EHR AND DATA ENTRY CHALLENGES FOR PROVIDERS IN A MULTI-PAYER ENVIRONMENT

LESSONS LEARNED AND SOLUTIONS GENERATED FROM CALIFORNIA COUNTIES AND THEIR PROVIDERS

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OVERVIEW

- L.A. COUNTY DMH AT A GLANCE
- L.A. COUNTY DMH'S ELECTRONIC HEALTH RECORD SYSTEM
- COMMON CHALLENGES WITH EHR IMPLEMENTATIONS
- IBHIS VISION
- APPROACHES TO HEALTH INFORMATION EXCHANGE
- IBHIS MODEL
- WHAT DID IT TAKE?
- TRADING PARTNER INTEGRATION IMPLEMENTATION
- IBHIS INTEROPERABILITY INITIATIVES
- TRADING PARTNER EXPERIENCE
- WHERE ARE WE HEADED?
- DEMO
- QUESTION AND ANSWER

L.A. COUNTY DMH AT A GLANCE

- LACDMH is both a provider of mental health services and the MediCal Mental Health Plan Local Administrator on behalf of the State

- LACDMH has:
  - Directly Operated services under 137 distinct Directly Operated programs in IBHIS (Including COS only). This number is growing rapidly as we roll out onto IBHIS co-located, SB82 and law enforcement teams.
  - 131 Legal Entities (LE's)
  - 260 Fee-For-Service Providers (FFS)

- There are approximately 13 EHR vendors our LE's do business with

- There are approximately 46 billers used by our FFS provider network

L.A. COUNTY DMH'S ELECTRONIC HEALTH RECORD SYSTEM

- LACDMH's IS legacy system was predominately a claiming system with minimal clinical functionality
- LACDMH selected NetSmart's Avatar product as its Integrated Behavioral Health Information System (IBHIS)
- To our knowledge, LACDMH's IBHIS is the largest and most complex behavioral health information system implementation in California and possibly the U.S.
- DMH IBHIS implementation consists of two major parts
  - Directly Operated implementation
  - Legal Entity and Fee-For-Service implementation
- DMH Directly Operated roll out onto IBHIS for existing service delivery programs was completed May of 2015
- DMH Legal Entity roll out is in progress
  - 12 Contract Providers are currently on IBHIS and using Client Web Services
  - Many more are expected to go live on IBHIS starting in June

COMMON CHALLENGES WITH EHR IMPLEMENTATIONS

- People – executive sponsorship, clinician and business buy in, process changes, user adoption
- Project Management – managing the triple constraint
- Cost – how do we fund our EHR?
- Product – how do we best configure to meet our unique requirements?
- Technical – infrastructure, hosting, performance

HOW DID LACDMH ADDRESS COMMON CHALLENGES

- PEOPLE
  - Executive sponsorship
  - Clinical and business champion(s)
  - Communication strategy – "call in show" to discuss features and functionality
  - Implement effective training program – includes hands on and computer based training
  - Build a cohesive relationship with Legal Entities, FFS providers, Billers and EHR vendors
- PROJECT MANAGEMENT
  - Sound project structure
  - Sound project plan
  - Work with vendor to build a consolidated project schedule
  - Resource Management
- COST
  - MHSA funding
  - Contract Provider Technological Needs Project
  - Cost reduction strategies surrounding decommissioning existing technologies
- PRODUCT
  - Familiarity with business needs translating into sound requirements
  - Work with vendor and business to understand configuration options
- TECHNICAL
  - Resource alignments
  - Partner with vendor to address technical issues
  - On-site Superusers

IBHIS VISION FOR CONTRACT PROVIDERS

- Robert Greenless, PhD, LACDMH CIO made a decision early on to move to a model where Contract Providers would not perform DDE into IBHIS
- LACDMH decided to pursue a completely EDI centric model whenever possible
- LACDMH would need to support interoperability agnostic of system type/vendor
- Contracted Behavioral Health Providers made significant investments toward implementing and optimizing EHR systems
- Contracted Behavioral Health Providers with no existing system would need to implement a system to integrate with IBHIS

