

EHR Use:

Views From Behavioral Health Providers in Washington State

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Value of EHRs: The Bigger Picture

- EHRs facilitate exchange of information in healthcare to improve:
 - Quality
 - Safety
 - Efficiency
- EHRs represent a significant investment in time and resources

Objectives of the Presentation

- Using data from the 2020 Behavioral Health Provider Survey, this presentation offers a snapshot of EHR adoption by BH providers in WA State to reveal:
 - What EHRs are being used by BH providers
 - How they are being used
 - Challenges BH providers face
- Answers can inform decisions regarding acquisition and support needed by BH providers in Washington State



ARRA/HITECH

- The HITECH Act (Health Information Technology for Economic and Clinical Health Act) was enacted in 2009 as part of the ARRA (American Recovery and Reinvestment Act)
- HITECH:
 - Made available billions of dollars for:
 - Incentive payments to eligible hospitals and eligible professionals for their meaningful use of *certified* electronic health records (EHRs)
 - Technical assistance to these eligible providers to support their use of certified EHRs
 - Established (in statute) the Office of the National Coordinator for Health IT (ONC) for the development of the nationwide HIT infrastructure.



Office of the National Coordinator for Health IT

- ONC responsibilities include the EHR/HIT certification program:
 - Identify nationally supported Health IT standards, implement specifications, and certification criteria for certified HIT/EHRs
 - Make available certified health IT for required and optional use under federal, state and private programs
- EHR/HIT products tested and certified as meeting certification criteria published by ONC are found on line at the:
 - CHPL: Certified Health IT Product List
 - <https://chpl.healthit.gov/>



ONC HIT/EHR Certification Criteria

- Patient demographic and clinical health information (e.g., social, psychological, and behavioral data; care plans; data segmentation for privacy; family health history)
- Clinical decision support
- Physician order entry (e.g., medications, labs, and allergy information)
- Capacity to capture and query information relevant to health care quality
- Capacity to exchange electronic health information with, and integrate such information from other sources (e.g., transitions of care)
- Other technical document and exchange criteria, including:
 - a “standards-based API [Application Programming Interface] certification criterion”. This criterion applies to HIT developers that will have certified APIs to support the electronic exchange of certain health information.



Brief Overview of the 2020 Behavioral Health Provider Survey (BHPS)

- Target population
 - DoH-certified, community-based mental health (MH) and substance use disorder (SUD) treatment agencies providing publicly funded services in Washington state.
- Purpose of the survey
 - Agency characteristics
 - Quality improvement efforts
 - Behavioral Health (BH) clinical staff
 - Gather information regarding BHP use of HIT/HIE



Brief Overview of the 2020 Behavioral Health Provider Survey (BHPS)

- Online survey conducted by SESRC
 - Secure web (PIN specific)
 - From April to September 2020
 - Paper introduction letter
 - Email reminders to non-respondents
 - 16 main questions on HIT/HIE and 21 questions on EHR functionalities, adopted from SAMHSA and ONC upcoming survey, and meets some expectations of the MH IMD waiver
 - Self-reported responses



Brief Overview of the 2020 Behavioral Health Provider Survey (BHPS)

- Response rate information
 - Original population size: 723
 - Each location is a unit of analysis
 - Agencies could consolidate sites into one survey
 - Adjusted population size: 581
 - 355 responses
 - Response rate: 61.1%



Characteristics of Responding Agency Providers

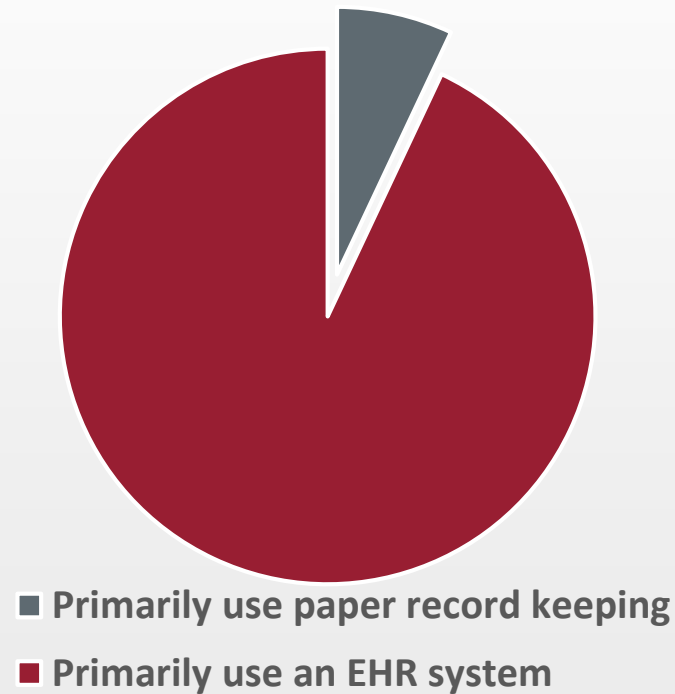
	Category	%	n
Service	MH	37%	129
	SUD	17%	61
	MH-SUD	46%	160
Size	Small (1-10)	53%	179
	Medium (11-74)	40%	137
	Large (75 or more)	7%	24
Location	Urban	52%	184
	Rural	48%	171
Structure	Independent	31%	106
	Local branch	47%	162
	Main office	8%	26
	Other	15%	53

- Close to half of agencies provide both MH and SUD treatment services.
- All but 7% are small to medium sized agencies.
- Close to 80% are either independent or a local branch of a multi-site agency.



EHR Adoption in Washington State

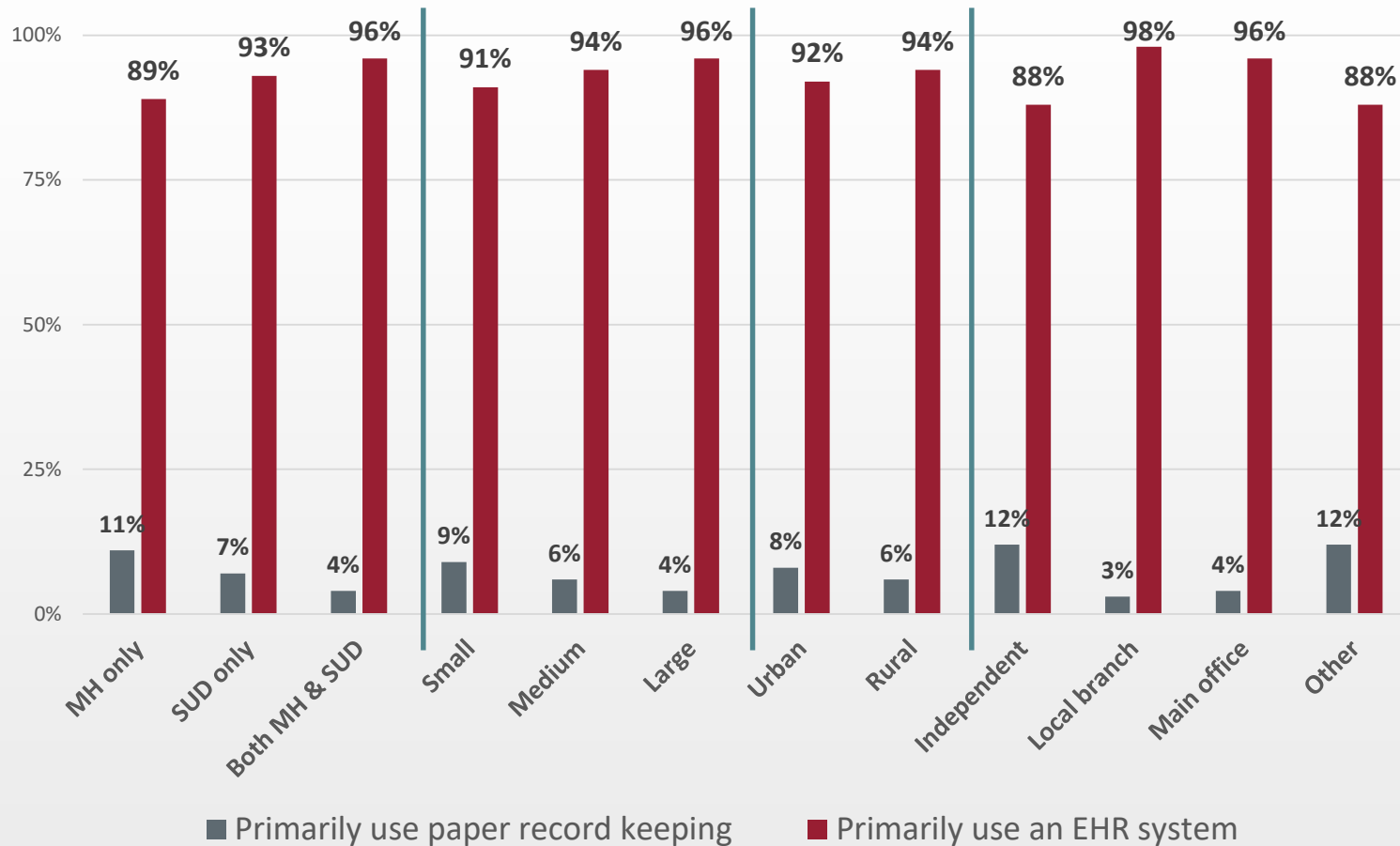
Primary type of client record keeping system



- Over 90% of behavioral health agencies use an EHR system.



Paper and EHR Record Users by Agency Characteristics



- EHR use rate is close to or over 90% across agency characteristics.
- 3% to 12% use paper, across agency characteristics.



Profile of Paper Record Keeping System Users

- 25 agencies indicated they primarily use a paper record keeping system.
- 68% either have plans or are currently evaluating an EHR.
- When does your agency plan to transition to an EHR?
 - 29% - within the next 6 months
 - 29% - within the next year
 - 41% - within the next 2 years



Barriers to adopting an EHR system

Barrier	% yes
Cost of purchasing and maintaining EHR system	44%
Finding EHR system that meets your facility's needs	37%
Limited or lack of IT staff to support EHR adoption	30%
Loss of productivity during transition to EHR system	11%
Staff resistance to using and EHR	11%
Privacy or security concerns	11%
Other barriers	11%

- Cost was identified most often as a barrier relative to other barriers.
- Finding a system that meets facility needs and not having adequate IT support were mentioned second and third most often.



Survey asked users what EHR vendor(s) they use



Survey sponsored by:
Washington State Health Care Authority

Behavioral Health Provider Survey



Social & Economic Sciences
Research Center
Washington State University

Question 17e of 37

Please indicate the name of this facility's EHR system vendor(s).
(Check all that apply.)

