

ALASKA MENTAL HEALTH TRUST AUTHORITY

HEALTH INFORMATION TECHNOLOGY and  
AKAIMS ADVISORY COMMITTEE MEETING

Teleconference

May 11, 2012  
10:05 a.m.

Taken at:  
The Frontier Building  
3601 C Street, Suite 880  
Anchorage, Alaska 99503

**OFFICIAL MINUTES**

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Participants Present:

Katie Baldwin-Johnson  
Melissa Stone  
Bill Hardy  
Frances Maier  
Chris Delgado  
Allen Blair  
Paul Cartland  
Kimberly Paulsrud  
Jerry Jenkins  
Carrie Edney  
Kelly Shanklin  
Steve Sundby  
Shane Welch  
Michelle Bartley  
Michael Walker  
Tom Chard  
Mike Strasser  
Dan Kantak  
Jeff Jessee  
Kathleen Ramage (via telephone)  
Tony Piper (via telephone)

## **I. Introductions**

MS. BALDWIN-JOHNSON begins by introducing herself and states that she will be a neutral body to help facilitate the work before the group, and to be a resource to help support some of the organization as the committee moves the agenda forward. She briefly goes through the agenda and moves on to introductions.

MS. STONE states that she is director of Behavioral Health and asks when they introduce themselves, to state how they use AKAIMS because there are different utilizations. She states hope that this group becomes a really practical guidance group to help look at the IT issues as they relate to the field of practice.

MS. SHANKLIN states that she is the executive director of Fairbanks Behavioral Health, adding that AKAIMS is used daily in practice. She states that FBH will be moving to AKAIMS as the sole electronic health record.

MR. CARTLAND states that he is the State health information technology coordinator and is responsible for all of the ARA-funded health IT projects, including the health information exchange and the electronic health record incentives.

MR. BLAIR states that he is from Denali Family Services. Currently Denali is a DDI provider and does not directly interact with AKAIMS, but does add information into AKAIMS to provide the minimal data set and other information that the State requires. He adds that they have been using their own internal system since '05.

MR. HARDY states that he is with Ketchikan Indian Communities Tribal Health Clinic and adds that behavioral health has been integrated into the tribal health clinic. He continues that AKAIMS is used within the context of the behavioral health system with two other electronic health systems, and the clinic has just transitioned into electronic health records for the medical staff.

MR. JENKINS states that he is the executive director of Anchorage Community Mental Health Services, adding that their history with AKAIMS goes back to 2003. He continues that electronic data interface was attempted for several years when AKAIMS came online, which did not work because of serving upwards of 2,500 clients a year. He adds that a conversion was done and AKAIMS was chosen as the electronic clinical records. Direct entry of all the services is done. He states that he invited Dr. Carrie Edney, the project manager who implemented AKAIMS in the conversion from QualiFAX, to join the meeting today.

MS. PAULSRUD states that she is director of quality assurance for Family Center Services of Alaska in Fairbanks and is a minimal data set user in AKAIMS.

MR. WELCH states that he works at the Yukon-Kuskokwim Health Corporation and Behavioral Health and also represents the FASD diagnostic teams who have moved their state reporting and data entry into AKAIMS. He adds that they are moving to an electronic health record.

MS. EDNY states that she is director of care management at Anchorage Community Mental Health and is also chief quality officer and privacy officer. She continues that her areas of expertise are implementing AKAIMS in a large diverse community mental health center setting.

MS. BARTLEY states that she works for the Alaska Court System and is the statewide therapeutic courts coordinator. She continues that the therapeutic courts use a specialized module of AKAIMS to track data and maintaining an electronic case management record for the participants. She adds that it is very new in terms of implementation. She states that they are currently working with the Division of Behavioral Health to obtain reports back from the information that is being put into the system.

