

IBHIS Project Contract Provider Presentation

Welcome!

September 11, 2006
2:00 p.m. – 5:00 p.m.

Health Services Administration Auditorium
313 N. Figueroa Street
Los Angeles, CA 90012



IBHIS
Integrated Behavioral Health Information System



IBHIS Project Contract Provider Presentation Agenda

**September 11, 2006
2:00 p.m. – 5:00 p.m.**

Welcome Remarks

**Significance of EHR and Its
Impact on Clinical Service
Delivery**

**Roderick Shaner, M.D.
Medical Director**

IBHIS Project Overview

**Diane Vrenios,
IBHIS Project Manager,
Outlook Associates, LLC**

**Changes for Contract Providers
Post-IBHIS Implementation**

**Susan Kerr,
Chief Deputy Director**

**How will DMH work with
Contract Providers?
What are the Next Steps?**

**Robert M. Greenless, Ph.D.
Chief Information Officer**

Questions & Answers



Integrated Behavioral Health Information System

"To Enrich Lives Through Effective And Caring Service"

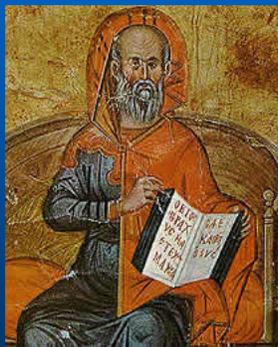


Department of Mental Health

IBHIS: A clinical view

1

Clinical IS and History: The Hippocratic Paradox



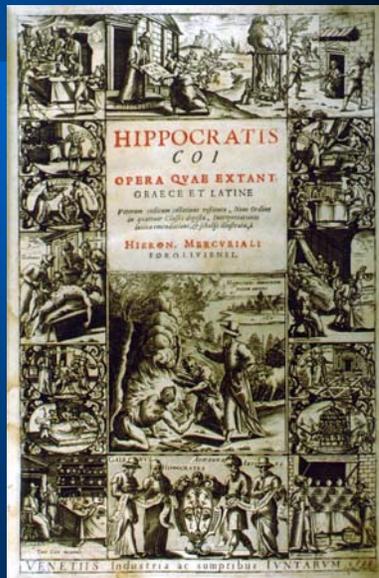
"Whatsoever things I see or hear, concerning the life of men, in my attendance on the sick... I will keep silence thereon, counting such things to be as sacred secrets." *Hippocrates, 400 BC*

'If It Wasn't Written It Didn't Happen'
Attendings to interns, 2000 AD



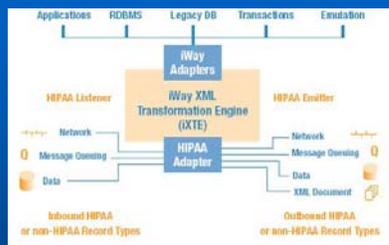


IS technology: 1500 AD to 2000 AD



IS technology requirements: *The 21st Century*

- Clinical data acquisition
- Decision support
- Clinical communication
- Process management
- Quality monitoring
- Billing and reimbursement
- Liability mitigation
- Confidentiality and encryption





DMH: *Current Information technology*



5

The Problem:



- Scant clinical IS functionality in DMH
- Mental Health Services Act (MHSA)
 - New program and IS requirements to support clinical service delivery, outcome measures and program performance reporting, beyond the current capabilities
- The Data Infrastructure Grant (DIG)
 - New data collection and reporting requirements beyond current capabilities
- Mandates for Electronic Record Keeping
 - May require health facilities to have an electronic medical record system by 2014 – existing IS could not be technically sound or cost effective foundation for an EMR

6



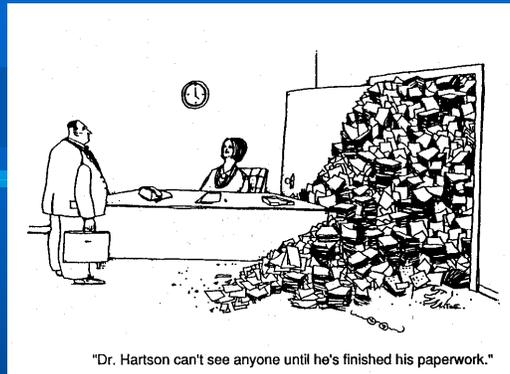
The Problem: Inefficient Manual Processes



