MEMORANDUM

TO: Joint Fiscal Committee

FROM: Agency of Human Services
Vermont Care Partners

RE: Update on Electronic Health Record (EHR) Implementation

Date: November 1, 2019

Per Act 72 of 2019 Sec C.100, the Agency of Human Services (AHS) and Vermont Care Partners (VCP) presented a proposal to the Joint Fiscal Committee in August regarding a plan to replace the nine (9) of the Designated Agencies (DA) electronic health records (EHR) system using an investment of $1,500,000 of State appropriated funds to support a portion of the implementation costs. Implementation represented the first phase of a multi-phase, multi-year effort which will ultimately support utilization of EHRs across the Designated Agency system. The Joint Fiscal Committee requested additional information in four areas –

- who is ultimately accountable for producing the outcome of a unified health record system;
- how will the cost of the overall project be covered and sustained;
- will an independent, third party review be conducted for the project in line with other State IT projects and what will that review address;
- and, with the selection of multiple systems, how will readiness for interoperability and connectivity be achieved.

In consultation with the Agency of Digital Service, Joint Fiscal Staff, and Dan Smith (Joint Fiscal Office IT Consultant), this memo seeks to answer these questions, keeping in mind that this is an implementation of EHRs at nine separate agencies.

Background

VCP is a statewide network of 16 State-designated, community-based agencies providing a comprehensive array of services and supports to people living with mental health conditions, substance use disorders, and intellectual and developmental disabilities. The network has approximately 32,000 clients and serves nearly 50,000 Vermonters.

Over the past decade, and in keeping with the modernization of the health care system, all of the agencies have adopted EHR systems. Early versions of EHRs have limitations in their ability to efficiently support the work of providers, connect with outside agencies for integrated care and to generate meaningful reports that support better population health. Nine of the DAs current EHRs have come to the end of their lifecycle and they are upgrading to more modern systems with new EHRs that will enable data driven practices and empower full participation in an integrated health care delivery system and value based payment models.

Supported by VCP, these nine agencies are working together to implement a limited number of EHR systems and standardize documents and forms to the extent possible to ensure best practice, and facilitate reporting to the State and connectivity with other health providers. The goal is to support efficiencies within individual DAs and across the network to ensure that Vermonters seeking services at the nine agencies have a consistent experience of care, facilitate collaboration and care coordinated across organizations within the health system (medical, mental health, social services), and guarantee individuals are able to seamlessly transition between DAs if necessary.

These goals align with work being done across the health system, which in other sectors is supported by federal HITECH funds and the meaningful use program. In the absence of other incentive funds, the DAs requested and were appropriated $1.5 million to assist with their EHR transition.

VERMONT VERMONT CARE PARTNERS

Accountability and Project Management
The Designed Agencies (DA) with the support of Vermont Care Partners established an EHR Steering Committee to assist the agencies in transitioning from legacy electronic health records (EHRs) to more modern electronic systems capable of participating in an integrated health system. In 2017, through VCP, the DAs posted an EHR RFP. The Steering Committee met weekly for over a year selecting two vendors to support 9 DAs. These vendors are able to use Application Program Interfaces (APIs) and support the Fast Healthcare Interoperability Resources (FHIR) standard, modern necessities for interoperability. The group continues to meet to ensure successful and coordinated EHR implementations across the network. For purposes of interoperability, VITL has participated when connectivity is on the agenda.

Vermont Care Partners, working with the Steering Committee, will continue to play a central and coordinating role for the EHR implementation at the nine agencies. Simone Rueschemeyer, Executive Director at VCN/Vermont Care Partners is the communication liaison between the State and the agencies and will manage distribution of funds to the agencies from a grant with the Department of Mental Health. VCP will continue to provide technical assistance to the agencies, facilitate peer-to-peer learning, and ensure where possible that common forms and assessments are integrated into the new EHRs. VCP will also work to develop Vermont Health Information Exchange (VHIE) connectivity criteria and will support the agencies in assessing the ability of their EHR to connect to the VHIE.

