

Mental Health Transformation

Goal 6 – Technology is used to Access Mental Health Care and Information

Introduction

The mental health system in Connecticut will undergo a major transformation process that will empower consumers and families with the use of advanced communication and information technology. This advancement will also be a tool for providers to deliver the best care in Connecticut. Consumers and families will be able to regularly communicate with the agencies and personnel that deliver treatment and support services that are accountable for achieving the goals that are outlined in the individual's plan of care. Information about illnesses, effective treatments, and the services in their community will be readily available to consumers and families. This process of ensuring easy access to information will foster continuous, caring relationships between consumers and providers by providing a complete medical history, allowing for self-management of care, and electronically linking multiple service systems. The primary goal of transforming the mental health system in Connecticut is to empower consumers and providers to use evidence-based information to create an effective and efficient system of care.

Cross Cutting Principles

The expectations of the Mental Health Transformation Grant are very different from what grants in the past from the Center for Mental Health Services have expected from states. This grant calls for the states to develop a plan that encompasses not just the consumers that are served in the public health care service delivery systems but calls for a much broader vision of addressing the mental health needs of the citizens of Connecticut. This is a big challenge and our group struggled with developing recommendation for the state plan that will impact the people in Connecticut in many ways. Every recommendation that is proposed in this plan when implemented would take the following principles into account, which we label the cross-cutting principles:

- Client centered solutions
- Privacy and confidentiality are maintained
- Cultural competency and health care disparities are addressed
- Issues related to the age are addressed developing a continuum of services that is age-appropriate too.
- Continuum of services is maintained as clients traverse between the public and private agencies to receive the most appropriate care.
- Concepts of resiliency and recovery oriented

Discussion/Workgroup Process

Workgroup 6 was established to address how technology can transform the current mental health system. Workgroup membership represented consumers, providers, agency representatives, and citizens of the state. The members of the workgroup accomplished the task of developing recommendations in six working meetings. Workgroup sessions were held with open discussion and the ability of group members to vote on areas they believed were critical to transforming the system of care. The following steps outline how the members arrived at the final recommendations:

Meeting 1: Generate a list of issues that can be addressed by improving the existing technological infrastructure and identifying themes.

Meeting 2: Open discussion of the issues generated and Guest speaker

Meeting 3: Work in sub-groups to identify strategies to achieve the goals and potential obstacles

Meeting 4: Present sub-group work to the larger workgroup for input and revisions

Meeting 4a: Solicit input on the preliminary draft recommendations from a standing consumer focus group¹.

Meeting 4b: Feedback from consumer action group related to technology²

¹ The recommendations for Goal 6 were also discussed at a Department of Mental Health & Addiction Services' Rehab Option meeting. The participants at this meeting consisted of approximately 35 consumers. This meeting was very productive in receiving comments from those that are directly involved in the mental health system in Connecticut. They were very clear in their thoughts and ideas that the system must be transformed and that technology plays an important role in this process.

²Comments that related to technology were received from a meeting with a local Consumer Action Group. Their recommendations included better coordination of supports between school systems and adults; accessible point of entry for people to have opportunities of getting needed services/resources; culturally competent outreach that can engage people; promoting resources and services through advertisements; training and access to resources for judicial and correctional system; and access to legal resources and advocacy.

Meeting 5: Identify and prioritize the final recommendations and strategies³

Meeting 6: Write sub-group reports

Recommendations

The recommendations and guidelines outlined in this report will cover the lifespan of the client as they may be served by more than one state agency at a time or they may end their services at one agency and continue services at another agency. Whether a child or an adult, technology will be a center focus of how to improve our system and will provide access for all individuals to become full participants in choosing the care that is best for them and their families.

The workgroup identified five main areas as recommendations in the order of priority⁴ are:

1. Co-Ordination of Care (score 7.3)
2. Single Portable Electronic Medical/Health Record (score 5.3)
3. Access to Information (score 3.9)
4. Quality of Care & Accountability (score 2.6), and
5. Training (score 1.5)

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³ The Department of Children and Families (DCF), which provides services for children up to the age of 18, distributed a survey to a provider/parent network and received 28 responses overall with 13 from parents. With respect to technology per se, parents were asked to rank three alternative “visions” of technology transformation: a) technology such as expert decision support systems to help providers with diagnosis and treatment processes; b) technology to help providers and state agencies know a client’s care history (Coordination of Care); c) technology to provide parents and caregivers more information about their child’s mental health needs (parental access to information). Parents did not rate Coordination of Care as their highest priority. Of the ten parents who ranked the technology “visions”, eight of them indicated chose “parental access to information” as their highest priority. Only one parent chose “coordination of care” as the top priority. The DCF Family Advocacy organization, FAVOR, also distributed a brief survey to its parent advisory board to help the workgroup understand parents’ perspectives on all the New Freedom Commission goals.