- Cerner
- Credible Behavioral Health
- Echo Group
- EHR Your Way
- Epic
- Methasoft
- Netsmart (including Avatar/Evolv)
- NextGen
- Qualifacts (including Care Logic)
- Sigmund
- Other: please specify

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Most Common EHRs

	EHR	# Using
Top Five EHRs	Credible Behavioral Health	66
	Epic	39
	Netsmart (including Avatar/Evolv)	36
	Cerner	31
	Qualifacts (including Care Logic)	30
	Smartcare (Streamline)	15
	InSync	11
	KeyNotes	11
	Athena	8
	Raintree	8
	Sigmund	8
	SMART	8
	46 Other EHRs listed	133

- Credible BH is the EHR used most often relative to other EHRs.
- Epic, Netsmart, Cerner, and Qualifacts are the EHRs next most frequently used by agencies.



EHR Use by Agency Characteristics

Agency Characteristics		EHR Vendor Name						
		Credible	Epic	Netsmart	Cerner	Qualifacts	Multiple	Other
Service	MH	23%	7%	7%	5%	14%	10%	32%
	SUD	5%	7%	9%	2%	2%	0%	75%
	MH-SUD	23%	2%	13%	2%	7%	13%	40%
Size	Small	19%	6%	6%	3%	7%	9%	50%
	Medium	20%	4%	14%	3%	8%	9%	41%
	Large	22%	4%	17%	4%	30%	9%	13%
Location	Urban	20%	5%	11%	4%	6%	14%	40%
	Rural	21%	5%	10%	2%	12%	5%	47%
Structure	Independent	23%	1%	13%	0%	4%	1%	57%
	Local branch	15%	6%	9%	5%	11%	15%	40%
	Main office	20%	8%	12%	4%	12%	12%	32%
	Other	36%	5%	10%	3%	9%	10%	43%

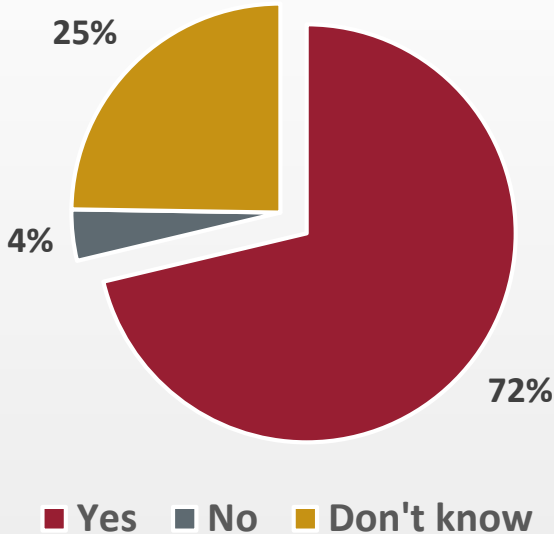
Which EHR an agency uses varies by service type, size, and structure, and less so by location:

- Close to 25% each of MH only and MH-SUD agencies use Credible, while 75% of SUD only agencies use some “other” vendor besides the top five in use.
- Large agencies are more likely to use Qualifacts, while small and medium are more likely to use some other EHR besides the top five in use.
- Independent agencies are more likely to use some other EHR besides the top five.



Is this facility's EHR system considered a certified EHR?

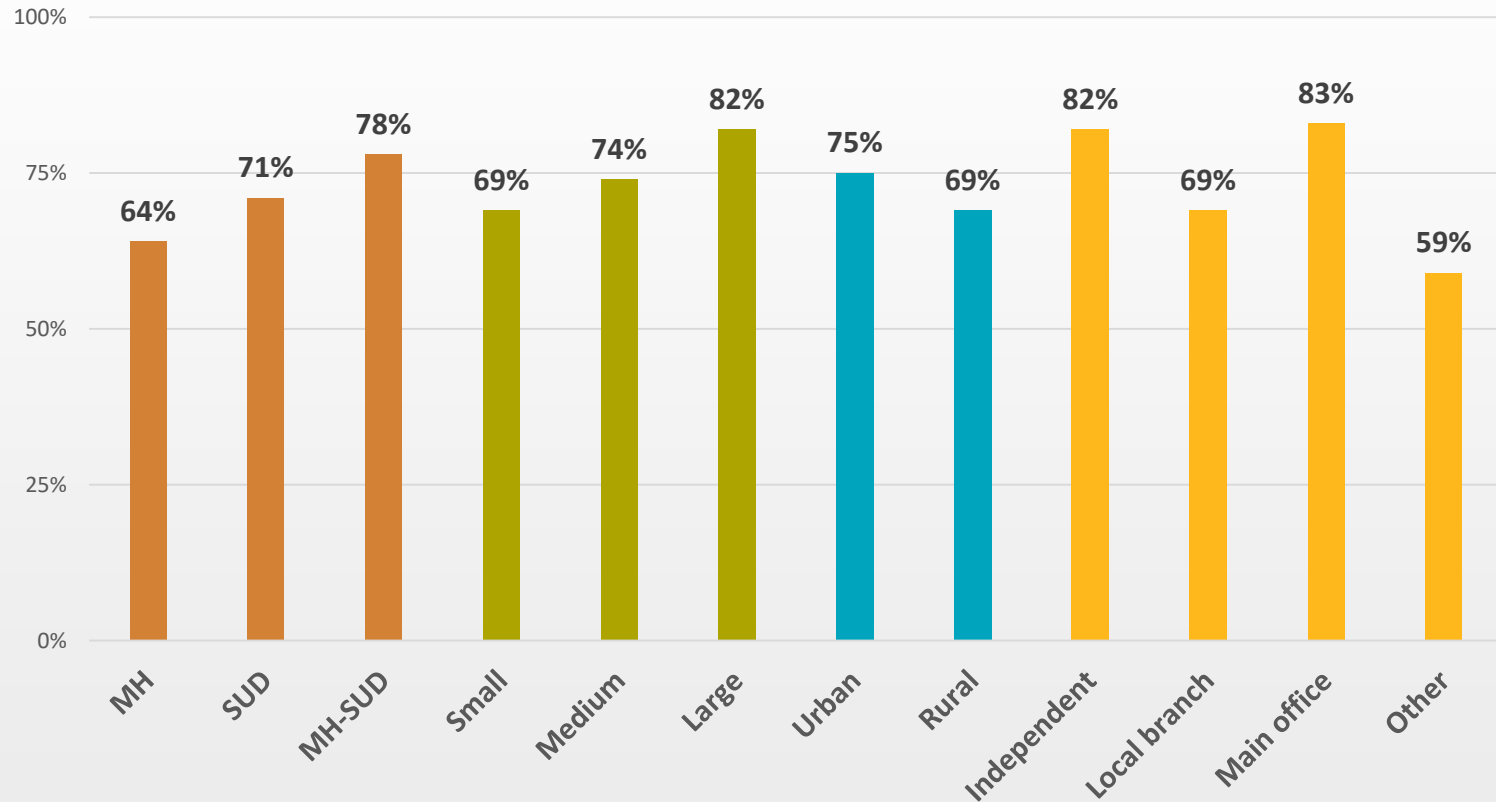
- 72% of agencies generally believe their EHR product to be certified by ONC.
- 25% indicated they do not know.



(A certified EHR has demonstrated the technological capability, functionality, and security standards required by the Secretary of Health and Human Services and has received certification from The Office of the National Coordinator for Health Information Technology [ONC].)



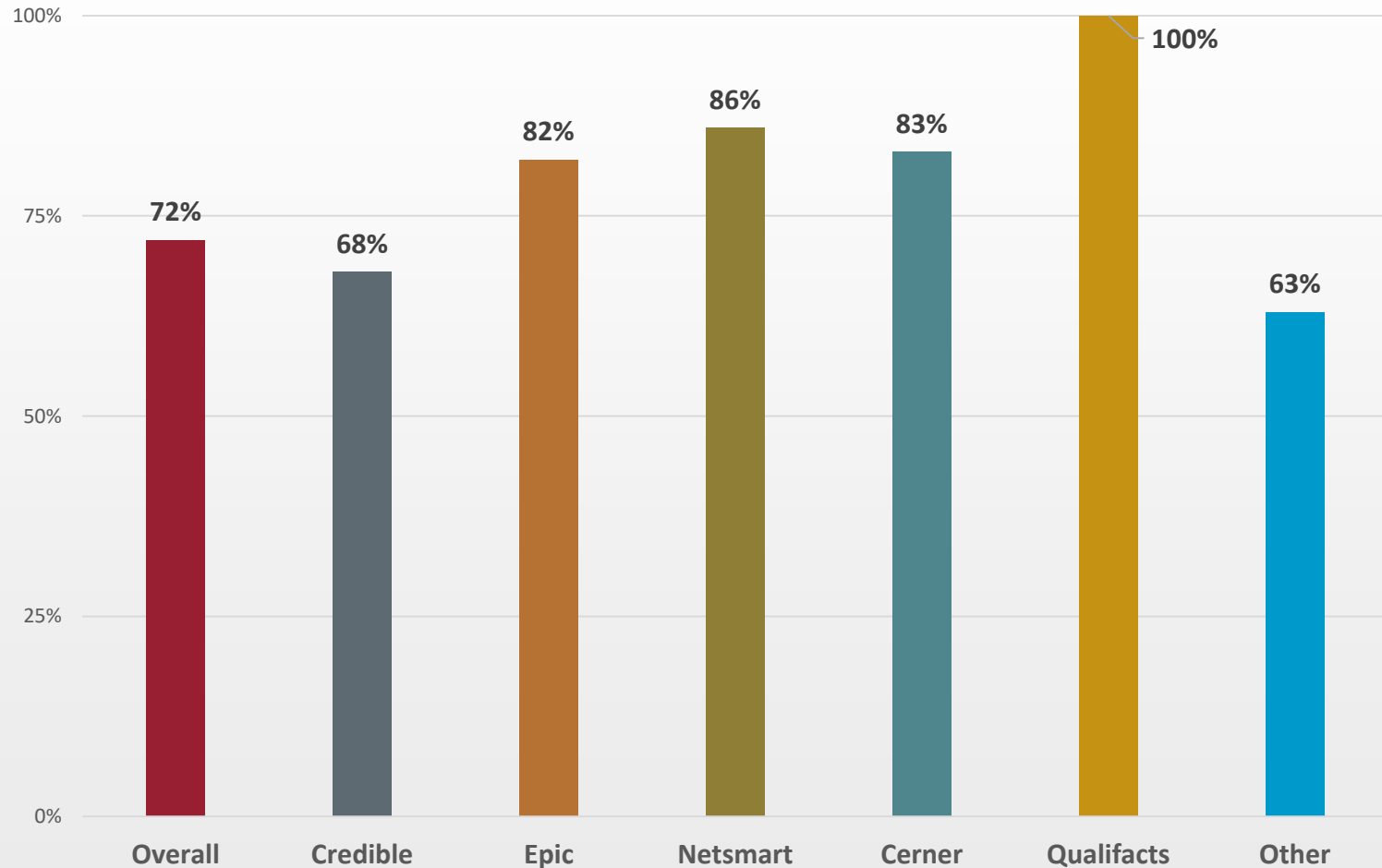
Is this facility's EHR system considered a certified EHR?



