COUNTY OF MILWAUKEE

INTEROFFICE COMMUNICATION

Date : July 2, 2012

To : Supervisor Peggy West, Chair, Health and Human Needs Committee

From : Chris Lindberg, Chief Information Officer, IMSD

Subject: Informational Report: Electronic Medical Records System for the Department of Human Services, Behavioral Health Division

BACKGROUND

The Information Management Services Division (IMSD) collaborated with the Department of Human Services Behavioral Health Division (BHD) and the Milwaukee County Office of the Sheriff (MCSO) to select an Electronic Medical Records (EMR) system for BHD, and if required, meet the future business need of MCSO.

The EMR project began in August of 2010 with the selection of the Joxel Group, LLC, (TJG) for project management services. Throughout the remainder of 2010 and into third quarter of 2011, business requirements were gathered, a request for proposal issued and the vendor selection process conducted. In conjunction with IMSD, the Department of Administrative Services (DAS) and TJG, BHD selected Netsmart's Avatar product as the Electronic Medical Records system to manage the clinical and financial needs of the business. In September 2011, approval was granted by the County Board of Supervisors and the County Executive to execute the contract with Netsmart Technologies for the EMR.

This report is intended to provide an informational update on the progress of the EMR project and the anticipated phases to complete the project.

ANTICIPATED PROJECT PHASES

The EMR project is broken down into the following four (4) phases:

Phase 1 - Planning and Design (Complete)

Phase 2 - RFP Process and Vendor Selection (Complete)

Phase 3 - Implementation (In process)

Phase 4 - Closeout and Audit

CURRENT PROJECT STATUS - PHASE 3: IMPLEMENTATION

Phase 3 – Implementation deals with the execution of the Avatar software at BHD. With the complexity of the implementation process and the anticipated change management that this software could bring within BHD, the management and implementation team decided to break the project down in multiple stages of implementation.

- Stage 1 involves implementing the EMR software to the Crisis business along with some electronic capability to the Acute and Operated Community Services Branch, which constitutes the Community Services Programs as well as Day Treatment. Anticipated completion of Stage 1 is October, 2012.
- Stage 2 involves implementing the full functionality of the EMR software to the

Acute, Operated Community Services Branch along with Long-term Care. Anticipated completion of Stage 2 is by the second quarter of 2013

• <u>Stage 3</u> – involves implementing the EMR software to the Operated Community Service Programs. Anticipated completion of Stage 3 is December, 2013.

STAGE 1: Stage 1 of implementation started with the development of an integrated project plan between the Netsmart and the BHD Project Implementation Team, which consists of resources from TJG and assistance from IMSD, as needed. This plan is reviewed on a weekly basis between both teams to ensure that activities and tasks are being addressed and monitored effectively. The team has established various committees to ensure all participants within BHD and outside of BHD are involved in the implementation process and are well informed of accomplishments, challenges, and overall project status. The current committees are as follows:

- Operations Committee this group consists of BHD directors or designees from Crisis, Acute, and Operated Community Services Branch as well as IMSD.
- <u>Validation Committee</u> this group consists of administrators, nursing, physicians, psychiatrists, case workers, quality improvement personnel, etc who are actively involved in the decision making process of the system as well in the validation of the new system to BHD.
- <u>Internal Oversight Committee</u> this group consists of leadership as well as designees from BHD, IMSD, DAS, the Department of Audit and the County Board.

Stage 1 is on track to be complete by October, 2012. A high level status of the project is summarized as follows:

Project Name	BHD EMR Project Implementation	Project Sponsor	Paula Lucey
Project Manager	Sushil Pillai	Overall Project Health	On Track
Project Start Date	January 1, 2012	Expected Completion of all Stages	December 2013
Project Description	Start the EMR Implementation Project in a phased approach to enable an EMR system for BHD that encompasses the Inpatient, Crisis Management, Admissions and Billing, Adult Community Services and Long-term Care.		
Reporting Period	June 2012		
All Stages Project Timeline	0%		100%
	21% Complete		
Significant Accomplishments	☑ Initial billing process validation has been conducted. The training process was also completed but we will need to wait for a second pass.		
	Data conversion mapping has been completed along with the Balance Forward discussion. We understand the requirements on most aspects of conversion. The		

	areas that still need discussion are: legal status, level of diagnosis, and financial eligibility.
	State reporting requirements have been submitted to Netsmart. Initial review of the reports mapping between BHD needs and available system reports have been completed. Netsmart is working with the development team right now, if there are issues, they will contact us.
	Pyxis test environment has been installed. The interface mapping document has been reviewed by both BHD and CareFusion, there are still some issues which is being addressed by Netsmart.
Key Challenges	> Environment issues are causing slowdowns in development effort.
	Still rationalizing mapping issues between CareFusion and Netsmart.
	System and infrastructure needs are being assessed to determine timeline and budget impacts.
Key Decisions Made	> Interfaces will be prioritized and rolled out in a separate track.
	Scanning will also be rolled out in a separate track.
	Currently there are no GL integration requirements in Phase 1. This process and requirements will be revisited in Phase 3 and a go-forward plan for this will be documented.
Overall Project Status	
Planning & Discovery	Configuration Data Conversion Interfaces Testing Implementation
	Contraction of the second of t
BHD EMR Implementation	
On Track	On Track On Track Not Started Not Started

- PM Admissions process are near completion. Once the environment issues are resolved, this can be completed.
- PM Billing training was conducted, however, we are requesting an additional session to ensure the complete validation takes place. Netsmart is planning to update the dictionary values in the build environment so that we can complete the validation.
- CWS Modeling has been slowed down because of environment issues. Progress notes have been built in the
 build environment. We have validated all Assessment, letters, and other clinical documents with BHD and once
 the environment issues are addressed, we will start configuring this in the build environment.
- Conversion Mapping document is complete. We are still validating the extent of information pull for legal status, diagnosis, and financial viability.
- Interface Pyxis test environment has been installed and communication between IMSD and Netsmart Technical
 is on-going. We are rationalizing interface mapping between Netsmart and CareFusion. Once that is done,
 development will build the interface for us to test.
- Reports Reports mapping between needs and system are near completion. State reporting requirements have been submitted to Netsmart. Their review is completed and they are currently working with development to get reports ready for go live.
- Systems and Network Technical Requirements are completed. A plan along with action steps is in progress.

Informational reports will be submitted to the Committee of Health and Human Needs on a quarterly basis unless otherwise directed by the committee.

RECOMMENDATION

The Director of Behavioral Health Division and the Chief Information Officer respectfully requests this report to be received and placed on file.

Prepared by:

Sushil Pillai

The Joxel Group, LLC

Approved by:

Chris Lindberg

Chief Information Officer, IMSD

cc: County Executive Chris Abele

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