Biggest IT concerns for 2022:

Behavioral Health Reform with CalAIM (Contra Costa)

New requirements for CalAim (Ventura)

Cal-AIM consumes resources for other projects. Alameda

Optimization of Virtual healthcare deliv

Still struggling with video visit adoption (SCC)

PAMA (again) for 2023 (SCC)

Data sharing across agencies, partners for population-level analytics and care planning/coordination , especially pertaining to PEH, Public Health surveillance and BH/SUD populations - SFDPH

Strategies to work down in-person backlogs.

Lack of digital endpoint data in PPES (despite w/expectation for a year!) harms provider to provider communication efforts. (Ventura)

Lack of Vendor capabilities for compliance with "No Surprises Act" requirements. (Ventura)

Provider "buy-in" on adopting Video telehealth where possible (Ventura)

Decreased budget increas expectations, access to talent.

21st entury Cures part (SCC)

Having a legal framework to protect patients who have SDOH data shared. - LAC DHS

Developing and Paying IT/Informati Staff (Contra Costa)

Operational leadership turnover (SCC)

Getting standards for SDOH Sharing - LAC DHS

Maintenance of mapping/normalizatio n of local health data concepts to defined nomenclatures for interoperability/Regist ries/etc. (Ventura)

eparing for USCDI v2 (Ventura)

Change/Project management, availability of staff to keep new development and maintenance possible (Ventura)

anced Case agement (ECM) and Community Supports (CS) to finally start - Contra Costa (purpos in middle)

Looking forward to in 2022:

Electronic Case Reporting

Communication Infrastructure Refinement (ra Costa)

Preparing for Epic BH implementation Due Diligence - Change Readiness, Resource Reqt, Data Intelligence Reqt, ...- SFDPH

Setting up advanced image sh g, more VN capabilities

HealtheRegistries, WellHealth 3rd-party texting, new Telehealth/Video platform (if decision ever reached)?, streamlined Patient Access/Registration software upgrade, Patient portal upgrades for new capabilities (payment

Provider ar staff EMR satisfaction survey (SCC)

"Analytics" resource, capacity, KSA, governance, deployment, training and support - SFDPH

For UCDH: Expanding express care and increasing access

Ventura continued- Increased automatic document exchange via secure Direct Message to outside providers

Bi-Directiona texting (Ventura)

Build out of missing functionality (Beacon, Rover, Compass Rose, others). Alameda

For UC Davis Healt Digital Front doo (text, chat, email-ominichannel), digital monitoring and automation. Improving backups and DR

Developing better patient outreach capabilities and structure (SCC)

Users finally ready to participate as true Super Users and Builders. Alameda

Finally tending to provider satisfaction and efficiency. Alameda

Improving our informatics governance (Ventura)

Please include your org name

PHS Priorities for 2022

- yellow to expand on ideas

Please include your org name.

CalAIM

New programs, many new data gathering requirement, much staff training, large reporting burden. Alameda

Technical Advisory about CalAIM specifications and cross-system sharing of how each is meeting them with existing systems - Epic, Cerner, Avatar, ...

requirements will be needed but I know we will be asked to drop everything to implement changes. With these new programs there is often a disconnect between what the organization wants us to do and what is

Implement BHS Electronic Health Record that meets the non Electronic Health Record aspects of CalAIM (provider adequacy, timeliness, UR/UM)

Virtual Care

Still not doing enough virtual care to have reached economies of scale/efficiency/training

translation workflows with our current setup Are suboptimal

We need to decide on a new platform for virtual visits, and get the county to fund it

Workforce

Compete with Private Software Companies

Broaden recruitment partners, enable 100% remote for select roles, continue to comparative salary rates, determine insource/outsourced talent in roles, UC San Diego

We are losing report writers right and left!!

HIE

21st Century Cures part (SCC)

multiple political and non political competing priorities in HIE space w/o real value propositions always

Cures: updating to USCDIv2 (vs1)

Need to review every element of our designated record set that isn't in USCDI v1. Review non-Epic systems with ePHI - can they share? Await huge Epic development of extract of complete record. Alameda

New partnerships not case reporting but using new FHIR standards, AMA, etc. for data access/exchange, UC San Diego

Working with CDPH rather than individual areas

This is our first substantive FHIR integration. And we are already late. Alameda.

Electronic Case Reporting

Infrastructure and Capacity Building

Setting up advanced image sharing, more VNA capabilities

working with private small innovation groups in an agile way

Adoption 2/22 new image platform, with advanced digital visualization with 2D/3D images, UC San Diego

experience with Video visits, increase utilization of bidirectional, improvement and expansion of eVisit workflows, improving portal adoption and downstream workflows, as well as investigate Remote

Better integration with Communications and Operations (both virtual care and non virtual care

"Analytics" resources - demand-capacity management, competencies and training, Governance and alignment, centralized-federated models, business case development, ... SFDPH

Define additional virtual encounter types that support quality between visits (billing/compliance such as nurse workflows), work to improve reliability of vendor platforms, UC San Diego