Electronic Health Record

Washington State Consortium

Jerry Dolezal, Information Technology Manager, Clark County Regional Support Network

> "A Team Effort" July 6, 2006



Agenda

- RSNs working together
 - Who and where
- Software Project
 - Phase I
 - ❖ Phase II



Washington State Consortium & Netsmart Technologies



Clark



Chelan Douglas





Grays Harbor

Northeast





Lincoln County

Ferry County





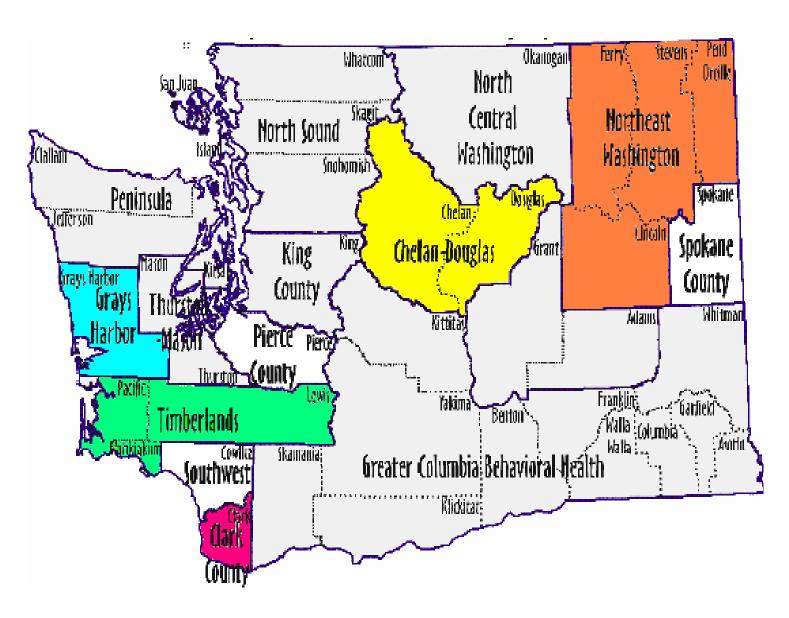
Timberlands







WSC Members & Their Locations

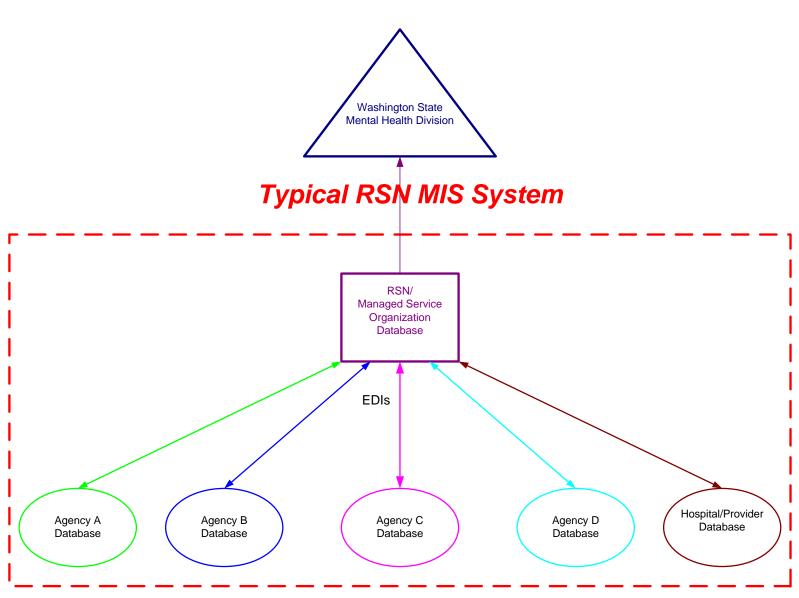




Phase One

Replicate existing functionality

Typical RSN MIS System





WSC Software Principle June 2001

VIEW THE SOFTWARE AS A SYSTEM

- One software vendor for the RSN and Providers RSN to fund system
- Agency Software needs
 Windows Interface
 Scheduler
 Enhanced Billing
 Clinical Capabilities
- MSO (Managed Service Organization) software needs
 Full electronic authorizations
 Unduplication routines
 Adjudication
 Full client view



Principles —continued

Transmissions routines

Standard build out for entire Rural Consortium
Agency to RSN-RSN to State
Error report & edit checks
Database synchronization/adjudication