MR. KANTAK states that he is the HIPAA privacy official for the department at large and works with all the various divisions to try to see that the privacy portion of the HIPAA for disclosure and policies is working. He adds that he works in embedded-in IT; and Thor Ryan, chief security officer, is his counterpart.

MR. STRASSER states that he is the IT lead on the AKAIMS and does all the behind-the-scenes things: New releases; making sure the servers are up and running; and running a team that does the report development.

MR. WALKER states that he has been with AKAIMS for five years, and that the effort and participation in getting to know and help Alaskans has been enjoyable.

MS. MAIER states that she is the manager of the behavioral health services, health information management department of Southcentral Foundation which has seven programs that utilize AKAIMS. She continues that it is used as a State reporting mechanism.

MR. DELGADO states that he is health information management supervisor for the behavioral services division for Southcentral Foundation.

MR. CHARD states that he works with the Alaska Mental Health Board and the Advisory Board on the Alcoholism and Drug Abuse, and their statutory responsibilities particular to the interests of this group are mostly in the system evaluation of the statewide behavioral health system and in the planning.

MR. SUNDBY states that he is the ED for Sound Alternatives in Cordova, and that AKAIMS is used as the complete electronic clinical record.

MS. BALDWIN-JOHNSON thanks all and moves on to the next part of the meeting, asking Ms. Stone to talk about the committee and its purpose.

## **II. Committee Overview – Melissa Stone**

MS. STONE states the hope to move the behavioral health system into this complicated and challenging age. She continues that the genesis for this committee was a result of a provider

concern expressed at the Alaska Behavioral Health Association meeting when Commissioner Streuer was asked about a lot of concerns with AKAIMS and wanted the State to look at other alternatives to replace it. She states that a lot of investments have been made by the State and the agencies into AKAIMS, adding that it has a role within the courts, FASD, DOC, BRS, which makes taking it out of the health system irresponsible. She moves on to the overview document, stating that it talks about how AKAIMS came to be used in the State, how SAMHSA is involved, and the challenges that the behavioral health system is facing. She recognizes someone joining on the phone and asks them to introduce themselves.

MR. PIPER states that he is with the ASAP office which uses the AKAIMS system with treatment and the eCourt that is being used for therapeutic courts.

MS. RAMAGE states that she is the lead for the Division's research unit which is responsible for meeting State and Federal data analysis and reporting requirements and needs.

MS. STONE moves on to the goals: To identify Federal and State policy that defines or requires solutions involving information technology for behavioral health; second, share information about grantee business, management and clinical environment and practice needs; evaluate the effectiveness of DBH information technology resources to support grantee provider business, management, and clinical needs, and develop strategies for enhancement; to implement mechanisms for transparent communication on electronic application issues of maintenance, enhancements and systems developments; and fifth is about best practices, to insure that what is being done is the best that can be afforded, managed and sustained as moving through the changing environment. She states that there is a lot of groundwork to cover and suggests meeting monthly or every six weeks to get moving.

MS. BALDWIN-JOHNSON asks for any questions or comments before moving on.

MR. JENKINS states that a product of this work group needs to be understanding that there are different relationships such as being grant-based, and asks if the conditions for grants will continue to exist. He continues that when ACMHS began using AKAIMS as an ECR it became a vendor as well as a grantor. He adds that this needs to be worked out because it can cause some serious ramifications. He continues that grants are going to be diminished in 2014 and asks how AKAIMS is going to collect data at that point.

MR. SUNDBY states that he agrees with Mr. Jenkins, adding that they are looking at merging with primary care, which are not AKAIMS users. He asks if three different programs are being used how all that will work, and also asks about the legal ramifications.

MR. CHARD states that the project goals listed seem to be mostly focused on the process and asks if the products shooting for is a policy statement, an agreement through some of the mutual partners or mutual providers and to keep an eye on that and not just the process.

MS. BALDWIN-JOHNSON asks for any other comments. There being none, she transitions to the broad overview of some of the information that is relevant, and begins with the health information exchange.