IBHIS VISION FOR CONTRACT PROVIDERS

- THE VISION MET SOME RESISTANCE AT FIRST
- DR. GREENLESS HAD INCREDIBLE EXECUTIVE SUPPORT TO MAKE HIS VISION A REALITY
  - Dr. Marvin Southard, prior LACDMH Director
  - Dr. Robin Kay, Acting LACDMH Director
  - Dr. Paul Arns, Clinical Informatics Chief and IBHIS Co-Director

CONTRACT PROVIDER TECHNOLOGICAL NEEDS PROJECT (CPTNP)

- One of six projects in the MHSA Information Technology Plan
- Over $22 million allocated to 131 Legal Entities to offset Contractor costs for:
  - Electronic Health Record Systems
  - Electronic Data Interchange (EDI) with DMH
- Contractors were required to submit IT project proposals to LACDMH, describing how the CPTNP funds will be used.

HEALTH INFORMATION EXCHANGE

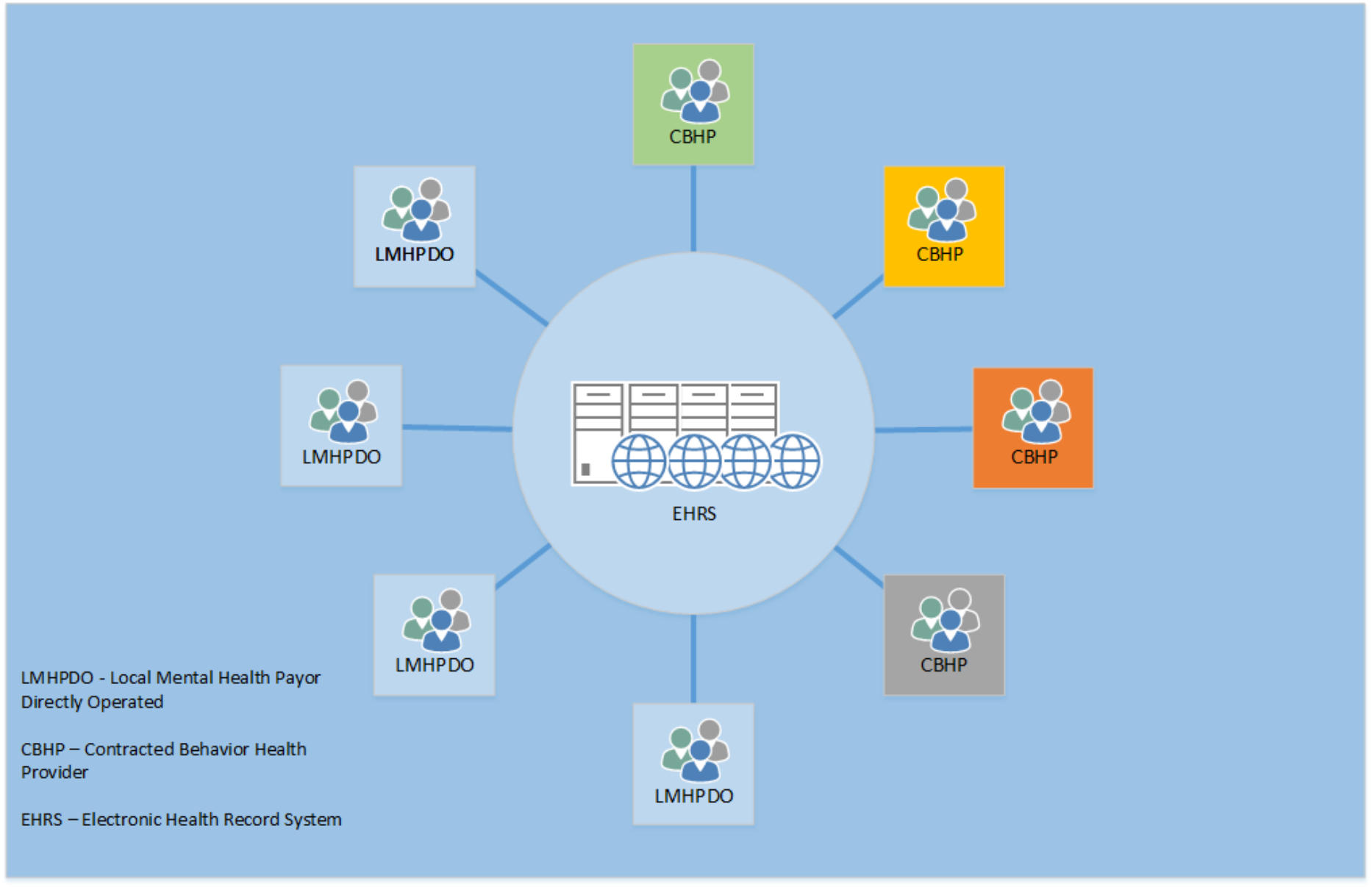
- ONCE LACDMH CONTRACT PROVIDERS SECURED THEIR OWN EHR SYSTEMS, THE NEXT STEP WAS TO FIGURE OUT HOW TO BEST CONNECT OUR DISPARATE EHR'S
- LEVELS OF INTEROPERABILITY:
  - **Foundational** – Allows one healthcare IT system to receive data from another, but not necessarily to be able to understand or process that data
  - **Structural** – Enables healthcare data exchange between IT systems that preserves the data's "clinical or operational purpose and meaning"
  - **Semantic** – Allows multiple IT systems to both share and use healthcare data from each other's system

