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DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.gov

January 13, 2010

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.
Director of Mental Health

Robin Kay for

SUBJECT: **DEPARTMENT OF MENTAL HEALTH DATA SHARING WITH OTHER COUNTY DEPARTMENTS – STATUS REPORT #1**

This is to respond to the February 3, 2009, Board Motion in which the Department of Mental Health (DMH), in conjunction with the Chief Information Office (CIO), was instructed to:

- Provide periodic reports prior to seeking Board approval for a contractor for an electronic records system on how they plan to have Integrated Behavioral Health Information System (IBHIS) interface with future and existing County departments with which they coordinate services, as well as how the proposed system will be compatible with the national medical records system which is to be developed.

- Work with the Chief Executive Office (CEO) to develop a plan to ensure compatibility of future and existing County electronic health records systems while positioning the County to take full advantage of health information technology funds being proposed under the Economic Stimulus Plan.

IBHIS Interface with Other County Departments

The IBHIS Request for Proposals (RFP) was re-issued on November 18, 2009. The proposals are due from the vendors on February 18, 2010. A vendor selection is expected in August 2010, at which point contract negotiations can begin.

Electronic Data Interchange (EDI) is a core function of the proposed IBHIS. EDI will be the means by which DMH conducts routine standards-based data exchanges with the State, contract providers, and other health-related County departments such as the Department of Health Services (DHS), the Sheriff's Department (Sheriff), Public Health (PH), and the Probation Department (Probation).

The State Mental Health Services Act (MHSA) Capital Projects and Technology Plan Guidelines, under which DMH developed its approved MHSA IT Plan, specifies standards with which systems procured under Capital Projects and Technology Plan funding must comply. The proposed IBHIS will comply with these standards and certifications, including some still under development. The selected IBHIS vendor will be contractually responsible for maintaining compliance with new releases of or changes to standards or certification requirements. This would include any new required standards and certifications under the American Recovery and

Reinvestment Act (ARRA) Health Information Technology for Economic and Clinical Health (HITECH) Act.

It is important to note these standards and certifications only cover healthcare related data exchanges. DHS and Sheriff already have healthcare systems that comply with these standards, and Probation is planning to acquire such a system. Information exchanges between the Department of Public Social Services (DPSS) and the Department of Children and Family Services (DCFS), who are not providers of healthcare services, will require custom interfaces.

DMH has completed its review of its EDI capabilities in preparation for IBHIS selection and implementation and accepted the consultant's final deliverable. The EDI Plan developed as part of that project identified a significant gap between DMH existing EDI resources and expertise and that which will be needed at the time of the transition to IBHIS. DMH is evaluating how best to close that gap under the current financial constraints. The consultant's Final Report is attached.

Compatibility of County Electronic Health Records (EHRs) Systems and Health Information Technology Funds Under The Economic Stimulus Plan

Compatibility of County EHRs cannot be achieved by DHS, PH, Probation, Sheriff, and DMH using the same information system. There is no single system in existence that would even approximately serve the needs of all health service delivery departments. Even within a single health related department, multiple systems are generally necessary and coordination of information between the systems is handled through system integration. Options range from duplicate data entry to real-time electronic interfaces facilitated by sophisticated interface engine software. To the extent that departmental systems comply with common standards, the integration challenge is minimized.

Duplicate data entry is obviously labor intensive, prone to error, and slow. Real-time electronic interfaces are fast and reliable. They also require expensive software and highly trained staff to operate and maintain them. At the volume of data used in the County, interface engine software can be a very cost effective investment. DMH has selected an interface engine software solution; however, procurement and implementation are delayed until DMH can acquire the necessary staff to do the implementation and support the solution on a continuing basis. It is not necessary that all County departments choose the same interface engine. As long as the various County interface engines are using the same standards, they will be able to exchange information effectively.

Some of the complexity of data exchanges within and between healthcare organizations may be wrung out of the process as part of HITECH as additional standards, such as the Continuity of Care Document, are developed and implemented.

Once the health related departments have standards based information systems and capable interface engine technology, the next issue becomes the data itself. DHS, DCFS, and DMH have documented basic demographic information used by each department and agreed upon shared definitions and descriptions in order to facilitate accurately identifying and, when permitted, exchanging information about foster children receiving services in multiple departments. This is the beginning of what will need to be a much larger effort as the scope

and volume of information exchanged grows. It will be necessary to coordinate when each department updates certain codes sets used by multiple health related departments.

If Protected Health Information of any kind is going to be exchanged either within the County or with partners outside the County, it is critically important to take every precaution in determining that both parties to the exchange are referencing the same person. This is not a simple matter. On a County scale, many people share a first and last name and, on occasion, even a date of birth. Home address often changes and may not prove helpful. Under Goal 4 of the County Strategic Plan - HEALTH AND MENTAL HEALTH –Strategy 3.b. addresses the identification issue by calling for the establishment of the information systems foundation for future electronic exchange. The key element of the information systems foundation is an Enterprise Master Person Index (EMPI). An EMPI is software that includes a complex, and generally tunable, matching algorithm for identity information. An EMPI is becoming essential software in large health services delivery organizations as they coordinate a person's health care information across multiple sites and multiple systems.

As part of the Goal 4 project, DHS, DMH, and DCFS obtained a quote from an existing County vendor who has a good EMPI product. The cost of hardware, software, and implementation came to $5.4 million. Funding for the EMPI project has been confirmed for Fiscal Year (FY) 2009-10. Note that this amount did not include the County resources to manage the implementation and operate the EMPI after implementation. At the time, the departments planned to start the project with existing staff and request additional staff in the FY 2009-10 budget. The initial three EMPI departments are engaged in a discussion with the CEO about the staffing and management of the EMPI project.

DMH is also participating, along with the CIO, DHS and PH, in meetings coordinated by the CEO in response to Supervisor Ridley-Thomas's April 7, 2009 Motion on Health Information Technology and effective sharing of health information across organizational lines. The EMPI described above would be an important component of the County infrastructure necessary for participation in any future health information exchanges.

Conclusion

DMH is, with CIO, actively engaged in planning for and enabling secure, appropriate and reliable data exchanges with other County departments. The CIO is holding monthly meetings with DHS, PH, and DMH to address common information systems issues, including data sharing. The financial constraints referenced in the last Status Report remain, but activity in this area continues within those limitations.

The next status report will be due on June 30, 2010.

MJS:RG:jh