DIRECT CARE AND TREATMENT

3200 Labore Road
Vadnais Heights, MN 55110

Feb. 24, 2025

Sen. John A. Hoffman
Sen. Melissa H. Wiklund
Rep. Mohamud Noor
Rep. Joe Schomacker
Rep. Kristin Bahner

Dear Senators Hoffman and Wiklund and Representatives Noor, Schomacker and Bahner,

On behalf of Direct Care and Treatment and MNIT, thank you for your commitment to the ongoing development of our Electronic Health Record (EHR) system. With the successful implementation of Phase I, the EHR is already helping us provide safer, more effective care to the patients in the state-operated behavioral health care system. That would not have been possible without your leadership and advocacy.

We want to update you on our progress so far and layout where the project is headed and the milestones to come.

Successful Phase I Launch

We're pleased to report that the Phase I rollout has been a tremendous success. The culmination of two years of painstaking work, Phase I required redesigning and standardizing many common workflows across all DCT divisions and adding new functions such as enhanced documentation, scheduling, secure communications, medication administration, telehealth and much more. The process also included the conversion of paper records and disorganized electronic documentation (spreadsheets, SharePoint, etc.) into a single electronic system. Phase I focused on the clinical side of our work from admission to discharge. Our treatment teams now have consistent, comprehensive, centralized and readily accessible patient information, which is key to safe, effective treatment. That's real progress.

From the beginning, we understood that a successful project could not be designed in a vacuum. Guidance and feedback from our users were essential every step of the way. Subject matter experts were heavily involved in the design, testing and proof-of-concept phases. To prepare staff prior to launch, we developed written user guides and held extensive computer-based and in-person training. We deployed experts throughout our major campuses to provide in-person go-live support and opened a 24/7 call center where troubleshooters were available day or night. We also setup regional command centers so issues could be handled in real time. Within

the first week after the system launched we were able to discontinue onsite support because there were few issues and minimal calls. Even as the CrowdStrike attack crippled IT systems worldwide, we experienced no disruptions.

Phase II Progress

Phase II, which is now underway, focuses primarily on improving the timeliness and accuracy of the revenue cycle management (RCM) system.

Phase II priorities also include:

- Adding the Anoka-Metro Regional Treatment Center campus onto our nutrition/dietary system
- Improving IT security through our NIAM authentication
- Expanding our electronic lab ordering
- Redesigning our Central Pre-Admissions process

All of these improvements will be accomplished while we also continue to make more clinical enhancements and refine the Phase I features. So far, we are happy with the progress and timelines of Phase II.

Phase III Updates

Our Phase III projects focus on interoperability and exchanging of data with our internal systems as well as outside providers. So far, this includes exchanging data with our system at the Minnesota Sex Offender Program, our Special Care Dental Clinics (through Dentrix), the Minnesota Department of Health Immunizations (MIIC), and others. These steps are going well. Also, we have begun receiving care continuity documents from other health care entities and are incorporating them into DCT's EHR.

DCT has just begun collaborating with NetSmart (our EHR vendor) and Amazon Web Services on a proof- of-concept project that will use our new data sets and powerful analytic tools to help reveal hidden trends and give us deeper insights into clinical care, patient demographics and outcomes, and operations. Of all the EHR system improvements, this has the greatest potential for producing groundbreaking work in the future.

Without continuous improvement, the system's utility – and the state's investment in it – will be eroded over time. We have already updated 60 of our CBTs to reflect changes since Phase I launched on July 16. To keep the system up to date, we'll continue to make iterative improvements with a focus on user experience, regulatory compliance, and safe, high-quality care for our patients and clients.

We welcome the opportunity to answer questions and provide a more detailed presentation. Again, thank you for your leadership and ongoing support.

Sincerely,

Dan Storkamp   Greg Poehling
Executive Director of Operations   Chief Business Technology Officer
Direct Care and Treatment   MNIT