⁴ The work group rank ordered the five main recommendations. Rank 1 was assigned 1 point, Rank 2 was assigned 0.5 points, Rank 3 was assigned 0.3 points, Rank 4 was assigned 0.2 points, and Rank 5 was assigned 0.1 points. Based on the members response the final score was based on multiplying the number of members selecting a recommendation at a particular rank with the assigned weight.

Sub Goal 6.1: Co-ordination of Care

Recommendation	Reason/Need	Strategies
<p>6.1 Integrated information system</p> <p>Provide appropriate care to clients and families across programs, providers, payors, and agencies by delivering a common technical solution that is respectful and responsive to clients and their needs.</p>	<p>With the variety of disjointed, inconsistent, overlapping (and not), technical support and systems there is an identifiable need to establish a more cohesive, collaborative, and integrated solution.</p> <p>Through this approach, Connecticut should transform its delivery of client care by:</p> <ul style="list-style-type: none"> • Facilitating a longitudinal view of an individual when they were in State care or custody • Collection of real data that can be aggregated to provide a statistical base for research and quality improvement. • Determining costs associated with an individual or program • Making better use of State funded resources and their allocation to health care delivery 	<p>Functionality Priorities Construct: Sequence functionality using critical path analysis to deliver the capabilities in a responsive manner to match the business priorities.</p> <p>Staffing: Dedicating staff from appropriate agencies with appropriate skills to meet the needs of the project.</p> <p>Education & Consultation: Assisting agencies with building a base of knowledge and shared vision to achieve the common goals.</p> <p>Training & Technical Assistance: Provide and sustain statewide training to all affected organizations including providers and state agencies.</p> <p>Policy and Regulation: Develop and promote policies, regulations, standards, and statutes that either support the promotion of, or remove barriers to, the delivery and sustainability of effective sharing of information.</p>

The goal of Coordination of Care is to provide an effective delivery of the right services at the right time for the client to achieve maximum benefit and highest cost effectiveness. This includes such functionality as:

- A common registration/eligibility component to include the addition, changes, inquiries, and deletes of a shared data base of registrants
- Access to provider real time information on the availability of resources
- Ability to schedule appointments
- Access to portals that describe programs and information
- Access to information on encounter history and records

1. In selecting the State's goals, what process was used for consumers, family members, and young people to contribute to the selection of the State's goals?

The process to define this goal into executable plans was derived by the team members of Workgroup 6 Technology and clients. This Workgroup included participants from multiple state agencies as well as consumers from the adult system. Parents and providers of children whose services are provided through the Department of Children and Families also provided input. In particular, the Family Advocacy organization, FAVOR, distributed a brief survey to its parent advisory board to help us understand parents' perspectives on all the New Freedom Commission goals. Additionally the Program Director responsible for the Mental Health Block Grant distributed the survey to another provider/parent network. There were 28 responses overall with 13 from parents. With respect to technology per se, parents were asked to rank three alternative "visions" of technology transformation: a) technology such as expert decision support systems to help providers with diagnosis and treatment processes; b) technology to help providers and state agencies know a client's care history (Coordination of Care); c) technology to provide parents and caregivers more information about their child's mental health needs (parental access to information). Parents did not rate Coordination of Care as their highest priority. Of the ten parents who ranked the technology "visions", eight of them indicated chose "parental access to information" as their highest priority. Only one parent chose "coordination of care" as the top priority.

2. How will each of these goals be achieved and what role will consumers, family members, and young people plan in implementing these goals?

These goals will be achieved through a collaboration of programs spread across multiple state agencies and providers working together to achieve a common and timely solution to address the needs of the clients. As clients move from one custody (service, provider, and/or state agency) to another the notion of sharing information and using it responsibly to select the appropriate treatment or program is recognized as an important step to meet the overall goal.

