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EHR Action Planning Workgroup Report

Provider Survey Results, Implementation Toolkit, and Recommendations

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Workgroup Membership

Co-Chairs:

Louise Haddock, Opportunity Alliance

Mary Jean Mork, MaineHealth

Staff: Kathy Vezina, Hanley Center for Health Leadership

Members:

Anne Berry, Motivational Services

Gemma Cannon, HealthInfoNet

Jill Dagenais, NFI North

Edwina Ducker, HealthInfoNet

William Dunwoody, Riverview Psychiatric Center

Geoff Miller, DHHS, SAMHS

Matt Mulligan, Sweetser

Anne Pekins, Catholic Charities

Angela Ward, Motivational Services

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Workgroup Goals & Objectives

Goal: Develop documentation & tools for Behavioral Health providers to share health information

Objectives:

- **Conduct broader survey of Behavioral Health Providers to learn about needs & barriers**
- **Develop/Adapt EHR implementation toolkit for behavioral health providers**
- **Develop/adapt documentation & tools for BH providers to connect to the statewide health information exchange**

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Presenters

- **Louise Haddock, Opportunity Alliance**
- **Anne Berry, Motivational Services**
- **Angela Ward, Motivational Services**
- **Gemma Cannon, HealthInfoNet**

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Provider Survey

- Survey responses were received from 129 providers of behavioral health services from across the state (approximately **10%** response rate from emailing to broadly over-inclusive list).

- A majority of the survey responses were from **small providers without an EHR (60 % of respondents did not have an EHR and almost 80% of those had less than 20 employees).**

- Further survey results are presented below.

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Provider Survey

Breakdown of results of those with an EHR

- 13.4% Primary care and/or integrated primary care & BH
- 18.1% Individual or small group provider of mental health or SA services
- **58% Behavioral health providers that were not individual/small group**
- 10.5% Miscellaneous others

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Provider Survey

EHRs in use by behavioral health providers

- EHR software varied widely
- Vendors with
  - 3 or more users: Office Ally, Practice Fusion, NetSmart
  - 2 users: Centricity, Therap, and Askesis

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Provider Survey

How providers with an EHR communicated with other providers

- 88% Report coordinating patient care with other providers
  - 90% via Telephone
  - 69% via Fax
  - 61% via Mail
  - 3% via HealthInfoNet (HIE)

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Provider Survey

- **Breakdown of results of those providers without EHR**
  - 8% Primary care and/or integrated primary care & BH
  - **46.1% Individual or small group provider of mental health or SA services**
  - **27.3% Behavioral health providers who were not individual/small group**
  - 8.6% Miscellaneous others

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Provider Survey

Most Important Barriers to Implementation for non-EHR users

- Up-front Costs
- Ongoing resources to maintain the system
- Privacy & Security Concerns

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Provider Survey

Least Important Barriers to Implementation for non-EHR users

- Patient Push-back
- Fear of System Outage
- High Speed Secure Internet Access

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Provider Survey

How providers without an EHR communicated with other providers

- 96% Report Coordinating Patient Care with other providers
- 96% via Telephone
- 66% via Fax
- 53% via Mail

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Provider Survey

Plans for Future Use of EHR for those currently without an EHR:

- Of the 54 respondents**, 34 indicated they had no plans to implement an EHR, but would if they could secure needed resources**
- Twenty of the respondents indicated they planned to implement an EHR within the next 2 years

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Provider Survey: Overall Findings

- The majority of BH providers currently coordinated care thru traditional means
- Both those with/without an EHR agreed that they would access client information thru the HIE if it was available to them
- The cost and ongoing maintenance is the most frequent identified barrier to implementing an EHR
- The need for a best practice and training resource to be available for BH agencies to help them in the process of implementation and connection to the HIE

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Behavioral Health EHR Implementation Toolkit

Based on: Six Steps to Implement an EHR at the National Learning Consortium at HealthIT.gov

Adapted for Behavioral Health Providers by: The Behavioral Health EHR Action Planning Workgroup, funded by HealthInfoNet through the SAMSHA Grant

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Behavioral Health EHR Implementation Toolkit

