Optimize Workflow by Addressing the Successes and Challenges of Integrating Electronic Health Records

June 4, 2018
SAMHSA-HRSA
Center for Integrated Health Solutions
Moderators

Roara Michael, MHA, Senior Associate

Katie Scott, Associate
Before we begin

- During today’s presentation, your slides will be automatically synchronized with the audio, so you will not need to flip any slides to follow along. You will listen to audio through your computer speakers so please ensure they are on and the volume is up.

- You can also ensure your system is prepared to host this webinar by clicking on the question mark button in the upper right corner of your player and clicking test my system now.
Before we begin

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Objectives

After this webinar, participants will gain:

• Practical tools for data sharing and communication between behavioral health and primary care settings to improve quality of services
• Methods to implement or enhance an integrated electronic health record (EHR) within an organization
• Strategies for an optimum workflow between staff of various roles
• Key lessons learned from one provider on how changing utilization of the EHR improved outcomes
Presenters

Kathy Polasky-Dettling,
Consultant at CIHS
Liaison for Southeast Region
PBHCI and State of Kentucky
PIPBHC

Renan Llanes, CIO
Citrus Health Network

Jeff Chang, CEO
PCE Systems
Vendor for St Clair Community
Mental Health
Optimize Workflow by Addressing the Successes and Challenges of Integrating Electronic Health Records

Kathy Polasky-Dettling, MA, LLP  
Integrated Care Consultant  
SAMHSA-HRSA  
Center for Integrated Health Solutions
What About SPARS?

At this time, manual entry of data is required.

Data sharing for better care.

Good integrated practices use data to support clinical decision-making.

Having health data available to all providers (medical staff, psychiatry, clinicians, care managers, peers) provides a greater understanding of a person's health, wellness, and recovery needs.
Terms for Healthcare Providers

• Information Technology (IT)
• Health Information Technology (HIT)
• Health Information Systems (HIS)
• Electronic Medical Record (EMR)
• Electronic Health Record (EHR)
• Personal Health Record (PHR)
• Health Information Exchange (HIE)
Health Information Exchange Pre-1995

Clinician
- Completes documentation of services
- Signed Release of information

Behavioral Health Clinic Medical Records
- Verifies Release of Information
- Creates information packet
- Mails packet to Clinic

Primary Care Clinic Medical Records
- Receives information packet
- Stores information in the chart
- Reviews chart at the time of the appointment

Medical Provider

Primary Care Clinic Medical Records
- Completes documentation of services
- Signed Release of Information
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Behavioral Health Clinic Medical Records
- Receives information packet
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Medical Provider

Clinician
Information vs. Data

Data
• Standardized responses
• Actionable/measurable
• Dashboards
• Receiver creates an impression based on analysis

Information
• Narrative/words
• Requires time to read
• Reader creates an impression based on the content
Reggie is a white male with schizophrenia who has difficulty managing his medication and stabilizing his blood glucose levels. He was overweight and required support to manage medical appointments.
Baseline: January 1, 2017
White male, 1/28/91(25)

Health Data: Weight: 215 Height: 70 inches BMU 30.8 (Obese) Blood Glucose: 180-200 hA1c: 9

Problem List: E11.8; F20.9; Z91.14; F10.18

Current medications: Zyprexa 20mg daily; Metformin HCL 1000mg 1 tab very 12 hours

Support needs: H0046, H0015
CLOSE: SCF: 3; CON: 2; ENG: 2
Common Areas of Exchange

Separate health information systems for behavioral health and primary care

- Within the same integrated agency.
- In a co-located integrated partnership.
- In an integrated partnership with separate locations.

Exchanging information with hospitals, specialty providers, previous providers.

- Not every person or provider will be a part of an integrated partnership.
Common Areas of Exchange

Challenges:

• Exchange of documents does not equal exchange of data
• Manual entry of data fields to generate reports
• Manual transfer of information can lead to human entry errors and delays
Common Areas of Exchange

Low Tech

Possible solutions:
• Print out and scan in
• Secure faxing
• Secure messaging
• Secure upload of document
• Care coordination letters/documents
Common Areas of Exchange

High Tech

Possible Solutions:
• E-prescribing
• Lab portals
• Care Coordination application
• Shared scheduling applications.
• Data exchange platforms
• Portals
Common Areas of Exchange

• Building a behavioral health module within a system that was built for primary health for one integrated agency.

• Building a primary care module within a system that was built for behavioral health for one integrated agency.

• Creation of comprehensive electronic medical record that is fully integrated and meets the needs for all providers.
Challenges:

• The level of documentation required for behavioral health care is extensive
• Lack of standard measurement for behavioral health conditions
• Behavioral health data and primary care data collection CAN BE very different
• The volume seen in primary care requires a rapid entry of data
Sharing Data Across Behavioral Health and Primary Care Services

Renan Llanes, CIO
Citrus Health System
Renan@citrushealth.com
Citrus Health Network

• Citrus Health Network (CHN) was founded in 1979 as a Community Mental Health Center
• In 2004, CHN became a Federally Qualified Health Center (FQHC) adding primary care services
• CHN takes a total wellness approach with each client, coordinating care across a broad range of health services and community-based programs
• We serve 30,000 patients annually, employ approximately 980 staff, and operate 50 distinct programs
• Primary Care and Behavioral Electronic Health Records
  • Netsmart’s myAvatar for Behavioral
  • Greenway’s Intergy for Primary Care
Care Coordination at Citrus - Referrals