3. What are the time frames for achieving these goals?

Time frames to achieve these goals vary considerably as one would expect suggesting that an overall cross programmatic approach is essential. In this manner increments of improvements described as strategies may be introduced that achieve an optimal enhancement or support benefit for the minimum application of resources. Time frames should be developed as a part of a broader planning process. There are critical path dependencies that need to be mapped out that will help to inform timeframes.

4. What are the obstacles for achieving these goals?

Obstacles to achieving the goals suggested include:

- Allocation of resources: financial and people
- Resistance to change or sharing information
- Statutory obligations that may inhibit coordination & collection of information
- Clearly defined projects with clearly identified deliverables
- Gap analysis of each agency is needed to identify participation eligibility
- Common method for participant registration and determination of process for handling new registrants. Registrants will come from multiple sources, including provider agencies.

5. How will these goals transform the system in CT?

These goals will transform the delivery system in Connecticut in a variety of ways including:

- Facilitating a longitudinal view of an individual when they were in State care or custody
- Collection of real data that can be aggregated to provide a statistical base for research and quality improvement.
- Determining costs associated with an individual or program
- Making better use of State funded resources and their allocation to health care delivery

Sub Goal 6.2: Single Portable Electronic Medical/Health Record

Recommendation	Reason/Need	Strategies
<p>6.2 Create a single portable Electronic Medical Records/Electronic Health Records EMR/EHR including advanced directives and the ability to obtain/coordinate consumer/family/provider input</p>	<p>Within the constraints of HIPAA and other state and federal regulations,</p> <ul style="list-style-type: none"> - Enhance ability to share information about consumers in order to provide effective, efficient and timely care across public and private agencies. - Enhance communications between agencies - Standardize delivery of services: providers using common language/terminology/record format (minimum data set, core requirements,) - Ability for information to follow person throughout their lifespan - "No wrong door" – ability to access care w/o losing information previously gathered inc demographics, diagnostic, treatment and services. - Client and person centered. 	<p>Policy, Regulation and Process:</p> <ul style="list-style-type: none"> • Develop and promote policies, regulations, standards, and statutes that either support the promotion of, or remove barriers to, the delivery and sustainability of effective sharing of information. • Establish a statewide steering/oversight committee for health, similar to CT Criminal Justice Information System (CJIS). Constant high level business requirements of a consumer directed mental health care delivery system. Look at federal EMR activities, proposed standard. Activities to include: defining the generic mental health electronic health care record(s), remote access to EMR, electronic signature methodologies. • Ensure oversight/steering committee includes cross section of all stake holders including public and private providers, consumers and advocates, technical staff, and end users • Begin with pilot...then expand <p>Consumer Factors:</p> <ul style="list-style-type: none"> • Consumer driven approval and access to view and share records. • Consumer ability to view and provide input to their records • Consumer ability to self-report w/o penalty or incrimination w regard to information shared w criminal justice agencies. <p>Technical Factors:</p> <ul style="list-style-type: none"> • Consistent standards, interoperable and supportable common platform to integrate w other applications (pharmacy, physician order entry, benefit eligibility, determination, treatment scheduling, etc.) across public and private agencies. • Minimum common data set (e.g. common fields and definitions) • Best technical expertise non-proprietary – fed / state funding • Need statewide infrastructure to support exchange and sharing of consumer electronics health records • Expert system w/ a successful track record w/ evidence and cost effective • Need to exchange data through health network process • Master Patient Index (MPI) – Individual agency ID • Interagency data exchange processes • Utilize portable devices to community based services. <p>EMR Functional Requirements</p> <ul style="list-style-type: none"> • Clinical decision support/ decision trees

Recommendation	Reason/Need	Strategies
		<ul style="list-style-type: none"> • Admission discharge transfer capability • Assessment treatment plans • Progress notes • Billing and reimbursement • Robust record and analytical reporting • Electronic signature <p>Consultation & Technical Assistance:</p> <ul style="list-style-type: none"> • Hire a consultant as project manager for the Steering Committee comprised of the MHT agencies to oversee the selection and management of the vendor who would be responsible for the <ul style="list-style-type: none"> ○ development of business requirements, ○ system design, ○ construction, ○ testing ○ implementation and ○ post-implementation audit. <p>These are standard system development life-cycle milestones.</p> <p>Education & Training:</p> <ul style="list-style-type: none"> • Create and implement a workforce development and competency plan to address electronic recording and sharing of information • This workforce development and competency plan needs to address both regulatory and functional aspects of EMR • Vendor would arrange for “train the trainers” so that staff could train users.

