

Certified Technology Comparison Task Force

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Current IT Selection Problems

- Few EHRs Support Needs of Mental Health Providers
- Low Level of EHR Adoption Amongst Solo/Small Group Practitioners
- Lack of Comprehensive Requirements Accessible to Developers
- Apps Exist, BUT:
 1. Scattered locations
 2. Hard to Identify What's Available
 3. Lack of Ratings
- Lists of EHRs Exist, But No Tool to Guide Provider Selection in Detail.

AmericanEHR

- Attempt to Identify/Rate EHR Usage Amongst Providers
- Questions Developed by MHIT Committee in 2013
- Limitations:
 - Behavioral Health Questions Limited
 - Can Narrow List by Specialty and Practice Size, But Not Both at the Same Time
 - Low Numbers for Psychiatry Participation (Greatest N=37)
 - Doesn't Address Other Behavioral Health Providers (ex. Psychologists, Social Workers)

Important Selection Information

- Satisfy Function and Data Requirements
- Costs (Initial, Ongoing)
- Data/User Volumes
- Hardware Platforms
- System Availability
- Institutions --> Support Interfaces to Other Internal Systems and Databases

Important Selection Information

continued

- Support Interfaces to External Databases (ex. HIEs)
- Meaningful Use Support
- Certifications
- Security/Privacy Requirements
- Customer Service/Tech Support
- Customization/Training/Documentation
- **USABILITY**

Available Selection Information

- “Electronic Health Records Technology: Policies and Realities”, Lori Simon, MD, Mental Health Practice in a Digital World: A Clinician’s Guide, Naakesh A. Dewan, et al, Springer International Publishing, 2015, pp. 13-36.
- APA Website (www.psych.org) → Psychiatrists → Practice → Practice Management → Health Information Technology → Resources: Choosing the Right EHR:
 - Evaluating, Selecting, and Implementing EHRs.
 - EHR Listings and Reviews.

Proposed Efforts – HL7

- Consolidate and expand existing requirements → MHIT Committee, Certification Commission for Health Information Technology (CCHIT), and HL7's Community Based Collaborative Care (CBCC) workgroup (Behavioral Health Functional Profile based on Version 1 of EHR Functional Model).
- Expand and integrate HL7 behavioral health related domain analysis modules (DAMs) → DAMs denote the data elements needed for the use cases described by these modules and need to be linked to requirements.
- Develop database and access tools containing requirements and data elements:
 - Vendors → Indicate which requirements their products support.
 - Providers → Search and determine which EHRs satisfy their needs.

Proposed Efforts - APA

- Establish criteria for rating EHRs and Apps (EHR ratings based on subset of Selection criteria).
- Identify EHRs and Apps to be reviewed.
- Designate APA members to review EHRs and Apps; App reviewers → Experts in App content/target audience.
- Develop database for EHRs and Apps:
 - Identifying Information:
 - General
 - EHR/App Specific, ex. EHR → Components; Apps → Purpose, Supported Platforms
 - Target Audience(s)
 - Ratings Information
 - User Comments

Proposed Efforts

- Establish Consortium of Mental Health/Primary Care Professional Organizations
 - Represent the interests of individual providers
 - Provide ongoing requirements
 - Assist with reviewing EHRs and Apps
 - Address Behavioral Health/Primary Care Interoperability Needs

Summary

Extremely important to provide tools to providers to help them optimally select the right EHRs, Apps, and other technology,

BUT

Significant financial and manpower resources will be needed to develop these tools.