• Difficult to coordinate care since there are two EHRs
• One way is to send electronic referrals via Direct Secure Messaging
• DSM contains attached documents and Continuity of Care Documents – can open new charts and attach updated information to existing charts
  • Demographics
  • Episode History
  • Medications
  • Allergies
  • Problems
  • Lab Results
Care Coordination at Citrus

- Data Warehouse allows us to create applications and use data in reports and dashboards
- Within myAvatar, Intergy Information widget to see primary care information for matching behavioral patients
• Needed a way to view data from both EHRs in one place
• Allows searching using various criteria and matches patients using a patient matching algorithm
• Accessible when either or both EHRs are down for maintenance or experience unscheduled downtime
## Care Coordination at Citrus – Client Search

### Client Search Form

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## Care Coordination at Citrus – Client Search

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**HRSA**

Health Resources & Services Administration

**SAMHSA**

Substance Abuse and Mental Health Services Administration
Care Coordination at Citrus – Client Search
Care Coordination at Citrus – Client Search
## Care Coordination at Citrus – Client Search

### Client Search

#### Avatar | Services

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### Client Search

#### Avatar | Vitals

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#### Intergy | Vitals

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Implementing an Integrated Behavioral and Physical Electronic Health Record

Jeff Chang, CEO, PCE Systems
jchang@pcesystems.com
Vendor for St Clair Community Mental Health
How We Got into Primary Care

• Behavioral Health EHR with “all the bells and whistles”
  • “Golden Thread”
  • Psychiatry and Med Management
  • Specialty Services

• Psychiatric Med Review Note is not ideal for documenting a Primary Care Physical Exam
The Problem

• Behavioral Health EHRs do not meet the needs of Primary Care
• Physical Health EHRs do not meet the needs of Behavioral Health
• The difference is not equal...
The Problem

- Physical Health EHR issues lie in fundamental design
  - HIPAA-based Privacy Protections
  - Golden Thread
  - Physician-Centric Care Delivery
- Behavioral Health EHRs “merely lack functionality”
  - Right Templates
  - Supporting Workflow
  - Primary care is just another set of services that can be delivered in an established framework
- (Actually many Behavioral Health EHRs were built on a Physical Health framework)
Primary Care Differences

- Gap Analysis
- Clinical Templates
- Multiple staff deliver multiple services within an encounter
  - Task Management – Assignment to Completion
  - Service Management – Track Services and Bill
- Encounter workflow is more dynamic and can take a wider range of paths
First Try:
“Primary care and behavioral health are totally different...”

Second Try:
“Primary care and behavioral health are basically the same...”

Third Try:
“Honor the differences, embrace the integration...”
Beginning to Solve It

• Partners
  • St. Clair County Community Mental Health
  • Lake Huron Medical Group
  • IT Resources / EHR Vendor
• Education and level-setting
• Managing expectations
• Set goals for the clinical model
• Wrap technology around the clinical goals
Clinical Templates

- Good / “Easy” starting place
- Support multiple templates for different visit types
Clinical Templates

- Assessment and Plan allows addressing behavioral and physical conditions
- Assist documentation by requiring each problem to be addressed
The “Visit” Model

- Allows multiple people to provide services during the encounter
- “At-a-glance” view of what happened so far
- Quickly see what’s been done today
- Focuses the encounter to the immediate visit
- Pays respect to more longitudinal care
Onsite Task Management

- Multiple staff providing services
- Wide range of possible activity
- Manage multiple billable services within a visit
- Group all services into a visit
Other Issues

- Billing and Reporting
  - Bundled Services
  - Duplicate Checking
  - Same codes / different services
  - Billing Review of Visit
  - HEDIS Measure Reporting
  - FQHC UDS Reporting
All other aspects of the record are “the same” out-of-the-box.

This requires some important considerations:
- Diagnosis
- Medications
- Privacy
- Treatment Planning

**Key Component:**
Mutual respect and professional courtesy
Once you get up and running on an integrated record, the work doesn’t end...

- Immediate benefits from having an integrated record
- BUT: An integrated record is NOT enough

You still have to actually integrate care

- Workflows and Operations
- Integrated Treatment Planning
- Information Sharing
- Quality Measure Alignment
• Less of a technical issue, more of a clinical training and model of care
• Establish clinical workflows for how to use the information that’s now available
• Create tools and system workflows to provide relevant information at the point of care
Integrated Care
Keys to Success

• Great Team
  • Flexible and understands the Clinical Model
  • Collaborative and willing to listen, adapt, and work
  • Allocate resources to Enable Success

• Honor and Align Both Care Delivery Models

• Internal Training and Marketing

• Hard Work Pays Off
A Resource Guide for Health Information Technology

Forming or Joining a Health Information Exchange

The Center for Medicaid and Medicare Services EHR Incentive Programs
WHO WE ARE

The **SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)** is a national training and technical assistance center dedicated to the planning and development of integration of primary and behavioral health care for those with mental illness and/or substance use disorders and physical health conditions, whether seen in specialty mental health or primary care safety-net provider Settings across the country.

CIHS is jointly funded by Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources Services Administration (HRSA), and is run by the National Council for Behavioral Health through the contract task order HHSS283201200031I/HHSS28342001T, Ref No. 283-12-3101.
Visit www.integration.samhsa.gov or e-mail integration@thenationalcouncil.org

Free consultation on any integration-related topic!
Thank You

SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

The mission of HRSA is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs.

integration.samhsa.gov