

# **ELECTRONIC HEALTH RECORDS (EHR)**

**American Rescue Plan Act (ARPA) State and Local Fiscal Recovery Fund (SLFRF)**



9/30/2022

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## **Report Mandate**

Chapter 1 Enactment Clause 1, paragraph B.2.P.5., of the amended 2021 Acts of Assembly states, “The department shall communicate a detailed plan and implementation schedule to the Governor, the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, and the Director of the Department of Planning and Budget by September 30, 2021. Additionally, the department shall report quarterly to the Governor, the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, and the Director of the Department of Planning and Budget on progress made, with the first progress report to be delivered not later than December 31, 2021.”

## **Context for ARPA Initiatives**

The Virginia Department of Health (VDH) is excited about the opportunity presented by the appropriation of ARPA State and Local Fiscal Recovery Funds in the August 2021 Special Session II of the General Assembly to improve public health in Virginia. VDH views this investment as a once in a generation opportunity and will work diligently to maximize use of funds to create and sustain these initiatives. Simultaneously, VDH is fully engaged in responding to COVID-19 and protecting the health of Virginians. Modifications to VDH’s plans will be reflected in future quarterly reports.

## **Executive Summary**

Electronic Health Record (EHR) systems are patient-centered record systems that bring together key information about a patient’s health to enable data-driven, comprehensive care delivery. EHR systems can be used to efficiently collect data in a format that can be shared across multiple health care organizations and leveraged for quality improvement, prevention activities, and public health reporting. It is a critical need for the Virginia Department of Health (VDH) to obtain a comprehensive, interoperable EHR solution that will facilitate the collection of clinical, laboratory, billing, scheduling, and other health related information.

This need has been further accentuated by the COVID-19 public health response. The lack of a robust and integrated technical infrastructure negatively impacted health outcomes by leading to a higher likelihood of missed opportunities in timely public health interventions such as testing and contact tracing. Moving forward, EHR systems have the potential to serve as a powerful tool to assess and improve population health outcomes through real-time reporting and data analysis. These capabilities will better enable VDH and other health partners to navigate the next pandemic.

VDH is seeking to identify a solution to replace its legacy patient demographic and billing system (WebVISION). The agency seeks to interface with existing single programmatic solutions such as the Virginia Information Immunization System (VIIS) and serve as the main repository of information across multiple clinical services programs including family planning, maternity, STI, HIV, TB, and immunization. This solution will offer strong data analytics for improving public health outcomes and comply with patient safety and regulatory standards, including the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The goal is to deploy this capability across 120 clinic sites to serve over 250,000 patients and support 400,000 clinical encounters per year.

Using an EHR system and health information exchanges (HIE), VDH can leverage health information technology to efficiently collect and share data, reduce costs, and improve emergency response times. Additionally, this technology will allow VDH to make timelier diagnoses of health conditions that not only improve individual health, but also impact population health across various communities in the Commonwealth.

Over the last three months, VDH has made significant progress in refining the technical and functional requirements and contract components for an EHR solution and has started planning for the procurement of a solution. These steps have set VDH on the path to a successful implementation of a state-of-the-art EHR system.

## **Objective(s)**

VDH aims to fully implement a state-of-the-art EHR system for use across the Commonwealth and in Local Health Departments (LHDs) to:

- Improve clinical efficiency and effectiveness of clinical services statewide.
- Enable delivery of safer, higher quality care for patients by allowing rapid access to accurate, up-to-date, and complete information.
- Reduce costs of care through decreased duplication of testing, lab procedures, and medical visits through access to relevant and complete medical information of patients, especially for patients that seek care in multiple locations across the health district or across health district lines.
- Enhance transmission of EHR-related financial transactions including third party billing to maximize opportunities for funding of essential services.
- Improve the patient experience via reduced clinical cycle times, enhanced two-way communications, and a patient portal to promote greater patient ownership of their overall health.
- Increase visibility and accountability for services provided at each LHD and fulfill programmatic reporting requirements for state and/or federally funded initiatives through report generation.
- Positively impact employee morale as well as employee recruitment and retention given that the availability of and access to an EHR is an expectation of healthcare staff in modern clinical settings.
- Align EHR to all of the Commonwealth's rigorous Information Technology standards for a cloud based Commercial Off the Shelf (COTS) technology solution, and make sure that it interfaces with all required internal and external data systems.
- Fulfill reporting and compliance requirements for all VDH federal and state programs that use the EHR.
- Improve VDH's ability to integrate and interoperate with other state and federal public health systems.

