MINUTES: Avatar Process Improvement Committee meeting

4/4/24

Present: Cynthia Nollenberger, Dave Chicoine, Sara Avila, Madea Owen, Shelly Barker, Mary Zinsmeyer, Israel Balderas, Karen Hackett, Rosalie Evans, Veronica Gonzalez, Dagny Blaskovich, Jessica Stone, Grace Salvidar-Napoles, Bernadette Franzel, Beloved Bolton, Veronica Campos, Daniel Crews, Jen Gosk, Amanda Crowder, Dylan Jones

Review of Mission statement – users group to make recommendations for change, specifically:
The Avatar Process Improvement Committee is an established bi-weekly NetSmart Avatar user group with representation from County Behavioral Health and Contract Partners, including providers, supervisors, and management, with the intention of evaluating change recommendations and making programming decisions to improve the electronic health care system.
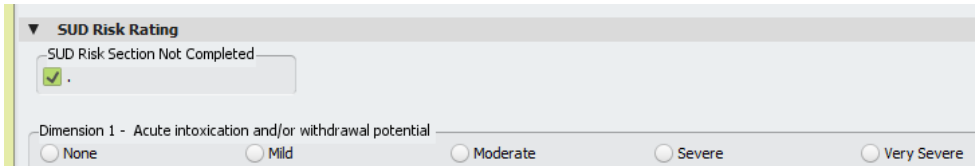
1) Assessment Widget Updates

Last Assessment Date

EP #	Program Name	Status	Psychosocial	MSE	Diagnosis	CANS ANSA	ALOC	ASAM RE	TX PLAN	CSI	CalOMS
5	County - Pre Admit Outpatient	Need Update	X	X	09-13-2023	X	✔	✔	X	X	✔
7	County - SUD Outpatient	Need Update	✔	✔	X	✔	01-23-2024	X	X	✔	X
2	County - SUD Pre-Admit	Need Update	✔	✔	X	✔	01-23-2024	X	X	✔	X
6	Janus - Peri Adult Long Term Res	Need Update	✔	✔	10-20-2023	✔	01-23-2024	X	04-10-2024	✔	10-20-2023

  a. Three new Widgets for Compliance Tracking: MH Children's, MH Adults, and SUDS

      i. IT: Israel is the lead

      ii. Committee has made recommendations for Widget fields

- Israel offered real time demo of the 3 widgets displayed at once; can update view in preferences
- SUDS-specific discussion of what ought to be included in widget
- Israel will share a spreadsheet that Nancy had created that has time-frames for inclusion/exclusion; clarify order of fields; Dave and Sara will update these details for SUD
- Status is UAT

- Rosalie Evans – Encompass QI...recommends Children's MH – a recommended change of the label to be: "MH Children's Last Documentation date" and then align accordingly: "MH Adult Last Documentation date" and "SUDS Last Documentation date"
- To avoid confusion, QI staff will need to announce this to all BH when this goes live
- Jen Gosk – questioned if ROI could be something that could be populated here in this view; agreement that ability to see current ROI is important; ROIs are rather buried in the "scanned in portion of the record"; Dave notes there is an ROI module built in Avatar, but SC County doesn't use it; decision was made to stay with paper-based ROI; others have asked for the same thing; Team QI will discuss this

- Grace notes that there is universal ROI state effort that Children's has signed onto. She suggests QI ought to be involved. SCHIO likely not involved. Grace will share meeting information with Shelly.

2) CalAIM Assessment Form

- Assessment Portion for Integrated Services determining SUD Risk Rating:
  i. IT: Dylan is the lead
  ii. Committee has made recommendations for a button to Enable or Disable section
- Big picture: MH to replace the psychosocial assessment
- QI plan is to finalize a training
- Avatar improvement goal is to turn the SUD rating scale either On or OFF for SUD – need to complete the disabling of the rest of the form
- Dave offered description of other functionality of the CalAIM assmt
- Need to change labels on Types of Services- see snippet – change "Peer Support Specialty Services" to "Peer Support Specialist Services"

3) **New "Medical Note" form (for County Prescribers only)**
- Ensuring the new Medical Note services are known and located in the chart
    - i. IT: Dylan or Daniel? is the lead (NX Platform)
    - ii. Committee has made recommendations Medical Note services to appear on Service History Widget and the Location Code appears on the Progress Note
- Location and nuance – calendar has a location field; but this is not present in the "Ambulatory Progress Note" – unclear if the location is populated in this type of note; Daniel will look into it and get back to us.
- Goal is to be clear/visible to all Avatar users when a client saw a practitioner.

4) **SUBG Care Plan Progress Note Type & Template**
- SUDS will add a new Progress Note Type and Template for SUBG Care Plan
    - i. IT: Daniel w/ Nancy are the lead
    - ii. Committee has made recommendations for SUDS (Sara Avila, QI) to seek final approval of template text. Sent Friday 3/29/2024 – due by 4/5/2024.

