

# Use of Electronic Medical Records in Nevada's Mental Health System

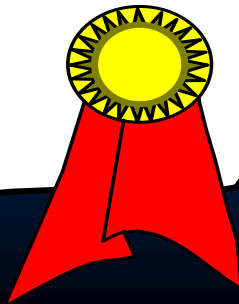
*Nevada Division of Mental Health  
& Developmental Services*

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February 2007*



Jim Gibbons,  
Governor of Nevada



# About the Division....

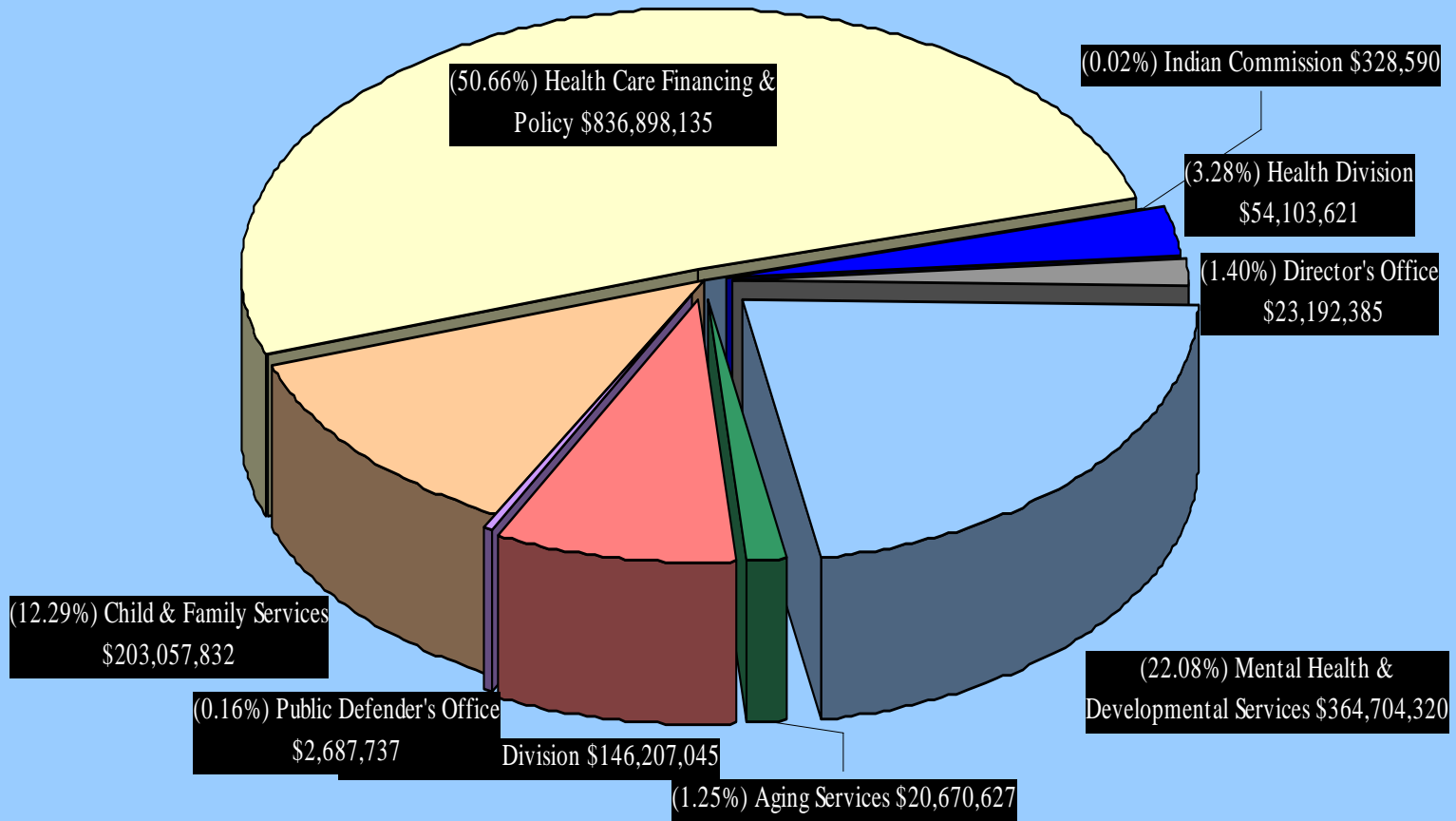
- *One of 8 divisions in NV Dept of Health and Human Svcs.*
- *Nevada is one of the few states that operates the statewide public system of mental health*
- *Almost 2,000 employees*
- *Serves about 30,000 Nevadans each year*
- *MH serves children in rural areas, where they comprise about 25% of client base*
- *83% of clients are below poverty level*