Each designated agency is accountable for their own EHR implementation and has identified a lead person and a project team responsible for developing and deploying a site-specific implementation plan. Each agency will also work to complete an assessment of the degree to which their EHR meets the connectivity criteria and is able to connect to the VHIE. Working together with VCP, agencies will submit a quarterly report to DMH/AHS documenting progress toward implementation. The report will include information regarding barriers and cost overrides if any exist during the reporting period and progress of each agency to plan for communications, data migration, training, security, systems testing, contingencies, go-live, and VHIE connectivity (deliverables outlined in Attachment C). Reports will be provided 30-days post end of quarter. The first quarterly report will be provided on October 31, 2019. (See Attachment A: October 2019 Progress Report)

In order to support the work of VCP and the Designated Agencies, the Department of Mental Health will monitor progress on overall project outcomes through the terms and conditions of the grant to VCP for the implementation funding.

External Review Opportunities and Recommendations
The Department of Mental Health in collaboration with the Agency of Digital Services (ADS), and per the recommendation of the Joint Fiscal Committee, is in the process of contracting for an independent, third party review of the DA EMR project. While the project is not a traditional State IT project, the independent review will follow the standard ADS independent review components as closely as possible with specific focus on reviewing financial sustainability, governance and interoperability of the EHR system. Unlike most State IT projects, the DA EHR project results in not one, but nine organizations initiating contracts for services across two vendors. Vermont Care Partners and the DAs have undertaken specific efforts to ensure that the systems are capable of interoperability and that the costs are reasonable and in line with industry standards. These factors and any risks they pose will be assessed in the independent review.

Connectivity to the Vermont Health Information Exchange
The State is making the assumption that any health care provider, including the DAs, hoping to participate in the benefits of coordinated care, health information access, notifications of situations involving their patients/clients, and higher-level information about the population they serve will be best served by an EHR system connected to the VHIE. All hospitals and most medical practices have EHR capability and most are also connected to the VHIE.

In order to fully participate in the work associated with the VHIE, it is important that the new EHR platforms chosen by the DAs can exchange and integrate health information through current and emerging standards. The chosen systems make use of APIs and are also able to support FHIR standard, modern necessities for interoperability. These tools will facilitate connectivity to the VHIE once a federally compliant solution for 42 CFR Part 2 with robust consent management has been implemented by VITL.

There are additional phases, beyond a 42 CFR Part 2 Compliant VHIE solution and selection of interoperable EHRs. The next phase essential to final connectivity will be incorporated as deliverables of the AHS grants to VCP and includes the following components:

- VCP and VITL will develop VHIE connectivity criteria based on current repository feeds;
- VCP and VITL will determine whether feed technology/language currently used to populate the VCP data repository is capable of populating the VHIE and thus an opportunity to act as a testing environment prior to VHIE connectivity;
- VCP and VITL will work with each of the designated agencies to assess the capability of their individual EHRs to populate the VHIE;
- Updated connectivity agreements will be established between the VITL and the DAs and projects charters for connectivity will be drafted.

These steps will ensure that once a 42 CFR Part 2 solution is available in the VHIE, the major steps for connectivity will have already been completed.

Fiscal Sustainability (Short and Long term)
Attachment B includes detailed current cost, implementation cost, and future anticipated activities and estimated associated cost if applicable. (See Attachment B: Financial Considerations).

The total estimated costs of implementing new EHRs at the nine DA is $4,592,006. The State has appropriated $1.5 million to assist in covering a portion of these costs (32.7%). The remainder has been budgeted for and covered by the individual agencies within their operating budget.

The annual increase in operating costs across the nine DAs is estimated at $1,120.944 with a range of $4,187 to $315,162 by agency. These differences have been budgeted for by each agency within their operating budget and are considered a standard cost of doing business in health care.