1. In selecting the State's goals, what process was used for consumers, family members, and young people to contribute to the selection of the State's goals?
Consumer input in workgroup, written input/recommendations submitted by local Consumer Action Groups, in addition to input described in workgroup 6 overall process.
2. How will each of these goals be achieved and what role will consumers, family members, and young people plan in implementing these goals?
Recommend steering/oversight committee inclusive of all stake holders
3. What are the time frames for achieving these goals?
Oversight and consultation in year 1; development in year 2; testing & roll out in year 3.
4. What are the obstacles for achieving these goals?
 - a. Sufficient financial and staffing resources for development, implementation, and on-going support
 - b. Buy-in and coordination of State agencies, and State and private service providers including agreeing upon common definitions and formats
 - c. Ability to share health information within the constraints of Federal and State regulations including HIPAA
5. How will these goals transform the system in CT?
 - Cost effective (in the long run)
 - better coordinated care
 - reduction of duplicate data gathering
 - increased consumer access to EMR
 - reduce errors
 - support best clinical practice
 - track outcomes
 - increased revenue reimbursement
 - faster cash return
 - health record follows the client
 - life long health record
 - accessible in remote locations

Sub Goal 6.3: Access to Information

Recommendation	Reason/Need	Strategies
<p>6.3 Improve access to information about a) CT’s mental health system and resources and b) educational information about mental health issues in general.</p>	<p>At the present time, there is no single locus of information about resources, programs, and services that are available to persons receiving services, or persons in need of services/supports, in Connecticut.</p> <p>Need for a process used by the consumer, family members, and young people to know where to go for services across the state and gain an understanding of what to expect in the process of treatment.</p> <p>A roadmap through the system to locate the services available for what the person needs.</p>	<ul style="list-style-type: none"> • Web site development: Develop (or expand/build upon existing infrastructure such as Trilogy or Connecttocare.com) a website that is current, easy to navigate, available in multiple languages, contains age and reading-level appropriate materials (for children, adults, and older adults), and allows for a search based on questions, as well as the potential for individuals to rate programs and services. • An oversight/governance committee will be established to determine the content of the website and authenticate/vet the website links. The oversight committee will work in conjunction with existing committees addressing website development in the State. The oversight committee will also oversee the public awareness and advertising of the website, including the determination of the most accessible locations for individuals to use the website (for example, clubhouses, shelters, libraries, etc.). • Expansion of existing resources: A link will be made to the existing Infoline (211), and other existing sources of information, where operators can search the website to provide information to individuals who may not have access to the internet. • Advertising and marketing campaign will be launched to enhance awareness. • Launch several trainings to teach individuals (persons in recovery and providers) about how to navigate the website.

1. In selecting the State's goals, what process was used for consumers, family members, and young people to contribute to the selection of the State's goals?

See Discussion/Workgroup Process.

2. How will each of these goals be achieved and what role will consumers, family members, and young people plan in implementing these goals?

The goal will be achieved through the strategies identified above (#1). In particular, the initial step will be to establish the oversight committee made up of consumers, family members, youth, community members and representatives from multiple State Departments. Coordinate with other MHT Workgroups and/or existing efforts to establish a web-based information center for mental health resources (i.e., Trilogy or Connecttocare.com). The oversight committee will also oversee the advertising and marketing of the website and connections to existing non-web-based information centers in CT. Web development will begin in English and Spanish and will focus initially on the Adult and Child populations. Eventually, rating/review systems will be added to websites.

3. What are the time frames for achieving these goals?

The oversight committee will be established in Year 1, and consultation with existing web-based developers (i.e., Trilogy, Connecttocare.com) will also begin in Year 1. In the second year, launching of the website will occur, and monitoring/maintenance will be ongoing. Rating/review systems will be added in Year 3.

4. What are the obstacles for achieving these goals?

Ongoing maintenance/monitoring—sustainability. (tie into existing committees that have ongoing duties).

Advertisement of website—will cost \$\$ to adequately advertise program

Establish content parameters.

