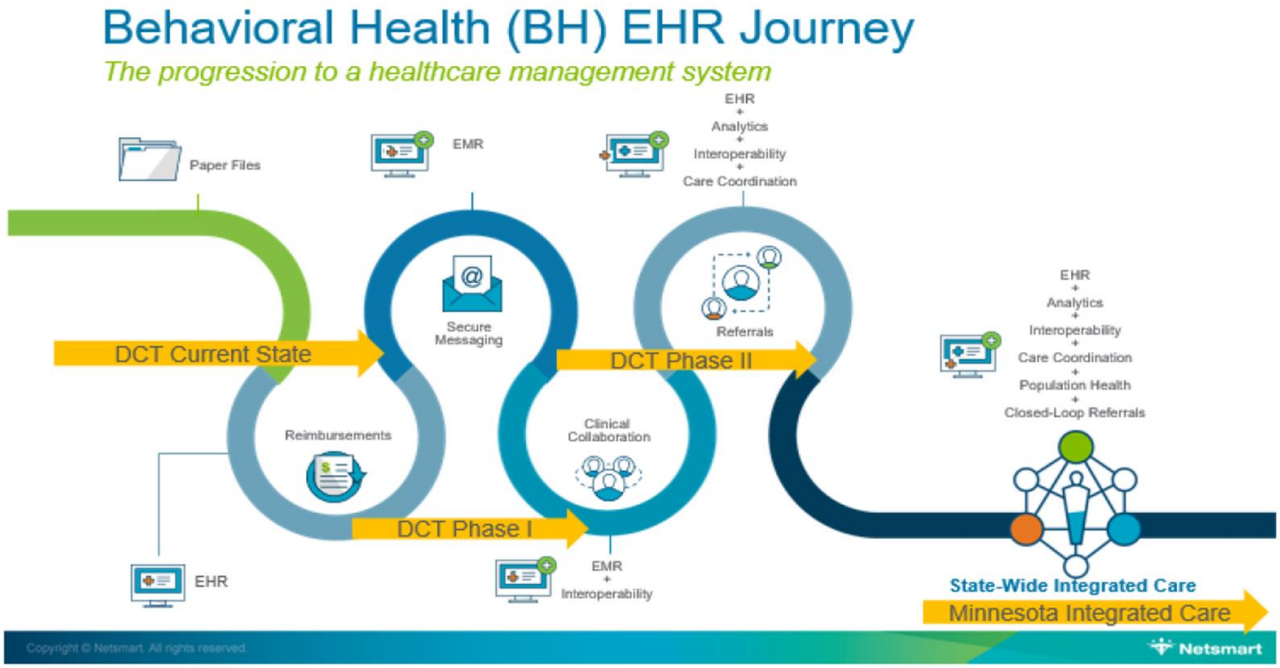
DEPARTMENT OF HUMAN SERVICES
DIRECT CARE AND TREATMENT

EMR/EHR Roadmap

The DCT EMR system currently operational and functions properly. The focus of the proposal is on adding features and functionality to make it possible for all of our treatment sites to use the system.

DCT and MNIT have worked with the EMR vendor, Netsmart, to prepare a high-level implementation plan for DCT to have a fully functional EMR and EHR, based on best practices around EMR/EHR



Partnership & Planning

DCT and MNIT have a very robust process for identifying, approving, developing, user testing, and implementing different EMR/EHR projects. Based on the high-level implementation plan, DCT identifies key projects that will be completed. DCT and MNIT prepare an annual project roadmap that is presented to the DCT technology oversight group. That user group makes recommendations that are presented to the DCT/MNIT Leadership Team for final approval. Once approved, DCT and MNIT develop a detailed project plan. The project governance group reviews plan implementation and makes adjustments, as the project evolves. Significant changes or requests for additional resources must be reviewed and approved by the DCT/MNIT leadership group. On a weekly basis, there is a DCT/MNIT/Netsmart leadership meeting to review and resolve problems or issues with all the EHR projects.

MNIT Involvement and Process

MNIT & DHS are partnering to pursue a Project to Product Transformation (customer focus, product approach, agile mindset, and framework).

Background

A customer-focused product/agile approach has become standard in the private sector. The private sector members of the Blue-Ribbon Commission on IT have been pushing the state to adopt this approach. MNIT consulted with business CIOs in developing its approach for DHS. The approach is called the Project to Product Transformation (P2P).