SOURCE: HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY (HIMSS) WWW.HIMSS.ORG

APPROACHES TO HEALTH INFORMATION EXCHANGE

- DIRECT ACCESS MODEL
- HOMOGENOUS EHR MODEL
- HETEROGENEOUS EHR MODEL

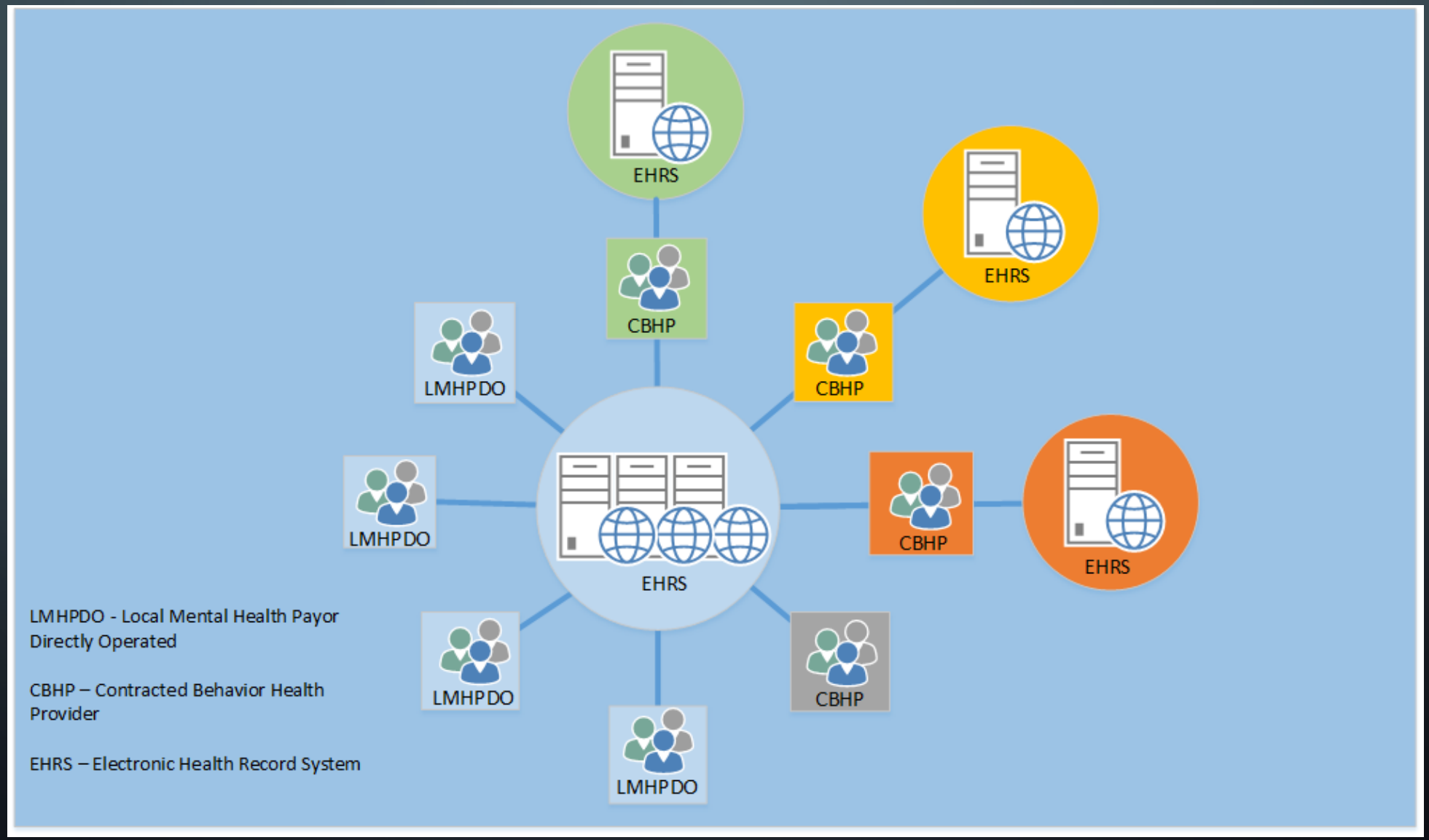
PAYOR EHR MODELS – DIRECT ACCESS



PAYOR EHR MODELS – DIRECT ACCESS

- Benefits
  - Implementation can be less complex
  - Business Rules can be maintained in "one place"
  - Workflow applies to all users
- Challenges
  - External Organization User Support
  - May not have the ability to impose security controls
  - User maintenance
  - Training
  - May not be optimized to CBHP requirements