While the DAs have done their best to anticipate future costs, in the landscape of an evolving health system there may be unanticipated costs that we cannot predict at this time. In particular, each agency acknowledges they have different arrangements with their EHR vendors for creating interfaces with other health care organizations and the VHIE. At this time, without a 42 CFR Part 2 solution, and with the diversity of arrangements, it is difficult to estimate if and to what degree there will be costs for connectivity and which connections will result in the largest improvement in care. Agencies have taken sound, but different approaches to estimating and addressing this issue. More specific details about this per Agency analysis can be found in Attachment B.

VCP and AHS would like to address why the numbers in this report look different than the figures commonly cited from earlier VCP and DA reports. There has been some confusion about estimated costs initially presented to the legislature and the actual cost presented to the JFO in August of 2019. It is important to note that when VCP first approached the General Assembly with the fiscal request, the amount was estimated based on draft vendor contracts and anticipated costs. When VCP and AHS presented to the JFC in August of 2019, the implementation and ongoing cost estimates were reduced in response to actual costs identified through active implementation work. In addition, the first estimate included internal staff offset and estimated lost productivity. The final budget did not include internal staffing and/or lost productivity. The final amount was based on final vendor contract amounts for implementation and external project management. Ongoing costs were also reduced in response to contract negotiations. Attachment B includes the most up-to-date current costs, implementation costs, and future anticipated activities and estimated, associated cost.

AHS Grant to the VCP and the Designated Agencies
The Legislature Appropriated $1.5 million dollars to the Agency of Human Services to fund grants for the development of an electronic medical/health records system for the State's Designated Agency system.
From those funds, it is estimated that $40,000 will be used to pay for the independent third-party review.

The Department of Mental Health is initiating a $1.55 million grant with VCP to support the implementation of the EHRs, development and assessment of DA EHRs ability to connect to the VHIE, this will include the original legislative appropriation and $90,000 of federal HITECH funds to develop the DA EHR connectivity criteria for the VHIE. Each

designated agency will receive at minimum of $161,111, a combination of $150,000 for EHR implementation and $11,111 for their connectivity assessment from the State Appropriation. VCP will receive an additional $100,000 ($10,000 State Appropriation; $90,000 Federal Funds) for the work of VCP and the DAs to develop connectivity criterial, which is in alignment with the current federally approved HITECH Implementation Advanced Planning Document (IAPD). VCP will take responsibility for overseeing and dispersing the connectivity criteria funds as appropriate.

Grant Deliverables area as follows:

1. **EMR Implementation ($1,350,000)**
Attestation that each DA has completed the implementation steps and addressed the following best practices for EHR implementation.
• Project Team
• Project Planning
• Communication
• Workflow Mapping
• Security
• Migration
• Training
• Testing
• Contingency Planning
• Go-Live Planning
2. HIE Connectivity ($100,000 - $10,000 State; $90,000 Federal)
Connectivity Criteria for Mental Health, Substance Use, and Developmental Services is developed and presented to the HIE Steering Committee for approval. Steering Committee Approves the Connectivity Criteria.
3. Readiness Assessment ($100,000 State)
Each DA has completed the readiness assessment to connect their EHR to the VHIE; has reconnected existing interfaces through their new EHR; and, a draft charter is created for future interfaces once that flow clinical data from the DA EHR to the VHIE.

