CalMHSA
California Mental Health Services Authority
Compassion. Action. Change.

CONVERSION HOW-TO, BEST PRACTICES, LESSONS LEARNED

House Keeping Items

- Questions
  - Please put questions into the zoom chat, and please provide us your county in the question
  - We'll answer as many questions as possible in chat during the demo
  - There is a Q&A at the end of this section
  - There are Q&A sessions are at the end of the week

- All sessions will be recorded and provided to counties
- Please check that your microphone is on mute
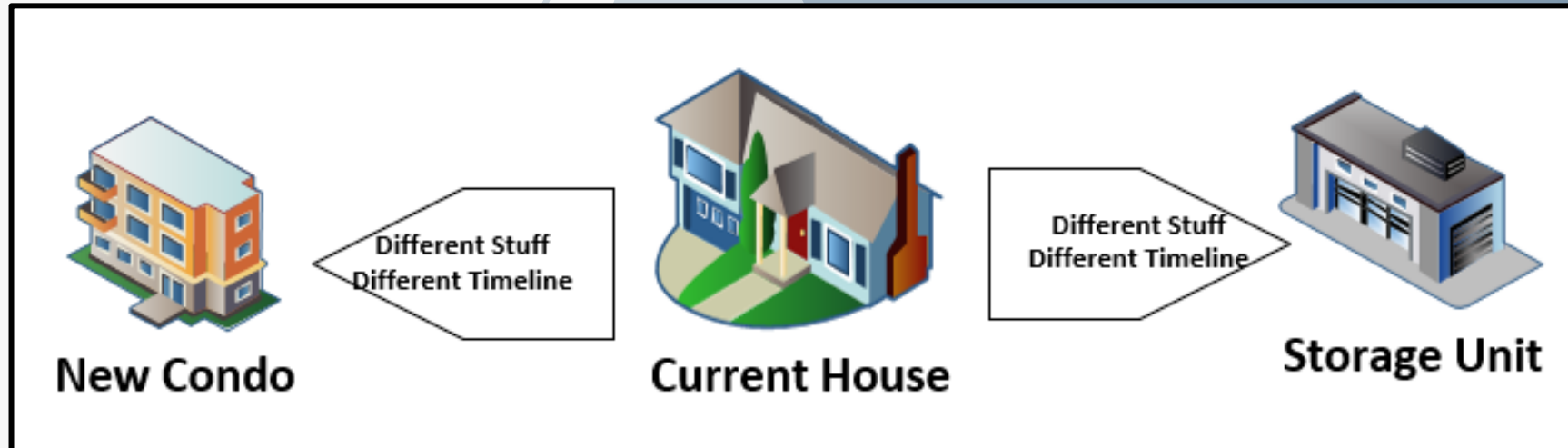- You can close video element of zoom for more visible area

Agenda

- Why are we here and what are we trying to accomplish?

- Go-live conversion vs. data archiving

- Go-Live Data Categories
  - What is included and what is not

- Go-live conversion data types
  - Discrete data elements – templates
  - PDFs

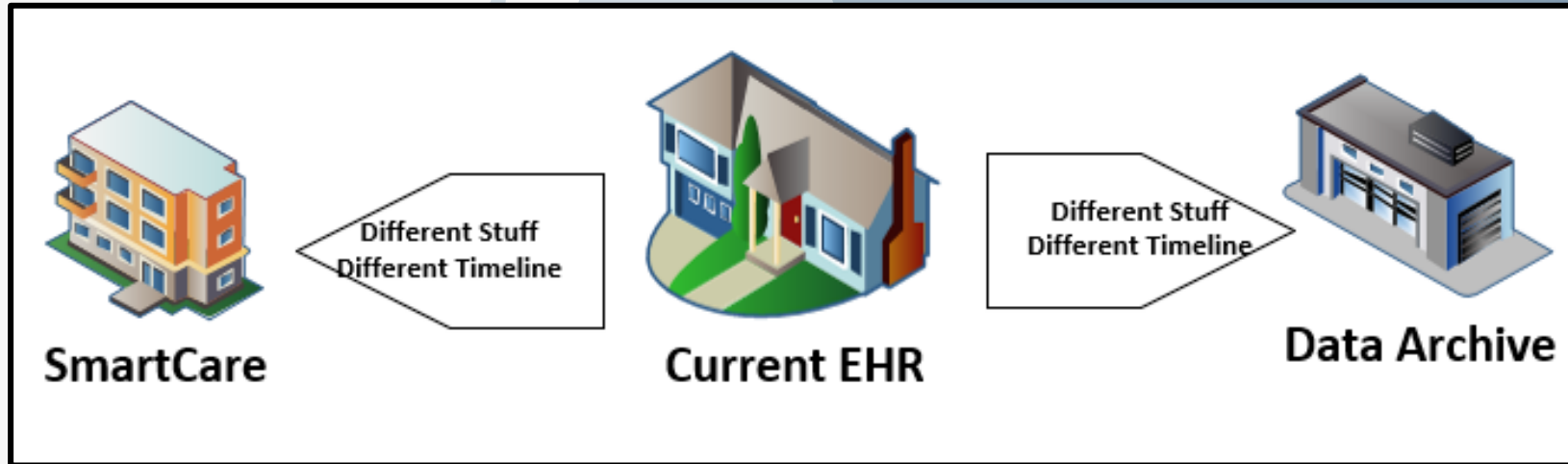- Go-live best practices and lessons learned

- Questions

Conversion – A Metaphor

- For the last 10+ years we rented and lived in a Huge House (Current EHR)

- Our needs have changed (You are no longer paid for Documentation Time)

- We are deciding to move to a smaller Condo (SmartCare)

- When you are envisioning the process of moving all your belongings (Data) from the house to the condo you need to consider:
  - The condo is smaller, so I cannot bring everything. I plan to rent a storage unit for the items I will not bring to the Condo (Data Archive)
  - The primary goal of the move is to bring to the Condo the items that I need the first day I am living there, and for daily living (Go-Live / Discrete Data). Who will pack this stuff?
  - There are some items (Family Photos) where I will want some in the Condo (Go-Live / .PDF) but others can be moved to the storage unit (Data Archive)
  - <u>While I plan to cancel the lease on my house, that will not happen for 6-12 months after I move to the Condo, so I do not need to make all decisions about what goes to the storage unit until then because I will have access to these items while they are still in the house (Data Archive)</u>

Conversion – A Metaphor

New Condo ← Different Stuff / Different Timeline → Current House ← Different Stuff / Different Timeline → Storage Unit

Two Different Efforts – Conversion vs. Archive

SmartCare — Different Stuff Different Timeline — Current EHR — Different Stuff Different Timeline — Data Archive
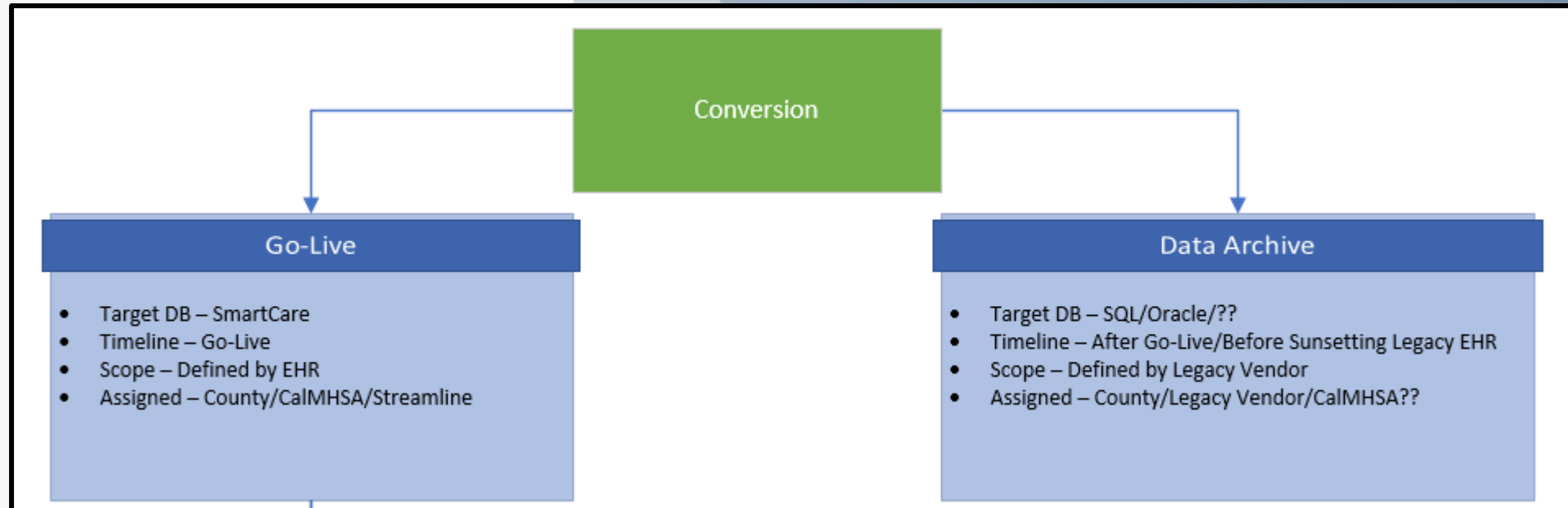
Two Different Efforts – Conversion vs Archive