# MH Service Regions



- *State Divisional Offices in Carson City*
- *Southern Nevada (Las Vegas)*
  - *in patient hospital and 4 community clinics*
- *Northern Nevada (Reno)*
  - *inpatient hospital and outpatient services*
  - *forensic facility*
- *Rural Nevada*
  - *21 rural clinics*

**Department of Human Resources**  
**General Funds By Division**  
**2006-2007 Biennium**



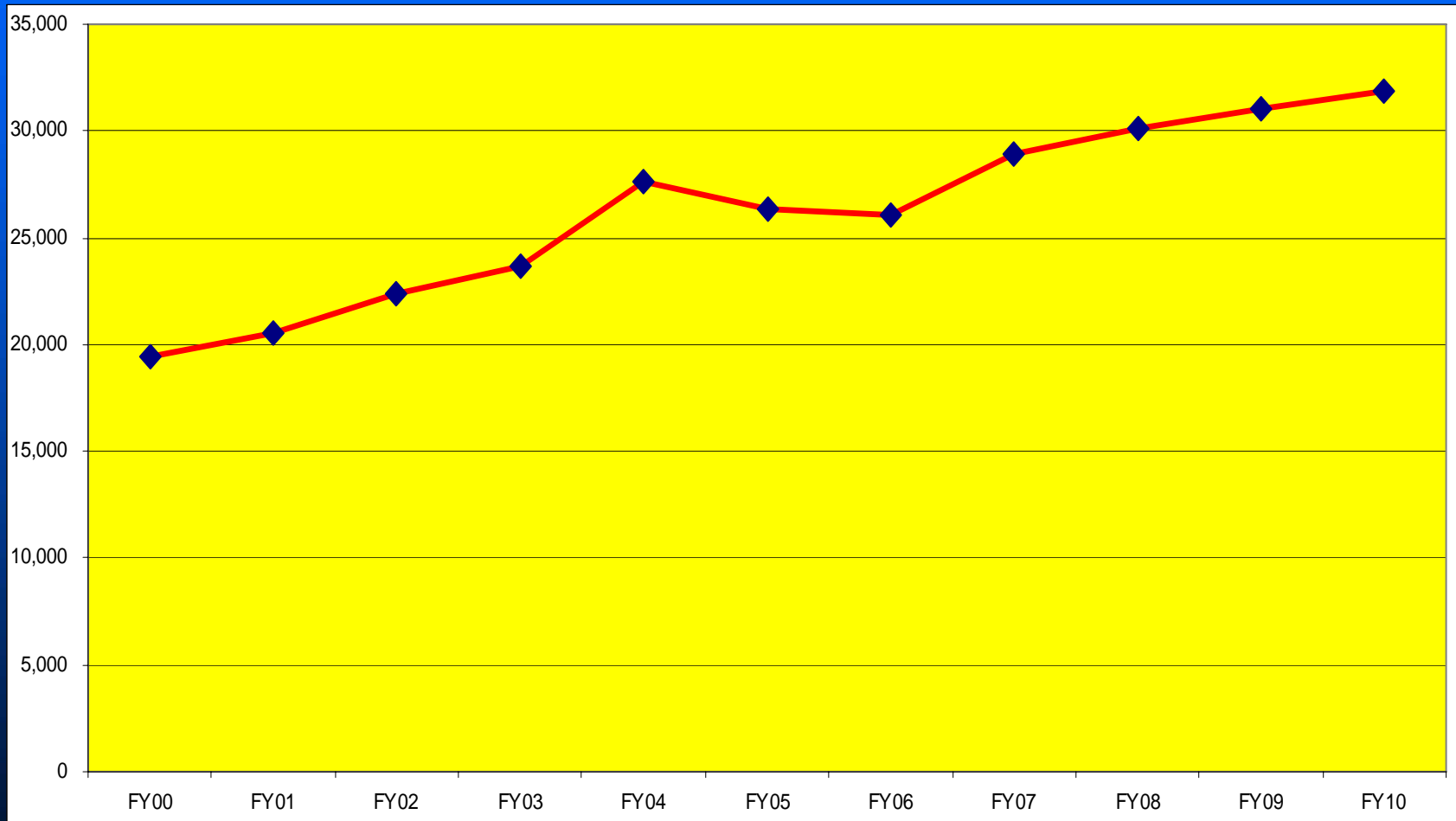
**Total \$1,651,850,292**

# Overall Financial Outlook

Over the past decade, MHDS has obtained major budget and staff increases that have significantly increased the Division's ability to provide mental health services in the state. Budget and staff growth over the past six years is as follows:

<i>Budget Period</i>	<i>Budget Increase (over prior budget period)</i>	<i>Percent Increase (over prior budget period)</i>	<i>Staff Position Growth</i>
SFY 2002 – 2003	\$27,028,024	22.7%	4
SFY 2004 – 2005	\$45,249,175	30.9%	98
SFY 2006 – 2007	\$91,384,243	47.7%	449
SFY 2008 – 2009	\$167,903,790	29.9%	99

