

I. INTRODUCTION

Developing a comprehensive and cohesive information technology system will be a crucial element in assessing the rapidly changing behavioral health continuum of care within Alaska. The Division of Behavioral Health (DBH) is working with Departmental information technology planning to on-board the Alaska Automated Information Management System (AKAIMS) onto Alaska's health information exchange (HIE). DBH will benefit from connecting/interfacing AKAIMS to The HIE to not only contribute to the health care data contained in the HIE clinical data repository but also support providers ability to transmit data to DBH in one, simple method eliminating the need for double data entry. One benefit is the integration of both primary care and behavioral health data. The HIE can extract data from AKAIMS and a primary care provider's EHR that is also connected to the HIE to compile a complete health profile of an individual or aggregate integrated health information on statewide level.

DBH is in the process of enhancing the AKAIMS application to support a reporting database in an effort to increase and improve reporting capabilities within the state to include agency providers who do not use AKAIMS as their EHR, while limiting double data entry and allowing for the identification of clients across multiple databases without duplication.

The goal is to combine data in AKAIMS, which is Alaska's system of record, with data in other disparate EHRs throughout the State of Alaska into AKAIMS reporting database.

FEi Systems, Inc. the vendor for AKAIMS will work with the State of Alaska, Division of Behavioral Health (DBH) to provide a reporting database. This reporting database will import and store AKAIMS minimal data set, as well as the minimal data set sent from provider agencies through the Alaska eHealth Network (AeHN), Alaska's Health Information Exchange (HIE). FEi will work with the State of Alaska, DBH as well as with AeHN to execute this project.

The purpose of this document is to define the scope of work required for the AKAIMS (WITS) reporting database that FEi and the State of Alaska, DBH will work together to establish and maintain.

II. AKAIMS

AKAIMS is a web-based application and database that serve the dual purpose of a management information system (MIS) and an electronic medical record (EMR). As an MIS reporting tool, the system allows the Division to meet current and emerging State and Federal reporting requirements, such as state Quarterly Reporting, Treatment Episode Data Set (TEDS), the Mental Health and Substance Abuse Integrated Block Grant, Legislative Reporting, Results Based Accountability and the National Outcome Measurements (NOMs).

As an Electronic Health Record (EHR), AKAIMS provides an agency the ability to create a full Electronic Health Record (EHR) compliant with HIPAA and 42-CFR part II standards. Furthermore, the system gives grantee providers a management tool which allows them to assess clients, administer facilities, manage waitlists, measure data completeness, provide a scheduler for client visits, Quality Assurance/Quality Control of documentation, group notes module, emergency services and measure staff productivity and collect outcome data in real-time with a secure, web-based framework.

Draft

III. REQUIRED DATA ELEMENTS

The DBH requires grantee providers who provide behavioral health services to report “core” data into AKAIMS (as a “MIS reporting tool”) for each active client. This “core” data includes the following:

- Client Profile
- Client Intake
- Alaska Screening Instrument
- Client Status Review Data
- Waitlist (if applicable)
- Admission Data
- Encounter Data
- Discharge Data

AKAIMS as an EHR is an elective function of each grantee provider. If a provider elects to use AKAIMS in this manner, there are additional reporting requirements to insure compliance with Medicaid standards of care. The required elements of the AKAIMS as a “MIS reporting tool”, are identified with a certain color coding.

Additional required elements of AKAIMS as an EHR are also color coded. In calendar year 2015, of the 111 entities that use AKAIMS, 44 agencies in the system electively utilize expanded capacities such as assessments and treatment plans.

