

A ROADMAP FOR IMPLEMENTING
ELECTRONIC MEDICAL RECORDS IN
PROGRAMS SERVING TORTURE SURVIVORS

WEBINAR PRESENTATION
BY

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NATIONAL CAPACITY BUILDING PROJECT

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EHR* HAIKU

ACRONYMS ABOUND
ALL WILL BE DIFFERENT NEXT YEAR
USE THE WEB TO LEARN



*ELECTRONIC HEALTH RECORD

Goal

Provide an executive level overview
of the strategic planning
necessary to implement
Electronic Health Records
in programs serving torture survivors.

Objectives

KNOWLEDGE OF resources to learn about new state and federal regulations regarding health information technology.

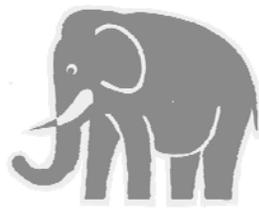
OVERVIEW OF EHR systems for behavioral healthcare and how they may be customized for the treatment of torture survivors.

KNOWLEDGE OF integrated modules, delivery models and pricing structures for EHR.

LIST OF the project tasks required for implementing EHR software in a behavioral healthcare setting.

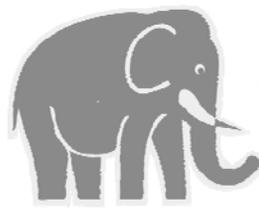
HIT* is Like an Elephant

HOW DO YOU EAT AN ELEPHANT?



*HEALTH INFORMATION TECHNOLOGY

HIT* is Like an Elephant



ONE BITE AT A TIME

ALL OF THE RESOURCES
WILL BE POSTED ON
WWW.HEALTORTURE.ORG

*HEALTH INFORMATION TECHNOLOGY

EHR is a MOVING TARGET

EVERYTHING YOU HEAR TODAY RELATED TO EHR
IS SUBJECT TO CHANGE

Do You Need an EHR?

YOUR CENTER MIGHT NOT NEED
ELECTRIC HEALTH RECORDS

BUT THEN AGAIN
EVERYTHING IS CHANGING

State Mandates

CHECK WITH YOUR STATE
HEALTH DEPARTMENT

Minnesota Department of Health
EHR Mandate & Statewide Interoperable EHR Implementation Plan

2015 Interoperable Electronic Health Record Mandate
Minnesota Statutes 62J.495 HEALTH INFORMATION TECHNOLOGY AND INFRASTRUCTURE Subdivision 1. Implementation. By January 1, 2015, all hospitals and health care providers must have in place an interoperable electronic health records system within their hospital system or clinical practice setting. The commissioner of health, in consultation with the Health Information Technology and Infrastructure Advisory Committee, shall develop a statewide plan to meet this goal, including uniform standards to be used for the interoperable system for sharing and synchronizing patient data across systems. The standards must be compatible with federal efforts. The uniform standards must be developed by January 1, 2009, with a status report on the development of these standards submitted to the legislature by January 15, 2009.

Statewide Plan to Achieve the EHR Mandate (pdf 2009/b/112 pgs)
The 2009 statewide plan for the adoption and effective use of interoperable EHRs to improve health and health care in Minnesota.

Adoption Continuum for Interoperable EHRs (pdf 119kb/2 pgs)
A model for both describing the pathway for adopting interoperable EHRs and for showing progress by setting toward Minnesota's 2015 mandate.

Minnesota e-Health Technology Adoption Status Update, June 2008 (pdf 54kb/5 pgs)
A report showing the status of HIT adoption in Minnesota by sector/care delivery setting, based on

State of Minnesota Mandates
Electronic Prescriptions by January 2011 and EHR by January 2015

massachusetts eHEALTH institute
A Division of the Massachusetts Technology Collaborative

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Patrick-Murray Administration Furthers Innovation in Health Technology With National Conference

U.S. Health & Human Services Secretary Sebelius and other state officials will meet on ways to implement improved health information technology

BOSTON - Governor Deval Patrick today announced that the Patrick-Murray Administration will host a national Health Information Technology (HIT) conference at the Westin Waterfront Hotel in Boston, April 29-30, 2010. Read release >>

