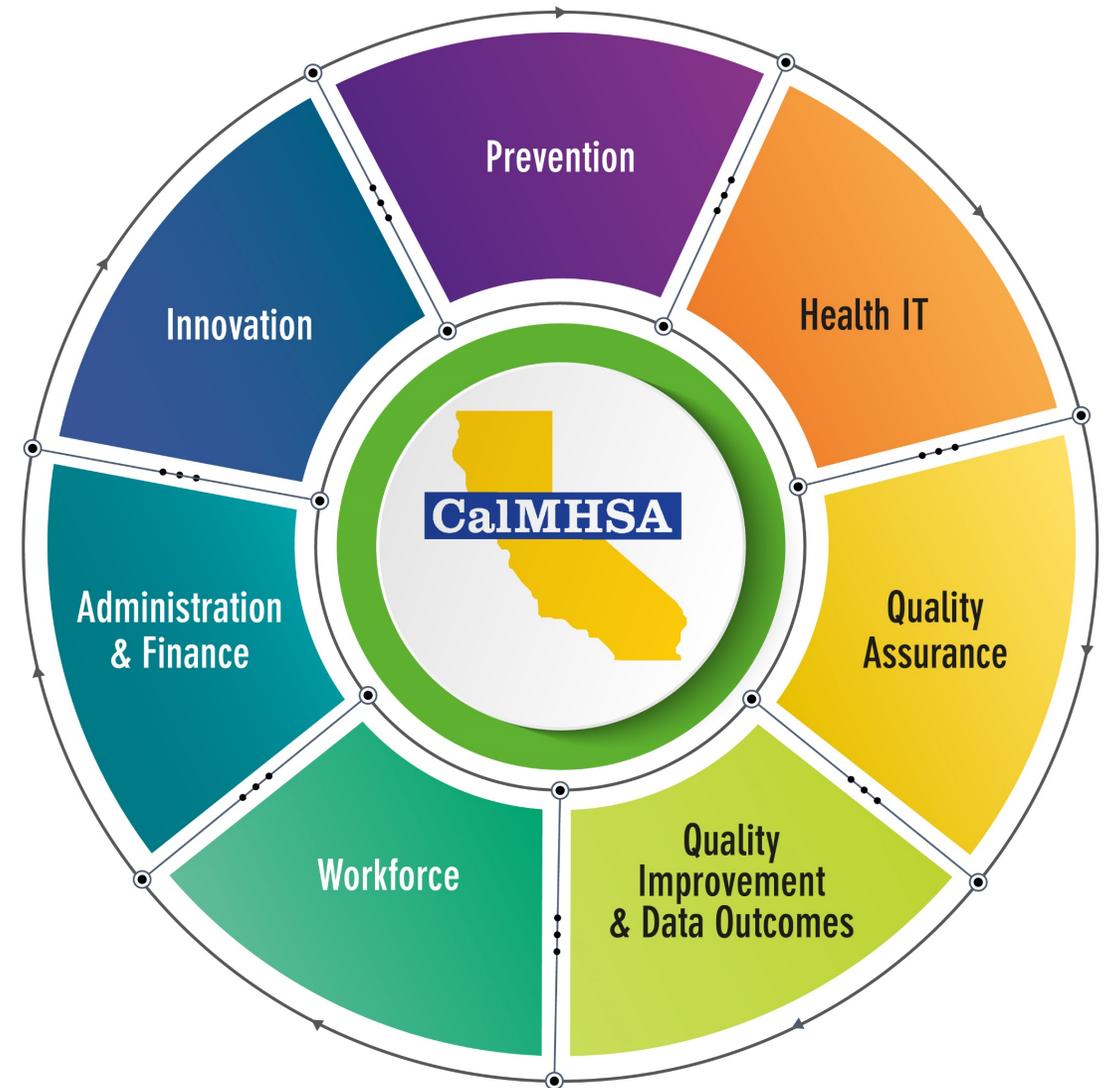# CalMHSA
EHR Project Launch

Agenda

- Who we are

- Our project vision

- Project timeline

- Listening

CalMHSA strategic initiatives

Future of CalMHSA

- Develop multi county collaborative efforts that support counties' core business solutions

- By facilitating counites working together we can:
  - Reduce Costs
  - Decrease the administrate burden
  - Collaborate and negotiate effectively with our State partners as we implement required information notices and regulatory changes. Gain a level of influence.

