

Information Technology Capital Investment Program
Project Close Out Report

To: Information Technology Strategy and Investment Committee
John Vittner, Office of Policy and Management

From: Natasha Kennedy

Email: Natasha.Kennedy@ct.gov

Agency: Department of Mental Health and Addiction Services

Project: Planning Phase-EHR-Gap Analysis-Phase 1

Project Start Date: 1/2/2017



Project End Date: 4/28/2017



Project Manager: Natasha Kennedy

Total Funds Requested: \$153,600

Total Funds Allotted to Agency: \$153,600

Accumulative Total Capital Fund Expenditures to Date: \$144,091

Brief Project Description/Summary:

DMHAS seeks to advance the current billing/Admission, D/C, and Transfer system (ADT) to an Electronic Medical Record (EMR) in order to better serve our clients, users and facilities. Our current system enables us to provide billing, and ADT services, and some note functionality. DMHAS would like to pursue a fully fledged, federally compliant, EMR in order to provide improved clinical care, improved diagnostics and client outcomes, improve client participation, increase system efficiencies, and cost savings. DMHAS is requesting funding to further assess the appropriateness of the use of this product in behavioral health settings, the estimated cost of the product, if UCHC's investment can be leveraged to provide a cost savings to the State, and a cost benefit analysis for implementation of the product.

This first part of the gap analysis allowed us to answer three key questions:

1. Can the system support Behavioral Health Workflows?
2. Is the system economically feasible? Is the system economically feasible?
3. Are there identifiable economic benefits to adopting the system.

The above questions were answered and a plan for a second phase of gap analysis was recommended for due diligence with the goal of securing a Community Connect arrangement with UCHC and adopting the Epic system across the enterprise.

List Project Goals and Deliverables Completed:

(Please provide a brief summary of the goals and deliverables that were implemented. Please reference the IT Capital Investment Brief for the initial goals of the projects.)

Question 1: Can the System Support Behavioral Health Workflow?

Activity 1: Market Scan: Three organizations surveyed. All have significant behavioral health operations, and use Epic to manage documentation, billing and ordering. Overall opinion is that some unique configuration is required, but Epic supports behavioral health operations sufficiently.
Findings: Epic will adequately support a complex Behavioral Health organization

Activity 2: Workflow Assessment: Analysis of workflows indicates that Epic would significantly improve the efficiency and safe-ty of the Intake and Triage, Patient Care Documentation, Ordering and other processes. All workflows can be supported by the Epic system, and most reports and forms are included.

Findings: Adopting Epic will significantly improve workflows at DMHAS

Question 2: Is the system economically feasible for DMHAS?

Activity 1: Total Cost of ownership estimate: Using a Total Cost of Ownership model and DMHAS volumes and assumptions, the cost to adopt Epic under two scenarios has been estimated. The Connect program allows an established Epic customer to extend their Epic platform to partner organizations, enabling those partners to adopt Epic at a lower overall cost. Adopt-ing Epic as a Connect partner with UConn Health would cost between 35 and 45 million dollars over 5 years. Implementing a standalone instance of Epic at DMHAS would cost between 57 and 92 mil-lion dollars over 5 years. Implementing a standalone version of another commercially avail-able product would cost between 55 and 65 million dollars.

Findings: A Connect implementation of Epic is economically advantageous to other options

Question 3: Are There Quantifiable Economic Benefits?

Activity 1: Financial Benefit Estimate: Due to the lack of integration between existing systems it proved difficult to obtain the de-tailed data necessary to calculate potential economic benefits from implementing Epic. It is well documented that organizations can achieve tangible benefits by automating manual processes. We expect efficiency gains in census management, medical records management, and many clinical processes. We also expect to improve claims review and audit capabilities to improve billing data quality, which should increase revenue.

Findings: Further analysis is necessary to determine specific economic benefits

Project Replication Opportunities:

(Are there opportunities to repeat or leverage the project solution by other state agencies? Please provide a brief explanation.)

Other agencies who provide client care and need an EHR could benefit from this project. Once UCHC has gone Live with their implementation they can get certified as a Community Connect site which would allow other facilities to take part in that, as DMHAS is looking to do.

Key Lessons Learned:

(Provide any lessons learned or experienced during this project that may be helpful to other agencies starting a similar project.)

There are significant opportunities to leverage this system across the state for the purposes of:
Streamlining workflows

Economic benefits

Data sharing

Vendor met all deadlines and produced all deliverables needed.