

Technical Assistance Summary Report

The Centers, Inc.
Ocala, Florida
TI 023763

Dates Technical Assistance Delivered: June 11–November 17, 2014

◆ Targeted Capacity Expansion, Technology-Assisted Care ◆

Prepared by JBS International, Inc., under Contract No. HHSS283200700003I/HHSS28300002T

Prepared for the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment



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SAMHSA/CSAT Division of Services Improvement

**Clinical Technical Assistance Project
Technical Assistance Summary Report**

SAIS NUMBER (TA NUMBER) 4085	GRANTEE (NAME OF ORGANIZATION THAT RECEIVED THE AWARD) The Centers, Inc.	GRANTEE CSAT ID (OR TI) NUMBER TI 024763	PROJECT DIRECTOR Alma Rosario, M.A.
ADDRESS The Centers, Inc. 5664 SW 60th Avenue Ocala, FL 34474		ADDRESS WHERE TA PROVIDED (IF DIFFERENT FROM THE AWARDEE ADDRESS)	
TELEPHONE NUMBER 352-291-5428		FAX NUMBER	EMAIL ADDRESS arosario@thecenters.us
CSAT PROGRAM AREA LEAD (PAL/GPO) Dantrell Simmons	PROGRAM AREA Targeted Capacity Expansion, Technology-Assisted Care		RELEVANT ENQUIRY FACTOR Program Vision and Design
NUMBER OF HOURS DEVOTED TO DELIVERING THIS TA 80 hours		DATE TA SUMMARY REPORT SUBMITTED TO CSAT 12/1/2014	
CHOOSE UP TO THREE TYPES OF TA AND SHOW DATE OF DELIVERY OF EACH			
Type of TA: Program Infrastructure		Date of TA Delivery: 6/11/2014–11/17/2014	
Type of TA: Knowledge Dissemination		Date of TA Delivery: 6/11/2014–11/17/2014	
CHOOSE UP TO THREE MODES OF TA AND SHOW DATE OF DELIVERY OF EACH			
Mode of TA: Telephone Consultation		Date of TA Delivery: 6/11/2014–11/5/2014	
Mode of TA: Webinar		Date of TA Delivery: 8/1/2014–8/1/2014	
Mode of TA: Meeting		Date of TA Delivery: 11/17/2014–11/17/2014	
CHOOSE ONE INTENSITY OF TA			
<input checked="" type="checkbox"/> Intensive <input type="checkbox"/> Targeted <input type="checkbox"/> Universal			

CSAT staff participating in the TA (include name[s] and title[s]) Dantrell Simmons, M.A. LCDR Dina Passman, M.P.H., USPHS	Contractor staff participating in the TA (include contractor name[s], staff name[s], and position[s]) Dave Wanser, Ph.D., Technical Expert Lead Leslie McElligott, M.P.A., Technical Assistance Manager
TA provider(s) participating in the TA (include name[s] and title[s])	Grantee staff participating in the TA (include name[s] and title[s]) J.D. McFarland, Director of Information Technology Services Alma Rosario, Project Director; Quality Management Clinical Specialist

Other participants (include participants' names, titles, and affiliations)

The Centers' leadership team

- Alan Alexander, Senior Information Specialist
- Richard Brown, Chief Operating Officer
- Tim Cowart, Chief Executive Officer
- Yvonne Hess, Vice President of Clinical Services*
- Maryanne Hisey, Director of Community-Based Care
- Kevin Jabbar, Director of Marion County Services
- Jackie Knabel, Human Resources Director
- Robert Mann, Director of Citrus County Services*
- Craig McKittrick, Senior Adult/Child Prevention Specialist
- Penny Napier, Director of Quality Management*
- Meghan Shay, Director of Mission Advancement*
- Shanekia Taylor, Financial Analyst
- Jennifer Wagner, Health Information Supervisor
- Lew Whittiemore, Vice President of Medical Services

Other:

- Karen Mess Frashier, Chief Executive Officer, Advocate Marketing PR

* Participated in the Webinar and onsite meeting

TA PURPOSE AND OBJECTIVES

A. Provide the TA purpose as extracted from the TA request (one or two sentences).

The Centers, Inc., sought assistance with developing a health information technology (HIT) strategic plan to guide the organization's overall technology goals and objectives and to support successful Targeted Capacity Expansion, Technology-Assisted Care (TCE-TAC) grant implementation. The Centers provided a list of priorities for this purpose (see attachment 2).

B. Describe in detail the objectives as determined before and/or during the TA (identify the needs to be addressed during the TA).

J.D. McFarland and Alma Rosario (The Centers) requested that Dr. Dave Wanser (JBS) facilitate a discussion (i.e., orientation session) to educate The Centers' leadership on technology's role in the changing health care landscape and the core issues the organization will face pertaining to the Affordable Care Act (ACA) and the Health Information Technology for Economic and Clinical Health Act (known as HITECH). The August 1, 2014, session emphasized the policy and financial implications of HIT and helped the organization consider elements necessary to support a comprehensive plan. Ongoing telephonic support helped to further the planning process.

The virtual meeting was followed by an onsite strategic planning session with The Centers' leadership (facilitated by Dr. Wanser) on November 17, 2014. The intent of the onsite meeting was to shape organization-wide support for integrating/expanding technology-assisted care.

C. Describe whether these objectives were met. If the objectives changed during the course of the TA, describe the outcomes that were met.

The TA successfully met its objectives. JBS was able to facilitate a conversation and engage in meaningful dialogue with leadership about implementing a plan.

ISSUES RELATED TO TA

Describe in detail the elements of TA directly provided.

The purpose of the TA was to help The Centers' begin developing an information strategic plan. To accomplish this, JBS arranged for telephonic consultation and an onsite meeting with The Centers' TCE-TAC team and with the organization's leadership.

JBS emphasized that, in addition to sophisticated IT support to manage change, a HIT strategic plan involves policy, clinical, and financial considerations to account for how the organization will address (1) the changes required under ACA, (2) the implementation of quality metrics, and (3) technology's return on investment.

Discuss in detail the issues and/or questions identified during the TA, and indicate whether these issues require additional followup.

To develop a successful HIT strategic plan, Dr. Wanser recommended The Centers consider the following questions:

- What is the organization's current capacity (specific to HIT adoption/integration), and what are the things it can/cannot do to accomplish its goals/objectives?
- Does the organization have the capacity to use information to develop reports and analyze data?
- What is the organization's ACA readiness roadmap? Where are there gaps, and how can they be fixed?
- What are other providers in the area doing?

The TA was intended to bring The Centers' leadership team together to understand the vision and capacity to support technology adoption and to provide guidance to support the strategic planning process.

Were any TA products/materials developed or modified to deliver this TA? If so, briefly describe each and provide copies in an attachment.