Project Vision – Shared EHR

- Develop a multi-county EHR project that will:
  - Meet all regulatory requirements specific to the state of California (obviously)
  - Leverage state and national experts to facilitate the intuitive collection of outcomes data (maintain simple/logical clinical workflows)
  - Establish consistent workflows, configuration, and functionality that will support
    - Centralized application administration
    - Standardized training and end-user support
    - Shared technical services
    - Baseline against which new updates for State and Federal mandates can be defined/applied
    - Create a learning community across the participating counties

Challenges we are trying to solve:

- Data Collection and Outcomes Challenges
  - Current approach results in 58 different interpretations and approaches
  - Consistent approach will allow for economies of scale for training efforts leading to increased compliance

- Staffing Challenges
  - County resources to be supported by CalMHSA when interpret state regulatory changes and define solutions within the EHR and work with vendor(s) to implement
  - CalMHSA to augment County technical resources (which may not be regionally available)

- Under-Representation with Vendors and State
  - Smaller counties are more commonly underserved by their vendors
  - It is difficult for Smaller Counties to consistently participate/engage with State and influence regulations

My experience in "countyland"

25% Level of awareness as you start the year

75% You have no idea this will happen…
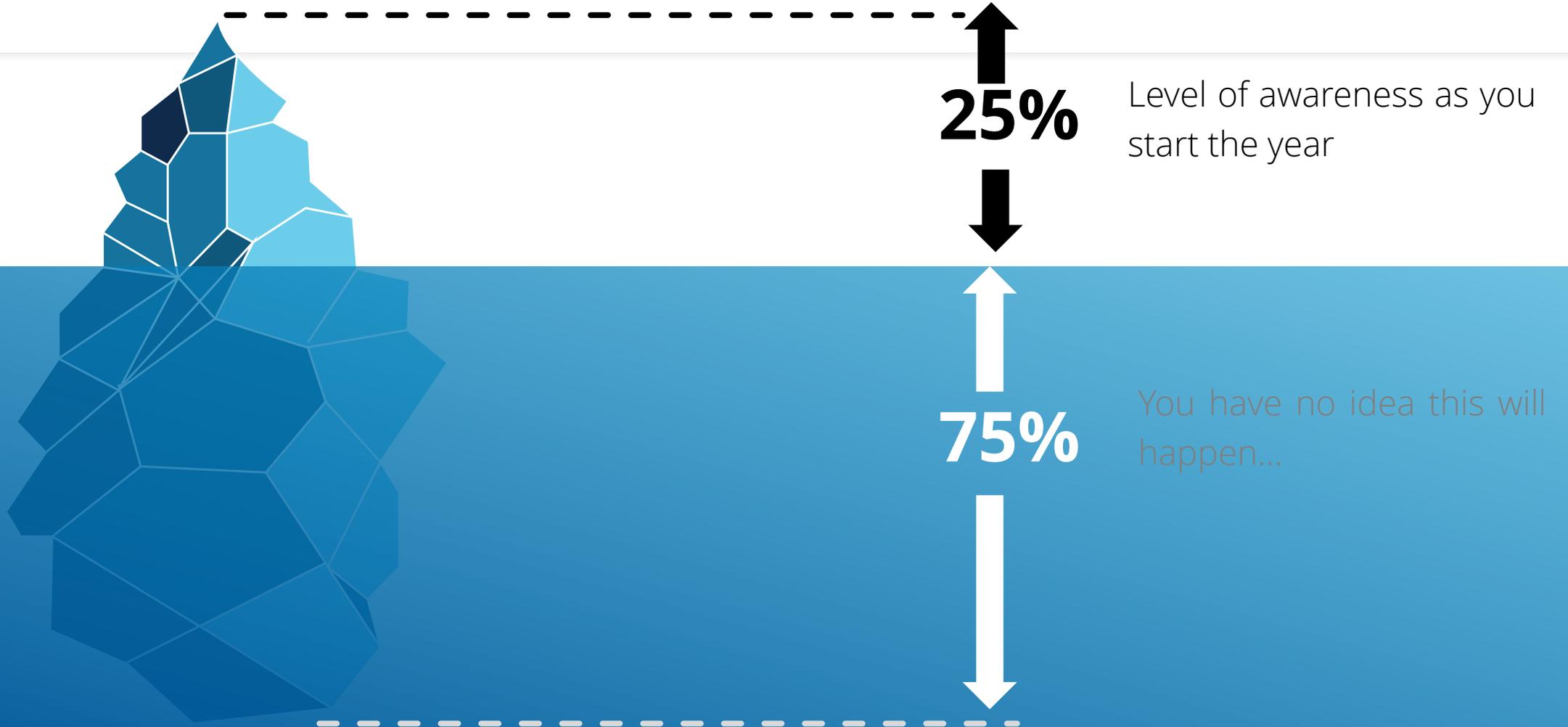
Value add of CalMHSA's EHR Project?