- From communication noted above, Sara has heard back from one provider that they like it; Sara seeks any additional feedback; Bernadette says Encompass team has no recommended changes
- This template is NOT required and can be modified by user
- Sara will share the final decision/documents to Daniel and Nancy;
- Goal is to finish this and to go live; Daniel is lead to make this "live" and to work with Nancy to make this happen – add system template and then drop down list for progress note
- Announcement – Sara can offer an email announcement when this is live to SUBG providers

Idea of a QI newsletter to offer announcements for when enhancements go live; general agreement that there is room for improvement in making timely announcements

5) **Peer Support Specialist Services (Group Service Code Billing in SUDS)**
- Goal: Ensure that Peer Support Specialist Group services are billed in Episodes
- Clarify: Issues with limitations to billing based on LOC enrollment:
    i. Avatar Group note form/template does allow you to add client from multiple LOCs. (Example 3.5 Res and 2.0 IOP clients can be in one Peer group). Needs testing. *Janus has not launched groups for peers due to this.*
    ii. When a client is discharged from an LOC, the Episode is closed; but Janus wants to provide continued Peer services after LOC discharge.
    iii. There can be a standalone Peer level per DHCS.
    iv. Possible workflow solutions:
        1. Client discharges from an LOC but keeps the Episode Open to bill Peer services.
        2. Create a new Peer Support Specialist Episode per County or CBO (for billing)
        3. Bill Peer services in the Recovery Support Services (RSS) Episode
- Jessica from Janus affirms – episodic change would resolve group issue...if we enrolled everyone in RSS
- Jessica would not be looking at blending episodes but rather would need to edit the service codes: residential vs NTP vs IOP – scratch notes flexes
- Goal to do a group with any client
- Sara learned from Nancy that it is possible to achieve this; need to go into UAT to test this and need someone whose taxonomy is Peer Support Specialist to add clients from two different programs into one group
- Nancy has information about taxonomy and can test things
- Possible workflow solutions: Sara suggests we need to talk to wider group; may need to add more service codes – next step is to bring this to an existing QI/SUDS meeting tomorrow on 4/5 to make a decision
- Current practice is that we are discharging and closing down the episode at LOC; could we discharge and leave episode open? Amanda questions the idea of stand-alone case management episodes as another way to approach this issue;
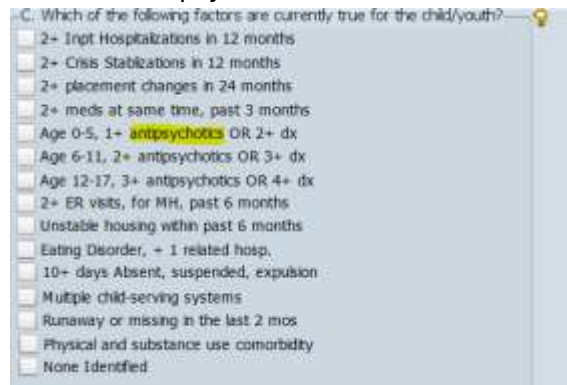
technically Peer Support, RSS and Care Coordination can all happen as stand-alone episodes

6) SRDL Log Report

        i.   IT: Dylan is the lead

        ii.   DHCS audit has requested SRDL logs with full text boxes

        iii.   Recommendation from Dave (QI) to have printable record of an individual SRDL

- SRDL Log Report – linked to MHP/DMC-ODS audit – there are questions about care coordination for MHP and MCP – thus need to share SRDL, having to do multiple screenshots and thus proposing creation of SRDL report
- The use case is beyond just that of the audit deliverables
  - i.   Daniel – asks if DHCS is looking for the data or how we're capturing it
  - ii.   Dylan created a prototype and is iterating with Dave; Dylan is testing it and will move it to production

7) ISS/ICC Form and Report

        i.   IT: Dylan is the lead

        ii.   ==Clarify== Requested change "psychiatric medication" to "psychotropic medications" because not all kids are on medications. Change from "antipsychotics"? See below

        iii.   Recommendation to add name of person submitting form on the report; should be the user who submitted the form last.

- The wording should be "psychotropics" - Dylan will update wording
- ISS – name – looks good

8) ASAM Brief tool

        a.   Spanish language version needed.

            i.   IT: Dylan is the lead

            ii.   ==Clarify:== Is this request to add English/Spanish labels to the form or report?

- ASAM Brief Screening tool – request to update the labels – parallel text; Spanish form is available
- Veronica asserts the Spanish version is not an ideal translation. She will look at it next week, make recommendations to QI and QI will route to Dylan once content solidified.