- Adapts tools for Behavioral Health Practices from EHR Implementation Resources on HealthIT.gov (developed for Medical practices).
- Adjustments to tools made by the Behavioral Health Action Planning Workgroup
- Follows the Six-Step Approach to EHR Implementation on HealthIT.gov, with targeted resources for each step
- Includes BH-focused changes to: Downtime Documentation, Scanning & Pre-load Worksheets, Sample Workflow Templates, Chart Migration Worksheet, & Practice Office Flyers

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Six Steps to Implement an EHR

The Toolkit follows the "Six Step Approach to EHR Implementation" provided by the NLC

- Assess Your Practice Readiness
- Plan Your Approach
- Select or Upgrade to a Certified EHR
- Conduct Training & Implement an EHR System
- Achieve Meaningful Use
- Continue Quality Improvement

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Workflow Re-Design in a Behavioral Health Setting

The Behavioral Health EHR Action Planning Workgroup identified six key workflows:

1. **Intake Visit**
2. **Client Referral**
3. **Office Visit**
4. **e-Prescribing**
5. **Client Check-in**
6. **Client Check-out**

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Copy of Client Referral flowchart1.xls [Compatibility Mode] - Microsoft Excel

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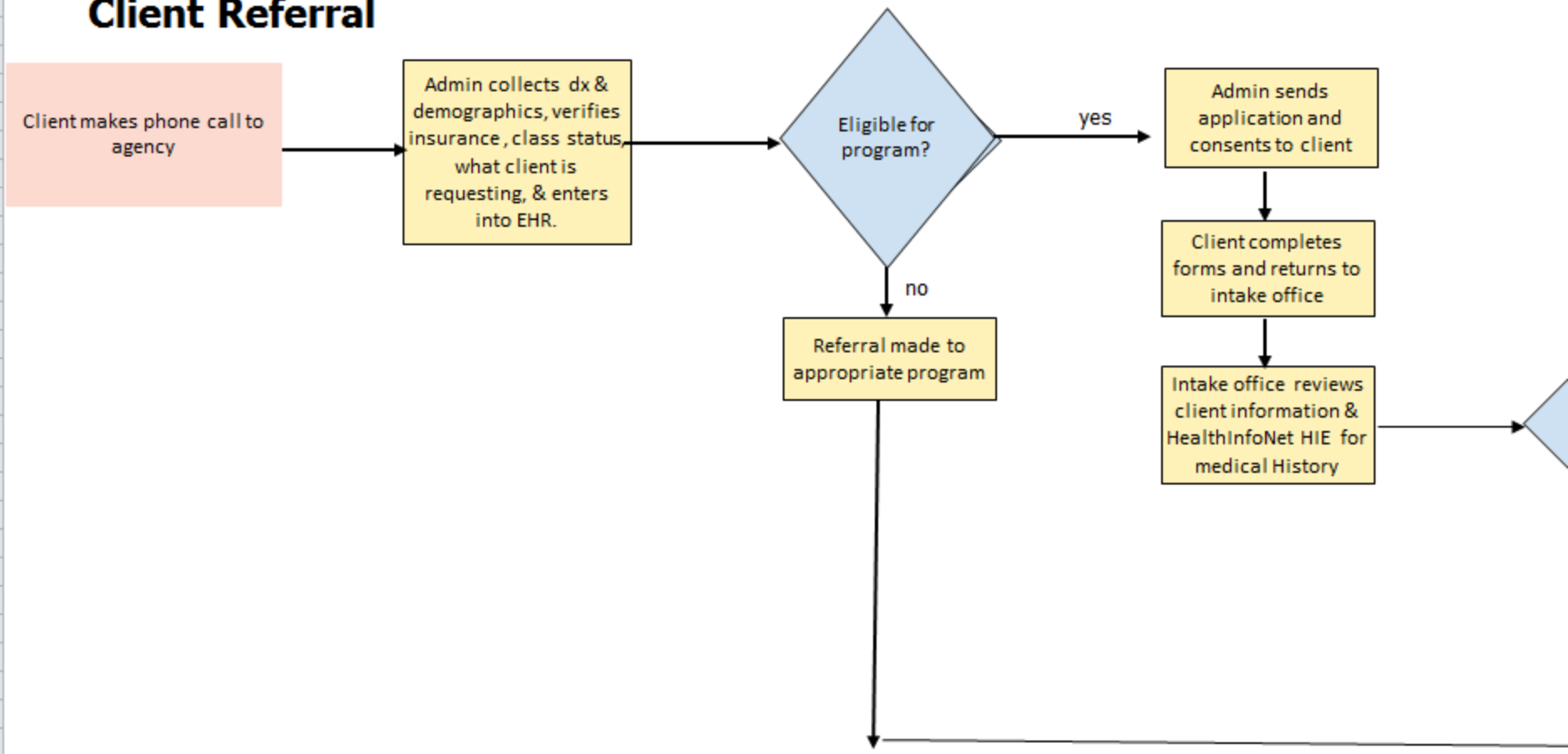
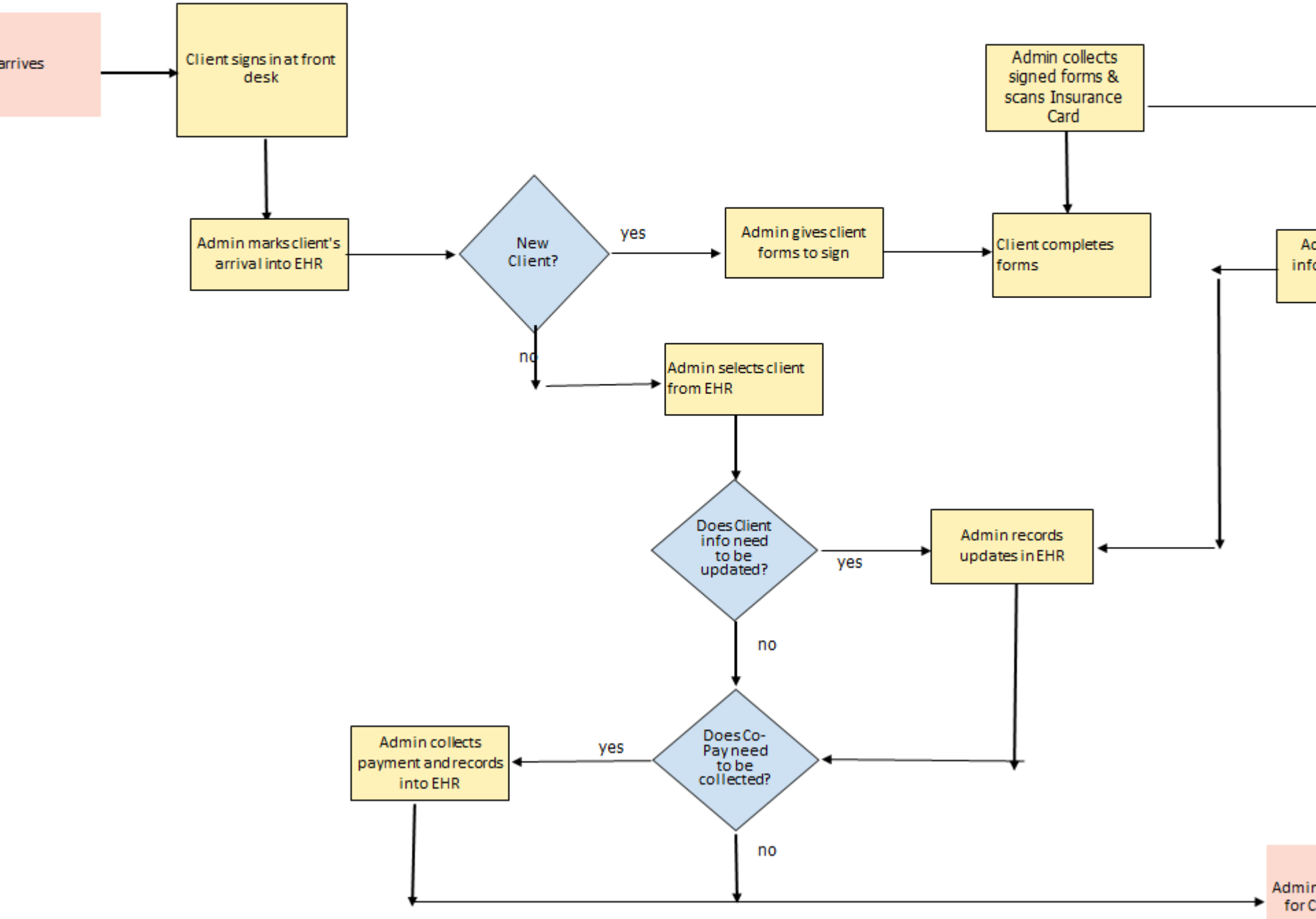
Client Referral