- **Client assessment, care planning and documentation of clinical services are performed manually**
 - Limits numbers of clients seen in a day
 - Creates a paper management, storage and retrieval problem
- **Tracking and monitoring of care requires significant duplication of effort**
 - Preparing multiple paper forms, logs and charts
 - Entering data into multiple, non-integrated spreadsheets and stand-alone applications

7

The Problem: Inefficient Access and Sharing of Data



- Paper charts impede timely clinician access to clinical information about clients that show up at other facilities
- Inadequate information access compromises quality of care
- County agencies all have separate clinical data; sharing of data is currently limited, fragmented and labor intensive
- Automating clinical information is essential for establishing a fully electronic clinical record

8



The Plan (1)



- Proven off-the-shelf commercial software with minimal modifications
- Comprehensive, and web accessible BH IS
- Integrated accounting and billing module

9

The Plan (2)



- Consulting support from a vendor who has implemented behavioral health information systems in large public sector organizations
- Follow industry data and communication standards to enhance ability to appropriately share data with other County departments and contract providers

10



Anticipated Functionality *DMH as Provider*

(Some variation depending on the vendor)

- Contact Tracking
- Information and Referral Reference
- Client Registration
- Assessment Management
- Financial/Benefits Determination
- Appointment Management
- Resource Schedule Maintenance
- Treatment Care/Plan Management
- Clinical Work Flow Reminders
- Progress Notes Management
- Service Capture
- Caseload Management
- Medication Management
- Order Communication
- Pharmacy Inventory Management
- Billing and Accounts Receivable Management



11

Anticipated Functionality *DMH as an Administrator*

(Some variation in functionality depending on the vendor)

- Call Center Tracking
- Information and Referral Maintenance
- Eligibility Management
- Credentialing (possible third party software)
- Provider Network Management
- Program Management
- Program Definition
- Protocol/Rules Administration
- Claims Administration
- Authorization Management
- Financial Management





Achievable Benefits: *Clinical*



- Improved multi-site access to clinical information for clinics and crisis response teams
- More time for clinical care through streamlined processes
- Improved clinical outcomes through better record access and decision support
- Supports a system of care viewpoint rather than individual service point, with less disjointed treatment
- Creates the foundation for a fully electronic clinical record

13

Achievable Benefits: *Financial*



- More effective revenue management
- Improved revenue capture
- Reduced system support and maintenance costs
- Reduced overtime, temporary staff and consultant costs for claiming process
- Projected savings of \$20 million after two years of IBHIS operation
- Projected system cost is \$10.8 million, just a little more than we currently pay in maintenance and support each year

14



Achievable Benefits: *Efficiency*



Figure 16. ERJ145.

- Less time spent indexing, storing, and retrieving paper medical records
- Frees up space devoted to storage of paper medical records
- Improved ability to schedule, plan and document services
- Increased productivity because claiming for services delivered would be a by-product of clinical documentation
- Improved response to regulatory and business environment changes
- Improved regulatory and Board reporting
- Improved information for planning and management decision making

15

Achievable Benefits: Data Sharing

- Improved coordination of service delivery and planning activities across County departments
- Improved ability to exchange data electronically and securely with business partners such as contract providers, DHS, Sheriff (Jail Mental Health), Superior Courts, DCFS and Probation
- Progress on County Strategic Plan – Goal 7, Strategy 1, Objective 1





Achievable Benefits: Information Systems

- Replaces complex and inflexible existing claiming systems (MHIS/IS)
- Reduces annual maintenance and support costs from \$13 million to \$4 million.



Funding

- Anticipate substantial MHA funding for this project
- Funding issues



18



Do nothing?

