May 29, 2024

MEMORANDUM

TO: The Honorable Luke Torian, Chairman, House Appropriations
        The Honorable Louis Lucas, Chair, Senate Finance and Appropriations
        Joint Subcommittee on Health and Human Resources Oversight

FROM: John Littel, Secretary
        Office of Health and Human Resources

SUBJECT: 2023 Electronic Health Records Workgroup Report

This report is submitted in compliance with Item 283 (C 1-3) of the Appropriations Act directs that the:

1. The Secretary of Health and Human Resources, in collaboration with the Secretary of Administration and the Secretary of Public Safety and Homeland Security, shall convene an interagency workgroup to oversee the development of a statewide integrated electronic health record (EHR) system. The workgroup shall include the Department of Behavioral Health and Developmental Services (DBHDS), the Virginia Department of Health, the Department of Corrections, the Department of Planning and Budget, staff of the House Appropriations and Senate Finance and Appropriations Committees, and other agencies as deemed appropriate by the respective Secretaries. The purpose of the workgroup shall be to evaluate common business requirements for electronic health records to ensure consistency and interoperability with other partner state and local agencies and public and private health care entities to the extent allowed by federal and state law and regulations. The goal of the workgroup is to develop an integrated EHR which may be shared as appropriate with other partner state and local agencies and public and private health care entities. The workgroup shall evaluate the DBHDS statement of work developed for its EHR system and the DBHDS platform for potential adaption and/or use by state agencies in order to develop an integrated statewide EHR.

2. The workgroup may consider and evaluate other EHR systems that may be more appropriate to meet specific agency needs and evaluate the cost-effectiveness of pursing a separate EHR system as compared to a statewide integrated EHR. However, the workgroup shall ensure that standards are developed to ensure that EHRs can be shared as appropriate with public and private partner agencies and health care entities.

3. The workgroup shall also develop an implementation timeline, cost estimates, and assess other issues that may need to be addressed in order to implement an integrated statewide EHR system. The timeline and cost estimates shall be used by the respective agencies to coordinate implementation. The workgroup shall report on its activities and any recommendations to the Joint Subcommittee on Health and Human Resources Oversight by November 1 of each year.

Should you have any questions or need additional information, please feel free to contact me at (804) 786-7765.

Enclosure

Pc: The Honorable Lyn McDermid, Secretary of Administration

        The Honorable Terrance C. Cole, Secretary of Public Safety and Homeland Security

EHR Workgroup Report

2023

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Executive Summary

Item 283 (C 1-3) of the Appropriations Act directs that the*:*

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2023 EHR Initiatives

The 2023 EHR workgroup focused on the following work plan during its 2023 meetings:

- Provide updates on agency EHR implementation, procurement, and enhancements.
- Share information and lessons learned regarding EHR procurements and funding streams
- Discuss interoperability activities within agencies and across public and private entities

The EHR workgroup reviewed updates on the status of EHR procurements for Virginia Department of Corrections (VADOC), Virginia Department of Health (VDH) pertaining to EHR business and functional requirements, procurement timelines and appropriated funding, and

ongoing operations and maintenance updates for the Department of Behavioral Health and Disability Services (DBHDS) pertaining to EHR business and functional requirements and appropriated funding. This review highlighted the importance of interoperability to each respective member agency EHR procurement and uncovered opportunities to achieve alignment across procurements by sharing business and functional requirements and applying lessons learned from market research and vendor negotiations through contract modifications. Workgroup recommendations reflect these assessments. The EHR workgroup met three times in calendar year 2023 to discuss the following:

- EHR procurement and implementation status updates for each workgroup member agency – DBHDS, VADOC, VDH
- Review of implementation and functionality roadmaps
- Data and information flow and interoperability within each agency and between agencies
- Procurement options, funding sources and budget updates

EHR Implementation Updates

The purpose of the workgroup is to collaborate on the development of member agency EHR systems, to review the costs and benefits of using various vendors and products as long as 1) all systems would be interoperable; and 2) agencies can access and share data on individuals receiving medical care and health care services at multiple state facilities. Per the directive, the workgroup may consider and evaluate other EHR systems that may be more appropriate to meet specific agency needs and evaluate the cost-effectiveness of pursuing a separate EHR system as compared to a statewide integrated EHR. In discussions prior to 2023, the workgroup recognized that member agencies were at different stages of EHR procurement and implementation and need to proceed with separate procurements, keeping in mind interoperability across systems as a key requirement.

