Avatar DBHS Clinical Forum

Date: January 26, 2012
Time: 3:00-4:30
Location: 7001 A East Parkway,
Sacramento, CA 95823
Conference room 1

Facilitator: Kacey Vencill

Scribe: Gay Teurman

Attendees: (See sign in sheet)

Topic	Presenter	Start Time	Length
Welcome/Introductions • Children's and Adult MH providers were in attendance as well as Quality Management employees. The Avatar implantation team introduced themselves	Uma	3:00 PM	5 min
Discuss Purpose of Meeting • Opportunity for clinical folks to share information, discuss challenges and shape the clinical work as we move toward electronic health records. We envision this forum to facilitate information sharing between providers.	Kacey	3:05 PM	5 min
Review EHR Roadmap • Discussion about where we are in the roadmap took place. We have piloted our clinical documentation (CWS) and e-prescribing solution. Document imaging and consent management are moving forward as well. We are working towards Electronic Order Entry and will eventually have everyone fully integrated to an Electronic Health Record.	Kacey	3:10 PM	5 min
Provider Information Sharing • Pilot Site Feedback and Q and A • CHW discovered that the training as quickly as possible was helpful, having point people on site was very helpful, starting with progress notes is very easy to transition into plus has immediate gratification. It was faster and particularly if there was a phone call to document it was easy to experience this. The response was positive. • Another helpful task as part of the go-live event was to have someone go around and create a list of favorites for the clinicians. That took a lot of the frustration away	CHW	3:20 PM	10 min

for those that are less apt to like working on the computer. Sometimes even renaming the favorites in to more common language made it more user friendly. By taking things in bits and pieces it made it less overwhelming. • CHW tried to get people to think in terms of not having a paper chart even though we maintained the paper chart. By reinforcing the electronic chart it help to shift the culture. Knowing what was required and what was not really helped reduce overwhelm as well. *Q. How many clinical staff is using CWS at CHW?* *A. 10* *Q. What was needed for the staff to be efficient on the computer?* *A. Working with the favorites was the most helpful.* *Q. What were the checks and balances around supervisory roles?* *A. Everything was checked prior to having it finalized at first.* *Q. What if we want to have changes in the security rules like having other than supervisors sign the notes?* *A. The counties health record is set up according to how a county has to maintain a County Electronic Health Record per Quality Management policy.* *We picked very different types of agencies in our pilots so we could get a variety of levels of staff and need for quality controls to ensure that we have put adequate policies in place around security roles.* One way to make using this electronic format more user friendly, is to engage the client while you are capturing what you are typing and have the client involved in what actually goes in their chart. *Q. When is the right time to inform the ED of the provider to update the equipment so that we can use Avatar with ease and efficiency?* *A. NOW and the minimum and recommended specifications are located on the website.* CAPS has distinct experience because they mostly have doctors that use CWS and this is a different challenge. CWS has also changed the way that there clerical do their job. Encourage staff to jump in and not worry! Uma described the CWS issue log regarding feedback from the pilot sites, and there were 179 issues with 30 left remaining. An example of the log was displayed.			
Support/Assistance – What to do when you have a	John/Kacey	3:30 PM	5 min

question • **Avatar email (avatar@saccounty.net)** • **Avatar Support Line (916-876-5806)**—this phone number is for obtaining a new password when you get locked out and the help on the phone is limited by design. Use the mail box for questions other than passwords. • **http://www.sacdhhs.com/default_old.asp?WOID=MBR** (project website) - All of our information around Avatar support and assistance is on the project website. There are now three new tutorials for learning how to type for people that have never used a keyboard before. • We are also developing a training plan with a training coordinator and ramping up staff for the go live efforts.			
Review Scope of Clinical Documentation • DBHS Core Assessment • LOCUS • CANS • CODA • ASI • *TASI (Coming for ADS's Use) • Progress Notes (Individual and Group) • Treatment plan/Service Plan NOTE: There is now an assessment (Core Assessment) and a client plan (Treatment plan/Service plan) as opposed to the ACP that we are used to using.	John/Kacey	3:35 PM	20 min

SacHIE Update
• **Pilot Update-going well-** Every site has its uniqueness but there are no show stopper issues. Issues are being resolved and working fine. We have a meeting tomorrow to look at CWS policy issues.
• **Master Forum Schedule**- yesterday evening there was an e-mail with the master schedule link. Alternatively, you can go to the project website and you will find the master schedule there. This has been a little confusing because we now have three Forums each month.
  • **ADS specific Practice Management User Forum**
    • **DBHS Clinical User Forum Management**
    • **MH Practice Management User Forum.**
Folks have wondered who should go to which forum? The clinical forum is really designed for clinical folks who will be directly involved in using CWS or the clinical platform.
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• **High Level Schedule Update**- There are a number of reasons that the schedule has been delayed. The most significant delay is that we are awaiting the official release of MyAvatar by Netsmart prior to going live with any additional sites
	Kacey	3:55 PM	25 min

• **MyAvatar Sneak Peek-demo** A preview of the MyAvatar "Sandbox" was demonstrated. MyAvatar offers all the same options and features but the views will look different. Each person's roles/job/permissions will determine their individual home screen. Example: Supervisor, front office staff, billing staff. • Some features include being able to: • Dock and Undock widgets • Forms are now called forms instead of "options" • Searching is now very user friendly • Zooming in and zooming out functions to increase and decrease the information presented on screen • Toggle in between different forms (i.e. admission form and financial eligibility) • Toggling between client records is easy as well • The navigation is so much more efficient. There is also a "My preferences" where you can design what colors you would like for your personal Avatar view. • "My Forms" takes the place of "My Favorites." The menu paths are still the same if you currently chose to use these. • Also the help button will now give us contact sensitive help; if I am in progress notes it will take me to progress notes help. • The training time for My Avatar is less than two hours for those who have been using Avatar, based on information we received from other California Counties. For new users, they will go live using My Avatar. • We are looking forward to the implementation of My Avatar. *Q. Can we add additional clinical tool, like a Trauma assessment?* *A. As we move forward it is likely that we might add additional assessment tools. Whether it is the one you would use or not is unknown at this time. Theoretically, users could scan it using document management but the data would not be captured discreetly for reporting.* *Q. Will we be scanning our charts into Avatar before we go live?* *A. There are still policy decisions being made around this.* *Q. With our existing clients when we go live will be required to complete treatment plans in Avatar for all our existing clients?* *A. The documentation for the client will be completed based on their current paperwork cycle.*			
Open Forum- Information covered in previous sections	All	4:20 PM	15 min