JudyAnn Bigby, MD
Chair, HIT Council
Secretary of Health and Human Services

Link to the Commonwealth Health and Human Services Secretariat

Take the EHR survey >>

Massachusetts eHealth Institute www.maehi.org

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Legislation

Chapter 305

Chapter 305 of the Acts of 2008, an Act to Promote Cost Containment, Transparency and efficiency in the Delivery of Quality Health Care (Chapter 305) was signed into law by Governor Patrick in August 2008. It established the goal of state-wide implementation of EHR in all provider settings; as part of an Interoperable health Information exchange by the end of 2014. The state has provided \$15 million in initial funding and established the Massachusetts eHealth Institute (MeHI) within the Massachusetts Technology Collaborative, and a nine member

Massachusetts eHealth Institute www.maehi.org

STATE HIE TOOLKIT

Home About the Toolkit Join the Discussion Search

State Health Information Exchange Toolkit

Welcome to the State Health Information Exchange Toolkit. The Toolkit is a compilation of resources provided under the auspices of the State HIE Program sponsored by the Office of the National Coordinator for Health IT (ONC). The Toolkit is designed to support State HIE Leadership Forum participants – the State HIE Program applicants and recipients of cooperative agreements who are either HIT Coordinators or leaders of state designated entities – with practical “how to” guidance on developing and implementing plans for achieving statewide interoperability that align with State HIE Program milestones. As a dynamic resource, the Toolkit will be regularly updated to reflect the ongoing experiences and needs of states as well as the growing body of lessons learned about what constitute “best practices” in statewide HIE. Throughout the Toolkit are some examples from the field of state HIE development as it has been evolving to date. However, information and examples from ONC approved strategic and operational plans and the latest updates on ONC Program guidance will be integrated into the Toolkit as it becomes available. [Learn More](#)

Toolkit Highlights

General Planning
This module serves as a resource for states in their development of Strategic and Operational Plans. Available downloads are provided as helpful guides for states in various stages of effort.

State Health Information Resources
<http://statehieresources.org>

Federal Mandates

CHECK WITH THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Information Technology
For the Future of Health Care

Home > Health IT Home

Dr. Blumenthal's Keynote Address at HIMSS10

As a practicing primary care physician and leading national health care policy expert, Dr. Blumenthal shared his thoughts about ONC's strategic efforts to advance the rapid adoption and meaningful use of health IT at HIMSS10.

Why Health IT?
Health information technology (health IT) allows comprehensive management of medical

Health Information Technology for Economic and Clinical Health (HITECH)
<http://healthit.hhs.gov>

SAMHSA
United States Department of Health and Human Services
Substance Abuse & Mental Health Services Administration
"A Life in the Community For Everyone"

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LATEST HEADLINES

CONNECT WITH SAMHSA
Get connected with SAMHSA by following us through these services:

TREATMENT LOCATORS
Find services near you for:
• Drug & Alcohol Treatment
• Mental Health Services
• Buprenorphine Physicians & Treatment Programs
• Opioid Treatment

**US Department of Health and Human Services
Substance Abuse & Mental Health Services Administration
www.samhsa.gov**

SAMHSA

Behavioral Health and Information Technology
April 15, 2010

Use of electronic health records and health information technology within the Behavioral Health Industry

[View Presentation](#)
[Click here to download the free Windows Media player.](#)

This webcast is optimized for Internet Explorer
If you are using another browser we strongly advise you to reopen this page in Internet Explorer

Webcast April 15, 2010 – SAMHSA Behavioral Health and Information Technology Meeting Two and a half hour presentation including questions and answer time. [View Online.](http://at.pscdn.net/008/00221/samhsa041510/#)
<http://at.pscdn.net/008/00221/samhsa041510/#>

What about the Stimulus Money?

**IT DOES NOT APPLY TO BEHAVIORAL HEALTHCARE
BUT THAT TOO MAY CHANGE**

New Bill Introduced for Behavioral Health Services

- The Health Information Technology Extension for Behavioral Health Services Act of 2010 (H.R. 5040)
- Introduced April 15 in the U.S. House of Representatives by Patrick Kennedy (D-RI) and Tim Murphy (R-PA)
- Extends eligibility for Medicaid and Medicare incentive funds to behavioral health, mental health, and substance abuse treatment professionals and facilities
- These groups were not previously included as eligible in the HITECH Act, a component of the American Recovery and Reinvestment Act (ARRA) of 2009.
- Passage of the amendment will correct this oversight, making these entities eligible for funding incentives if they meet the criteria for "meaningful use" of Electronic Health Records

MN Law Requires Certification ... so does "Meaningful Use"