DBHDS EHR Update

DBHDS successfully implemented the Millennium EHR across its twelve facilities and shifted focus to interoperability and data exchange with the Community Service Boards (CSBs) and other external providers affiliated with DBHDS, utilizing two additional solutions by 2022 fiscal year end.

DBHDS currently uses 68 EHR modules, with 12 modules on contract but not yet live. The EHR team is currently managing 15 Cerner Millennium interfaces and three different domains within these interfaces. Critical parts of the EHR operations and maintenance support include the Enterprise Application Team, the EHR governance Structure/Committee for vetting and decision

making, and EHR compliance monitoring. DBHDS has embedded clinical informaticists in each facility, and relies upon Trainers, Information Security Officers (ISO) and other non-IT personnel to support the EHR.

Current enhancements and active projects for modernization and OKR-8A and OKR-8B[1] include:

- Integration of Glucometers with the EHR at the state hospitals for adults (CSH, ESH, HDMC, NVMHI, SVMHI, SWVMHI, WSH)[2] targeted to complete October 2023.
- Integration of Vital Sign Machines with the EHR at one of the rehabilitation centers (VCBR)[3] targeted to complete December 2023.
- Dragon Dictation integration with the EHR targeted to complete October 2023.
- Pyxis and Omnicell ADC[4], CBORD[5]/FaNSS[6] integrations with the EHR are targeted for calendar year 2024.
- In partnership with Oracle Health Development for Behavioral Health, DBHDS is developing enhancements in Safety and Attendance and Patient eSignature, benefitting all behavioral health customers.

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[1] Objectives and Key Results: OKR 8A, Modernize Mission Critical Facility Operating Systems, Millenium EHR, OKR 8B Modernize Mission Critical Facility Operating Systems, IT Enterprise

[2] State Hospitals – DBHDS operates eight state hospitals for adults: Catawba Hospital (CH) in Salem, Central State Hospital (CSH) in Petersburg, Eastern State Hospital (ESH) in Williamsburg, Northern Virginia Mental Health Institute (NVMHI) in Falls Church, Piedmont Geriatric Hospital (PGH) in Burkeville, Southern Virginia Mental Health Institute (SVMHI) in Danville, Southwestern Virginia Mental Health Institute (SWVMHI) in Marion, and Western State Hospital (WSH) in Staunton.
[3] Virginia Center for Behavioral Rehabilitation (VCBR)
[4] Automated Dispensing Cabinet
[5] CBORD software application database is used to maintain an operational meal food list containing a 21-day meal cycle that produces food tickets and other diet reports for residents.
[6] Food and Nutrition Services Systems

Project		Project Manager	Target Go Live
Integration with EHR	Glucometers (CSH, ESH, HDMC, NVMHI, SVMHI, SWVMHI, WSH)	Charles Mathenge	10/31/2023
	Vital Sign Machines (VCBR)	Charles Mathenge	12/31/2023
	Pyxis ADC	Charles Mathenge	9/30/2024
	Dragon Dictation	Charles Mathenge	10/31/2023
Modernization OKR-8A OKR-8B	Synmed VCBR	James Im	7/19/2023
	Omnicell ADC	James Im	1/2/2024
	CBORD/FaNSS	Lisa Kirby	9/13/2024
	eRX Monitor	TBD	TBD
	FIMS	Chad Jones	LIVE
Enhancements		**Project Manager**	**Target Go Live**
Oracle Health/DBHDS Development Partnerships Adoption OKR-8A	Safety and Attendance	Brett Enkelman (Oracle Health	
	Patient eSignature	Charles Mathenge	5/30/2024

Exhibit 1. DBHDS EHR Enhancements and Active Projects

For the Data Exchange and Modernization Program, the enterprise data warehouse Request for Proposal (RFP) was published, and responses were submitted by September 12, 2023. The Emergency Department Care Coordination (EDCC) / SmartChart programs are under conceptual development and are aligned with the Data Exchange and Modernization Program.