The following materials were developed as part of this TA effort:

- Dr. Wanser developed a PowerPoint presentation titled *Information Strategic Planning* (see attachment 3) to provide an overview of the changing health care landscape to The Centers' leadership. The presentation (delivered on August 1, 2014, at 2:00 p.m. ET) contained the following sections:
 - Information Is the Currency of Health Reform
 - Developing an Information Strategic Plan
 - Five Elements of Change
 - Provider System Information Planning and Readiness Assessment
 - Recommended Plan Elements
- A link to the recording of the presentation was sent to participants. Summary notes are also available (see attachment 4).
- In preparation for the onsite meeting, The Centers' leaders developed a short list of critical issues they wanted to integrate into their strategic plan (see attachment 2). The list was the foundation for discussions with leadership.
- Dr. Wanser developed a brief PowerPoint presentation with guidance on the information strategic planning process, including recommended plan elements and key components of a technology roadmap (see attachment 6).
- An agenda (see attachment 5) and summary notes (see attachment 7) from the onsite November strategic planning session were also developed.

Describe the impact of the TA. This section should describe the accomplishments, changes, outcomes, new learnings or insights emerging or resulting from the TA.

The TA was successful in shaping initial thoughts and expectations around the strategic planning process.

The TA convened key leadership and provided the impetus to spur meaningful activity from those in a position to support change within the organization.

Additional comments or concerns

More intensive strategic planning support may be necessary as The Centers moves forward with developing/implementing the draft plan. JBS will continue to follow The Centers' activity and provide assistance as needed.

Attachment 1

Technical Assistance

Action Plan: Considerations for Action

Grantee Name	The Centers
Grantee Address	5664 SW 60th Avenue Ocala, FL 34474
Grantee Phone Number	352-291-5428
Date(s) of TA	6/11/2014–11/17/2014
SAIS Number (TA Number)	4085
Grantee Contact Person	Alma Rosario, M.A.
Government Project Officer	Dantrell Simmons, M.A.
TA Provider(s)	Dave Wanser, Ph.D.
Current TA Reality/Need <p>The Centers' TCE-TAC grant program launched in August 2013. JBS' TCE-TAC team completed an implementation site visit in February 2014, which identified the organization's need to develop an agency-wide HIT strategic plan to support grant activities (specifically) and broader organization-wide technology adoption. The Centers' chief executive officer and technology champion Charles Powell passed away shortly after the visit. This sudden loss impacted grant performance and significantly shifted roles and responsibilities. It became necessary to convene The Centers' leadership to discuss the importance of strategic planning, ACA readiness, and technology's role in shaping organizational goals/objectives.</p>	
TA Vision/Goal <p>The Centers was in need of guidance and direction to support the development of a HIT strategic plan that outlines organization-wide HIT adoption/integration goals and objectives.</p>	
Implementation Steps¹ (Describe what needs to be done to achieve the goal) <ol style="list-style-type: none"> 1. Introductory call to determine The Centers' specific needs and to provide preliminary guidance 2. Followup call to assess targeted technical assistance strategies 3. Planning call to prepare for the presentation to The Centers' leadership 4. Presentation to The Centers' leadership 5. Followup call to assess next steps and additional TA needs 6. Preparation for an onsite planning session 7. Completion of the onsite planning session 8. Ongoing followup to assess progress 	

¹If the implementation steps, responsible person, timeline, resources, challenges, changes to look for, and evidence of success apply to more than one goal, clearly distinguish the goal(s) to which they apply.

<p>Responsible Person (Who will implement the steps?)</p> <ul style="list-style-type: none"> • Guidance provided by Dr. Wanser (with technical support from Leslie McElligott) • Strategic plan development will be completed by The Centers (specifically, Tim Cowart, Richard Brown, Alma Rosario, J.D. McFarland, and leadership team)
<p>Timeline (When [date/month] will implementation begin? When [date/month] will it be completed?)</p> <p>November 2014–May 2015</p> <p>Strategic planning will require ongoing conversations with partners, providers, and payers. The plan is expected to be completed within 6 months (May 2015).</p>
<p>Resources (people, time, and materials available and needed)</p> <ul style="list-style-type: none"> • Phone consultation time (conference line) • Webinar support (WebEx video platform and PowerPoint presentation) • Travel coordination • Onsite meeting space and materials
<p>Potential challenges (What potential challenges may impede completion? How will these challenges be overcome?)</p> <p>Engaging and retaining leadership support is of the utmost importance and is perhaps the most challenging component of the strategic planning process. Maintaining communication and reinforcing the necessity of having a technology-focused solution to meet high-level requirements will be essential.</p> <p>The Centers will need to explore internal and external capacity to support strategic planning aims. This means involving members from various departments throughout the organization to establish a governance process and develop relationships with partner agencies that can mentor, guide, and advocate for needed changes.</p>
<p>Changes to look for (What are the benchmarks for knowing progress is being made?)</p> <p>Strategic planning is a time- and labor-intensive process that will require extensive coordination on the part of The Centers’ leadership. Progress benchmarks include—</p> <ul style="list-style-type: none"> • Forming a governance group and task-specific workgroups • Continued engagement from The Centers’ leadership team (beyond convening members for the August 1, 2014, virtual presentation and the November 17, 2014, onsite meeting) • Outreach activities to local provider associations, trade organizations, and other partner groups • Draft sections of the plan are developed, reviewed, and revised (as needed) • Questions/requests for assistance are generated by The Centers’ staff to support any of the above-mentioned items
<p>Evidence of success (How will the grantee know the goal has been achieved?)</p> <p>Success will be achieved when the grantee has finalized and enacted the HIT strategic plan.</p>

Attachment 2

Critical Issues Identified by The Centers

The Centers

Leadership Ranking of Short List of Critical Issues for IT Strategic Plan

1. New Electronic Health Record

a. Functionality

- A user friendly clinical interface that enables staff efficiency
- Clinical decision support
- Clinical libraries
- E-Prescribing as a core part utilizing Surescripts
- Support effectively integrated medicine
- Allows data to be easily accessed, modified, and grow as data needs grow
- Provides summary of record / electronic copy of record
- Inpatient Orders recording are efficient and safe
- Lab Interface
- Remote access for field use
- System to track paper chart **(It is worth considering the pros and cons of trying to scan in the content of the old record)***
- Has a client portal or can be interfaced with a client portal
- General ledger linked to EHR
- HIE interface
- How to do procurement and best practices

b. Risk Management Software

- Tracking standards regarding risks and liabilities
- Tracking, inputting and monitoring of risks and liabilities
- **Staffing plan to address above mentioned issues***

c. Health Information Exchange

- HIE – how to sell it to our clients?
- **Addressing confidentiality***
- Interfacing with EHR
- **BH content in CCD***

d. Client Portal (see page 2)

2. Data Access and Analysis

a. Outcome Measures

- Establishing outcome measures
- Performance/program outcomes

b. Wide Range of Reporting Mechanisms

- Easier way to report from EHR
- Reporting tools/dashboard
- Clinical reports/**analytics for population health management**
- Payer outcome requirements
- Same data layout for reporting among systems **(Should discuss why this is important)***
- Integrated care reports
- Performance-based reporting
- State data/ HRSA reporting
- Dedicated data analyst
- **Client satisfaction survey with EHR and HIE***

