



San Francisco Department of Public Health

Community Behavioral
Health Systems



San Francisco CBHS Avatar End Users

- 20 Civil Service Programs
- 250+ Contracted Providers representing Mental Health and Substance Abuse
- 300+ Practitioners in the Private Provider Network (MSO)



Components of our EHR (Avatar)

- Clinical Record
 - Registration
 - Assessment
 - Treatment Plan
 - Progress Notes
- Billing
- ePrescribing



Components available but not yet fully implemented

- Scheduling
- Consumer Portal
- Meaningful Use Measures
- Document Imaging



Other SFDPH EHRs/databases

- eClinical Works (Primary Care)
- Lifetime Clinical Record (Hospital)
- SF Get Care (Placement Unit)
- Coordinated Case Management System (Psych Emergency Services, SF HOT Team)



Proposed interface with interdepartmental EHRs

- Create link to CCMS within Avatar
- Consistent Medical Record Number
- Continuity of Care Document (proposed under meaningful use)



Contract Providers' EHRs

- Almost all CBHS Contracted Providers utilize Avatar
- CBHS has allowed a handful of Contracted Providers to use their own EHR for clinical information (assessments, plan of care, and progress notes)



Criteria for Contracted Providers to maintain their own EHR:

- A certified EHR was in place on or before Avatar go live (7/2010)
- They must register all clients into Avatar
- They must have a mechanism for uploading services into Avatar



Benefits of Contracted Provider use of Avatar

- Improved coordinated client care
 - Within the constraints of allowable sharing of information, all mental health providers are able to see where client is receiving mental health care
- Billing is tied to progress notes
- Reduction of duplication of data entry within Avatar (admission and financial information)



CBO involvement in Planning process for Avatar

- Clinical Implementation meetings
 - Large group introduction to Avatar
- Provider meetings
 - Monthly updates during provider meetings
- Clinical Workgroup
 - Weekly meetings with representatives from civil service and contracted providers



Some Challenges

- Privacy issues between Mental Health and Substance Abuse providers
- Balancing client care with program monitoring needs (e.g.: initially opening client at the facility level, but monitoring at the program level)



Realities of allowing CBOs to use their own EHRs

- CBOs have to do duplicative data entry in order to register clients into Avatar as well as their own system
- Maintenance related to Service Code changes (e.g.: New CPT Codes)
- Clinical data is not available
- Program data not always available



System Considerations around Data Collection

- When deciding what data to collect, we must consider where data is input. For example, those using their own EHRs will only enter into Admission screens
- Duplication of data
- Required data points CSI and CalOMS
- What data is collected universally affects what contract objectives we can monitor



When Converting systems

- Be mindful that contract objectives may need to be modified to accommodate what data points are now or no longer being collected.
- Where is data mined from?
- How is that information updated?



Contact

- Fred McGregor
 - Fred.mcgregor@sfdph.org