- Project focused on developing an RFP with detailed scenario-based requirements common to California County BH organizations

- Organize/Execute vendor selection process

- Once selected, work with the vendor to translate the California requirements and confirm their function in the proposed solution

- Will partner with county and vendor resources to implement a robust cross county data platform that supports data driven decision making

- Apply economies of scale for implementation, training, application management, and technical support

CalMHSA's EHR Project – Analysts

- Dr. Amie Miller – Executive Director CalMHSA

- Lucero Robles - Quality Assurance and Compliance Director - CalMHSA

- Dawn Kaiser - Managed Care Director - CalMHSA

- Stan Brusa – Health IT Director – CalMHSA

- John Fitzgerald – CalMHSA Consultant

Stan Brusa

CalMHSA Director of Health IT
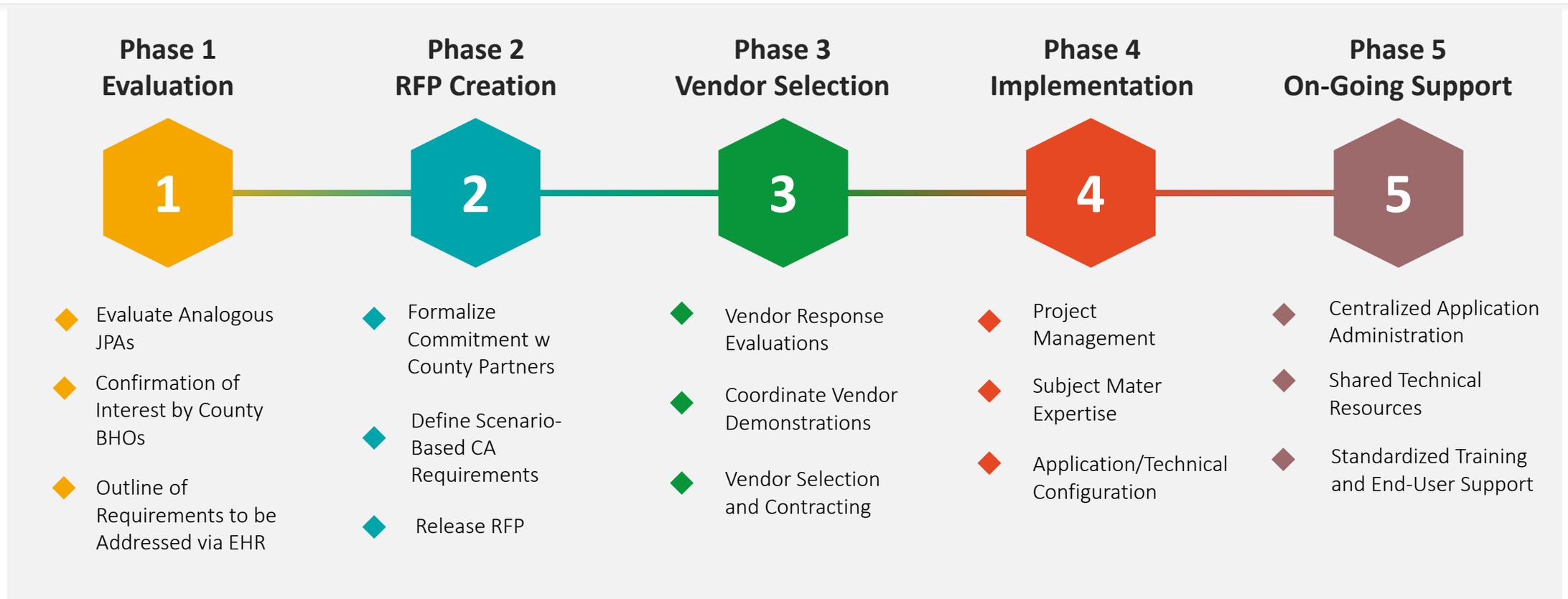stan.brusa@calmhsa.org

