

CBHS Steering Committee

Date & Time:

Friday November 7, 2014
1:00 pm to 2:30pm
1380 Howard, 515

ATTENDEES	Edwin Batongbacal, Maria Barteaux, Alice Gleghorn, Miriam Damon, Anne Okubo, Pablo Munoz, Jo Robinson, Gloria Wilder, Irene Sung, Susan Esposito, Kenneth Epstein, Kellee Hom, Winona Mindolovich, Jim Genevero, Max Rocha, Hans Anderson, Carlos Hernandez
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Action Items:

- **Ann Okubo and Pablo Munoz will bring contract mod for Care Connect to Greg Wagner to sign off on before the end of the year.**
- **Pablo Munoz and Gloria Wilder will present to ITSC on December 12th**
- **Pablo Munoz and Gloria Wilder will work with KPMG to create project charter for Connect Project (Gloria will be main KPMG contact)**
- **Gloria Wilder will present our status on Care Connect to the patient portal steering group so they know that we are moving forward.**
- **Maria Barteaux will track the 18 fiscal items identified through the billing optimization project in the fiscal billing group, and will report their progress on these items to the exec group.**
- **Clinical workgroup will review current service codes and present recommendations to exec on which codes to deactivate.**
- **Kellee Hom will write paragraph for the director's report on ICD10**
- **Hans Anderson will test and implement countdown widget for DSM-5**
- **Kellee Hom will get small group of users access to the sandbox containing the new treatment plan for input, and research questions that users have about functionality**
- **Molly will work with Carlos on best way to order computers**
- **Pablo will forward complete list of programs waiting for network upgrade to Irene Sung**

Agenda

- 1) Introductions All
- 2) Care Connect
 - a. History of the Care Connect project - began in 2011, previous version of Netsmart product was too cumbersome and we started exploring other options. After launch of SF Health Network, we started moving toward the enterprise portal, but after latest Netsmart conference in LA their meaningful use product looks improved enough to adopt, and will also let us meet 32CFR requirements.
 - b. Care Connect will also allow u to exchange information with other EMRs. This should help us with transitions of care, which is our current shortfall, by bringing in medication list, have measurable outcomes for nationwide benchmarking, and will promote wellness and recovery for our clients.
 - c. Care Connect and the Netsmart portal will also allow CBOs to participate immediately.

- d. Another benefit of adopting this is being able to go for meaningful use money, but this should be seen as a side benefit and not as the main driving factor.
 - e. Since the current enterprise portal created by eCW will not be able to handle substance abuse clients, there is not a choice in implementing Care Connect and the Netsmart consumer portal.
 - f. Gloria demonstrated estimated cost of implementing this portal in a PowerPoint presentation. This is currently the best estimate, and has been padded slightly anticipating unknown costs.
 - g. Other counties who are currently going for meaningful use are still figuring out the level of support needed for providers; we're trying to base our expectations on their experience but in many cases they don't know either.
 - h. It's possibly we would need to tap into other IT resources, but this would not affect the rebuild.
 - i. The implementation effect on the CBOs would be comparable to myAvatar. Largest change would be toward changing the workflow at the clinics to meet meaningful use. This would affect CYF agencies as well, even though their clients would not be able to participate in the client portal.
 - j. To go for the meaningful use money, we would have to ensure that our providers are agree to the client portal and change in workflow.
 - k. Due to a previous budget agreement with the health commission, we do not need to wait for their approval on the contract mod to pay for this: we have the spending authority to make a contingency modification.
 - l. Ideally, this contract mod would be in place by December 31st to allow us the entirety of 2015 to prepare and implement. We need to have the contract in place to attest with AIU
 - m. This year, it would be 188 thousand. This money can be found somewhere.
 - n. The original MHSa money earmarked for the portal was spend elsewhere, as the original plan was to use eCW.
 - o. Pablo Munoz and Gloria Wilder will present to the ITSC the contact mod and budget plan on the 12th**
 - p. Pablo Munoz and Gloria Wilder will work with KPMG to create project charter for Connect Project (Gloria will be main KPMG contact)**
 - q. The project charter will define what is IT owned, and what responsibility is owned by the business owners. This will identify what we need to provide in staff and support, so after the AIU there is no grey area. Ideally, this project charter will be done by the Friday meeting.
 - r. Ann Okubo and Pablo Munoz will bring contract mod to Greg to sign off on before the end of the year.**
 - s. Other issues to discuss
 - i. Helpdesk support for users logging in to portal. Original plan was to have a train the trainer model, utilizing clients who would then teach other peers how to use the portal. The original money for this program was used to expand the Avatar help desk as the portal was not ready yet. This program can potentially be revived, and funded through MHSa
 - ii. As of now, Avatar can interface with Quest labs and almost with LabCorp, this is another detail to follow up on when we roll out the patient portal.
- 3) Approval of Minutes Irene
- a. No changes
- 4) CMIO Report/Update Irene
- a. No Update
- 5) Fiscal Billing Report Anne
- a. Claim Status
 - i. Drug MediCal claims are current, 63k units totaling 3.1 million
 - ii. For mental health there was an issue with the Short Doyle Medi-Cal system denying July 1 dates of service. This was just resolved November 4th. Total is 44k units for July, totaling 13 million in claims
 - iii. PES units still haven't been claimed due to the change in their RU. There are still issues with services in the wrong episodes, fiscal just