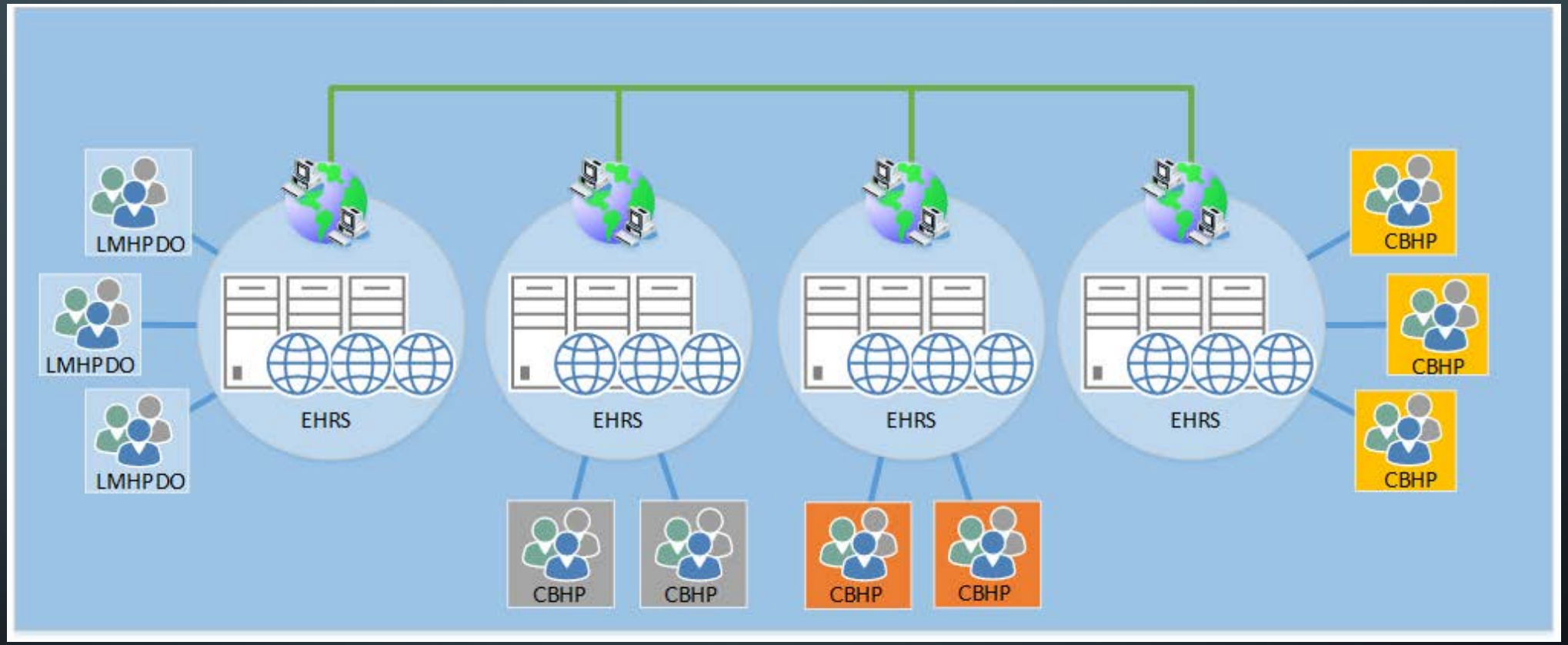
PAYOR EHR MODELS - DIRECT ACCESS EXTENDED VIEW



PAYOR EHR MODELS – DIRECT ACCESS

- With the advent of Meaningful Use many organizations have already adopted an EHR
- Benefits
  - Implementation is less complex
  - Business Rules can be maintained in one place
  - Workflow applies to all users
- Challenges
  - Requires duplicated entries on a single client/service/etc. by CBHP
  - CBHP may need to support multiple workflows
  - User maintenance
  - Training
  - May not be optimized for CBHP