Simple flowchart

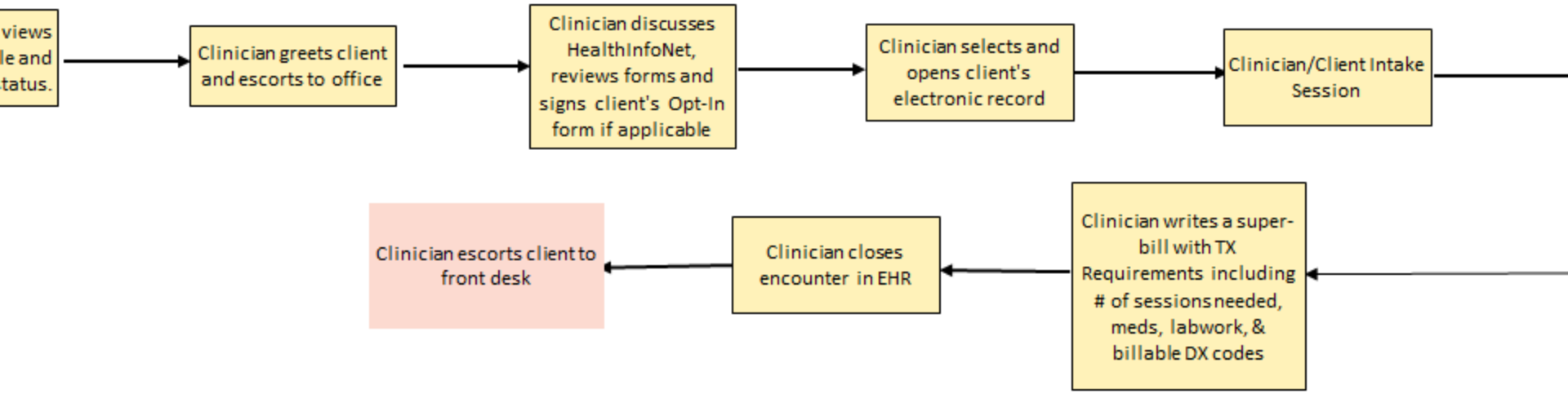
Ready

nt Check-In


arrives
Client signs in at front desk
Admin marks client's arrival into EHR
New Client?
yes
no
Admin gives client forms to sign
Admin collects signed forms & scans Insurance Card
Client completes forms
Admin selects client from EHR
Does Client info need to be updated?
yes
no
Admin records updates in EHR
Does Co-Pay need to be collected?
yes
no
Admin collects payment and records into EHR

ake Visit

ives



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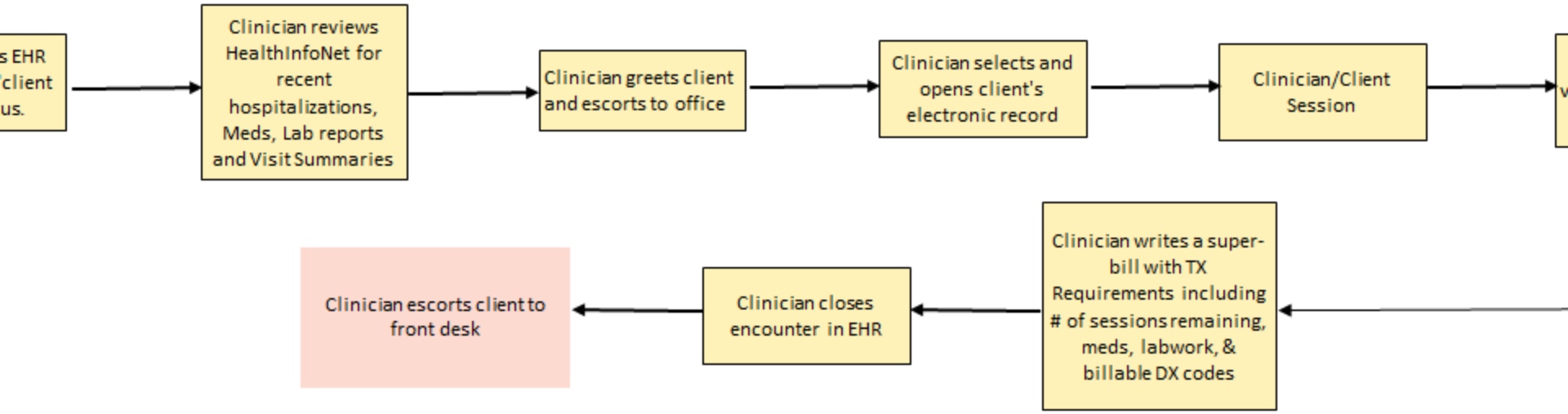