DBHDS is working on policy development before implementing HealtheLife (Patient Portal) and CommonWell, Cerner's Health Information Exchange solution allows different EHR vendors to send and receive patient records. Although DBHDS is connected to CommonWell, the send and receive functionality is still in progress until the Office of the Attorney General has completed their final review of the usage policy. DBHDS is targeting to fully implement the Health Information Exchange, CommonWell, within FY24. Cerner Direct, secure EHR to EHR communication, has been implemented since second quarter of 2022.
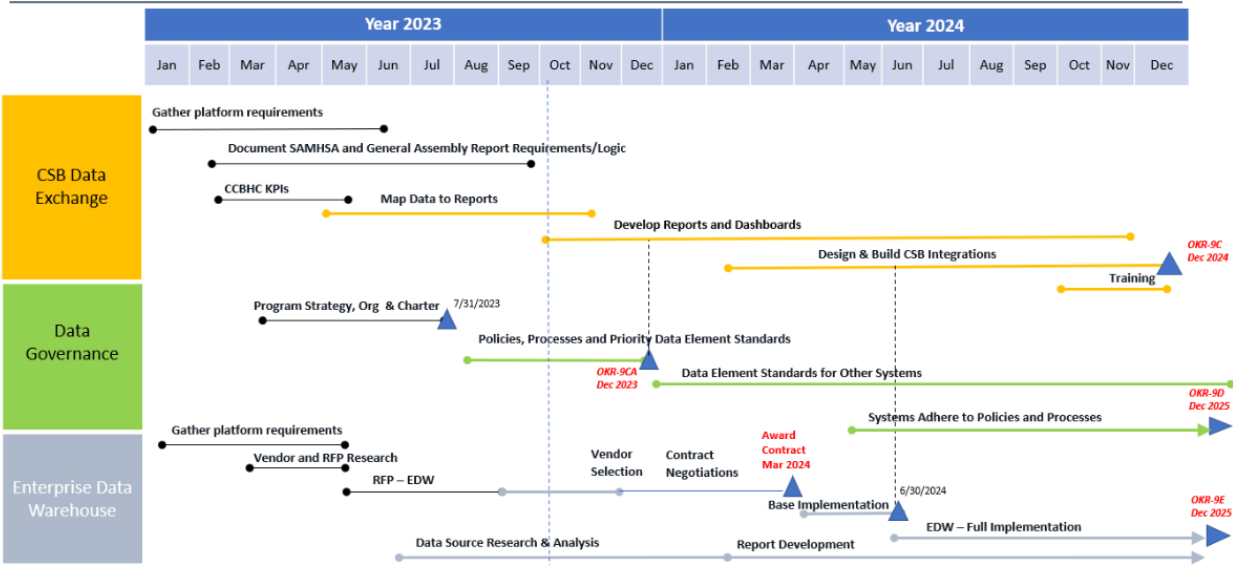
Exhibit 2. DBHDS Data Exchange and Modernization Program Timeline

To further assist member agencies with their ongoing and planned EHR procurements, DBHDS has shared its extensive compendium of lessons learned. DBHDS emphasized the importance of recognizing what is in versus out of agency control regarding procurement and implementation timelines.

DBHDS strongly encourages other agencies to develop an internal agency EHR steering committee early on for decision making before, throughout, and post implementation. Decisions appropriate for this group would be project requests involving the EHR such as integrating with other third-party systems or devices to automate data flow and prioritizing these projects or change requests.

The EHR is constantly evolving and requires ongoing operational and IT support. In addition, it is imperative to understand what ongoing EHR support requirements will be necessary after implementation. These requirements include information security support, an internal or external IT help desk for different tiers of IT support, an EHR governance committee comprised of stakeholders from different departments to vet EHR change requests. Additionally, implementing a streamlined change control process for EHR change requests, establishing a communication and training plan will help avoid operational disruptions and improve EHR adoption.