IV. USER GROUPS OF AKAIMS

Originally, the AKAIMS was developed specifically for mental health and substance abuse grantee providers. Since its implementation, the user group of the system has expanded, and with it, a greater economy of scale has been achieved:

- DBH grantee providers of substance abuse and mental health services
- Alcohol Safety Action Program (ASAP)
- Private Providers that receive referrals from ASAP
- Fetal Alcohol Spectrum Disorder (FASD) Diagnostic Teams
- BRS residential service providers
- Therapeutic Courts
- Dept. of Corrections (DOC) substance abuse services

Draft

V. BENEFITS & EFFICIENCIES OF ON-BOARDING TO HIE

General Benefits

- Captures data as part of the business process
- Provides one common data set for clinical clients statewide
- Provides on-demand access to data to authorized persons/providers/facilities statewide that have access to AeHN
- Conforms data handling procedures to HIPAA privacy rules
- Provides single industry standard security procedure for all agencies
- Provides relatively and easily extended application (can be improved and modified)
- Provides cost effective system changes/enhancements, keeping the system current with changes in regulations and codes, and which are immediately available to all providers/facilities

Provider Benefits

- Provides administrative business support
- Provides clinical client tracking support
- Provides case management support
- Eliminates repetitive entering of demographical data
- Provides sharable demographic information – as appropriate (e.g. referrals)
- Provides sharable client chart information – as appropriate (e.g. referrals)

State/Division Regional Staff Benefits

- Provides continuous availability of data & reports.

Federal Benefits

- Conforms reporting to Federal business rules, regulations and procedures.

VI. DATA ELEMENTS

A. Data

- a. Minimal Dataset (MDS (schema framework in AKAIMS user manual))
 - i. TEDS (All MDS fields include admission and discharge)
 - 1. Combined MH and SA data set included
 - ii. AST
 - iii. CSR
 - iv. Waitlist
 - v. Consent/Referral
 - 1. Assumption with Consent is that the activities shared and the end date of each of those will be set up in WITS using the agency disclosure agreement screen.
 - vi. ASAM assessment if treating for SA
 - 1. assumption is AK will turn on ASAM List enhancement
 - vii. Emergency Services
- b. AeHN uses HL7 messages and other formats to be determined between AeHN and AKAIMS

VII. PROPOSED SCHEDULE

The proposed timeline following initial implementation plan for the Reporting Database Project:

Action	Scheduled Completion Date
Project Kick-off: 10/7/2015 <ul style="list-style-type: none"> • State of Alaska, DBH will provide the MDS (minimal data set) to AeHN and FEi. • AeHN will analyze the MDS and provide feedback on data format capabilities 	10/31/2015
Requirements/Gap analysis (begins upon amendment signing) <ul style="list-style-type: none"> • State of Alaska, DBH will work with FEi • State of Alaska, DBH and FEi will work together to shape the data and the reporting database 	11/1/2015 – 12/31/2015 <ul style="list-style-type: none"> • 8 weeks
Implementation and Configuration: Development and Testing	1/1/2016-6/1/2016
Deployment for Customer Acceptance Testing	6/1/2016-6/30/2015
Deployment to Production	July 1, 2016
Onboarding of pilot agencies for Providers FY17 <ul style="list-style-type: none"> • Will work with pilot agencies vendors to on-board to HIE 	7/1/2016-12/31/2016
Onboarding of Providers FY17 <ul style="list-style-type: none"> • Will start the process of onboarding 1 to 2 additional agencies in FY17 	1/1/2017-6/30/2017
Onboarding of Providers FY18 <ul style="list-style-type: none"> • Will continue the process of onboarding 4 to 5 agencies in FY18 	7/1/2017-6/30/2018
Onboarding of Providers FY19 forward <ul style="list-style-type: none"> • Will continue the process of onboarding 5 to 10 agencies each year until all providers that want to on-board to HIE are connected 	7/1/2018-6/30/2019

VIII. PRICING

The one-time cost of connecting to the HIE for providers will range from \$13,000 to \$30,000, depending on the provider (size, current EHR system, interface needed, etc.). The time needed to onboard a provider agency or practice can range from a few weeks to a few months, also depending on the characteristics of the provider.

Draft