cribing

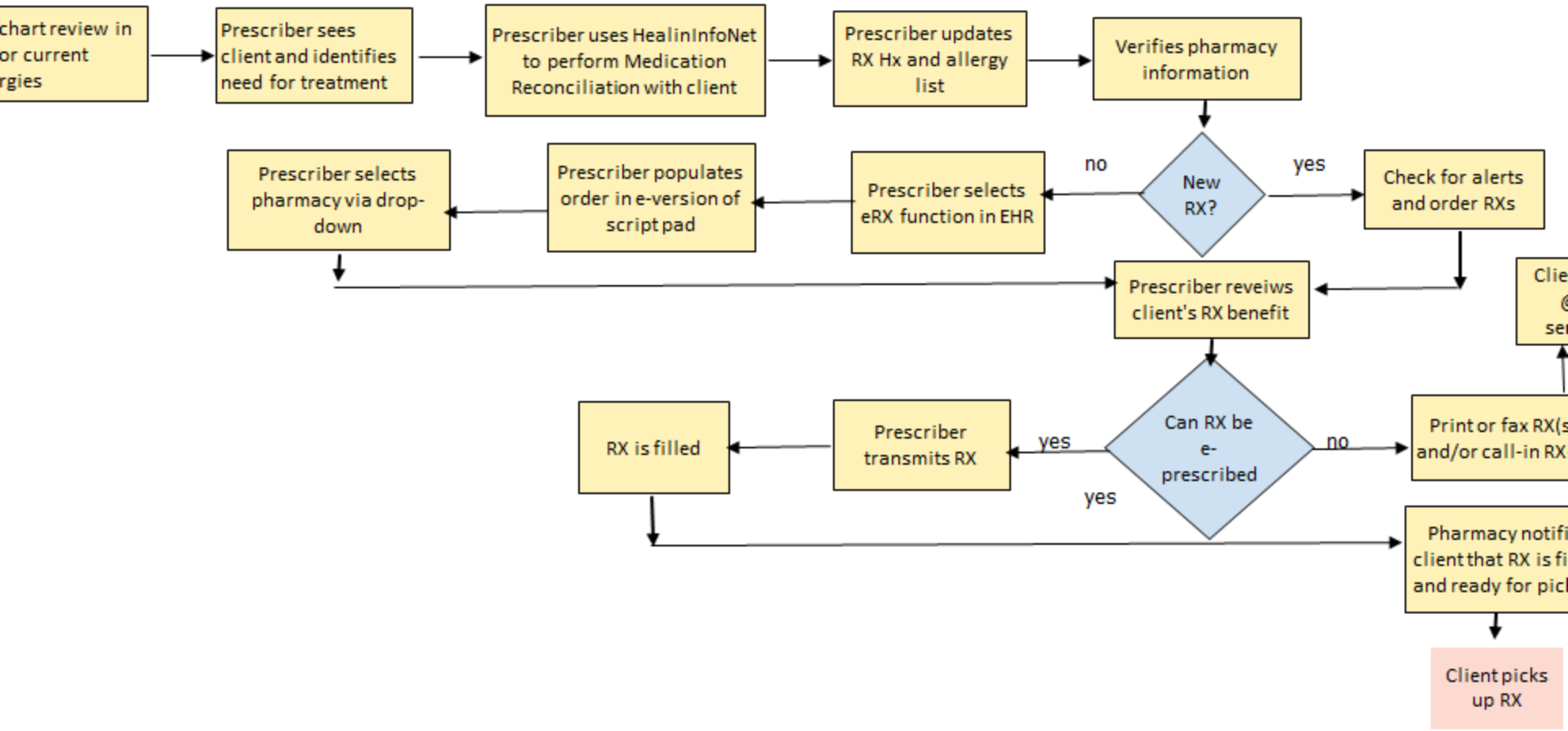
