

IMPLEMENTATION LESSONS: ADAPTATION OF AN ELECTRONIC BEHAVIORAL HEALTH RECORD FOR INTEGRATED PRIMARY CARE

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PRESENTER DISCLOSURES

Wesley M. Williams, Ph.D.

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

MENTAL HEALTH CENTER OF DENVER

Who We Are

- We are the community mental health center for Denver County. The Mental Health Center of Denver (MHCD) is not a city or state agency. We are a private charitable organization. The State of Colorado contracts with us to serve people in this community who have serious mental illness, our consumers.

Who We Serve

- Our consumers and their families live in Denver.
- Consumers receive outpatient services at our clinics and in community settings.
- We provide focused services to 13,600 people annually and touch the lives of 33,000.
- Over 6,000 children and family members receive direct services, impacting the lives of 11,000.

Where We Serve

- We operate eight outpatient clinics, 25 residences, vocational services, school-based programs, and other community collaborations.

LEARNING OBJECTIVES

Describe how PRICARe integrates electronic physical and behavioral health records.

Describe how clinical care is enhanced by an integrated record.

Identify the obstacles to a successful integration.

Assess the implications for structuring an EHR in other integrated care projects.

PRICARE

A pilot program through which persons with medical illness can access integrated primary care and behavioral health services in locations that are familiar and acceptable to them—the community mental health clinics where they receive care for their psychiatric disorders.

THE EHR

Netsmart Technologies' CMHC/MIS is a UNIX-based, customizable management information system designed for behavioral healthcare.

- Electronic health record (EHR) is implemented through intranet-based web interface.
- Application programming interface allows for development of custom modules.
- Flexibility allows customers to meet demands of local, state, and grant-funded documentation and reporting.

MHCD implemented the EHR in 2003 and currently has a robust and highly-customized implementation.

- Uses 225 concurrent licenses for 350 clinical users.
- Systems analysis department consists of 2.5 FTE developer/business analysts.

PROJECT TIMELINE

March, 2009

- Medical staff meet with developers to specify documentation requirements.

Aug-Sept, 2009

- Modifications to initial specifications based on provider feedback.

December, 2009

- Dictation component is added to the documentation process.

July, 2009

- PRICARe physician is hired, shown documentation as specified in March meeting.

October, 2009

- “Go live”, including a new referral process.