- What do we need to accomplish with the Conversion Effort:
  - The primary goal of this effort is to convert data to support the County's on-going operations starting the first day of Go-Live (Go-Live)
  - The County has the responsibility to extract this data from their current system and/or create .pdf reports to be uploaded (Go-Live)
  - There are limitation to what data can/should be converted. The County needs to make decisions about what is converted The County needs to develop a plan for the items that it still needs, but will not be converted into SmartCare (Data Archive*)
  - The County will need to execute their plan to support the archiving of old data not converted into SmartCare (Data Archive*)
    - The timeline to complete this effort is driven by the end-date of the County's contract with their current vendor

*Data Archive – More details later, but for the Counties that are interested, CalMHSA can assist with this effort as a separate project

Conversion – Two Different Efforts

Conversion

Go-Live
- Target DB – SmartCare
- Timeline – Go-Live
- Scope – Defined by EHR
- Assigned – County/CalMHSA/Streamline

Data Archive
- Target DB – SQL/Oracle/??
- Timeline – After Go-Live/Before Sunsetting Legacy EHR
- Scope – Defined by Legacy Vendor
- Assigned – County/Legacy Vendor/CalMHSA??

Conversion – Literal Goals

- We are looking to migrate from your current/legacy EHR to SmartCare

- CalAIM has reduced the documentation requirements on a go-forward basis

- You County has elected to participate in CalMHSA's Shared EHR
  - CalMHSA will maintain several elements of the system
  - The new system will be more streamlined

- What do we need to accomplish with the Conversion Effort:
  - The primary goal of the conversion convert data to support our on-going operations starting the first day of Go-Live.
  - Not all data in your current system supports this primary goal. We need to make decisions about what is to be converted. *
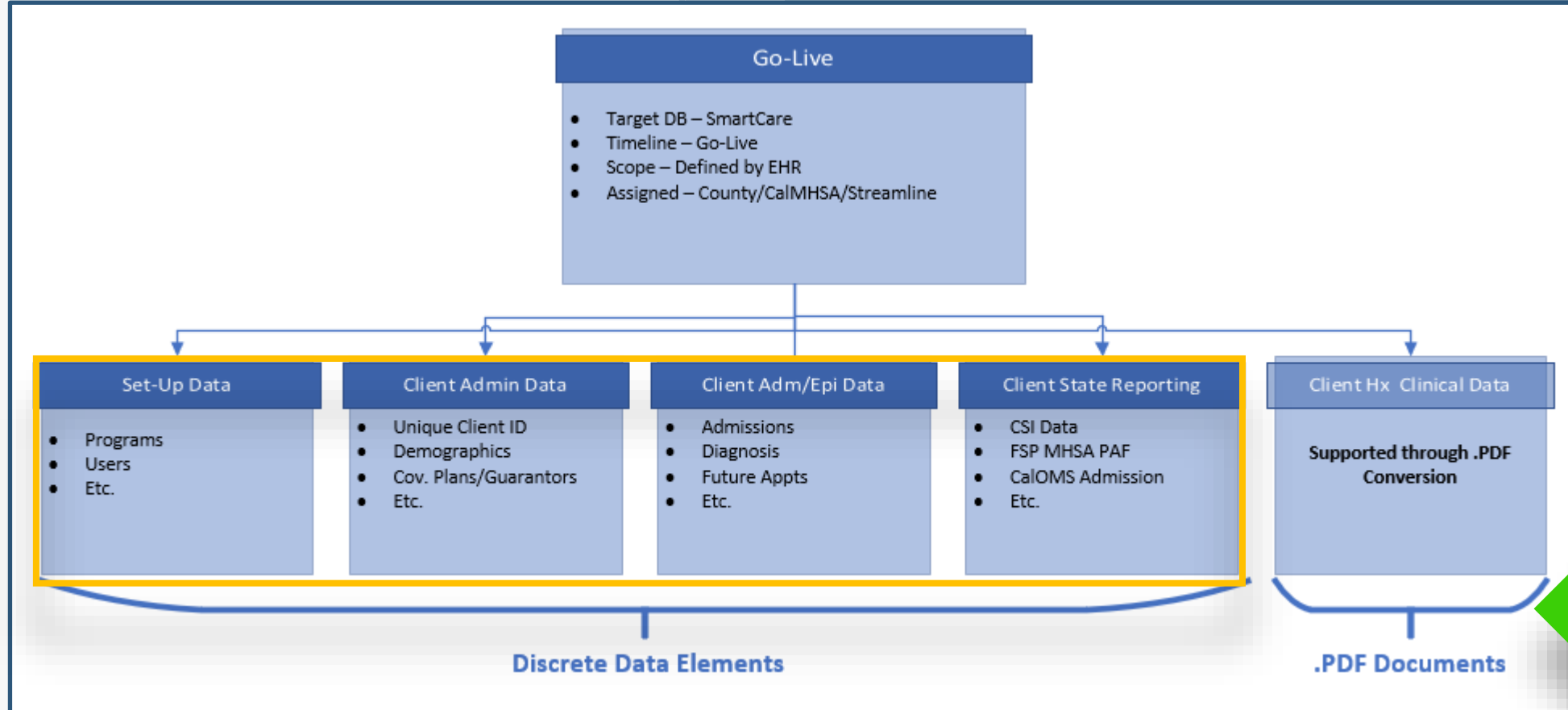 - We need to Extract, Transform, and Load the data into SmartCare **by Go-Live**

*Data Archive – Separate project

Conversion Primary Focus – Go-Live

- The "Go-Live" conversion should be the primary focus of our efforts
  - A County CANNOT Go-Live without this being completed
  - The success of the Go-Live Conversion determines the organization's ability to continue operations in SmartCare upon Go-Live

- The Scope of the "Go-Live" conversion is dictated by
  - First – What Streamline supports
  - Second – Decisions made by the County in anticipation of the Conversion
  - Third – What the County is able to extract from their current EHR

- The Go-Live Conversion will consist of two different approaches:
  - Discrete Data Elements – This is where data is converted from a table/column in the current EHR into a corresponding table/column in SmartCare.
  - .PDF File – This is where data in your current EHR that does not have a direct corresponding table/column in SmartCare, but presenting a user a view of this information is important for continuity of clinical care

Conversion Primary Focus – Go-Live

- Generally there are five categories of data supported via the "Go-Live" Conversion
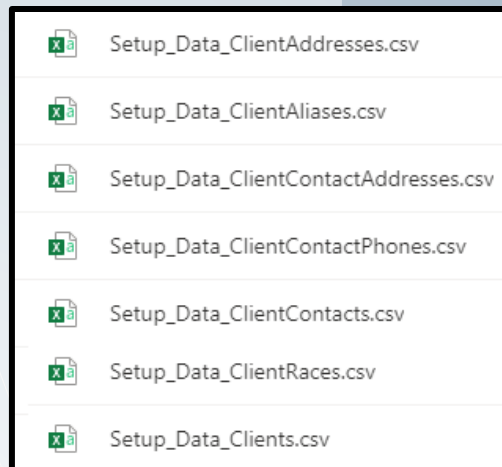

Go-Live
- Target DB – SmartCare
- Timeline – Go-Live
- Scope – Defined by EHR
- Assigned – County/CalMHSA/Streamline

Set-Up Data
- Programs
- Users
- Etc.

Client Admin Data
- Unique Client ID
- Demographics
- Cov. Plans/Guarantors
- Etc.