- had a conference call with Irene Blanco to plan a workaround. Full solution currently involves massive episode and service corrections, which they aren't ready to undertake at this time.
- iv. 3 new program codes were created, and they are ready to start using them
 - v. MSO upgrade was done in test, but some major issues are preventing claims from being processed. Netsmart is currently working on these issues.
 - vi. We can upgrade the live system to the current version of MSO on November 21st.
- b. CBHS Revenue Cycle Optimization Project
 - i. **Maria Barteaux will track the 18 fiscal items identified through the billing optimization project in the fiscal billing group, and will report their progress on these items to the exec group.**
 - ii. More discussion is needed around the other 18 identified billing optimization items, as there are process improvement efforts that involve AOA program directors to simplify billing, improve reports, and deal with system performance issues. This will be talked about in the Tuesday exec meeting.
 - iii. **Clinical workgroup will review current service codes and present recommendations to exec on which codes to deactivate**
- 6) Meaningful Use Irene
- a. **We will reinstitute MU meetings to go through attestation. Gloria will work with Evelyn on this.**
 - b. **Gloria Wilder will present our status on Care Connect to the patient portal steering group so they know that we are moving forward.**
- 7) ICD10 Project Status Kellee
- a. Exec Training on Nov. 17th
 - b. **Hans Anderson will test and implement countdown widget for ICD10**
 - c. **Kellee Hom will write paragraph for the director's report on ICD10**
 - d. Clinical Training in December 2014
 - e. Go LIVE in January 2015
 - f. Preparation work under way
- 8) Implementation of product TX Plan Kellee
- a. Tentatively planned for March 2015
 - b. Still needs to go through Mary Lamb, Lisa Inman, and Nora Zapata for input.
 - c. At this point, we are not ready to go through the union.
- 9) Project List
- a. Project list will be emailed after this meeting, no changes but there is something scheduled for almost every month in 2015.
 - b. Next month will present on psych inpatient and their documentation issues.
 - i. The data feed was coming from a home-brew system, and we have reservations about letting a "rogue" data source interface with Avatar considering that PHI is being sent and received.
 - ii. Irene Sung with meet with the UC for a long term solution.
- 10) Additional Avatar User Licenses
- a. We've received funding from Maria X to use 120k to fund new licenses
 - b. Around 100 new licenses are expected, with 29 concurrent license will be rolled into contract modification along with the meaningful use
- 11) Desktop
- a. There are current a lot of workstations on backorder, current wait time is approximately 8 weeks after submitting quote, no matter the volume of the request
 - b. There was a break in to a city van, losing 3 computers and 3 label printers.
 - c. As there are a lot of new positions, it's not clear what the best way is to make sure they have workstations on time.
 - d. **Molly will work with Carlos on best way to order computers**
- 12) Additional Agenda Items
- a. Clinic Connectivity

- i. There are about 7 clinics still waiting for network upgrades, which has a large impact on Avatar use. There is currently difficulty around getting a time commitment from DT.
- ii. OMI is halfway done, Sunset, Drug Court, CJCJ, and 755 South Van Ness are pending.
- iii. **Pablo will forward complete list to Irene Sung**