

DRAFT – Not reviewed or approved by committee

**NSMHA CIS Committee
NSMHA Conference Room
January 20, 2009
1:00-3:00 p.m.**

MINUTES

Present: Michael White, NSMHA; Seong Ja Garza, Sea Mar; Barbara Browning, bridgeways; Judy Hamlin, Sound Data; Jennifer Whitson, WCPC; Stephanie Zapien, LWC; Marsha Murray, Sound Data; Natalya Prokopchik, Sunrise; Dennis Regan, NSMHA; Jim Gaudette, CCS & Barbara Jacobson, NSMHA.

Review/Approve Minutes

The meeting was called to order at 1:05pm. Michael asks for any changes to minutes. None are mentioned.

Call for Additional Agenda Items

Michael asked for additional agenda items. An update on the GAIN transactions is asked for. Michael notes that he has heard nothing further, he believes it may be July 09 that Provider One goes online, there is still no firm date.

North Sound IS Review update

Michael notes the first meeting of the IS Stakeholders workgroup was on Wednesday January 14th and they worked on prioritizing the recommendations and working on the direction of the meetings going forward. Wednesday, February 4th at 2:30 is the next meeting. There were tasks assigned at this meeting to work on before the next meeting to some. The minutes from this meeting will go online for all to review.

Data Clean Up Reports

Data clean up reports will still be going out; some should be out next week. Judy notes the last batch she sent through went through with no errors.

EMR Discussion

Michael notes that he is recommending that NSMHA not go to EMR, though some components from providers EMR would need to go in our database. Though it would benefit all in the long term, some feel that now is not a good time to implement them, it is costly and providers do not want this pushed on them by NSMHA. Sound Data notes that the program purchased is flexible and things can be customized to each provider. Currently NSMHA clinicians are in the field doing reviews and audits and there would be a large cost savings with EMR; an automated chart pull would be one way to do things.

All the data from audits and reviews are not entered in Raintree however they are required by WACs. There needs to be a balance on how much data and transactions are called for. The more needed the longer it takes to set up a system. There needs to be ongoing discussion on what will be needed in reviews. Michael notes that getting the NSMHA clinicians to think in terms of what criteria they want to look at in the charts is what he is working towards. Michael's recommendation is not to have EMR at NSMHA but for providers this is going to be the way to go.

First On-Going Appointment Tracking

This is another data element that will be expensive to implement. Michael notes that it has been in the contract for awhile and is now going to be implemented. Sound Data is waiting on feedback from NSMHA on their file transmission to come up with a final date to turn on screens. Compass is requesting April 1st as a good timeframe for them. Tera notes that CAP and LKI clients and how to capture them is still being worked on. In both of these cases they have a first offered already before the access call. Those that present as private pay and it is discovered that they have a coupon is another scenario where the

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model doesn't fit. LKI clients are a small number but the CAP clients are around 20-50 per week. Michael requests that Tera and Marsha identify these gaps and work on a solution for this. Marsha suggests taking them in from Access and adding a code for CAP clients for the reason no assessment is done. Tera and Marsha will meet to work on this after next week and would like Michael present as well, so they will set up a meeting time.

Michael is requesting that all providers be able to go live with this on February 2nd. He states they will be able to accept the new transmissions at that time; however the old transactions would not be accepted. A discussion follows on the challenges that this presents for the providers. They would like to bump it until March 2nd as they can not be ready by February 2nd. There is still all the training that must be done before they are ready and that would not leave enough time. Michael asks what is not being captured now. The first offered and the first ongoing are both captured but it needs to be re-worked and modified to link together. The agencies need to train all their staff and this will take time hence the March 2nd timeline. Tera describes their difficulties around this and also the administrative overhead costs; she knows some of the other providers will have the same issues. Tera wants to be on the record that February 2nd should not be the date for this to go online. Marsha notes that this is all linked and all agencies must agree on the date to start. Marsha lets Michael know that they need the feedback on the test transmissions to work out anymore issues. Michael states the timeline is not his decision to make and he will have to get back to everyone on this.

Michael asks since there are 90 days to get the data dictionary changes done how do we get to the point where this can be done? Marsha states that they have always met the 90 day timeline in the past and asks if NSMHA will take the data transmissions in both old and new formats in the beginning as this is just a very large transition this time. This scheduling issue has been around a long time and now needs to be dealt with, it is a large struggle. All feel that the 90 days is generally adequate but how to deal with things that would go over this 90 day line needs to be discussed. Tera notes that she feels they were upfront from the beginning that this would not be an easy thing to do. Michael notes the need to be agile; in IT it is very important to be flexible. It is not the technical factor that is a problem in this instance but the training or human factor that is bogging this down, so how to overcome this. Jim notes the size and organization of an agency is also a factor and the fact that there is significant clinician impact in this one. Dennis notes that agency management may have a part in this as well and perhaps communication with the agency CEOs would bring this to the forefront.

In the future perhaps a two prong approach would ensure these transitions go well. Ensuring that not only the IT department is fully aware of the importance but also clinical management. The clinical staff doesn't have the knowledge of what data things are needed; there are two different languages here. Things need to be made as clear at clinical meetings as they are here at the IT level. Michael notes that the members of this CIS group are charged with taking this information they receive here back to their agencies to make sure it gets to all levels. Better communication within agencies is needed. This issue has come from an audit finding and corrective action put on NSMHA by MHD. Sound Data notes that a quicker turn around on the test transmissions would help to resolve any issues sooner.

It is asked if the old and new transactions can be collected at the same time. Michael thinks that it could be; he will have to get back to all on this.

Open Discussion

The need to meet in person for this meeting is discussed; with the possibility of a phone in format. Michael notes that meeting frequency etc. is being discussed at this time. The question is asked if anymore data dictionary changes are coming and Michael states that the start up of Provider One is driving that as we don't want to have to change things after it starts up.

The meeting is adjourned at 2:45pm. The next meeting will be February 17, 2009, at 1:00 in the NSMHA Conference Room.