Keep content up-to-date

5. How will these goals transform the system in CT?

At the present time, there is no single locus of information about resources, programs, and services that are available to persons receiving services, or persons in need of services/supports, in Connecticut. A single access point of information would not only help persons receiving services, but would provide an invaluable resource for family members, providers, and community members. This system will provide more timely access to services; help to remove barriers imposed by poorly coordinated systems of care, and will also eventually provide a way for consumers to provide feedback and commentary regarding the programs/services available, allowing for a more informed consumer. In the information age, we are accustomed to being able to review ratings of hotels, restaurants, find out information about doctors, dentists, hospitals, and other healthcare facilities online. However, the same is not true regarding mental health information. At the very least, an ability to track and report things such as formal grievances against a particular agency/practitioner, would be transformative.

Sub Goal 6.4: Develop/use technology to make the service system more accountable and transparent, such that outcomes and quality of care are improved

Recommendation	Reason/Need	Strategies
<p>6.4.1 Provide opportunity for sharing client commentary/ rating on the care with stakeholders and decision makers</p> <p>6.4.2 Provider report card on performance and outcome</p> <p>6.4.3 On-going system monitoring to improve accountability and transparency</p> <p>6.4.4 Create effective/efficient models of service delivery</p> <p>6.4.5 Systems alerts to improve services and help identify points that need to be identified in the care process</p>		<ol style="list-style-type: none"> 1. Develop and implement a system of reliable, valid, recovery-oriented performance measures. The measures should include both outcome and process measures and reflect not only intra-agency performance but also cross-agency integration. 2. Develop the technological platform to support the data collection, compilation, analysis and dissemination of the results of the performance measures. 3. Develop a platform to make performance measures available to consumers and their families in an accessible, understandable format. 4. Develop a web-based capacity for consumers and families to write “reviews” of services. The reviews would include comments on, and ratings of, services received and would be made available to the public through the Internet.

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1. In selecting the State's goals, what process was used for consumers, family members, and young people to contribute to the selection of the State's goals? See Discussion/Workgroup Process

2. How will each of these goals be achieved and what role will consumers, family members, and young people plan in implementing these goals?

To create the system it will be necessary to define the measures against which clients/consumers will rate the agencies performance. In order for clients/consumer to make good use of the ratings/report cards that are produced by the system as a result of the input/commentary, educational materials about measuring performance will need to be designed and made available through the system. All aspects of the development process should reflect the input of consumers, families and young people. This could be achieved through focus groups, user groups.

3. What are the time frames for achieving these goals?

4. What are the obstacles for achieving these goals?

- Provider resistance to the public release of performance information
- Developing consensus on the elements of the uniform data set that would be necessary to support a valid performance measurement system
- Maintaining data quality and consistency in such a large complex system

5. How will these goals transform the system in CT?

- Increasing accountability should increase the quality of services provided and improve the responsiveness of the system to consumer and family needs.
- The system will also provide a compilation of the ratings data so that consumers can use this system for reviewing and choosing service providers.
- The use of technology including statistical analysis will put in place systems that allow for on-going monitoring to improve agency accountability and transparency.

Sub Goal 6.5: Develop technology driven infra-structure to assist in delivery of education, curriculum, etc.

Recommendation	Reason/Need	Strategies
<p>6.5 To develop a curriculum that provides for the training of all interested citizens of CT in the use of technology to improve both the entry of and access to information and the coordination of mental health care, as well as one that fosters a culturally competent workforce of trainers. (Develop technology driven infra-structure to assist in the delivery of education, curriculum, and information to various stakeholders.)</p>	<p>The overarching value of any automated system that is created/utilized is dependant upon the accuracy of the data it is delivering, and the ability of the consumer to successfully navigate the system to the information they are seeking.</p> <p>To assure both of these factors training curriculums, workshops, and seminars need to be developed and disseminated for two groups of participants: those entering the data into the system to assure it's accuracy; and those accessing the data to assure they are able to navigate the system.</p>	<p>The educational formats developed need to be standardized and easily disseminated.</p> <p>Two training sub-committees need to be formed. One will focus on those individuals who will be entering information, and medical records so that the information uniform and accurate for all who use the system. The second group needs to focus on the training the all users (both providers and consumers) of the system. The two subcommittees will need to develop a curriculum and format presentation styles that reach as many users/consumers as possible. For example format styles might include classroom instruction, video presentations, brochures, computer interactive training, etc.</p> <p>The educational programs will have to address users/consumers with varying experience with computers.</p> <p>The curriculum for the data entry professional needs to meet the needs of both public and private agencies.</p> <p>The curriculum for the consumer needs to be geared towards several developmental stages.</p> <p>The curriculum needs to be culturally competent, including all supplemental materials being available in various languages/audio materials for sight impaired, etc.</p> <p>The seminars/workshops need to be accessible in a variety of locations and run repeatedly over time.</p>

