

Present (please check) Please circle note-taker		CMHAMM Work Group Meeting Minutes DATE: 11/29/06 LOCATION: CEI WORK GROUP NAME: Information Services	cc: Team members Chuck Dougherty Joanne Holland Scott Overfield Heather Betts Lori Richardson Brenda Monk Jeff Rose Deborah Cline Randy Betts John Sytek Katherine VanZwoll		
X	Joanne (notes)			X	R. Betts D. Cline S. Kilgore
X	Chuck D. Katherine Scott O. John S.			X	Brenda Monk Jeff Rose
X	Lori R.				
Guests: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Page # <u> 1 </u> of <u> 3 </u>		

Topics Discussed	Discussion/Decisions	Action/Responsible Party
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Revised Steering Committee Charge – Should the Clinical/Billing system be standardized across the Affiliation?	<p>The group continued working on the Steering Committee charge. Some advantages and disadvantages were added to the list. Disadvantages were identified as either initial transition or ongoing. Categories were then developed for advantages and ongoing disadvantages and each item was placed into a category. The categories and details are listed below.</p> <p><u>Advantages</u></p> <p>Overall Cost Savings</p> <ul style="list-style-type: none"> -Savings – licensing and support costs -Echo is streamlining product -Increased buying power – enhancements and new -Potential for reduced IT staffing and/or costs -Reduced Staffing – Finance and clerical -Reduced Training Cost -Reduced Documentation time/costs -Potential for merging finance/billing functions <p>Knowledge-base</p> <ul style="list-style-type: none"> -All using Echo products -Larger knowledge base/internal support system -Job sharing capabilities- cross/better training -Same report writer, increased reporting capabilities <p>Quality</p> <ul style="list-style-type: none"> -Higher quality RFP process -Increased quality of clinical outcomes -Best Practice – Increased support for -Controlled Migration – option for future systems and enhancements -Increased clinical paperwork efficiency – content and process -Potential for more thoughtful change process -Quality of consumer data cross-county increases <ul style="list-style-type: none"> -Allows for consumer data sharing -Better allocation of resources allows for development of more sophisticated tools/information -Consumers have familiarity with system cross county -Consumer access/portability of their record -Better quality software overall <p>Compliance</p> <ul style="list-style-type: none"> -Standardizing technology and business process for audits -Efficiency in affiliation integration, e.g. UM reviews -DCH expects standardization <p>Efficiency</p> <ul style="list-style-type: none"> -Efficiencies and improved audit outcomes -Efficiency in software hosting at one affiliation site 	
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	<p align="center">-or at one offsite location -More resources to customize for MI or Affiliation -Easier to support integrated products -Gain of new technology and increased capabilities with new software</p> <p><u>Disadvantages (ongoing)</u> Local Needs -Individual board needs may be lost or difficult to implement -Significant business practices (admin and clinical) impinged upon, lost or changed at local level -Loss of local control -Technical limitations within counties, urban vs. rural -Different vendors in different areas -Regional health information exchange could be more difficult -Loss of local experts -Interfaces with other internal systems may be lost</p> <p>Speed of Change -Lengthier change process</p> <p>Quality -Risk for outages in all sites when system down -Loss of innovation -Connectivity issues -Standardized system may not be solution to perceived problems</p> <p>Cost -False sense of economy because efficiencies may not be realized. -Potential increased staff cost (for some boards) if affiliation software changes local business model -Loss of investment/cost for building current knowledge-base -Electronic Health Record standards not yet known</p> <p><u>Disadvantages (initial transition)</u> -Increased time and cost for researching, selecting and implementing new system -Increased training for initial move to a new system -Difficulty in selling new system to clinical/admin staff -Data loss during the conversion to a new system -Running dual systems for a long period of time -Parochialism -Reports may need to be re-developed -Having to learn a new technology</p>		

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		-5x people involved, => than 5x amount of time for decision making -Quality is reduced -Productivity loss A report is due to Steering Committee in February.			
Video Conferencing	Newaygo and Gratiot have conducted some research on the video conferencing and learned that some items can be purchased for less than quoted by Gee Communications, however some cost the same or more. Overall it may work out cheaper for some boards to do some of the work themselves. The recommendation of this workgroup to the Steering Committee is to allow boards to move forward if they are comfortable with the quote, but make it easier for Boards who want to perform most of the installation work themselves. Specifically, IS will ask Toby to add language to the Gee contract to the effect that Gee will assist Boards who wish only limited Gee assistance on a time and materials basis (e.g., hourly rate). Boards wishing to start later should take a look at the quote and advise Chuck Dougherty or Toby Bayless where cost savings exist, e.g. equipment not needed and work that can be performed internally.				
FY06/07 Reporting	DCH has indicated we can submit 06/07 QI data in the 06 format; Files for October, November and December are due to the PIHP by January 17 th . The QI Audit Software has been updated and sent to affiliates.				
The Standards Group	The Standards Group continues to meet and is in the process of developing standards for electronic health records in Michigan. Chuck Dougherty and Bob Sheehan are members of the group. Patrick Barrie was present at the last meeting and discussed his desire for CMH boards across the state to utilize the same software system. The workgroup is tending to lean towards defining the standards of a software system, rather than identifying one system for the State to use. Chuck will continue providing updates to the IS workgroup.				
Meeting Schedule	The next meeting is December 19 th in Gratiot from 10:00 – 2:00. January 24 th will be in Ionia, with the length of time to be determined at the December 19 th meeting.				