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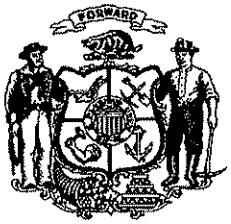

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JOINT COMMITTEE ON FINANCE

MEMORANDUM

To: Members
Joint Committee on Finance

From: Senator Mark Miller
Representative Mark Pocan

Re: Department of Health Services Annual Report on Information Systems Projects

Date: January 6, 2010

Pursuant to s. 46.03(26), Stats., attached is an annual report from the Department of Health Services on the information systems projects under development including the implementation schedule, estimate of costs, and methods of determining changes (if applicable).

This report is being provided for your information only. No action by the Committee is required. Please let us know if you have any questions or concerns.

Attachments

MM:MP:hl

State of Wisconsin
Department of Health Services

Jim Doyle, Governor
Karen E. Timberlake, Secretary

RECEIVED
JAN 06 2010
BY: Miller

December 31, 2009

The Honorable Mark Miller
Joint Committee on Finance
Room 317 East, State Capitol
Madison, WI 53702

The Honorable Mark Pocan
Joint Committee on Finance
Room 309 East, State Capitol
Madison WI 53702

Dear Senator Miller and Representative Pocan:

Section 46.03(26) of the statutes requires the Department of Health Services to report annually on information systems projects under development including the implementation schedule, estimate of costs, and methods of determining changes (if applicable).

The Department has the following projects under development: (1) Distance Learning System Implementation, (2) SharePoint – Enterprise application, (3) Functional Screen Re-write, (4) Public Health Information Network (PHIN), (5) Statewide Vital Records Information System Project, (6) Wisconsin Department of Health Services Scheduling Project, and (7) Wisconsin Department of Health Services PTA Web Timekeeping Project. The required information is included in the attached report.

Sincerely,

Karen E. Timberlake
Secretary

Enclosure

cc: Patrick E. Fuller, Assembly Chief Clerk
Robert J. Marchant, Senate Chief Clerk
Oskar Anderson, Division of Enterprise Technology Administrator

Department of Health Services (DHS)
2009 Data Processing Projects Report to the Legislature

Distance Learning System Implementation

DHS is purchasing Adobe Acrobat Connect Pro, a Learning Management System (LMS), to develop the capacity for remote learning through a variety of platforms (i.e. webinars and podcasts) for the Pathways Employment and Training Center (PERC). PERC is a consortium of 4 partners which includes DHS, UW-Madison, UW-Stout and Employment Resources, Inc., who collaborate on course development, training documentation and centralized content management. PERC envisions being able to broadcast, from Madison, live training seminars throughout the state so that trainees can participate from their offices or homes, alone or in groups to Family Care Managed Care Organizations, Aging and Disability Resource Centers, UW-Extension, and UW system sites, etc. It is intended that this system will become a DHS enterprise eTraining resource managed by the DHS Office of Employee Development and Training and has already shown promise for being the foundation of a statewide LMS. The project involves implementing and hosting the Adobe Acrobat Connect Pro solution at the DOA Femrite Data Center.

The schedule for implementation is very condensed. Staff from the Department of Administration's (DOA) Division of Enterprise Technology (DET) will be required to set up and install Adobe Acrobat Connect Pro by January 2010. This schedule allows the Pathways consortia and the DHS Technology Learning Center (TLC) staff to be trained. The schedule also allows for TLC staff to begin developing courses within the Federal Medicaid Infrastructure Grant timeline.

It is anticipated that in January 2010 approximately $1 million will be awarded via a Pathways to Independence Medicaid Infrastructure Grant (MIG). The funds will cover the software license fees including one year support services. On-going hosting, system administration and storage costs will be funded through an agency internal chargeback mechanism.

SharePoint – Enterprise application

DHS is in need of an agency intranet SharePoint portal to support collaboration, document and content management, social networking, business process forms automation and workflow. The solution will utilize Microsoft Office SharePoint Server (MOSS) technology on the DHS "dedicated" server environment hosted at the DET Femrite data center. The production environments are currently being created and will be available for agency use in 2010.