Attachment A: October 2019 Progress Report

VERMONT CARE PARTNERS

137 Elm Street, Montpelier, VT 05602
(802) 223-1773
Contact@vermontcarepartners.org

QUARTERLY UPDATE TO VERMONT'S AGENCY OF HUMAN SERVICES

Period Covered: August 1 2019 - October 31 2019

AGENCY	IMPLEMENTATION STATUS	GO-LIVE DATE	BARRIERS AND SOLUTIONS	SIGNIFICANT COST OVERRIDES, IF ANY
CSAC	• On target for Go Live date! • We are testing and training and will continue to do so right up to October 31st. • Final electronic imports from the legacy system have been uploaded into Credible. • We anticipate having the link to historical documents available within Credible in November (if not by November 1st). • Additional set up and testing of State reporting and other areas will continue through November	11/01/2019	Barriers have included: • Change in workflows • Over 300 staff to train and learn software. • Chronological list of client warnings/alerts not able to be seen in Credible. • Data not able to be imported into Credible because if it did would not be functional in Credible (Initial IPC's and ISA's, Medications, allergies, etc.) Solutions: • The change in workflows and the training have offered appropriate feedback and ideas for solutions within Credible that work better than the standard Credible set up. • A report is being developed through Credible that will show on E-Team employee home page to a link that can show chronological client warnings and alerts. • We have identified what is needed to be manually entered before Go live and have staff that have volunteered to work additional time to complete the data entry.	• Will be paying staff extra or overtime for data entry items that were unable to be imported electronically estimated to be $6,000. • Have added additional cost for functionality to link to historical documents not in Credible. Cost $1,500. • Have purchased enhanced appointment reminder functionality cost $1,500. • The preparation and conducting training for over 300 staff. Including developing "how to manuals" for staff to refer to for their job responsibilities. $5,000. This cost does not include the lost productivity or wages paid to those leading or attending the trainings (We had previously estimated it would cost $30,000 with Credible doing the training, but CSAC accomplished through an outside facilitator and by internal staff leading trainings.
HCRS	Live	9/16/2019	None- But as a note we are still working on the configuration for the SATIS and MSR reporting.	None

VERMONT CARE PARTNERS

137 Elm Street, Montpelier, VT 05602
(802) 223-1773
Contact@vermontcarepartners.org

HC	Live	10/1/2019	None – all areas of implementation planning were addressed.	None
RMHS	Live	10/1/19	We had a delay in going live which was scheduled for 9/1 but had to be delayed as we did not get confirmation on test claims. The delay for 1 month was also to ensure just 1 submission for state reporting instead of going live mid-month. Legacy documents are still not available in Credible. Credible is making changes on their end with an expected completion date of 11/1.	No significant cost overrides.
NKHS	N/A	N/A	N/A	N/A
LCMHS NCSS UCS WCMHS	UEMRVT Continuing requirements refinement and Agile (Kanban) configuration. Completed a highly successful Solution Review with the vendor in early October, and is currently refining go-live and post-implementation plans.	NCSS - **03/30/20** UCS - **04/27/20** LCMHS - **05/26/20** WCMHS - **06/29/20**	Currently there are no barriers to the completion of the build for the go-live dates. Challenges do exist in determining final build specs for IDD/DS services due to pending decisions by AHS. There are projected solutions for the short term to address this, with longer term resolution TBD upon final decisions by AHS.	There are no cost overrides to date, barring further program definition, changing expectations by AHS, or other possible unknown demands.

FOR VCP:

1) **Have contracts with the agencies been developed and signed?**
   Not as of yet given that VCP does not yet have a contract with the State of Vermont.
2) **Have financial resources been received by the agencies?** No. See above
3) **Are the new EHRs connected to the VCP Repository?** In process
4) **Have connectivity criteria to the VHIE been developed?**
   No. That project has not yet been started. Will start when there is a signed contract with the State of Vermont
5) **Have the agencies assessed whether their EHRs can and to what degree connect to the VHIE?**
   No. That project has not yet been started. Will start when there is a signed contract with the State of Vermont
6) **Is there a Part 2 compliant solution for sharing information?** No. That State initiative is underway.