Name	Position Title/Contract Info	One Time/Ongoing One-Time	Ongoing	Grand Total
⊞ ADC Servers			$ 3,168	$ 3,168
⊞ Blood Glucose Integration			$ 18,000	$ 18,000
⊞ CBORD Interface			$ 35,952	$ 35,952
⊞ Cerner Upgrade Center		$ 272,585		$ 272,585
⊞ Enterprise Dragon Dictation			$ 136,890	$ 136,890
⊞ FIMS			$ 18,000	$ 18,000
⊞ Software			$ 4,724,110	$ 4,724,110
⊞ Software - New FY24			$ 1,676,614	$ 1,676,614
⊞ Vital Sign Integration			$ 18,000	$ 18,000

Exhibit 3. DBHDS Financials FY24

VADOC EHR Implementation Update

After a thorough and extensive evaluation period, the Virginia Department of Corrections (VADOC) Electronic Health Records (EHR) Evaluation Team awarded the EHR contract to NaphCare on August 8, 2023.

The EHR project implementation is in progress, with the pre-planning completed in August 2023, and an on-site boot camp for VADOC subject matter experts in September. VADOC facility tours were conducted with the vendor, and the official project kick-off occurred in September. NaphCare representatives observed the clinical processes at two VADOC facilities. The Virginia Corrections Information System (CORIS) integration kick-off occurred in October 2023, and included preliminary discussions around integrating the primary offender management system with the new EHR solution.
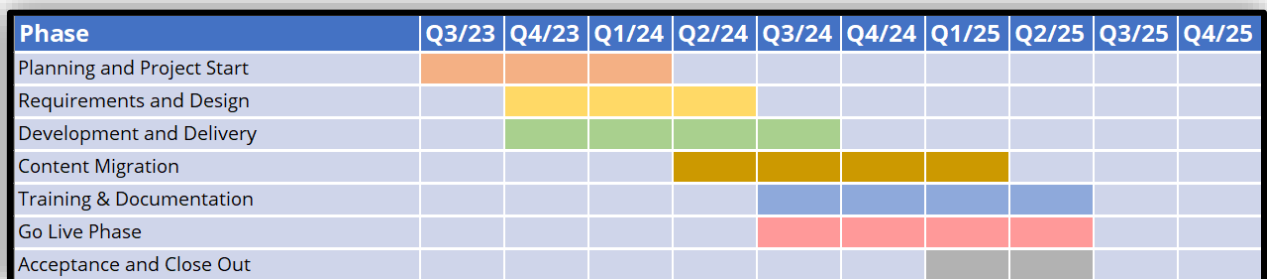
Phase	Q3/23	Q4/23	Q1/24	Q2/24	Q3/24	Q4/24	Q1/25	Q2/25	Q3/25	Q4/25
Planning and Project Start										
Requirements and Design										
Development and Delivery										
Content Migration										
Training & Documentation										
Go Live Phase										
Acceptance and Close Out										

Exhibit 4. VADOC EHR Implementation Timeline

Moving forward, the agency is focused on critical integrations including: Offender Management, Laboratory services, and Pharmacy Services. An RFP for a new Pharmacy Vendor was published and closed on September. This procurement could potentially cause delays to the availability of desired functionality or the project timeline.

Item	FY24	FY25	FY26	FY27	FY28-30	1st 4 years
Milestone Payments (Exhibit A.1)						
Deliverable 1: Kick off	$ 750,000	$ -	$ -	$ -	$ -	$ 750,000
Deliverable 2: Requirements Gathering	$ -	$ 1,000,000	$ -	$ -	$ -	$ 1,000,000
Deliverable 3: Develop/Deliver	$ -	$ 1,250,000	$ -	$ -	$ -	$ 1,250,000
Deliverable 4: Data Migration	$ -	$ 250,000	$ -	$ -	$ -	$ 250,000
Deliverable 5: Training	$ -	$ 300,000	$ -	$ -	$ -	$ 300,000
Deliverable 6: Go Live	$ -	$ 300,000	$ -	$ -	$ -	$ 300,000
Closeout	$ -	$ 150,000	$ -	$ -	$ -	$ 150,000
Payments (Support Services)						$ 4,000,000
Software License	$ 5,492,500	$ 650,000	$ 650,000	$ 650,000	$ 695,000	$ 7,442,500
Additional Software Licenses	$ 170,000	$ 170,000	$ 170,000	$ 170,000	$ 170,000	$ 680,000
Cloud Hosting	$ 150,000	$ 150,000	$ 150,000	$ 150,000	$ 150,000	$ 600,000
Maintenance	$ 96,250	$ 770,000	$ 770,000	$ 770,000	$ 748,100	$ 2,406,250
Software Customization	$ -	$ -	$ -	$ -	$ -	$ -
Software Interoperability Connections	$ -	$ -	$ -	$ -	$ -	$ -
Vendor Related Project Costs	$ 6,658,750	$ 4,990,000	$ 1,740,000	$ 1,740,000	$ 1,763,100	$20,418,050
Contingency	$ 1,312,500	$ 1,000,000	$ 1,248,000	$ 1,248,000	$ 1,248,000	$ 4,808,500
Grand Total	$ 7,971,250	$ 5,990,000	$ 2,988,000	$ 2,988,000	$ 3,011,100	$25,226,550