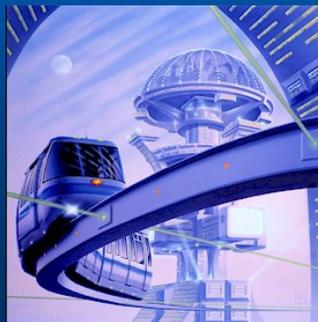


- Service to DMH clients will continue to be compromised because clinicians have less than optimal access to clinical information
- DMH will be unable to meet the data reporting requirements of MHPA and MHPA funding will be put at risk
- DMH will be unable to move to an electronic medical record in the foreseeable future, putting it at risk of violating State or Federal mandate
- Goal 7, Strategy 1, Objective 1 of the County Strategic Plan will be further delayed
- DMH will continue to spend \$10 million per year more than necessary to maintain systems with only a fraction of the needed functionality
- DMH will continue to be unable to claim for some services delivered because of the limitations of its clinical documentation and the lack of integration with claiming functions
- DMH may have a harder time recruiting and retaining clinicians trained in environments with clinical information systems

19

Moving Forward

- Learning lessons from earlier efforts:
 - Clinically driven, exec, proven
- Project management strategies
- Project leads



IBHIS Project Contractor Provider Presentation

IBHIS Project Overview

September 11, 2006

Presented by
Diane Vrenios
IBHIS Project Manager
Outlook Associates, LLC



IBHIS
Integrated Behavioral Health Information System

What is the IBHIS Project?

- IBHIS stands for the *Integrated Behavioral Health Information System*
- Enterprise-wide automation and process improvement effort under joint direction of the:
 - Office of the Medical Director
 - Chief Information Office
- Management assistance by Outlook Associates, LLC



IBHIS
Integrated Behavioral Health Information System

Project Goal

Specification,
Selection,
Acquisition and
Implementation of a
Commercial Off-the-Shelf (COTS)
application that will meet the needs of
DMH



IBHIS
Integrated Behavioral Health Information System

Project Goal

- It will be a:
Comprehensive,
Integrated,
Clinical information system to
support the day-to-day service
delivery and administrative
functions performed by DMH
directly-operated programs
- **Workflow automation** will be a key new
feature!



IBHIS
Integrated Behavioral Health Information System

Scope

<i>Anticipated IBHIS Functionality</i>	
DMH as Provider	DMH as Administrator
<ul style="list-style-type: none"> • Contact Tracking • Information & Referral Reference • Client Registration • Assessment Management • Financial Screening • Benefits Determination • Appointment Management • Resource Schedule Maintenance • Treatment/Care Plan Management • Clinical Workflow Reminders • Progress Notes Management • Service Capture • Caseload Management • Medication Management • Order Communication • Pharmacy Inventory Management • Billing & Accounts Receivable Management • Field Operations Support 	<ul style="list-style-type: none"> • Call Center Tracking • Information & Referral Maintenance • Eligibility Management • Credentialing • Provider Network Management • Program Management • Protocol/Rules Administration • Claims Processing • Authorization Management • Financial Management • Master Client Index • Formulary Management • EDI Management



IBHIS
Integrated Behavioral Health Information System

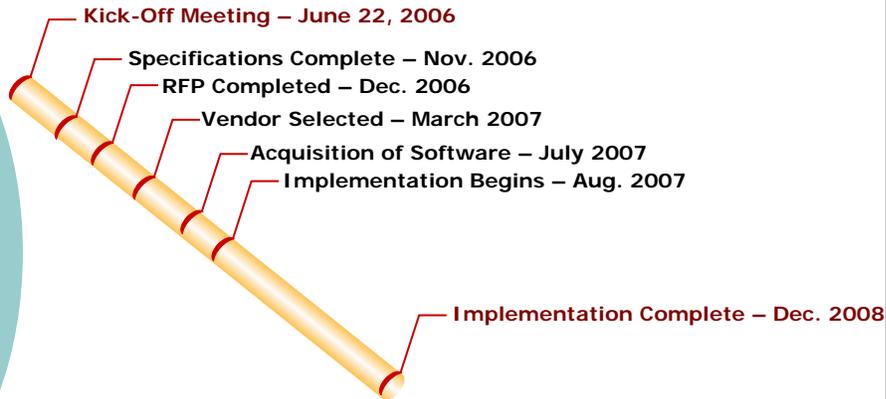
Why?

