Electronic Health Records in a System of Care Setting: Lessons Learned from the Field

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Hello!

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Goals for today’s presentation

1. Describe the overall process for selecting and implementing an EHR
2. Give some concrete advice
3. Hear some stories from the field
4. Explore how Wraparound and System of Care providers, in particular, have navigated this process
Useful Resources

1. **SAMHSA EHR Boot Camp**: Six-course series about EHRs for substance use and mental health providers

2. **HealthIT.gov**: Official website for the Office of the National Coordinator for Health Information Technology (ONC)
   a) “Health IT Playbook”
   b) Educational Module for Behavioral Health Providers

3. Healthcare Information and Management Systems Society (HIMSS)

4. **StratisHealth’s IT Toolkit for Behavioral Health**: Guides and worksheets for every step in the EHR selection and implementation process
Data from this presentation come from two sources

The Wraparound Evaluation and Research Team (WERT) collected data about the selection and implementation and use of EHRs via:

1. A **survey** administered through several listservs and newsletters to **professionals in Wraparound and System of Care settings**

2. **Structured interviews** with a subset of those survey respondents
Survey Methods

Respondents were asked whether they had ever used an EHR in a Wraparound context, and whether they had ever been involved in the decision making around choosing or implementing an EHR.

Based on their responses, they either answered questions about EHR usage, or EHR decision-making, but not both.
Survey Methods

<table>
<thead>
<tr>
<th>Screening Question</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Enters or uses data in an EHR for any aspect of your current position providing or supporting Wraparound or care coordination (including for administration purposes)”</td>
<td>57</td>
</tr>
<tr>
<td>Has “ever been involved in the decision making process around choosing or developing an EHR for Wraparound or care coordination, whether in your current or previous positions”</td>
<td>17</td>
</tr>
<tr>
<td>Both</td>
<td>74</td>
</tr>
<tr>
<td>Neither</td>
<td>7</td>
</tr>
</tbody>
</table>

57 “Users”
88 “Deciders”
Deciding to move to a new EHR

Selecting a new EHR

Implementing a new EHR
Deciding to move to a new EHR

Selecting a new EHR

Implementing a new EHR
EHRs are beneficial to behavioral health

They benefit practitioners
- Streamline and automate
- Demonstrate impact
- Aggregate and reporting
- Improved access

They benefit clients
- Better care
- Increased privacy
- Improved access
- Increased accountability

They benefit our health system
- Interoperability
- Care coordination
- Lower costs
- Increased efficiency
EHRs may be especially important for Wraparound and Systems of Care

• They facilitate *cross-system communication*.

• Cases can be more easily transferred to new staff in a field with *high-staff turnover*.

• Documentation provides *additional accountability* for difficult work.
We asked “Deciders” to rank their motivations for moving to a new EHR system

<table>
<thead>
<tr>
<th>Reasons to choose a new EHR:</th>
<th>Mean ranking</th>
<th># of times chosen as #1 reason</th>
<th>% of times chosen as top 3 reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>To standardize information/data collection</td>
<td>2.73</td>
<td>6</td>
<td>77.1%</td>
</tr>
<tr>
<td>To make data easily available for analysis and reports</td>
<td>2.77</td>
<td>10</td>
<td>78.6%</td>
</tr>
<tr>
<td>To improve continuity of care</td>
<td>2.79</td>
<td>20</td>
<td>61.4%</td>
</tr>
<tr>
<td>Previous EHR was not meeting needs</td>
<td>3.96</td>
<td>22</td>
<td>41.4%</td>
</tr>
<tr>
<td>Funders/payers required it</td>
<td>4.99</td>
<td>7</td>
<td>17.1%</td>
</tr>
<tr>
<td>To keep up with the times/peers</td>
<td>4.99</td>
<td>1</td>
<td>11.4%</td>
</tr>
</tbody>
</table>
However, **behavioral health** broadly lags behind in the adoption of EHRs.

