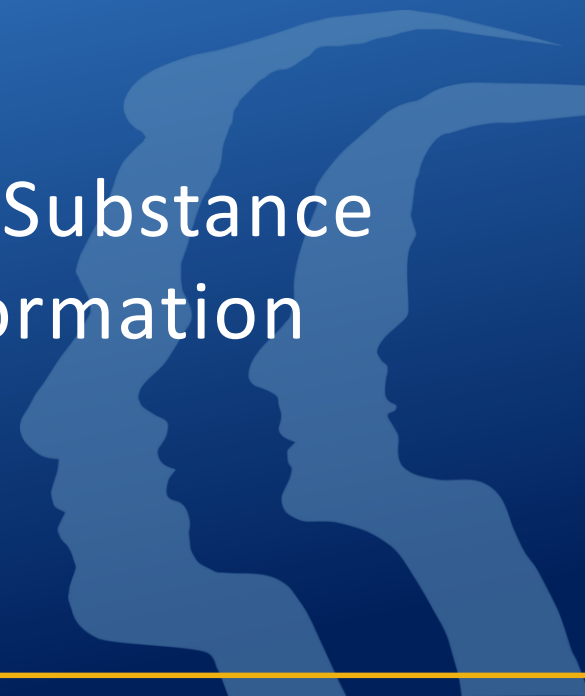




Sage

Los Angeles County's Electronic Substance
Use Disorder Managed Care Information
System



Outline

- Background – Leveraging Technology in a Managed Care Specialty SUD System
- Sage – LA County’s Electronic Substance Use Disorder Managed Care Information System
 - Functionality
 - Development
 - Deployment
 - Training
- Provider Preparation
- Helpful Resources





START-ODS

SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized Delivery System

The Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver is the greatest opportunity in recent history to design and implement an SUD system of care that has the financial and clinical resources to more fully address the complex and multifaceted needs of all our patients.



Impact of Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver

- Specialty SUD services will be delivered in a **managed care environment**
 - Managed care is a health care delivery system organized to manage cost, utilization, and quality (Source: Medicaid.gov)
- SAPC will become a **specialty SUD managed care plan**
 - Responsible for oversight of SUD care provided within a managed care environment, and delivery of these services in accordance with 42 CFR Part 438 managed care requirements
- SAPC provider network will:
 - Become a **specialty SUD system** held to managed care requirements, similar to how DMH's network is a specialty mental health system
 - Need to better **integrate and coordinate care both within the SUD system and with other health systems** (e.g., physical & mental health)



Foundational Elements of DMC-ODS Waiver

- **Drug Medi-Cal (DMC) as primary funding source for a fuller continuum of SUD care**
 - Moving from treating SUDs acutely and episodically to a chronic care model
- Focus on establishing and documenting **medical necessity**
 - 5th edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5)
 - American Society of Addiction Medicine (ASAM) Criteria
- Greater administrative and clinical oversight → **Quality Improvement and Utilization Management Programs** to improve care and ensure efficient use of resources
 - Preauthorized services → Residential treatment
 - Authorized services → MAT and Withdrawal Management for youth, Recovery Bridge Housing

KEY GOAL → Provide the right services, at the right time, in the right setting, for the right duration

Necessary SUD System Changes

- **Transition from a largely paper-based SUD system to an electronic, technology-based system to help meet the enhanced requirements of the DMC-ODS waiver and align with health industry standards**
 - Facilitate greater access to services
 - Clinical documentation
 - Utilization management
 - Data collection
 - Billing
 - Contract monitoring
- **Leverage technology to better organize and coordinate services both within the SUD system and between other health systems**
 - Service & Bed Availability Tool (SBAT) → Dashboard of outpatient slots and residential/RBH beds throughout system



Overview: Sage

- **Background**

- Sage is a certified, web-based SUD EHR that consists of clinical, administrative, and data reporting modules that satisfy mandatory government reporting requirements, and also provides the necessary framework for overseeing and delivering SUD services in a managed care environment.
- Provided by Netsmart – same vendor used by LAC DMH’s IBHIS system.
- 42 CFR Part 2 and HIPAA compliant.
- Meets mandatory interoperability requirements for certified EHRs.



Overview: Sage – cont'd

- **Fully functioning electronic managed care information system for SUD**
 - Clinical Modules (electronic ASAM assessment tools, treatment plans, progress notes, etc.)
 - Utilization Management (UM) Module (to authorize services)
 - Service & Bed Availability Tool (SBAT)
 - Data Collection (LACPRS/CalOMS)
 - Billing Module
 - eContract Monitoring



Overview: Sage – cont'd

- **Scope of Sage utilization**
 - Includes **adult & youth treatment services**
(OP/IOP/RS/WM/OTP*/CM/RSS/PCS)
 - *OTP's → will utilize ASAM assessments, UM module, billing, & data reporting through Sage, but otherwise clinical functions will remain on current EHR platforms
 - Services that will **NOT** utilize Sage, with consideration for future connection
 - Prevention services
 - DUI services





Sage – SAPC/Provider Responsibilities & Expectations

- **SAPC Responsibilities**

- Fund the development, implementation and annual maintenance/support of Sage
- Share initial training responsibilities with providers

- **Provider Responsibilities**

- Recognize critical importance of Sage to the delivery of quality SUD care
- **Ensure sufficient hardware specifications, up-to-date anti-virus protection, latest windows security patches, and IT staff to support Sage, with assistance from SAPC, as needed**
- **While SAPC will support the implementation and start-up training for Sage, providers are responsible for future EHR trainings for their staff, particularly in light of their staff turnover**



Sage vs. non-Sage Users

- **Scenario 1**: Providers who are utilizing their own electronic health record (EHR) currently may choose to continue using it, in which case SAPC will work with these providers to connect systems
- **Scenario 2**: Providers who don't have EHRs or prefer to change their systems may choose to utilize Sage
 - **In either case, providers will be required to possess a certified EHR to provide specialty SUD services in a managed care environment, but the actual EHR system is an individualized business decision**

