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Department of Mental Health
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healthvermont.gov/mh

Agency of Human Services

June 3, 2008

Charles H. Stringer
Director of Finance
HowardCenter
208 Flynn Avenue Suite 3J
Burlington, VT 05401

Dear Charlie,

Thank you for answering the questions posed to you in our communication of April 14, 2008. The information or answers you provided were helpful, but there continue to be three areas for which we need some additional information in order to consider your COA application complete. These are as follows:

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.

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 you RFI and request that you redact any sensitive or proprietary information so that DMH and DAIL can review these.

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.

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.

We will look forward to receiving this information, reviewing it and determining if we have adequate information at that time to rule the application complete and proceed with the formal review. As stated previously, we will issue a decision within sixty (60) calendar days of ruling your application complete.

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 .

Sincerely,

Dawn Philibert MSW
Mental Health Systems Development Director

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