And implementation quality has been mixed.
Our surveyed “users” have low opinions of the systems they use

How satisfied are you with your site's EHR?
Our surveyed “users” have low opinions of the systems they use.

The System Usability Scale asks respondents to rate statements like...

- I find our EHR unnecessarily complex.
- I feel confident using our EHR.
- The various functions of our EHR are well integrated.

<table>
<thead>
<tr>
<th>System Usability Scale Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
</tr>
<tr>
<td>75</td>
</tr>
<tr>
<td>50</td>
</tr>
<tr>
<td>25</td>
</tr>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

- 50 and below: Unacceptable
- 68 and above: Acceptable

42.48
Deciding to move to a new EHR → Selecting a new EHR → Implementing a new EHR
An EHR is not simply a piece of software. It is a transformation of your business.

Don’t shop for an EHR the way you would shop for other software or IT.
HIMSS has created a 5-step guide for EHR vendor selection

1. EHR planning
2. Set goals that can be achievable through EHR benefits
3. Compare EHR vendor products
4. Request for proposal
5. Vendor selection and contract negotiation

Healthcare Information and Management Systems Society:
Step One: EHR Planning
Before you can evaluate vendors or select an EHR you need to know several things

1. What you want to achieve
   a) What is the bare minimum a system **has** to accomplish
   b) What would your system accomplish in an ideal world

2. What requirements you have

3. How much you can spend

4. What your workflows are like
   a) What you would **like** your workflows to be like in the future

5. The degree to which any specific vendor is “right” for your organization

This is all for you to decide, not for an EHR vendor to tell you!
Who is in charge of answering these questions?

Your **EHR Selection Committee**.
Create a team responsible for decision-making

• Include representatives from multiple divisions and levels of the organization
  • Executive / administrative
  • Providers
  • Billing
  • Information technology

• Task one person with being in charge, an “EHR Champion”

• If possible, include someone with some tech expertise
  • Someone to “translate” clinical needs into software features

#LEADINGCHANGE
EHR Steering Committee (the Decision Making Team)

• Purpose
  • Demonstrate and support whole organization buy in
  • Ensure required organization stakeholders are at the table together
  • Guide project managers

• Participants
  • Led by CEO or Senior Executive
  • Finance, Quality Assurance, IT, Clinical, Operations
Step Two: **Set goals** that can be achievable through EHR benefits
Assessing your needs and setting goals is difficult. Be careful and take your time!

From the point in which your organization decided it was time to explore an EHR to the point when it was rolled out within the organization, how long did the process take? (n=71)
The mission of your EHR committee is to become informed decision-makers.

Understand your organization as it exists today.

Describe a vision for your organization in the future.

Translate that vision into system features.

There is no one way for an EHR committee to achieve this. The process will likely be iterative, and require careful thinking, research, and open conversation.
There are several frameworks that can help your EHR committee have these discussions

Ask: What are your organizational goals over the next several years?

- These can be related to the EHR or can be general goals
- Examples:
  - Expand services
  - Improve a key outcome for clients
  - Improve staff satisfaction and reduce turnover
  - Demonstrate the impact of your services to stakeholders
There are several frameworks that can help your EHR committee have these discussions

Ask: What are your guiding principles?

- Brief, no-compromise descriptions of what your system is meant to facilitate.
  - “In the long run, our system should help our providers do their jobs, not get in the way.”
There are several frameworks that can help your EHR committee have these discussions.

Ask: What features are **absolutely essential**, what **would be nice**, but aren’t make-or-break, and what you **don’t want** or need.
There are several frameworks that can help your EHR committee have these discussions

**Talk to staff** about their workflows, as well as goals they have for a system and constraints and problems they foresee.

• Group interviews

Your committee should feel expert about what people will need to do in the system.
We asked our “Deciders” what features were important to them
We asked our “Deciders” what features were important to them.
Goal Identification and Prioritization

• Collected information
  • Internal needs—gathered data from different departments
  • External needs—identified county, funder, etc. requirements
  • Reached out to other agencies already using an EHR—what have they learned regarding needs?
  • Where do we want to be in 5, 10 years?