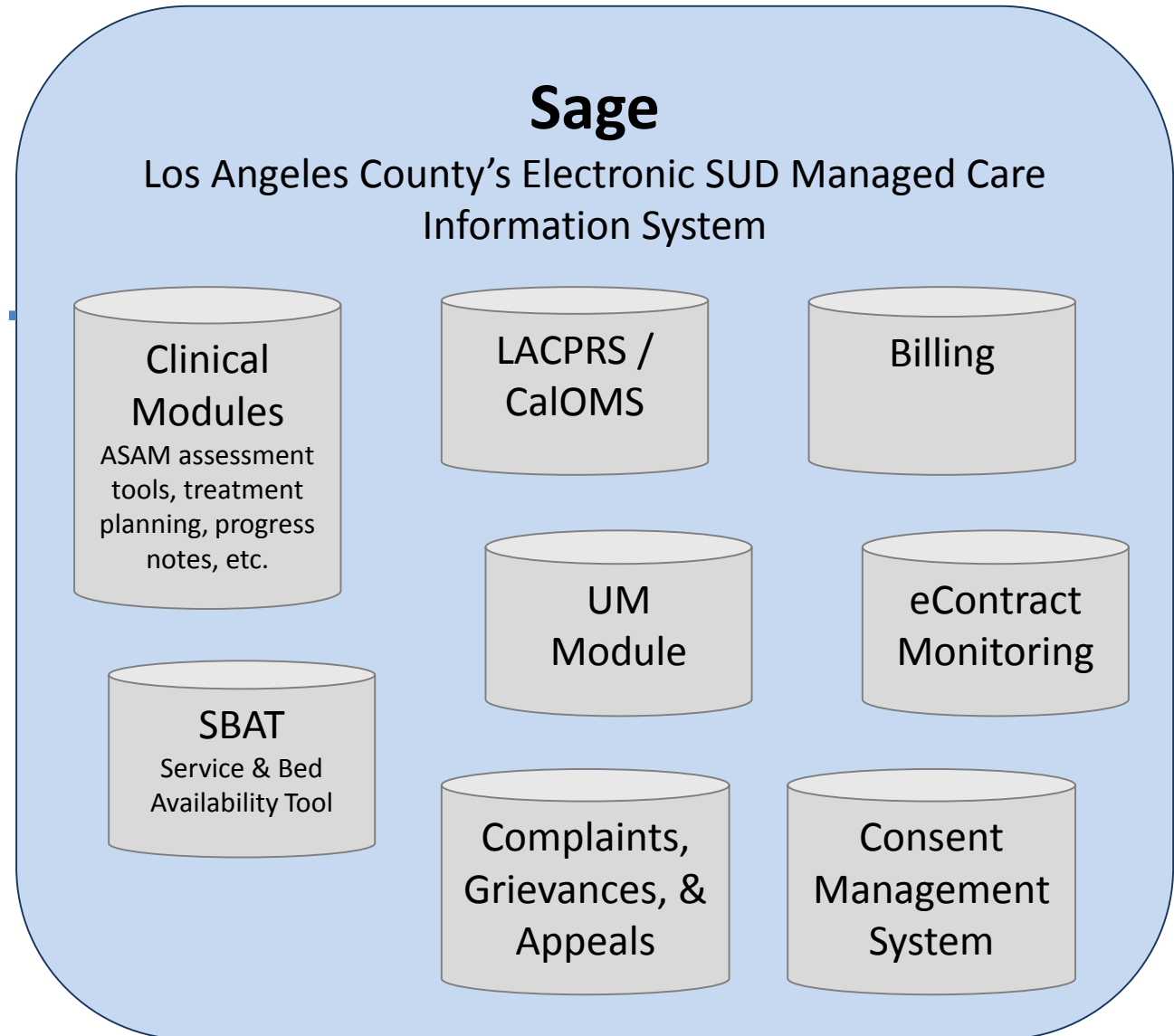
Benefits to Implementing Sage

1. **Alignment with DMC-ODS waiver and SAPC priorities**
2. **Fully functioning EHR** with clinical (including assessments), administrative, data reporting, and billing functionality
3. **Good value** – SAPC will fund licensing and implementation costs for Sage and will also share technical support responsibilities with providers to ensure continued evolution of the EHR with the addiction field and SUD service delivery requirements
4. **Minimizing disallowances & streamlining auditing** from improved accuracy and reporting of service delivery and data

Recommended Technical Specifications

	Minimum	Preferred
Processor	1.5 GHz or faster 32-bit (x86) or 64-bit	2.0 GHz or faster 32-bit (x86) or 64-bit
RAM	1 GB of memory or greater	2 GB of memory or greater
Storage	1 GB of available space or greater	2 GB of available space or greater
Graphics	Dedicated 128 MB+ Graphics Card	Dedicated 128 MB+ Graphics Card
Operating System	Windows 8.1* *Note – Windows 8 RT is not supported	Windows 8.1* or 10 *Note – Windows 8 RT is not supported
Internet Connection	50 kbs broadband (DSL, Cable, Fiber)	75 kbs broadband (Cable, Fiber)
Browser	IE 9 (Windows 7) IE 10 (Windows 7, 8); IE 11 (Windows 7, 8.1, 10); (IE 32-bit only in compatibility mode); Chrome (16-48); Firefox (10-44)	IE 10 (Windows 7, 8); IE 11 (Windows 7, 8.1, 10); (IE 32-bit only in compatibility mode); Chrome (48); Firefox (44)

- Other electronic health information systems
- Health Information Exchanges (HIE)





Sample Screenshot of ProviderConnect – Demographics Page

Member ID
43
Demographic
Member Specific Information
Michigan Taxable Income
Treatment Authorization Requests
Cat-OMS Admission
Cat-OMS Annual Update
Cat-OMS Discharge
CSI Admission
DCFS Status Tracking
Financial Eligibility
Public Guardian Status Tracking
Appointments
Client Condition - Pregnancy
Authorizations
QI Forms
TEDS
Treatment
Provider Admission
Attachments
Provider Diagnosis (ICD-10)
Exit to Main Menu