Contract Compliance Agency / RSNRSN / MHD



Principles —continued

HIPAA Compliant

ASP Model (Application Service Provider)

- Shared Cost
- Qualified staff and retention
- Centralized support
 Help desk
 Database administration
 Network administration
- Possible Vendors (WSC, RSN, 3rd party, software vendor)



RFP

- Seven major National Vendors Responded
- Evaluated on
 - Company Attributes
 - Technical Strengths
 - Product Compliance
 - Implementation Plan
 - Cost
 - Ability to Meet WSC Principles
- Awarded to Netsmart Technologies



Who is Netsmart Technologies

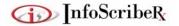
Combination and re-branding of the following market leading brands and solutions:

- Creative Socio-Medics (CSM)
- CMHC Systems
- Continued Learning
- InfoScriber
- AMS (Addiction Management Systems)
- CareNet















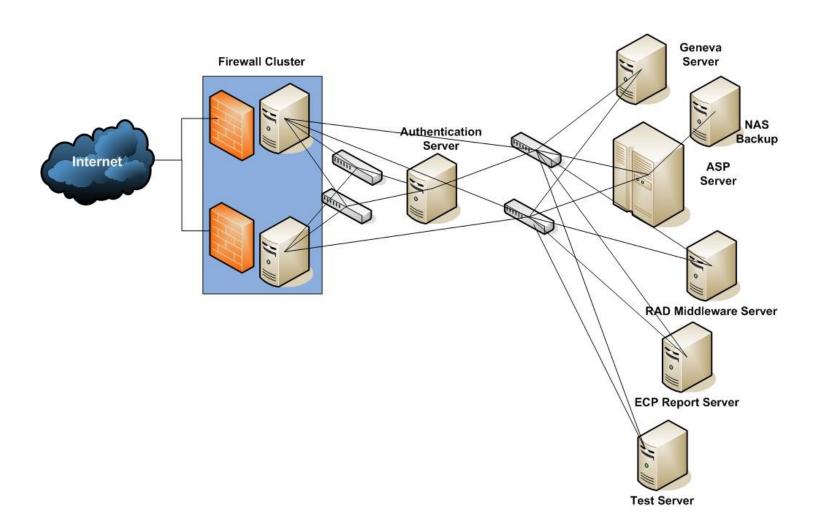
Netsmart Technologies-cont

- In business since 1962
- #1 in Behavioral Health software
- Software Products for inpatient and outpatient
 - Substance Abuse
 - Mental Health
 - Developmental Disabilities
 - Public Health
- Agency and MSO software
- Largest vendor to state MH hospitals



re.

ASP—Application Service Provider



WSC—Software Project Costs

	CCRSN	SWRSN	TRSN	GHRSN	CDRSN	NERSN	IF RSNs Purchased Independently	WSRC Collective Purchase	Creative Socio Collective Purchase
	38.0%	13.0%	14.0%	11.0%	13.0%	11.0%		100.0%	
# of Data Bases	10	6	4	3	4	4	31	31	28
# of seats	348	150	129	100	120	105	952	952	952
License Fee per Seat	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000		\$1,000	
Software License Fees	\$696,000	\$300,000	\$258,000	\$200,000	\$240,000	\$210,000	\$1,904,000	\$952,000	\$ 646,678.00
Customization-agency	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$600,000	\$100,000	
WA MHD Requirements	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$450,000	\$75,000	
Customization-MSO	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$600,000	\$100,000	
Unduplication	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$450,000	\$75,000	
EDI	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$1,200,000	\$200,000	
SubtotalCustom work	\$550,000	\$550,000	\$550,000	\$550,000	\$550,000	\$550,000	\$3,300,000	\$550,000	\$ 184,500.00
Implementation:									
Vendor	\$32,000	\$16,000	\$12,000	\$8,000	\$12,000	\$12,000	' '	\$92,000	\$ 915,840.00
Manpower (See Attachment)	\$400,000	\$300,000	\$300,000	\$200,000	\$300,000	\$200,000	' '	\$1,700,000	
Manpower Actual	\$308,315	\$50,000	\$125,392	\$25,000	\$129,972	\$26,000			\$ 664,679.00
Training Costs	\$46,000	\$28,000	\$24,000	\$20,000	\$24,000	\$27,000	\$169,000	\$169,000	
Data base Conversion Routine	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$150,000		
WSRC collective	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000		\$30,000	\$ 30,000.00
Data base Conversion Costs									
\$5,000	\$50,000	\$30,000	\$20,000	\$15,000	\$20,000	\$20,000	\$155,000	\$155,000	\$ 199,360.00
Subtotal Implementation								\$2,146,000	
SOFTWARE START UP	\$2,112,315	\$1,304,000	\$1,319,392	\$1,048,000	\$1,305,972	\$1,075,000		\$3,648,000	\$ 2,641,057.00
ASP START UP	\$61,000	\$39,000	\$25,000	\$29,000	\$34,000	\$34,000	' '		
WSRC collective	\$54,000	\$32,000	\$18,000	\$22,000	\$27,000	\$27,000		\$180,000	
MHD FBG									\$ (500,000.00)
TOTAL START UP COSTS	\$2,227,315	\$1,375,000	\$1,362,392	\$1,099,000	\$1,366,972	\$1,136,000	\$7,692,000	\$3,828,000	\$ 2,141,057.00
	\$1,157,760	\$726,848	\$589,280	\$435,220	\$583,260	\$456,220			
	\$ 813,602	\$278,337	\$299,748	\$235,516	\$278,337	\$235,516			