Client Adm/Epi Data
- Admissions
- Diagnosis
- Future Appts
- Etc.

Client State Reporting
- CSI Data
- FSP MHSA PAF
- CalOMS Admission
- Etc.

Client Hx Clinical Data

Supported through .PDF Conversion

Discrete Data Elements

.PDF Documents

Go-Live Conversion – Discrete Data Elements

- Discrete Data Elements – This is where data is converted from a table/column in the current EHR into a corresponding table/column in SmartCare.

- Supported through the Excel spreadsheets called the "Conversion File Format Templates"

- Each "Conversion File Format" corresponds to a table in SmartCare

- After conversion, these "Discrete Data Elements" will available through the SmartCare application and can be viewed/updated. It will be like they were entered by a user.

- Understanding what data should be provided in which "Conversion File Format" requires understanding SmartCare, your current EHR, and how common functions of an EHR are supported in both:

  - My EHR collects Client Demographic Data > SmartCare collects Demographic Data

    - Does SmartCare have a corresponding field for all the Demographic Data I currently collect?

      - If not, why do we currently collect this data? Is this a go-forward requirement?

    - Does SmartCare collect data for fields we do not support?

      - Why does SmartCare collect them?

      - What happens if we cannot provide this data?

Go-Live Conversion – Discrete Data Elements

- Each Electronic Health Record is different. To perform a successful conversion, you will need to identify the similarities and differences

- Just because they are different, does not mean that one is right and one is wrong

- Examples of differences

  - In Avatar, a client's "Demographic" information is stored in two tables

    - Patient_current_demographics

    - Patient_demographic_history

  - In SmartCare, a client's "Demographic" information is spread out across several tables, each with a different conversion template:

📄	Setup_Data_ClientAddresses.csv
📄	Setup_Data_ClientAliases.csv
📄	Setup_Data_ClientContactAddresses.csv
📄	Setup_Data_ClientContactPhones.csv
📄	Setup_Data_ClientContacts.csv
📄	Setup_Data_ClientRaces.csv
📄	Setup_Data_Clients.csv

Go-Live Conversion – Discrete Data Elements

- Examples of differences
  - In Anasazi, on the Demographic Form/Screen, it captures:
    - Born in the USA*
    - Born in California
    - Place of Birth County
    - Place of Birth State
    - Place of Birth: Country
  - These are all fields associated with the Mental Health CSI Report. In SmartCare they are collected on the screen where CSI Data is collected

CSI Standalone Collection

First Name at Birth	BRUCE	Last Name at Birth	SPRINGSTEEN
Place of Birth - Country		Place of Birth - State	
Place of Birth - County		Gender	
Primary Language		Preferred Language	

* Not his best album. That would be "The River"

Go-Live Conversion – Discrete Data Elements

- Examples of differences
  - The values in your current system may not be in perfect alignment with the global codes in SmartCare.

In your current system, you might have a pick-list for the field "Marital Status" with:

Code	Description
NM	Never Married
M	Married
S	Separated
D	Divorced
W	Widowed
Unk	Unknown

And in SmartCare the values for "Marital Status" are:

GlobalCodeId	Category	CodeName	Code
56297	MARITALSTATUS	Never Married	1
56298	MARITALSTATUS	Married	2
56299	MARITALSTATUS	Separated	3
56300	MARITALSTATUS	Divorced	4
56301	MARITALSTATUS	Widowed	5
56302	MARITALSTATUS	Unknown	7

- In some instances, your installation of SmartCare may be updated to support your codes.
- In other instances, in order to standardize across all Counties, the values available in SmartCare be sacrosanct. As such:
  - The **GlobalCodeID** in SmartCare need to be provided in the Conversion Files.
  - This will mean that Counties will need to include "Translation Logic" in their Conversion Efforts
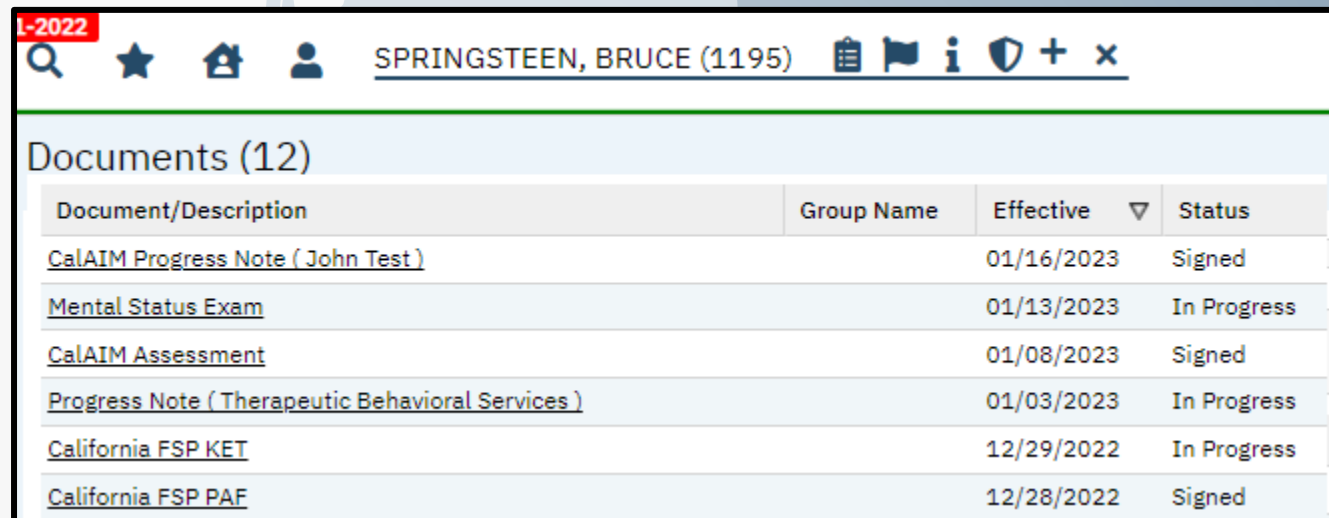
Conversion Primary Focus – Go-Live

- Generally there are five categories of data supported via the "Go-Live" Conversion

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Client State Reporting
- CSI Data
- FSP MHSA PAF
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Client Hx Clinical Data