Client Name:	ZINGERMAN, JIMMY
Member ID:	43
SSN:	854-70-2582

Member Demographics		
Social Security Number 854-70-2582	Date of Birth 1/5/1970	Facility Chart Number <input type="text"/>
Member Street 1 123 Main <input type="text"/>	Member Street 2 <input type="text"/>	Member City <input type="text"/>
Member County -Please Choose One- <input type="text"/>		Member State -Please Choose One- <input type="text"/>
Member Zip Code <input type="text"/>	Member Phone Number <input type="text"/>	Member Work Number <input type="text"/>
Member Language -Please Choose One- <input type="text"/>	Sex Male - M <input type="text"/>	Ethnicity -Please Choose One- <input type="text"/>
Race -Please Choose One- <input type="text"/>	Client Maiden Name <input type="text"/>	Veteran
Education Level At Admission -Please Choose One- <input type="text"/>	Citizenship Status -Please Choose One- <input type="text"/>	Pre-Admission Disposition
Employment Status -Please Choose One- <input type="text"/>		
Marital Status -Please Choose One- <input type="text"/>		

[Save Record](#)

About ProviderConnect v2.215




Sample Screenshot of MyAvatar – Demographics Page

My Views: Work Items Aging Billing **Client Info** KPIs

Selected Client: Binford, Aaron (000000222) Episode: All Episodes

Client Information

 **BINFORD,AARON (000000222)**
M, 40, 05/09/1974
Ht: 5' 6", Wt: 150 lbs, BMI: 24.2

Client Episodes

Episode Number	Program	Admit Practitioner	Attending Practitioner	Admit Date	Discharge Date	Primary Diagnosis
2	Screening / Access	SMITH,BETTY		06/06/2014	Open Episode	SCHIZOPHRENIA, CATATONIC TYPE
1	O.P. Mental Health Services	SHEPHARD,JACK	SHEPHARD,JACK	01/01/2006	08/01/2013	DYSTHYMIC DISORDER

Financial Eligibility

MR #	Client	Episode	Program	Order	Level #	Verify	Guarantor	START	END	Policy
222	BINFORD,AARON	2	Screening / Access	1	1	No Entry	Medicaid NC(6)	2014-06-06		79586876
222	BINFORD,AARON	2	Screening / Access	2	1	No Entry	Self-Pay(100)	2014-06-06		222

Follow-up Entry

Data Entry Date	Data Entry By	Guarantor Name	Note Type	Note
2014-05-19	INTAKE	Self-Pay	Account moved to Collections	Client has not paid his balance in over 4 months, so sending to collections. AD

Service History

Date	Status	Start Time	End Time	Staff Name	Program	Service Code	Duration	Cost	Location
06-06-2014	Scheduled	08:00 AM	09:00 AM	TRAINING,TERRY	Screening / Access	4564	60	150.00	West Campus
09-04-2013	Scheduled	12:00 PM	01:30 PM	PATTERSON,MICHELLE	O.P. Mature Adult Psych.	DELETE	90	125.00	West Campus
08-31-2012	No Entry			FORD,JAMES	O.P. Mental Health Services	90806	50	120.00	East Campus
06-01-2012	No Entry			SHEPHARD,JACK	O.P. Mental Health Services	90801		150.00	East Campus

My Clients (Left Panel)

Recent Clients: Binford, Aaron (000000222)

Search Clients:

Close Open Clients

Problems Client Leaves

Clinical Modules

- **Modules within Sage that meet the clinical workflow and documentation needs of SUD providers**
 - **Assessment tools**
 - Adult providers: SAPC is piloting the electronic ASAM CONTINUUM and developing/piloting the ASAM CONTINUUM Triage Tool
 - If SAPC decides to implement, these tools will be available via Sage, either directly for Sage users or via a portal for providers who are using their own certified EHRs (non-Sage users)
 - Youth providers: Will use paper-based youth screener and ASAM assessments
 - **Clinical documentation**
 - Treatment plans
 - Progress notes (counseling, case management, etc)
 - Discharge plans



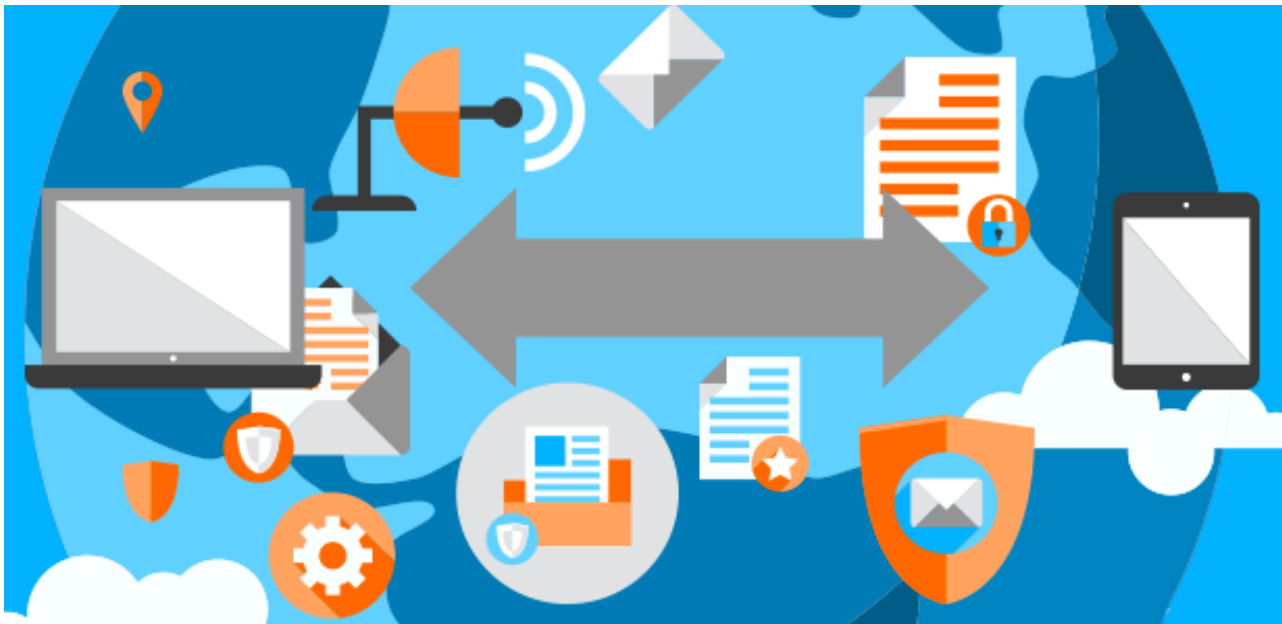
Utilization Management Module



- **Electronic Utilization Management (UM) module**
 - Submission of DMC eligibility verification and service authorization requests (e.g., residential authorizations, Recovery Bridge Housing, MAT and Withdrawal Management for youth)
 - UM module functions will be accessible to both Sage and non-Sage users
- **Workflow (*final state*)**
 - Sage Users
 - Providers submit DMC eligibility verification or service authorization requests electronically via Sage
 - SAPC UM staff review clinical documentation via Sage and render a decision that is viewable to providers via the electronic system
 - Non-Sage Users
 - Providers submit DMC eligibility verification or service authorization requests electronically and upload necessary clinical documentation onto a portal of the UM module
 - SAPC UM staff review clinical documentation and render a decision via the portal