- Benefits realized in:
 - Clinical service delivery
 - Process Efficiency
 - Financial management
 - Data accessibility, data quality and data sharing
- Why now?
 - MHSA Implementation
 - Federal and State Mandates Compliance



IBHIS
Integrated Behavioral Health Information System

Project Timeline



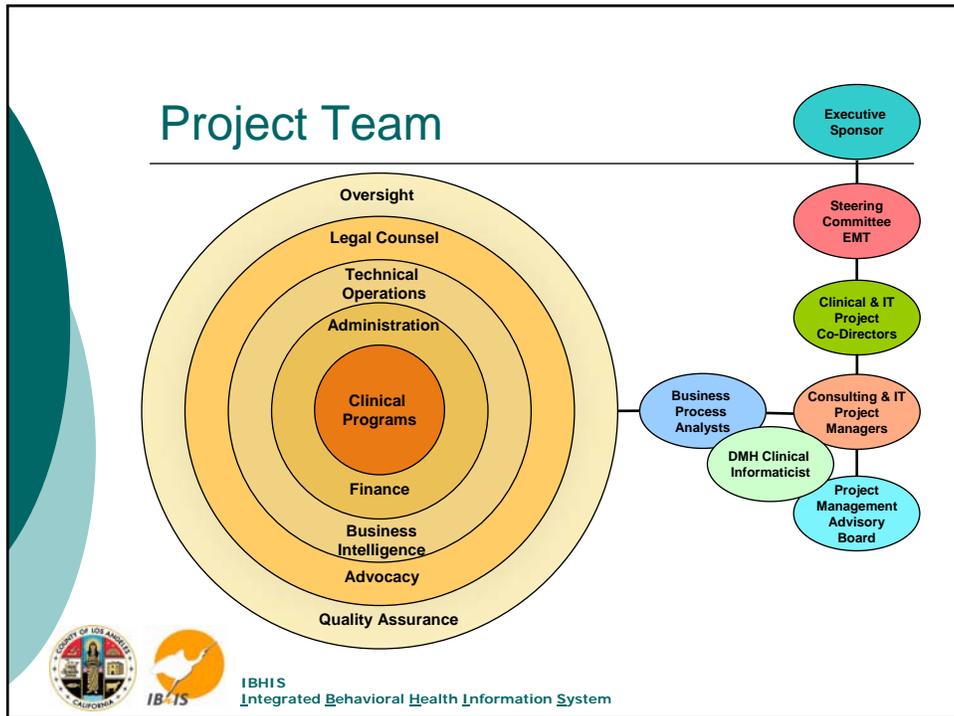
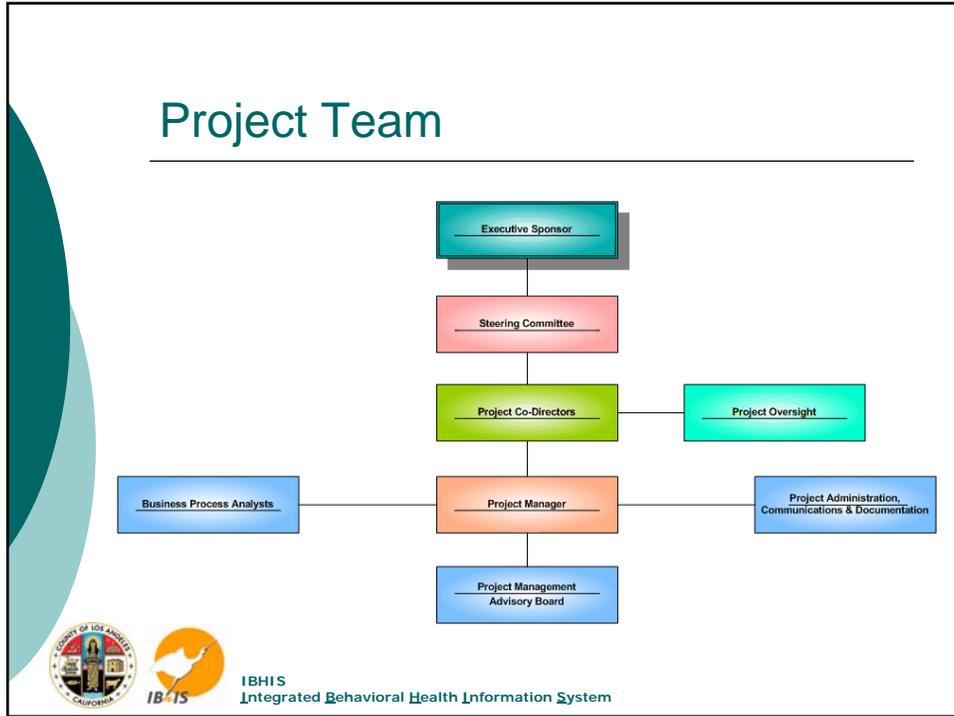
IBHIS
Integrated Behavioral Health Information System