NOTE CUSTOMIZATIONS

Pull forward prior history

- Medical history
- Social history

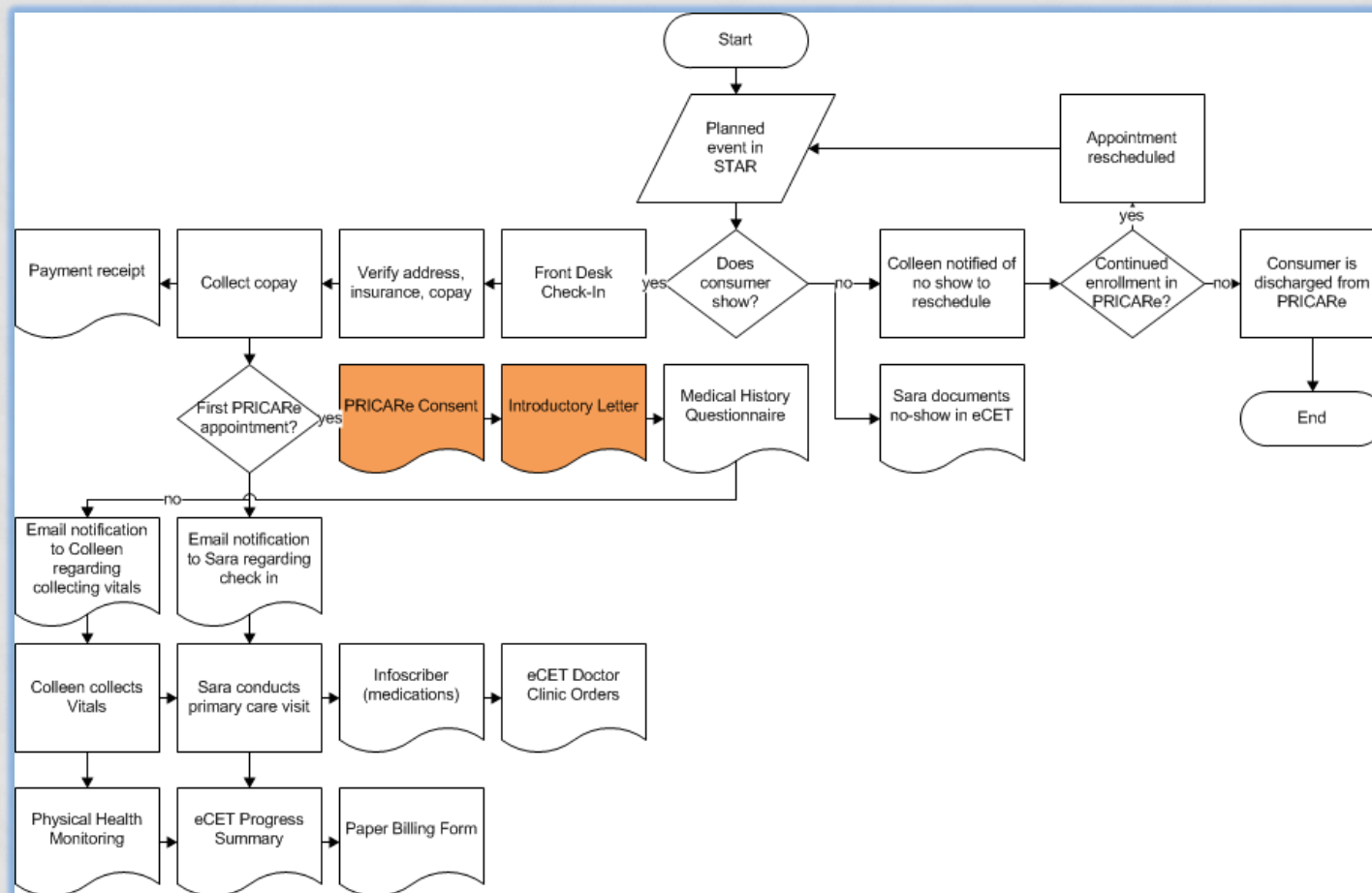
Import data from MIS

- Current medications
- Allergies
- Vitals (height, weight, body mass index, waist circumference, blood pressure, and pulse)

Per-session diagnosis

- Note is pre-filled with diagnosis from previous session.
- PCP can pick from a “superbill” dropbox or select from entire ICD-9-CM.
- PCP can indicate as many diagnoses as needed per session.

APPOINTMENT WORKFLOW



OTHER CUSTOMIZATIONS

Custom referral process

- A customized referral process was created to ensure that consumers referred to PCP clinic met eligibility requirements.

