

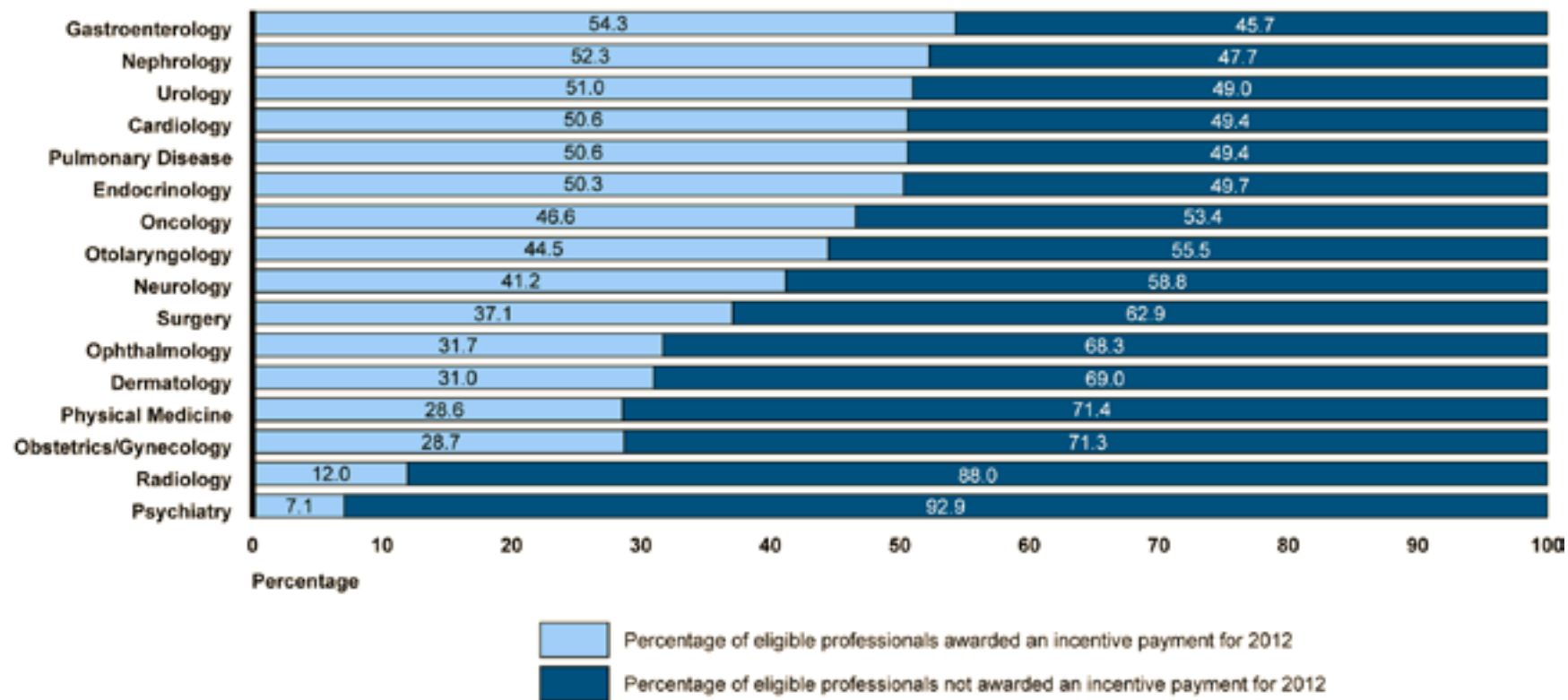
# American Psychiatric Association Behavioral Health Provider Perspectives

Lori Simon, MD  
APA EHR Committee  
January 28, 2014

# 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);

Specialty



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

# APA EHR COMMITTEE FUNCTION REQUIREMENTS DOCUMENT

- ▶ 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>

<u>FIELDS</u>	<u>SPECIFIC REQUIREMENTS</u>	<u>SETTINGS</u> P=Private Practice C=Clinic I=Inpatient Ch=Child/Adol A=All Settings	<u>PRIORITY</u> E=Essential I=Important N=Nice  VEND    MEMB	<u>INCLUDED IN EHR</u> F=Full P=Partial N= None
<b>DEMOGRAPHICS</b>				
Name Address (R – If P,C) Phone (R – If P,C) E-Mail Address (O) Date of Birth Age (calculate) Primary Language Interpreter Needed Indicator Gender Ethnicity Marriage Status Religion (O) Emergency Contact: Name Address (O) Phone Nos. E- Mail Address (O) Primary Contact Indicator (“self”, “guardian”, “minor”)	<b>Overall Component Setting/Priority</b>	<b>A</b>	<b>E</b>	

<u>FIELDS</u>	<u>SPECIFIC REQUIREMENTS</u>	<u>SETTINGS</u> P=Private Practice C=Clinic I=Inpatient Ch=Child/Adol A=All Settings	<u>PRIORITY</u> E=Essential I=Important N=Nice  VEND    MEMB	<u>INCLUDED</u> <u>IN EHR</u> F=Full P=Partial N= None
<b>DEMOGRAPHICS</b>				
Primary Contact: Name Address (O) Phone Nos. E-Mail Address (O) Preferred Method of Communication (R – if P,C) Patient Photo ID (O)				
	1) Multiple phone numbers (ex. home, office, mobile, etc.)	A	E	
	2) Primary phone no. indicator.	A	E	
	3) Support alternative residence sites (homeless, jail, long term hospitalization, group home)	A	E	
	4) Decision Support Warning to go into Reminders List if patient fits specific age criteria to perform specific testing.	A	I	
	5) Up to 3 phone nos. each for emergency and primary contacts.	A	E	
	6) Select “Gender”, “Ethnicity”, “Marriage Status”, and “Religion” from customizable lists.	A	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.	A	N	
	8) Indicate patient’s preferred method of communication (phone, e-mail, text).	P,C	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