



The Alaska Automated Information Management System (AKAIMS) -An AKAIMS OVERVIEW

I. THE PURPOSE AND SCOPE OF THE AKAIMS

The goal of the AKAIMS is to develop, implement, and maintain an evolving, web-based application and database that serve the dual purpose of a management information system (MIS) and an electronic medical record (EMR)¹. 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), Government Performance and Results Act (GPRA), both Mental Health and Substance Abuse Block Grants 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, and measure staff productivity and collect outcome data in real-time with a secure, web-based framework.

II. 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:

- Alaska Screening Instrument
- Client Intake and Profile
- Client Status Review Data
- 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.

¹ The AKAIMS Project was initiated in February, 2003.

At the present time, AKAIMS is used as an Electronic Health Record by 100 providers, and as an MIS reporting tool by 48 providers.

III. 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:

- a. DBH grantee providers of substance abuse and mental health services
- b. Alcohol Safety Action Program (ASAP) Providers
- c. Fetal Alcohol Spectrum Disorder (FASD) Diagnostic Teams (pending)
- d. BRS children's residential service providers
- e. Therapeutic Court
- f. Dept. of Corrections (DOC) substance abuse services

IV. BENEFITS & EFFICIENCIES

General Benefits

- Captures data as part of the business process
- Provides one common data entry point for clinical clients statewide.
- Provides on-demand access to data to authorized persons/providers/facilities statewide.
- Conforms data handling procedures to HIPAA privacy rules.
- Provides single industry standard security procedure for all agencies.
- Provides single backup and data recovery procedure for all data.
- Provides relatively and easily extended application (can be improved and modified).
- Provides centralized system administration – none needed at provider/facility level.
- Provides cost effective system change/enhancement – changes/enhancements made to the system 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.

The AKAIMS, as a shared platform for all behavioral health providers achieves an immediate economy of scale. If grantee providers negotiated individual contracts with external EHR vendors, not accounting for upfront cost of “buy-in” (this has been estimated as high as \$150,000 per provider), the additional burden on the treatment system would be \$280,000 per month / \$3,361,200 annually²

Additional efficiencies and cost savings are anticipated in improved coordination between providers and clients across multiple systems. For example, as a DOC inmate is discharged to a community behavioral health provider, the AKAIMS can track the client’s access and participation in treatment. If critical life domains appear to decline, early intervention can assist in reducing the risk of recidivism back to incarceration.

The AKAIMS is built on the CSAT Web Infrastructure for Treatment Services (WITS) platform to create a single, web-based application and database. Currently 25 states and 3 large California counties use the WITS platform. This creates a unique collaboration with all users of the WITS platform to share the cost of design and development of new enhancements to the system. In total, WITS has over 40,000 users managing 1.8 million patient records, processing over \$200M in adjudicated electronic claims.

V. EXPANDED FUNCTIONALITY

- a. **FASD Module:** provides a data based used by the statewide FASD Diagnostic Teams (status: production completed; implemented).
- b. **Billing Module:** provides a billing mechanism to providers that are integrated into the clinical record (status: rollout is pending).
- c. **Therapeutic Court Module:** as clients are processed through the therapeutic court system, this module interfaces with the AKAIMS to enhance treatment referral and tracking for successful outcomes (status: the module completed a pilot at two locations and is now being expanded statewide).
- d. **Emergency Services Module:** provides a method to manage a high risk population, and capture the delivery of emergency services statewide (status: implemented).
- e. **SSRS Reporting Module:** AKAIMS Report Manager, with a full range of established reports that an agency can gain immediate access, and generate reporting online, with access to real time data (status: implemented).
- f. **Contracts Management Module:** provides a mechanism to link flexible contract funds (ex. ISA funds) to individual client treatment plans and outcomes, with billing and adjudication of invoices (status: implemented).

² This is calculated at 93 Organizations, with 5602 individual users, charged a standard individual licensing fee by private vendors, averaged at \$50 per month.

VI. ADDITIONAL ENHANCEMENTS

- a. Document Scanning & Storage Module:** The Document Scanning & Storage module provides the ability to upload scanned documents into AKAIMS, integrating them with agency, staff, and patient records as appropriate and storing them as a part of the patients' EHR. This module allows for documents requiring a patient signature to be stored and accessed as a part of the WITS system, eliminating the need to maintain a separate hard copy of the patient file. This reduction in physical paper copies contributes to greater ease of access for authorized staff in conjunction with increased security of patient records overall.
- b. Dispensary Management:** The Dispensary Management module allows facilities to track all inventory of medications, to track medication orders made by physicians or other staff as appropriate, and to track the outflow of inventory used by clients, or as adjusted for a variety of reasons. The Dispensary Management module enhances accountability with regard to medication management at the facility level and the patient level.
- c. Alerts Module:** The Alerts functionality provides a mechanism for individual agencies to customize a series of alerts based either on Client Activities or Agency Activities, using an Alert Builder, that goes to their individual staff and prompt timely action on items that are due. Alerts currently in use include notifying the appropriate staff (as determined by the agency) that treatment plan reviews are due, or that a consent is about to expire, or that a specific client was admitted a certain length of time ago but has not yet received any services.
- d. New upgraded versions of the Alaska Screening Tool (AST) and the Client Status Review (CSR):** Both instruments have been reprogrammed in the platform to identify high-risk, high-needs clients who screen positive for further determination of mental health, substance abuse, co-occurring disorders, traumatic brain injury, fetal alcohol spectrum disorder, trauma, and risk to self and/or others. The CSR has been expanded to include 14 life domains, as well as subjective measurements of the client satisfaction of services, and the improved ability to measure change over time, resulting from treatment services.
- e. Meaningful Use Certification:** The WITS (Web Infrastructure for Treatment Services) system complete Stage One Meaningful Use certification December 2011.