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Agency of Human Services

April 14, 2008

Charles H. Stringer
Director of Finance
HowardCenter
208 Flynn Avenue Suite 3J
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Dear Charlie,

Thank you for answering the questions posed to you in our communication of March 6, 2008. The information or answers you provided were helpful, but we need some additional information in order to consider your COA application complete. The questions are set out below. Please note that in order to clarify the context of each question below, the following might include excerpts from previous questions and answers. The excerpts appear in italics.

Questions or Additional Information Needed

Productivity Loss

Productivity loss is not quantified or adequately addressed. Howard Center, to some extent, will be changing virtually all clinical processes for virtually all physician, nursing, clinician, and managerial staff. How is the impact of lost productivity due to changed processes accounted for in your proposed project? Most institutions figure EHR implementation results in 60-80% changed procedures. In your application, Business Interruption does not appear to address these costs, so we need to understand whether and how these costs have been quantified and how they will be covered

Accounting for Resources and Costs Associated with Implementation Tasks

How are implementation tasks such as project management and the implementation team accounted for both in terms of resource counts and budgeting? There are some required dedicated positions for project management, change management, and training that are not identified. These needs must be fulfilled a) by existing staff (assuming people with the required skills already are on staff, which means those positions would have to be backfilled), b) from new staff (not budgeted), or c) by contractors (not shown as a line item). Likewise, a number of key staff from all affected business units will be heavily involved throughout implementation in working on changing business processes, reviewing new forms, integrating the technology into daily workflow, documentation, training, etc. We do not see that these costs have been accounted for (Business Interruption covers "training release time and minor billing transaction remediation" only).

Reference C, Question C3

Question C3: *Were the costs of participating in a health information exchange (e.g., any subsequent interface development and maintenance) considered as part of this COA, and if not, how will they be addressed?*

No, connectivity costs are not part of our project to automate clinical documents for the purpose of producing an EHR. Participating in an HIEN would be considered operating costs and will be addressed in the normal budgeting cycle process.

We would like an estimate of these costs.

Reference F:

Reference F: *Certainly, this will improve the service needs of the population we serve over time through the use of higher quality documentation; built in protocols and reminders; improved medication management; more efficient chart management and the use of clinical tools not available with paper based systems.*

Question F1: *How will medication management be improved?*

Improvements are expected in two categories – using TouchScripts features for e-prescribing, decision support, patient adherence, etc.; and by referencing TouchScripts data within PsychConsult clinical documents (notes, summaries, etc.)

We are curious that there was no mention of this module or part of the project in the COA Application?. Our VSH experience is that medication management is a significant implementation in itself in terms of cultural change (affects MDs, RNs, clinicians and all medication-related processes). We were surprised this part was not quantified or even addressed in the original COA application, and we would like to understand how this.

Reference H, Question H2

Question H2: *What are the anticipated or estimated impacts of staff redeployment resulting from the EHR? Specifically, please discuss how the increased Information Technology demands for training, change management, database management, help desk, application support, desktop support, report writing, and system administration have been evaluated and accounted for in the ongoing operational costs of the system.*

Projecting redeployment as a result of the transition to an EHR from a paper based system is elusive at best. We anticipate increased operating costs in IT due to the need for around the clock support for the EHR in the way of help desk and field service. In addition, we realize that there will be efficiencies gained in Health information and Data Entry that will offset the increase in IT costs. Admission, transfer and discharge functionality will impact administrative support staff throughout the agency and their roles may change more dramatically. All redeployment costs will be evaluated during implementation and adjustments to our operating budget will occur as a result. Specific IT skill sets as identified in the question (training, change management, database management, help desk, application support, desktop support, report writing, and system administration) already exist in the IT Department of HowardCenter in the form of ten individuals (excluding Data Entry) with varied roles, skills, and responsibilities. These resources have been engaged over the course of the last ten years with EHR implementation on the strategic horizon.

We question if these skill sets all exist in current staffing. In particular, project management, business analysis, and change management are not commonly found in conjunction with “typical” IT skill sets for resources such as database administrators, system developers, network administrators, etc. It may be that the vendor (ADG) is providing these services as part of the Implementation Services, but there is still a critical need for internal staff (that’s an important distinction) dedicated to these tasks as well. In addition, it does not appear these costs have been quantified. Please explain your plan for project management, business analysis and change management as described above and quantify the costs associated with these functions.

General Question 2

General Question 2: Please provide a detailed breakdown of project costs included in Table 1, including:

- hardware and associated infrastructure;
- implementation services breakdown;
- scanning costs, types, and number of documents to be scanned;
- what disconnected database costs entail;
- business interruption contingency detail;
- Staffing costs for project management, user training, technical training, and ongoing system administration, database administration, programming, report writing, user support, and change management.

Please see Project Cost Detail Worksheet attached.

Staffing costs for project management and change management are not included in this response. Tables 3A and 3C included with the original COA show salaries for 2009-2011 the same in 3A (Without Project) and 3C (With Project). Does this mean no additional staff are expected to be hired for the project? Also, business continuity expenses detail is not provided, presumably because it was calculated as a percent. Is this amount intended to reflect increased staffing as well as any disruptions to billing and all lost time for staff engaged on the project team, in training, and lost productivity? Please address.

General Question 11

Question 11: Please discuss the training you will employ for clinical staff to use this system efficiently. Please quantify the learning curve for clinical staff and describe any challenges you may encounter.

The basic training model is to provide 4 to 5 half-day sessions per staff for them to learn the new processes. Supervisors (who are expected to perform some training and post live support) would receive 4-5 full day sessions. Delivery of training is to be by program, sequentially implementing in smaller groups, with training split 2/3 up front and 1/3 after live. Both supervisors and IT training staff will provide hand-on training and post-live support.

We expect challenges related to staff adoption of new procedures, using the computer, and change in general. To address this, HowardCenter plans to include into its clinical document design process and its user scripting process those individuals that exert both formal and informal leadership within the organization. Further, through sequential implementation, more resistant or entrenched groups can be staged later in the project implementation sequence, while all groups can get more specific attention.

This does not address the need for ongoing training. With the amount of turnover at HC, there will be ongoing permanent training for new/redeployed staff. The strategy of using formal and

informal leaders as critical contributors is good, but implies significant impact on business continuity as it means that key personnel will be dedicating large amounts of time to the project over a year or more. Is that time reflected in the Business Interruption number, and, if so, how?

If you have any questions about this request for additional information, please do not hesitate to contact me at 802-652-2012 or at dphilib@vdh.state.vt.us . I will be on vacation until April 29, and will either respond to your question when I return or refer you to the appropriate DMH staff person who can assist you.

Sincerely,

Dawn Philibert MSW
Mental Health Systems Development Director

Cc: Michael Hartman, DMH
Andy Lowe, VSH
Lorraine Wargo, DAIL
Bill Snyder, VDH
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