Exhibit 5. VADOC EHR Project Financials

VDH EHR Implementation Update

During FY23 VDH completed an exhaustive functional needs assessment including a mixed methods approach to define the needs and future state for the VDH EHR. The functional needs assessment study included 4 steps: a current state analysis, future state analysis, feasibility assessment, and EHR solution assessment, with concurrent change management activities.

VDH published a Request for Proposal (RFP) for an EHR in January 2023, and the procurement is in the final stages of vendor selection with contractual negotiation and high-risk review.
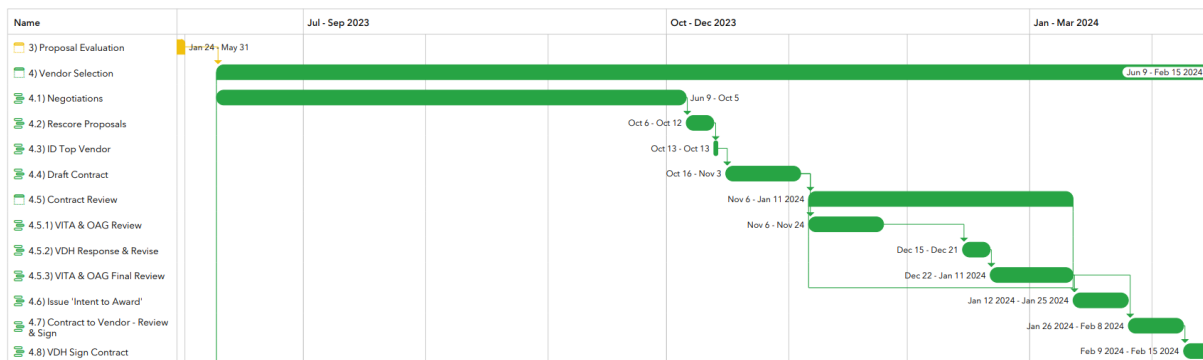

Exhibit 6. VDH EHR Procurement Timeline

Concurrent with the procurement process, VDH has several EHR initiatives underway to prepare for and support the implementation.

- Communications & Change Management

  - More than 630 stakeholder participants across all Districts and programmatic areas (out of an estimated 1,350 end-users).

  - Sixty focus groups completed the design, training and "go-live" of implementation.

- Clinical Process Work Groups

  - Clinical Operations workflows complete and tool developed for Local Health Departments (LHDs).

  - Clinical Practice Program review – three published reports, four pending reports.

  - Clinical Billing Process review.

- Help desk and support design

  - VDH estimate of 32-person support team structure Full Time Employee (FTE) and contractors).

  - DBHDS support team of 50+ (FTE and contractors).

  - VADOC estimated support team of 32 (FTE and contractors).

- Concurrent critical predecessor projects

  - Imaging & Records Management.

  - Broadband.

  - Local Health Department Improvements (WiFi / WAN).

The projected start of implementation in in early 2024, with a phased go-live approach across the 34 involved districts beginning in FY26. The current implementation timeline has the American Rescue Plan Act (ARPA) funds fully obligated in 1Q24 (calendar year), and fully spent by the end of calendar year 2025 if the contract signing occurs in February 2024.