- Overall, across agency characteristics, between 59% and 83% indicated their EHR is certified.



Is this facility's EHR system considered a certified EHR?



- 100% of Qualifacts users indicated their EHR is certified.
- 63% - 86% of the rest of EHR users said theirs is certified.



Use of EHRs

Client/Patient Flow (Intake to Discharge)

Client/Patient Information

Prescription, Pharmacy, Labs



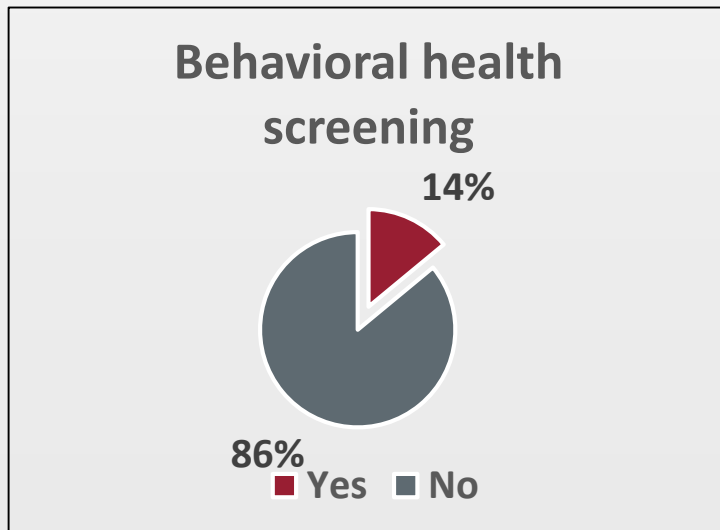
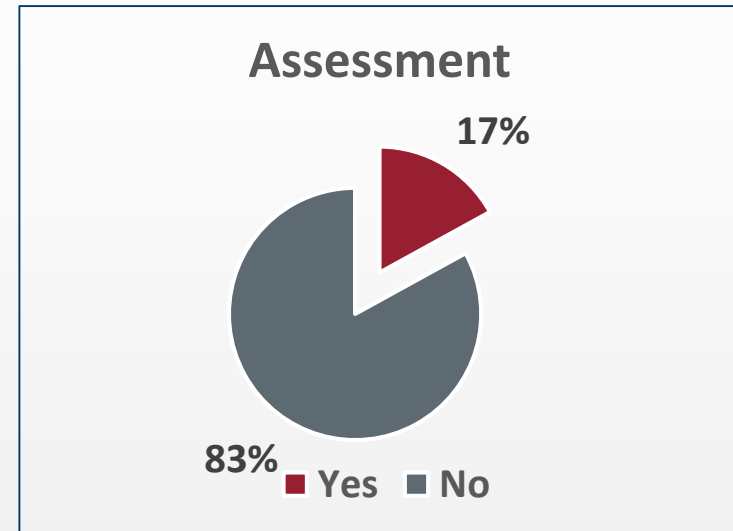
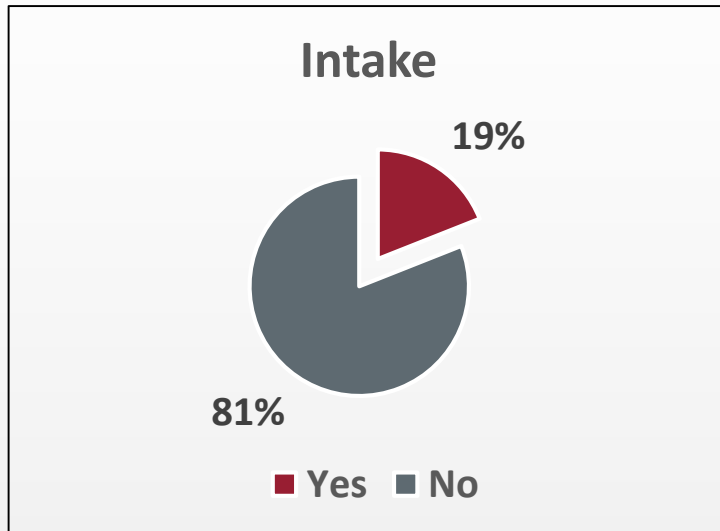
Service: Client/Patient Flow (Intake to Discharge)

	<i>MH</i>	<i>SUD</i>	<i>MH-SUD</i>	<i>Overall</i>
Conduct an Intake	93%	86%	96%	93%
Conduct an assessment	94%	84%	95%	93%
Conduct behavioral health screenings	92%	78%	96%	91%

- Fewer SUD only agencies report using their EHR for intake, assessment, and BH screenings.



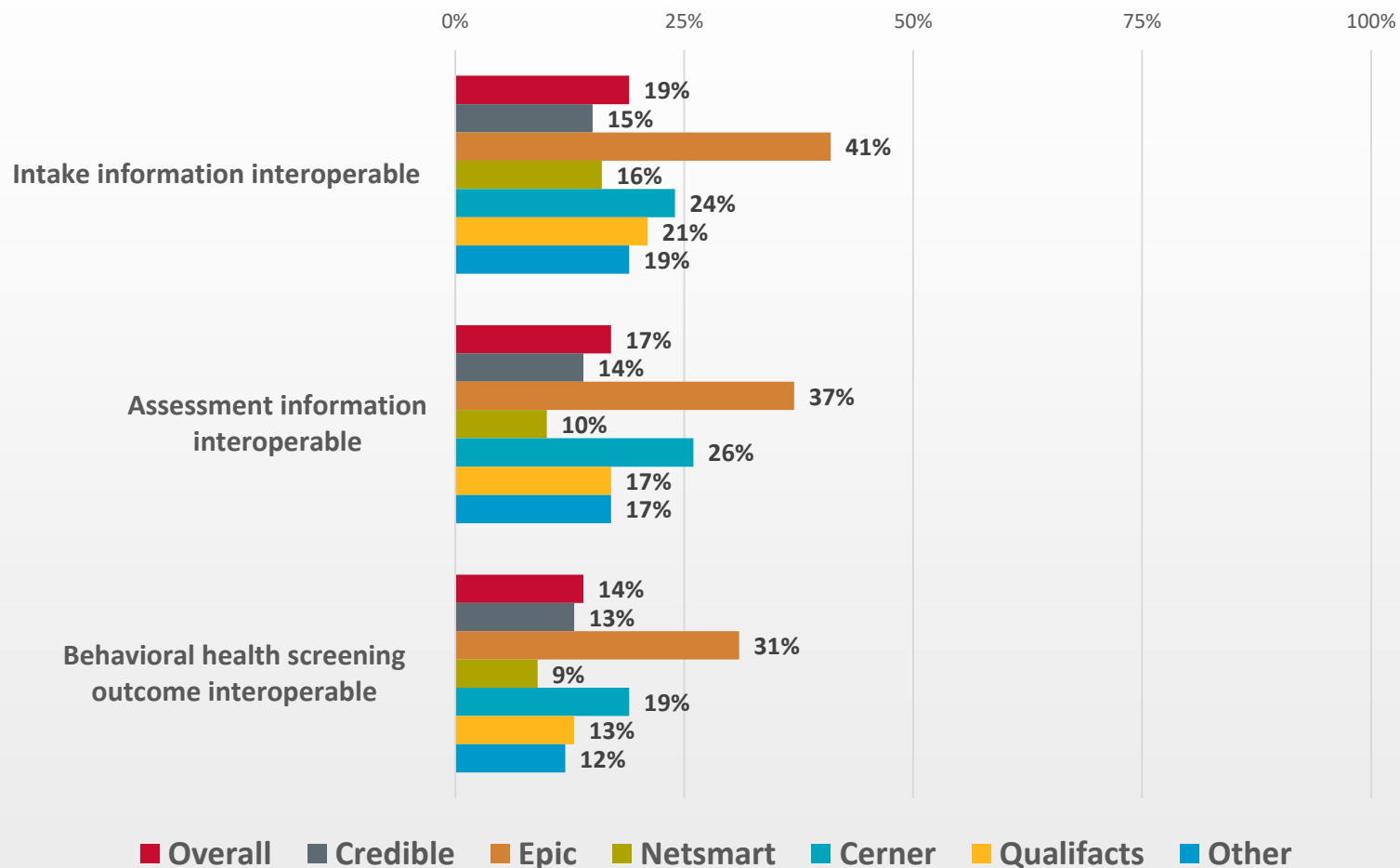
Interoperability with other health information technology systems



- Less than 20% of EHR users indicated their EHRs are interoperable in recording intake, assessment, and BH screening information.



Interoperability: Client/Patient Flow (Intake to Discharge)

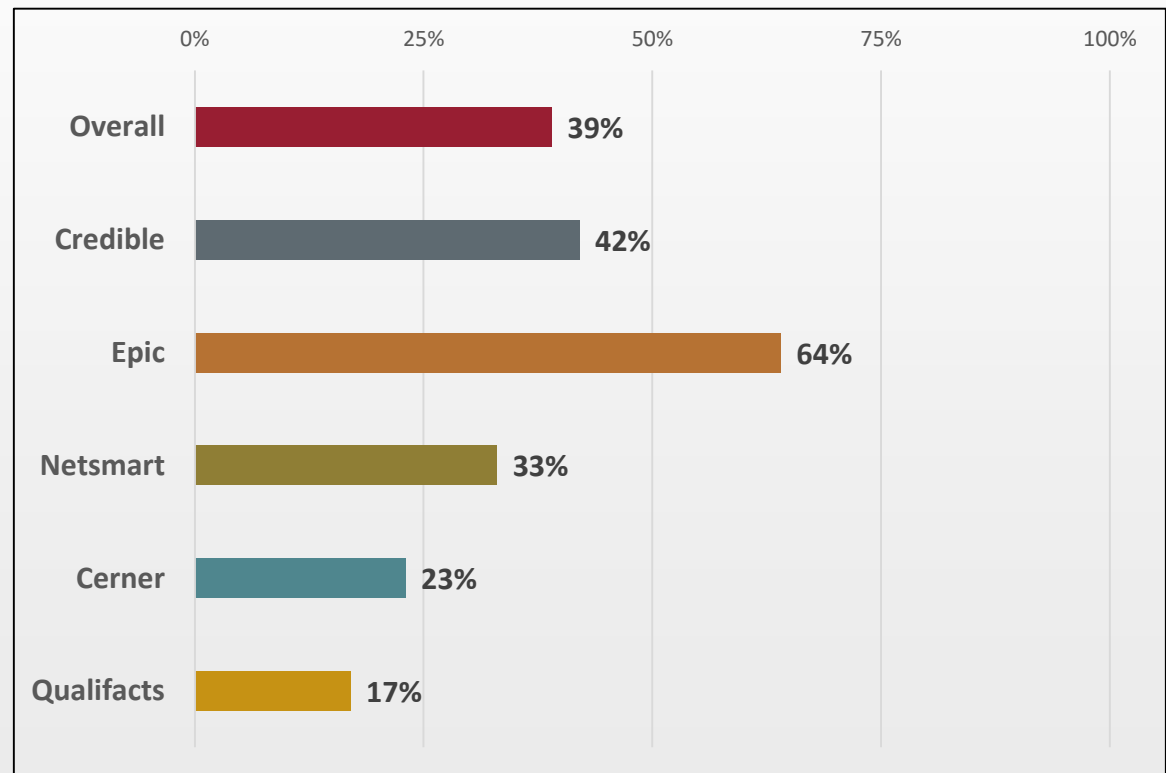


- Only one-fifth of respondents overall are taking advantage of interoperable exchange of information.
- More Epic users reported interoperability of intake, assessment, and BH screening compared to users of other EHRs.