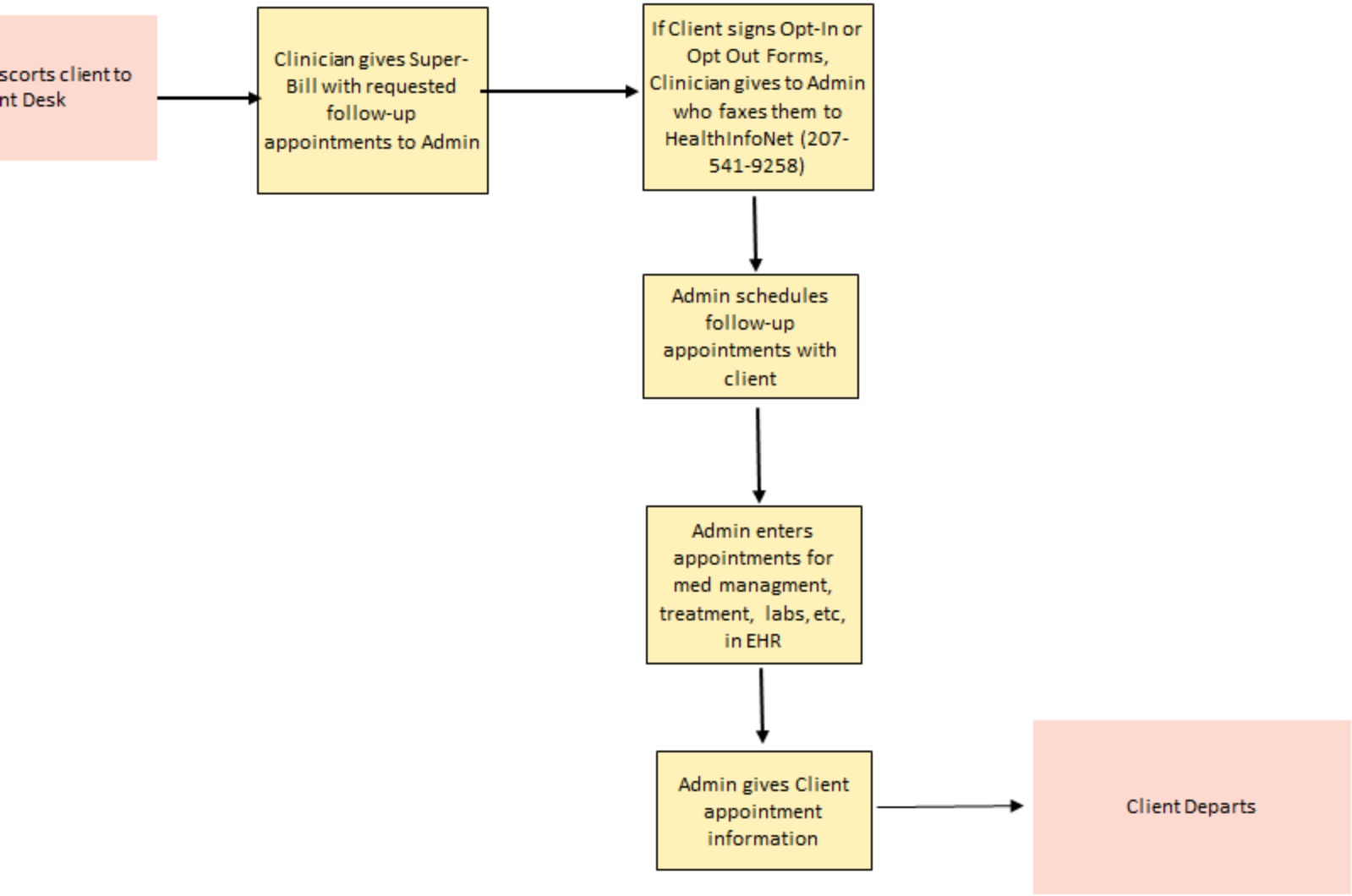