Supported through .PDF Conversion

Discrete Data Elements
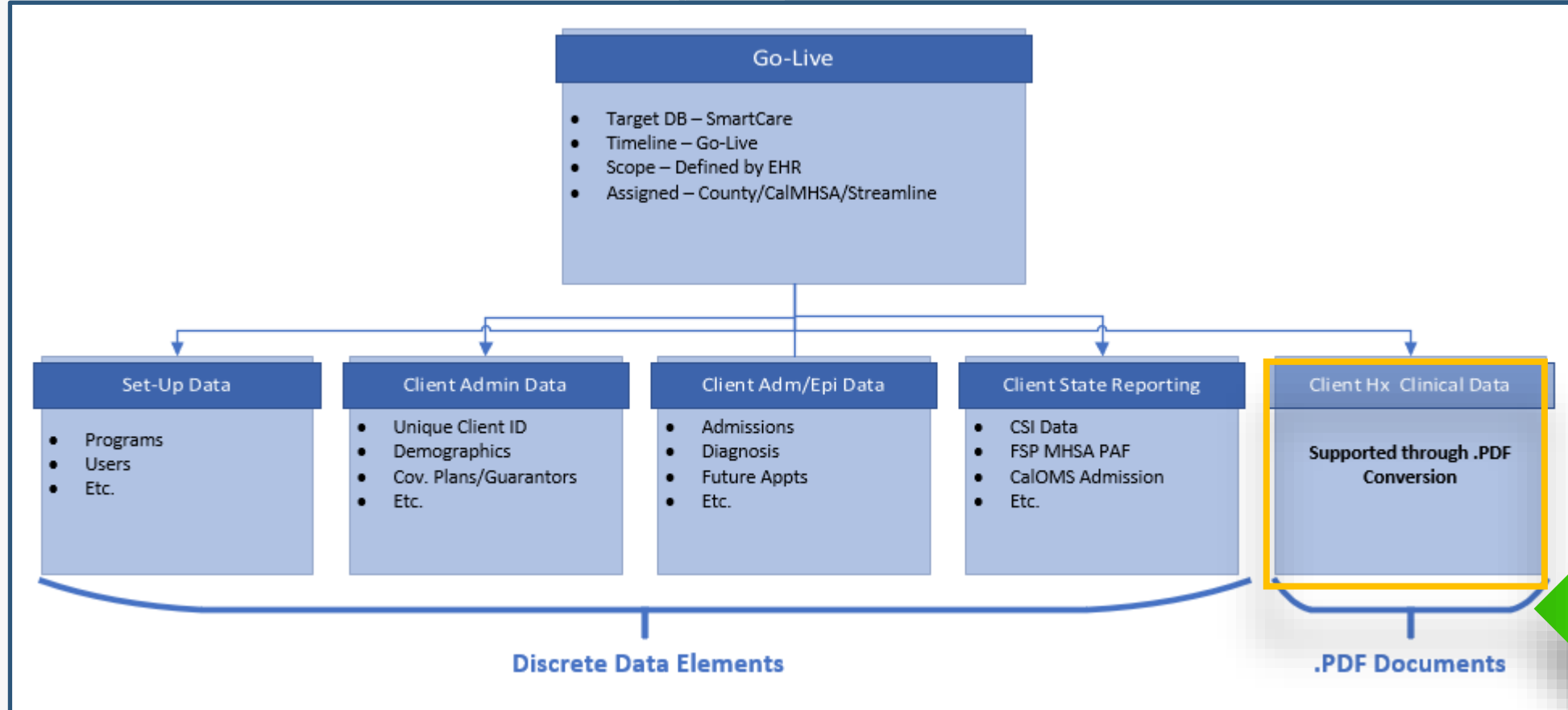
.PDF Documents

Go-Live Conversion – .PDF Documents

- In SmartCare, there is a construct of a "Document". Whenever a user "signs" a record that they entered through a screen/form, SmartCare creates a .PDF image/report as a picture in time

- Based upon the different types of screens, these "Documents" are able to be grouped

- Various functions throughout SmartCare then provide users the ability to view these .PDF Documents

Go-Live Conversion – .PDF Documents

- In addition to discrete data, the conversion effort supported by Streamline includes the ability to upload .PDF documents into the system for viewing by privileged users

- When a clinician signs a document in SmartCare, the system already knows:

    - The client for whom the document is being created

    - The specific program/assignment/episode for which the document is associated

    - The clinician that signed the document

    - The type of document being created

    - The name of the .PDF file (the process is creating and naming the file)

- In order to convert .PDF files, all these elements need to be provided

Go-Live Conversion – .PDF Documents

- There are three high-level steps the county needs to complete for the .PDF Conversion

  - Step 1 – The county will need to define one or more "Document Types". These document types is what the user will see as the means to understand that if they select that document, they should expect to see a certain type of report/.PDF

  - Step 2 – The county will need to create/gather the actual .pdf files that they want converted

  - Step 3 – The county will provide a conversion file with "meta data". This is the information that will create a record in the SmartCare system which provides all the crucial information of:

    - The client for whom the document is associated

    - The specific program/assignment/episode for which the document is associated

    - The clinician that should be associated with the document

    - The type of document being created

    - The name of the .PDF file that should be opened by the system when a user selects the record in the application

Go-Live Conversion – Data Categories

- Generally there are five categories of data supported via the "Go-Live" Conversion

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Discrete Data Elements

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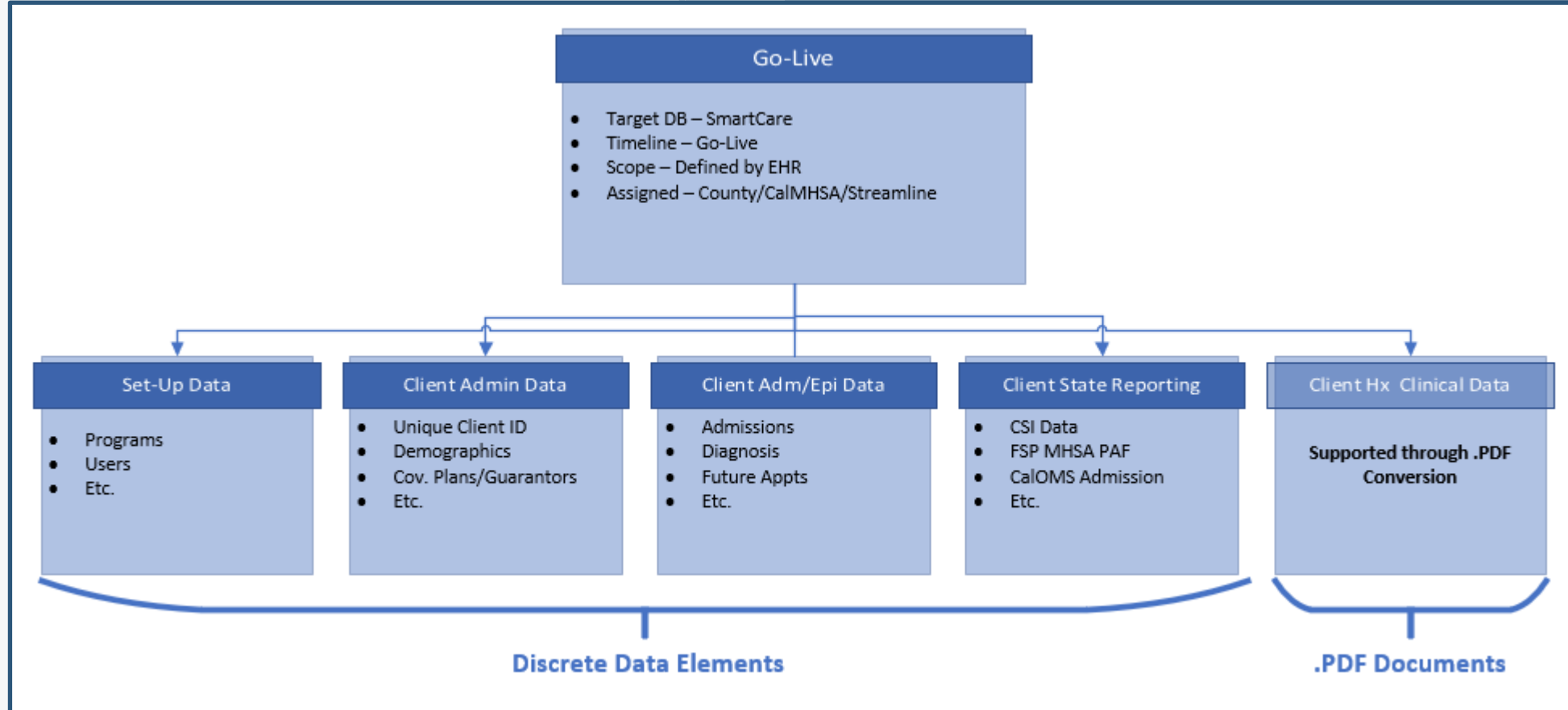
Go-Live Conversion Category – Set-Up Data

- For any system to work, the application needs to be configured/set-up first

- For many systems, this process is exclusively manual

- SmartCare allows for set-up data to be migrated/uploaded/converted rather than manually entered

- The totality of each County's SmartCare instance will be the sum of:
  - Set-Up that is common across all Counties and thus has been pre-loaded by CalMHSA into each County
    - Some of this data will need to be further updated/defined by each County (e.g. Benefit Plans)
    - Some of this data is complete as-is (e.g. Place of Service/Location)
  - Set-Up that is unique to each County
    - Some of this will need to be completed manually (Small edits or Configuration)
    - Some of this will be loaded through the "Set-Up" Conversion Templates
      - Programs
      - Benefit Plans
      - Users

Set-Up Data
- Programs
- Users
- Etc.
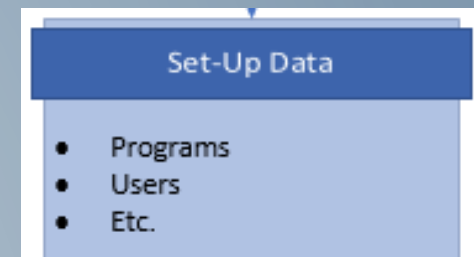
Go-Live Conversion Category – Client Admin Data

- Next in the effort of converting data is the establishment of the Clients in the new system
- Many of the records needed to support a Client in an EHR are somewhat common across systems
- As such, most conversion efforts are focused upon these data record types