By working together RSNs, Agencies, Netsmart, BDS

- Significant savings were achieved (time and money)
 - ❖ \$5,500,000 in project costs
 - Only one year from contract to go live
 - Design
 - > Customization
 - Conversion
 - > Training



Phase Two

Electronic Health Record



Why an EHR

- Quality of Service
- Cost Savings



Clinical Advantages

- Real time access to the EHR 24/7
- Clear and legible records
- Information follows the client throughout the Continuum of Care
- Interactive
- Maximize time spent with consumers due to efficiencies gained



Financial Advantage

WSC ELECTRONIC MEDICAL RECORD ESTIMATED ANNUAL COST SAVINGS

Based on
Davies Study for Saint Vincent's Psychiatric Hospital
&
Fiscal Year 2003-2004

Documentation	# per year	Minutes Saved Per Document	Hours Saved	Cost Per Hour	Savings Per Year
Assessments	1,611	12.88	346	\$75	\$25,937
Progress Notes	42,000	7.72	5,404	\$75	\$405,300
Discharge Summary	1611	10.00	269	\$75	\$20,175
1 Sample RSN Savings					\$451,412
TOTAL WSC SAVINGS					<u>\$3,224,371</u>



WSC's Goal No Paper Period

- Assessments
- Treatment Plans
- Progress Notes
- Crisis Plans
- Releases
- Etc.



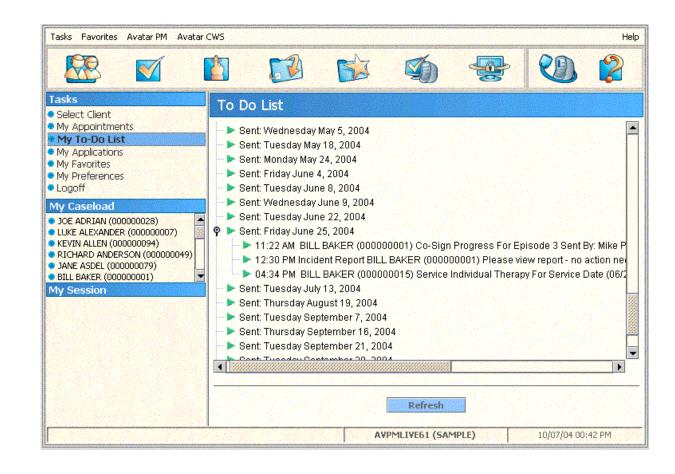
Harriet Carmine Netsmart WSC Project Manager

- Full time since project commenced
- Netsmart has been doing EHRs since 1994
- History of Project
 - Phase 1 complete
 - Phase 2 EHR (notes, tx plans, assessments, etc)
 - Progress notes implemented in 42% of the WSC
 - Common Assessment for all RSNs has been completed and modeled awaiting implementation
 - Common Treatment Plan for all RSNs in development



Providing direct services staff with an Electronic Medical Record for:

- ☐ Administering, scoring and tracking assessments.
- ☐ Tracking outcomes.
- ☐ Monitoring / Tracking medications and other general health information.
- ☐ Recording services and tracking progress notes.
- □ Recording and tracking treatment plans.





