



# SEMI-STATEWIDE EHR

PARTNERSHIPS MOVING FORWARD

# Overall Project Aim

- The ultimate, long-term goal of CalHMSA’s “Semi-Statewide Enterprise Health Record (EHR)” project is to establish a centralized organization that achieves economies of scale by providing centralized Application Management Service, Application Support Services, End-User Training, Revenue Cycle Management Services, Project Management and other professional services to all partner county behavioral health organizations.
- Given the complex nature of the business requirements, it is anticipated that development of enhancements to augment existing functionality of the selected system will be required prior to implementation efforts.



**MOST CRITICAL POINT**  
**THIS EFFORT INVOLVES MORE THAN AN EHR**

The totality of the operations within county behavioral health organizations spans well beyond the capabilities of an Electronic Health Record (EHR).

We operate as direct providers of care, as Managed Care Plans, and as aggregators and reporters of data and outcomes to a wide spectrum of stakeholders.

Currently there is no known solution that can support the breadth and scope of these operational business requirements.

# Vision

## Enterprise Solution

We will work collectively to acquire and customize an EHR that meets the complex business needs of County Behavioral Health.

## Leveraging Economy of Scale

We will benefit from working together as we experience unprecedented changes in our system over the next several years. Through pooling resources, we can scale up quickly to meet configuration and enhancement needs.

We will optimize the record; with pulling in national experts in best practices we will be able to develop a *lean*, high-functioning, enterprise system.

# POWER OF COLLECTIVE ACTIVISM



# What is the value add of this project?

Aka, what are we doing?

- 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
- We will apply economies of scale for implementation, training, application management, and technical support

## Next Steps:

- Coordinating with California County Behavioral Health organizations to identify and document common market requirements.
- Recruitment/Confirmation of interest by the target County Behavioral Health Organizations.
- Identify and define the scope of centralized Application Management Service, Application Support Services, End-User Training, Revenue Cycle Management Services, Project Management and other professional services to be provided by CalMHSA to partnering California County Behavioral Health organizations.
- Produce a scenario-based Request for Proposal (RFP) on behalf of the partnering California County Behavioral Health organizations.
- Manage the selection and procurement process on behalf of partnering California County Behavioral Health organizations.

# We are partnering to build a total business solution – an Enterprise EHR - that meets the needs of the California Public Behavioral Health System



## Outcomes

Capture all required CA outcome measures and innovativity through the system design.



## Staff Management

Develop a hierarchy that allows reporting and supervising based on structured facilities. Promote better understanding of productivity and billing practices that will facilitate success in the payment reform environment.



## Master Consent Master Client Index Real Time Eligibility

Utilize a Master Consent, Master Client Index and Real Time Medi-cal Eligibility to improve claiming and information sharing between counties.



## Beyond Medi-Cal

Record interactions before treatment is started, allowing for the creative collection of California-specific requirements related to network adequacy and PEI/MHSA.