3. Information Technology Infrastructure and Security

a. Infrastructure

- Number of computers / tablets
- Wi-Fi expansion at all sites
- Bandwidth necessary to support remote operation
- RAM and disk resources to support a growing user base and storage needs
- Mobile device management to secure mobile devices
- Dated telecom infrastructure at all locations
- **Training protocol for staff and clients on how to use the devices***
- **User agreements***

b. Security / HITECH Standards

- Policies
- Security measures
- Equipment rotation
- Number of computers / tablets
- Access to computer via more wireless access
- **Annual security audits and managing risk with mobile devices and apps***
- **Managing login processes (username / password)***

c. Technology Assisted Care

- In Home Technology for staff and **client**
 - Smart phones, tablets
 - Internet connection
- Recovery apps / TAC interventions
- Technology labs for clients and providers
- **Telehealth capacity***

d. Website Redesign / Client Portal

- **Will appointment requests be handled via the website?***
- **What is the governance process for managing updates to the site?***

Public Face	Client Portal
Information about services and about the agency	Personal management of own recovery (i.e. tracking of personal goals & milestones)
Frequently Asked Questions	Blogs and/or discussion boards (with controlled or monitored access)
Educational information	Access point to telehealth connectivity
Testimonials	*Secure messaging (email or text)
Calendar of events	*Access to clinical summary and current medication
Simplified Interest in services application	*Appointment reminders
Biographical information of specific staff	Electronic versions of application for services and self-assessment, screenings
Local support group meeting locator	Online Bill Pay System
Fundraising information	Technology-Assisted Care Programs (TES, MORE, CBT4CBT)
e-app links	Educational Information – more specific
Job Application / postings	
Promotional videos	
Links to other community agencies	

- **Can be done by MyHealthStory** (secure messaging is only for email in MHS)
- ****These are some of the TAC Intervention** that I have found during my research and have discussed with Yvonne (VP of Clinical Services).

4. Operations Systems

a. Human Resources Information System

- Applicant tracking management
- Employee demographic information

- Electronic time cards
- Workflow for leave requests
- Benefits administration
- **Employee handbook**
- **Help desk**

b. Marketing

Pending feedback from Meghan – email sent 11/01/14

Attachment 3

PowerPoint Presentation

Delivered in August 2014 Session

INFORMATION STRATEGIC PLANNING

Dave Wanser, Ph.D., Co-Director
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Information Is the Currency of Health Reform



- Delivery of behavioral health services within integrated networks generates demands for timely information to inform and improve care delivery, assumption of risk and to meet expectations for using and reporting both quality and outcome data.
- Most BH agencies have focused their resources on collecting and reporting information and have made limited use of the information.
- The new healthcare delivery system will require changes in data collection business rules.



Developing an Information Strategic Plan

- Assume ongoing quality data collection and transmission being required of providers operating in integrated networks.
- Ensure that data elements are the frame of reference for data collection, not forms or surveys.
- Design systems for bidirectional information sharing between the State and providers.
- Collect both mental health and substance abuse information – as well as health risk indicators.



5 Elements of Change

1. Payment Reform

- New models of financial risk and new models of reimbursement
- Payment is increasingly tied to quality metrics

2. Delivery of Care

- Providers are increasingly responsible for managing the health outcomes of various patient populations, not just treating individuals within their own clinical setting
- New roles and systems for coordinating care across the continuum are needed in this environment



5 Elements of Change

3. Data Access and Analysis

- Providers and payers face the challenge of accessing and integrating data from many clinical, operational, administrative, and patient-derived sources
- Access to information is essential for improving care, designing cost-effective programs, and managing financial risk

4. Sharing Information

- Coordination of care across providers requires information exchange among payers, community organizations, and patients, as well as the involved providers
- Technological capacity must be scalable to meet emerging requirements

5. Culture Change

- Leaders need to guide their organizations and change every day practices



Provider System Information Planning and Readiness Assessment

Has the organization.....

1. Drafted a formal (written) ACA readiness assessment?
2. Formulated an information strategy for MU stage 2?
3. Completed a gap analysis for MU stage 2 EHR needs?
4. Developed agreements/contracts with insurers, MCOs, ACOs, HIEs, CHCs?
5. Assessed client population insurance coverage?



Provider System Information Planning and Readiness Assessment

Has the organization.....

6. Anticipated additional capacity needs for newly insured individuals?
7. Worked with Medicaid regarding reimbursement issues, including telehealth?
8. Implemented improvements in access times, increased engagement, reduced no-show rates and improved adherence to treatment plans?
9. Provided for smoking cessation or weight management services?
10. Considered mergers, affiliation agreements, or forming a consortium of BH provider organizations for pooled purchasing of technology or administrative services?



Recommended Plan Elements

1. Identify a cross-functional information strategy team
2. Ensure that HIT specific goals and objectives are clear
3. Determine workforce needs - specifically in analytics
4. Define how will you expand technology capacity
5. Catalog other healthcare providers capacity and technology use



Recommended Plan Elements

6. Quantify organization HIT and ACA readiness
7. Determine if partners are connected to and using HIE
8. Form an agency HIT governance group
9. Quantify current data system capacity to perform needed clinical, business and analytic functions
10. Assess and develop action steps for the above recommendations and for the 5 elements of change



Questions



Dave Wanser, Ph.D., Co-Director
JBS Center for Sustainable Health & Care
dwanser@jbsinternational.com



Attachment 4

Summary of August 2014 Session

Division of Services Improvement, Clinical Technical Assistance Project
Targeted Capacity Expansion: Technology-Assisted Care (TCE-TAC)
The Centers, Inc.
TA 4085: Information Technology Strategic Development Call
August 1, 2014 • 2:00 pm ET

Submitted to: SAMHSA and The Centers, Inc.

Date of Submission: August 7, 2014

Attendees

SAMHSA

- Dina Passman, Government Project Officer

The Centers, Inc.

- Alan Alexander, Senior Information Specialist
- Tim Cowart, Chief Executive Officer
- Yvonne Hess, Vice President of Clinical Services
- Robert Mann, Director of Citrus County Services
- JD McFarland, Information Technology Systems Director
- Craig McKittrick, Senior Adult/Child Prevention Specialist
- Penny Napier, Director of Quality Management
- Alma Rosario, Quality Management Clinical Specialist/TCE-TAC Project Director
- Meghan Shay, Director of Mission Advancement
- Shanekia Taylor, Financial Analyst
- Jennifer Wagner, Health Information Supervisor
- Lew Whittiemore, Vice President of Medical Services

JBS International (JBS)

- Iris Chai, Technical Assistance Manager
- Leslie McElligott, Technical Assistance Manager
- Dave Wanser, Technical Expert Lead

Meeting Purpose

As part of technical assistance request 4085, JBS International held a video conference with The Centers' leadership team (identified above) to discuss technology's role in the changing healthcare landscape and the core issues the organization will face as it relates to the Affordable Care Act and the Health Information Technology for Economic and Clinical Health Act (known as HITECH). The call emphasized the policy and financial implications of health information technology (HIT) and encouraged leadership to consider the best path forward to integrate HIT into their operations.