John Fitzgerald

CalMHSA Healthcare IT Consultant
jfitz0660@gmail.com

CalMHSA's EHR Project - Partners

- Participating Counties

- California Healthcare Foundation – Funding Initial Phases of EHR Project and Supporting Project Activities

- CBHDA – Providing Subject Matter Expertise

- EQRO – Providing Data and Input on Requirements

CalMHSA's EHR Project - Phases

Phase 1
Evaluation

1

- Evaluate Analogous JPAs
- Confirmation of Interest by County BHOs
- Outline of Requirements to be Addressed via EHR

Phase 2
RFP Creation

2

- Formalize Commitment w County Partners
- Define Scenario-Based CA Requirements
- Release RFP

Phase 3
Vendor Selection

3

- Vendor Response Evaluations
- Coordinate Vendor Demonstrations
- Vendor Selection and Contracting

Phase 4
Implementation

4

- Project Management
- Subject Mater Expertise
- Application/Technical Configuration

Phase 5
On-Going Support

5

- Centralized Application Administration
- Shared Technical Resources
- Standardized Training and End-User Support

County Participation EHR Project Phases

1 Establish Initial Interest - County BH Leadership to complete survey distributed April 13th (https://www.surveymonkey.com/r/N5778BB)

1 Identify/Assign Subject Matter Experts to Participate as SMEs

1 Input on Common Requirements for EHR

2 Formal Commitment for Project Participation

2 Input on Detailed Scenario-Based Requirements

3 Input/Participation on Vendor Responses and Demos

4 Organization Staffing for Implementation (SMEs, Super Users, etc.)

Early Thoughts - Challenges

Which of the following items would you identify as challenges associated with your current EHR?
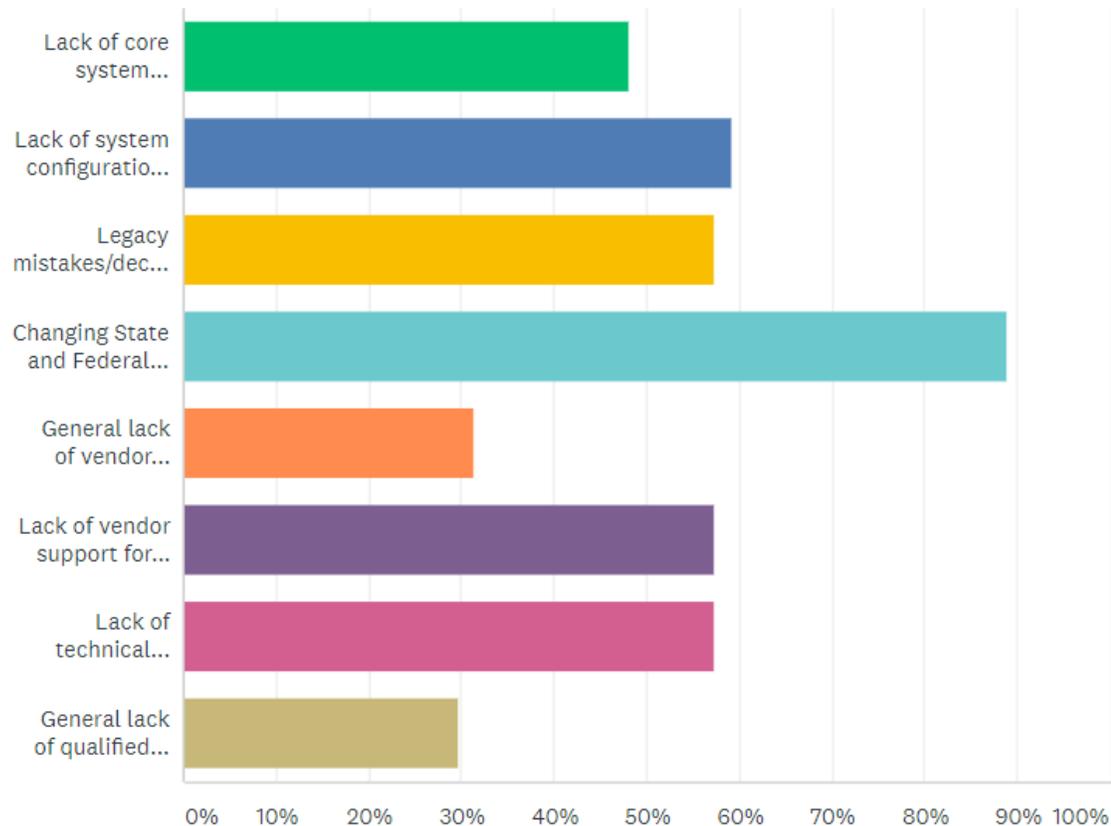
ANSWER CHOICES	RESPONSES
▼ Lack of core system capabilities	48.15%
▼ Lack of system configuration flexibility	59.26%
▼ Legacy mistakes/decisions made during implementation	57.41%
▼ Changing State and Federal requirements	88.89%
▼ General lack of vendor support regular operational needs	31.48%
▼ Lack of vendor support for changing requirements	57.41%
▼ Lack of technical resources within your organization	57.41%
▼ General lack of qualified resources in your region	29.63%