Consent Management System

- **Consent management system will allow for maintenance of 42 CFR Part 2 compliant release forms on the Sage platform to facilitate information exchange between SUD and other health providers.**
 - Alert system can notify providers when consents are due to expire.
 - **Release forms will still largely be paper-based and require patients to physically sign the consents, which will then be uploaded onto Sage.**



Service & Bed Availability Tool (SBAT)



- **Publicly accessible, web-based dashboard of intake appointment slots and bed availability (residential/residential withdrawal management/Recovery Bridge)**
- Purpose: To provide the general public, Beneficiary Access Line (BAL), and providers an inventory of available treatment slots and beds in order to more easily coordinate along the SUD care continuum → **essential to achieve a truly organized system of SUD care**
 - Modelled after system developed and successfully used in NYS
- The SBAT will be the **primary means by which appropriate SUD referrals are identified**
- **Providers will be required, on at least a daily basis, to input their OP/IOP intake slots as well as bed availabilities for residential/residential withdrawal management/RBH into the SBAT**

Service & Bed Availability Tool (SBAT) – cont'd

- **SBAT Functionality**
 - Service identification and filtering capability by LOC and type (service of special populations, language capabilities, etc)
 - Google Maps functionality
- **SBAT workflow for the 3 entryways into SAPC's provider network:**
 - General Public
 - Call BAL, or access SBAT via SAPC website to identify an appropriate SUD provider directly
 - Beneficiary Access Line (BAL)
 - Perform brief triage assessment via phone to identify provisional LOC needed
 - Utilize SBAT to identify appropriate providers who meet the needs of client and arrange appointment (OP/IOP) or reserve bed (Res/Res WM/RBH) according to client preference
 - Client Engagement and Navigation System (CENS)
 - Perform brief triage assessment then use SBAT to identify an appropriate SUD provider



Sample Screenshot of Service & Bed Availability Tool (SBAT)

HOME

ABOUT BEGIN SEARCH CONTACT

FIND AVAILABLE SUBSTANCE USE SERVICES NEAR YOU

- **Option 1:** If you want to speak to someone directly to access services, call the Beneficiary Access Line at XXX-XXX-XXXX
- **Option 2:** If you want to identify substance use services online [CLICK FOR INSTRUCTIONS](#)

Starting Location:

Enter a location

5 miles

SEARCH

Filter by:

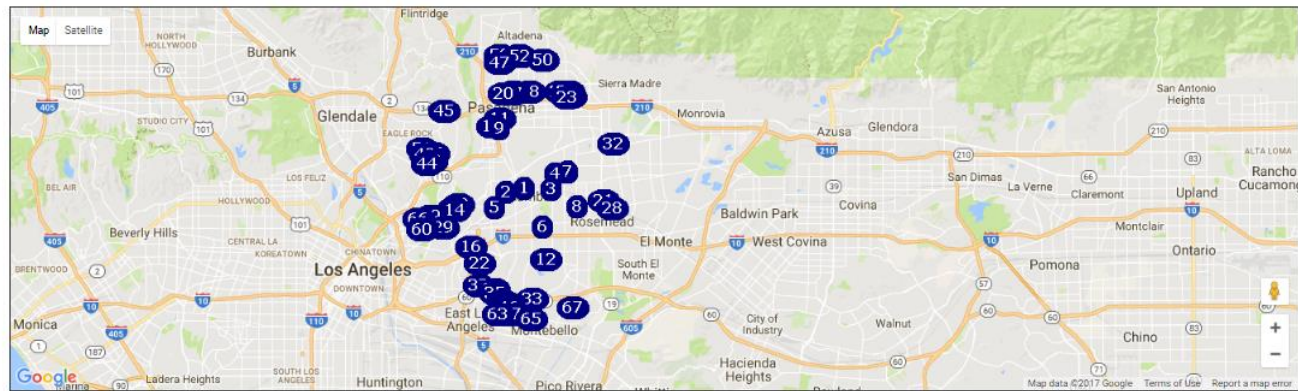
TREATMENT/SERVICE TYPE: ▾

- Outpatient Treatment, Level 1 (OP) ⓘ
- Intensive Outpatient, Level 2.1 (IOP) ⓘ
- Residential Treatment, Levels 3.1 & 3.5 (RS) ⓘ
- Residential Population-Specific Treatment, Level 3.3 (RS) ⓘ
- Ambulatory - Withdrawal Management, Levels 1-WM & 2-WM (A-WM) ⓘ
- Residential - Withdrawal Management, Level 3.2-WM (R-WM) ⓘ
- Opioid Treatment Program (OTP) ⓘ
- Recovery Bridge Housing (RBH) ⓘ
- Driving Under the Influence (DUI) Program ⓘ

LANGUAGES SPOKEN: ▾

CLIENT SERVED: ▾

RESET FILTER



	Agency	Available Beds	Intake Appointment	Specific Service Type	Languages Spoken	Last Updated
1 0.18 miles Directions ⓘ	PACIFIC CLINICS 101 South Second Street Alhambra, 91801 Business Hours: Monday through Friday, 8:00 a.m. to 3:00 p.m. Phone number:		OP IOP ⓘ			11/16/2016 9:44:56 PM

Data Collection (LACPRS/CalOMS)

- **Required data collection will occur via Sage**
- SAPC is in process of revising/enhancing Los Angeles County Participant Reporting System (LACPRS)
 - Skip/logic patterns will improve data integrity → will prohibit user from moving forward unless required data fields are entered and will prevent entry of clearly erroneous information
- **Data in a managed care environment is critical to demonstrate outcomes and identify opportunities for improvement on behalf of patient/provider/system**





Sample Screenshot of CarePathways Dashboard – Clinical

Client
Operational
Financial
My KPIs

Admissions
Services
Details
My Operational KPIs

Access to Treatment

Avg. Days between Intake and First Service

Admission program	Avg. Days
Center Assessment	54.7 day(s)
Treatment Counseling	26.0 day(s)
Care Clinic	25.7 day(s)
Star Health	25.1 day(s)
County Stabilization	17.4 day(s)
Program Children's	17.1 day(s)
Netsmart Maintenance	17.1 day(s)
Assessment Behavioral	16.6 day(s)
Coordinated Home	16.4 day(s)

Average Length of Stay

Admission program

Assessment Behavioral	269 day(s)
Medical Hospital	184 day(s)
Star Health	167 day(s)
Center Life	163 day(s)
Center Assessment	142 day(s)
Star Netsmart	138 day(s)
Adolescent Hospital	120 day(s)
Hospital Stabilization	106 day(s)
Services Star	96 day(s)

Current Selections

Vital Signs.BMI Class Overweight

Client Admission.Program NOT Mental A...

