PROJECT STARTUP REPORT

Submitted to Large Project Oversight on 06/30/2017

GENERAL INFORMATION

Project Name: North Dakota Field Services Electronic Health Record Replacement System
Agency Name: Department of Human Services (DHS) Field Services Division (FS)
Project Sponsors:

- **Executive Sponsor:** Rosalie Etherington, DHS
- **Business Sponsor:** Jeff Stenseth, DHS
- **IT Sponsor:** Jenny Witham, DHS

Project Manager: Tom Harris, ITD

PROJECT DESCRIPTION

This project will replace two behavioral health electronic health record systems for the Department of Human Services (DHS) Field Services (FS) Division: Advanced Institutional Management Software (AIMS) and Regional Office Automation Program (ROAP). The project will implement an Office of National Coordinator Meaningful Use certified behavioral health electronic health record (EHR). The EHR solution will be positioned for future Office of the National Coordinator for Health Information Technology (ONC) Meaningful Use requirements and will encompass and support the continuum of services across DHS FS. The project will consist of the planning, analysis, and execution of the installation, product configuration, data conversion, master client index interface development, user acceptance testing, end user training, and full implementation.

BUSINESS NEEDS AND PROBLEMS

1. **Business Need/Problem 1:** The business does not have a client-centric, certified EHR system that complies with current federal regulations.
   Objective 1.1: Install a client-centric EHR system.
   Objective 1.2: Install an ONC certified EHR system that complies with current federal regulations.
2. **Business Need/Problem 2:** The business does not have an integrated set of tools to manage the continuum of behavioral health care provided by the state.
   Objective 2.1: Install a single integrated system to manage the continuum of behavioral health care provided by the state.

PROJECT BASELINES

Project Start Date	Baseline Execution Start Date	Baseline End Date	Baseline Budget
7/1/2014	5/11/2017	12/12/2018	$5,894,647

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OBJECTIVES

Business Objective	Measurement Description
Install a client-centric EHR system	Measurement 1.1.1: The system will permit electronic access to treatment information for clients. Measurement 1.1.2: The system will permit electronic exchange of information with partners and the North Dakota Health Information Network. Measurement 1.1.3: The system will be portable by allowing the clinicians to serve the clients where they are. Measurement 1.1.4: The system will minimize paper by using electronic signatures, transferring discharge, lab, and other paperwork electronically, and allowing for information exchange between clinicians and other staff.
Install an ONC certified EHR system that complies with current federal regulations	Measurement 1.2.1: The system will be a formally and fully certified Electronic Health Records behavioral health system that meets the business functions and supports the continuum of service offered. Measurement 1.2.2: The system will satisfy the current Centers for Medicare and Medicaid Services (CMS) Meaningful Use regulations at the time of system go live. Measurement 1.2.3: The system will fulfill the contracted requirements.
Install a single integrated system to manage the continuum of behavioral health care provided by the state	Measurement 2.1.1: At delivery, the system will include all components necessary to provide the continuum of behavioral health care provided by the state without significant workaround or use of non-integrated tools or processes. Measurement 2.1.2: The system will be extensible by the state to integrate additional components if the continuum of care changes after delivery. Measurement 2.1.3: The system will provide unification of processes across the continuum of behavioral health care provided by the state.

COST BENEFIT ANALYSIS

The Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009, promoted the adoption and meaningful use of health information technology. The Act established a government led process for certification of EHR. Penalties exist for non-compliance. Eligible Professionals who have not implemented electronic medical records (EMR) or EHR systems and demonstrated their meaningful use by 2015 are experiencing a 1% reduction in Medicare reimbursements and rates of reduction will likely rise annually thereafter. As of

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January 1, 2014, all public and private healthcare providers and other EP must have adopted and demonstrated "meaningful use" of EMR in order to maintain their existing Medicare reimbursement levels.

The ND DHS will experience financial impacts, patient safety risks and inefficient utilization of staff resources due to the architectural and functional limitations of the IT systems currently used.