Project Approach

- Collaborative approach
 - DMH clinical program staff
 - DMH administrative staff
 - DMH operations/CIO staff
 - Outlook Associates project team
 - External stakeholders (e.g., State DMH, Board, DHS, Contract Providers...)
- Focused workgroup facilitation
 - Content specific, facilitated workgroups
 - Limited time requirements, respect for other projects and commitments
- Leveraging of existing knowledge and tools from previous projects and other relevant sources



IBHIS
Integrated Behavioral Health Information System



Where Are We Now?

- Project Planning
- Forming Workgroups
 - To document internal process flows
 - To gather internal requirements
- Contacting External Stakeholders



IBHIS
Integrated Behavioral Health Information System

IBHIS Project Contractor Provider Presentation

IBHIS and Contract Providers Implications and Next Steps

September 11, 2006

Presented by
Robert M. Greenless, Ph.D.
Chief Information Officer



IBHIS
Integrated Behavioral Health Information System

The Genesis of the IBHIS Project

- DMH has recognized for years that it needed a comprehensive mental health information system with robust clinical functionality
- Buying administrative and financial/claiming functionality integrated with clinical functionality leads to operational efficiency, improved data quality, and enhanced revenue capture
- HIPAA implementation moved that project to the back burner
- MHSA includes the electronic health record (EHR) among its goals, so this moved the project to the front burner
- Contract providers have asked us when they will be able to stop using the DMH information system and communicate with us entirely electronically



IBHIS
Integrated Behavioral Health Information System

Industry Trends

- In the physical health world, electronic data exchanges are routine and very much a proven way of doing business
- Increasing availability of automation to directly support clinicians
- Capturing service delivery information at the point of service
- Secure and appropriate electronic exchange of consumer specific health information
- Secure electronic exchange of transactions related to insurance, claims processing and payments
- A greater reliance on evidence-based practices
- Analysis of outcomes data to support continuing quality improvement
- Progress on standards for an electronic health record for mental health
- The possibility that an electronic health record will be mandated by 2014 for organizations receiving federal funds



IBHIS
Integrated Behavioral Health Information System

Anticipated IBHIS Functionality

<i>Anticipated IBHIS Functionality</i>	
DMH as Provider	DMH as Administrator
<ul style="list-style-type: none"> • Contact Tracking • Information & Referral Reference • Client Registration • Assessment Management • Financial Screening • Benefits Determination • Appointment Management • Resource Schedule Maintenance • Treatment/Care Plan Management • Clinical Workflow Reminders • Progress Notes Management • Service Capture • Caseload Management • Medication Management • Order Communication • Pharmacy Inventory Management • Billing & Accounts Receivable Management • Field Operations Support 	<ul style="list-style-type: none"> • Call Center Tracking • Information & Referral Maintenance • Eligibility Management • Credentialing • Provider Network Management • Program Management • Protocol/Rules Administration • Claims Processing • Authorization Management • Financial Management • Master Client Index • Formulary Management



IBHIS
Integrated Behavioral Health Information System

Large Multi-Site Providers Won't Need DMH Administrative Functionality

<i>Anticipated IBHIS Functionality</i>	
DMH as Provider	DMH as Administrator
<ul style="list-style-type: none"> • Client Eligibility Verification • Contact Tracking • Information & Referral Reference • Referral Request Management • Client Registration • Assessment Management • Financial Screening • Benefits Determination • Appointment Management • Resource Schedule Maintenance • Treatment/Care Plan Management • Clinical Workflow Reminders • Progress Notes Management • Service Capture • Caseload Management • Medication Management • Order Communication • Pharmacy Inventory Management • Billing & Accounts Receivable Management • Field Operations Support 	<ul style="list-style-type: none"> • Call Center Tracking • Information & Referral Maintenance • Eligibility Management • Credentialing • Provider Network Management • Program Management • Protocol/Rules Administration • Claims Processing • Authorization Management • Financial Management • Master Client Index • Formulary Management



