



**(Please Circulate)**

***MSDP UPDATE:***

This is the first in a series of UPDATES that will be provided to statewide stakeholders to help support awareness of the scope of work and progress being achieved in the Massachusetts Standardized Documentation Project (MSDP). MSDP is a statewide integrated development effort that will support Electronic Health Record (EHR) readiness for community-based providers of mental health and substance services and will support integration with other e-Health Initiatives in the state.

***MSDP Statement of Purpose:***

To design, develop and implement a standardized documentation process that includes identification of the required clinical processes and the specific data elements within each process that are needed to support the delivery of quality recovery focused services that are compliant with the requirements of all applicable funders and national accreditation bodies included in the scope of work. The secondary outcome of the MSDP will be to use the identified standard data elements to enhance the timely and cost efficient development of a standardized EHR.

***Scope of Work:***

The identified scope of work for the MSDP includes documentation requirements for services identified below:

- a. All Department of Mental Health community services
- b. Medicaid Mental Health acute services, regardless of health plan, carve out or Fee For Service status
- c. Services purchased by the Bureau of Substance Abuse Services
- d. Substance Abuse services purchased by Medicaid
- e. EATS, CBATS and Supported Education and Employment Services are included in the scope of work for the project.
- f. Programs that do not have an individual record will not be included in the scope of work (i.e., Disaster Response, Training, Trauma Response, Consultation Programs, etc.)

Within the context of the above services, the MSDP will support the development and implementation of the following scope of work:

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1. Develop the data elements necessary in each clinical form type to support an integrated standardize documentation approach statewide based on Ohio's SOQIC standardized documentation initiative refocused to Massachusetts requirements
2. Develop a data element dictionary and cross walk for all data elements in each form type
3. Provide compliance review to ensure the created form processes meet applicable state, federal and national accreditation requirements/standards
4. Develop a statewide documentation training manual based on the model used in the SOQIC initiative in Ohio
5. Use the MH/SA providers' technical assessment level survey completed by MHSACM to develop interim documentation solutions for community providers based on possible paper processes, electronic forms and/or EHR specifications
6. Provide technical assistance for the development of an RFP to select a vendor to create EHR specifications for application statewide with all vendor types (i.e., XML code model, etc.)
7. Provide training to support the documentation model and data elements developed to facilitate an understanding of how to use the new processes to support:
  - a. Medical Necessity linkage requirements
  - b. Recovery/Rehabilitation service delivery focus
  - c. Move to more fidelity between "what we do, versus what we write"

### ***Stakeholders Participating in MSDP:***

The organizations/stakeholders that are participating in collaborative MSDP are outlined below:

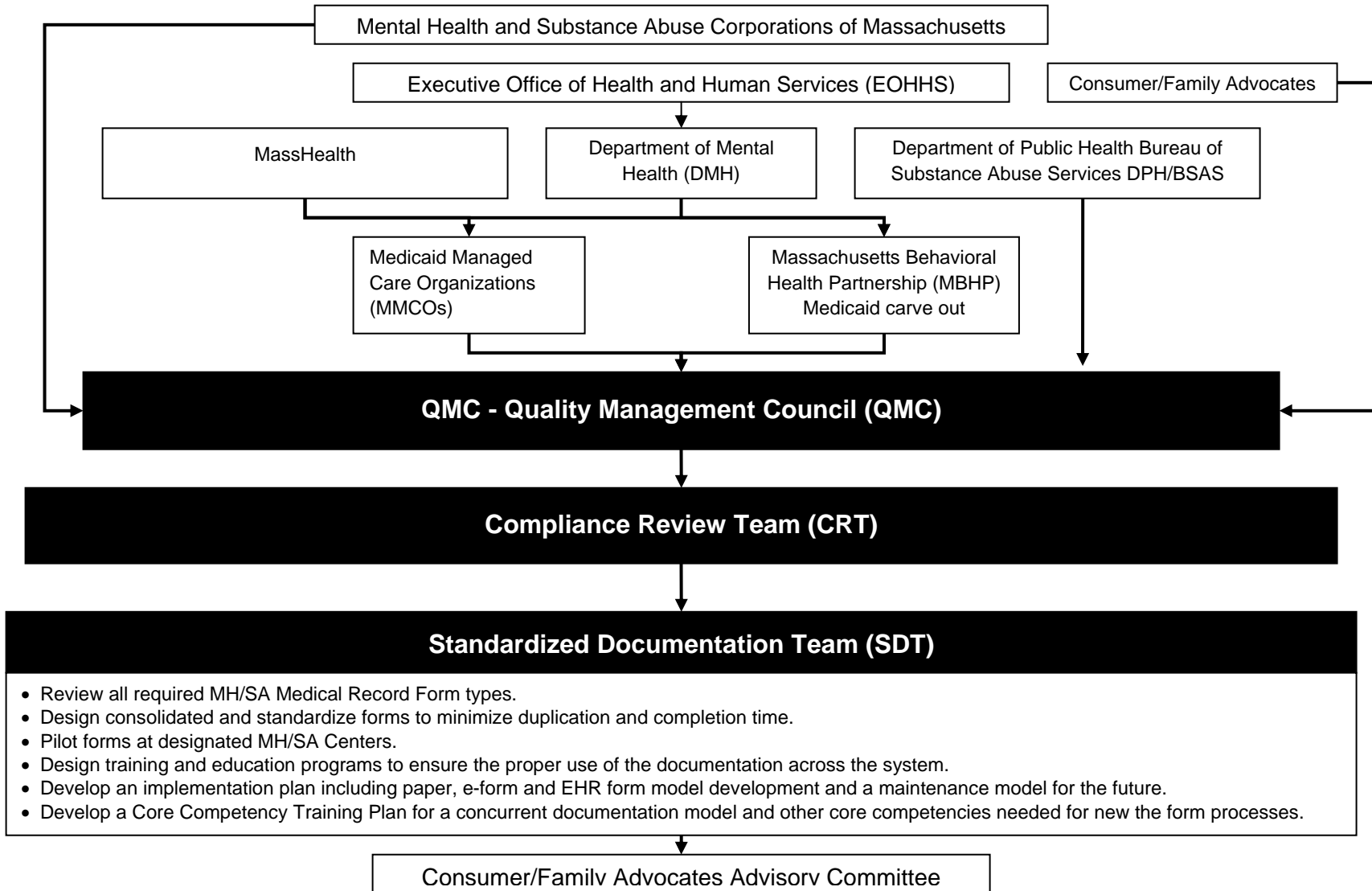
- Mental Health and Substance Abuse Corporations of Massachusetts
- Executive Office of Health and Human Services (EOHHS)
- Department of Mental Health (DMH)
- MassHealth
- Department of Public Health Bureau of Substance Abuse Services DPH/BSAS
- Massachusetts Behavioral Health Partnership (MBHP) Medicaid Carve Out
- Medicaid Managed Care Organizations (MMCOs):
  - BMC HealthNet,
  - Neighborhood Health Plan,
  - Fallon Community Health Plan
  - Network Health.
- Consumer/Families and Advocate Organizations:

### ***MSDP Organizational Model:***

The organizational model identified below was developed for the MSDP to provide an empowered and effective "top down" and "bottom up" support for the design, development and implementation of the statewide initiative. (Note: The specific responsibilities of each component of the MSDP organizational model will be identified beginning on page five.)

## Project Team Roles and Responsibilities Operational Structure

Similar change initiative consultation has benefited from an empowered Project Team organizational model that facilitates input and participation of all stakeholders within the state. Below is the operational structure for the consultation initiative that represents a coordinated project team approach operating under a Quality Management Council composed of appropriate stakeholder representatives:



**Timeline for MSDP:**

Below is the projected timeline that is incorporated into the MSDP in order for all project teams to complete their respective scope of work:

**NOTE:** "C" = Completed

Development Phases	2/07	3/07	4/07	5/07	6/07	7/07	8/07	9/07	10/07	11/07	12/07	1/08	2/08	3/08	4/08
	Phase One			Phase Two					Phase Three						
A. MHSACM Develops Initial Scope of Work and Project Timelines	C	C													
B. Approve Final Project Management Plan, Scope of Work and Timeline		C													
C. Constitute the Project Teams		C													
D. Provide Project Orientation of All Team Members			C												
E. Project Teams Design and Develop paper processes				C	C										
F. Project Teams Design and Develop a Training Manual															
G. Pilot the newly created forms and training manual															
H. Evaluation of all Forms and Manual															

## ***Role and Responsibilities:***

Below are the identified roles and responsibilities of the stakeholder represented teams that are identified in the MSDP organizational model:

***Quality Management Council (QMC)*** - The duties of the QMC are to review and approve all recommendations developed by the project teams and to develop an implementation plan to facilitate full implementation on a statewide basis of the documentation processes developed and approved.

***Compliance Review Team (CRT)*** - The CRT will be required to provide a full review all recommendations developed by the Standardized Documentation Team to confirm full compliance with applicable documentation compliance requirements.

***Standardized Documentation Team (SDT)*** - The SDT will developed recommended documentation processes/data elements needed to meet the requirements of the services identified in the scope of work, develop a training manual to support the recommended documentation processes/data elements, will pilot the newly developed models, send recommendations to the CRT for compliance review and submit reviewed recommendations to the QMC for approval and implementation.