Client Admin Data
- Unique Client ID
- Demographics
- Cov. Plans/Guarantors
- Etc.
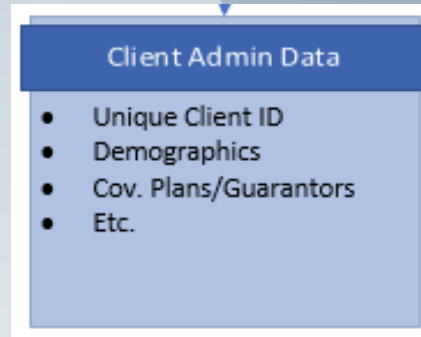
- For context, think in terms of what is in your "Billing" or "Practice Management" components of your current system

Go-Live Conversion Category – Client Admit/Epi Data

- Next in the effort of converting data is the establishment of the periods of treatment for clients.
  - In Avatar, these are referred to as "Episodes"
  - In Anasazi, these are referred to as "Assignments"
  - In SmartCare, these are called "Program Enrollments"
- In between the Admission and Discharge, many other records related to the client's treatment and activities with the County are entered and related to the Episodes/Assignments/Enrollments
- Not all systems consider the same records as being subordinate (part of) a client's Episodes/Assignments/Enrollments
  - In Avatar, a client's Diagnosis record is episode-specific
  - In Anasazi, a client's Diagnosis record is NOT assignment-specific
- In SmartCare many records are specific to the Episodes/Assignments/Enrollments (like Avatar)
- This is necessary to support the compartmentalization of SUD Treatment information (42-CFR)
- **Through the conversion, the client's episode history is brought into SmartCare and data that now needs to be specific to an Episodes/Assignments/Enrollments will need to be addressed**

Go-Live Conversion Category – State Reporting Data

- An optional, though advisable step in the Conversion effort is the migration of State Reporting Data

- Across the various versions of State Reports, it is common that an initial record is submitted to the state, and all subsequent records reference back to that original record

  - Cal-OMS – All records need to reference back to the original "Cal-OMS Admission" record

    - The submitting system assigns a unique "FSN Number" which is used in all subsequent submissions

  - FSP MHSA – All records need to reference back to the original "Partnership Assessment"

    - The submitting system assigns a unique GUID which is used in all subsequent submissions

- In many cases, the subsequent records for state reporting default forward information from the previous submission

- Based upon these situations, if the initial record (CalOMS Admission, FSP PAF, etc.) was originally submitted from your legacy system, we will need that record converted from the legacy system into SmartCare so that the Unique Identifiers can be available for the new/subsequent records that will be submitted out of SmartCare

- For FSP MHSA, if you manually enter your records into the State's DCR system, and you want to use SmartCare in the future, we will need the Active PAF records from the DCR to be converted into SmartCare

# Go-Live Conversion Category – State Reporting Data

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- Based upon these situations, if the initial record (CalOMS Admission, FSP PAF, etc.) was originally submitted from your legacy system, we will need that record converted from the legacy system into SmartCare so that the Unique Identifiers can be available for the new/subsequent records that will be submitted out of SmartCare
- For FSP MHSA, if you manually enter your records into the State's DCR system, and you want to use SmartCare in the future, we will need the Active PAF records from the DCR to be converted into SmartCare

Go-Live Conversion – Client Hx Clinical Data

- Because there is **wide** variation around how different organizations collect clinical data, it is next to impossible to convert this information as Discrete Data Elements

- Yet, access to historical clinical information is crucial to the on-going treatment of current clients

- To address this potential conflict, the conversion effort supported by Streamline includes the ability to upload .PDF documents into the system for viewing by privileged users

- It is advised that counties either create their own extractions/reports from their legacy system to create "Clinical Continuity Documents" or work with their current vendor to create something that can be used for this purpose

- For some counties, they might create a report that results in one .PDF file per client/episode that includes everything needed.

- Others might create one .PDF with the Progress Notes for a client/episode, another with the Diagnosis information for a client/episode, another with the Treatment Plan information for a client/episode…….
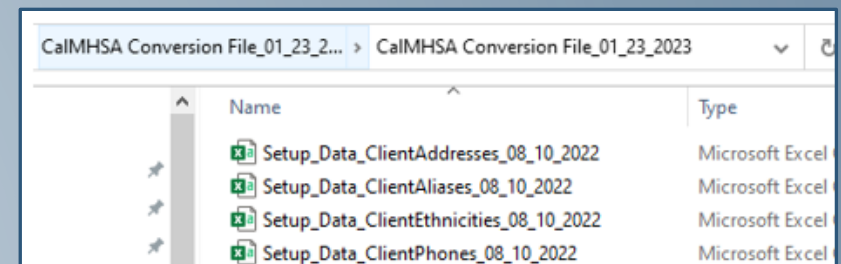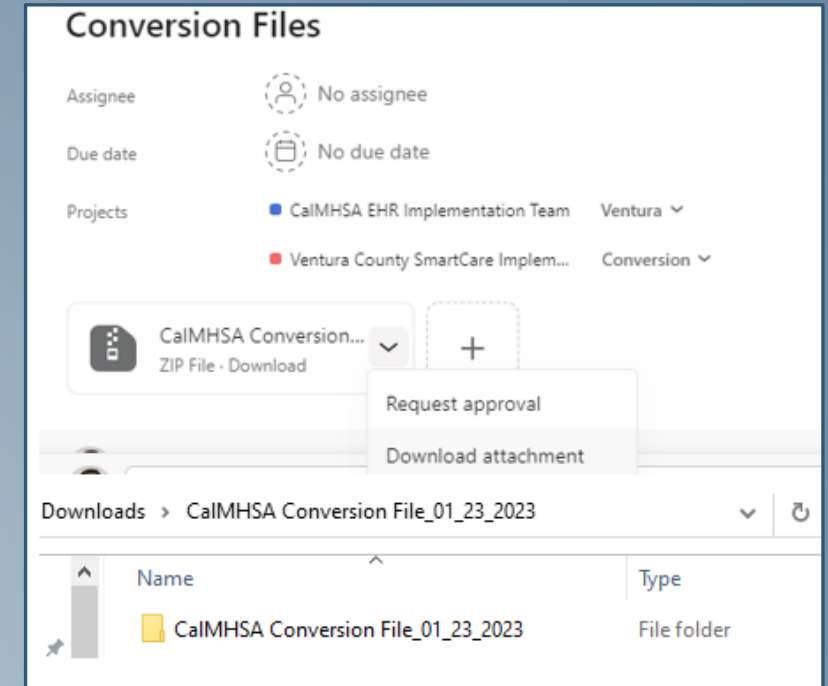
Go-Live Conversion Documentation/Tools - Location

- There are four categories of Documentation/Tools that the Counties will need to initiate their efforts

- These materials are posted to tasks in each County's ASANA Project:
  - County Conversion Scope
  - Conversion File Formats
  - Conversion File Format Instructions
  - Global Code List
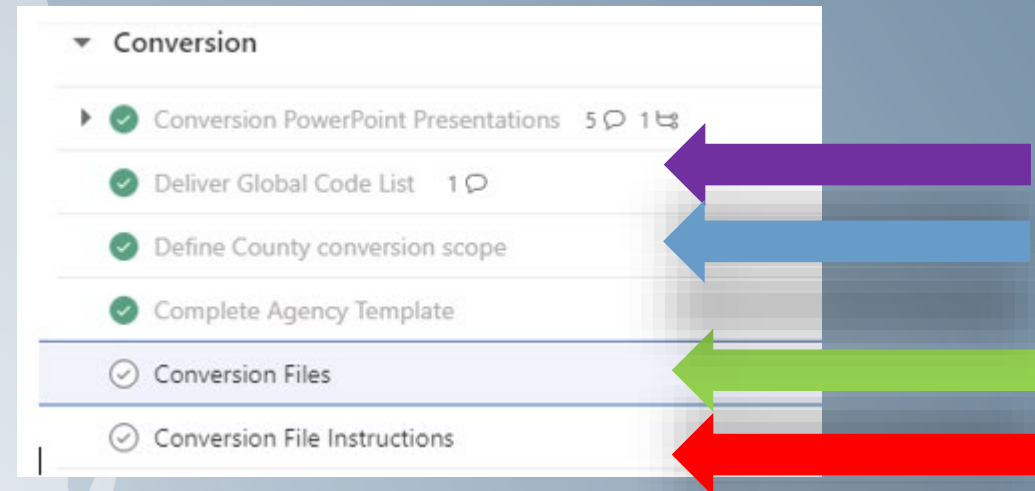
Go-Live Conversion Documentation/Tools -Location

- We are updating the manner in which the documentation is posted to your ASANA Projects

- Now we will be posting one .Zip File for the "Conversion Files" and one .Zip file for the "Conversion Instructions"

- .Zip files will have the update/effective date as part of the file name

- Within the .Zip files, each template/document will also have the update/effective date as part of the file name

- This is designed to make it easier to identify when updated versions of Conversion Documentation has been posted.