chart review in
or current
rgies
Prescriber sees client and identifies need for treatment
Prescriber uses HealinInfoNet to perform Medication Reconciliation with client
Prescriber updates RX Hx and allergy list
Verifies pharmacy information
New RX?
no
yes
Prescriber selects eRX function in EHR
Prescriber populates order in e-version of script pad
Prescriber selects pharmacy via drop-down
Check for alerts and order RXs
Prescriber reveiws client's RX benefit
Can RX be e-prescribed
yes
no
yes
Prescriber transmits RX
RX is filled
Print or fax RX(s
and/or call-in RX
Clie
se
Pharmacy notifi
client that RX is fi
and ready for pic
Client picks up RX

t Check-Out



flowchart

Establish a Chart Abstraction Plan

- A chart abstraction plan is a means to convert or transform, information from paper charts to electronic charts.
- Helps identify specific data elements that will need to be entered into the new EHR and if there are items that will be scanned.
- Clarifies what data elements may be migrated from your old system to your new one

Chart Abstraction Tools for BH Providers

- **Scanning and Preloading Worksheet**: Helps BH Providers to identify which documents, information and format should be available in the new EHR system
- **Chart Migration Facesheet**: Adapted by the Behavioral Health EHR Action Planning Workgroup, and used to organize data from paper charts for pre-loading into an EHR system

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Scanning and preload worksheet.xlsx [Read-Only] - Microsoft Excel

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Scanning and Preload Worksheet

Instructions: 1) Identify who will complete the worksheet
2) Complete worksheet
3) Review the worksheet with the EHR Project Team
4) Formulate the chart migration plan based on the worksheet and other potential practice guidelines

	A	B
17	1.6 How many scanning workstations will be available?	
18	1.7 How soon after a document arrives in the practices do you want providers to be able to view them in the EHR?	
19	1.8 Who will be responsible to create new procedures related to scanning documents into the EHR?	
20	**2 Goals (check all that apply)**	
21	2.1 Become a paperless office	
22	2.2 Become an office with less paper	
23	2.3 Move paper charts off site (storage)	
24	2.4 Eliminate chart pulls for visits	
25	2.5 Eliminate chart pulls for messages	
26	2.6 Reduce document filing time	
27	2.7 Implement a document imaging management system	
28	2.8 Interface with lab	
29	2.9 Interface with hospital	
30	2.10 Interface with radiology	
31	2.11 Redesign curent systems	
32	**3 Scanning Specifics**	
33	3.1 Which paper charts will be scanned?	
34	3.1.a Other specify	
35	3.2 Which parts of charts will be scanned? (Scanned documents usually cannot be data mined- a copy of the documents scanned will appear as a snapshot in the record) (Check all that apply)	
36	3.2.a Medications	

Scanning and Preload Worksheet

Ready

Chart Migration Worksheet.xlsx [Read-Only] - Microsoft Excel

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8 Dx Code/Provider Diagnosing

A B C D

art Migration Facesheet

ctions: Use this template to organize data from paper charts for pre-loading into new EHR system

: Name:	LOCUS		Client ID #
	Reg. Voter? Y/N		Social Security #
ced Directives? Y/N			MaineCare #

Problem/Dx List			**Medication List**
Dx Code/Provider Diagnosing	**Date Dx**		**Description/Dose**
			Ex: Lipitor 20mg

Downtime Documentation Tool for BH Providers

- Technological problems may occur throughout the implementation process (ie., Systems go down)
- BH Practices need to create a contingency plan – or back-up plan – to combat issues that may arise

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Agency Name: _____

Consumer Progress Note/Tracking

Program Providing Service: _____

Client ID: _____ Client Name: _____

Client DOB: _____ Medicaid #: _____

Other Insurance: _____

Date: _____ Time: _____ Duration(units): _____

Case Manager/Worker Providing Service: _____

Current contact information (address/phone):

Current Diagnosis:

Current Meds:

Summary

BH Practices Can Use Toolkit to complete activities for all EHR Implementation Steps:

- Assess Your Practice Readiness
- Plan Your Approach
- Select or Upgrade to a Certified EHR
- Conduct Training & Implement an EHR System
- Achieve Meaningful Use
- Continue Quality Improvement

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Questions/Comments

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