

DHSS / Behavioral Health

Health Information Technology and AKAIMS Advisory Committee

Overview

Purpose

The purpose of the Health Information Technology and AKAIMS Advisory Committee is to establish collaboration between DHSS/Behavioral Health, grantee treatment providers and stakeholders to address current and emerging issues of the behavioral health field with health information technology (HIT). Recent federal legislation is driving health systems toward the use of information technology for service delivery, quality improvement, cost containment, and increased patient control of personal health care and related information. Insuring that Division IT resources provide an effective and efficient electronic application for state and provider needs is critical. It is in the best interest of the Division and the behavioral health treatment provider network to anticipate and collaborate within this changing landscape assuring the current and future DBH technology applications are effective.

Background and History:

The Alaska Automated Information Management System (AKAIMS) was initiated in February 2003 to take advantage of a SAMHSA Center for Substance Abuse Treatment (CSAT) project promoting collaboration and use of technology among state and local government substance abuse treatment agencies. At that time, as part of Alaska's initiative to integrate its mental health and substance abuse agencies into the Division of Behavioral Health, the Division of Alcoholism and Drug Abuse (ADA) and the Division of Mental Health and Developmental Disabilities (DMHDD) launched a joint project that built on the CSAT project (the Web Infrastructure for Treatment Services - WITS). This created a single, web-based application and database that would meet reporting requirements for behavioral health provider grantees and provide basic capabilities for clinical information management.¹

More recently, federal legislation in the form of the American Recovery and Reinvestment Act and the Affordable Care Act are driving health systems toward the use of information technology for service delivery, quality improvement, cost containment, and increased patient control of personal health care and related information.

The Substance Abuse Mental Health Services Administration (SAMHSA) has identified eight Strategic Initiatives, including the specific focus areas of:

¹ AKAIMS is a web-based application and database that serves dual purposes, a management information system (MIS) and clinical documentation tool. As an MIS tool, the system allows the Division to meet current and emerging State and Federal reporting requirements, such as State Quarterly Reporting, TEDS, GPRA, NOMS, SOMMS and both Mental Health and Substance Abuse Block Grants. As a clinical documentation tool, AKAIMS provides an agency the ability to create a full Electronic Medical Record (EMR) compliant with HIPAA and 42-CFR part II standards. Providers have the ability to manage waitlists, service scheduling, assess patients, administer facilities, and collect outcome measurement data in real-time via a secure, web-based framework.

- Health Care Reform:** Broadening health coverage to increase access to appropriate high-quality care and to reduce disparities that currently exist between the availability of services for substance abuse, mental disorders, and other medical conditions such as HIV/AIDS.

Lead: John O'Brien, Senior Advisor for Health Finance

Initiative Page: <http://www.samhsa.gov/healthReform>
- Health Information Technology**

Ensuring that the behavioral health system, including States, community providers, and peer and prevention specialists, fully participates with the general health care delivery system in the adoption of Health Information Technology (HIT) and interoperable Electronic Health Records (EHR).

Lead: Wesley Clark, Director, Center for Substance Abuse Treatment

Initiative Page: <http://www.samhsa.gov/healthIT>
- Data, Outcomes, and Quality**

Realizing an integrated data strategy and a national framework for quality improvement in behavioral health care that will inform policy, measure program impact, and lead to improved quality of services and outcomes for individuals, families, and communities.

Lead: RADM Pete Delany, Director, Center for Behavioral Health Statistics and Quality

Initiatives Page: <http://www.samhsa.gov/dataOutcomes>

In the past, the behavioral health systems have often operated independently from the broader health system and differed in the type and scope of information technology used. Through these Initiatives,

SAMHSA will work to increase access to health information technology (HIT) so that Americans with behavioral health conditions can benefit from these innovations. SAMHSA will support the use of interoperable electronic health records (EHRs) by the behavioral health system, focus on integrating information systems with the broader health systems, and work through its programs to drive innovation and the adoption of HIT and EHRs. • • • • • Leading Change: A Plan for SAMHSA's Roles and Actions 80

Project Purpose and/or Business Need:

The behavioral health service system requires a focus on developing IT resources that support service delivery, quality improvement, cost containment, and increased patient control of personal health care and related information.