Go-Live Conversion Documentation/Tools - Scope

- The first tool and step in each County's Conversion efforts is the review and completion of the "Conversion Scope"

- An excel spreadsheet is provided which lists each conversion file supported by SmartCare with supporting materials to help the County understand the purpose of these records

- A county needs to cross reference what SmartCare **can** convert juxtaposed against what the county **can** provide. Those to be part of the effort should have "Y" in last column

File Name	Type	SmartCare Screen	Description/Comments	County will convert (Y/N)
Setup_Data_Clients	Client Data Conversion	Client Information	client demographics	Y
Setup_Data_ClientAddresses	Client Data Conversion	Client Information	Client Address information (current and history)	
Setup_Data_ClientEthnicities	Client Data Conversion	Client Information	Client ethnicities	
Setup_Data_ClientPhone	Client Data Conversion	Client Information	Client phone numbers	
Setup_Data_ClientRaces	Client Data Conversion	Client Information	client race	
Setup_Data_ClientAliases	Client Data Conversion	Client Information	Client Aliases (AKA or otherwise known as info for a client)	
Setup_Data_Services	Client Data Conversion	Client Information	Future client appointments	
Setup_Data_ClientsContacts	Client Data Conversion	Client Information	Client Contact information (name, address, etc. of client contacts)	
Setup_Data_ClientsContactAddresses	Client Data Conversion	Client Information	Client Contact Address information	
Setup_Data_ClientsContactPhones	Client Data Conversion	Client Information	Client Contact Phone numbers	
Setup_Data_ClientsPrograms	Client Data Conversion	Program Assignment Details	Client Program enrollments (Program level registrations for clients, i.e. MH Outpatient, etc.)	Y

Go-Live Conversion Documentation - Templates

- Spreadsheets (.csv files) that represent a table within SmartCare

- These spreadsheets are what you will populate with your data and provide to CalMHSA and Streamline for upload into your system

- Do not add/remove/reorder any columns

- Keep the three rows of information in the files you submit

	A	B	C	D	E	F	G	H	I	J
1	Data Type ==>	int	varchar(15)	type_Active (char)(1)	varchar(15)	varchar(50)	varchar(30)	varchar(30)	varchar(10)	varchar(10)
2	Data Required ==>	Yes	No	Yes	No	Yes	Yes	No	No	No
3	Column Name ==>	LegacyClientId	ExternalClientId	Active	MRN	LastName	FirstName	MiddleName	Prefix	Suffix
4										
5										
6										
7										
8										
9										
10										
11										

Go-Live Conversion Documentation - Instructions

- Each template has an instruction sheet. The comments on the instruction sheet with guide you on what information should be entered into that specific field.

Go-Live Conversion Documentation - Instructions

- SmartCare refers to dictionary/list values as "Global Codes"

- Some instructions ask for the global code to be entered into the field instead of the actual data description

- **Note:** The value is the Record ID in the SmartCare Table, not the "Code"

- It is probable that the Global Codes in your system may get updated throughout the Implementation. Be sure to work with/request updated Global Code Lists

Data Type	Data Required	Column Name	Comments
type_GlobalCode (int)	N	MaritalStatus	Globalcode Id from MARITALSTATUS category.

1	A GlobalCodeId	B Category	C CodeName	D Code
5494	56297	MARITALSTATUS	Never Married	1
5495	56298	MARITALSTATUS	Married	2
5496	56299	MARITALSTATUS	Separated	3
5497	56300	MARITALSTATUS	Divorced	4
5498	56301	MARITALSTATUS	Widowed	5
5499	56302	MARITALSTATUS	Unknown	7

Go-Live Conversion – Use Case – Record Unique IDs

- The conversion formats provided by Streamline presume that all systems work like SmartCare does. They assume that each record you provide, had a unique row identifier in the legacy system

- As such, in their conversion formats, they provide a column to provide this value.

- This column is usually "required"

- If you do not have this in your legacy system, provide the information in all other columns and then we can use the "Fill Series" function in excel

Setup_Data_ClientRaces			
Data Type	Data Required	Column Name	Comments
Int	Y	LegacyClientRaceId	Unique Identifier (may come from Legacy System)
Int	Y	ClientId	Value in this field should match the LegacyClientId column in the Clients file.
type_GlobalCode (int)	Y	RaceId	This is the globalcodeId from the RACE category. You will need one row per race for each client. Therefore, if client has two races indicated, then you will need 2 rows for this client on this worksheet. One row for each race.

Go-Live Conversion – Use Case – Parent/Child Records

- As identified, information about an entity (e.g. Client) is stored in several different tables in SmartCare

- One Table stores the primary record (Parent) and other tables store records that reference back (Child) to the parent record

- In the conversion, there will be a column/field in the Child conversion record that will be used to reference back to the appropriate Parent conversion record

Parent

Child

Setup_Data_Clients

Data Type	Data Required	Column Name	Comments
Int	Y	LegacyClientId	Unique Identifier (from Legacy System). If you would like to keep the LegacyClientId as the ClientId in Smartcare, please let migration SA know
Varchar(15)	N	ExternalClientId	Leave Blank
type_Active (char)(1)	Y	Active	This should be Y for all clients who are going to be active at the time you Go Live. If you are only importing active clients, then this should be Y for all clients.
Varchar(15)	N	MRN	This will likely be the same as LegacyClientId and/or ExternalClientId.
Varchar(50)	Y	LastName	This is client's last name.
Varchar(30)	Y	FirstName	This is client's first name.

Setup_Data_ClientRaces

Data Type	Data Required	Column Name	Comments
Int	Y	LegacyClientRaceId	Unique Identifier (may come from Legacy System)
Int	Y	ClientId	Value in this field should match the LegacyClientId column in the Clients file.
type_GlobalCode (int)	Y	RaceId	This is the globalcodeId from the RACE category. You will need one row per race for each client. Therefore, if client has two races indicated, then you will need 2 rows for this client on this worksheet. One row for each race.

Go-Live Conversion – Use Case – Multi-Select Values

- In the SmartCare system, whenever there are multiple values assigned to a client, each of these values creates its own separate/unique row in the SQL table

- This may be different than how other/current systems address this

- For example, Avatar
  - In Avatar, the values selected by a user in a Multi-Select Dictionary field appear in **One Column**, in **One Database Row**
  - These values appear separated by the "&" symbol

- When creating conversion data files, each of these values will need to be separated out into their own rows

- This also is a little explanation as to why certain data is broken out into several tables (i.e. Client Demographics)

Go-Live Conversion – Use Case – Legacy ID

- Throughout all the Conversion Templates, there is a column where the expectation is that a unique, numeric Unique ID for that row of data will be provided

- In the conversion effort, you will use this value as the means to link (cross-reference) Parent/Child records during the conversion

- Despite this "LegacyID" value being provided in the conversion files, **in most instances, this value will not be converted.** Instead a new Unique ID will be assigned by SmartCare during the Conversion

LegacyStaff	UserCode	LastName
36	AADMINISTRATION	ADMINISTRATION
1730	AAMARO	AMARO
1236	AASTORGA	ASTORGA
1447	ABARKER	BARKER
1201	ABENITEZ	BENITEZ
1970	ABRASSEA	BRASSEA
396	ACASTILLO	CASTILLO
1640	ACASTILLO2	CASTILLO

	A	B	C
	StaffId	UserCode	StaffName
	1001215	aadministration	ADMINISTRATION, A
	1000029	aamaro	AMARO, ALEJANDRA
	1000024	aastorga	ASTORGA, ALAN
	1000083	abarker	BARKER, ANDREA
	1000011	abenitez	BENITEZ, ADRIANA
	1000063	abrassea	BRASSEA, AMERICA
	1000017	acastillo	CASTILLO, AIDA
	1000101	acastillo2	CASTILLO, ANISSA

- **Notable exceptions:**

  - **Legacy Unique Patient IDs – These come over and remain as the PrimaryID**

  - **Program ID – These are renumbered but the legacy value is stored in a reportable column**

Go-Live Conversion – Use Case – .PDF Documents

- The first task counties need to perform is to define "Document Names" for the .PDF documents that will be converted. These .PDF documents will be different from any other "documents" create through SmartCare. You will want to differentiate them somehow:

- Examples:
  - Legacy Clinical Continuity Document
  - Legacy Face sheet
  - Legacy Progress Notes

- The creation of these "Document Names" is completed through a conversion template/excel document where you define two elements:

A	B
LegacyDocumentCodeId	LegacyDocumentName

- Do NOT over-engineer this

Go-Live Conversion – Use Case – .PDF Documents

- The second task counties need to perform is to create/gather all the .PDF files/documents they want to convert

  (DO NOT FORGET ABOUT THE DATA ARCHIVE)

- It is important to remember that for most counties, when you go-live on SmartCare, the system will be used by BOTH Mental Health and Substance Use Programs.