Does your EHR integrate or incorporate any type of clinical information that is received electronically from providers outside of your organization without the need for manual entry?

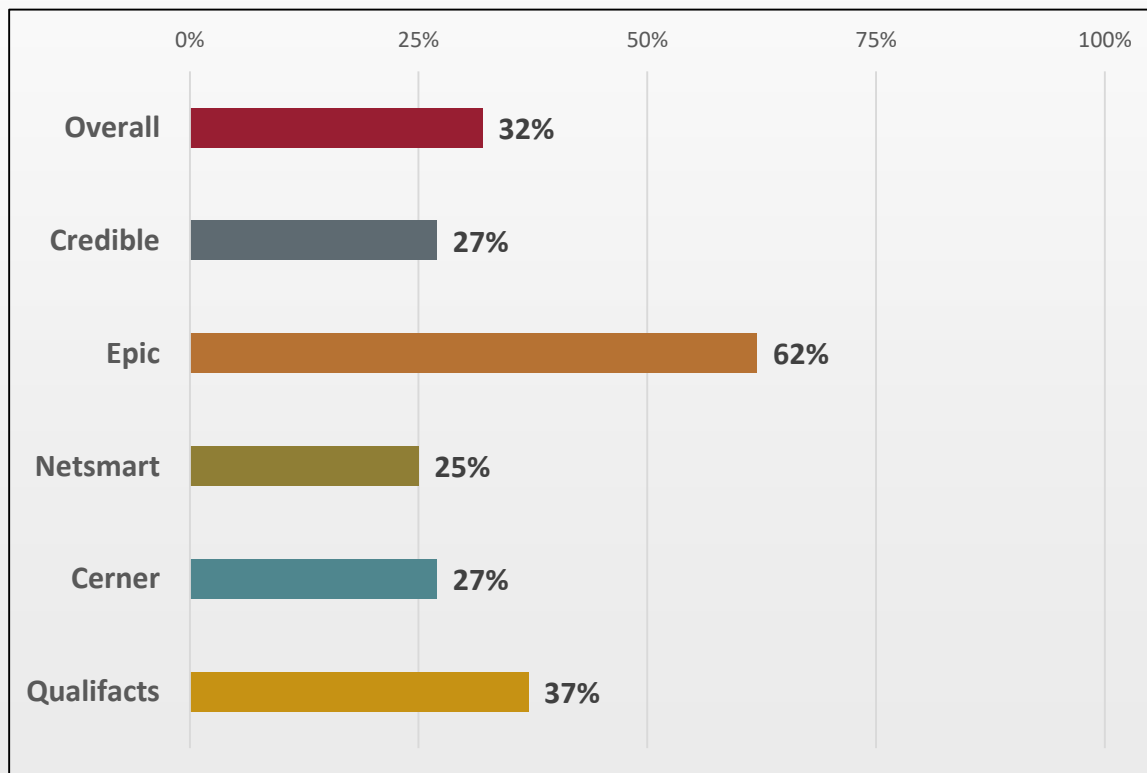
- Only about 40% overall report “yes”, they add clinical information received electronically from external providers without the need for manual entry.





Do external organizations(s) provide this facility with “read only” access to EHR clinical information?

- Only a third of agencies overall report they have the ability to view patient health information in a third party EHR, in accordance with HIPAA and 42 CFR Part 2.





Service: Client/Patient Flow (Intake to Discharge)

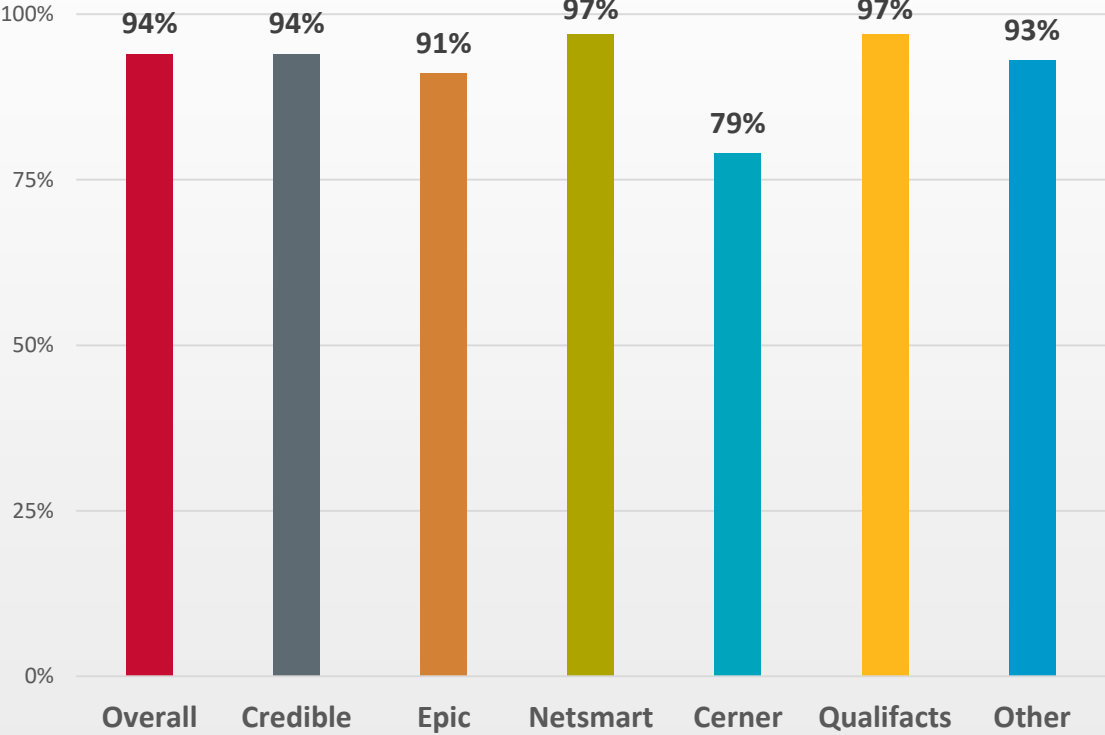
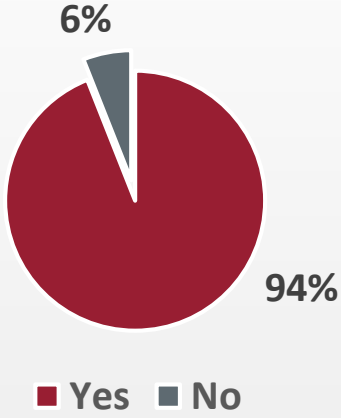
	<i>MH</i>	<i>SUD</i>	<i>MH-SUD</i>	<i>Overall</i>
Monitor client progress	99%	96%	96%	97%
Create and use electronic care plans (E-plans)	91%	86%	88%	89%
Record referrals	75%	82%	86%	81%
Record discharge plans	93%	91%	97%	95%

- Fewer MH only agencies use their EHR for referrals.



Accessibility of E-care plans

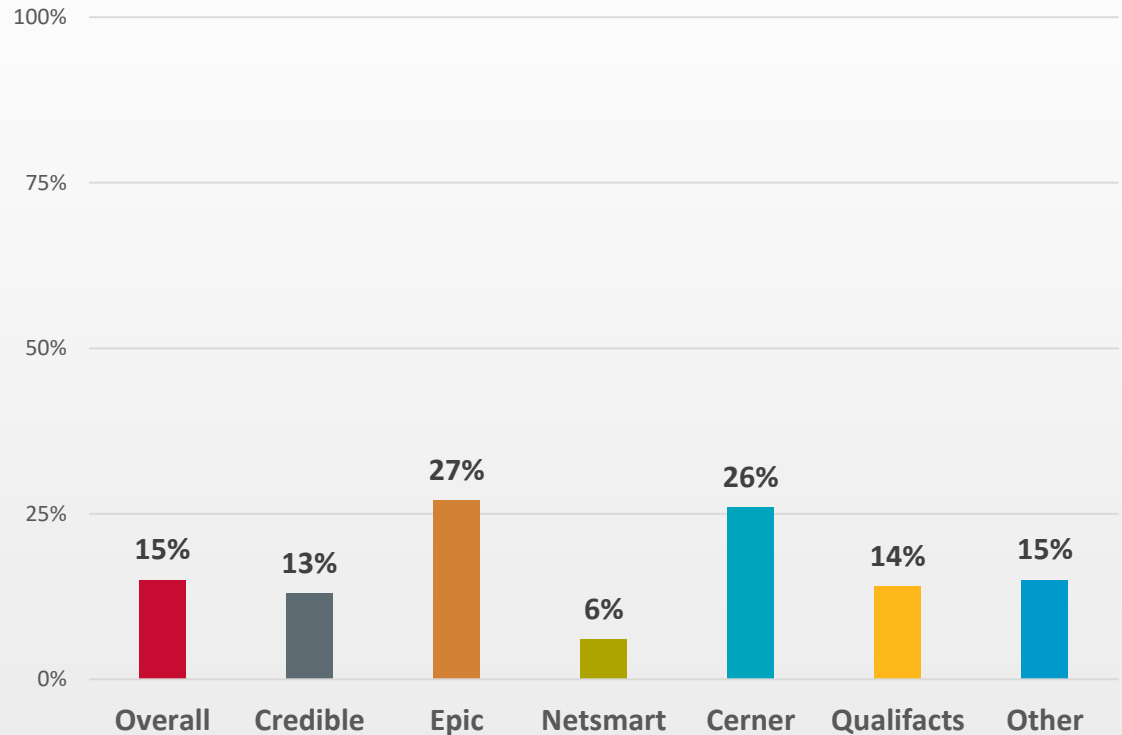
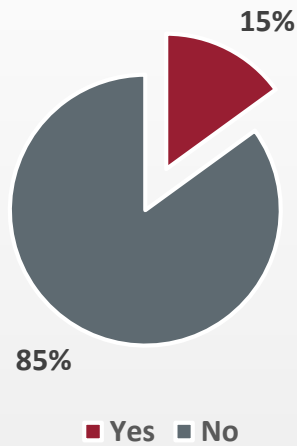
E-care plans accessible by all relevant members?





