

Responses to DMH Questions to HowardCenter re: COA Application

For Electronic Health Record

6/3/08

RFI and Proposals Received

RE: RFI: Thank you for sending us the RFI, but please clarify for us when this document was released and the timeline for your review of responses to it. This question derives from a written statement submitted by HC during the May 30, 2008 budget negotiation meeting with DMH. In the written response budget document, your agency responded to the question about EHR plans by saying *“Currently, we are seeking a COA from the State for our EHR project. We used a formal RFP process to select our vendor ADG (PsychConsult) nine years ago. Our plans are to implement an EHR by automating clinical workflow and developing electronic clinical documents within a two year project plan.”*

Since we were under the impression that the RFI you sent us was a recently released document, we need you to reconcile this assumption with the above statement.

Our Request for Proposal (RFP) issued nine years ago was for the procurement of clinical software related to automating clinical workflow and ultimately migration to an Electronic Health Record (EHR) platform. The Request for Information (RFI) we issued last year to selected vendors was for the purpose of validating the functionality and feasibility of our software in the current marketplace given that nine years had lapsed since we selected PsychConsult. (Please see our responses A1 and D1 from 3-14-08.)

Proposals Received: How many proposals did HowardCenter receive in response to the RFI? Who were the vendors who submitted proposals? Our previous request to review these proposals met with concerns about proprietary and sensitive information. We are interested in reviewing the competing proposals HC received in response to your RFI and request that you redact any sensitive or proprietary information so that DMH and DAIL can review these.

We received written responses (not proposals) from Lavender & Wyatt and ALLSCRIPTS. ADG provided written material, oral presentations and a site visit to Western Psychiatric Institute and Clinic at the University of Pittsburg Medical Center. (Please review our response D1 from 3-14-08). There are literally hundreds of pages of information that would need to be reviewed and redacted. Once again, we feel these responses were intended for the sole use of HowardCenter and therefore are proprietary and are not directly related to our COA Application. Our project is to use our current software PsychConsult to automate our clinical workflow and develop electronic clinical data documents. It is not to select a vendor.

Project Management

Although you clearly have identified several capable leaders to work on the implementation of this project part-time, no full-time project director has been identified. The literature on successful implementation of EHR's is very clear that just as strong executive leadership support is essential, so is the appointment of a Project Director who is charged with being at the project helm throughout its implementation. The inefficiencies that may result from management-by-committee (however small) can lead to lost time, lost opportunities, and frustration at all levels. We ask you to reconsider the staffing pattern you have proposed and acknowledge the appointment of a full-time Project Director.

We agree that project management is critical and we at HowardCenter have evaluated this aspect of our project extensively. Based on the size of our organization and the scope of the project we feel we have allocated more than sufficient resources not only within HowardCenter, but through our vendor Askesis Development Group as well.

Implementation Costs

On Page 1 of your most recent responses to the questions submitted to you by DMH and DAIL, you outline the staff who will be leading the EHR implementation project and acknowledge that you have, over time, been "staffing-up" for the implementation of this system. We continue to be unclear about how the operational costs associated with redeployment will affect your ongoing work and what the productivity loss will be. These costs need to be quantified and we have not seen such an analysis. Since you are not hiring any new staff to implement this system, what previous work will not get done by the individuals who will work on the implementation of this EHR? Please quantify these operational costs.

When considering a potential productivity loss, it is useful to separate resource types. IT resources are normally deployed in a per-project fashion for a percentage of their time. Initial planning has the primary IT resources dedicated to the project for 60%. This means that other projects cannot be undertaken at this time, but just as other projects preceded the EHR, such time is not productivity loss. The same is true of contracted programming and project management provided by our vendor – not to be considered lost productivity costs. Direct service line staff who will become users of the application certainly pose the potential for productivity loss. We have budgeted for their training time only, because there are reasons to expect productivity gains through the use of the new business processes associated with EHR software implementation. Specifically, the time spent in creating and reviewing progress notes and treatment plans is expected to decrease slightly, but the time spent with researching deficiencies and making corrections to these items is expected to decrease to a greater extent. The learning curve to new processes can be minimized through well-designed screens and user interfaces, and it is the user interface of PsychConsult (and the experiences of other PsychConsult customers) that lead us to plan on minimal productivity loss by direct service staff. Once again, our project plan is one of consecutive program implementation not concurrent.