

Accelerating Behavioral Health Information Sharing

Behavioral Health Electronic Health Record Survey Results



Learning more about whether and how behavioral health evaluation and treatment information is documented electronically is a key initial step in the process of Accelerating Behavioral Health Information Sharing. Consequently, over the first 3 weeks of March, 2011, the Behavioral Health Electronic Record survey was distributed to a wide variety of behavioral health services providers across Maine. Thirty-six providers responded providing a wealth of data that forms an initial base for discussion of the strengths and challenges in behavioral health information sharing.

Demographics: Of the thirty-six providers responding, most were large (100-500 employees) multi service behavioral health providers with strong representation from providers of mental health services only, substance abuse services only, and inpatient psychiatric services providers. A few primary care providers supplied information as well, but only 3% of the respondents are small providers (fewer than 20 employees). Most of the surveys were completed by administrators (56%), followed by clinical directors (17%), and information technology leaders (11%).

THE RESULTS

Electronic Record Use in Behavioral Health: Three quarters of the survey respondents reported that they are currently using an electronic record, with 89% of those using EHR for both clinical and administration/financial services. There is no clear EHR software product that is dominant in this market. Anasazi is the most widely used with 5 providers followed by DeFrans with 4 and PsychConsult, Claimtrak, and Meditech with 3 each. Eight other different software products were identified as used by the remaining providers (see list attached). Of those providers with multiple locations using an EHR, 61% reported using the product across all locations and 89 % reported sharing client information across more than one site. For those providers using EHRs, 81% reported that more than half of their clinical staff are now using the electronic record regularly and more than half of their programs use the EHR. For those providers that are not currently using an EHR, 22% plan to implement an EHR within the next year and 22 % plan to implement within the next 2 years. All of the remaining providers indicated they do not have plans to implement, but would if they could secure the necessary resources.

How the EHR is used: The survey explored how providers use and value the EHR in three major arenas: medical, clinical, and administrative.

In the medical area, the items following are listed in order from highest to lowest in greatest use/value: History & Physical, Medication administration/Rx logs, 'other medical staff documentation, Nursing documentation, Allergy Tracking, Labs, Transcription Interface, and Physician Orders. Notably,

23% of responders indicated they have no plans/desire to add Transcription Interface and 20 % said the same for Physician Orders.

In the clinical area, providers indicated greatest use/value for all areas listed in the following order: Progress notes (91%), Assessments (88%), Diagnosis Tracking (85%), Care/treatment plans(82%), Assessment reviews, Accessing info from other visits within the organization, 'Other clinical Documentation' (all at 78%), Discharge summaries (76%), Remote access (75%), Admission summaries (70%), Covering other clients (69%), Clinical decision support (49%), Shared documentation with providers not on site/network (46%). Although the sharing documentation option was ranked lowest in terms of use, clearly that was not a ranking of value as 30% of respondents indicated that they would like to do so.

Finally, in the area of administrative functions, there was much less consistent use of the options. The most widely used/valued section was statistical reporting including productivity (81%) with Authorizations Tracking (66%) and Authorizations (64%) as the next most commonly used areas. Other forms (Informed Consents, HIPAA notices, and Rights of Recipients) were relatively similar in terms of use/value with nearly all respondents indicating that they want this capacity if they do not already have it.

Barriers to Implementation: The respondents identified a variety of barriers to implementation of an EHR but the most significant was Cost (79%). In descending order, other barriers include: Knowledge of staff (49%), Technical Support (36%), Inability to interface with other systems (33%), Privacy & security risks (18%), and High Speed Internet Access (12%). One respondent commented:

"In order to fully implement an EMR you need to have knowledgeable staff who have time to work on the implementation properly. The cost of the product is only one aspect of the expense. An organization needs to commit the time, energy and resources for such a project to be successful. You need to first assess the agency needs and capacity to purchase and implement an EMR. Then you need to fully investigate products and make a selection. From there, implementation is an entirely different process with many stages. Top level leadership must be behind the EMR 100%. That means clearing the decks for those key players responsible for implementation."

Those providers who had successfully implemented an electronic record system offered insights into overcoming common problems.

"Staff who have worked for many years have a hard time to change processes. Organizations need to prepare staff for changes."

"The system can be and needs to be more responsive to the clinicians and patients who use it daily. If not the system becomes adulterated by regulations and redundancy that consumes and wastes time. We have to avoid or keep in mind the adage about computers; Garbage-in; Garbage out. The information is only as good as the data put in."

"Overall staff proved to be the largest hurdle. Between staff knowledge, proficiency with technology to changing how they practice, particularly concurrent documentation continues to be an

area we focus on starting with recruitment and hiring. Secondly, the mobility of our staff is a technological challenge.”

These providers also identified problems that continue for them—continuing costs to maintain licenses, hardware, programming; training and continuous changes by state regulations that require rewriting software and/or procedures and/or information request; with a packaged product, individualizing to meet individual program/state regulatory/reimbursement needs. Some providers who are working jointly with others on a tailored EHR solution expressed optimism about the functional and financial advantages of proceeding that way.

Benefits of EHR Implementation : Providers strongly agreed that efficiency improves and enables a return on investment over time after implementation (86%) . Eighty-five percent of respondents agreed that the benefits of an EHR outweigh the costs and 88% agreed that electronic records improve patient safety. In addition, providers with EHRs reported improved ability to collect clinical data for quality improvement (88%); increased efficiency and improved compliance (79% each); improved patient care (76%); improved access to old records (62%); and increased revenue (47%).

CONCLUSIONS

This survey shows that behavioral health providers recognize the significant potential benefits for implementation of electronic records both in terms of improved health services and safety for clients and in terms of better efficiency/compliance, and even financials for providers. The barriers to implementation for behavioral health providers are in some ways similar to all other healthcare providers—cost and staff knowledge and comfort with electronic records. In other ways though, the challenges are greater. Behavioral health providers face regulatory barriers, both in terms of privacy requirements and heightened notice and other regulatory mandates, that are more significant than most other areas of healthcare. Because behavioral health has historically been separate from other parts of healthcare services, electronic record products serving this sector have also developed separately leading to a narrower pool of options and greater challenges with interfaces.

Despite these barriers, the significant majority of the survey respondents have overcome these challenges and implemented an electronic record system. A limitation of this survey, at this time, is the small number of small provider respondents. This group would likely have similar or greater barriers to implementation, especially in terms of costs and resources, thus it is likely that the extent of EHR use would be lower for this service sector. Likewise, it is not clear that this group would value the electronic record in the same way as larger provider organizations. Further data collection for this population would enable the survey results to be more broadly generalized. While the survey sample here with a majority of larger multi-service behavioral health providers does not well capture the full range of behavioral health providers, the data collected does provide a solid base of knowledge about the providers that likely serve the largest number of behavioral health consumers.

List of Software Products identified as in use by Providers

Anasazi (5)

DeFrans (4)

PsychConsult (4)

ClaimTrak (3)

MediTech (3)

Cerner, Mellinium (1)

Core Solutions Inc. WebCare 3 (1)

E Clinical Works (1)

HMS (1)

Integrated Imaging Caseworks (1)

NetSmart Technologies: MIS version (1)

NextGen (1)

Therap (1)

Custom Designed (not commercial product) (2)