Interoperability of E-care plans with other health information technology systems

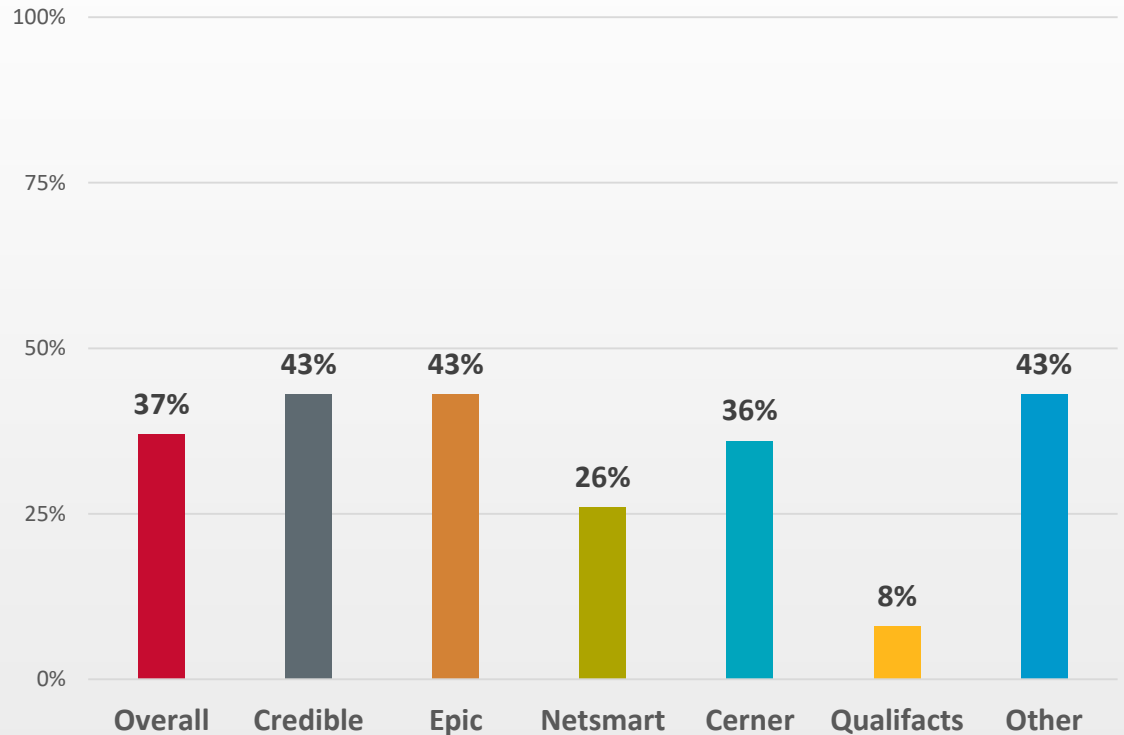
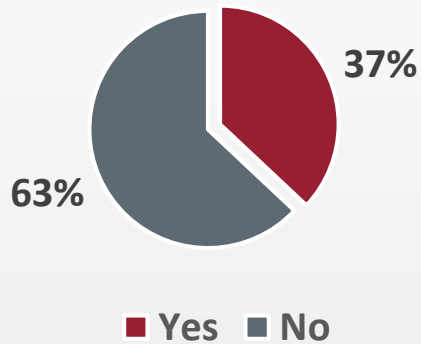
Are the E-plans interoperable?





Is the referral a closed-loop system?

Is it a close-loop referral system
(i.e., the system has a send-receive and
status confirmation mechanism)?

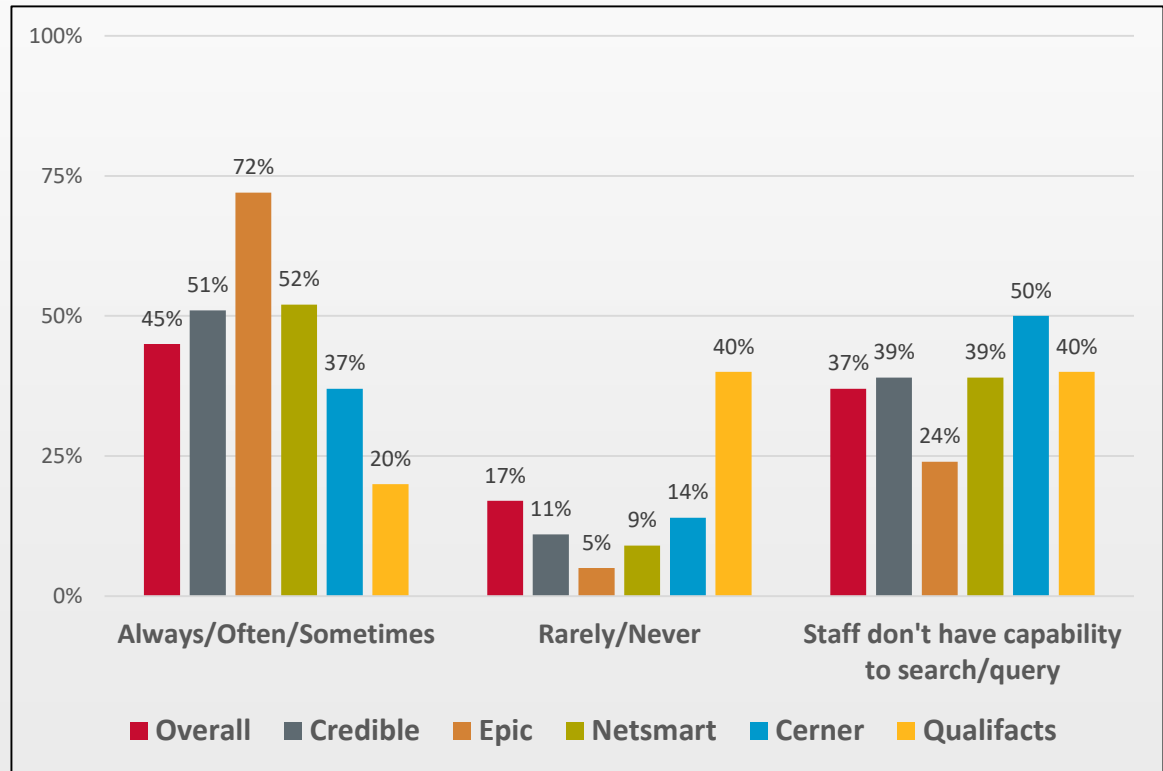


- Fewer than 50% of EHR users report using a closed-loop referral system (range: 8% to 43%)



When a client is admitted or transferred to your facility, how often do staff at this facility electronically search or query for clients' health information from other providers or external sources?

- More Epic users report they electronically search or query for client health information at least sometimes, when the agency has the capability to do so.
- Around 4 out of 10 agencies indicate that staff do not have the capability to search/query.





Service: Client/Patient Information

	<i>MH</i>	<i>SUD</i>	<i>MH-SUD</i>	<i>Overall</i>
Record patient history	97%	96%	99%	98%
Record patient demographic information	98%	96%	99%	98%
Record social determinants of health	92%	93%	94%	93%
Record clinical notes	98%	98%	99%	98%
Record diagnoses	96%	100%	98%	98%
Record problem lists	97%	96%	96%	97%

- Recording social determinants of health appears to be lowest in this group of uses across service types, but the percentages are high overall.



Service: Prescription, Pharmacy, Labs

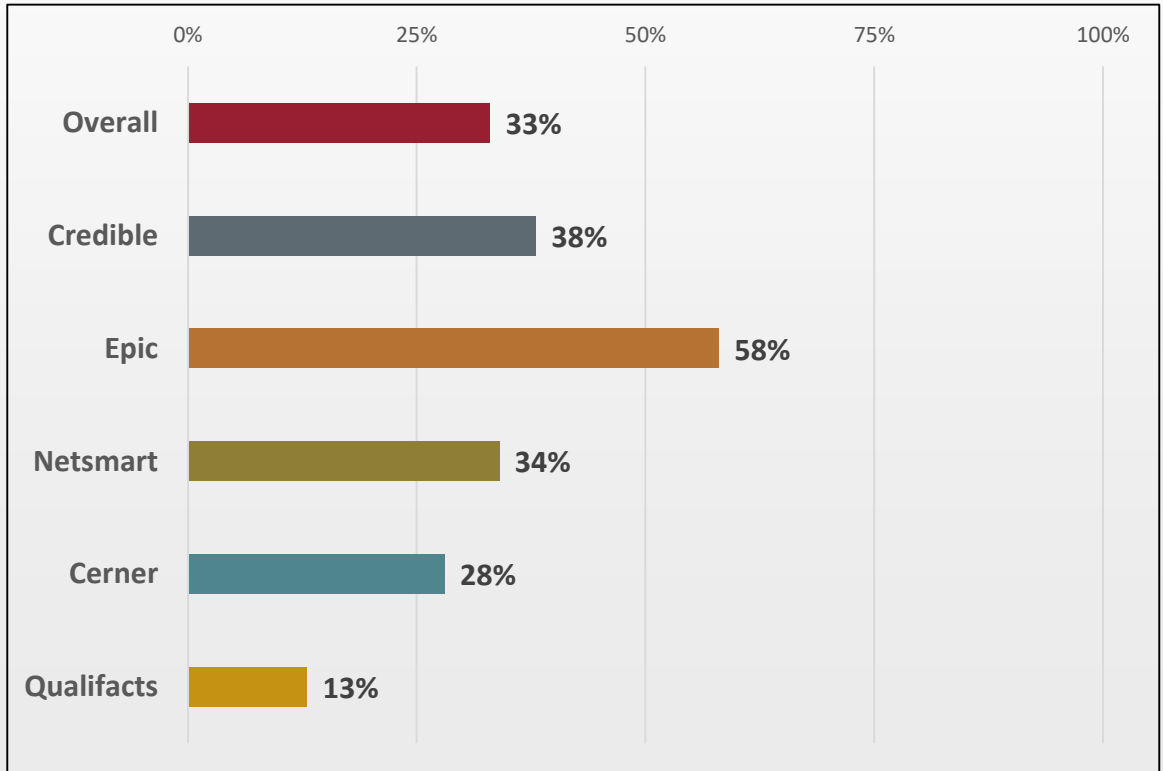
	<i>MH</i>	<i>SUD</i>	<i>MH-SUD</i>	<i>Overall</i>
Record prescription orders	75%	58%	73%	71%
Electronically send prescriptions to the pharmacy	61%	22%	54%	51%
Review warnings of medication allergies, drug-drug interactions or contraindications	64%	44%	64%	60%
Reconcile meds when admitting, discharging, and/or transitioning clients between care settings	45%	42%	52%	48%
Record patients' medications	93%	88%	94%	92%
Record patients' allergies	93%	73%	94%	90%
Order lab tests	38%	38%	46%	41%
View lab results	46%	53%	57%	52%

- Across service types, EHRs are used less often for reconciling meds, ordering lab tests and viewing lab results.



