



State of Vermont
Department of Mental Health
108 Cherry Street, PO Box 70
Burlington, VT 05402-0070
healthvermont.gov/mh

Agency of Human Services

March 6, 2008

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

Dear Charlie,

The Department of Mental Health has received your Certificate of Approval Application for an Electronic Health Record and has convened an internal staff group to conduct an initial review of your proposal. We have also discussed the application with Deputy Commissioner Theresa Wood of the Department of Disabilities, Aging and Independent Living. Based on these preliminary reviews, we believe that additional information or clarification will be needed in order for us to proceed with the formal review. The information we need follows. Please note that there are two groupings of questions: a section which references specific statements made in your application and poses questions about these statements, and a second section of general questions.

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. Once we determine that your application is complete, the COA procedures call for us to post the complete application on the web, formally review the application and issue a decision within sixty (60) calendar days.

If you have any questions about this request, please do not hesitate to contact me at 802-652-2012 or at dphilib@vdh.state.vt.us. As the manager of the COA review process, I will either respond to your question or refer you to the appropriate person who can assist you.

Sincerely,

Dawn Philibert MSW
Mental Health Systems Development Director

Cc: Michael Hartman, DMH
Andy Lowe, VSH
Theresa Wood, DAIL
Bill Snyder, VDH

DMH Questions to HowardCenter re: COA Application

**for Electronic Medical Record
3/6/08**

Questions Referencing Application Statements

Reference A: *On April 27, 2004 President Bush announced an executive order establishing the Office of the National Health Information Technology Coordinator (ONCHIT), which mandates a computerized health record within 10 years.*

Question A1: One of the results of ONCHIT was CCHIT, the certification body for EHRs. Please describe how your RFI process and vendor selection was influenced by CCHIT certification.

Reference B: *In our efforts to enhance clinical care, promote operational efficiency and satisfy federal mandates, HowardCenter has developed a project plan and budget related to the implementation of an EHR. The project plan, which will be completed over a two year period, is to utilize HC existing operating software (PsychConsult) to automate clinical workflow and produce electronic clinical documents.*

Question B1: What modules of PsychConsult are currently in use at HC? Please describe how the existing implementation will provide the enhanced functionality (e.g., does the project contemplate an upgrade or replacement of all software currently in place, purchase/implementation of additional modules, customization of existing or new modules, etc.).

Reference C: *The EHR will be consistent with VITL's Health Information Technology Plan; BISHCA's Health Resource Allocation Plan; the developing national standards for interoperability of electronic health information systems; does not significantly increase utilization or rates and does not substantially change the type, scope or volume of services. Once a Health Information Exchange Network is established, HowardCenter will be able to exchange health information with other health care providers, outside the HowardCenter system.*

Question C1: How did the RFI and selection process address interoperability via VITL and national standards?

Question C2: How did the RFI address interoperability with any existing providers?

Question C3: Were the costs 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?

Reference D: *Most recently, HowardCenter issued a Request for Information (RFI) to selected vendors.*

Question D1: Can DMH see the RFI and responses?

Reference E: *HowardCenter's EHR implementation will increase the availability and accessibility of developmental and mental health services by improving clinical efficiency. These efficiencies will reduce the amount of time clinicians spend producing manual documentation enabling them to see more patients, while significantly improving their care.*

Question E1: The literature suggests that EHR implementations result in an initial productivity loss until training is complete, bugs are worked out, staff become experienced using the new system, and processes align with the new model. What allowance has been made for this initial decline in productivity, and how long do you expect the transition period to take from net productivity loss to net gain?

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?

Question F2: If there will be an interface between the EHR and a pharmacy solution to handle medication management data, please provide details including how costs were determined.

Reference G: *HowardCenter and Fletcher Allen Health Care are formally discussing how both entities can better function as an integrated healthcare delivery system. Being partners in the functional area of EHR's and related information technologies is a strategic objective with many mutual benefits.*

Question G1: What agreements on standards for data interchange have been made with Fletcher Allen?

Reference H: *Certainly, it is important to remember that the project budget includes a business interruption contingency in anticipation of mitigating the risk of business interruption as a result of billing transaction slow down. There is also the assumption that there will be significant redeployment of staff and financial resources as the EHR becomes an integral component of our service delivery system.*

Question H1: What are the specific areas of business interruption that have been anticipated, and what are the estimated cost details?

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.

General Questions

General Question 1: How have the costs of initial decreased staff productivity been estimated, and where are they reflected in this application?

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;

General Question 3: How many clinical notes/forms will be migrated to electronic versions?

General Question 4: How many and what kinds of staff (e.g., MD, nurse, clinician, clerical) will use the EHR? For what function will each of these disciplines use the system.

General Question 5: What is the anticipated impact of the EHR and associated software, hardware, and networking on your enterprise IT architecture?

General Question 6: What is the timetable for the project (e.g., high level Gantt chart of key tasks)?

General Question 7: This application appears to address costs for project implementation only. What are the estimated ongoing operational costs such as staffing and change management that are associated with maintaining and updating the EHR system?

General Question 8: Your application states that HowardCenter plans to raise the entire \$1.7 millions for this EHR through contributions. How will the agency fund the project if it fails to generate the entire amount through contributions?

General Question 9: The entire \$1.7 million of anticipated contributions does not appear to be reflected in your financial statements. The income statement for “Project only” indicates approximately \$1.2 million in Local?Other funding, which we assume is the amount of contributions during the four year span. Where is the other \$500,000? Will contributions continue to be collected after the system has been installed? Please clarify.

General Question 10: Please describe in detail the proposed system’s clinical decision support functionality. What features will be available to clinicians for the support of diagnosis, treatment, medication management and other clinical functions?

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.