Below are key discussion points from the PowerPoint presentation delivered by Dave Wanser (JBS International) and questions from The Centers' leadership team. A recording of the discussion is available to reference (note: the introductory slide was not captured).

Key Messages from the PowerPoint Presentation:

Information Is the Currency of Health Reform

Healthcare organizations are heavily influenced by opportunities to expand technology. It is essential to develop a strategic plan to prioritize the selection, adoption, implementation, and maintenance of technology platforms.

The saying “*information is the currency of health reform*” becomes more true every day. Behavioral health services have a steep hill to climb because they have not received the resources and assistance that others in the healthcare field have had to effectively compete in today’s changing landscape.

Integrated care focuses on the whole person. This is the locus for achieving the most desirable health outcomes. There is also a strong focus on quality and outcome data measures to inform payment sources.

Developing An Information Strategic Plan

When thinking about data, people tend to assume it means collecting information from forms and surveys. Data has evolved into much more. Organizations are being forced to think in terms of data elements - asking questions of the data to elicit specific answers about health outcomes. Bi-directional sharing of findings is critical between the State and providers.

Quality measures have become an essential part of program implementation. The measures look at the whole person and consider various primary and behavioral health risk indicators such as depression, suicide, smoking, and weight management. The Office of the National Coordinator (ONC) is working on an initiative to develop a uniform set of performance measures, and it is expected that payers will be adopting these measures in time.

Five Elements of Change

Value-based purchasing means that organizations will be paid a certain amount to insure the health of a population of people. Example: Enhanced rates are available for providers that reduce hospital acquired infections and hit quality targets. Organizations that are unable to meet benchmarks may end up costing networks money. This payment mechanism forces providers to manage risks differently.

Care delivery is looking at the whole person. A coordinated care approach is extremely critical. Example: It is common for patients to drop out of service when transitioning between different points of care. Therefore, it is important to emphasize continuity of care across systems. Information needs to be exchanged between providers. Dynamic, continuous communication models are becoming more mainstream.

The best way to engage with clients is to get information from them in a much more regular way. Managing client communication means exploring a variety of ways to seek information (e.g., portals, texting, online surveys). There is a big focus on early intervention and prevention, and therefore, we have to learn a lot about clients to help mitigate potential risk.

Health information exchanges (HIE) are springing up all over the country as means of sharing information to coordinate care more effectively. Technology planning must anticipate scalability and should factor future enhancements to platforms to meet evolving needs. Example: Cross-state data exchange pilot of patient information between Florida and Alabama.

Providers will interface with a number of different health professionals, and operational expectations will vary. Adapting to cultural differences across teams is essential.

Provider System Information Planning and Readiness Assessment

To effectively frame the information strategy, an organization must ask itself: Where are we now and where do we need to go? Are we building sufficient capacity to partner with others?

What is your strategy around meaningful use (MU) stage 2 readiness? Vendors struggle with MU adoption. Information must be shared in a standard format, and many vendors have not built this into their current platforms. A gap analysis is necessary to determine the capabilities of your system so that information can be exchanged seamlessly.

What is the insurance coverage status of the clients you serve? This will vary by patient population. Working with Medicaid to ensure reimbursement will be necessary. Some SAMHSA-funded technology-assisted care grantees have partnered with State trade associations to influence policy reform and change legislation around telehealth.

Are you maximizing elements related to patient access/patient engagement workflow? Cumbersome data collection procedures at the front-end may deter clients from feeling like they are getting the care they need. Continue to map the client experience and set improvement targets as needed.

Managing health status and health risk is important. Consider health risk factors like smoking and weight management. Mitigating risk adds value to your organization and assists with partnership opportunities.

Consider mergers or consortium agreements to maximize service potential and purchasing power.

Recommended Plan Elements

The information technology (IT) team should not be alone in guiding the strategic planning process. It is necessary to have a cross-functional team composed of clinical, administrative, technology, and other essential members.

Conducting a readiness assessment in advance will help to identify strengths and areas of growth to effectively meet HIT goals and objectives. This exercise will also illuminate data deficits so providers can do a better job of improving patient care. Analytic capabilities and patient engagement strategies are the major themes to touch on (as emphasized during the 2014 Healthcare Information and Management Systems Society (known as HIMSS) trade show).

Define how you plan to expand organizational capacity. This should be based on your plan to identify areas that meet business, reimbursement, and clinical needs.

Talk to partners to know what their roadmap is for increasing capacity. What are people around you doing as you consider putting your plan together? This could open possibilities for partnerships.

Know what is going on with HIE activities in your community. There is a subscription fee associated with using an HIE, but it may be possible to negotiate a reduced rate. HIE adoption is a policy and business decision (not just an IT decision).

It is necessary for executive leadership to form a governance group. This step may be the most critical structural component of readiness. Senior leadership need to assist with problem solving, prioritization, financing, and other tasks to keep things on track. If senior leadership is not tuned into the issues, your strategy will not play out successfully. The governance group should be a free-standing unit that helps to prioritize items that may require additional guidance or resources.

Open Discussion

Collaborating with Federally Qualified Health Centers (FQHCs)

Are there suggested outlines or paths that The Centers can take to more effectively work with FQHCs? Are there examples of good working relationships with FQHCs among other TAC grantees that The Centers could learn from to develop their partnership plans?

If you have seen one FQHC, you have seen one FQHC. There are many intricacies associated with collaborating with FQHCs. Exploring the [Health Resources and Services Administration \(HRSA\) Website](#) may help inform what guides their behavior. Also – consider talking to neighboring FQHCs about where they are at with their own IT roadmap.

Secure Client Communication Strategies

What are some strategies to ensure secure client communication? Look to establish patient portals that allow for the secure transmission of information between clients and staff. Some have the capacity to exchange texts without divulging patient health information.

There is a concern that using text or email (non-reimbursable transactions) could turn into counseling sessions. In some instances, these mediums be the best way for clients to remain engaged in care. In the absence of actual policy/reimbursement changes, balance these kinds of interactions against the possibility of losing communication with the client altogether.

Many TAC grantees are using phone-based and video-conferencing platforms to help boost client engagement and exchange resources. The extent of use of these modalities will depend on a number of factors. There are many different ways to communicate with clients that do not impose on provider time and ultimately help clients remain in care.

Resources to Consider

Dina Passman (SAMHSA) shared the following link for the [Center for Integrated Health Solutions](#) (funded by SAMHSA and HRSA; led by the National Council). The site has HIT resources on topics such as electronic health record platforms, understanding MU, and telehealth systems.

