CURRENT STATUS

- 44,000 psychiatrists in the U.S.
- 55% in Medicare; 43% in Medicaid
- **Meaningful Use Attestation - 2012:**
  - 375 - Medicare
  - 292 - Medicaid
- **Reasons for Low EHR Use**
  - Lack of EHRs that support needs of psychiatrists
  - Many psychiatrists in solo/small groups → don’t have time/resources; feel overwhelmed
  - Finances → Too Expensive Due to Excess Functionality (EHRs geared to primary care);
Source: GAO analysis of CMS data.
BEHAVIORAL HEALTH REQUIREMENTS

- **Appointments**
  - Recurring
  - Group
  - 15 Minute Calendar Divisions
  - Not Always Used Within HER

- **Billing**
  - Automatically Display Procedure Code from Last Visit
BEHAVIORAL HEALTH REQUIREMENTS

- Clinical Charting
  - Mental status Examination
  - DSM
  - Psychiatric/Substance Abuse History
  - Group Notes
  - Patient Photo
  - Guardian/Capacity Information
BEHAVIORAL HEALTH REQUIREMENTS

- Order Entry
  - Psychological Testing

- Patient Access
  - Customization for Individual Patients

- Privacy/Security of Particular Importance (stigma issues)
MEANINGFUL USE

- Relevant to Psychiatry
  - Most Core Functions, except vital signs
  - Many Menu Functions, except syndromic reporting

- Relevance Issues ➔ Most Quality Measures, except:
  - Anti-Depressant Medication Management
  - Smoking and Tobacco Cessation Advice
  - Alcohol/Drug Dependence Treatment
INTEROPERABILITY NEEDS

- **Primary Care**: Majority of visits involve mental health issue; Major source of referrals

- **Patient Settings:**
  - Solo/Group Practices
  - Clinics (Mental Health; Multispecialty)
  - Inpatient (Multispecialty; Psychiatric)
  - Homeless Shelters
  - Street
  - Prisons
  - Schools
  - Long Term Care Facilities
INTEROPERABILITY NEEDS

Team Approach
- Psychiatrists
- Psychologists
- Social Workers
- Nurse Practitioners
- Nurses
- Case Managers
- Primary Care Clinicians
- Consulting Clinicians
- Criminal Justice Staff

BUT, Health Information Exchanges → Reluctant to store mental health information due to privacy/security concerns
Currently for Psychiatrist EHR

**Two Purposes:**
- Provide Vendors With Specific Requirements
- Checklist for Providers to Identify Their Own Requirements

Basis for Tool to Identify Which Vendors Support Specific Requirements

Expandable to Other Settings

Accessible from APA’s website (with password): http://www.psych.org/EHR
<table>
<thead>
<tr>
<th>FIELDS</th>
<th>SPECIFIC REQUIREMENTS</th>
<th>SETTINGS</th>
<th>PRIORITY</th>
<th>INCLUDED IN EHR</th>
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<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
<td>A</td>
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<tr>
<td>Address (R – If P,C)</td>
<td></td>
<td></td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>Phone (R – If P,C)</td>
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<tr>
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<td>Age (calculate)</td>
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<tr>
<td>Emergency Contact:</td>
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</tr>
<tr>
<td>Name</td>
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<td></td>
</tr>
<tr>
<td>Address (O)</td>
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<tr>
<td>Phone Nos. E-Mail Address (O)</td>
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<tr>
<td>Primary Contact Indicator</td>
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<td>(&quot;self&quot;, &quot;guardian&quot;, &quot;minor&quot;)</td>
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**DEMOGRAPHICS**

Overall Component Setting/Priority
## DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Primary Contact:</th>
<th>Name</th>
<th>Address (O)</th>
<th>Phone Nos.</th>
<th>E-Mail Address (O)</th>
<th>Preferred Method of Communication (R – if P,C)</th>
<th>Patient Photo ID (O)</th>
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</tbody>
</table>

1. Multiple phone numbers (ex. home, office, mobile, etc.)
   - Setting: A
   - Priority: E

2. Primary phone no. indicator.
   - Setting: A
   - Priority: E

3. Support alternative residence sites (homeless, jail, long term hospitalization, group home)
   - Setting: A
   - Priority: E

4. Decision Support Warning to go into Reminders List if patient fits specific age criteria to perform specific testing.
   - Setting: A
   - Priority: I

5. Up to 3 phone nos. each for emergency and primary contacts.
   - Setting: A
   - Priority: E

   - Setting: A
   - Priority: E

7. Ability to scan in and store a patient’s photo to be used to assist with identification, ex. if the police have to be called for any reason.
   - Setting: A
   - Priority: N

8. Indicate patient’s preferred method of communication (phone, e-mail, text).
   - Setting: P,C
   - Priority: I
HL7 BEHAVIORAL HEALTH FUNCTIONAL PROFILE R2

- Based on HL7 EHR Functional Model R2

- Primary Developers (HL7 CBCC Working Group):
  - APA EHR Committee Function Requirements (Lori Simon, MD, APA)
  - HL7 Behavioral Health Functional Profile R1 (Jim Kretz, SAMHSA)
  - CCHIT Certified 2011 Behavioral Health Criteria (Steve Daviss, MD, APA)

- Will Incorporate:
  - HL7 CIC Working Group Research Requirements (Meredith Zozus, PhD, Duke University)
  - Requirements From Other Behavioral Health Settings TBD
HL7 BEHAVIORAL HEALTH
FUNCTIONAL PROFILE R2

- Usable By Vendors and Providers
- Balloted by HL7 (Consensus Based Standards Development Organization)
SUMMARY/RECOMMENDATIONS

- **Modular Approach**
  - **Software** → Core Functions + Additional Optional Function Modules to Support Behavioral Health Settings
  - **Meaningful Use Requirements** → Core + Behavioral Health Quality Measures

- **Interoperability Essential:**
  - Multiple Providers In Multiple Settings Involved in Patient’s Care
  - Patients Can’t Always Advocate for Themselves
  - Requires Handling Security/Privacy Concerns
SUMMARY/RECOMMENDATIONS

- Access To Complete Record Extremely Important To Make Proper Diagnosis and Determine Optimal Treatment
  - Physical Problems
  - Psychosocial Stressors

- Absolute Need for Users to Work Closely With Vendors to Provide Requirements → APA EHR Committee Developing Plans To Directly Engage Vendors