Community Behavioral Health – Avatar Project Steering Com.

Date & Time:
Friday September 5, 2014
1:00 pm to 2:30pm
1380 Howard, 515

ATTENDEES	**Edwin Batongbacal, Maria Barteaux, Miriam Damon, Anne Okubo, Pablo Munoz, Jo Robinson, Gloria Wilder, Irene Sung, Kellee Hom, Chona Peralta, Jim Genevero, Hans Anderson, Lisa Inman**

- Pablo Munoz will talk to Darlene, Marlow, and Debra to find out what information (language spoken, cultural background) to collect from Avatar end users
- Edwin Batongbacal will find current high-level Avatar users to form workgroup who's purpose will be to look at look at protocol and findings of the audit, and help create the new version of the treatment plan for to give to the current clinical workgroup.
- Kellee Hom will compile list of resources needed to make required changes to treatment plan, as dictated by audit results.
- Maria Barteaux will bring billing run chart to next meeting that includes entire fiscal year
- Chona Peralta will get dates of clinical DSM-V training to Lisa Inman ASAP

Agenda

1) Introductions — All
2) Approval of Minutes — Dr. Sung
    a. Clarification on 8e. eLinks is not always used to access clinical data, but most often is. This report would include clinical data, and relies on the effort to fix security issues with eLinks.
    b. Action items review
        i. MSO training is scheduled for the week of October 20th. The agenda is being completed by Netsmart, and will be an extremely comprehensive overview of the MSO system.
        ii. Alice Gleghorn was to send regulation surrounding substance abuse op in/opt out and her interpretation to Winona. Will be followed up on for next meeting,
3) CMIO Report/Update — Dr. Sung
    a. Cerner has purchased Seimens, which has reinvigorated discussions around moving toward a singular EHR. While we are looking closely at moving toward this, it should not be publicized it as this will discourage people from learning Avatar or helping with improvements. We need to be careful and deliberate with our end users to not give them the impression that the do not need to use or live with Avatar because it is "just going away"
    b. San Mataeo visit
        i. Main takeaway was that San Mataeo includes clinical high end user's input in design and testing before rollout of new features. This is being addressed by including users more in beta testing new functionalities, and listing to feedback when rolling out new features.
        ii. Currently, we are not utilizing the full functionalities of Avatar due to our customizations. We cannot use scheduling due to the amount of billing codes that San Francisco uses, but San Mataeo is experiencing success due to the small amount of billing codes they use.
        iii. The visit has shown that we need to continuously optimize Avatar to meet the needs of the clinician as well as the regulatory and

billing requirements. Involving clinicians and doing more real world testing will help us work toward this goal.

c. Working toward greater clinician involvement with Avatar improvements
    i. We need to bring in clinicians to test Avatar improvements the field to get a realistic idea of the impact that changes will have to actual users and their workflow
    ii. We've already begun to do this, with the recent CYF forms we have had as many as 10 users testing at two clinics, and sending feedback. Where we need help is to have the clinics identify their clinicians who are knowledgeable with Avatar to help give constructive feedback.

4) Super User/Avatar Champions
    a. The Avatar super user group is being revitalized, and will be renamed Avatar Champions to mirror the eCW Champions
    b. A monthly or bi-weekly conference call is being planned, and web based trainings are also being considered.
    c. These conference calls will ideally be attended by 100-200 people, and will be a way of communicating system changes, upgrades, policy changes, or clarifications.
    d. Ideally, the participants will be available to attend every conference calls, even if their specific issues aren't being discussed during that particular call.
    e. The time spent by Avatar Champions in these calls and trainings should be taken into account, and the users should be assured that the loss of productivity from participating in this program with be made up somehow.
    f. The representatives from CBHS will come from the current clinical workgroup, and since this group is already meeting once a week, we could use this time to include the users in these Avatar Champion calls. One representative from each area of CBHS that uses Avatar would be ideal. It's important to keep in mind the productivity lost from the CBHS attendees of this meeting.