Financial

Payor Group

Payor Name

Billing Status

Type of Payment

Payment Type Value

Utilization

Admission Utilization

Admission program	Percentage
Assessment Behavioral	42.8%
Coordinated Home	16.8%
Mental Assessment	10.0%
Program Children's	9.8%
Mental Youth	5.1%
Hospital Stabilization	4.4%
County Stabilization	2.7%
Home Adult	1.8%
Star Health	1.7%
Center Assessment	1.0%
Others	3.9%

Service Utilization

Percent of Admitted Referrals

Referral Status	Percentage
Non-Referral	77.0%
Transfer	14.9%
Referral	8.0%

Calendar Year
Fiscal Year

Select Date Type = Service Date

Calendar Year

Calendar Half

Calendar Quarter

Month

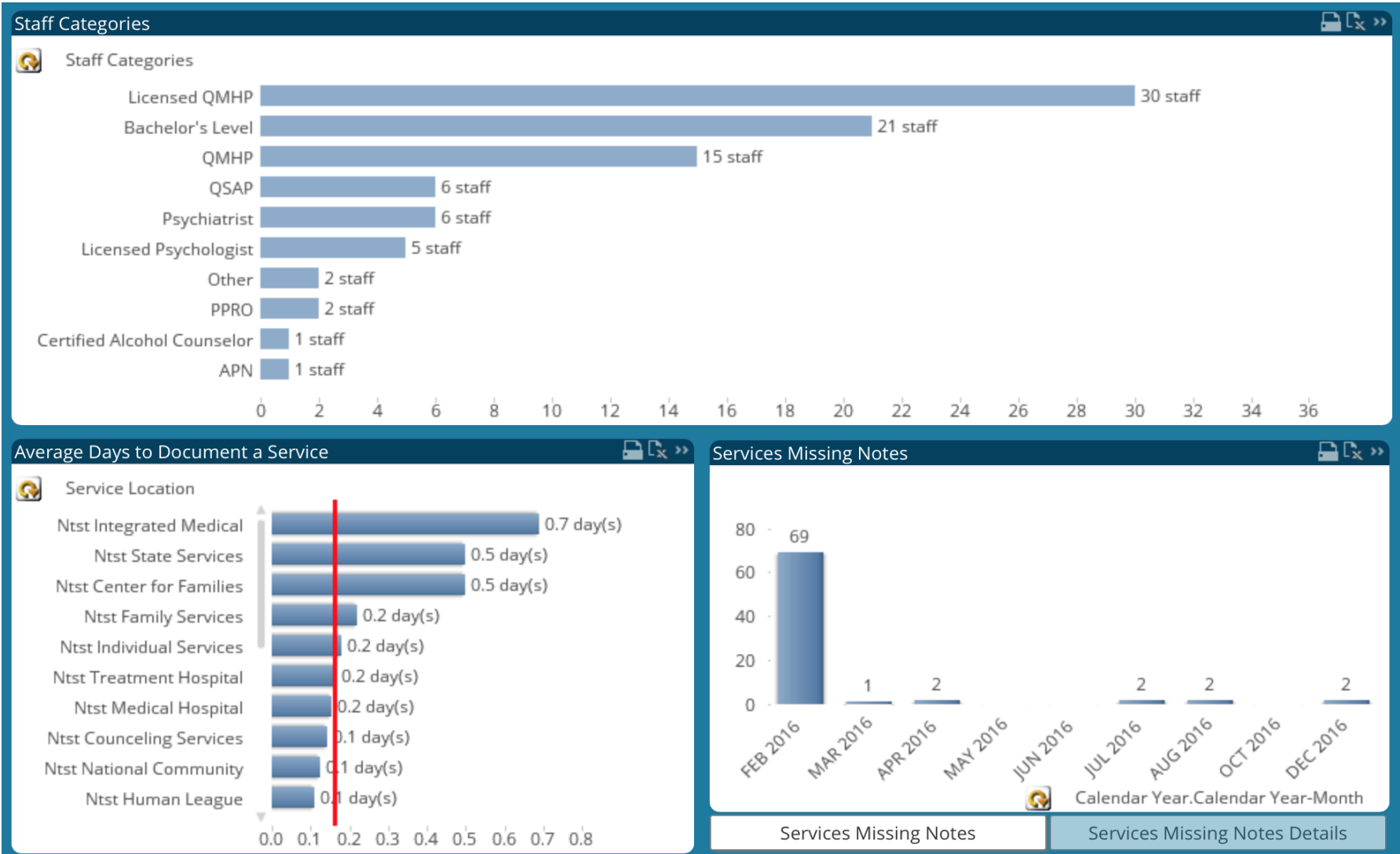
Calendar Year-Half

Calendar Year-Quarter

Calendar Year-Month

Calendar Year-Week

Sample Screenshot of CarePathways Dashboard – Admin





Sample Screenshot of CarePathways Dashboard – Financial

Client | Operational | Financial | My KPIs

Financial | Details | My Financial KPIs

Average Days in Accounts Receivable

Payor Name	Average Days
Great Behavioral Option	166 days
Physician East Medicare	163 days
AARP Great	130 days
HBS Part B	116 days
Behavioral Consumers Plan	79 days
Medicaid Physician	73 days
Physician Support Physician	64 days
United Union Direct	61 days
Health Behavioral State	59 days