Attachment B: Financial Considerations

Attachment B: Financial Considerations

VERMONT CARE PARTNERS

137 Elm Street, Montpelier, VT 05602
(802) 223-1773
Contact@vermontcarepartners.org

EHR IMPLEMENTATION FOR NINE VCP AGENCIES

AGENCY	Current Annual*	Estimated Implementation Costs for New EHRs (incudes vendor costs and project management). Does not include loss of productivity, additional staff time etc.	New Annual Cost plus CPI every year for Credible. No increase for 5 years for Netsmart.	Approximate Delta in Annual Cost	Projected Go-Live
CSAC	$88,575.00	$295,000.00	$170,200.00	$81,625.00	11/12019
HC	$57,355.00	$290,675.00	$372,517.00	$315,162.00	LIVE
HCRS	$101,351.00	$364,675.00	$200,000.00	$98,649.00	LIVE
RMHS	$53,723.00	$204,425.00	$185,750.00	$132,027.00	LIVE
LCMHS	$237,075.35	$775,295.00	$241,261.98	$4,186.63	Summer 2020
UCS	$72,637.00	$801,826.00	$141,417.00	$68,780.00	Spring 2020
WCMHS	$196,355.00	$743,284.00	$242,268.00	$45,913.00	Summer 2020
NCSS	$165,288.60	$831,826.00	$372,514.69	$207,226.09	Spring 2020
NKHS**	$85,000.00	$285,000.00	$334,000.00	$249,000.00	N/A
Total	$1,057,360	$4,592,006	$2,259,928.67	$1,120,943.72	

* Current annual does not include the initial build including hardware and software. Nor does it include the ongoing expense of maintenance, upgrades in hardware and software, upgrades to product etc. A few agencies will be maintaining their existing product for a period of time for data retention and historically archiving purposes.
** Estimated

Attachment B: Financial Considerations

VERMONT CARE PARTNERS

137 Elm Street, Montpelier, VT 05602
(802) 223-1773
Contact@vermontcarepartners.org

Projected Future Activities and Costs and Sustainability Plans			
Agency	**Projected Future Activities and Timeline**	**Estimated Cost for Projected Future Activities**	**Sustainability Methodology (all costs post implementation)**
CSAC	**November 1, 2019 Go Live is still on schedule and budget.** Within 24 months of Go Live Counseling Service of Addison County (CSAC) has additional options it can purchase from Credible including business intelligence, training module, establish interoperability and communication connections with other health providers. CSAC will need to assess and determine which should/can be purchased within affordable resources	If all additional options are purchased over the next two years and put in place the current total onetime costs are estimated to be $138,750. The annualized ongoing costs are estimated to be $54,600. If not purchased within 2 years the pricing will increase for both 1 time and ongoing costs to unknown amounts	CSAC's sustainability methodology for future EHR activities (not including any increases in salary or benefits) is multi phased and will be part of our ongoing assessment of designing services which meet the needs of the most vulnerable people of Addison County within anticipated resources to accomplish providing those services. In assessing to accomplish our mission we also include appropriate operational and administrative resources. • First, within the first 12 months we expect to see services return to levels at or above where they were prior to the Credible pre-implementation and implementation time frame (August through December of 2019), doing so should restore third party revenue back to where it was before the FY 2020 budget by approximately $50,000 on a sustainable basis as lower revenue was budgeted for FY 2020 due to implementing a new EHR . • Second, expenses budgeted in FY 2020 included increased EHR costs as well as 1 time implementation costs. However, when building the FY 2021 budget CSAC will plan to re-determine the appropriate amount needed within existing resources to support our post implementation EHR costs. • The combination of these two items will determine the extent of being able to afford the current identified future possible activities.