The Goal

The goal of P2P strategy is to build user-friendly processes and IT solutions to greatly improve the experience of those supported by human services programs and those who administer the programs. This includes improvement of inefficient processes coupled with maintaining the stability and integrity of our IT systems while continuously improving the experience of end-users of the system. This supports our vision of a person-centered, integrated human services delivery system, developed in partnership with vendors and external providers.

Connection Points

DCT and MNIT leads are engaged with the P2P transformation team in order to amplify the vision, to inform the planning, and to serve as organizational points of communication for P2P transformation across DCT and MNIT. DCT and MNIT leadership are supportive and are focused on providing the best possible utility and user experience in order to deliver the value that an EMR/EHR provides.

A Specific EMR Example

As we began the EMR Phase I work three years ago, there was a shortage of trust, empathy, collaboration, and decision-making between those closest to the work in DCT and MNIT. We knew we had to try something different. Over the last two-plus years, we've piloted new ways of working together and successfully accomplished Phase I work, most recently, using multiple small cross-functional teams working simultaneously to swarm around unique work efforts. Our motto has been: "The only way we will fail is if we don't learn." MNIT and DCT had already been experimenting with aspects of the mindset and values that P2P brings curiosity, kinship, empathy, passion, and ruthless focus. Embodying these values in our partnerships has allowed us to trust each other more deeply and brought creativity to our historically siloed and rigid interactions. Creating a space that nurtures continuous learning and adapting our approach with each implementation, we've accomplished more than we thought was possible.

DCT Selection of the Avatar Application

ADCT review identified that 98% of all hospitals in Minnesota have gone with EPIC. EPIC was developed around acute care hospitals and includes large systems. In order for a small hospital (less than 100 beds) to use the EPIC system, they needed to create a network affiliate agreement with a larger hospital. EPIC did not have a fully developed acute care behavioral health component and each hospital needed to pay for this custom development. In 2017, DCT leadership attended the Netsmart Conference where Netsmart provided the leadership with a complete review of their system, which was primarily built around behavioral health.

There were over 20 state psychiatric hospital systems using Netsmart and the Avatar system. DHS/DCT had already invested over $14 million into Avatar and based on DCT Health Systems CEO Marshall Smith's experience with Medi-Tech, Cerner, GE, and EPIC, he concluded that the current system served as a good foundation and with full implementation Avatar would provide DCT the product needed to ensure the full spectrum of a fully functional EMR and EHR.

Impacts of Not Proceeding with EMR/EHR Proposal

Regulatory Impacts Fines

DCT met the initial stage, which was to have an electronic medical record system installed but missed other implementation steps along the way due to lack of IT and business resources. DCT has not complied with meaningful use requirements and in 2015, the penalty for missing the deadlines was that DCT did not receive the full annual payment rate increase allotted to eligible hospitals. DCT's annual increase was reduced by 1% that year. The penalty increased to 2% in 2016 and up to 3% each year thereafter.

In addition, the new Cures Act has additional penalties for non-compliance with information blocking. The patient is at the center of the 21st Century Cures Act. Putting patients in charge of their health records is a key piece of patient control in health care, and patient control is at the center of HHS' work toward a value-based health care system. DCT needs to comply with the OMC guidelines related to the 21st Century Cures Act by December 2023.

