



COUNTY OF SAN MATEO
Inter-Departmental Correspondence
Information Services Department



DATE: April 2, 2012
BOARD MEETING DATE: April 24, 2012
SPECIAL NOTICE/HEARING: None
VOTE REQUIRED: Majority

TO: Honorable Board of Supervisors

FROM: Chris Flatmoe, CIO/ Director, Information Services
Jean S. Fraser, Chief, Health System
Stephen Kaplan, Director, Behavioral Health and Recovery Services

SUBJECT: Amendment No.6 to the Agreement with Netsmart Technologies, Inc.

RECOMMENDATION:

Adopt a Resolution authorizing the President of the Board to execute Amendment No. 6 to the Agreement with Netsmart Technologies, Inc. for the addition of "Meaningful Use" features to the Management Information System and maintenance/support, increasing the Agreement's maximum obligation by \$605,479 for a new total maximum obligation of \$6,542,626 with no change to the term of February 26, 2008 through February 28, 2015.

BACKGROUND:

On February 26, 2008, your Board approved Resolution # 069291, which authorized an Agreement with Netsmart New York, Inc. (Netsmart) for the purchase and implementation of an Electronic Health Record (EHR) for Behavioral Health and Recovery Services (BHRS) for the term of February 26, 2008 through February 28, 2015 in the amount of \$3,759,409. Netsmart New York, Inc. is now known as Netsmart Technologies, Inc. and the name change has been duly noted. On October 7, 2010, the parties entered into Amendment No. 1 to update the Business Associate terms of the Agreement, and on November 1, 2010, the parties entered into Amendment No. 2 to adjust the budget allocations within the Agreement for specific services with no overall change to the term or contract amount. On November 2, 2010, your Board approved Resolution # 071125, authorizing Amendment No. 3 for \$889,034 to support the acquisition and implementation of an EHR in support of the Family Health Services Division (FHS). On May 26, 2011, your Board approved Resolution # 071421, authorizing Amendment No. 4 for \$1,288,704 to extend the Netsmart Avatar software to provide EHR services to BHRS Alcohol and Other Drugs (AOD). On June 30, 2011 the parties entered into Amendment No. 5 to adjust the Fiscal Year 2010-11 payment terms with no change in budget.

DISCUSSION:

As part of Federal Healthcare reform legislation in 2010, the Centers for Medicare and Medicaid Services (CMS) created incentives for healthcare providers to adopt electronic technologies combined with improving health outcomes in a series of three “Meaningful Use” stages (Stage 1, 2, and 3). Currently BHRS has met at least 8 of the 25 standards to qualify for eligible professional-based reimbursement for Stage 1. It will meet other standards by using the existing software and introducing new workflow such as gathering vital signs in the existing EHR. To reach the goal of 25 standards, this Amendment adds three specific Netsmart software modules: OrderConnect, Careconnect and Consumer Connect which the vendor warrants will support compliance with the published and future revisions of the CMS Meaningful Use standards. Examples of the new features include (a) incorporating clinical laboratory results, (b) exchanging key clinical information, and (c) providing electronic access through patient portals, for improving clinical care through information technology.

The Amendment was reviewed by ISD for compliance with County Technology Standards. In addition to updating the contractual name of Netsmart, this Amendment continues compliance with the County’s Ordinances, as well as all other contract provisions that are required by administrative memoranda. County Counsel has reviewed and approved the Amendment and Resolution as to form.

Approval of this Amendment contributes to the Shared Vision 2025 outcome of a Healthy Community by ensuring BHRS’s single mental health EHR improves care by increasing use of electronic prescriptions, laboratory results, and offering a consumer portal for consumers to begin to access their personal health information through secure electronic means. It is anticipated that 25 Stage 1 standards will be met by June, 2014.

Performance Measure:

Measure	FY 2011-12 Actual	FY 2013-14 Projected
Meaningful Use Stage 1 Standards Met by BHRS *	8 standards met	25 standards met

* See Attachment 1

FISCAL IMPACT:

The term of the Agreement remains February 26, 2008 through February 28, 2015. The amount of this Agreement will increase by \$605,479 for a new total maximum obligation of \$6,542,626. For FY 2011-12 the cost will be \$80,500, and for FY 2012-13 the cost will be \$83,039. The remaining costs will be incurred during the remaining term of the Agreement. The total increase will be funded through federal Meaningful Use funds. It is anticipated that BHRS will receive \$890,000 in Meaningful Use funding in FY 2011-12, and \$385,000 annually in FYs 2012-16. These expenditures and revenue are included in the FY 2011-12 Adopted Budget and in the Recommended Budget for FY 2012-13. There is no Net County Cost.

Attachment 1

8 Standards met FY 2011-12	25 Standards met FY 2013-2014
<p>Core Measures</p> <ol style="list-style-type: none"> 1.E-Prescribing (eRx) 2.Drug-drug and drug-allergy interaction checks 3.Record demographics 4.Maintain an up-to-date problem list of current and active diagnoses 5.Maintain active medication list 6.Maintain active medication allergy list 7.Record smoking status for patients 13 years or older 8.Protect electronic health information 	<p>Core Measures</p> <ol style="list-style-type: none"> 1.Computerized provider order entry (CPOE) 2.E-Prescribing (eRx) 3.Report ambulatory clinical quality measures to CMS/States 4.Implement one clinical decision support rule 5.Provide patients with an electronic copy of their health information, upon request 6.Provide clinical summaries for patients for each office visit 7.Drug-drug and drug-allergy interaction checks 8.Record demographics 9.Maintain an up-to-date problem list of current and active diagnoses 10.Maintain active medication list 11.Maintain active medication allergy list 12.Record and chart changes in vital signs 13.Record smoking status for patients 13 years or older 14.Capability to exchange key clinical information among providers of care and patient-authorized entities electronically 15.Protect electronic health information <p>Menu Set Objectives.</p> <ol style="list-style-type: none"> 16. Drug-formulary checks 17. Record advanced directives for patients 65 years or older 18. Incorporate clinical lab test results as structured data 19. Generate lists of patients by specific conditions 20. Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate 21. Medication reconciliation 22. Summary of care record for each transition of care/referrals 23. Capability to submit electronic data to immunization registries/systems* 24. Capability to provide electronic submission of reportable lab results to public health agencies* <p>Additional Set CQM</p> <ol style="list-style-type: none"> 25. Diabetes Management (A1c blood level < 8.0%)

These CMS standards are accessible on the Internet at:

[https://www.cms.gov/Regulations-and-](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads//MU_Stage1_ReqOverview.pdf)

[Guidance/Legislation/EHRIncentivePrograms/downloads//MU_Stage1_ReqOverview.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads//MU_Stage1_ReqOverview.pdf)