Do providers at this facility routinely have necessary clinical information available electronically from outside providers or sources when treating a patient that was seen by another healthcare provider/setting?

- Only one-third overall report they routinely have necessary clinical information available electronically (e.g. medications, lab tests) from outside sources.



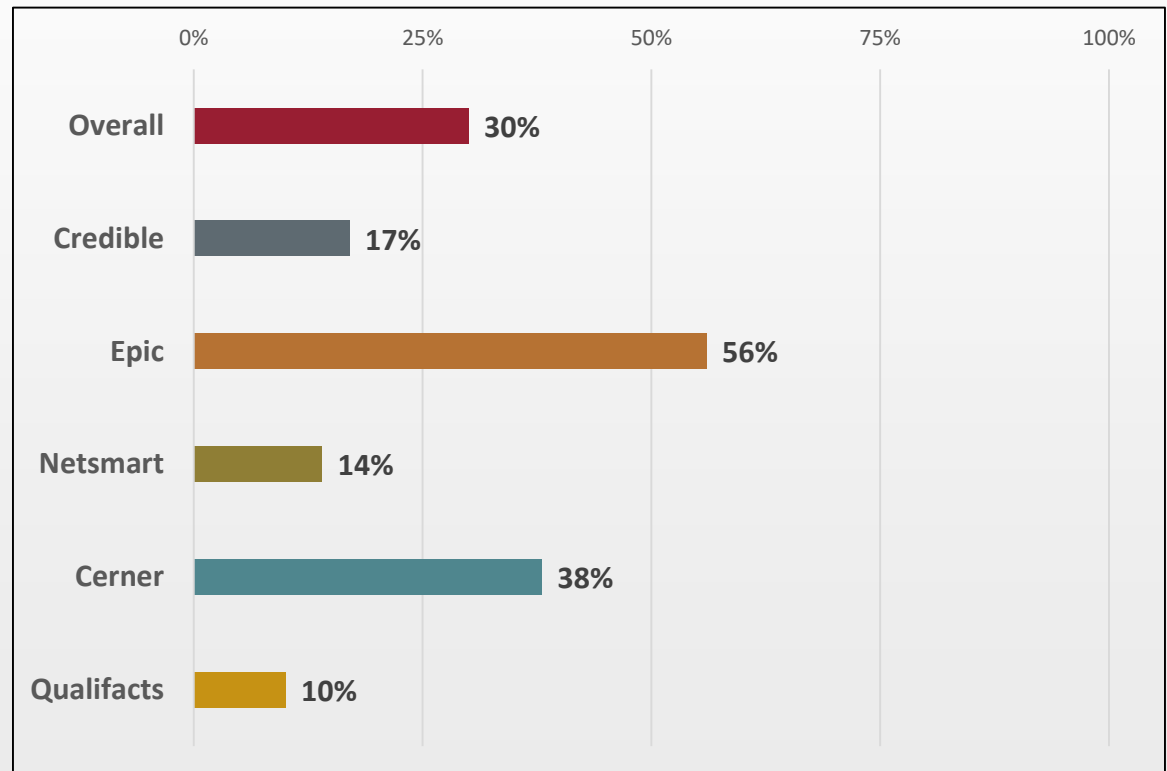


Problems and Challenges: EHRs and Clients



Does this EHR allow clients to... Exchange secure messages with their clinicians, counselors, or other medical staff?

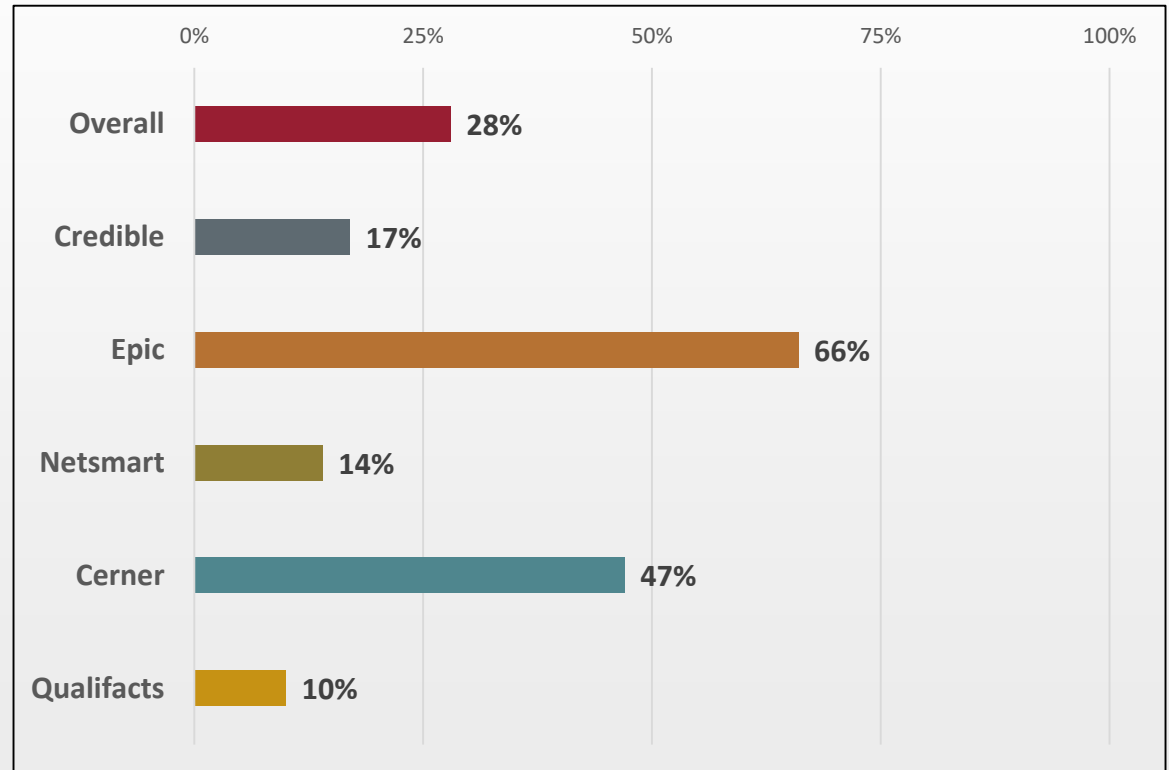
- Just under a third overall reported their EHR allows the exchange of secure messages between clients and clinicians, counselors, or other medical staff.
- More than half (56%) of Epic users allow clients to exchange secure messages.





Does this EHR allow clients to... View their medical record online

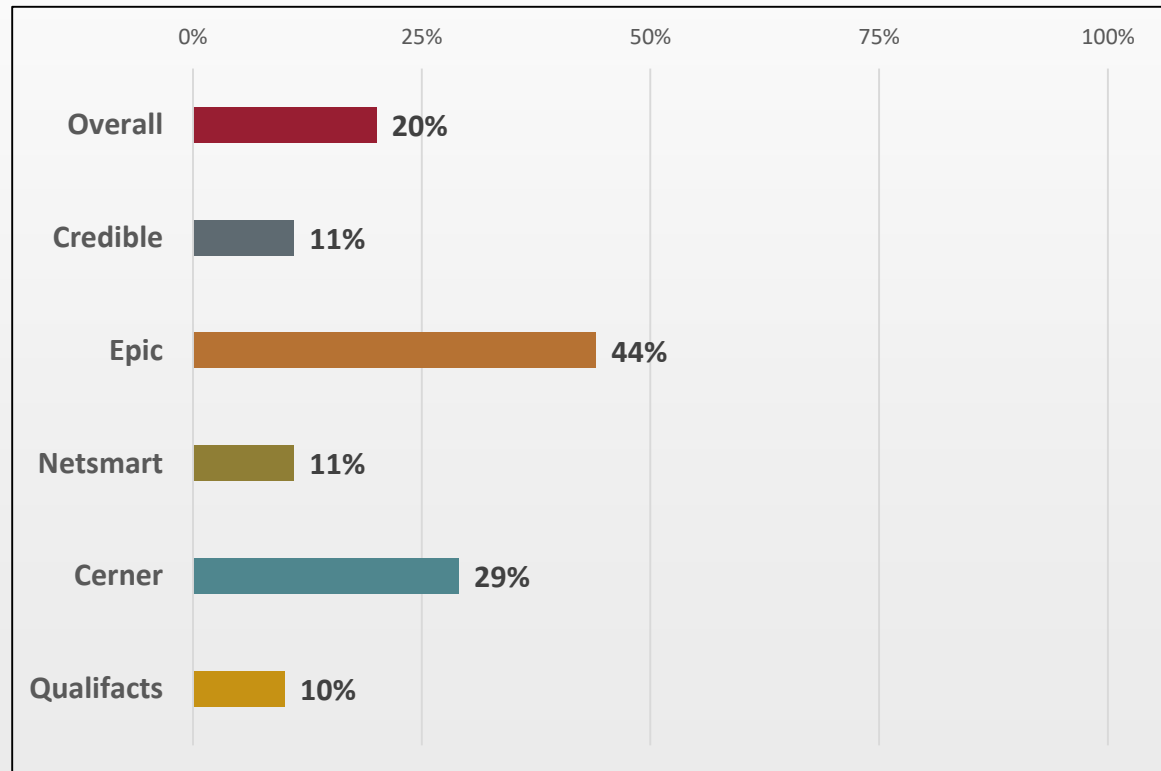
- Just over a quarter overall reported their EHR allows clients to view their medical record online.
- Two-thirds (66%) of Epic users allow clients to view their medical records online (e.g., health and behavioral health information)