CERTIFICATION STANDARDS FOR SPECIALTIES

AMBULATORY IS COMPLETED

BEHAVIORAL HEALTH IS NOT

CCHIT IS NOT THE ONLY ORGANIZATION TO CERTIFY

Follow the EHR News

**CHECK WITH ASSOCIATIONS FOR
BEHAVIORAL HEALTHCARE**

National Council for Community Behavioral Healthcare
www.thenationalcouncil.org

Business & Practice Areas: Electronic Health Record

Resources for Electronic Health Records

Information Systems Info

National Council Publication

Behavioral Health/Human Services Information Systems Survey

5 pages
Produced in June 2009

<http://www.thenationalcouncil.org/galleries/policy-file/HIT%20Joint%20Survey%20Exec%20Summary.pdf>

Free EHR Planning Guide

National Council-MHCA-SATVA paper
Planning Your EHR System
Guidelines for Executive Management.

45 pages
Produced in 2005-2006

http://www.thenationalcouncil.org/galleries/business-practice%20files/MHCA-SATVA_PlanningYourEHRSystem.pdf

Software and Technology Vendors' Association (SATVA) www.satva.org

Mental Health Tech Blog <http://amentalhealthblog.blogspot.com>

Check Vendor Website

RESOURCES
WHITE PAPERS
FUNDING

Selecting and Implementing Enterprise Behavioral Health Software
A Guide from Qualifacts Systems

Introduction

This Implementation Guide is intended as an introduction to the process of selecting and implementing enterprise-level software, whether that product is purchased from Qualifacts or from any other vendor. The ideas and advice in this document are taken from Qualifacts' experience in implementing enterprise-wide software solutions for behavioral health agencies.

This guide will cover the following topics:

- **Selecting a Product**, including evaluation criteria, what to expect from vendors and their applications, and the decision to send a Request for Proposal (RFP).
- **Preparing for Selection and Implementation**, including costs of the selection process and level-setting staff expectations.
- **The Implementation Cycle** itself, including critical success factors and the phases of an implementation.

What is Qualifacts Systems?

Qualifacts Systems, Inc. was founded with the goal of delivering flexible and efficient behavioral health solutions that meet HIPAA and other national standards. Qualifacts provides an integrated clinical, billing, and administrative enterprise software solution. We use a web-based, Software as a Service (SaaS) approach to deliver software to the behavioral health community, providing superior benefits compared to traditional

Published by Qualifacts Systems
October 2007. 7 pages

<http://www.qualifacts.com/wcms/Editor/assets/SelectingBehSoft.pdf>

EMR vs. EHR

WHAT IS THE MAIN DIFFERENCE BETWEEN EMR AND EHR?

INTEROPERABILITY

Finding an EHR Vendor

ASSOCIATIONS
PUBLICATIONS
CONFERENCES

Membership in SATVA is a good indicator that the product will get certified.

AMERICAN PSYCHIATRIC ASSOCIATION
Member Drives, Science Based, Patient Focused

Psychiatric Practice | Education & Career Development | Research | Advocacy | Newsroom | Members Corner

Home > Psychiatric Practice > Quality Improvement > EHR Software Vendors

EHR Software Vendors

The following list of electronic health record, practice management, and billing software products has been compiled by APA staff to aid you in your search for practice software. Please note that the APA does not endorse or recommend any products.

Amazing Charts
CareLogic
CarePatha
ChartPad
ChartShare
CIBS
Databridge
Easy Psychiatric Record Keeper

OpenEMR
PM2 Clinical Planner
Practicefusion
PsychAdvantage
PsychNotesEMR
QuickDoc and Office Therapy
QuickPractice
ShorePoint
Veeva

Join APA!
Careers at APA
Job Bank/Careers

APA News
Match Finds More Graduates Making Careers in Psychiatry
Psychiatrists Wary of Electronic Records
Some Residents May Get Back a Portion of Federal Tax
Genetics Psychiatry's Landscape About to Look Very Different
Successful LSA Found Between Suicide, Crime Allegation
Annual Report 2009
Member Feedback

Calendar of Events
May 22-26, 2010
Annual Meeting 2010
New Orleans, LA
more events...

All lists are incomplete.
This one does not include many of the leading behavioral healthcare systems.

Behavioral Healthcare Magazine

THE 2009 BEHAVIORAL HEALTHCARE IT VENDOR SURVEY

WWW.BEHAVIORAL.NET

Behavioral Healthcare magazine 2009 IT Vendor Survey

http://www.behavioral.net/Media/DocumentLibrary/IT_Survey_BH_Rev1109.pdf

What's in an EHR?