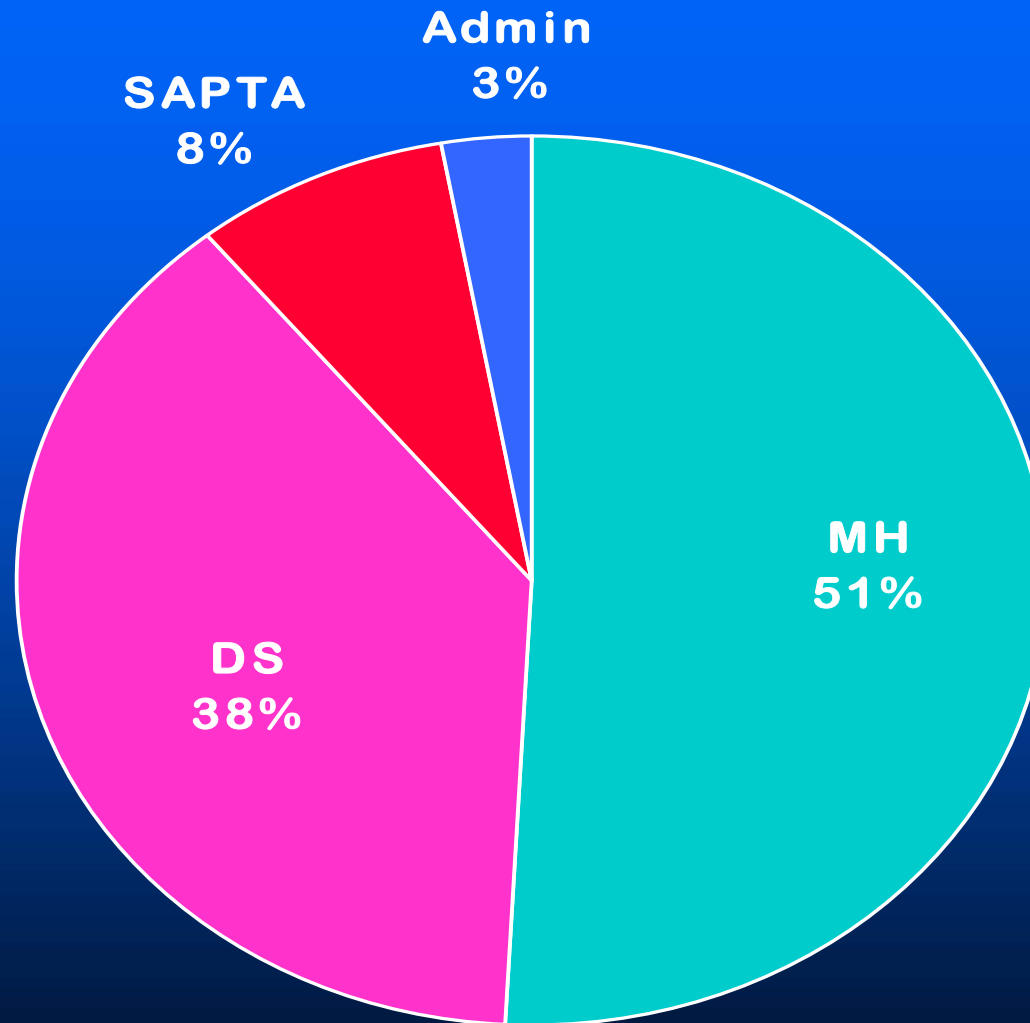
# Clients served since FY00



# Total Funding Fiscal Year 2008

■ <i>Mental Health</i>	<i>\$176,134,146</i>
■ <i>Developmental Svs</i>	<i>132,888,767</i>
■ <i>SAPTA</i>	<i>27,825,174</i>
■ <i>Administration</i>	<i><u>10,090,565</u></i>
■ <i>Total Funding</i>	<i>\$ 345,938,681</i>

# 2008 Funding (% of Total)



# A bit of history...

Nevada's old MIS system was Advanced Institutional Management Software (AIMS).

Started in 1991, AIMS was cumbersome and not responsive to many needs

In 2003, AIMS was replaced by Netsmart's AVATAR product.

# A bit of history...

	<b>AIMS</b> (95)	<b>AVATAR</b> (07)
<b>Startup Cost</b>	---	<b>\$ 5,000,000</b>
<b>MIS Users</b>	<b>50</b>	<b>1,200</b>
<b>Mo. Maintenance</b>	<b>\$ 400</b>	<b>\$ 20,000</b>

# How Was System Initiated in Nevada

- ☑ Technical study- “GAP analysis”
- ☑ Moved from multiple servers to single statewide server/database structure
- ☑ Upgraded from obsolete existing system
- ☑ 36-mo implementation plan
- ☑ Implementation used specific manageable “phases”

# Process and Development Experience

- ✓ Start with technical study (GAP analysis)
- ✓ Stable funding
- ✓ Strong pre-planning phase
- ✓ Contract addresses URS/HIPPA needs
- ✓ High level “kick off”
- ✓ - Always have a “champion”
- ✓ Multiphase 36-mo implementation plan
- ✓ Implementation used specific manageable “phases”

# What results and usability has it provided?

- ☑ Currently stabilizing system
  - 12 mo. stabilization after install
- ☑ Single server improved data queries for statewide data with a shadow server backup-Enables URS/CMHS reporting
- ☑ Statewide Monitoring
  - involve existing PI programs
  - enhanced Crystal report generation
  - peer review

# What is NV MH e-med record?

- In Nevada electronic med records include data in three specific components of AVATAR:
  - PMS
  - CWS
  - Pharmacy
- It does NOT include investigations, serious incidents, psychotherapy notes

# How are e-med records accessed

- Used for treatment planning