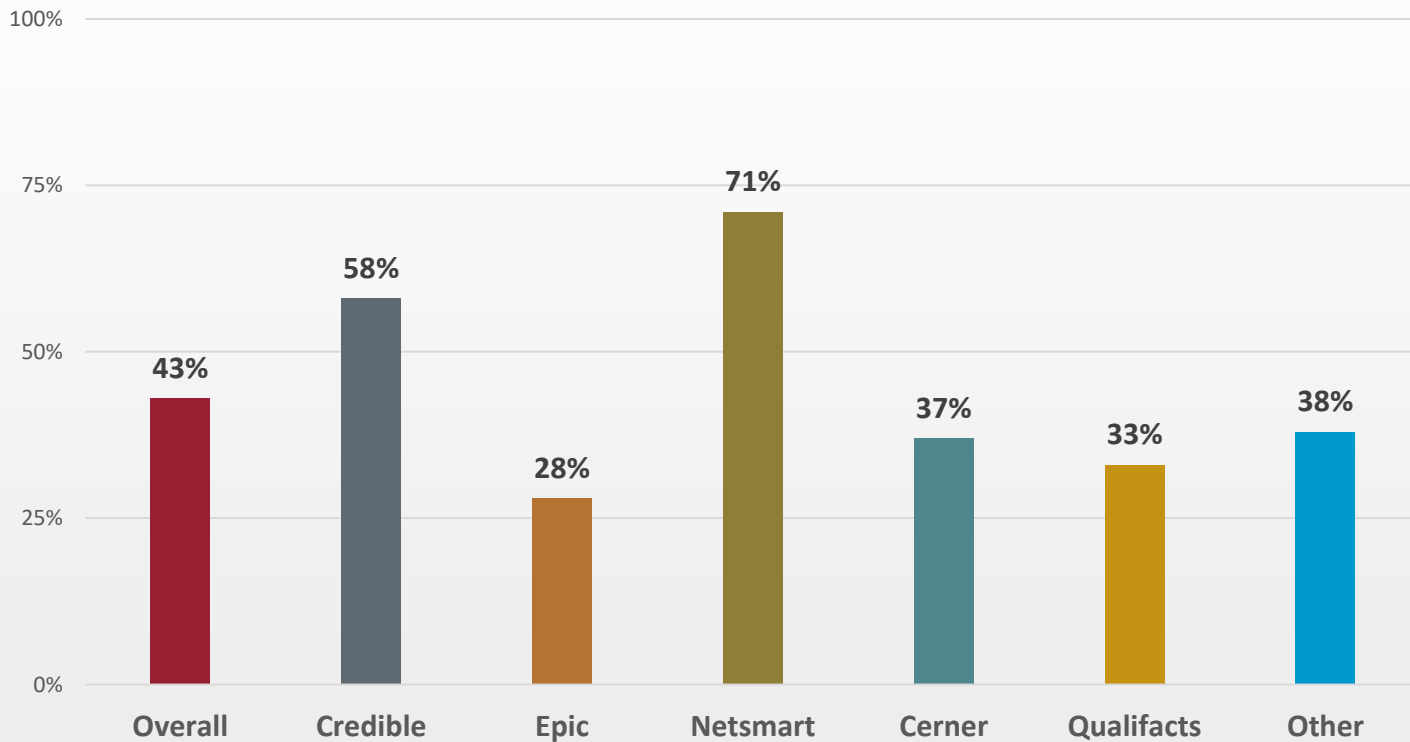
Does this EHR allow clients to... Download their medical record

- Overall, only one-fifth of respondents indicate their EHR allows clients to download medical records.





Are there any functionalities that are missing from your EHR system that would be useful to serving your clients?



- A majority of Netsmart users and Credible users indicated there are functionalities missing from their EHR, compared to only around 30% to 40% of users of the other EHRs.



Are there any functionalities that are missing from your EHR system that would be useful to serving your clients?

Client buy in. Our clients don't tend to use it like our staff do

The software has a lot of glitches which causes problems for staffing when recording certain records

Interoperability

Access to E plans

We are building a portal for clients to access their records but it is not functional at this time.

The ability to track referrals

Healthcare exchanges and client portal access

Interoperability with EHRs that are used by physical health providers, integration with a patient portal system

Having all our forms electronically would be more efficient.

Functional Software that does not require multiple work arounds.

HIE with other EMRs

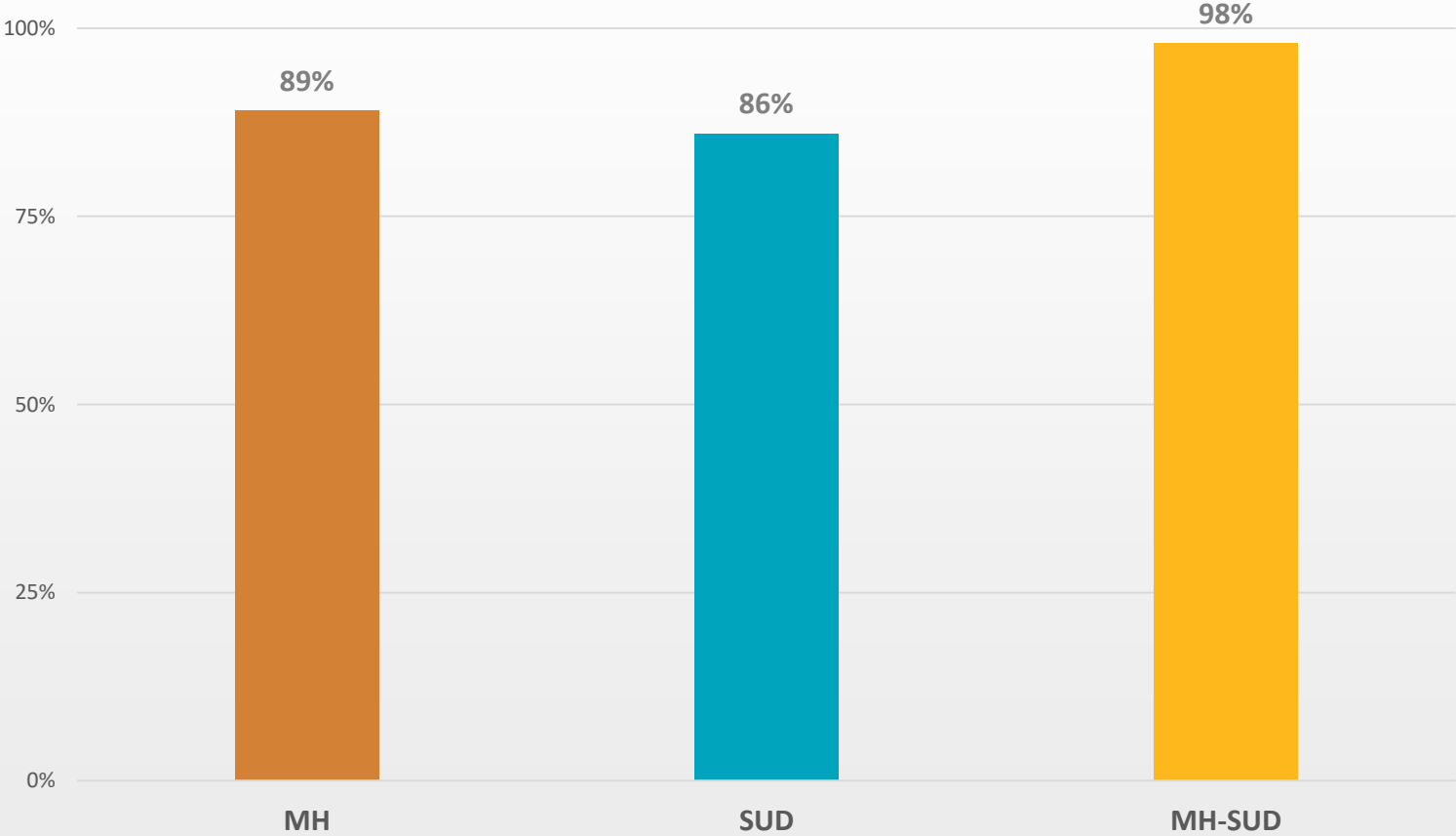
I have no idea. The EHR has the capacity to do more then we are using.

Most patients are homeless with no ability to access their info.

Outside agency viewing

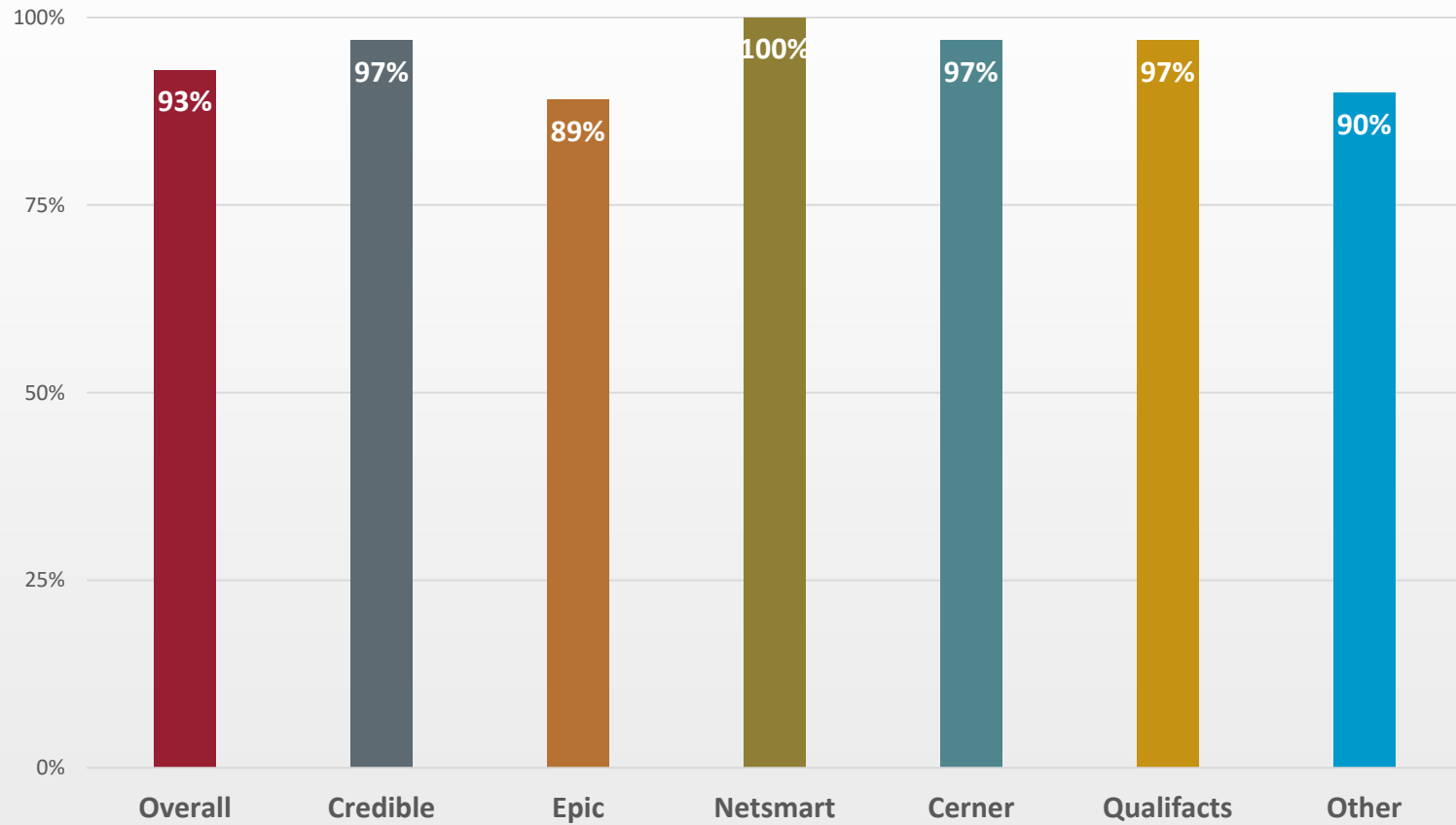


Service: Does this facility use telehealth technology?