WSC Development Process

- □ Support of RSN Administrators
- □ Formed a Workgroup
 - ❖ "C" Team
 - Clinical Representative from each WSC RSN
- ☐ Common Assessment for the WSC
- □ Common Treatment Plan for the WSC
- □ Spirit of Cooperation

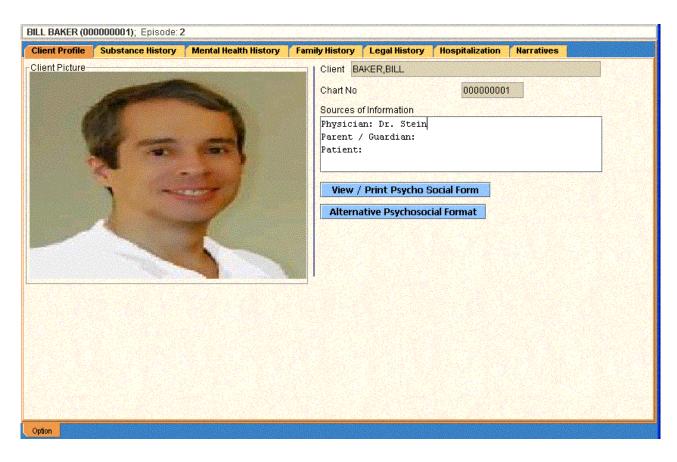


Assessment

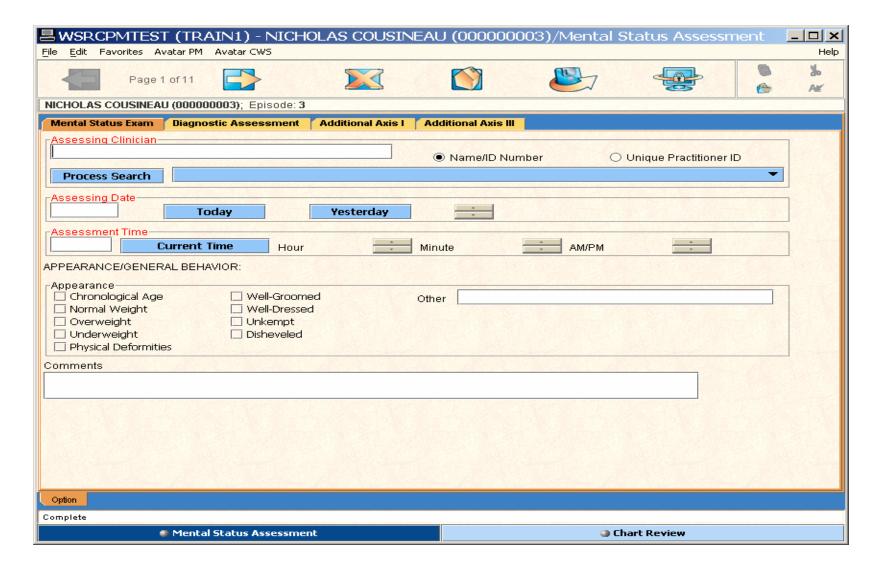
- Standard for the WSC
- Adults, Children, Mental Health and Substance Abuse
- Identified problems will feed into the tx plan
- The assessment serves as a tool to help guide the clinician in development of the Tx Plan when determining goals and objectives

Assessment – cont.

- ☐ "Off the shelf" assessments.
- ☐ User-Defined assessments.
- ☐ Import / Export Assessments.

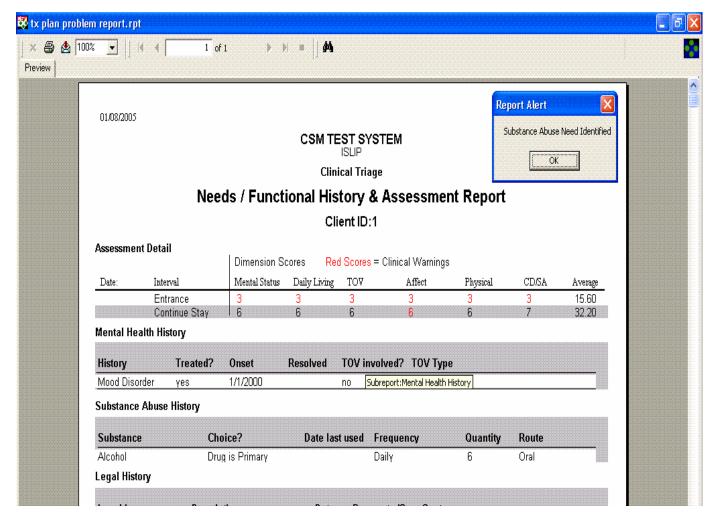


Assessment—cont



Assessment Report

■Data in the assessment report can provide decision support alerts to the clinician