- Inability to meet Medicare's requirements for e-prescribing results in a $170,000 revenue loss annually
- Technical limitations of drug field lengths for current systems will increase risk, time and cost associated current system limits (Submission of drugs claims to payers with partial increments are often denied, limitation of the drug dosage field length)
- Elements for Performance and Standards required by The Joint Commission in order to maintain "deemed" status, a Centers for Medicare and Medicaid designation of meeting Medicare and Medicaid certification and requirements are unable to be met using current systems resulting in a potential $5,000,0000 revenue loss annually
- The ability to incorporate the changing federal requirements is problematic and very limited with current State systems and will put the Hospital's Joint Commission accreditation at risk (Meaningful Use objectives Stage 1 and 2)
- Vendor support for Human Service Center IT systems will end in the next 2-5 years. The outdated technology and architecture used limits the State's ability to comply with Meaningful Use Stage 3 requirements

Implementation of a certified Electronic Health Records system will improve cost effectiveness and mitigate financial losses. Additionally, implementation will improve Clinical Effectiveness and Efficiencies:

- Medication orders with capacity for programmed times to reduce errors.
- Doctor's notes attached to orders that streamline their work making it efficient and eliminating missed notes
- Electronic notes for all disciplines for a true electronic order and for availability to medical staff for treatment planning, monitoring progress and positive clinical outcomes
- Electronic monitoring of weight, vitals, labs, exercise, and other variables that accrediting bodies require measurement of and treatment planning for
- Capacity to measure required variables for JC without manual data collection and/or creation of additional databases for information gathering
- Improved quality and quantity of patient care, accuracy in documentation/and less chance for errors
- Portability from the North Dakota State Hospital to Human Service Centers, reduced waiting times and access to care
- Capacity to access records from Human Service Centers and the State Hospital and vice versa as a way to improve communication, start treatment process immediately and reduce length of stays

KEY CONSTRAINTS AND/OR RISKS

The project has the following constraints:

- The system must comply with CMS and the Office of the National Coordinator for Health Information Technology (ONC) established standards and other criteria for structured data required of EHRs
- The budget is fixed and will not increase
- Cost, schedule, scope, and quality are often in conflict during projects. The sponsor elected to prioritize as follows:
    1. Quality
    2. Cost
    3. Scope
    4. Schedule

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Risks of performing the project:

Risk: Organizational Change. If the state implements a new EHR system, the organization will need to change to accommodate the new system.

- Impact: The new system will lead to process changes. These process changes will facilitate staff learning new methods and approaches to their work. This organizational change may lead to low morale, an increased turnover rate, staff inefficiencies, and client dissatisfaction if unaddressed.
- Response: Organizational change management will play a prominent role in the project. Staff will begin interacting with the new system during analysis to ascertain how their workflow and processes will change while providing inputs for Netsmart's configuration. An ongoing communication effort will keep all staff informed of progress and areas of change.

Risk: Communication. If the project does not communicate progress, changes, and outcomes effectively across the organization, the staff may not adapt to the new system or use it effectively.

- Impact: If the project does not inform staff about project progress, anticipated changes to their workflow, or how the outcomes of their inputs affected the system, they will not know what the project is doing, how it will affect their lives, or whether their contributions will become part of the solution. This can lead to unrealistic expectations and poor support for the final solution. Unrealistic expectations and poor support may lead to a poor client experience.
- Response: The project team will communicate frequently with the staff affected by the project. The project team will follow up with staff after analysis meetings to let them know whether any proposed gaps or customizations will be part of the final product. Additionally, the project will rely on ground-level staff to test the solution before implementing to make sure their requirements and expectations are met.

Risk: Overreliance on Customizations. If the solution uses too many customizations, it will be difficult to maintain as the base offering evolves.

- Impact: Netsmart will add any North Dakota unique requirements as customizations to the system. If these customizations are not applicable across their user base, the North Dakota implementation will contain unique code that the state will need to maintain. Over time, this code may become increasingly costly to maintain as the base product continues to receive other enhancements that may conflict with the North Dakota customizations.
- Response: The state will work closely with Netsmart to identify which customizations will fold into the base product and which will remain unique to North Dakota. The project will identify unique requirements and identify if a process change could address the requirement better than unique code. If the solution still requires unique code, the project team will maintain a list of all unique areas with the goal of folding the requirements into the base product over time.

Risk: System compatibility. If existing state tools are not compatible with the Netsmart solution, the state may need to add customizations to the Netsmart solution to make them work.

- Impact: The State Hospital, Life Skills and Transition Center, and Human Service Centers invested in equipment that should work with Electronic Health Records systems. If these are not compatible with Netsmart's solution, the state will need to decide whether to customize Netsmart's solution to interact with these systems, find a workaround for these systems, or script interfaces using state resources for these systems.
- Response: The project team will assemble a list of systems they want to interoperate with Netsmart's solution. The project team will use this list to analyze interoperability and log decisions about any that do not interface out-of-the-box.