

**COUNTY OF MILWAUKEE  
INTEROFFICE COMMUNICATION**

**Date:** November 14, 2011

**To:** Supervisor Marina Dimitrijevic, Chairwoman, County Board of Supervisors

**FROM:** Chris Lindberg, Director of Information Management Services

**Subject:** Request for Authorization to execute a Professional Services Contract Amendment with the Joxel Group, LLC for Phase 3 – Implementation of an Electronic Medical Records System for the Department of Health and Human Services – Behavioral Health Division

**REQUEST**

The Director of the Department of Administrative Services – Information Management Services Division (IMSD) is requesting authorization to amend the professional services contract with the Joxel Group, LLC (TJG) in order to continue the implementation of the Electronic Medical Records (EMR) system for the Department of Health and Human Services (DHHS) – Behavioral Health Division (BHD).

**BACKGROUND**

Capital Project WO444 - Electronic Medical Records System was adopted in the 2010 Capital Improvement Budget. IMSD was appointed project lead on this initiative.

The EMR project is broken down into four phases:

Phase 1 – Planning and Design

Phase 2 – Request for Proposal (RFP) Process and Vendor Selection

**Phase 3 – Implementation**

Phase 4 – Closeout and Audit

The Joxel Group (TJG), a certified DBE vendor, was competitively awarded a professional services contract to provide both program and project management services for the EMR initiative. TJG has completed Phase 1 and Phase 2 of the EMR project and as a result facilitated a decision making process along with IMSD, BHD and the Department of Administrative Services to select Netsmart Technologies, Inc. (Netsmart) Avatar product as the preferred EMR system for BHD.

IMSD, TJG and BHD began Phase 3 – Implementation in January 2012. The approach is comprehensive and, due to the complexity of process integration and change management, is anticipated to continue through December of 2013. Implementation, to date, has been successful. As of December 1, 2012, the Crisis Program within BHD (PCS, OBS, Crisis Mobile, and the Access Clinic) will be utilizing the new EMR system. It is anticipated the remaining programs, Acute, (estimated by the end of the first quarter of 2013), Long-term Care and the Operated Community Services programs along with Day Treatment

(estimated by the end of the second quarter 2013), and the Contracted Community Service programs (estimated by the end of the fourth quarter of 2013) will be deployed based on estimated timelines.

As reported in December 2011, the approach for Phase 3 – Implementation is comprehensive and includes seven (7) steps. The steps, as well as the status of the steps are as follows:

### **Step 1: Education**

**Action:** Educational sessions will be conducted by Netsmart and the TJG implementation team to familiarize BHD on the processes and components of the Netsmart system. In addition, integration components of the system will also be reviewed with Netsmart and the IMSD team in order to ensure there is an understanding on the architecture of the software.

**Status:** Complete. The first step in this process was to document at a high level the current state process from Admissions/Registration to Discharge for all the programs at BHD. The education process was then tailored to ensure relevancy to the BHD processes. This provided the BHD team a perspective of how the system would be structured to address their operational needs.

### **Step 2: Planning**

**Action:** A detailed Implementation plan will be developed in conjunction with Netsmart, BHD, TJG and IMSD. This plan will provide a phased approach for implementing the Netsmart software for the various programs within BHD.

**Status:** Complete. The integrated plan provided a detailed approach to deliver Avatar to the Crisis Program and a high level estimated timelines on subsequent programs (Acute, Long Term Care, Day Treatment and Community Services).

### **Step 3: Discovery and Configuration**

**Action:** A detailed review of business processes within each BHD program (Crisis, Acute, and Community Services) will be conducted to determine the priorities for configuration. In addition, a technical review will be conducted to understand conversion, interfaces, security, administration, scanning/imaging, and reporting needs for each of these programs. The requirements will then be configured to the Netsmart system. Based on the requirements, a test strategy for each program will be developed that incorporates test cases and scripts for testing the configuration. A training strategy will also be developed to train BHD users – for both user acceptance testing as well as end-user training.

**Status:** Complete for the Crisis Program. A detailed process review was conducted on the Crisis Program based on staff roles to ensure there was a clear understanding on the duties of each clinician. Based on the process, and inventory of clinical documentation, configuration priorities were established. Configuration was validated to ensure that process changes were acceptable to the business. Test and Training strategies were developed in conjunction with BHD to ensure comprehensive training and validation process. Discovery and Configuration will be conducted for Acute, Long Term Care, Day Treatment and Community Service programs throughout 2013.

#### **Step 4: Testing**

**Action:** Configuration will result in a system prototype being built for each program within BHD. The prototypes will be unit tested by Netsmart, the TJG implementation team as well as BHD users. Integration and system testing will also be conducted to validate data conversion, interfaces, security, imaging/scanning, and reporting.

**Status:** Complete for the Crisis Program. Test scripts were built for each scenario within the Crisis Program which was used for Integration Testing. The same scripts were used by BHD users during the User Acceptance Testing (UAT). UAT involved fiscal, admissions, nursing, and practitioners. Feedback from UAT is tracked to ensure that changes are being readily incorporated within the system and/or processed. Testing will be conducted for Acute, Long Term Care, Day Treatment and Community Service programs throughout 2013.

#### **Step 5: Training**

**Action:** Training will be executed based on a training strategy for the appropriate users. A BHD training group will be formed and will be integrated to the training plan to ensure continuity of training for all of BHD.

**Status:** In-process: Training for the Crisis Program is scheduled to be completed by November 30, 2012. Training sessions are built on a tool that captures the BHD processes as well as the system flow of the Avatar configuration. Training will be conducted for Acute, Long Term Care, Day Treatment and Community Service programs throughout 2013.

#### **Step 6: Evaluation and Optimization**

**Action:** Based on the testing, a system prototype will be optimized to meet BHD's needs, prior to rollout.

**Status:** Completed. Based on the feedback from testing the configuration was optimized to ensure compliance with the user requests. However, this will be an on-going process as users get more familiarized with the Avatar system.

#### **Step 7: Project Wrap-up**

**Action:** At the completion of the Crisis implementation, lessons learned will be captured which will feed Acute, Long Term Care, Day Treatment and Community Service phases of implementation.

IMSD is requesting the authority to amend the existing TJG professional services agreement by \$615,685 for the continuation of Phase 3 – Implementation. The requested funds are included in the 2013 BHD Budget

IMSD will return to the County Board and the County Executive for approval of the costs to fund 2014 the final phase of this project.

#### **RECOMMENDATION**

The Director of the Information Management Services Division respectfully requests approval to execute a professional services amendment with the Joxel Group, LLC for continuation of the implementation services of the Electronic Medical Records (EMR)


solution for BHD.

A resolution and fiscal note are attached for your review and referral to the appropriate committee of the County Board of Supervisors.

Prepared By:

Approved By:

  
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Laurie Panella, IMSD  
Deputy Chief Information Officer

  
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Chris Lindberg, IMSD  
IT Director, Chief Information Officer

cc: County Executive Chris Abele  
Amber Moreen, Chief of Staff, County Executive's Office  
Peggy Romo West, Chairperson, Health and Human Needs Committee  
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Sushil Pillai, The Joxel Group, LLC