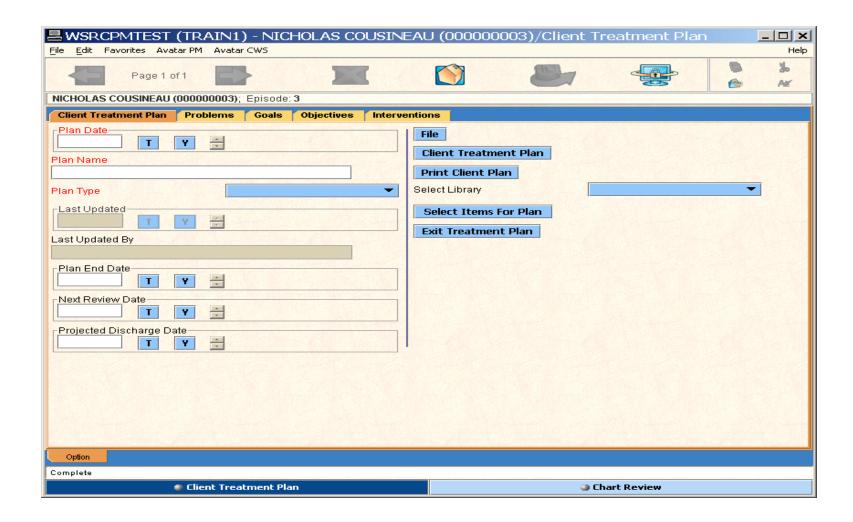




Treatment Plan

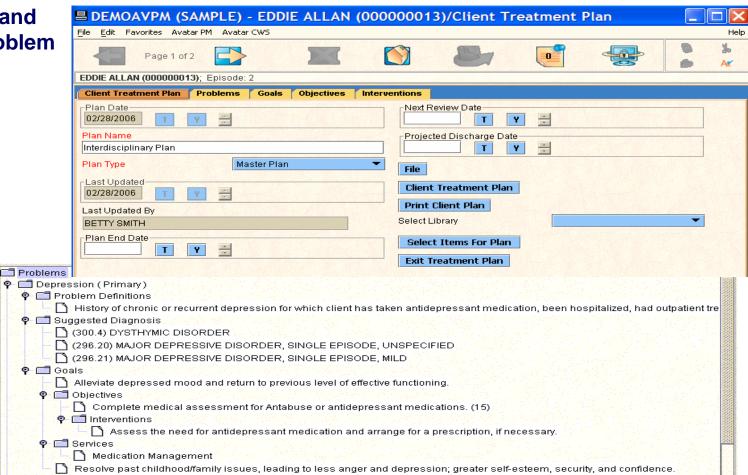
- Standard for the WSC
- Utilizes John Wiley & Sons Tx Planning Libraries
 - Assists clinicians
 - Maintains clinician flexibility
 - Flexible Choices: can be used as is, modified or deleted completely (not a cookie cutter approach)
- Treatment Plans are tracked to indicate when a plan has not been individualized
- Services can be linked to treatment plan

Treatment Plan—cont





- ☐ Select a library and corresponding problem area.
- □ Define the problem.
- ☐ Assign Goals.
- ☐ Assign objectives
- ☐ Assign interventions





Treatment Plan Report & Outcomes

- Access to all treatment planning and assessment tables
- Outcome analysis at any level of the treatment continuum is possible.
- Agency-specific outcome reports



Client Treatment Plan Report

Client: BAKER, BILL (1) Episode: 4.00 Program: O.P. Adult Psych.

Plan Date: 9/29/2005 Plan Type: Initial Admission Date: 8/1/2005

Plan End Date: Plan Name: Initial Plan Next Review Date: 10/29/2005

PROBLEM: Date Opened: 2/3/2006 Status: Active Date Due: Date Closed

Assigning Staff Unknown Responsible Staff: Unknown

Cognitive Deficits

Goal

Date Opened: 2/3/2006 Status: Active Date Due: Date Closed:

Assigning Staff: Unknown Responsible Staff: Unknown

Develop an understanding and acceptance of the cognitive impairment.