- Therefore any reports/extractions that are created should NOT co-mingle data across client episode/program assignments

- SmartCare will NOT be able to compartmentalize/differentiate MH vs. SUD information within a .PDF

- Therefore, fore each document type the county creates, they will need to produce a separate .PDF file for each unique client/episode (a.k.a. Program Assignment)

Go-Live Conversion – Use Case – .PDF Documents

- If we have 5,000 "Current Clients" and each have an average of 2 episodes and we want to create 4 different .PDF files for each client/episode, that is 20,000 .PDF files

- Each of these files will need to be named in a unique but consistent manner so it can be part of the Meta Data converted into SmartCare

- There are tools available on the market that when integrated with report writing applications such as "Crystal Reports" allows you to execute one report and the tool will create a different .PDF file for each "Grouping" in the report.

- One such tool is called "VisualCut" (https://www.milletsoftware.com/Visual_CUT.htm)

- This has been used by Imperial County with good results. We suggest Counties buy ($300) and use this

Go-Live Conversion – Use Case – .PDF Documents

- The size/memory of .PDF files can vary wildly.

  - If each file is only one page, then the total memory of all the .PDF files might be small.
  - If each file has many pages, then the total memory of all the .PDF files might be HUGE

- The total size/memory of all the .PDF files does impact the effort to move them from the County to Streamline for processing

  - To address this, Counties will be provided a log-in to a SFTP site maintained by Streamline so these files can be uploaded directly (CalMHSA not the middle-man)

- The total size/memory of all the .PDF files MIGHT impact the processing time to convert all these .PDF files/documents. We will have more data on this after Imperial's Go-Live conversion

- In their contract, each County purchased 250 gigs of memory with the idea that more could be purchased as-needed

Go-Live Conversion – Use Case – .PDF Documents

- The county will provide a conversion file with "meta data". This is the information that will create a record in the SmartCare system which provides all the crucial information of:

  - The client for whom the document is associated

  - The specific program/assignment/episode for which the document is associated

  - The clinician that should be associated with the document

  - The type of document being created

  - The name of the .PDF file that should be opened by the system when a user selects the record in the application

|	A	B	C	D	E	F	G
1	LegacyPDFDocument	LegacyDocumentCode	LegacyClient	LegacyProgram	LegacyClinician	EffectiveDa	PathToPDFFile
2	1	1	2514	8100	36	11/23/2022	IPGTESTGroupName (2514 8100).PDF
3	2	1	2957	8100	36	11/23/2022	IPGTESTGroupName (2957 8100).PDF
4	3	1	2966	8028	36	11/23/2022	IPGTESTGroupName (2966 8028).PDF
5	4	1	2997	101	36	11/23/2022	IPGTESTGroupName (2997 0101).PDF
6	5	1	3284	8028	36	11/23/2022	IPGTESTGroupName (3284 8028).PDF
7	6	1	3505	8027	36	11/23/2022	IPGTESTGroupName (3505 8027).PDF
8	7	1	3527	101	36	11/23/2022	IPGTESTGroupName (3527 0101).PDF

Go-Live Conversion – Use Case – Common Errors

- #1 Error - Missing reference record information
  - A child template record is referencing data that does not exist in the parent template
    - This could happen because the Parent record was not included in conversion data, or
    - The Parent record could have had fatal errors thus all Child records would subsequently fail
- Value in provided record does not match Global Codes in SmartCare
- Value in provided record does not match SmartCare values bc these values are old:
  - Staff/Clinician does not work for county anymore (Clinician associated with diagnosis)
  - Program is no longer active (Program associated with Client Admission record)
- Duplicate Records – If there are duplicate records, ALL FAIL
- Required fields not completed

Go-Live Conversion – Use Case – Pre-Checks

- Errors usually cause a "Snowball Affect"
  - If there are duplicates, the conversion does not bring in the first, and fail the second…. Both fail
  - If a parent record fails, all associated/subsequent records fail
- An ounce of prevention is worth a pound of cure
- Prior to submitting your completed templates, complete these pre-check items:
  - Search for duplicates
  - Review staff status (active/inactive)
  - Make sure all information from the dependent (child) file is listed in the key (parent) file
  - Make sure all required fields are completed

Go-Live Conversion – Testing Rounds
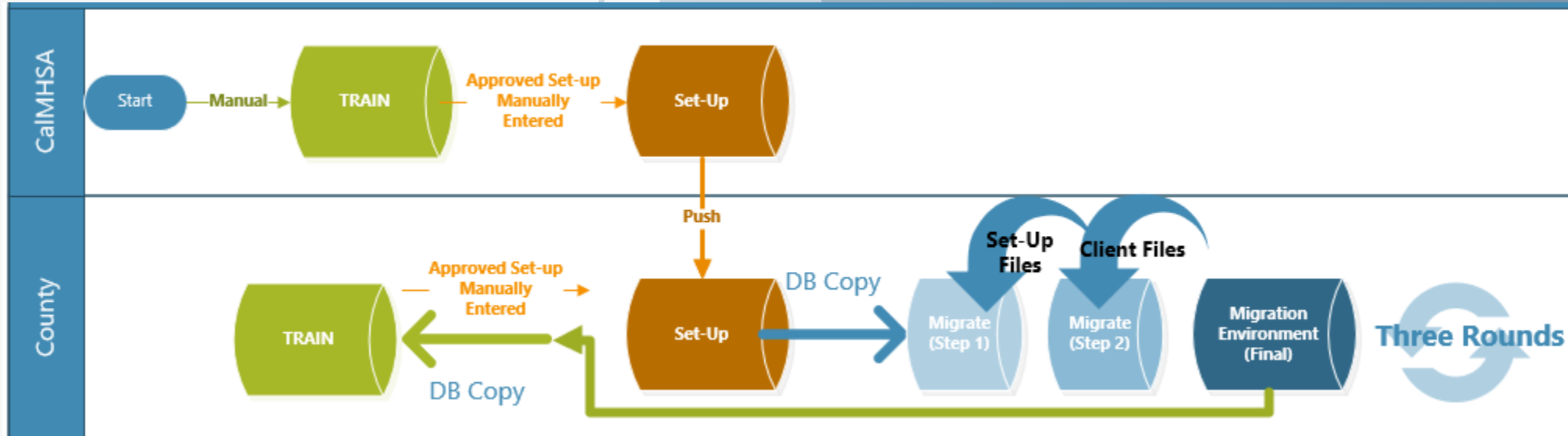
Go-Live Conversion – Testing Rounds

- Each testing round will last about 30 days

- Conversion data will be loaded into your TRAIN once and your QA environment each round

- Access to QA and provided error reports should be used to review data to ensure completeness and accuracy

- Conversion data templates will need to be re-uploaded after each round, even if nothing changed in the template

- As lessons are learned, there may be edits to the data templates. Be sure to use the most up-to-date versions

Best Practices & Recommendations

- Bring over all records in your Master Patient Index (Setup_Data_Clients)
  - In each system there is a record which establishes a person as a Client that has been treated by the County. This is usually just the Patient ID# and demographic information. Counties should convert all of these
  - Having this information even for old clients will allow you a database to search for a client to find their Unique Historical ID. This will still be valuable as a x-reference to your data archive
  - It is the "Setup_Data_Clients" template/file that supports this
  - Be Warned!!!! If you have duplicates in this file, both the duplicate records will fail and all subsequent/child records will then fail

Best Practices & Recommendations

- All other converted data should focus on "Current Clients"
  - The definition of "Current Clients" may vary, but it usually means clients who have been treated by the County within the last 3-5 years
  - For these clients, bringing over supporting information may have relevance
    - Admission/Episode History
    - Diagnosis Record History
    - Benefit Plans/Financial Eligibility History
  - As time progresses, client data has rapidly diminishing value. For any clients older than 5 years, the data in your legacy system is not valuable as a means to continue treatment (Old coverage information, old diagnosis, clinical documentation is out of date)

Best Practices & Recommendations

- But, what happens if I get a Medical Records Request?!?!?