Dina also recommended reviewing [ONC's Website](#).

Consider exploring HIMSS' State and local chapters. The [HIMSS Website](#) will have information about groups in The Centers' area which may open the door to partnership and networking opportunities.

Website Development

The Centers has requested technical assistance to support Website redesign. The functionality of The Centers' Website is largely dependent on its readiness assessment and information strategic plan.

The Centers has proceeded with some graphic design elements and has prioritized a list of graphic and resource components. The Centers would like assistance with more technical elements, such as developing their patient portal. JBS is available to advise on Website elements and approaches. The team has already shared a marketing series with program staff. They can also connect The Centers with other TAC grantees that have experience with portal development and understand the functionality features that ought to be present on the site for current and future clients (both on the front and back end). One question to consider is whether the portal should be driven through the Website or stand alone.

When would be the best time to move forward with this activity? The Centers would prefer to wait on receiving Website assistance until the strategic plan is developed and they are ready to focus on building their portal. When the time comes, they will need targeted assistance to help define client engagement strategies that exist beyond the firewall.

Next Steps

How JBS Can Help

The Centers is aware of the recommendations outlined in the PowerPoint presentation. At this point, the organization has not begun the planning process. JBS International can help to inform a readiness assessment, but cannot create the assessment on The Centers' behalf. A technical assistance request for more intensive facilitation may need to be approved.

It may be helpful for The Centers to conduct an environmental scan to think through and identify the resources that are available in their immediate area. The Centers may not have the internal expertise to complete this task on their own, but JBS could assist with pointing program staff in the right direction. For example, consider working with local provider organizations and trade associations. Fellow grantee, Operation PAR, for example, has a robust IT department and has partnered with other healthcare providers to build their IT model.

The Centers requested time to digest the information from the call. They will alert JBS as to the direction they would like to follow. JBS emphasized that they are available to address questions at any time.

Attachment 5

Agenda for November 2014 Session

Information Technology Strategic Planning Session with JBS Agenda

8:00 am–8:15 am	Arrival
8:15 am–8:30 am	Welcoming and Introduction – Tim Cowart
8:30 am–9:00 am	Presentation of Objective for the Day – Tim / Dave Wanser
9:00 am–10:00 am	Feedback from JBS Regarding Short List – Dave
10:00 am–10:15 am	Break
10:15 am–12:00 Noon	Development of Goals and Objective for IT Strategic Plan Dave and Leadership Team
12:00 pm–1:00 pm	Lunch
1:00 pm–3:30 pm	Identification of Tasks, Timeline & Responsible Persons Dave and Leadership Team
4:00 pm–5:00 pm	Presentation to Board of Directors – Tim / Dave <ul style="list-style-type: none">○ What are some of these technologies?○ Why does the agency need to embrace them?○ Discussion

Attachment 6. PowerPoint Presentation Delivered in November 2014 Session

INFORMATION STRATEGIC PLANNING

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5 Health Reform Elements of Change

- **Payment reform**
 - New models of financial risk and new models of reimbursement. Payment is increasingly tied to quality metrics.
- **Delivery of care**
 - Providers are increasingly responsible for managing the health outcomes of various populations of patients, not just treating individuals within their own clinical setting. New roles and systems for coordinating care across the continuum are needed in this environment.
- **Data access and analysis**
 - Providers and payers face the challenge of accessing and integrating data from many clinical, operational, administrative, and patient-derived sources. Access is essential for improving care, designing cost-effective programs, and managing financial risk.
- **Sharing information**
 - Coordination of care across providers requires information exchange among payers, community organizations, and patients, as well as the involved providers. Technological capacity must be scalable to meet emerging requirements.
- **Culture change**
 - Leaders need to guide their organizations and change every day practices.



Considerations for Developing an Information Strategic Plan

- Assume ongoing quality data collection and transmission requirements for providers operating in integrated networks.
- Make data elements the frame of reference for data collection, not forms or surveys.
- Design systems for bi-directional sharing of information between other providers and purchasers.
- Plan to collect behavioral health as well as other health risk indicators.



Recommended Plan Elements

1. Determine HIT specific goals and objectives
2. Identify cross-functional team(s)
3. Anticipate workforce needs, specifically in analytics
4. Define how to manage workflow design, use of metrics, and staff buy-in
5. Catalog current capacity and technology use
6. Form an agency HIT governance group
7. Assess and develop action steps for above and for 5 elements of change
8. Budget for expanded technology capacity
9. Quantify HIT, HIE, and ACA readiness

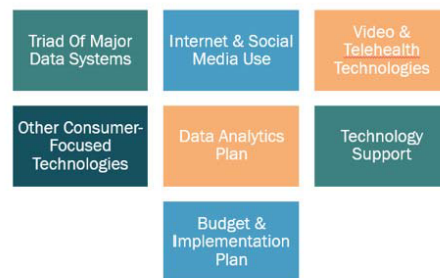


Quantify HIT, HIE and ACA Readiness

1. Conduct a formal (written) ACA readiness assessment
2. Conduct a gap analysis for MU stage 2 EHR needs
3. Develop agreements/contracts with insurers, MCOs, ACOs, HIEs, CHCs
4. Assess current and future client population insurance coverage and anticipate additional capacity needs for newly insured
5. Work with provider associations and other stakeholders on needed Medicaid policies regarding reimbursement issues, including telehealth
6. Implement improvements and metrics for access times, increased engagement, and improved adherence to treatment plans
7. Develop capacity for smoking cessation and weight management services
8. Assess mergers, affiliation agreements, a consortium approach for pooled purchasing of technology or administrative services



Key Components Of A Technology Roadmap



Source: OPEN MINDS (2014, November 3). From Strategic Planning to Tech Strategy – Technology Trends and Decision Making in Today's Market Place [Webinar]. <http://www.openminds.com/market-intelligence/resources/strategic-planning-tech-strategy-technology-trends-decision-making-todays-market-place.htm>



Triad of Major Data Systems

First things first! The following 3 essential systems must be in place to generate sufficient data to effectively run your organization, manage operations, and coordinate billing, staffing, consumer demographics, and service delivery:

- ✓ EHR
- ✓ Accounting software
- ✓ Integrated human resources system



Internet and Social Media Use

Online technologies are critical for marketing and client engagement.

- ✓ Properly manage and optimize your online presence to have the edge for consumer-driven referrals.
- ✓ Develop a strong website and build a social media presence to yield a competitive advantage.



Other Consumer-Focused Technologies

Where innovative and emerging technologies come into play.

- ✓ After developing a plan for the more essential technologies, think about supplemental tools like apps, remote monitoring, and other technologies.
- ✓ Use the TAC grant to identify technologies that benefit your consumers, pilot them, and then move to wider-scale implementation.



Data Analytics Plan

Once your systems are in place, how will you leverage your data?

- ✓ Use data to manage client outcomes, marketing, contracts, staffing, and performance improvement.
- ✓ Optimize data systems by using data to your organization's advantage.