Early Thoughts - Challenges

Which of the the following are challenging to address with your current EHR?

| ANSWER CHOICES	RESPONSES
Producing ad hoc reports/pulling data for operational needs	68.52%
Producing claims to submit to Medi-Cal	14.81%
Producing claims for other health plans (e.g. Medicare, Commercial)	22.22%
Reconciling claims and remittances	35.19%
Collecting data required for state reports (e.g. CSI, CalOMS, MHSA)	75.93%
Generating complete/accurate state reports (e.g. CSI, CalOMS, MHSA)	77.78%
Collecting complete/accurate clinical data to meet Medi-Cal/QI requirements	62.96%
Producing Cost Reports	42.59%
Managing Contract Provider Agreements (MSO)	48.15%
Managing/Collecting data from Contractor Provider Agencies	62.96%

Early Thoughts – Aligning Design to Challenges

- Proposed Requirement – Solution will need to employ Dynamic User Interface (DUI) that will change the data input screen as users enter data based upon rules created in the DUI Designer

- Proposed Requirement – Although the concept of different records will always exist, the selected solution will need to allow for the creation of forms/screens that seamlessly combine different "records" based upon workflows

- Proposed Requirement – Solution will need to provide dynamic QI edits/warnings as user is completing documentation

- Proposed Requirement – Entire solution will be based upon a workflow/dataflow defined by our EHR stakeholders.

Early Thoughts – Aligning Design to External Stakeholders

- Proposed Requirement – Solution will need be Certified, thus support:
  - ONC/CMS Integration Requirements
  - HIE / HIO Integration
- Proposed Requirement – Will support/address all new CalAIM changes
  - Problem list in place of Treatment Plan
  - CPT Billing