Does this facility use telehealth technology?

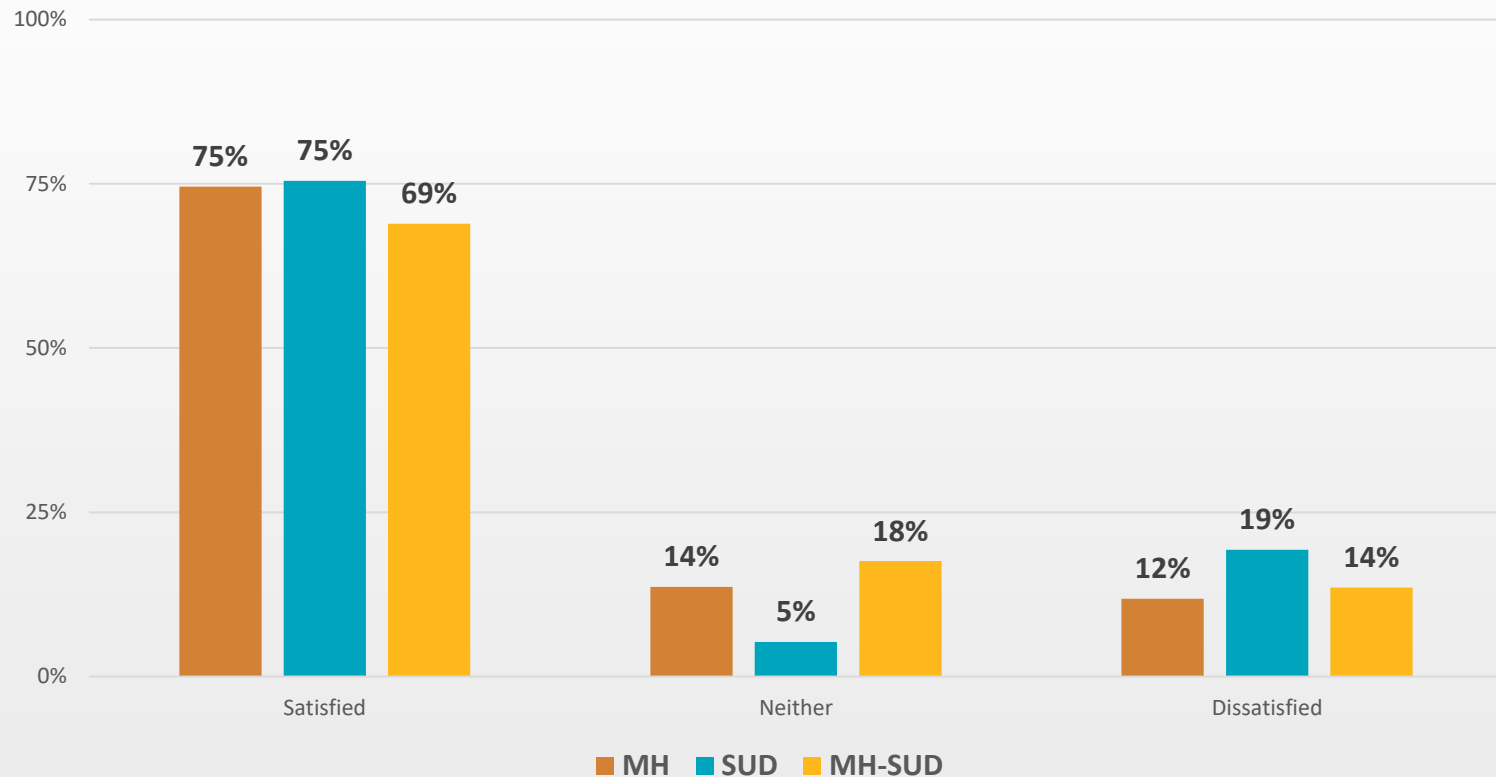




Satisfaction with EHRs



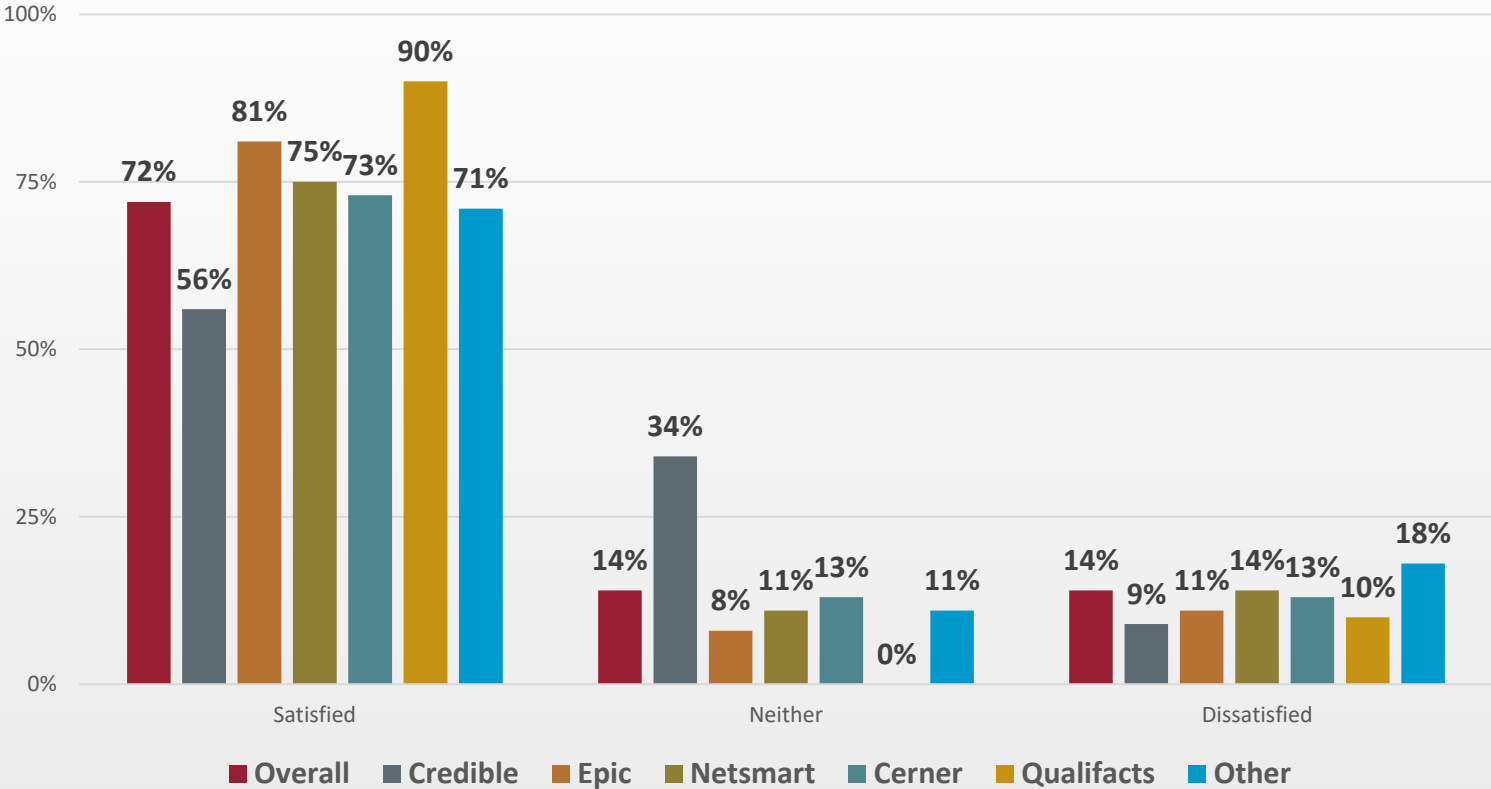
Service: Overall, how satisfied or dissatisfied are you with your EHR system? (very and somewhat combined)



- Across service types, more than two-thirds indicated they are satisfied with their EHR system.



Overall, how satisfied or dissatisfied are you with your EHR system? (very and somewhat combined)



- Ninety percent of Qualifacts users are satisfied with their EHR compared to just over half of Credible users.
- Around three quarters of users of the other EHRs are satisfied.



Conclusions and Potential Next Steps

- More than 93% of behavioral health providers report using EHRs and 72% report that their EHRs are certified.
- Behavioral health providers need assistance in understanding:
 - Certified EHRs.
 - Value of interoperable exchange.



Conclusions and Potential Next Steps (cont'd)

- Information is needed at provider, state, and federal levels about information exchange, including interoperable information exchange, needed by behavioral health providers and others across the health care continuum (e.g. physicians), including information exchange needed for:
 - Intake, assessment, and screening.
 - E-care plans and accessibility across *all* team members, including members who are remotely located from the BH provider.
 - Electronic referrals.
 - Electronic exchange and use of medication information (e.g., med orders and reconciliation, lab results).



Conclusions and Potential Next Steps (cont'd)

- The majority of behavioral health agencies reported that clients/patients have limited electronic access to their health information.
- The final rules published by ONC and CMS are expected to increase electronic information exchange for patients and providers, including clients/patients of behavioral health providers using certified HIT/EHRs.
 - Behavioral health providers will likely need assistance in understanding these new requirements.
- Use of interoperable and certified HIT/EHRs will be increasingly important in an environment that requires integrated behavioral health and physical health services.

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