Technology Support

For technology to be functional, a strong support system must include:

- ✓ Expertly trained users
- ✓ Clear and accessible support systems
- ✓ Strong tech infrastructure



Budget and Implementation Plan

- Develop a plan and a budget that accounts for your technology road map. You'll need:
 - ✓ A strategic plan to outline your technology goals
 - ✓ A budget to support the strategic plan
 - ✓ An implementation plan to guide the launch of your technology
- Plans will continue to evolve based on changes in your organization and the market, but a clear path will help keep your technology needs on track.



PLAN GOALS AND OBJECTIVES



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Goal 1 New Electronic Health Record

- Identified needs: functionality outline, risk management software, HIE, client portal
- To be done:
 - ✓ Identify the structure and process for requirements analysis and documentation, procurement, selection, contract negotiation, training and implementation of a new or enhanced EHR



Goal 2

Data Access and Analysis

- Focus on outcome measures, reporting requirements, and internal data needs
- To be done:
 - ✓ Identify data you need but currently don't or can't collect
 - ✓ Develop a strategy for defining metrics focused on workflows, EHR implementation, portal management, client data analyses and informatics, financing technology, reimbursement for telehealth, and quality measure collection



Goal 3

IT Infrastructure and Security

- Document your infrastructure's current state and needs, specify security and HITECH related requirements, TAC, website redesign, and portal
- To be done:
 - ✓ Create detailed descriptions of current status and needed actions related to the following:
 - Meaningful use
 - Privacy and security
 - Outcome measurement, management, and reporting
 - Workflow design and improvements
 - Technology governance structure and processes



Goal 4 Operations Systems

- Define needs for human resources information systems and marketing tools (and relate to clinical programs)
- To be done:
 - ✓ Specify the care practices (aside from documentation requirements) amenable to use of technology
 - ✓ Implement a process within The Centers for identification of these issues



Related Issues

- What issues need to be addressed in terms of interoperability within The Centers, with other partner organizations, and with the HIE?
- Will you have the capability to provide a CCD-A HL7 standard document to the HIE? What are the issues that will need to be addressed?
- What are the staff training and engagement issues that will challenge implementation of the plan?



Attachment 7

Summary of November Strategic Planning Session

Technical Assistance Request 4085
The Centers, Inc.
Health Information Technology Strategic Planning Session
November 17, 2014 • Ocala, Florida

Summary

Name	Affiliation
Richard Brown	Chief Operating Officer
Karen Mess Frashier	Chief Executive Officer, Advocate Marketing PR
Yvonne Hess	Vice President of Clinical Services
Maryanne Hisey	Director of Community-Based Care
Kevin Jabbar	Director of Marion County Services
Jackie Knabel	Human Resources Director
Robert Mann	Director of Citrus County Services
J.D. McFarland	Director of Information Technology Services
Penny Napier	Director of Quality Management
Alma Rosario	Project Director; Quality Management Clinical Specialist
Meghan Shay	Director of Mission Advancement
Leslie McElligott	JBS International, Inc.
Dave Wanser	JBS International, Inc.

Overview

JBS International helped to facilitate a health information technology (HIT) strategic planning session on behalf of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Targeted Capacity Expansion, Technology-Assisted Care grantee The Centers, Inc., in Ocala, Florida. The day-long event was held Monday, November 17, 2014, at The Centers' administrative building. Approximately 11 individuals attended—among them leaders from the organization's program departments (leadership team).

The purpose of the planning session was to create a planning and governance framework to integrate and implement HIT within The Centers. Participants were assembled to share thoughts on the current HIT capabilities of the organization and the steps needed to expand technology to meet growing internal and external data reporting and data use requirements. Participants discussed The Centers' technology wish list and outlined the initial process for developing a governance group to manage HIT adoption.

Below is an overview of the discussion points generated during the event.

The Policy Landscape

Technology is changing the way business is conducted and has spurred a fundamental process shift in how care is delivered in behavioral health settings. Expectations around collecting quality measures and demonstrating improved patient outcomes, for example, create a greater need for providers to interact with clients even when clients are not in the office.

Meaningful use stage 1 focused on data capturing and sharing capabilities, stage 2 focuses on advanced clinical processes, and stage 3 will focus on improving patient outcomes. A key feature of stage 2 meaningful use is that patients must have the ability to electronically exchange health-related information with their providers, and providers with them. To do so, providers must adopt a suite of tools to support patient engagement, including electronic health records (EHRs), personal health records, portals, mobile applications, and in-home monitoring tools.

The five elements of change influenced by meaningful use incentives and the implementation of the Affordable Care Act are as follows:

- Payment reform
- Delivery of care
- Data access and analysis
- Sharing information
- Culture change

These elements will drive health care organizations' need for continuous quality improvement and expanded use of technology for the foreseeable future.

Quality measures require that providers take a holistic approach to engaging clients and delivering care. The bidirectional flow of data will also bridge the gulf between primary care and behavioral health systems. Providers must consider the common data elements needed to address clients' overall health status.

Reimbursement Opportunities

Florida rejected the option to expand Medicaid coverage, leaving individuals who are unemployed and not paying taxes ineligible to receive health coverage through the Medicaid program. These individuals represent most of The Centers' client population. The lack of Medicaid expansion dollars means there are more agencies competing for limited State indigent care resources. The Centers tried to engage with health insurance navigators to assist clients in enrolling in insurance programs; however, thus far, they have been unable to connect with an entity in a meaningful way.

Currently, there is not reimbursement parity between in-person and telehealth modalities. The State Medicaid program supports a hub-and-spokes model in which clients must participate in telehealth services from designated health care sites with qualified staff. Medicaid also does not cover group care services or treatment plan development activities. Similarly, many health management organizations throughout Florida will not authorize or cover telehealth services.

Florida has an active provider association for mental health and another for substance use treatment organizations, which should be engaged to help advocate on behalf of expanding technology reimbursement options. Data will help build the case for how technology improves client outcomes and reduces costs.

The Telehealth Landscape

To date, 128 of The Centers' clients are using telehealth services, and staff have completed 750 telehealth encounters—predicted to keep growing.

Telehealth helps overcome the barriers that make access to traditional treatment difficult (e.g., transportation, child care, employment). Clients prefer the option to engage in telehealth services because they can be seen by providers much faster.

It is important to note that telehealth is not intended to completely replace in-person treatment, and it may not be suitable for everyone. Providers must use their judgment to discern the individuals for whom this service is appropriate.

Telehealth will continue to evolve over time along with the policies that support it. The challenge is to build momentum across the behavioral health field to transform clinical, administrative, and technological barriers. This begins with conducting a readiness assessment and developing a strategic plan to define where the organization is now and where it intends to be in the coming years.

Technology Adoption Considerations

Adopting new technology is an incremental process. The Centers must analyze its current and anticipated needs to establish a technology enhancement roadmap that will serve the organization over the upcoming 3–5 years. Consider options that will minimize the number of systems that must be supported, that are written on current technology architecture, and that will be easily scalable.