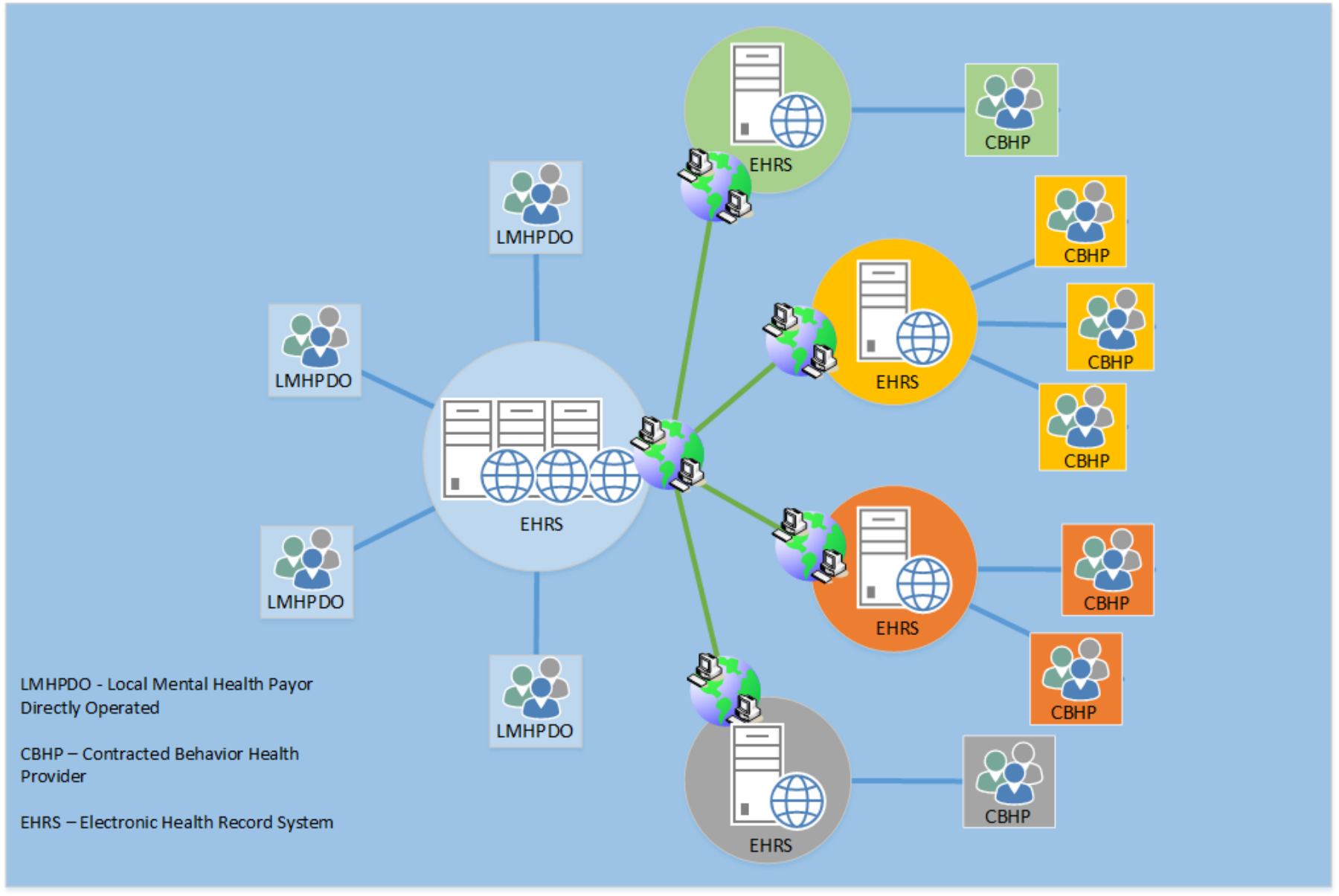
PAYOR EHR MODELS – HOMOGENOUS EHR INTEGRATION



PAYOR EHR MODELS – HOMOGENOUS EHR INTEGRATION

- Benefits
  - Business Rules can be maintained across implementations
  - Workflow applies to all users
  - Integration across implementations is less complex
  - Data is represented in the same model across implementations
- Challenges
  - Change Management can be complex
  - May not be optimized for CBHP's requirements
  - Federated approach may lead to varying "flavors" of implementation
  - Many CBHP's already have EHR systems

PAYOR EHR MODELS – HETEROGENEOUS EHR INTEGRATION



PAYOR EHR MODELS – HETEROGENEOUS EHR INTEGRATION

- Benefits
  - CBHPs can leverage their existing EHR systems
  - CBHP are free to implement the best EHR that fits their respective model
  - Data is entered once and automation distributes information
  - CBHP can train and optimize resources to their respective workflow
  - Connectivity is established once between Trading Partners
  - Less resources are required to maintain information exchange
- Cons
  - Integration can be complex
  - Change Management can be complex
  - Not all areas of information exchange have standardized protocols

IBHIS MODEL & OBJECTIVES

- Support the integration of heterogeneous EHR systems
- Pursue standards based interoperability
- Integrate with over 390 Trading Partners
- Manage claiming for approximately one-third of California MediCal (Medicaid) specialty mental health claims dollar volume
- Manage Administrative information for over 250,000 clients served yearly

WHAT DID IT TAKE?