Early Thoughts – Workflow/Dataflow
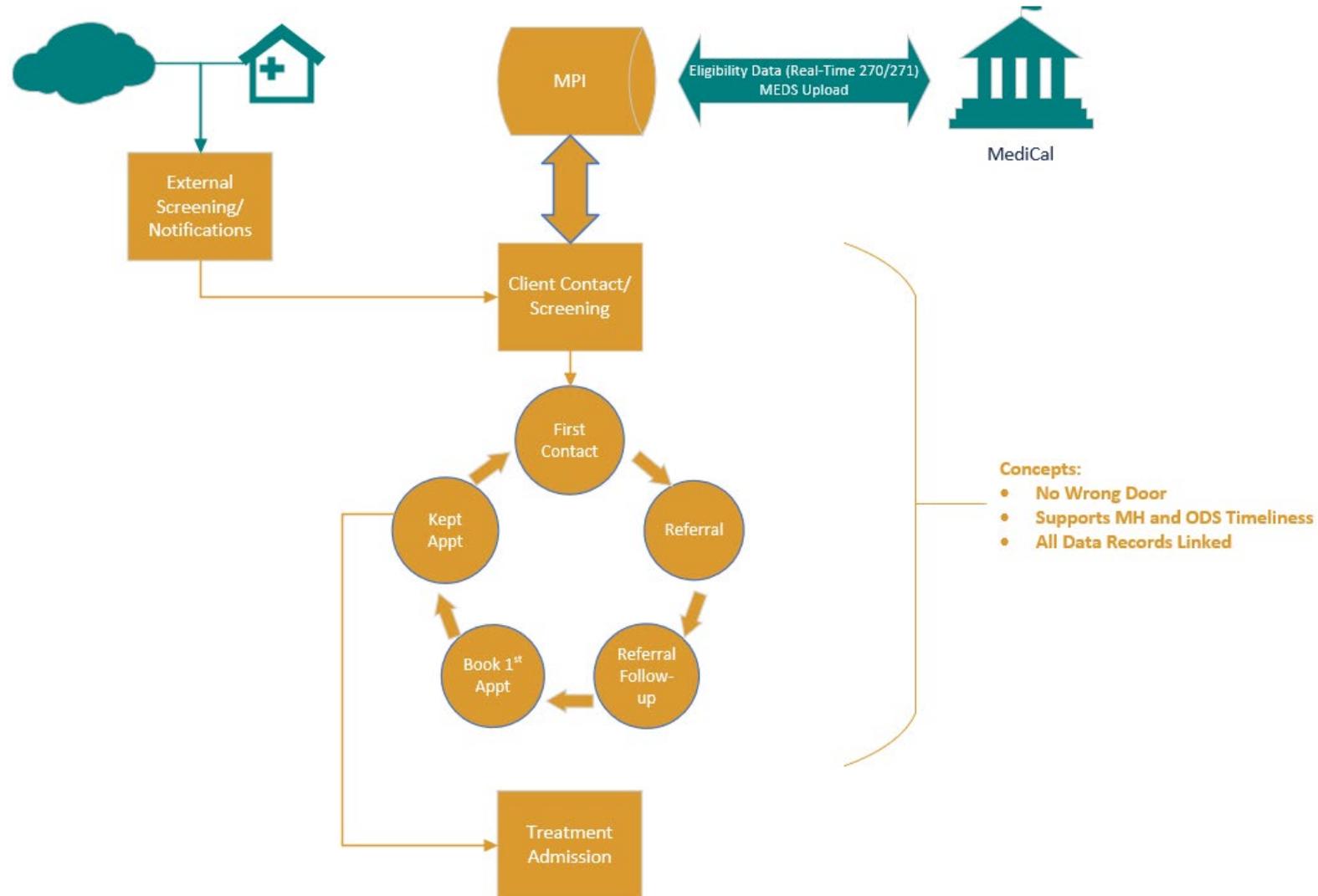
Listening

- We want to learn from counties:
  - What do you think of defining a common Workflow?
  - Who do you see as the key stakeholders and thought leaders
    - Within your organization?
    - Within the State?
  - Your successes
    - What are you proud of and would want to keep (e.g. workflow/tools)?
    - What is the best approach for CalMHSA to learn about these?

Stan Brusa

CalMHSA Director of Health IT
stan.brusa@calmhsa.org

Mr. Brusa has been providing technology solutions across a breadth of disciplines for over 35 years. For the last 10 years he has been the lead architect of the EHR for the County of Monterey. He led the development of innovative solutions for managing business rules while minimizing the impact on clinical workflows and improving billing processing. In addition, he designed and created their SUD treatment system. He also focused on modifying the EHR to accommodate complicated state reporting requirements.

He plans to bring the same focus on innovation and usability to the solutions being proposed by CalMHSA in partnership with the counties.

John Fitzgerald

CalMHSA Healthcare IT Consultant
jfitz0660@gmail.com

Mr. Fitzgerald specializes in Behavioral Health EHR engagements, having worked for 20+ years for several EMR/EHR vendors serving the unique needs of California County BH organizations. He has participated in 25+ County Behavioral Health EHR procurement processes, was primary business analyst and architect for development efforts associated with MH and SUD/AOD Cost Reporting, and had managerial responsibility for 30+ EHR implementations in California (both County as well as Contract agencies). As a Consultant, Mr. Fitzgerald has expanded his knowledgebase by working with several technology "start-ups" designing specialized applications for the MH/SUD and Public Health specialties, as well as managing EHR implementations for Value-Based Care organizations outside of California.

Mr. Fitzgerald has established a partnership with CalMHSA to identify, evaluate, and implement common strategies and solutions focused on addressing mutual challenges and delivering measurable value to its constituent Counties.