Instead of simply patching existing electronic platforms that may be at the end of their lifecycle, it might be more effective to start with a new platform. Workarounds for the current systems are temporary fixes to a growing problem and should be addressed before they become more cumbersome. The Centers has been adapting its processes to meet the Profiler's (EHR)

capabilities. The platform should instead be built to meet The Centers' needs. The same is true for legacy systems in use for finance and human resource purposes.

To effectively define and meet The Centers' goals and objectives, the organization must first assess how ready it is to meet changing health care delivery requirements. This requires an organizational readiness assessment process that identifies challenges and opportunities across a range of issues described during the meeting. The more diverse the technologies being used, the more support will be required to manage them. The goal is to move toward an interoperable technology platform that can share information reliably across primary care and behavioral health systems.

Most portals developed by EHR vendors may not be configured to meet the needs of The Centers' clients and staff and may require significant modifications. The Centers will need to consider what products are available that offer the best level of functionality, align with defined requirements, and have the capacity for customization.

Web site design and maintenance considerations are important to think through in advance. Specifically: What do you want your site to do? Whom do you want to attract to the site? How do you want to build the user experience? What can clients learn by coming to the site? What content on the site will improve access and engagement and streamline intake processes? New technology should be designed to be responsive to client capacity to use various technologies and preferences for technology use. The Centers recently completed a client readiness survey to understand client willingness and ability to use technology. Results showed a majority of clients are computer literate (80 percent). Most clients also reported using smartphones. This means future technology platforms must be mobile responsive. Collecting such information routinely will aid The Centers in future technology purchasing decisions.

Successful technology adoption is ultimately influenced by changes in organizational culture and processes. How staff interact with the client is critical to inform the technical process. Concurrent documentation, for example, is supposed to be a shared experience between the provider and the patient, but it sometimes results in a lack of interaction with clients while clinicians are entering information. Opportunities to improve patient engagement will become more apparent as clinical improvement workgroups increase the focus on workflow, including (1) the patient encounter process (from intake through ongoing treatment), (2) mechanisms for improved engagement, and (3) methods to improve clients' adherence to treatment recommendations.

Workforce Considerations

The Centers' mandatory Care Workshop was initially designed as a stopgap mechanism to assess client readiness to participate in different levels of service. Clients must then return to complete more formal assessments. Client retention wanes during these phases. The current process could be streamlined considerably to not only minimize redundancies but help achieve the goal of initiating treatment during the first visit. The Centers suggested offering a virtual version of the Care Workshop to help clients independently triage their level of need. All

options should be considered. Any substitutions should be evaluated for efficacy using a rapid-process improvement methodology.

Standardizing client care processes becomes increasingly important with regard to achieving outcomes and managing the implementation of new technologies. It is imperative for providers to reengineer existing workflows and engage in systems change to make current client engagement processes more effective and efficient. This is not a small task, especially as providers are being forced to consider an increased focus on quality metrics. The best way to manage these changes is to begin by introducing baseline measurements and then establishing desired metrics for improvement. Pilot process improvements are needed to achieve the goal and adjust as needed.

There are several important workforce questions to consider: How can organizations bring on appropriate staff, ensure supervision requirements are met, and seek reimbursement? How can the next generation of professionals get appropriate experience?

It is fundamental to reengineer workflow in a way that staff are working at the top end of their credentials. Peer and recovery coaches, for example, are a stepping stone to building a qualified workforce when individuals seeking licensure can still provide a range of services to agency clients.

The Value of Data

Truly integrated care involves fundamentally restructuring how behavioral health services are delivered. Evaluation concepts—efficacy, dosage, and impact—are important to consider when building a sustainable technology program that addresses client and organizational capacity. Ultimately, data will help make the case for how technology-enhanced services impact outcomes. Data derived from technology implementation and use will help to inform enhancements for future service delivery and reimbursement opportunities. Data will also assist leadership in demonstrating the impact of care, including improved appointment adherence.

Providers will be challenged with transitioning from a fee-for-service model to a value-based purchasing model. Technology can promote cost-effective approaches to delivering care. While the needed investments can be costly, a carefully developed and managed implementation and maintenance plan can yield long-term cost benefits.

Data collection tools become more powerful the more they are used. Good data have the potential to inform how population health is changing over time and if treatment modalities are improving health outcomes. It is important to have the right staff examining the information. Most organizations are working to develop informatics capacity to meet growing analytic needs.

Standardized data elements are essential to effectively address outcomes specific to client access, engagement, and retention. Clinical decision support tools will help shape recommendations for care and ultimately improve client services.

EHR record content must sufficiently capture information and guide decisionmaking. The Centers currently uses two client record systems—one paper-based and another housed in the Profiler EHR system. Effective platforms will have limited room for free text and will avoid redundancies in the data entry process.

Review of The Centers' Technology Wish List

Goal 1: New Electronic Health Record

Technology priorities were developed by The Centers' TAC program staff and leadership. The first priority they identified was to implement a functional EHR platform to replace the Profiler system, which is not meeting the organization's needs. It is unclear how long Profiler's vendor (CoCENTRIX) will remain viable because it is having trouble meeting stage 2 meaningful use requirements, including development of a patient portal. To avoid implementing another suboptimal system, The Centers must recruit a multidisciplinary team to help define requirements for selecting and implementing a new EHR (see discussion about the governance group, below).

There are many important considerations associated with planning for, selecting, implementing, and managing an EHR. Without a detailed set of requirements and careful consideration of organizational needs, it will be difficult to choose an application that can meet the wide range of programmatic needs. It will be more effective to focus on selecting products that meet the needs of The Centers' high-volume, low-risk activities (e.g., outpatient treatment) first, rather than high-risk, low-volume services (e.g., inpatient crisis stabilization care). Additional capability for inpatient services can be added; however, established functionality built for hospital level of care may be hard to streamline for outpatient use.

Integrative EHR models are poorly formed at this point. Federally qualified health centers, for example, are delivering behavioral health services; however, their EHR platforms have limited behavioral health functionality and are often segregated from the rest of the record because of confidentiality concerns.

Goal 2: Data Access and Analysis

Current requirements for data exchange are basic (i.e., secure email), but they will evolve to include use of structured data taxonomies. Stage 2 meaningful use requires additional data specifications (i.e., HL7 continuity of care document architecture) that are shared through a health information exchange. The new platform should include either existing data taxonomies or a roadmap to implement structured data taxonomies (e.g., Rx Norm, medication

management; SNOMED, modifiers used to specify various clinical conditions; ICD-10, billing taxonomies).

The Centers collects much data, but the information is not used in a meaningful way. Program data collected across counties are not standardized. There is a stand-alone State data collection tool, but it is dysfunctional and will be replaced shortly. The State's data collection enforcement protocol is minimal, but it will soon expand and will eventually be tied to billing.