### **III. Background and Current Landscape**

#### **a. Health Information Exchange (HIE)**

MS. STONE states that in the broadest sense, health information exchange is about a new and emerging set of expectations relative to health-care delivery that accurate information is necessary to achieve the national health goals. She states that statewide health information exchanges provide realtime access to patient medical records so that wherever health care is provided it is possible for there to be realtime access to other relevant information on the person being served. She continues that the goal of health information exchange is to exchange behavioral health data across health settings so that the information moves with the patient as intended. She adds that health information exchange is a way to enable the secure sharing of clinical information which is a big issue that also brings about the issues of confidentiality, security and privacy. She states that this brings opportunities for this advisory group relative to supporting health care delivery models that increase the integration of behavioral health and primary care.

MS. SHANKLIN states that patient-friendly, client-centered centralized intakes are needed.

MR. JENKINS states the need for a box that says primary care provider, the name, address and the last physical exam.

A discussion ensues on patient privacy and how to accomplish that.

#### **b. AKAIMS**

MS. BALDWIN-JOHNSON transitions into talking about the AKAIMS system.

MS. STONE introduces Michael Walker, who will go through what AKAIMS is all about.

MR. WALKER states that the original need that AKAIMS met was some of the Federal reporting, and since then there are additional needs met via the numbers that are arrived at via data mining of the system. He continues that some of the challenges on the data side are patient privacy and not being able to share without a proper agreement in place. He states that the minimum requirement of agencies is a minimal data set which is basically client-identifying information; identifying information as it connects to admission and discharge data. He adds that people are invited to user groups meetings to hear what is coming up with AKAIMS, find out the next releases, discuss bugs in the system, solicit ideas on how to increase functionality, and provide the opportunity to train folks. He moves on to talking about the billing module, the therapeutic courts module, the emergency services module, SSRS reporting, contracts management module, API interface and meaningful use certification.

MS. STONE thanks Mr. Walker.

MS. BALDWIN-JOHNSON calls a break.

(Break.)

MS. BALDWIN-JOHNSON moves forward, recognizing Kathleen Ramage.

c. Overview of national federal reporting requirements

MS. RAMAGE begins by addressing the basics of who, what and why SAMHSA is making reporting requirements. She states that the reporting requirements are comprised of two components: The State plan, which is the application submitted to SAMHSA; and the implementation part, comprised of a report and the data elements. She continues that this addresses the extent to which the State plan is implemented. She explains that SAMHSA uses the information to help guide the decisions relative to accomplishing their mission. She states that SAMHSA gives support through grants for providers, for data infrastructure development, technical assistance, training, data collection and analysis; and supports the mission “To manage an integrated and comprehensive behavioral health system based on sound policy, effective practices and partnership.” She goes through four of SAMHSA’s eight strategic initiatives, and the four major dimensions that support a life in recovery which are: Health, overcoming or managing one’s disease, as well as living in a physically and emotionally healthy way; home; purpose; and community. She then goes into more detail about the reporting requirements and the two components: The State plan, and the implementation reports and the data. She continues on to the substate planning areas needs assessment that will be based on an integrated analysis of prevalence estimates and will require several different layers, which she explains. She states that the primary data source for the measures is AKAIMS, including EDI, with both data extracts and customized reports and are taking steps to merge the EDI data into AKAIMS to establish one reporting architecture. She continues that SAMHSA is trying to accomplish the ability to tract individuals and outcomes over time across different service settings and have just started moving in that direction. She moves on to the behavioral health consumer surveys data source which looks at client evaluation of services. She states that CSR has several different sets of questions that address health, housing and employment. She moves on to the third data set which is the NSDUH data which is used for the substance abuse prevention NOMS. She states that for federal reporting they report national outcome measures and are also required to report the state priorities and performance indicators that are associated with each of those State priorities. She adds that it is a collaborative effort between the State and SAMHSA for meeting common goals and objectives in terms of looking at the efficiency, effectiveness, impact and outcomes.