Current Selections

Financial

Payor Group

Payor Name

Billing Status

Type of Payment

Payment Type Value

Payor Matrix

Payor Name	Payments	Adjustme...	Transfers	Billed Count	Unbilled Co.	
AARP Great	\$24,206.94	\$10,233.06	\$14,200.00	1622		
Behavioral Universal	\$60,694.12	\$53,465.65	\$7,245.18	1898	1	
Claims Community	\$2,767,545.04	\$2,147,535...	\$527.84	65901	5	
Great East	\$109.50	(\$109.50)	\$706.00	0		
Universal Supplement	\$34,907.65	\$17,444.23	\$940.00	2676		
AARP Health Physician	\$635.05	\$294.82	\$750.13	22		
AARP Universal South	\$14,302.09	\$33,233.00	\$12,835.76	1568		
Adult AARP HBS	\$193.00	\$34.00	\$418.00	6		
Adult Direct Physician	\$38,946.35	\$27,952.05	\$9,560.00	2660	28	
Behavioral Consumers Plan	\$470.99	\$662.06	\$1,624.36	33		
Behavioral Great Physician	\$1,458.00	\$3,937.68	\$2,104.32	213		
Benefits Family Family	\$0.00	\$0.00	\$8.00	1		
Care Adult Family	\$0.00	\$0.00	\$630.00	10		
Claims East East	\$4,593.34	\$9,930.16	\$8,214.00	380		
TOTAL	\$7,199,793.39	\$7,199,793.39	\$4,570,3...	\$269,288.46	205114	867

Calendar Year | Fiscal Year

Select Date Type = Service Date

Calendar Year

Calendar Half

Calendar Quarter

Month

Calendar Year-Half

Calendar Year-Quarter

Calendar Year-Month

Calendar Year-Week

Billing



- **Electronic billing system**

Sage will have a new electronic billing system.

- While the backend mechanics of billing will remain largely unchanged, the look and feel of the interface for providers will change.
- SAPC will ensure training on this new billing system.

eContract Monitoring



- **Electronic contract monitoring system (internal to SAPC functions)**

Will remain similar interface for SAPC staff to perform contract monitoring functions



Sample Screenshot of Billing & Claims System

[Back](#)

ProviderConnect - Billing

Horizon House 3/12/2017 5:44:05 PM [Lookup Client](#) | [Main Menu](#) | [Log Out](#)

Bill Generation	
2016 - 2017	Generate New Bill

Unsubmitted Bills	
Billing Generation Date	Generated By
3/7/2017 5:38:38 PM	horizon (h z)

Submitted Bills Criteria	
Bill Date	3/10/2017 - 3/12/2017
Show Bills	

Submitted Bills									
Bill Date	Contracting Provider	Bill Enum	Total Units	Total	Pending	Paid	Denied		
3/10/2017 11:25:00 AM	Horizon House	31020171125272	5	\$300.00	\$0.00	\$0.00	\$300.00		
3/10/2017 1:18:00 PM	Horizon House	31020171318102	1	\$60.00	\$0.00	\$60.00	\$0.00		
3/10/2017 5:00:00 PM	Horizon House	31020171659362	4	\$240.00	\$0.00	\$240.00	\$0.00		
3/10/2017 5:21:00 PM	Horizon House	31020171721302	5	\$300.00	\$0.00	\$300.00	\$0.00		
3/10/2017 5:26:00 PM	Horizon House	31020171726202	2	\$120.00	\$0.00	\$120.00	\$0.00		
3/10/2017 6:00:00 PM	Horizon House	31020171759362	4	\$240.00	\$0.00	\$240.00	\$0.00		
Total:			21	\$1,260.00	\$0.00	\$960.00	\$300.00		

Void Submission
Generate Void Submission

[Back](#)

About ProviderConnect v2.215

Sage & Contract Monitoring

- **Efficient**: Review of electronic charts will reduce audit time for SAPC staff
- **Effective**: Sage has control features that ensure proper documentation (signatures, time stamps, etc) – this will increase provider compliance to regulations and contract requirements
- **Minimize disallowances**: Stricter adherence to regulations and contract requirements will result in fewer provider deficiencies that could impact reimbursement





Sage Development



Sage Development – 2 Phases

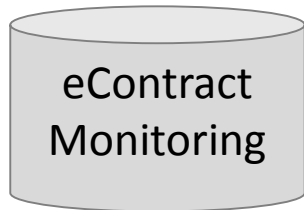
- **SAPC and Netsmart will work together to build and develop Sage in 2 Phases** to gradually introduce functionality into the Sage system

Phase	Description	Completion Date (tentative)
Phase 1	<ul style="list-style-type: none">• Core Clinical Modules<ul style="list-style-type: none">• Documentation• ASAM assessment tools• SBAT portal• Utilization Management Module• Complaints, Grievance, and Appeals• Consent Management System• LACPRS/CalOMS Data Collection System• Billing	August 2017
Phase 2	<ul style="list-style-type: none">• Full integration of SBAT• Integration of eContract Monitoring• Data Exchange with EHRs/Health Information Exchange (HIE)	December 2017

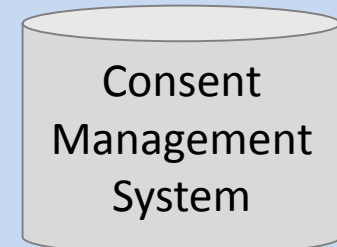
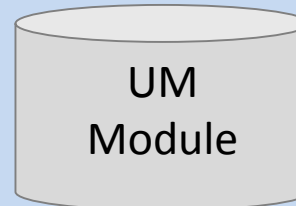
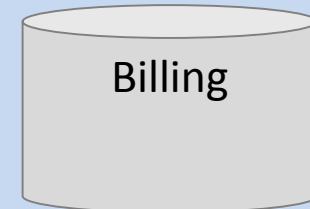
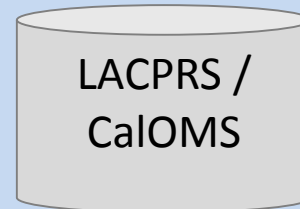
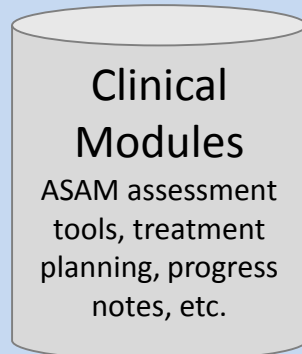
Phase 1 of Sage Development