Objective

Date Opened: 2/3/2006 Status: Active Date Due: Date Closed:

Assigning Staff: Unknown Responsible Staff: Unknown

Understand and accept cognitive limitations and use alternate coping mechanisms.

Intervention

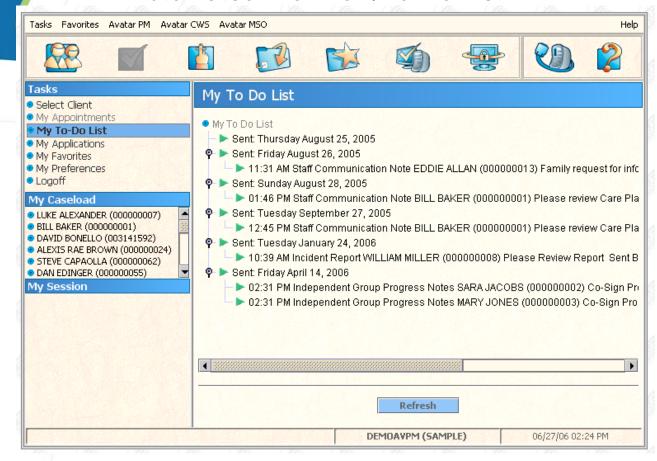
Date Opened: 2/3/2006 Status: Active Date Due: Date Closed:

Assigning Staff: Unknown Responsible Staff: Unknown

Assist the client in coming to an understanding and acceptance of his/her limitations.

Workflow/To-Do List

Automated Workflow/To-Do List



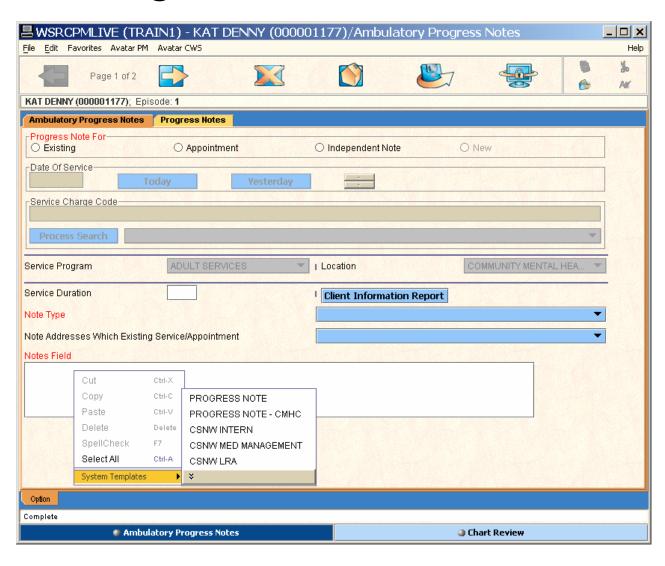




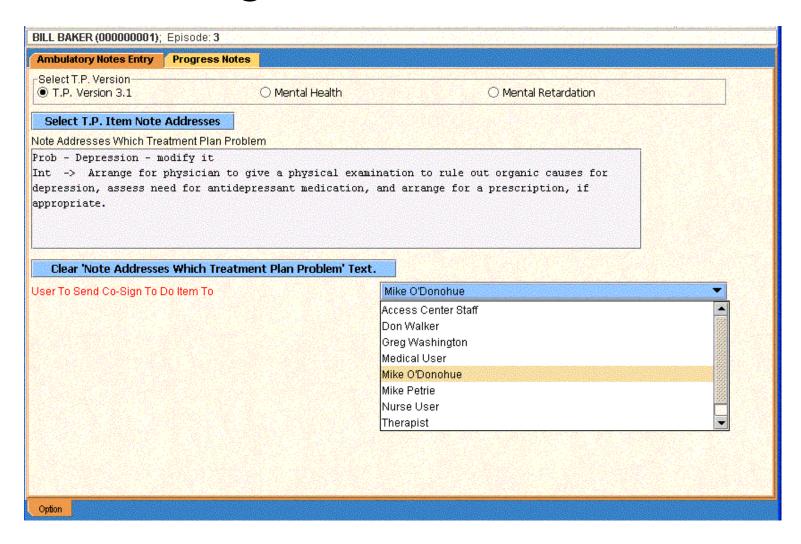
Progress notes

- Can be linked to a service or appointment
- Can be linked to the Treatment Plan
- Free text fields are compatible with voice recognition software
- Can significantly decrease chart delinquencies— Davies report (54% to less than 3%)
- Services can be placed on hold for billing if a progress note is not present