IBHIS
Integrated Behavioral Health Information System

Smaller Single-Site Providers Will Need Less Functionality

<i>Anticipated IBHIS Functionality</i>	
DMH as Provider	DMH as Administrator
<ul style="list-style-type: none"> • Contact Tracking • Information & Referral Reference • Client Registration • Assessment Management • Financial Screening • Benefits Determination • Appointment Management • Resource Schedule Maintenance • Treatment/Care Plan Management • Clinical Workflow Reminders • Progress Notes Management • Service Capture • Caseload Management • Medication Management • Order Communication • Pharmacy Inventory Management • Billing & Accounts Receivable Management • Field Operations Support 	<ul style="list-style-type: none"> • Call Center Tracking • Information & Referral Maintenance • Eligibility Management • Credentialing • Provider Network Management • Program Management • Protocol/Rules Administration • Claims Processing • Authorization Management • Financial Management • Master Client Index • Formulary Management



IBHIS
Integrated Behavioral Health Information System

Technical Infrastructure & Tools

Smaller Organization	Larger/Multi Site Organization	LA County DMH
<ul style="list-style-type: none"> • Basic Hardware & Operating Systems • Basic EDI Exchange Capabilities • Local Area Network • Report Writer 	<ul style="list-style-type: none"> • Moderate Hardware & Operating Systems • Basic EDI Exchange Capabilities • Local & Wide Area Networks • Report Writer 	<ul style="list-style-type: none"> • Large, complex Hardware Platforms & Operating Systems • Server Farm • Local & Wide Area Networks • County Infrastructure Integration • Strong EDI Infrastructure • Data Warehousing • ETL Tools • Decision Support Tools • Report Writers • Web Portals <ul style="list-style-type: none"> ○ Provider ○ Client ○ County



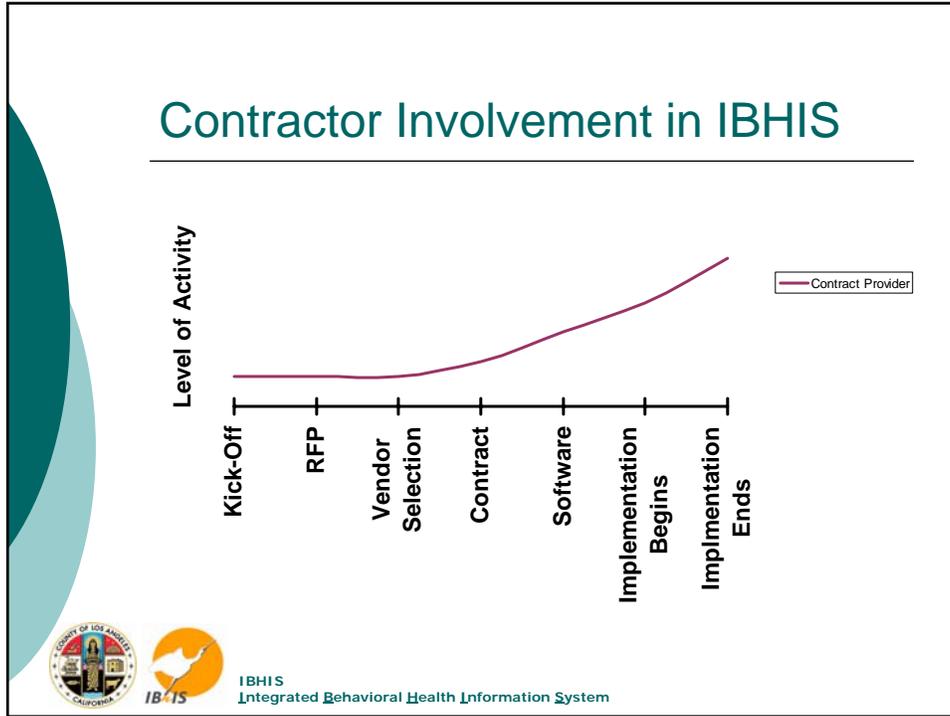
IBHIS
Integrated Behavioral Health Information System

