

Strategic Crossroads for Counties: How to Decide What Technology Platforms to Use for HIE with Contracted Providers

Presented by Lorrie Sheets, IT Manager
Alys Herring, Contractor Implementation Analyst
San Mateo County Health Services
Behavioral Health and Recovery Services (BHRS)

San Mateo BHRS System Description

- Vendor – Netsmart Technologies
- Over 800 Users –
 - 75% mental health programs,
 - 25% substance abuse programs
- Mental Health programs – 55% of services provided by CBO's, 45% by County clinics
- Substance Abuse programs – 100% of treatment provided by CBO's. County provides assessment, linkage and QM.

Pre-EHR BHRS Landscape

- Separate MH and AOD County Departments until they merged into BHRS in FY 09-10
- Both MH and AOD programs used proprietary County created and supported applications.
- MH software had a billing and State reporting focus
- AOD software focused on ASI assessment tracking as well as episode open/close. Little billing information tracked.

Environmental Factors Affecting Implementation

- Planning for MH EHR started in 2002.
- Flow of MHSA dollars got the project off the ground
- Funding for AOD implementation mandated by County Board of Supervisors
- 42 CFR Part 2
- Meaningful Use –
 - MH was pre-Meaningful Use
 - AOD was post-Meaningful Use

MH Implementation

- County mental health programs went live 7/2010 with full EHR
 - registration, episodes, State reporting, financials, billing, document scanning, eRx, progress notes, treatment plans, assessments
- Use of County EHR by mental health CBO's **not** required

AOD Implementation

- All substance abuse programs went live in 7/2012 with limited record
 - registration, episodes, State reporting, ASI assessment, service entry, financials and reports
- Use of County EHR by substance abuse programs required

Why not require use of EHR by MH?

- Many CBO's had their own EHR's
- Cost of licenses
- Policy: CBO's that use our EHR are required to use our forms and documentation standards. We will not create separate set of forms for CBO's.
- Most of large CBO's use County EHR to open/close episodes, complete CSI, review client chart. Services submitted by flat file.
- Small CBO's still submit information on paper.

Why require use of EHR by AOD?

- EHR implementation goal for substance abuse - increase technical capacity of contracted CBO's – especially for billing.
- BHRS needed more information about our clients served in CBO's County programs.

Project Planning

- Workflows – Analyst assigned to gather workflows from each agency
- Technical capacity – Analyst assigned to evaluate technical capacity at each agency.
- Original plan for agencies to use full EHR scaled back to focus on “practice management” functions
- Re-worked project plan to include incentives for agencies to enhance adoption of EHR

Incentives offered

- One time technical assistance grants
 - Recommendations made for each agency based on technical evaluation
 - \$5000 limit per agency
 - County made hardware purchases on behalf of agencies to get best prices
 - Worked with TechSoup.com for software purchases
- Training for “computer-shy” staff (www.gcflearnfree.org)

Incentives offered (continued)

- Agencies partnered with County to plan
- Staggered go live in order to provide on site support for each agency
- County paid licenses for EHR
- On-going user group and technical support

What did it get us?

- Electronic process for authorizing county clients
- Lots of goodwill from the agencies
- Much more information available to agencies about their own programs.
- More complete view of client treatment for BHRS AOD staff
- More complete information about clients available to County BHRS Access Points as well as County Hospital Emergency Services

What do MH and AOD contractors input?

- AOD contractors and larger MH contractors input
 - Services submitted via flat files.
 - Open/close episodes
 - State-mandated reporting (CSI, CalOMS)
 - Diagnoses and dates for consents, assessments and treatment plans
 - Gather and update financial information
- Remaining contractors submit info via paper

What do MH and AOD contractors get back?

- AOD contractors and larger MH contractors get back
 - MH Access to full MH chart
 - AOD Access to full chart for their program
 - Caseload and documentation due reports
 - Financial and Services reports

Results from AOD Post Implementation Survey

- Provider Involvement
- Impact on agency practices
- What worked well?
- What could have been better?
- Looking ahead

Challenges

- Agencies commonly contract with more than one County. Requirements are difficult for CBO's to keep up with.
- Workflows around staff turnover – closing accounts, credentialing new staff and obtaining VPN accounts
- Clinical documentation – More agencies want to use EHR for progress notes and treatment plans.
- 42 CFR Part 2

Contrast to MH Agencies

- Optional MH EHR impacts care coordination
 - MH contractors without EHR access cannot view full chart
 - County MH programs do not have full chart for clients treated by contracted CBO's. FSP programs run by agencies is biggest impact.

Challenges for County – Contractor Health Information Exchange

- Supporting EHR's is expensive – labor, training, hardware and software
- Meeting Meaningful Use requirements is a San Mateo priority right now
- Data exchange (beyond billing) using national standards is still evolving for San Mateo's EHR
- San Francisco Bay Area doesn't have a working HIE
- Behavioral Health often left out of regional HIE planning because of privacy issues

The Silver Lining?

- Meeting Meaningful Use requires ability to exchange CCD's. Possible avenue for data sharing with agencies.

Conclusions...

- Good idea to require use of EHR for AOD programs? YES
- Will we require use of County EHR for MH contractors? Haven't decided yet – but requiring use of County or MU certified EHR is inevitable.
 - If we do, how will we fund the project and on-going maintenance?
 - If we don't, how do we get treatment teams access to full client charts?

Questions?



Contact Information

Lorrie Sheets

IT Manager

San Mateo County Behavioral Health and
Recovery Services

lsheets@smcgov.org

650-573-2213