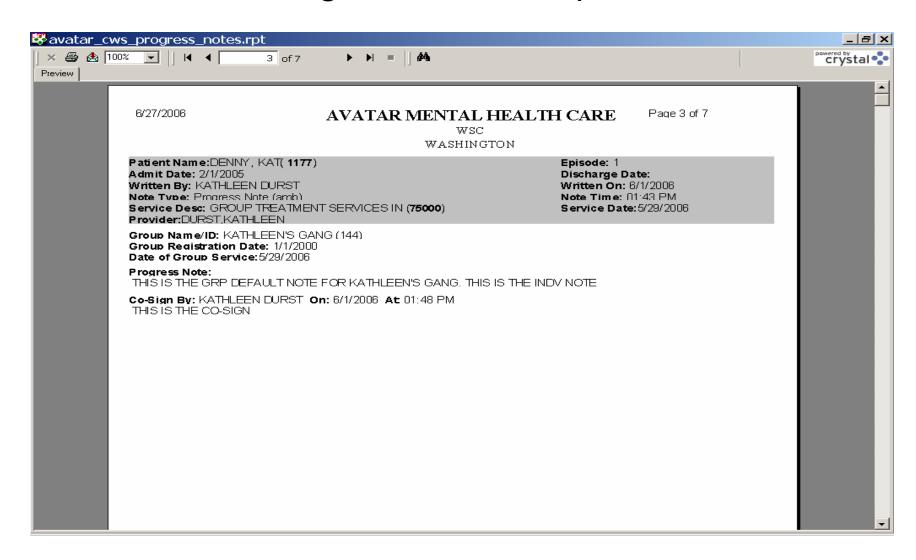
Progress notes – cont.



Progress notes cont.



Progress Notes Report

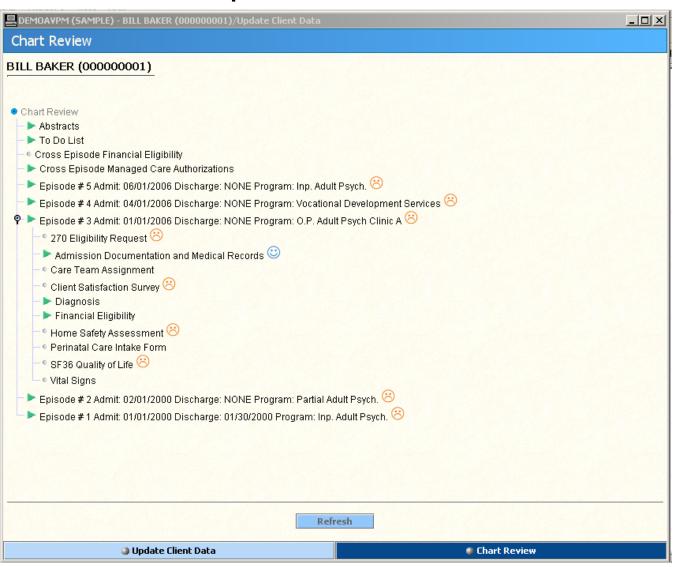




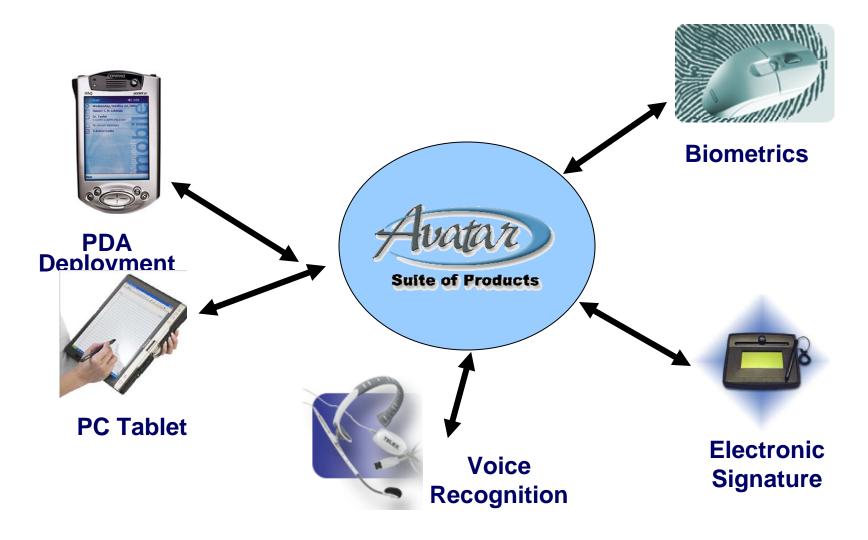
Other Features

- Chart Review / Compliance Indicators
- Signature pad for client signature for releases, etc.
- RADplus Utilities
- Order Entry—Inpatient orders, food, meds, etc.
- Smart Card