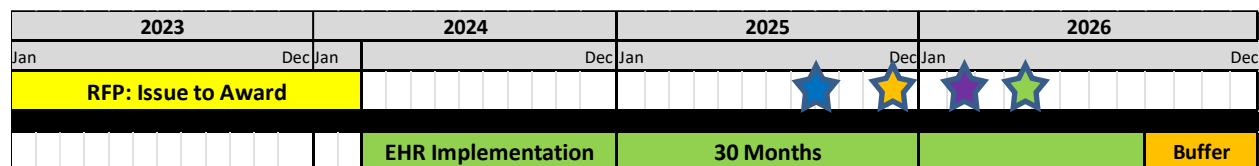|	2023		2024		2025		2026	
Jan		Dec	Jan	Dec	Jan	Dec	Jan	Dec
RFP: Issue to Award					★ ★		★ ★	
			EHR Implementation		30 Months			Buffer

Exhibit 7. VDH EHR Implementation Timeline. Stars from left to right indicate tentative: pilot Go-Live (5 Districts), Phase 1 Go-Live (9 Districts), Phase 2 Go-Live (10 Districts), Phase 3 Go-Live (10 District).

The current RFP requirement contains extensive interoperability and integration elements for proposing vendors. VDH is closely collaborating with the Virginia Information Technology Agency (VITA) Chief Information Security Officer, and the Office of the Attorney General (OAG)

to get vendor compliance with cloud and security requirements, and documenting exceptions as contractual requirements.

Budget ($30M) ARPA	SFY 22 (Actual 000)		SFY 23 (Actual 000)		SFY 24 (Estimate 000)		SFY 25 (Estimate 000)		SFY 26 (Estimate 000)	
Initiative	GF	NGF	GF	NGF	GF	NGF	GF	NGF	GF	NGF
RFP Negotiation - Award		$930		$1,100		$500				
Implementation						$6,400	TBD	$21,070	TBD	
O & M: ongoing									TBD	
Totals	$0	$930	$0	$1,100	$0	$6,900	TBD	$21,070	TBD	$0

Exhibit 8. VDH EHR Financials.

EHR Lessons Learned

DBHDS, VDH and VADOC shared lessons learned from recent EHR procurements, implementations, and ongoing enhancements and modifications.

DBHDS Successes and Lessons Learned

DBHDS has created a clinically driven, IT supported governance structure for vetting and decision making, and EHR compliance monitoring. Every single module requires support and knowledge.
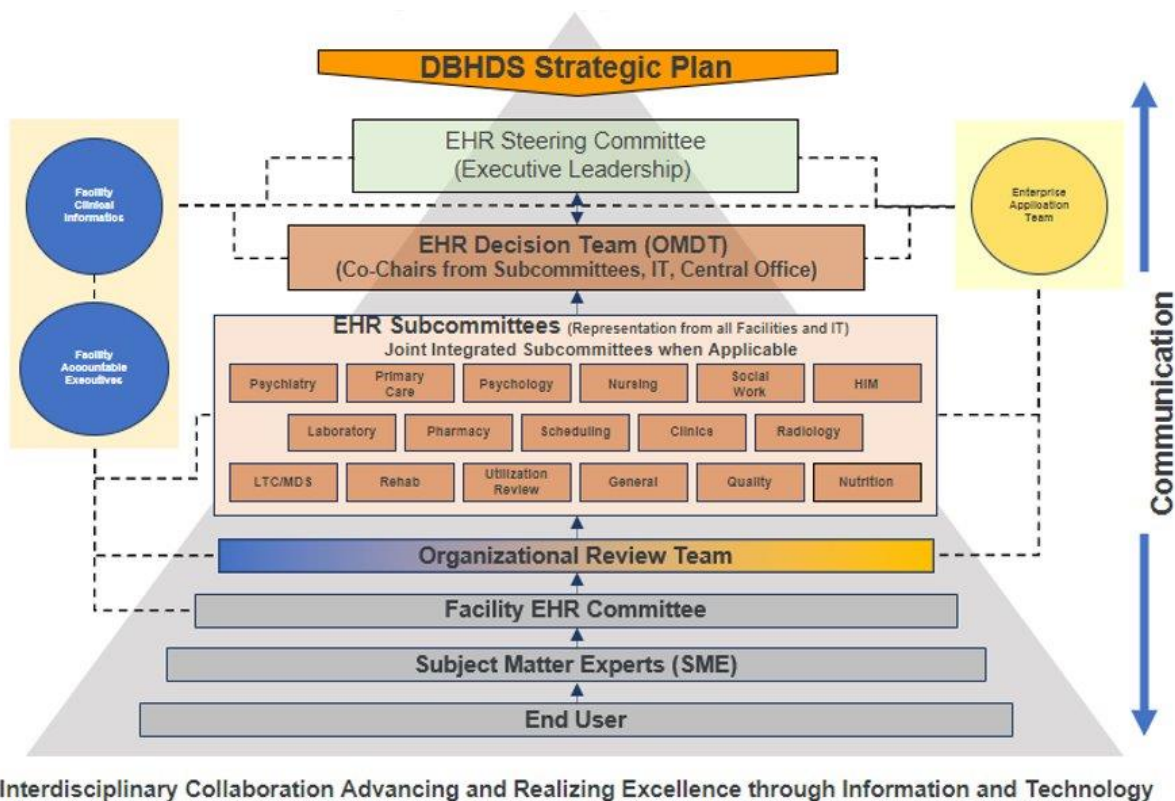
Exhibit 9. DBHDS EHR Enhancement Request Model.