- Infrastructure to support multiple environments
  - Internal environments for development, and testing
  - Public facing environments for Provider Trading Partner analysis
- Implemented a mPKI Infrastructure to provision Trading Partner access to IBHIS Integration environments
- Developed In house skills focused on Interoperability
- Established a formal Change Management Processes for Public Interfaces
- Trading Partner Certification

IBHIS CURRENT INTEROPERABILITY INITIATIVES

- Claiming – EDI
  - HIPAA 5010 X12 is the standard for claiming
  - TA1 optional acknowledgement which validates receipt of a valid 837 submission
  - 999 acknowledgement provides acceptance of 837 submissions
  - 277CA acknowledgement provides IBHIS generated Claim identifier
  - 835 provides explanation of benefits
- Administrative information – Client Services
  - Developed jointly by DMH and Netsmart
  - Client Services allow Trading Partners the ability to exchange information WITHOUT LOGGING ON TO A DMH INFORMATION SYSTEM
  - The information is securely exchanged and stored electronically real-time
  - Improves both the timeliness and quality of data
  - Eliminates the necessity of maintaining data on multiple systems

IBHIS INTEROPERABILITY – CLIENT SERVICES

- Real time Web Services which allow CBHP's to establish and maintain administrative information
- 25 Operations which support information exchange for the following domains:
  - Client Demographics and Benefits
  - Special Population Reporting
  - Admission/Discharge
  - Clinical Care Coordination
  - Mandated Reporting Information

IBHIS INTEROPERABILITY – CLIENT SERVICES

SearchClient

AdmitExistingClient

AdmitNewClient

CreateClientCSI

CreateClientDiagnosis

CreateClientPregnancy

CreateClientUMDAP

DischargeClient

UpdateClientDetails

UpdateClientDiagnosis

UpdateClientPregnancy

UpdateClientUMDAP

GetClientActiveEpisode

GetClientCSI

GetClientDetails

GetClientDiagnosis

GetClientDiagnosisHistory

GetClientEpisodeHist

GetClientFinEligibility

GetClientLegacySvcHist

GetClientPregnancyDetails

GetClientSvcHist

GetClientUMDAPDetails

GetDCFSClientSvcHist

GetPublicGuardianSvcHist

IBHIS PILOT INTEROPERABILITY INITIATIVES

CLINICAL

- CAREVIEW (NETSMART PRODUCT)
  - View only portal into IBHIS without logging onto IBHIS
  - Fosters improved information sharing between DHS physicians and DMH clinicians

- CARECONNECT (NETSMART PRODUCT)
  - Allows for direct messaging between DMH clinicians and DHS physicians
  - CCD/Referral pilot between Tarzana Treatment Center (primary care site) and San Fernando Valley Mental Health
  - Fosters improved coordination of care between physical and behavioral health providers

TRADING PARTNER EXPERIENCE

Foothill Family Services

Chris Howard, IT Director

TRADING PARTNER EXPERIENCE

- Foothill Family Services
- Operating in LA County for approximately 90 years
- Have seven sites within Los Angeles County
- Comprised of approximately 300 staff
- Business with LA County accounts for about 70% of overall budget

TRADING PARTNER

- Foothill Family Services was the first L.A. County customer to use Welligent
- Foothill Family Services implemented Welligent in 2009
- Implementation took approximately 12 months

TRADING PARTNER – IBHIS IMPLEMENTATION

- Foothill Family Services/Welligent were the first Trading Partners to Go-Live on IBHIS
- Foothill Family Services leveraged CPTNP funding to enhance infrastructure
- Looking at leveraging funding to further business intelligence capabilities within the organization

TRADING PARTNER – IBHIS HURDLES

- Certification was difficult
- Testing service scenarios was time consuming
- Staff Functions were phased out
- Provisioning access for new staff

WHERE ARE WE HEADED?

- Every EHR implementation is unique and Interoperability should always be considered
- Attaining Interoperability
  - Sole responsibility shouldn't be on EHR vendors
  - Processes and workflows in coordination of care need to be clearly defined
  - Technology is just a part of the equation
  - Interoperability is a true team effort and hinges on strong relationships between:
    - Clients
    - Physicians and Clinicians
    - Technical Vendors and County Technical Teams
    - Providers and Payers
- Interoperability is the future and is certainly attainable but will take some time

THANK YOU

Questions?

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