1. In selecting the State's goals, what process was used for consumers, family members, and young people to contribute to the selection of the State's goals?
Workgroup sessions were held with open discussion and the ability of group members to vote for the areas they believed were priority issues. Group members included consumer, private and public agencies personnel, as well as community organization representatives.
2. How will each of these goals be achieved and what role will consumers, family members, and young people plan in implementing these goals?
The goals will be achieved by creating subcommittees who will include members with a background in learning theory, technology, consumers, family members and young adults.
The committee's goal will be to develop the necessary curriculum and training material, and implement training programs for both providers and consumers that will reach the widest number of individuals.
A culturally competent workforce of trainers will need to be developed in order to reach the most diverse population. There should also be a quality control measure built into the system to make sure that the curriculum and training that developed has been useful and relevant to all involved.
3. What are the time frames for achieving these goals?
The committees that will both develop the curriculum and focus on the end user should be formed shortly after the automated program development is started and most likely will continue another ____ months after the system is completed. The reason for this overlap is that the committees should be available during the development of the program to increase the members' knowledge of how the system works, however they will not be able to complete their work until after the system is completed in its final format.
4. What are the obstacles for achieving these goals?
Cost factors for curriculum development, materials, and trainers
5. How will these goals transform the system in CT?
The state will have a comprehensive automated system in place where individuals/consumers can trust the accuracy of their mental health information and have access to the various resources available to them that deliver the services they need. Through a comprehensive training program the consumers will be educated and comfortable using the system, increasing the likelihood they will utilize the program, which may further aid in their recovery through a sense of self empowerment.

Summary and Conclusion:

In summary, the workgroup members developed a priority listing of the recommendations that they believe will transform the mental health system in Connecticut. These recommendations will provide the technology that will enable consumers and families the ability to receive the best care possible across the life span of all individuals. The process will ensure easy access to information for all citizens of the state and will create an effective and efficient system of care. The recommendations of the Goal 6 workgroup are listed below. The recommendations under each category are listed from highest points to lowest points.

		Points
I	Co-ordination of Care	
1	Integrated information systems (within permissions given by client/consumer)	11
2	A core Universal form that applies to multiple agencies and forms available on line for completing	11
3	Statewide services availability system (real time data available of open slots for services)	3
4	On-line referral system (between appropriate human service delivery agencies)	2
5	Provide/support infrastructure for e-health (peer-to-peer support also delivered using e-health)	1
6	On-line ability to schedule appointments by consumer or by care providing agency	
7	Linking Pharmacy system with EMR	
II	EMR/HER	
1	Create single portable EMR/HER including advanced Directive and ability to obtain/coordinate consumer/family/provider(s) input	11
2	Contains pharmacy and POE systems	5
III	Access to Information	
1	Building a site that is easy to navigate and allows for search based on questions	13
2	Authenticated (vetting process)	7
3	Kept Current	3
4	Oversight committee/governance	3
5	Expanded Info line	3
6	Ability to self-screen and self-refer	2
7	Reads at various reading-levels	1
8	Content of the information posted	1
9	Use existing physical structures where people can access information. E.g. club house, DOL, housing, shelters, etc.	1
10	Age-appropriate	
11	Location of computers/physical access/infra structure	
12	Use of other Media to Advertise Technology	
13	Trilogy implementation (This was assumed to be in place by the group)	
14	Different languages	
IV	Quality of Care and Accountability	
1	Provider report card on performance and outcome	8
2	Provide opportunity for sharing client commentary/rating on the care with stakeholders and decision makers	7
3	On-going system monitoring to improve accountability and transparency	7
4	Create effective/efficient models of service delivery	5
5	Systems alerts to improve services and help identify points that need to be identified in the care process	
V	Training	
1	Develop technology driven infra-structure to assist in delivery of education, curriculum, information to various stakeholders	4

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