- The hospitals have moved from a large amount of paper to electronic by providing access to the patient record across the 12 hospitals and EHR.
- Improved documentation to support group therapies and plans of care that support how we treat our patients.
- The ability to share data across all 12 facilities while supporting the discharge and admissions process to and from Community Service Boards.
- Easier transfers between hospitals by supplying supporting patient records electronically.
- Support the Joint Commission, CMS and other certification efforts across hospitals.
- Running on a single platform across the system better supports our ability to bill and collect payments for our services.
- Interface connectivity with key suppliers to allow for real time results and order management.

The agency has leveraged the collective expertise of the Enterprise Application Team, Clinical Informatics, trainers, ISO, and other non-IT personnel to collect and share lessons learned.

- Dedicated agency resources.

- Business Analysts – requirements gathering, current state analysis vs future state analysis, crosswalk.
- Organizational Change Management vs. Change Management – Invest in developing both.
- Develop EHR Governance Committees for decision making and empowering them.
- Develop support structure for the following:
    - Help Desk
    - Enhancement/Change Requests
    - User Access
- Invest in custom training and ongoing training – incorporate processes

VADOC Success and Lessons Learned

Pre-RFP

1. Encrypt everything (Comms, Files, etc.)
2. Conduct a full System Analysis
3. Create a list of all current forms
4. Identify SMEs for each functional area
5. Document change management chain of command
6. Peer reviews- Legal, Procurement, InfoSec, etc.
7. Create a scoring approach before scoring proposals

RFP Process

1. Include all state requirements
2. Prioritize Technical & Functional Requirements
3. Document all decisions made regarding approach
4. Ensure transparency and participation of all evaluation/selection committee team members

Demos

1. Always request live demos
2. Create a standard demo script
3. Invite all stakeholders to solution demos.
4. Demo, must use the actual proposed solution

Negotiations

1. Create a standard template for pricing quotes require 5-year and 10-year totals within the template
2. Require breakdown/itemized list of maintenance costs
3. Compare solution designated as required vs. optional based on a minimum viable solution

General

1. Don't have contracted employees running massive procurements, as contractors cannot receive state paid training in Virginia
2. Consider the offline capabilities of the proposed EHR solution - how much is useful - risk vs. reward

VDH Lessons Learned

The following success factors are grouped by themes captured during the lessons learned during interviews with DBHDS, Fairfax County, VMAS, EHD, PrepMod and VASE+.