IBHIS

- The IBHIS is expected to be in production use in DMH by December 31, 2008
- There is **no plan for any contract provider to do Direct Data Entry into the IBHIS**
- Between now and December 31, 2008, all contract providers need to transition all claims submission to EDI



IBHIS
Integrated Behavioral Health Information System



- ### Scope of Data Exchange Under IBHIS
- Administrative
 - Claims/Financial
 - Clinical
- 
- 
- IBHIS
Integrated Behavioral Health Information System

Bottom Line!

- By December 31, 2008, all contract providers will need an information system (or access to an information system) that meets the communication requirements developed over the next few months in order to do business with LA County DMH.
- What we know for certain today:
 - X.12 HIPAA Transactions
 - HL7 Messaging
 - XML



IBHIS
Integrated Behavioral Health Information System

Why?

- Consistent with the intent of HIPAA Transactions and Code Sets Rules
- The days of manual or DDE claims submission are numbered and the number isn't that big
- If contract providers were to use the IBHIS, it could be used for only one payer – DMH
- Making IBHIS available to contract providers may amount to a gift of public funds and may not be legal.
- Making the IBHIS available to some providers at no cost would give them an unfair advantage compared to those clinics that invested in their own software
- IBHIS would likely be a less than optimal solution for contract providers



IBHIS
Integrated Behavioral Health Information System

Benefits – Contract Providers

- Providers can select a system optimized for their business needs
- Simplified work environment – no more double data entry
- More control over how they conduct business
- Direct access to their system vendor for support
- Providers will not be constrained by IBHIS procurement process or contract terms – they can move more quickly and at less expense



IBHIS
Integrated Behavioral Health Information System

Benefits - DMH

- Greatly simplified operational and support environment
- Reduced cost of system acquisition
- Improved business processes between DMH and Contract Providers



IBHIS
Integrated Behavioral Health Information System

What About The Small Providers Who Don't Have Information Systems?

- It may not be practical for small providers to buy a system, implement it, and maintain the entire infrastructure and support resources it takes to successfully use a complex information system



IBHIS
Integrated Behavioral Health Information System

So What Are Small Providers To Do?

- Possible approach - Form a consortium to develop an Application Service Provider (ASP) contract with a vendor.
- This approach has several advantages.
 - Non-County procurement can be simpler and faster
 - A consortium can demand a better price than any one agency
 - A consortium can obtain a solution optimized for their needs
 - Contract providers could have a solution in production in advance of the IBHIS. This provides the opportunity for *thorough pre-production testing* of EDI, HL7, and XML data exchanges between the IBHIS and provider systems.
- Contract providers could pursue grant funding to facilitate the requirements definition, acquisition, and implementation of an information system.



IBHIS
Integrated Behavioral Health Information System

What Will It Take To Operationalize This Vision?

- DMH and contract providers will have to work together on how best to electronically exchange information that is not included in the HIPAA claims-related transactions
- HL7 transactions or data sets transferred using XML are the probable solutions
- Use the next two and a half years to get providers to that place - some are already there and waiting for DMH to catch up



IBHIS
Integrated Behavioral Health Information System

Next Steps

- Assemble a Contract Providers Transition Team (CPTT).
- CPTT will address:
 - The electronic process by which contract providers will establish that a client is known to DMH and, if not, create the client and open an episode
 - Required HIPAA transactions for claiming and related activities
 - Performance outcomes measures reporting
 - Appropriate exchange of clinical information to support coordination and continuity of care
 - Information systems functionality required by contract providers to support electronic communication with DMH
 - Information systems functionality required by DMH in order to facilitate effective electronic communication with contract providers
 - Contract provider procurement or subscription options for those that do not have systems
 - Basic information about how to acquire an electronic health record system



IBHIS
Integrated Behavioral Health Information System

Next Steps (cont.)

- Establish how best to use MHPES One-Time Funding for IT (\$200,000 earmarked) to facilitate contract provider transition to electronic communication by December 31, 2008
- Survey contract providers on existing systems or system acquisition plans



IBHIS
Integrated Behavioral Health Information System