- But, what will I do if I need to access/amend some Cost Report Data!?

- But, what if a client that is older than 5 years happens to come back for treatment?!?!

Do Not Forget The Data Archive

Best Practices & Recommendations

- Wait, Wait, Wait….. We are now considered a "Plan" and therefore beholden to the CMS data sharing requirements that require we share data back to 2016 for Beneficiaries!!!

Best Practices & Recommendations

What are "Plans" required to share under the CMS rules?

Mostly claims information and provider network information.

Are we converting any Claims/Service data?

NO.

So how should we address this?

Data Archive!!!

Best Practices & Recommendations

- What data should we include in the .PDF Files?

- The key to this effort is to focus on the purpose for these files:
  - Provide clinicians the information then need to continue treatment of their current clients

- There are two versions of this need
  - The first need is to provide a resource to allow clinicians to do a quick review of the latest/recent clinical information before they have an appointment with the client (Clinical Continuity)
  - The second need is to provide a more comprehensive view of all clinical documentation for a client's Mental Health or SUD Treatment. This would be used when one clinician is inheriting clients from another clinician due to staff turn-over, etc. (Clinical Summary)

Best Practices & Recommendations

- Based upon these two separate needs, it is CalMHSA's suggestion that two different reports be developed to create different .PDF files, one to address each of the use-cases.

- This approach will address a number of challenges:

  - After go-live, in SmartCare clinicians will be able to determine whether they want/need to see the short version or the long version

  - The conversion of .PDF documents can be broken out into different efforts. As such, if the size of the larger clinical summary .PDF documents negatively impacts the conversion timeline, we will be able to first convert the "Clinical Continuity" .PDFs for Go-Live and then convert the larger "Clinical Summary" documents in a follow-on effort

Best Practices & Recommendations

- What other information can be supported via .PDF?
  - Scanned licenses/Signed releases/etc.…… But
- Success of any approach is highly dependent upon the resources of the County and/or the organizations assisting with the Conversion
- The more you want to accomplish, the more work will fall to your team to execute the effort
  - More reports to create
  - More .PFD files to create/manage/transfer
  - More meta data to create
  - More memory used (might need to purchase more)

Best Practices & Recommendations

- System Configuration
  - A good deal of your system configuration will come pre-populated based upon CalMHSA
  - Most of the remaining system configuration that is unique to your county can be supported through this migration process
  - Even if you need to manually create data in the Excel Conversion Templates, this can be less work than manually keying data into the system
  - Worse case scenario, in some instances, CalMHSA might be able to upload/correct data via SQL inserts.
  - Time is of the essence, strive to use the tools available for mass configuration of the system

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Data Archive

Data Archive – Background Recap

- You own all the data in your current system

- It is next to impossible to convert clinical data
  - Not all systems store data in the same way
  - Each organization has configured their systems differently

- Service/Charge/Claims information is not converted

- It is impossible to know all the use-cases you will need to address with old data
  - Cost Report/Medical Records Requests/ Etc.

- Having a solution that provides you flexibility is key

Data Archive – Your Data

- In each contract with your current vendor, it should state that you "own" your data

- It is common practice that upon termination of an agreement, the vendor and customer work together so that this data is made available

- Vendors usually require that they be paid for the work necessary to provide the data

- How this effort unfolds and, the final result, will vary by vendor

Data Archive – Use Case

- It is understood that Netsmart uses their "Data Warehouse" tool as a means to extract a client's data from their Production System

- Using this tool, NTST therefore provides the data as well as an extraction of the Avatar data schema.

- Once provided, the Counties simply need to provide a local database and import the schema/data

- Once available, County can provide access to this data source to create reports or analytics using current tools

Data Archive – Topics to Consider

- If your current system has historically been difficult to use as a data source, you can anticipate that this process will be difficult

- If you have had issues creating reports from your current system, the vendor might have issues extracting all your data from your current system

- It is possible that the vendor will extract data without the corresponding data schema (provide it in flat files)

- Data archives are primarily about being able to access the discrete data elements. But remember, you own all the data so be sure to gather
  - Scanned images/files
  - Outputs such as claims files, state reporting outputs, etc.

- If the vendor is not providing a data schema with the data, this effort will require an element of database design to create a reportable database
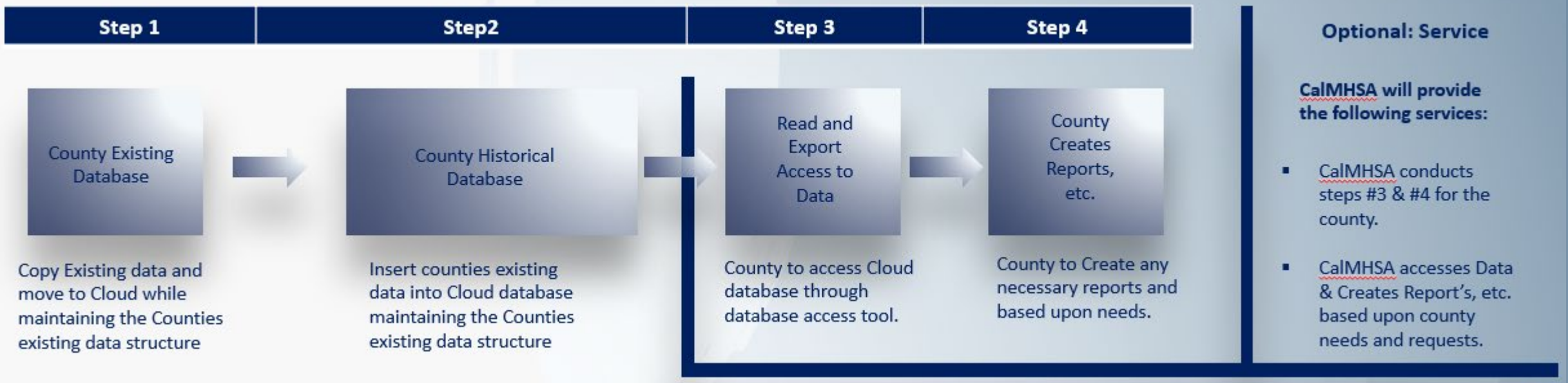
Data Archive – What Do You Need

- A Database that is available to your users, but is also protected per HIPAA/HITRUST standards

- A Data Schema that your report writers can become knowledgeable (Where is the data?)

- Execute the project with Current Vendor
  - Extract the data from the current system database
  - Send the data (SFTP? Physical Drive?)
  - Provide secure database
  - Create data schema
  - Upload provided data into data schema

- Provide access to the new Database for your Report Writers, Analytics Team, etc.

- Create reports/views based upon defined needs/use-cases

- Determine how to deploy access to these reports/views to end users in a secure manner

- Determine process for new reporting requests/requirements

- **Address CSM requirements for data access through API**

Data Archive – What Choices Do You Have

- Many Counties would be able to execute most of the steps to delivering the requirements without outside assistance

- None-the-less, there are dozens of companies that counties can contract with to perform most of these activities.

- There are a few organizations who already have experience with some of the legacy vendors and offer a somewhat packaged solution

- CalMHSA is in the process of developing their own packaged solution to manage the project and deliver ongoing access to the data archive

Data Archive – Project Scope

- Any effort needs to address all of the following
    - Project Management and Execution
    - Secure database/source
    - Report Writing Professional Services (as-needed)
    - An API integrated with the Claims and Provider Network data per CSM requirements

Step 1	Step2	Step 3	Step 4	Optional: Service
County Existing Database	County Historical Database	Read and Export Access to Data	County Creates Reports, etc.	CalMHSA will provide the following services:
Copy Existing data and move to Cloud while maintaining the Counties existing data structure	Insert counties existing data into Cloud database maintaining the Counties existing data structure	County to access Cloud database through database access tool.	County to Create any necessary reports and based upon needs.	• CalMHSA conducts steps #3 & #4 for the county. • CalMHSA accesses Data & Creates Report's, etc. based upon county needs and requests.

Questions