- Movement between hospitals/community clinics
- Can use client signature pads
- Peer reviews
- QA reviews
- Data warehouse exports

# Define the E-medical record

Division of Mental Health and Developmental Services  
Policy #4.xxx – Electronic Medical Record

*DRAFT 1*

**Policy Purpose:** This policy is intended to clarify what specific components of the AVATAR database are deemed to comprise an individual client electronic medical record

**Procedure:** MHDS electronic records specifically include any data elements housed in any of the three system components identified below:

- a. AVATAR Patient Management System (PMS®) which includes and is limited to: billing, appointment scheduling, and demographics
  - b. AVATAR Clinical Workstation (CWS®) which includes and is limited to: medical treatment records, clinical assessments, and treatment plans.
  - c. Mediware Pharmacy (WORx®) includes and is limited to: medication type and dosages
2. Specific exclusions to the standard electronic medical record includes tracking of specific serious incidents or investigations.
  3. Each MHDS agency shall develop specific written procedures to implement the provisions of this Policy #4.xxx or shall incorporate this policy into each agency policy manual(s).

Administrator

Effective Date: 2/1/07

Date Revised:

Date Approved by MHDS Commission:

# Current Issues/Challenges

- Adequate infrastructure for on-going operation of MIS
  - i.e.: training, IT support, program eval
- Old system left many unfinished records
- Burden of data entry on facilities

# Lessons Learned When Planning for Use of Electronic Medical Records

- ☑ Complete a accurate technical study to begin...”Gap Analysis”
- ☑ Enjoin legislature and consumers
- ☑ Develop clear policies, internet use, email and med records
- ☑ Plan for adequate infrastructure for
  - Staff training
  - IT support/Crystal report generation
  - Program evaluation

# *Thank You!*

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