Sage

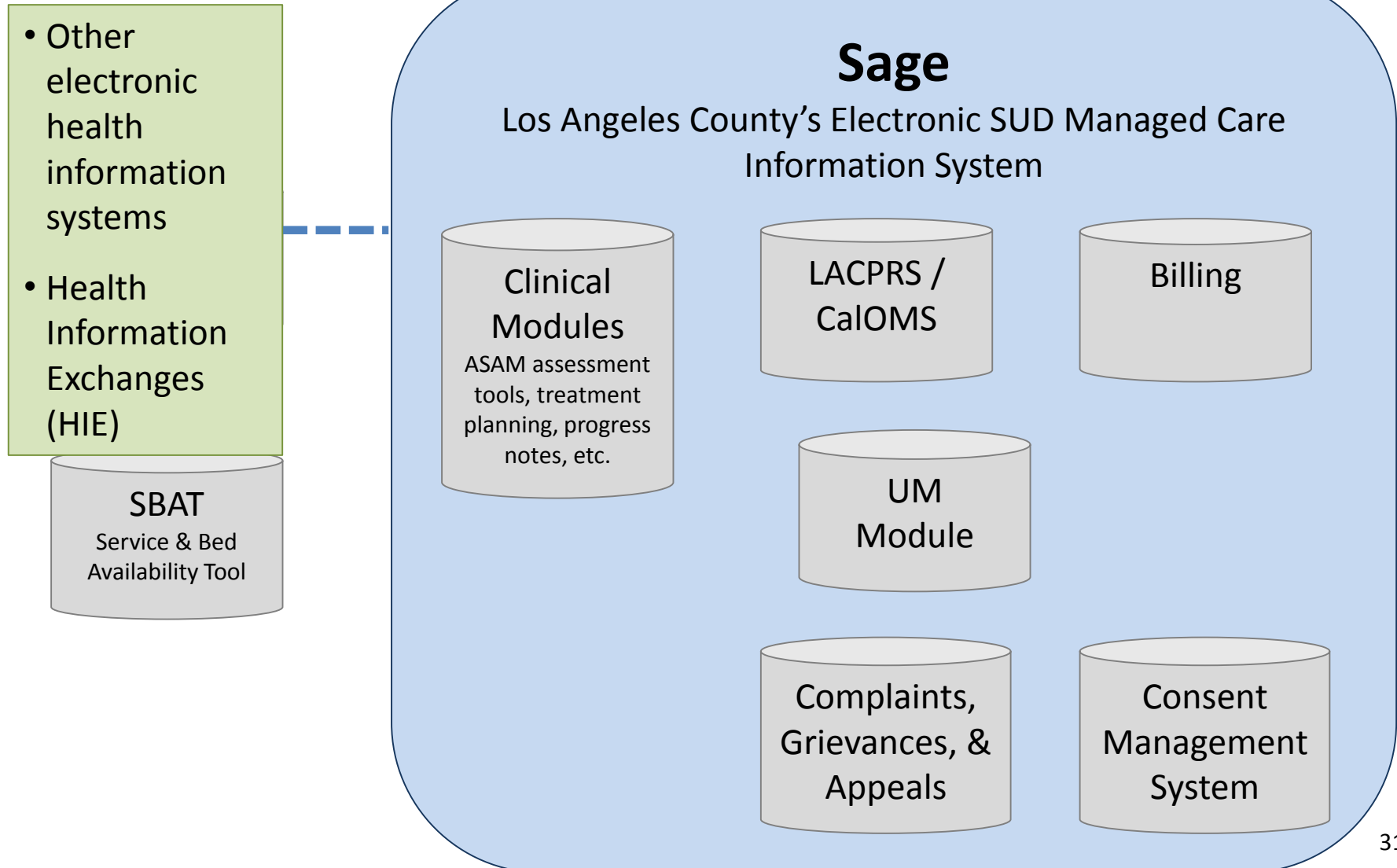
Los Angeles County's Electronic SUD Managed Care Information System



Providers & SAPC will
access SBAT via external
portal of Sage system



Phase 2 of Sage Development





Sage Deployment

Mission: Successful launch
throughout SUD provider network



Sage Deployment Plan – 3 Stages

- Deploying Sage across all SAPC provider sites simultaneously is not feasible. As a result, **Sage will be deployed in 3 Stages:**
 - 3 stages of deployment depending on Levels of Care (LOC) will be staggered 2 weeks apart between stages
 - In facilities that offer multiple LOCs, the stages will be strictly limited to the LOCs as outlined below

Stage	Deployment Level of Care(s)	Start Date (tentative)
Stage 1	Residential (Res) & Residential Withdrawal Management (RWM)	August 2017
Stage 2	Outpatient (OP) & Intensive Outpatient (IOP) provider agencies that <i>ALSO OFFER</i> Res & RWM services	~2 weeks later
Stage 3	<i>STAND-ALONE</i> Outpatient (OP) & Intensive Outpatient (IOP) provider agencies that do NOT also offer Res & RWM	~2 weeks later





Training

- **Training will be critical to a successful implementation of Sage** → SAPC will employ a graduated and multifaceted training approach during implementation, with various levels of trainings for both SUD providers and SAPC staff
 - **Level 1 – Basic Trainings**
 - **Basic EHR/Sage Awareness** – to increase familiarity with Sage and EHRs in general
 - **Basic Computer Skills Training** (as needed; in computer lab) – to ensure that attendees have sufficient computer proficiency to benefit from trainings
 - **Level 2 – Regional Intensive Trainings** (in regional computer labs across LA County)
 - **Level 2A: End-user Sage trainings** – Trainings on Sage in computer lab setting
 - **Level 2B: Superuser (train-the-trainer) trainings** – Individuals who can both train others within provider agencies and provide necessary on-site support, when necessary
 - **Level 2C: Online refresher courses** – Supplemental online trainings for individuals who need additional support and to address provider staff turnover
 - **Level 3 – On-site support during launch**
 - On-site Go-Live support
- **While SAPC will provide implementation training, providers will be responsible for ongoing EHR trainings for their staff after launch/implementation, accommodating for staff turnover**