VERMONT CARE PARTNERS

137 Elm Street, Montpelier, VT 05602
(802) 223-1773
Contact@vermontcarepartners.org

Projected Future Activities and Costs and Sustainability Plans (cont'd)			
Agency	**Projected Future Activities and Timeline**	**Estimated Cost for Projected Future Activities**	**Sustainability Methodology (all costs post implementation)**
HC	Now that we are live, we will be scheduling additional releases of other functionality that was intentionally to be addressed in future phases (lab integrations, client portal functionality, etc.).	The EHR activities identified for later phases were part of the original budget planning and commitment for the EHR. Other than adjusting to normal program changes or adjustments required to meet other guidelines (e.g. if there were new state requirements), we do not expect additional spending in the current horizon beyond what has been already budgeted.	In existing budget planning as laid out previously. We do expect the system functionality to continue to deliver efficiency and operational improvements that benefits our clinical staff and administrative teams and look forward to expanding our integration capabilities with partners that improves the overall client support.
HCRS	HCRS has contracted and included in the estimated implementation costs, all the modules and connectivity costs to build out the Credible system EHR to meet agency needs.	There is a need for interoperability and to share data with both local and regional hospitals systems, community partners, State of Vermont, One Care and other stakeholders. We will be budgeting and investing in actively working with Credible on improving and enhancing this portion of the EHR. This will allow HCRS to enhance and improve communication and data collection which will ultimately benefit the communities we serve. It is hard to estimate the cost of such investments; however, HCRS will proactively contract for meaningful improvements as they present themselves.	In its current operating budget, HCRS has included the increased operating expenses for the new EHR. HCRS can afford this expense and future investments based on the FY20 revenue contracted for and with the hope that this will continue or even grow over time. We expect that the new EHR system will support our staff to be more efficient in documenting services and allow them to provide even more direct service time. In addition we plan on using the credible EHR business intelligence capabilities to provide more targeted interventions/services, record outcomes from services provided and allow us document healthcare savings to both the local and state healthcare systems.

VERMONT CARE PARTNERS

137 Elm Street, Montpelier, VT 05602
(802) 223-1773
Contact@vermontcarepartners.org

Projected Future Activities and Costs and Sustainability Plans (cont'd)			
Agency	**Projected Future Activities and Timeline**	**Estimated Cost for Projected Future Activities**	**Sustainability Methodology (all costs post implementation)**
RMHS	Rutland Mental Health Services completed implementation and went live with our new EHR (Credible) on October 1. Currently, we work towards continued training and customization of the system	Future costs include the implementation of a client portal, a business intelligence module and work towards inter-operability and communication. The costs associated with these initiatives are projected to be approximately $150,000.	We hope that post-implementation costs will be absorbed in the Agency's operating budget. It is anticipated that these costs will be incurred over a five year period. The Business Intelligence module will be funded over a five year period under the terms of our current contract with Credible.
LCMHS	LCMHS is a member of the UERMVT agencies. We currently are completing workflows and practice management areas. At this time we are on target for this project for cost, resources and go-live target of May 2020.	We continue to follow the original cost projected for the project and have not added cost to date. The possibility of additional cost remains should there be an unexpected development. As it appears that LCMHS will go forward with a partnership within the ACO, OneCare Vermont, we expect some cost forsaking on attributed lives, but those areas are still being reviewed.	Our budget is inclusive of expenses including training, go live, and related implementation costs. The UEMRVT group is currently developing a sustainability model for post go-live, but costs are expected to fall within projections, and Netsmart and the UERMVT agencies have a 5 year agreement on level cost for the initial implementation. Given the broad changes in the application of myAvatar we expect to move toward an overall reduction in cost as the system matures.