By 2014, Alaska's Medicaid eligibility criteria expands (all citizens who fall under 133% of the federal poverty rate) and will result in a significant increase in enrollment. In addition, previously uninsured citizens will obtain access to care through insurance reform and coverage expansion. This expansion of coverage and the anticipated increased demand in access to services recognizes that system wide services must manage chronic medical and co-occurring

conditions that improves quality and manage costs. This will have major impact on the Alaska behavioral health system and the interface with primary care services.

Challenges to the current behavioral health treatment system include and require,

- Access to treatment services of the current behavioral health treatment system will be strained, in part, by limited capacity to meet the increased demand for services from individuals who previously had limited access due to a lack of health care coverage.
- Coordination of behavioral health and primary care services will require changes in business and clinical practice, with new resources and skills, including business modeling that balances fiscal, revenue and clinical management and results in maximum service capacity, delivery of quality care, with meaningful outcomes.
- Data driven business management that optimizes data collection, reporting, analysis, and application to inform and modify business and clinical practices.

The role of the Health Information Technology and AKAIMS Advisory Committee anticipates the current and impending impacts on the behavioral health service system that requires a collaboration to insure that Division IT resources support federal, state, and provider organizational business and clinical / service delivery needs.

Project Scope and Limitations:

The “project scope” will be defined during the course of meetings with committee membership, and will reflect the multiple needs of Federal and State requirements and the availability of resources. Results to be achieved will be identified and measures established to define progress.

Project Goals:

1. To identify Federal and State policy that defines and or requires solutions involving information technology for behavioral health.
2. To share information about the grantee business, management and clinical environment and practice needs, and examine current electronic application capacity.
3. To evaluate the effectiveness of DBH information technology resources to support grantee provider business, management and clinical needs and develop strategies for enhancement.
4. To implement mechanisms for transparent communication on electronic application issues of maintenance, enhancements and systems development.
5. To identify agency “best practices” of data driven business management that optimizes data collection, reporting, analysis, and application to inform and modify business and clinical practices.

Structure:

The Health Information Technology and AKAIMS Advisory Group will consist of approximately 20 members from DHSS/BH, stakeholder groups and grantee provider agencies as outlined below. The group will be facilitated by a person independent of the provider system and DBH staff. Membership will include a mixture of chief executives, clinical supervisors, quality assurance experts, and IT staff from a representative group of agencies that includes rural, urban, EDI users, Tribal, electronic health record users, large agencies and small agencies and from the Alaska Mental Health Trust Authority and the Alaska Mental Health Board/Advisory Board on Alcohol and Drug Abuse.

MEETING SCHEDULE

The Health Information Technology and AKAIMS Advisory Group will meet at least quarterly in a combination of teleconferenced and in-person meetings.

PARTICIPANTS

UPDATED 7/29/12 – SEE ATTACHED

Pertinent Documents and References:

Related documents or other resources that could be helpful in understanding various aspects of the AKAIMS Executive Advisory Committee, include:

1. The AKAIMS Project Overview
2. AKAIMS Minimal Data Set

HIT/AKAIMS Advisory Committee Member listing

Representing	Agency	Person	E-mail address	MDS	EHR	EDI	Adult/ Youth	MH/SA/ COD
AMHTA	Facilitator	Katie Baldwin-Johnson	Katie.johnson@alaska.gov					
Tribal/Rural	Ketchikan Indian	Bill Hardy	bhardy@kictribe.org	X			A/Y	COD
Tribal/Rural	Southcentral Foundation	Frances Maier	fmaier@scf.cc					
Tribal/Rural	Southcentral Foundation	Chanda Aloysius	caloysius@southcentralfoundation.com					
Tribal/Rural	Southcentral Foundation	Chris Smith	csmith@southcentralfoundation.com					
Urban	Volunteers of America	Karin Schaff	kschaff@voaak.org	X			Y	COD
Urban	Denali Family Services	Allen Blair	ablair@denalifs.org			X	Y	MH
Urban	Family Centered Services	Kimberly Paulsrud	kpaulsrud@familycenteredservices.com	X			A/Y	COD
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Updated 7/26/2012 SLW