Sage Implementation Training Plan – 3 Levels

- Sage implementation training will focus on 3 core areas designed to:
 - Ensure EHR and computer readiness
 - Train end-users and superusers at both SAPC and provider agencies
 - Provide time-limited on-site support during launch

Level	Training Topic	Start Date (tentative)
Level 1	Basic Trainings – basic EHR/Sage awareness and computer skills training)	~3 months prior to launch in August 2017
Level 2	Regional Intensive Trainings	~2.5 months prior to launch in August 2017
	Level 2A: End-user Sage trainings	
	Level 2B: Superuser trainings	
	Level 2C: Online refresher courses	
Level 3	On-site Go-Live support	First 30 days of launch in August 2017

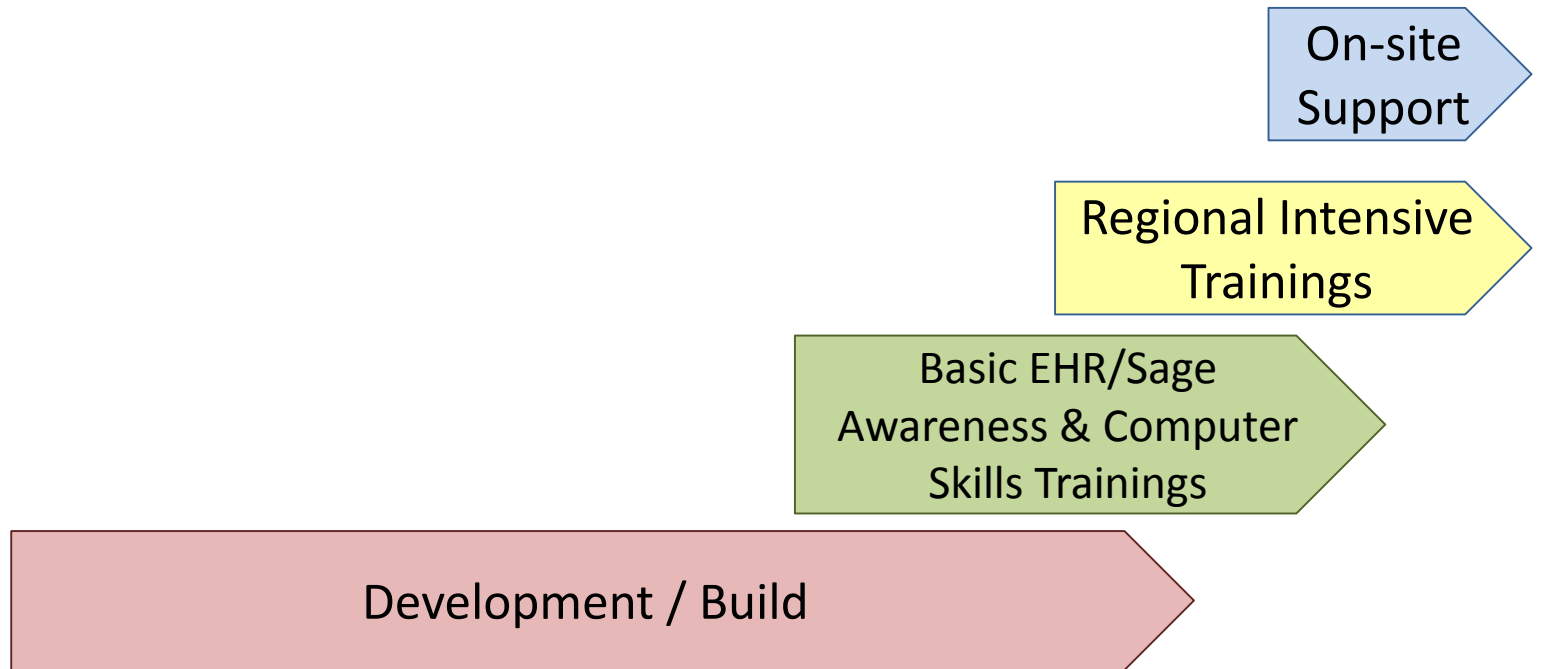
Post-Implementation Training

- **SAPC will financially support Sage training during launch/implementation**
- **After the launch/implementation period for Sage, providers will be responsible for ensuring their staff receive sufficient training on Sage to ensure proficiency**
- **Providers opting to utilize Sage will be required to purchase SAPC-approved trainings through Netsmart to ensure quality**
 - **Netsmart will offer providers online, instructor-assisted training courses**
 - **These are allowable costs for provider budgets**
- **Prior to being given access to Sage, users will be required to demonstrate proficiency by successfully completing a training exam**



Sage Implementation Timeline*

*Purpose of timeline is to demonstrate *relative* timing of launch events; NOT drawn to scale.



January
2017

DMC-ODS
Launch
(7/1/17)

We Need You!



Necessary Provider Preparation

- **Attend all IT-related meetings and send appropriate staff to trainings arranged by SAPC**
 - Ensure your staff have general familiarity with EHRs and Sage
 - Ensure your staff possess basic computer skills
 - Allot time and resources for designated staff to attend Sage trainings to receive end-user and superuser (train-the-trainer) training
 - Develop business plan to ensure ongoing clinical and technical support at provider sites to address Sage-related questions
- **Build EHR training into your business plans and ensure you have staff with sufficient training and who become “super-users” to accommodate for your new staff and turnover**
- **Ensure your hardware meet technical specifications to support Sage requirements**
- **Provide your feedback** – we want/need to hear from you about how to best ensure a successful implementation of Sage



Summary

- **Sage is an electronic managed care information system for SUDs that will serve as the backbone of the specialty SUD system in Los Angeles County, with clinical, administrative, data reporting, and billing functionality**
- **Training will be essential for success, including allocation of provider staff time and resources.**
 - Basic EHR and computer skills training
 - Train end-users and superusers at the provider and SAPC level, and provide online refresher courses
 - On-site, Go-Live support during initial launch
- **Implementing Sage for the SUD provider network countywide in the timeline we are targeting (August 2017) will be an immense lift that will require close partnership, coordination, and collaboration between SAPC and its provider network**
- **Providers can and should be preparing NOW for the rollout of Sage in order to leverage technology to improve patient care and services in a managed care environment**

Helpful Resources

- **EHR Basics – HealthIT.gov**
 - <https://www.healthit.gov/providers-professionals/learn-ehr-basics>



"Nobody move! Everything's working!"