Attachment B: Financial Considerations

VERMONT CARE PARTNERS

137 Elm Street, Montpelier, VT 05602
(802) 223-1773
Contact@vermontcarepartners.org

Projected Future Activities and Costs and Sustainability Plans (cont'd)			
Agency	**Projected Future Activities and Timeline**	**Estimated Cost for Projected Future Activities**	**Sustainability Methodology (all costs post implementation)**
UCS	UCS is part of the Netsmart conversion and we have added med notes and the patient portal features of Netsmart since our initial contract signing. Implementation is scheduled after NCSS in mid-Spring. We have no plans for additional features at this time unless necessary for conversion.	We have added $20,000 in one-time costs and $13,000 for on-going costs related to the addition of med notes and the patient portal features. No additional expense has been budgeted at this point in time.	We budgeted for dual EHR systems in FY20. Reduction of expenses as we move to a new system will allow for future expansion as necessary. The new EHR should give us the opportunity for enhanced reporting of services, outcomes and costing enabling UCS to improve system efficiencies and make sound decisions regarding the services needed in our community now and into the future.
WCMHS	Currently, our plans include completing implementation and we have no firm plans to expand beyond the modules selected for initial deployment. Currently WCMHS does not plan to implement any modules for the first year outside of SOV mandated requests. Early 2021 we can start looking at the business transformation that has happened and chart the next course of action.	We don't anticipate additional cost beyond those of implementation, however we intend to maximize the interoperability of the system. MyAvatar's ability to share data two ways with our local hospital, FQHC, other community partners, One Care, UVMMC, the State, VITL, and other stakeholders is a key functionality. This will also allow us to more rapidly document all services provided to attributed lives in Washington County. Costs are unknown at this time.	We have budgeted to fund the operational expenses assuming our current level of volume and revenue is maintained. We also plan to utilize the system analytics abilities to identify opportunities and to track our outcomes to help direct our services. It is our expectation that the Netsmart capacity for this is robust and we intend to maximize those capabilities as we are able.

VERMONT CARE PARTNERS

137 Elm Street, Montpelier, VT 05602
(802) 223-1773
Contact@vermontcarepartners.org

Projected Future Activities and Costs and Sustainability Plans (cont'd)			
Agency	**Projected Future Activities and Timeline**	**Estimated Cost for Projected Future Activities**	**Sustainability Methodology (all costs post implementation)**
NCSS	Currently, our plans include completing implementation and we have no firm plans to expand beyond the modules selected for initial deployment. Implementation is scheduled to be completed in the Spring of 2020 for NCSS and subsequently for our partner agencies. We then anticipate ensuring optimal operation of the system.	We don't anticipate additional cost beyond those of implementation, however Netsmart is constantly improving MyAvatar and we intend to maximize the interoperability of the system. MyAvatar's ability to share data two ways with our local hospital, FQHC, other community partners, One Care, UVMMC, the State, VITL, and other stakeholders is a key functionality. This will also allow us to more rapidly document all services provided to attributed lives in Franklin and Grand Isle Counties. We are therefore allocating $500,000 for future improvements with an uncertain time frame.	We have budgeted to fund the operational expenses assuming our current level of volume and revenue is maintained. We also plan to utilize the system analytics capabilities to identify opportunities like the Emergency Department reduction project (recently funded by One Care) that, conservatively, saved the broader system of care $750,000 on a $100,000 investment. It is our hope that we would realize a portion of such future savings to help offset the investment in this system. It is our intent to actively seek out opportunities like this to provide cost efficient services which will save the State healthcare system significant dollars. We hope that the Committee, in it's wisdom, will look at the entire spectrum of care and not focus on an expense line at a single agency.

Attachment C: DA EHR Project
- Grant Deliverables

DA EHR Project – Grant Deliverables

4. **EMR Implementation**
Attestation that each DA has completed the implementation steps and addressed the following best practices for EHR implementation.
• Project Team
• Project Planning
• Communication
• Workflow Mapping
• Security
• Migration
• Training
• Testing
• Contingency Planning
• Go-Live Planning
5. HIE Connectivity
Connectivity Criteria for Mental Health, Substance Use, and Developmental Services is developed and presented to the HIE Steering Committee for approval. Steering Committee Approves the Connectivity Criteria.
6. Readiness assessment
Each DA has completed the readiness assessment to connect their EHR to the VHIE; has reconnected existing interfaces through their new EHR; and, a draft charter is created for future interfaces once that flow clinical data from the DA EHR to the VHIE.