Chart Review/ Compliance Indicators

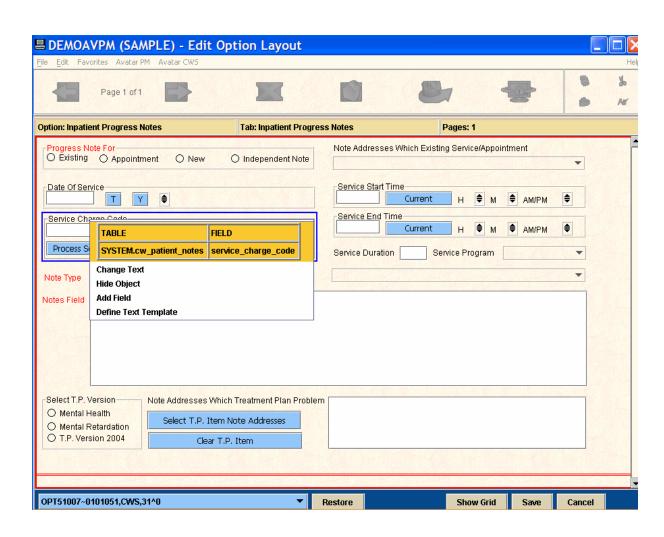


3rd Party Product Integration



RADplus Utilities

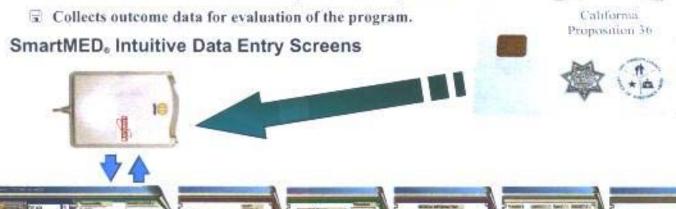
- **□Edit Option Layout**
- **□Site Specific Tab Modeling**
- **□**Option Bundler
- □Create New Data Input Screens
- ☐ Embed Crystal
 Reports in screens for launch or post filing view

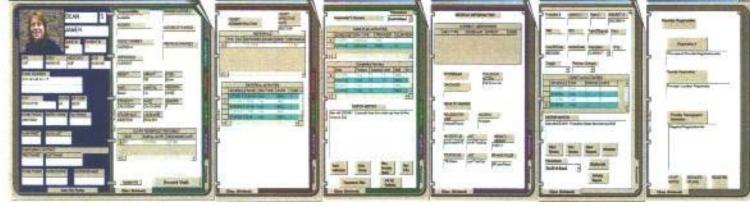


Smart Card

SmartMED, Card Advantages

- Provides secure, timely tracking of probation candidates throughout the treatment community.
- Provides positive identification at all facilities.
- Eliminates agency traditional paperwork for tracking participant's activity
- Provides state SACPA mandated reports with a keystroke







EHR

- Will be used by the WSC for
 - Outpatient Mental Health and Substance Abuse
 - Inpatient Mental Health and Substance Abuse
 - Residential Mental Health and Substance Abuse



Electronic Health Record Viewing

EHRs can be viewed electronically from anywhere!!

- by the RSN, crisis workers (anyone with the proper permission)
- no more agency interruptions to pull a chart
- no faxing or copying of records
- chart can be viewed immediately whenever needed
- all that is needed is the software and an internet connection



Future Steps

- Infoscriber
- Developmental Disabilities
- Mobile Capability (for out of facility services)
 - Laptops with cell phone data links and/or wireless
 - Laptops with Avatar Mobile
- Smart Card
 - Therapeutic Courts
 - Etc.



Thank You

- For allowing us to share our story
 - 6 RSNs, 35 agencies and 2 software vendors working as a team
 - implemented a new software system, saved \$5.5 million in the process
 - now implementing a complete EHR that can be viewed electronically anywhere there is an internet hookup

This is not a fairy tale
This is real!