Profiler is a hypernormalized database, and its functions are cumbersome. Data entered into Profiler are hard to extract, which complicates standardized reporting processes. Much information is still tracked manually, and staff rely heavily on paper-based methods.

The new platform must include a business intelligence layer that cuts across programs to improve access to meaningful information. Three key recommendations to consider—

1. Avoid entering information more than once.
2. Identify a system that can close gaps in analytic specifications (i.e., align data element definitions).
3. Do not collect data that do not offer value for good clinical care.

When developing requirements for a new EHR, think in terms of data elements, not forms. It will be challenging to reduce the number of assessment forms in use; however, streamlining the process into common data elements (and possibly color coding across disciplines) will greatly improve provider workflow, which can improve client retention. It is recommended The Centers map all the questions currently being asked for quality improvement and clinical management purposes to determine where there are redundancies or no value is added.

Goal 3: IT Infrastructure and Security

The Centers does not have a process in place to audit security but does have a relatively closed system. To date, there have been no data leaks. Laptops are encrypted and can be wiped remotely.

While billing and reimbursement considerations are important, the primary driver in technology adoption should be shaping the client experience. In many settings, behavioral health clinicians offer shorter counseling sessions, particularly when providing integrated care in primary care settings. Telehealth sessions, for example, typically last 15–25 minutes. What other areas are candidates for streamlining service provision to be mutually beneficial for the provider and the client?

The Centers must consider which technology needs will best help meet the organization's objectives. How can factors other than cost can be used to prioritize purchasing decisions? For example, does a new telephone system offer a bigger payoff than establishing telehealth at

distal sites? The Centers' to-do list needs to be flexible and actively managed to include feedback loops to guide what is working. Priorities should be set by implementation time, cost, and capability.

Goal 4: Operation Systems/Governance Group

Technology adoption is centered on finance and policy considerations and should not be relegated to the IT department (which will be tasked with adding new functionality and maintaining existing systems).

There is an innate level of resistance to change associated with any new development. Implementation and sustainability are greatly improved by champions, such as those assembled for the planning session, to spearhead adoption of technologies or other process improvements across the organization. Leadership buy-in is critical to generate initial support/interest among colleagues and to promote continued momentum throughout the adoption and maintenance phases. It will take time to generate broader staff buy-in; however, staff might be more amenable to accepting change if their input is solicited.

The governance group will serve as a conduit to promote and manage change. It should be representative of the different disciplines (clinical and administrative) at The Centers and include those in a position to make change happen. Within the governance group will be workgroup chairs (i.e., champions) responsible for assembling teams to address more detailed functions, such as helping to inform and prioritize tasks. The clinical workgroup, for example, should be charged with cross-referencing existing clinical forms with the SAMHSA-developed draft continuity of care document to determine which items belong in the EHR. The business workgroup should explore technology-based features that will support business and human resource functions and align with EHR content.

Groups can meet weekly for about an hour each time to start. Frequency and duration of meetings will change over time. The goal is to make each encounter productive and to avoid meeting fatigue. It will be up to the governance group to negotiate and set priorities. The completion timeline will ultimately be determined by the governance group's ability to expedite decisions. The level of specificity that can be determined in advance by the workgroups will significantly impact when the final product is launched.

It is important to be transparent about decisionmaking and to communicate with staff about the choices being made. Meeting minutes are a tool to capture action items and hold participants accountable.

Action Items

- ✓ To get started, The Centers should establish its governance groups and identify workgroup members, develop a charter for the workgroup, determine a deliverable, and assign a deadline.

- ✓ The Centers must compile a list of functionalities that the new EHR platform will support. All vendors will claim they can customize a platform to suit their clients' needs. Customization often means free text, which should be avoided. Design for how the system should work from a streamlined perspective, not how it works now. Input from cross-functional workgroups will help to inform diverse, versatile functions that can be used to weed out potential vendors. Clinical and administrative support staff should define the content and business rules embedded in the application, not the vendor.
- ✓ The Centers needs to develop a list of agreed-upon data elements that clinical managers believe are helpful to manage program outcomes. What are the 5 to 10 items that program staff want to see on a monthly basis to ensure smooth and effective operations? Define the areas where data can inform technology-driven cost-savings (e.g., reduced use of crisis services, improved medication adherence). Health information exchanges, for example, can eventually have the capacity to demonstrate cost offsets derived from external systems such as corrections and child welfare.
- ✓ The Centers must conduct a thorough reference check on potential vendors. Randomly select from their client list and perform a structured interview. Ask others what their experiences have been and how satisfied they are with their tool. Develop a script of predetermined functions the vendor must complete when vetting the platform.
- ✓ It may be helpful for leadership to visit with other health providers in the area to learn about the strengths and weaknesses of the platforms they use. Find out how different systems have worked across the spectrum of care and determine what options best meet The Centers' needs. Leaders may benefit from adopting new partnership agreements and collaborative/consortium models to assist with economies of scale when purchasing technology.
- ✓ The Centers' evaluator may wish to connect with the fellow TAC program evaluator at Human Service Center (Dr. David Loveland) to help pull evidence to support the business case for using the Therapeutic Education System (known as TES). Dr. Loveland is available at dloveland@fayettecompanies.org or 309- 671-8090.

Resources

JBS shared the following resources with The Centers immediately following the planning session:

- ✓ [NIATx Workflow Resources](#): A link to promising practices developed by NIATx to help improve workflow. The link features resources to overcome traditional barriers to care (e.g., reducing wait times for assessments, reducing no-shows for assessments). The navigation block to the right of the landing page includes several process improvement tools.

- ✓ [Behavioral Health Summary of Care Standards](#): A link to the draft SAMHSA document outlining national standards for the collection of behavioral health data in the Consolidated Clinical Document Architecture and C32 document standards.
- ✓ [HIMSS Award Announcement](#): The recent HIMSS Davies Award was won by Community Health Centers in Winter Garden, Florida. The Centers' to-be-formed governance group may wish to visit with Community Health Centers to exchange ideas about EHR selection, implementation, and use of EHR data for analytics.
- ✓ OPEN MINDS & Core Solutions, Inc. (July 2014). The Importance of Selecting the Right EHR Partner: An EHR Return-on-Investment Analysis. http://www.openminds.com/wp-content/uploads/CoreSolutions_EHRWhitePaper_071514_Final1.pdf?status=free
- ✓ Open Minds (July 29, 2014). Choosing the Right EHR: Best Practices in Vendor Selection and Contracting. <http://www.openminds.com/market-intelligence/resources/choosing-right-ehr-best-practices-vendor-selection-contracting-executive-web-briefing-recording.htm>

This presentation offers easy-to-follow guidance for a governance group to consider the following topics: (1) assessing organization needs, (2) vetting EHR vendors, (3) making a final selection, and (4) contracting and implementation preparation.

- ✓ JBS International authored several brief guidance documents on EHR adoption in October 2012 on the following topics:
 - EHRs
 - Project Planning
 - Vendor Selection
 - Readiness and Assessment Planning