***Consumers, Families and Advocates Advisory Committee (CFAAC)*** – The CFAAC will provide verbal and/or written feedback/recommendations to the SDT regarding documentation needs of consumers/families.

## ***Benefits of the MSDP Initiative:***

The creation and utilization of statewide standardized documentation data elements and processes can serve to benefit mental health and substance abuse providers at a variety of levels and in a variety of ways. While deliberation and further evaluation will continue to identify additional long term benefits, other similar initiatives have already observed some important benefits to this effort as listed below:

### **A. Clinical Care Benefits**

#### **1. *Enhances Clinical Care Approach:***

The clinical focus utilized represents a shift in concentration on providing and recording a treatment-focused process with emphasis on problem, process and methodology of treatment to a focus on the assessment and measurement of the clinical care and resiliency/recovery needs of the client. Specific attention has been given in the clinical documentation to identification of symptoms, behavior,

2. ***Client-Centered Recovery/Resiliency Focus:***

The new standardized forms/processes contain a more client-centered and recovery/resiliency based service focus on client needs and strengths that supports the assessment of the client's peer/family support, employment, meaningful activity, power and control, community involvement, education and access to resources needs and preferences. Integrating the resiliency/recovery needs of the clients is critically important to improvement in the clinical care of clients statewide that are addressed while at the same time blending in the need to demonstrate Medical Necessity and address important funding and regulatory requirements.

3. ***Reduction of Redundant Collection of Clinical Information:***

Clients, families, and advocates representatives have provided excellent feedback regarding how the standardized processes have reduced redundant information gathering by eliminating multiple assessments and service plan development per client, regardless of the number of clinical services he/she receives at the provider agency. The standardized forms/processes have at their core the principle, "Establish a documentation process that will commit to asking the client a question only once unless there is a justifiable clinical reason to ask the same question twice".

4. ***Enhanced Measurement and Duplication of Positive Outcomes:***

Standardized clinical documentation processes have demonstrated an improvement in the ability to measure clinical outcomes and enhance the ability to duplicate positive outcomes. Individual clinician practice variance is exacerbated by multiple documentation processes in that practice variance virtually eliminates the ability to accurately measure clinical outcomes and duplicate any positive results that have been demonstrated.

5. ***Enhanced Accessibility to Services:***

Streamlining the intake process through reducing/eliminating redundant diagnostic assessment and service planning processes has produced a reduction in the total time it normally takes to admit clients into services, which has also had a positive impact on reducing "intake no shows/drop outs".

## **B. Fiscal Benefits**

1. ***Staff Retention:***

Proactive adaptation of current service delivery processes to accommodate low redundancy standardized documentation models provides an ability for staff to "finish their work" at the end of each day resulting in higher morale.

2. ***Enhances Cost Efficiency of Standardized Process:***

With the current funding environment, it is imperative to develop more cost efficient documentation processes. A standardized low/no redundancy documentation process has proven to be more cost effective than historical program/unit based unique models that were replete with redundant recording of information from consumers. Additionally, standardized documentation forms/processes have dramatically reduced training costs.

3. ***e-Health Conversion:***  
All final forms/processes will be provided to MH/SA providers in a data element defined format that will support time/cost effective EHR implementation.
4. ***Enhances System-wide Accountability:***  
Standardized documentation has proven that it will enhance system-wide accountability in the following areas:
  - a. More objective determination of cost of services by virtue of utilizing more standardized documentation processes and volume.
  - b. Provides a much more objective comparison of clinical processes/services delivered statewide
  - c. Provides clients, families and advocates an ability to expect the same clinical documentation process regardless of which provider agency in the state they access.

### **C. Enhanced Compliance Benefits**

1. ***Meets Certification and National Accreditation Compliance Requirements:***  
All forms/processes will be reviewed in detail by a collaborative statewide compliance team to ensure compliance with state certification requirements, JCAHO/CARF/COA accreditation standards and Medicaid/Medicare documentation compliance requirements.
2. ***More Objective Reviews/Audits:***  
The move to standardized documentation has had a positive effect on minimizing a significant level of the historical subjective nature of site reviews.
3. ***Provides a Reduced Compliance Risk Environment:***  
More objective reviews due to use of standardized forms/processes within MH/SA centers provides a clinical service delivery environment that facilitates a higher level of compliance statewide.
4. ***Promotes a System Learning Environment:***  
Standardized documentation improves the ability to provide system wide change opportunities that promote compliance with Medical Necessity linkage documentation requirements, National Accreditation and state certification standards.

For further information regarding the MSDP, please refer to the MSDP UPDATE web site at: <http://www.mtmservices.org/UPDATE/> or contact Vic DiGravio, Quality Management Council Facilitator email address: [vdigravio@mhsacm.org](mailto:vdigravio@mhsacm.org) or by phone at (508) 647-8385.