• Excel, Excel, Excel
  • Listed out all desired functionalities in a spreadsheet
  • Identified our absolute must haves vs. nice to haves
  • Gave each a weighting
Step Three: Compare EHR vendor products
There are many ways to find vendors

1. Ask other, similar organizations who their vendor is and who else they considered
2. Certified Health IT Product List: [https://chpl.healthit.gov/](https://chpl.healthit.gov/)
3. Put out a RFP
Our interviewees had tips about evaluating vendors

- Ask about the costs of customizations or upgrades
  - Confirm that features you see in a demo are part of the “base” package and not additional costs
- Ask about training support
- Get references from current users
  - See the system “in the wild,” if possible
  - Ask directly about pain points, both in the system and in the implementation process
- Look into the vendors financial health
  - For public companies, this is readily available
- Ask about how data can be got out of the system in a worst-case scenario
Vendor Selection

• Developed an RFP with our professional organization outlining requirements
• Hired a consultant
  • Joined with 9 other agencies near us
  • Consultant arranged demos for Steering team
  • developed a demo script and taught us how to keep the demo on script
• References
  • maintained these relationships
• Demo’d top choice for team managers for further review, evaluation and feedback
Deciding to move to a new EHR

Selecting a new EHR

Implementing a new EHR
Rolling out a new EHR is a large and complicated process.

Patience and planning are key.
Several things must happen between selecting and EHR and going live

1. System must be built or configured
2. Customizations must be complete
3. Workflows must be reviewed and possibly improved
4. System must be tested
5. Data may be transferred
6. Staff must be trained
7. Resources must be prepared
Applying Implementation Science
Before asking staff to interact with the system, set them up to succeed.
Set staff up to succeed

• Customize and configure the EHR
  • Make sure language and codes match those used by your organization

• Think about data transfer
  • Do you want to start fresh? Can you?
  • Should ALL data be transferred?
Organizational Drivers

• Systems Intervention
  • Who all, what all, may impact this system and vice versa?
  • Call those initial reference contacts back, what’s working for them?
    Lessons learned? Build a community around the EHR

• Facilitative Administration
  • Workflows!
  • How much time will it take to document?
  • Resources for staff- enough computers, etc?

• Decision Support Data System
  • What’s working, what’s not and how will you know?
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Train and test simultaneously and often

Some tips from our interviewees:

• Identify innovators who can lead the charge
  • Use them as coaches who can supplement training
• Set up a Help Desk
• Use real data
• Be patient with staff
  • Change is hard
  • Expect a wide range of comfort with technology
Competency Drivers

• Staff Selection
  • Gained an understanding of how each staff role would interact with the EHR

• Training
  • Piloted modules with small teams before moving out
  • Identified and utilized Super-Users

• Coaching
  • Super Users continued onsite new staff and booster trainings
  • Developed written support materials; how-to manuals, FAQs
Leadership Drivers

• Technical
  • Had to have agency leadership with program specific knowledge in order to problem solve
  • These people had to be champions of the change

• Adaptive
  • Ability to meet objectives differently
    • workflow changes but still meets same objectives
A final review

Deciding to move to a new HER

- EHRs play a critical role in behavioral health care
  - Improving outcomes, increasing efficiency
- But implementation is key

Selecting a new EHR

Implementing a new EHR
A final review

Deciding to move to a new HER

Selecting a new EHR

Implementing a new EHR

• Don’t shop for a new EHR the way you would shop for other new IT
• Create an EHR Committee
• Assess your needs and set goals that your EHR can achieve
A final review

- Deciding to move to a new HER
- Selecting a new EHR
- Implementing a new EHR

- Take your time
- Prepare staff for success
- Work closely with your vendor
Thank you!

Questions? Thoughts? Concerns?