## Overview of Quarterly Progress (July – September 2022)

VDH continued to build on the work conducted in SFY 2022 to refine the business and technical requirements for the EHR solution. VDH also developed an EHR preparation and implementation timeline that would enable the agency to meet ARPA deadlines for obligation and expenditure. Key activities conducted over the past three months are outlined below in further detail:

### Key Activities and Accomplishments

- **Requirements Preparation**
  - Analyzed EHR RFPs from other states to obtain examples of approaches to key requirements and contract components
  - Refined the Requirements Traceability Matrix (RTM) and consolidated requirements
  - Conducted 14 working sessions with VDH subject matter experts, leadership, and the project team to discuss and define critical requirements and contract components, including evaluation criteria, help desk support, contract length, pricing approach, deliverables, and Service Level Agreements (SLAs) and remedies
  - Identified the implementation timeframe and warranty period
  - Drafted a statement of work and set of questions to solicit additional information from supplier(s) on proposed solutions and how those solutions align with VDH's requirements
  - Drafted a price proposal template with deliverables-based pricing
  - Developed SLA remedies for accountability and responsiveness from the future supplier
- **Internal Reviews**
  - Conducted reviews of the draft requirements and contract content with various stakeholders across the agency
- **Governance**
  - Met with VITA and VDH's Office of Procurement and General Services (OPGS) to review necessary requirements language, required forms, and security requirements for a cloud-based EHR solution
- **VDH Participation in an interagency EHR workgroup**
  - VDH has been an active participant in an interagency EHR workgroup that convened twice in September 2022 and plans a final 2022 meeting to discuss the group's annual report to the General Assembly on 11/01/22. Below is a link to the legislative mandate: <https://budget.lis.virginia.gov/item/2019/1/HB1700/Enrolled/1/281/>

## Anticipated Next Quarter Activities (October – December 2022)

The following outlines the activities and tasks planned from October through December 2022:

- **Requirements Review**
  - VDH’s OPGS submits the requirements and contractual elements to VITA and the Office of the Attorney General (OAG) for review and feedback
  - VDH seeks clarification, if needed, and responds to feedback from VITA and OAG and revises requirements and contractual elements

**Risks and Risk Management**

- **Risk 1:** If the EHR implementation is delayed by six months or more, then there is a risk of not completing the EHR solution implementation within the ARPA funding window

**Mitigation Strategy:** VDH will undertake several activities to expedite the design phase of implementation. VDH plans to collaborate across internal stakeholder groups to continue the documentation and assessment of clinical and business processes and workflows, understand change management needs, and standardize data and processes and workflows.

**Change Management Considerations**

VDH understands that successful transformation initiatives rely on more than just the right technology, processes, and resources. They also depend on effective communications, engagement, and training strategies to equip impacted stakeholders with the information and guidance that they need to support and adopt the changes being implemented. In developing and executing a robust Organizational Change Management (OCM) Strategy and Plan, VDH will identify targeted activities and interventions to enable stakeholders to understand, prepare for, and adopt system and process changes associated with the transition to an EHR system. This in turn will accelerate the capability of the EHR system, minimize disruptions to daily operations, and reduce the risk of project delays. VDH will develop the Plan and initiate OCM activities once an EHR solution has been selected.

**Project Budget**

*Budget, Obligations, and Actuals as of September 2022*

<b>Total Appropriation</b>	\$ 30,000,000	<b>Total Obligations (To Date)</b>	\$ 2,680,000	<b>Total Expenditures (To Date)</b>	\$ 1,429,000
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