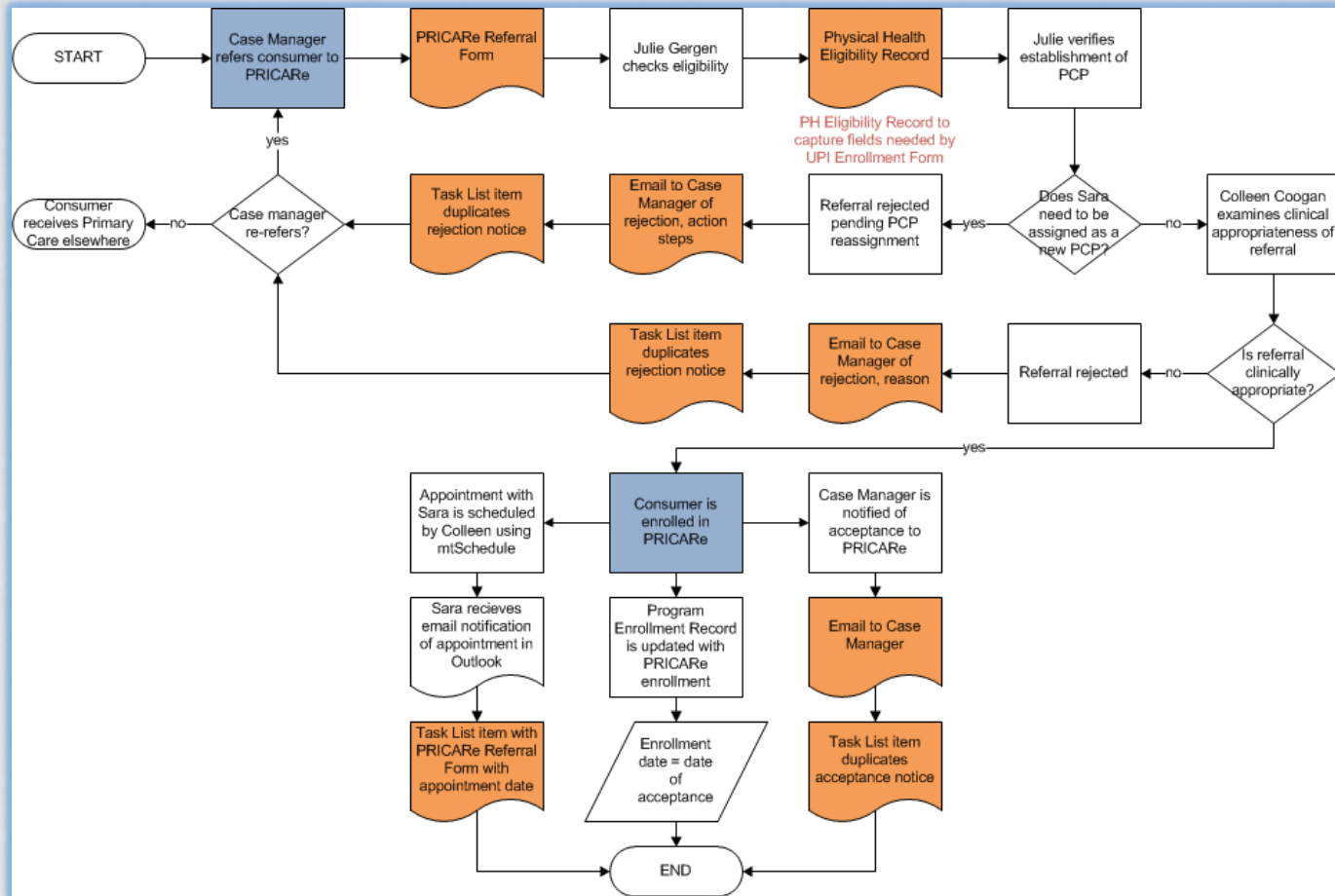
New section in EHR “chart”

- EHR now has a new section for viewing Primary Care documentation, including both notes added entered electronically and scanned documentation.

Psychiatrist notification of PCP visit

- Psychiatrists receive a “task list” notification to review the PCP’s note whenever a session is completed.

REFERRAL WORKFLOW



SUCSESSES

True integration

- Notes entered by the primary care physician are in the same electronic health record as is used by the behavioral health providers and can be viewed by the entire treatment team.

Met initial specifications

- All documentation specifications in the initial planning meeting were met.
- Some of the additional specifications requested by the PCP were added prior to the launch date

Diagnosis tracking aids in reporting

- By tracking diagnoses in a field edited against a database of all ICD-9-CM diagnoses, we can be precise in our reporting of reasons for treatment.

LIMITATIONS

Aspects of the project were decided upon prior to including Systems Analysis in a discussion of the electronic health record.

Billing is done in a manual, paper process separate from documentation.

Additional work for provider.

Risk of disparity between documentation and billing.

The system lacks templates and supporting prompts for the primary care provider.

A dedicated physical health record will have prompts tailored to the type of visit, e.g. a woman exam.

Documentation takes longer to complete.

Integration of billing into EHR can be leveraged to ensure billing compliance.

Compliance cannot be built-in.

IMPLICATIONS

Real benefits can be achieved integrating physical health and behavioral health records into a combined EHR.

Inclusion of EHR business analysis in the early stages of project design may save work in the long run.

Integrating EHR software packages designed specifically for primary care with a behavioral health record may also be a viable option.