Theme	Success Factors
Governance	• Clearly define roles and responsibilities with the project leaders being empowered to make timely decisions
Project Staffing	• Build the trust of end-users and increase adoption rate by properly staffing a help-desk that can respond quickly and with appropriate support models for functional areas
Organizational Change Management	• Include Local Health Districts (LHD) representatives throughout the implementation • Develop multidisciplinary implementation support team that included clinical and business stakeholders. • Analyze user data in WebVision to identify and create a list of potential Super Users
Design	• A defined change control process allows for effective management of scope process
Training and Testing	• Support of leadership during go-live allowed for smoother transition • Create 2–10-minute user-role Web Based Training (WBT) sessions coupled with Quick Reference Guides (QRG) • Training teams actively on-site for cutover, this enhances the transition as pre-existing relationships would've been established
Maintenance and Optimization	• Communicate to end users what works and what is not working. Let the users know the corrective action plan • Establish processes and clearly define roles and responsibilities • Communicate release plans on software updates proactively

Exhibit 10. VDH EHR project lessons learned and derived success factors.

Interoperability

While exchange of patient data is a shared goal across agencies, member agencies had different priorities for which partners they would engage first in this data sharing. VADOC identified the Virginia Commonwealth University (VCU) and University of Virginia (UVA) health systems as priority for interoperability given that the majority of inmate patient care is administered by VCU and UVA. DBHDS is implementing the CommonWell functionality, allowing state facility EHR-CSB (community services board) EHR communication as a first step in interoperability. VDH noted the importance of connecting with coordinated care networks, like Unite US, a shared technology platform, which enables health and social service providers to send and receive electronic referrals.

The workgroup agreed that VITA can help assure alignment of interoperability requirements in their governance oversight role. As member agency procurements move forward, VITA will review EHR requirements as part of its normal processes (e.g., investment, cyber security, architecture, project, and procurement reviews) in order to identify general patterns and apply those as collaborative standards for the Commonwealth.

- The EHR workgroup is committed to regular meetings May through October to continue its focus on interoperability within agencies and across other public and private entities.
- Exploring role of exchanges in collective interoperability
  - CommonWell health alliance
  - Connect Virginia (HIE)

Workgroup Recommendations

During the final workgroup meeting, members expressed interest in continued collaboration and developed recommendations related to EHR procurement activities going forward. Those recommendations include:

1. Continue workgroup meetings where members can provide updates on EHR implementations and enhancements and share best practices.
2. Members should continue to share EHR best practices with one another.
3. While DBHDS, VDH and VADOC focus on separate implementations, each should seek opportunities for connectivity and interoperability across platforms.
4. Agency representatives should research Health Information Exchanges (i.e. Connect Virginia, CommonWell) and opportunity for interoperability
5. Each agency should review current & potential Clinical Use Cases with other agencies in order to improve quality of care and health outcomes for clients engaging with multiple agencies. Opportunities may include shared information around Substance Use Disorder, Narcan training and distribution and family planning.
6. Future workgroup activities should include the identification of available data sources, if any, showing client overlap among the three agencies
7. Each agency will identify funding and other resources needed to address interoperability dependencies, and resulting adjusted timelines, as they arise throughout implementation

Appendices

Appendix A: Workgroup Participants

EHR Work Group Participants	
Entity	Representative(s)
Office of the Secretary of Health and Human Resources	Lanette Walker, CFO
Office of the Secretary of Public Safety and Homeland Security	Aliscia Andrews, Deputy Secretary Office of the Governor and Cabinet Secretariats
Office of the Secretary of Administration	Joyce Reed, Deputy Secretary
Department of Health	Suresh Soundararajan, CIO Bill Edmunds, Director
Department of Behavioral Health and Disability Services	Erin Loar, Deputy Chief Information Officer Anna Smith, Director of Enterprise Applications
Department of Corrections	Zacc Allen, CIO Tre Moore, EHR Project Manager
Department of Planning and Budget	Mike Shook, Associate Director (Robert Borge, representing Shook) Banci Tewolde, Associate Director
Virginia Information Technology Agency	Robert Osmond, CIO Richard Matthews Chief Customer Experience Officer, Virginia IT Agency (VITA)
House Appropriations Committee	Susan Massart, Legislative Fiscal Analyst
Senate Finance and Appropriations Committee	Mike Tweedy, Legislative Analyst Catie Robertson
Other / Additional Participants	
VDH	Dawn Strang (PM)
VDH	Hannah Durden (Admin)