Some examples of agency pilot projects that will provide business efficiencies through use of SharePoint out-of-the box features include the following:

- A content management and publishing system to replace the intranet web portal for the management of general communications to state program staff.

- A system to improve communications and automate the tracking of controlled correspondence documents across the department.
- A base-contract and workflow system to control contract language changes, contract review, modification and approval.
- An internal system to track managed care organization issues using forms automation and workflows.

The budget strategy to fund the SharePoint site costs may be through the internal infrastructure device rate or by per site and storage chargeback rate as funds are available. Staff resources will be provided by the program areas. Contract staff will be funded by divisions as needed.

Long Term Care Functional Screen Re-Write

The Family Care Expansion project is a high priority for DHS and a strategic direction for the state. One of the key information systems that supports Family Care was the development of an automated functional screening tool that is used to determine whether an individual has long term care needs that would qualify him or her for the Family Care program and to objectively assess an individual's functional needs in order to set managed care rates. The automated functional screen has been expanded and modified to now support several other community-based programs, including the Community Options Program (COP), children's waivers and the Katie Beckett programs, various mental health and substance abuse programs, and prior authorizations for Medicaid personal care services. The functional screen is an integral part of the future plans to pilot a managed care program approach for the children's Medicaid waiver programs. The application has become a critical component of Family Care, as well as all of the other long term care programs administered by DHS and it must be retained to continue providing critical eligibility information for these programs. Federal approval of the state Medicaid waivers for the Family Care program is contingent on the use of the functional screen.

The functional screen is a web-based application used to collect detailed information to determine an individual's ability to perform basic functional living skills, their physical and mental health, and their need for assistance from various programs that serve the frail elderly, people with developmental or physical disabilities, and people with mental health or substance abuse issues. Experienced professionals, such as social workers or registered nurses, who have taken an on-line training course and passed a certification exam, are able to access and administer these screens.

The functional screen application has grown into a mission critical application for DHS. Functional eligibility is a requirement for enrollment in Medicaid and other social services programs. There are currently approximately 2,500 users/screeners, distributed across the state in both county government and private agencies, along with approximately 200 state users. The application is currently hosted at the Department of Workforce Development.

The Medicaid functional eligibility application was developed by Deloitte Consulting as an extension of the Medicaid financial eligibility determination application (CARES),

under the terms of the Department's 2001 contract with Deloitte Consulting. Deloitte has been providing maintenance and enhancements to the application since the original development. The functional screen application was built on a Microsoft platform. The presentation layer was built using Active Server Pages (ASP) and written in Microsoft VBScript (VB 6.0). Microsoft announced that VB 6.0 was no longer being supported after March 2008.

DHS' strategic direction for applications is to develop web-based applications on a J2EE platform, and host the applications at DOA DET. The re-write project began in September 2009. System requirements are complete and development is scheduled to begin January 2010. The re-write project is currently on schedule.

Public Health Information Network (PHIN)

DHS is developing a statewide information technology infrastructure for public health. This Public Health Information Network (PHIN) is consistent with federal initiatives for a nationwide infrastructure based on standards that ensure all parts are compatible. PHIN funding comes primarily from the Department of Health and Human Services' Centers for Disease Control and Prevention (CDC).

PHIN is designed to provide automation of day-to-day state and local public health operations as well as capacity for early detection of and response to bioterrorism and other emergencies. It is being developed through the cooperation of Division of Public Health (DPH), local health departments, the Wisconsin State Laboratory of Hygiene (WSLH), DHS' Bureau of Information and Technology Services (BITS), the DOA's Division of Enterprise Technology (DET), and private-sector technology vendors.