5) Clinical Workgroup Recommendations Kellee
    a. The clinical workgroup recommends that the clinical issues that affect any documentation within Avatar should be raised at the Clinical Workgroup in order to ensure consensus among the various groups represented including. The Clinical Workgroup, serving as the Avatar Change Advisory Board, would ensure that infrastructure exists to support the recommended changes, ensure that the appropriate modifications are possible within the application, and then would draft the recommendations to be presented to leadership for final approval/decision.
    b. The structure of the Clinical Workgroup means it is potentially a group that line staff could have representation in. However, due to the amount of policy decisions discussed, the Clinical Workgroup will remain the way it is, but a smaller workgroup with line staff representation might be needed in order to fully test new features before implementation.
    c. Currently, the adult and CYF program objectives aren't ready to be aligned yet due to their differences. Many steps are needed to being the two systems into alignment.
        i. AOA and CYF currently user different treatment plan forms. This will likely be aligned in 2018
        ii. AOA's current treatment plan form has the re-assessment build into it. However, after MediCal audit findings in 2014, the recommendation is that the re-assessment be uncoupled from the treatment plan. This is scheduled for March 2015
        iii. CYF is still finalizing their policy regarding treatment plan due dates. For this reason, reports do not currently exist for CYF that reflect their recommended changes.
        iv. There are outstanding questions regarding how treatment plan due dates will relate to the
            1. PURQC review date
            2. Assessment review date
            3. Anniversary date
            4. PFI anniversary date

v. Due to the large around of unanswered questions, the clinical workgroup can't give a recommendation on these items.

d. Missing/deferred diagnosis - Clinical workgroup has drafted a memo for diagnosis and how we're going to handle that. There have been reports from billing about services being rejected due to lack of diagnosis. Currently, the recommendation is to use a working diagnosis. This will be sent to exec.

e. Language and culture - Currently, the language spoken by the clinician is captured in a survey done by the cultural competency department, but there is no way of automatically matching this information in Avatar. There is currently nowhere in Morrisey to store this information, as the text box available is also used for other things.

i. It's possible that this information can be tracked solely in Avatar. Pablo Munoz will talk to Darlene, Marlow, and Debra to find out what information (language spoken, cultural background) to collect from Avatar end users

f. The adult treatment plan is currently scheduled to be remodeled in March 2015, will take move the assessment to a standalone form, and will have gender and sexual orientation added to it.

6) Fiscal Billing Report Maria

a. Short Doyle Medi-Cal billing is current. The run chart will be available next month, as this will include the entire fiscal year.

b. CBHS Billing is in process of a time study and a process workflow study which will feed into the revenue cycle project, this ends today. The deliverable from this study is a summary report.

c. Quick billing was recently tested due to Netsmart recommendation, they found no advantage and found that it is prone to errors.

d. Maria will bring run chart for next meeting.

7) Staff ID requirements for all staff Chona

a. The ACA has mandated that everyone who views PHI or medical records will need to have an NPI and staid ID. Currently, a policy is being drafted to enact this change, and Pablo, Chona, and Ravi are working on this project.

b. This added requirement of a staff ID does not change Avatar access levels for users.

c. OIG is now requiring monthly verification of anyone who touches medical records.

d. Current plan is to start collecting staff IDs of new users starting November 1st, and current users by the end of December.

e. A timeline for deactivation of staff who do not have a staff ID is currently being created, and is tentatively planned for February.

f. There needs to be discussion around the resources needed and the timeline, so if resources are tied up in the ICD 10 project, we can show there is reason for this project to be delayed. Along with this analysis needs to be an analysis of the cost of not doing this project.

g. Since this project requires getting information form current Avatar users, this would be a good time to collect more demorgrapgic information.

8) CBHS Revenue Cycle Optimization Project Pablo

a. Track 1: Study by Executive staff

i. Meetings will start 9/9/14,

b. Track 2: On-going activities

i. Billing unit is doing analysis in preparation. Netsmart is already scheduled from September 24th-26th. They will be looking at changes suggested by Maria's group

9) ICD10 Project Status Pablo

a. DSM V Clinical Training in November 2014

b. Go LIVE in January 2015

c. Preparation work under way

i. So far all preparations are moving forward. There is a lot of work being done around data cleanup

ii. Chona will get dates of provider training to Lisa Inman asap

10) Additional Agenda Items

a. Review and update requested attendees for steering committee.