MS. BALDWIN-JOHNSON thanks Ms. Ramage.

MR. JENKINS states that the seven priorities need to be published.

MR. CHARD states that the seven priorities were included in the unified block grant application, and that process did have a public comment period for an opportunity to review, adding that it should be published better.

#### **IV. Challenges – Discussion**

MS. BALDWIN-JOHNSON moves on, stating that she would like this group to have an open discussion about some of the challenges that the behavioral health system is facing, as well as some of the challenges as far as issues with AKAIMS or health information in general. She continues with the need to identify some of the key information components that need to be revisited in detail and provide more information so that the committee feels up to speed on the areas. She begins with the need to clarify the minimal data set versus a system that is being utilized for accessing individual service agreements, and then for agencies that are actually utilizing the system for electronic health record. She states that there are different issues associated with each of those levels, and it may be helpful to capture some of the unique aspects of each of those components as well as the overlap.

MS. STONE states the need to have one of the meetings as an overview of the different uses of AKAIMS and what it entails for understanding the minimal data set and the pieces involved with that.

A discussion ensues on the meetings, and then developing a survey for feedback from users of AKAIMS.

MS. EDNEY brings the issue of security and privacy to the discussion.

The discussion continues on what problems need solutions in developing the agenda of the meetings.

MS. EDNEY states that the documents in AKAIMS do not meet the written standards in clinical best practices. She adds that some of the elements missing are: Psychiatric evaluation; integrated substance abuse assessment; BHA is inadequate; the mental status exam is wrong. She continues that those things need to be fixed if this is going to be a doable thing for EHR.

MR. KANTAK asks about security measures and inappropriate access to information because of computer malware. He adds that the Office of Civil Rights is being very tough, and there are some huge deals going on. He asks if these standards can easily be adopted by other standards for best practices.

MS. STONE states that this is basically facilitating the security practices and standards of the whole provider system, because all are interrelated.

MR. KANTAK replies that impact comes up because the question is when there is a grantee who has responsibility, how to best advise that grantee to work together to resolve a situation.

A discussion on user-friendly security ensues.

MR. CHARD states that it would be helpful to have some primary-care folks involved in forming the discussion, adding that the Primary Care Association has been doing a lot of work with the health centers on integration.

The discussion continues, moving to the differences within the tribal systems.

MS. BALDWIN-JOHNSON asks if all the right people are here and if there is anyone missing that should be included and how they should be included. She moves on to exchanging contact information and scheduling the next meeting and the agenda for the next meeting.

MS. STONE states that a list of issues has been developed and that needs to be worked. She suggests, for the next meeting, looking at the pieces that are needed to continue informing the group and start working the list.

MR. CHARD asks that at some point, to have a topical expert on HIPAA and 42 CFR to inform the entire group on what is being dealt with.

MS. EDNEY asks if everyone is familiar enough with the operation of AKAIMS, or is a demonstration necessary.

MS. STONE adds that the other piece partnered with that is the idea of understanding each of the modules or components, and which comes first.

MR. JENKINS adds the importance of clean data for good numbers, which is a whole topic.

MS. STONE states that the subject is data completeness.

MS. EDNEY adds that it is not just data completeness; it is the measures that are under study, the latency between intake and the first-billed services and all the elements involved.

MS. BALDWIN-JOHNSON asks for anything else before wrap-up.

MS. STONES thanks everyone for their participation and trying to get around the topic that is really complicated and evolving.

MS. BALDWIN-JOHNSON concludes the meeting.

(Health Information Technology and AKAIMS Advisory Committee meeting adjourned at 1:07 p.m.)

ACTION:

1. Schedule next steering committee meeting 4-6 weeks out
2. Invite representation from primary care
3. Focus next meeting on 2-3 focused information topic areas and initiate working through issues identified.