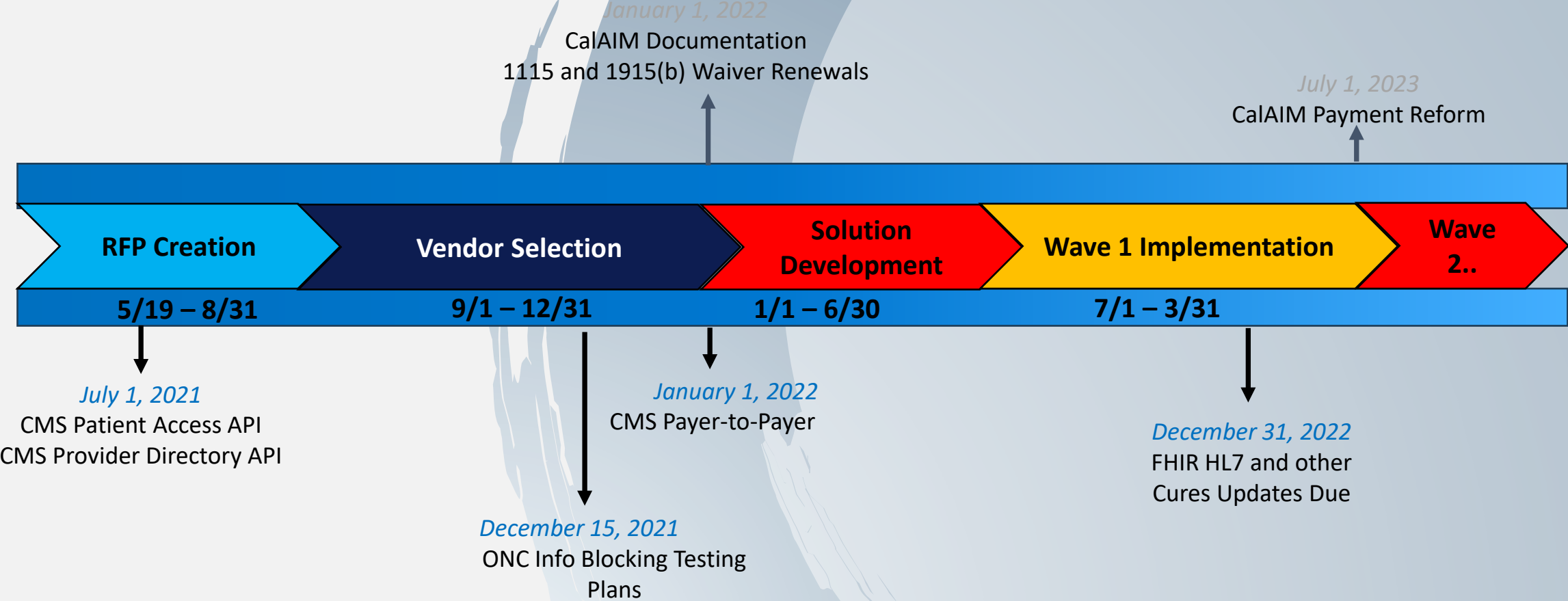


## Compliance & Training

Integrate training and automated compliance tools into the solution to mitigate audit risks and overall errors.



# CalMHSA's EHR Project – Timeline



# Problem: Data

## What we have heard:

- Through our interview and survey data we have consistently heard that access to data for timely decision making is a significant barrier.

## Solution

Develop robust data interface that allows:

1. Real time data reporting in the solution with views that are role-specific (Productivity/Caseload views for Managers/Supervisors).
2. Work with National Committee for Quality Assurance (NCQA) to tie measures to programs and natural collection of outcomes.
3. Develop standard reporting outside the EHR that allows for county comparison and shared learning.
4. Configure program set up to link programs with suggested outcome measures and target populations.

# Problem: Usability

## What we have heard:

- Clinical users have found interfaces cumbersome requiring too many clicks.
- Poorly-configured systems lead to errors that create audit liability.
- Current systems have limited role-based configuration.
- Many counties report documentation burden leads to staff burn out and attrition.

## Solution

- A successful solution deploying a dynamic user interface that is role specific. This will allow the EHR to collect the right data, one time, with greater accuracy, reducing the click burden for clinicians.
- Our emphasis on lean, simple designs will increase user satisfaction.

# Problem: Interoperability

## What we have heard:

- Many counties are not included in critical data exchange opportunities that would help us to improve health outcomes for our clients.

## Solution

- Structured information collection to be in alignment with standards that are applicable to the physical health plans, so we generate appropriate data to share.
- We will bring in national experts to track changes related to information sharing rules so we can better structure the record.

# Problem: Rate of Change & Staffing

## What we have heard:

- Currently we are looking at very significant changes related to CalAIM and interoperability that will require extensive configuration.
- As part of an overall theme, most counties lack the funding to make significant technology investments.

## Solution

- County resources to be supported by CalMHSA when interpreting state regulatory changes and defining solutions within the EHR. CalMHSA will work with vendor(s) to implement these changes.
- CalMHSA to augment County technical resources (which may not be regionally available).

**NEXT  
STEPS**

**COUNTIES WHO  
WANT TO MOVE  
FORWARD;**

**PARTICIPATION  
AGREEMENTS**

# What is the participation agreement for the EHR?

## What it is:

- A commitment to move forward.
- A plan that you can move forward with contracting with the selected vendor.
- A commitment to not negotiate with other vendors during this time.

## What it is not:

A commitment to utilize the selected vendor.

- You can back out and choose your own vendor.
- You can use the CalMHSA RFP seek another vendor.

# Costs

CalMHSA will develop a subaccount holding funds for the EHR project that will fund the RFP development and initial work.

To the extent that there are additional funds, they will roll over into the ongoing efforts.

Fees will be based on county population size.



# Potential Funding Sources

- Multi-County Innovation Project
- American Rescue Plan Act (ARPA) Supplemental Funding Allocation – *we are supporting applications*
- Behavioral Health Quality Improvement (BHQIP) Grants

# THANK YOU

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