PHIN will provide continuous monitoring and early detection of and enable rapid response to public health events. PHIN also provides secure information access, exchange and integration of on-line public health surveillance systems. When fully implemented, these systems will provide a dynamic, comprehensive, real-time view of the health status of Wisconsin's communities and be capable of relaying this view to our state and federal partners. PHIN provides advanced information technology resources for communications, data analysis and a public health response during public health threats, emergencies, and daily operations. Three key systems under development during the calendar year 2009 included the following:

- Wisconsin Electronic Disease Surveillance System (WEDSS)

  WEDSS provides the ability to continuously track information from many sources for routine surveillance and case management of communicable diseases as well as early warning of emerging public health events. This application includes systems that manage outbreaks, countermeasures and other responses to both routine public health events and public health emergencies. A commercial off-the-shelf system is in the final phase of statewide implementation and is expected to be completed by March 2010.

During 2009, WEDSS was migrated from UW Madison to the DET Femrite Data Center, where it now resides on more powerful and redesigned hardware and uses upgraded software. WEDSS is currently used by state public health, 40 local public health jurisdictions, including the five most populous counties, and 35 providers. Of the remaining local public health departments, 36 have been trained and are in the process of converting to the system. The rest are scheduled for training in January 2010. Seventy-two percent of communicable diseases reported in 2008 occurred in jurisdictions currently using WEDSS.

- Electronic Laboratory Reporting (ELR)

ELR improves timeliness, accuracy, and efficiency of reporting notifiable conditions and other test results. Six major laboratories, three Wisconsin reference laboratories and one national laboratory are currently reporting electronically. The reference labs are the Milwaukee Public Health Laboratory, the Marshfield Clinic and the Wisconsin State Laboratory of Hygiene. The six other major labs reporting electronically are Dean Health Systems, ACL (operated jointly by Aurora and Advocate Health Care systems), Aurora Advance Healthcare, Thedacare, Dynacare, and St. Vincent/St. Mary's/Prevea. The Mayo Clinic is the national lab that reports electronically. Approximately 11,000 lab reports are received monthly. All reported lab results are accessible by DPH and local health departments to perform their surveillance and response duties.

- Partner Communications and Alerting (PCA)

PCA provides routine and emergency use of the Web for notification of alerts and other critical public health communications. The system also maintains a directory of public health participants, their roles, and contact information covering all local jurisdictions. This service provides an automated, redundant (e-mail, voicemail, fax, text pager, etc.) communications system for public health and hospital preparedness.

During 2009, a vendor-hosted alerting system (acquired via RFB in late 2008) was modified by the vendor to meet CDC PHIN certification requirements. The modified system was extensively tested by DPH throughout the year. Test results were not satisfactory and DPH terminated the relationship with the vendor. The contract termination presents DPH with the opportunity to rethink the PCA strategy in light of emerging solutions for communications and alerting at DHS, DET and Wisconsin Emergency Management. A decision on how to proceed, short-term and long-term, is expected to be made in early 2010.

A web-based health professional volunteer registry was acquired in 2008 following issuance of an RFB. During 2009, DPH continued to identify and test system modifications and worked closely with other states using the system to identify and resolves issues of mutual concern. The registry is an electronic database of health care personnel who volunteer to provide aid in an emergency. The system is expected to meet all current federal technical and policy guidelines.

The federal fiscal year 2010 budget for WEDSS, ELR and PCA is approximately $970,000. The expenses for all three functions are a combination of performance-based contracts, personnel expenses, software license fees, and time and materials modifications by software vendors.

Statewide Vital Records Information System Project

DHS is responsible for the stewardship and issuance of the State's vital records (birth, death, marriage, and divorce). Currently, approximately 200,000 new vital records are registered with DHS per year. In addition, approximately 40,000 changes are made to existing vital records per year (amendments, court orders, Voluntary Paternity Actions, name changes, etc). The State vital records archive currently houses over twenty million documents.

Nationally, there has been an increased recognition of the importance of vital records. This is true especially for birth certificates which can be used in obtaining other forms of identification such as a Social Security card or passport, and play a role in the growing problems of identity fraud and theft. The federal Real ID Act and Intelligence Reform Act strengthen policies and procedures surrounding the issuance of birth certificates and both Acts have significant vital records implications.

