

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

Date : October 4, 2013

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 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 implementation of the EMR software.

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 project team divided the implementation into three stages as follows:

- **Stage 1** – (Complete) BHD went live with the Avatar software in the Crisis Business – Psychiatry Crisis Services (PCS) division, Observatory units, and Access Clinic on December 3, 2012. Since these three service areas had some electronic usage of an electronic medical record system hence it was decided to limit our implementation within these units. In addition, BHD and the project team felt the change management could be easily managed through a limited implementation rather than a larger cross-section within BHD. This implementation provided the team with multiple lessons that were transferred to future stage implementations. Key learnings were:
 - The need for additional process walk throughs and process assessments were required. These assessments led to the understanding and, at times, the

- integration of various staff discipline's (security, admissions, nursing, psychiatry, psychology, etc.). The integration was critical from a timing and ultimately a service standpoint.
- Although process flows were documented and training was comprehensive, the user's internationalization of the training was very different. The project team reassessed training curriculum and implemented new training processes that will be leveraged throughout the project. A new training approach, in conjunction with the process walkthroughs, provided a better understanding of the new system with limited gaps.
 - Physician Order Entry within the Crisis environment was very different than that of Inpatient Services. In addition, each practitioner's usage of Order Entry (from a navigation standpoint) was also very different. Although Order Entry in both Crisis and Inpatient was modeled and approved by the user groups in "test" and in the live environment, the implementation of Order Entry in the Crisis environment required modification. The project team changed the Order Entry setup to ensure seamless ordering of medications and other clinical orders while maintaining a common flow for the patient from Crisis to Observatory to Acute.
- Stage 2 - (Substantially Complete) The project team's initial goal was to complete Stage 2 by end of first quarter 2013, however, due to the BHD recertification process, as well as lessons learned from Stage 1 and technical issues within the Avatar environment, implementation of Stage 2 was delayed. Throughout Stage 2, individuals representing various disciplines have been involved in process assessments which lead to the realization of the need for seamless integration of Acute, PCS and Observation. The integration was not originally part of the project plan, but, BHD and the project team believe this integration will provide for better patient service in the future. Stage 2 will be complete by October 9, 2013.
 - Stage 3 - (In Process) Community Services Programs, both operated and contracted have begun. The use of community based services for those with behavioral needs is increasing not only in Milwaukee County but nationally. The project team is leveraging best practices throughout the country (as it relates to medical records) and is incorporating these practices into the planning and implementation process for this Stage. To provide for enhanced visibility of client information BHD will purchase two Avatar software modules. These modules will provide a quick customizable snapshot of client files. The first module, CareManagement, will provide a horizontal view of the client, including care details across all touch points within BHD and potentially throughout the medical service community. The second module, CarePathways, provides analytical review of treatment and medication progress within the patient population. As BHD and the community service branch continues to look at expanding services and enhancing capability, these additions will provide BHD with insights into managing and driving community service growth. Based on the modifications to Stage 3, it is currently anticipated that the

rollout of Avatar and the subsequent modules will extend throughout 2014.

Phase IV of the EMR project, Close out and Audit, will begin once Stage 3 of the Implementation is substantially complete.

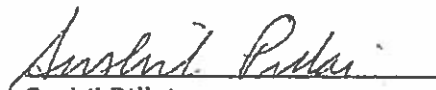
Informational reports will be submitted to the Committee of Health and Human Needs as directed by the committee.

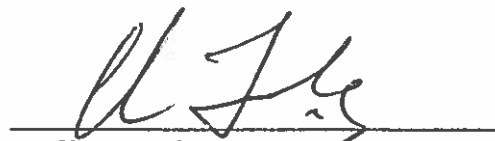
RECOMMENDATION

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

Prepared by:

Approved by:


Sushil Pillai
The Joxel Group, LLC


Chris Lindberg
Chief Information Officer, IMSD

cc: County Executive Chris Abele
Amber Moreen, Chief of Staff, County Executive's Office
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