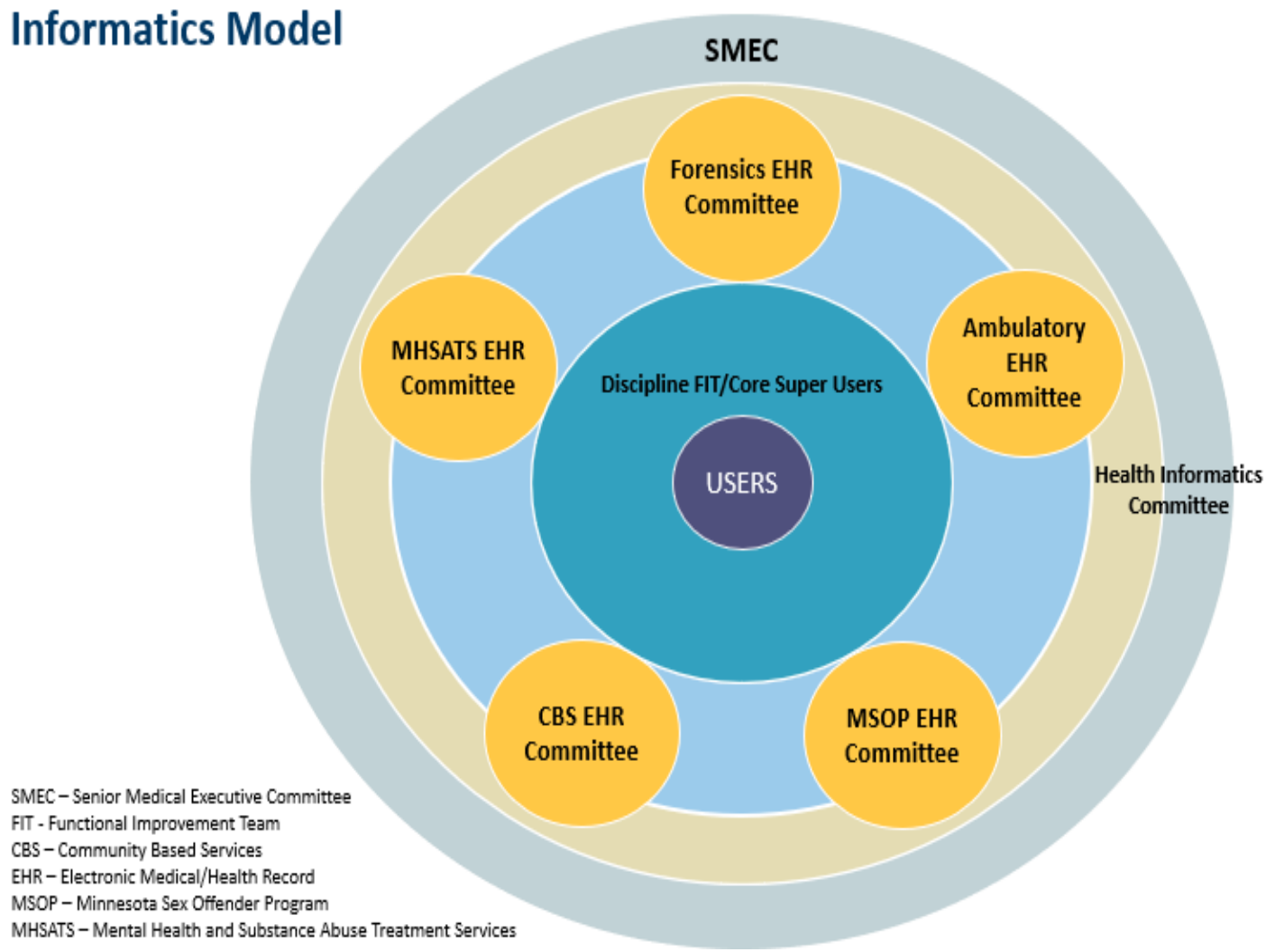
The ONC has released their Rules for meeting the Cures Act, requiring interoperability requirements. Patients need more power in their health care, and access to information is key to making that happen. The rule does not implement the civil monetary penalties to which an "Information Blocker" would be subject. A future companion rulemaking will come from the Office of the Inspector General that will define the enforcement of the Information Blocking rules, and the civil penalties.

Regulatory Impacts Compliance/Lawsuits

On a weekly basis, regulatory entities visit DCT sites for annual audits, to follow up on patient complaints, and to reviewing adverse incidents. Every time DCT has an adverse impact (negative impact on a patient), regulatory citations and fines can result, as well the possibility of lawsuits from patients or their families. Not having a fully functional EHR greatly increases the risk of having adverse impacts and falling out of compliance with regulatory entities.

User Experience

DCT has an established process for Phase 1 EMR work and is in the process of establishing a Phase 2 EHR governance structure to ensure users are driving the priorities and direction of the projects. The moto is: "Working together to improve clinical workflow, support shared clinical decision-making, enhance user experience & engagement, and optimize technology investments to improve care delivery and outcomes." The following diagram illustrates the direction DCT is going. Several of these groups are already established and functioning. DCT is working to finalize this new governance structure and obtain approval from the DCT Executive Team.



The Ask: Direct Care and Treatment

This proposal provides funding to continue the development of an electronic health record system for the department's Direct Care and Treatment programs. The electronic system will improve access to patient and client medical records across the entire behavioral health care system operated by DHS, while improving patient care and outcomes.

FY 2023: $8.91 million.
FY 2024: $7.68 million
Total: $16.59 million

The costs include vendor modules, licensing, consultation, hosting, etc.

MNIT - 16 additional staff assigned to this project
DCT - 9 additional staff assigned to this project
Total: 25 FTEs