Although local demand and national emphasis on vital records has increased, the State's system had not been modified to respond to those changes. Over the years, evolution in the areas of technology, legislation, and business practices had resulted in the State's reliance on a cumbersome and inefficient mix of hard copy, PC/LAN, and mainframe based systems for the storage and management of the State's vital event data. Major issues with the State's current mix of systems include the following:

- Hardware and software platforms which are no longer supportable.
- Inability to produce reports, especially real-time or aggregate reports (e.g. information on critical events for the development of disease and injury prevention programs) or reports that cross systems or vital records events (e.g. Birth/Death Certificate matching).
- Inefficient processes, including redundant data entry.
- Logistics and risks associated with physical storage of vital event documents.
- Disaster recovery issues associated with multiple, disparate systems and physical documents.

The project team began testing the new vital records system in December 2009 and is on schedule. In addition to those items cited above, the scope of work also includes the following:

- Improve public services by streamlining processes and improving the quality and timeliness of vital records functions.
- Increase identity fraud and identity theft prevention capabilities by:
  - Compliance with the federal Intelligence Reform and the Real ID Acts.
  - Compliance with National Center for Health Statistics (NCHS) Birth and Death Certificate and Fetal Death Report standards.

- Implement vital records management best practices of the National Association for Public Health Statistics and Information Systems (NAPHSIS).
- Implement the Verification of Vital Events system (EVVE), a nation-wide system that will enable federal and state agency staff to verify a paper birth certificate against the appropriate state vital records database.

- Convert data from physical documents and existing information systems to a standard electronic format.

The project is currently within budget.

DHS Enterprise Scheduling Project

DHS is developing an Enterprise Scheduling System for use by the Department's seven 24/7 facilities (two mental health institutes, two secure treatment centers, and three centers for people with developmental disabilities).

At this time, the facilities do not use an automated system for scheduling direct care staff work hours to ensure adequate staffing in each unit for each shift. A majority of the work is done manually using a combination of Microsoft Excel, Word and paper copies which is very inefficient, cumbersome, redundant, outdated and requires excessive state resources to manage.

Upon implementation, over 4,000 staff will be using the new scheduling system to view their schedules, including an estimated 320 schedulers, timekeepers and supervisors who would be able to create and revise schedules, approve employee time and leave, and generate reports.

DHS intends to procure and implement an off-the-shelf Enterprise Scheduling system to meet the Department's staff scheduling business. System requirements include the ability to do the following:

- Generate a master schedule (accommodate multiple types of scheduled shifts).
- Print rosters and produce reports.
- Allow staff to view schedules and overtime opportunities.
- Record absenteeism regardless of leave type used.
- Track history of scheduling changes.
- Allow each facility to apply Department-wide and union local agreement rules.
- Provide system alerts for scheduling rule noncompliance (e.g., overbooking personal leave, overtime eligibility).
- Interface with timekeeping devices.
- Interface with future Enterprise Resource Planning Systems.

DHS anticipates implementation by the summer of 2010.

PTA Web Timekeeping Project

DHS is transitioning to PTA Web, the State Enterprise Timekeeping System, as a replacement for the DHS Automated Payroll System (APS). PTA Web could also potentially replace other DHS time reporting applications. The current DHS time attendance and activity reporting systems are cumbersome, redundant, outdated, labor intensive and inefficient.

PTA Web is a web-based time and leave entry system used by over 40 state agencies and managed by DOA. PTA Web features include providing customers timekeeping history, electronic approval, electronic corrections, and email reminders.

The project team will review each of the DHS timekeeping systems (i.e., APS, Time and Task, Timesheet Professional, DOHAAS, etc.) and evaluate whether PTA Web can provide the same functions/features thereby allowing the elimination of multiple timekeeping systems.

DHS began implementation of PTA Web Time and Attendance functions in April 2009. Five of the seven DHS Divisions are now using PTA Web. DHS anticipates that PTA Web will be implemented for the two remaining Divisions by June 2010.

Planning is underway to test and implement PTA Web functions to replace several DHS legacy time and activity systems. DHS anticipates the possible elimination of the DHS Time and Task interfaces and DHS Timesheet Professional application interfaces by late 2010.