Behavioral Healthcare Magazine Vendor Survey Categories

<p>Clinical EHR</p> <ul style="list-style-type: none"> • Electronic Health Records • Clinical Data Repositories • Clinical Decision Support systems • E-Prescribing <p>Clinical, Other than EHR includes clinical care features outside of EHRs, as well as clinical support features:</p> <ul style="list-style-type: none"> • Patient tracking • Patient scheduling • Health content/health information management • Disease management • Personal health records (PHR) • Telehealth 	<p>Administrative, Financial</p> <ul style="list-style-type: none"> • Electronic messaging or e-mail • Business Intelligence related features • Workforce management features • Medical Billing or financial clearinghouse features • Document imaging or image management <p>Infrastructure</p> <ul style="list-style-type: none"> • Security features for network, data storage, messaging • Interoperability and integration • Hardware: Servers, laptops, desktops, printers, handhelds, specialty monitors, etc.
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How much will it cost?

COMPARING APPLES AND ORANGES

Software Delivery Models

HOSTED – installed on vendor server

- SAAS – Software as a Service (pronounced “sass”)
- ASP – Application Service Provider
- Requires good internet connection

ON PREMISE – installed on your server

1. **In-House Web Application**
Accessed by staff over through a web browser
2. **In-House Client/Server**
Client application installed on each staff computer
3. **Thin Client**
Remote users log in through internet with Terminal Server or Citrix

Purchasing Models

Purchase the software outright

- Includes additional annual maintenance fee for upgrades and tech support
- Maintenance Fees are 5 – 20% of purchase price

Pay-as-you-go fee - per user/per month

- \$25/user/month
- 10 users, 12 months = $250 \times 12 = \$3,000/\text{year}$

All Models Need a License

Licensing Models

- Named User
- Concurrent Users
- Unlimited Users – price based on organization's operating budget

Defining a "User"

FOR PURPOSES OF LICENSING FEES, DIFFERENT VENDORS DEFINE "USER" DIFFERENTLY!

ONE USER LICENSE PER FULL TIME PHYSICIAN OR PROVIDER

ADMINISTRATIVE STAFF EACH GET A LOG ON

Getting a Quote

- Price of Software
- Data conversion
- Project Management
- Systems Analysis
- Training
- Customization
- E-prescribing
- Medical billing clearinghouse

What About Free Software?

BE CAREFUL WITH FREE AND OPEN SOURCE SOFTWARE

The screenshot shows the Practice Fusion website with a navigation bar at the top containing links for 'SIGN-UP', 'LOG-IN', and 'SUPPORT'. Below the navigation bar, there are several award logos and a headline: 'The fastest growing ^{free} Electronic Health Record community!'. A large 'Free' tag graphic is positioned on the left. The main text reads: 'Free changes everything. You get \$44,000 for using an EHR. Practice Fusion's EHR is entirely free. Do the math.' To the right, there is a 'Sign up for our EHR' button with a checkmark icon, and below it, three links: 'Take a tour', 'Download a whitepaper', and 'Read a case study'. At the bottom of the page, there is a footer with the text 'Practice Fusion' on the left and 'www.practicefusion.com' on the right. A navigation bar at the bottom of the screenshot lists: 'FREE', 'WEB-BASED', 'LIVE IN FIVE', 'SECURE', and 'POCKET \$44K'.

What is the business model?

Are they mining the data?

The screenshot shows the homepage of the National ePrescribing Patient Safety Initiative (NEPSI). The header includes the eRx logo and navigation links for Home, About Us, Prescribers, Patients, Supporters, Sponsors, and Media. The main content area features a large banner with the text "The Time for ePrescribing is Now." and "FREE ELECTRONIC PRESCRIBING TO EVERY PHYSICIAN IN AMERICA." A smartphone displays the words "Simple", "Safe", "Secure", "Free", and "NOW". Below the banner are buttons for "FREScriber LOGIN", "Refer A Colleague", and "Success Stories", along with a "SIGN UP NOW Registration is Free" button. A section titled "FREE electronic prescribing... for every physician in America." includes a "Sponsor Spotlight" for NaviNet and a "SUPPORT NEPSI" button. The footer contains the text "NEPSI - National ePrescribing Patient Safety Initiative" and the website URL "www.nationalerx.com".

Free & Open Source

Hidden costs in lack of
tech support
documentation
training
installation
integrating with other systems

May not be able to customize for torture treatment center

VISTA from VA Medical Center
requires extensive support and training

Questions???