




Why Behavioral Healthcare Needs Specialized EHR Systems

"I suppose it is tempting if the only tool you have is a hammer, to treat everything as if it were a nail." (Abraham Maslow, 1966)

We are frequently asked by behavioral healthcare (BH) organizations, "why can't we just use the local Hospital's EHR system?" In some cases, the BH agency is owned by or part of a hospital system that has already implemented its own Medical EHR. In other cases the BH and Medical offices are working together as an ACO. Understandably, there is pressure on BH C-Suite staff to utilize an existing EHR on the medical side. So why not use a medical EHR system? This question is a lot like asking, "Why can't we just mow the lawn with our snow blower?" The answer, simply, is that you need the right tool for the job.



The answer, simply, is that you need the right tool for the job.

The temptation to try extending an existing medical EHR to your behavioral healthcare services is understandable. There are the perceptions of cost-savings, interoperability, and shared back-office services. Yet, when you look at implementations where organizations opted for a "one size fits all" solution, the results are:

- The costs associated with having the wrong tool far outweighed any additional new EHR expenditure (both in lost productivity and revenue cycle management difficulties - particularly related to authorizations and billing requirements).
- Medical EHRs tend not to invest in integration with many mandatory behavioral healthcare networks, and when they do there is an additional cost.
- Although savings may be realized from a technical perspective (on servers, techs, and other hardware), the implementation and ongoing support associated with behavioral healthcare EHRs requires specialized knowledge radically different from Medical EHRs.

When selecting a behavioral healthcare EHR, you have to address the unique needs and problems facing behavioral healthcare organizations including:

- Complex revenue cycle requirements (e.g. vast types of prior authorizations, non-billable requirements related to billable services, payment differential based on clinician licensing, etc.)
- Unique requirements of behavioral healthcare documentation based on accreditation, contract performance specifications and state licensing requirements.
- The complexity of multiple service lines all with different authorization, billing, and documentation requirements.
- A much higher level of client privacy.
- Specialized state reporting, integration with state systems and networks, and following Medicaid-specific documentation guidelines that are not present in medical documentation.

About that Revenue Cycle... Having the capacity to track and bill out all of your services is a key component to selecting an EHR vendor. One of the most frustrating (and revenue robbing) aspects of behavioral healthcare billing is the many different ways behavioral health services bill. The larger and more diverse the behavioral organization, the more complicated and problematic billing becomes and the more specialized your EHR.

It is also essential that you pick a vendor that has extensive experience and expertise in billing out the services that your organization performs. Even behavioral EHR systems may not have experience with all of your service types. Ask for a detailed list of services that the vendor currently bills out, and how many of the vendor does in the state(s) you provide services. In addition, ask about the experience the vendor has with the payers you work with. One recent review that we did showed that a major Hospital EHR system had experience with less than a third of its associated community based behavioral healthcare agency's service types, and almost none in its' state.



Although medical EHR's can technically bill Outpatient Mental Health and to a lesser degree Outpatient Substance Abuse claims, they typically do not accommodate the billing documentation requirements, or the associated authorization complexity (and if they claim they do, verify this). Once you move beyond the Hospital's footprint to community based behavioral services, the billing gets increasingly more difficult, if not impossible, for the medical EHR vendors. Wrap around services, day rates that do not involve a bed admission, non-billable qualifying documentation, non-standard consolidated billing and contract billing are all particularly challenging or impossible for medical systems.

Another area that medical EHR's fall short on is handling the complexity and variety of behavioral healthcare authorizations. Behavioral healthcare EHR's are built to track a wide range of service authorizations (bundled services, units vs. encounters, days, time based, 15 minute units following Medicare's roll-up rules) across the full continuum of care. It is vital for behavioral healthcare agencies to have the ability to track, alert and correctly decrement authorizations.

Behavioral healthcare documentation. While many Medical EHR systems have the ability to produce quality encounter notes, Behavioral Healthcare EHR's excel at a wide variety of progress notes. The advantage of the Behavioral Healthcare EHR is the ability to link the progress note to the treatment/care plan and the assessment. David and Scott Lloyd from MTM Services are credited with coining the phrase "Golden Thread" when discussing the interplay between assessed needs, goals, objectives and interventions and progress notes. Establishing and maintaining this thread throughout clinical documentation is critical for maintaining compliance standards as well as accreditation such as CARF (Commission on the Accreditation Rehabilitation Facilities). BH EHR systems are very good at creating a workflow that fully supports this Golden Thread; Medical EHR systems are not. This is where the differences in philosophy and practice between the Medical Model and Behavioral Healthcare become very apparent. Establishing and maintaining the golden tread is just not a priority in medicine.

Privacy and Security. Despite the increase in opt out Health Information Exchanges (HIE) and the recent revisions to 42 CFR Part 2 (Confidentiality of Alcohol and Drug Abuse Patient Records), BH providers have a higher bar to cross than Medical EHR systems in protecting client/patient data. Using a Medical EHR for Behavioral Health usually means that more providers have fuller access to all aspects of a person's record; this is not always a good thing. Client permission is key (either through opt in or opt out) and being able to continue to protect and segregate data is paramount. BH EHR systems are built around these concepts and allow for more nuanced staff-role security settings.

Integrated Healthcare and Interoperability: Behavioral Healthcare C-Suite executives continue to wrestle with the drive toward more integrated healthcare delivery via Accountable Care Organizations (ACO), value based purchasing and the demand for higher levels of interoperability. While it is tempting to consider a medical EHR to address these issues, it is vital to select an EHR based on the entire range of functionality needed for Behavioral Healthcare. It is also important to pick a BH EHR system that is continually monitoring and responding to industry changes and also sees the value in investing in technology to support interoperability, care management coordination and value based purchasing payment models.

Takeaways:

- BH Providers need to prioritize their ability to bill and complete the revenue cycle for all of their varying service types; BH EHR systems are better suited to accomplish this goal.
- Medical and Behavioral EHR systems have different priorities; carefully evaluate any EHR

to ensure it meets your agency's billing, documentation, workflow and other needs.

- BH providers need the flexibility and advanced functionality inherent in BH EHR systems.
- Assess your security needs.
- Get expert advice if you are considering a Medical EHR system for your BH agency.

About the Authors

Jordan Oshlag, MSW, LICSW, is Co-President of Solutions in Behavioral Healthcare, LLC, a consulting practice specializing in EHR selection and implementation, behavioral health compliance, and administrative and clinical systems improvement. Jordan has over 28 years of experience in the behavioral healthcare field including direct clinical work and senior management experience. Jordan specializes in assisting BH agencies select and implement EHR systems. Jordan has worked with all of the major BH EHR systems. A highly skilled project manager, Jordan brings a unique integration of macro and clinical social work skills with technology knowledge and years of implementation experience to each project. He can be reached at Jordan@SolutionsInBH.com.

Zachary Skelly, Associate, has extensive experience in the health and human services industry. He has worked with hospitals, health clinics, nursing homes and long-term care agencies as well as the full spectrum of behavioral healthcare organizations. Zachary has expertise in report development, as well as clinical workflow, revenue cycle management, training design and delivery, and system architecture. He has implemented multiple \$100 million behavioral healthcare organizations and managed the training of over 5,000 clinicians. He has presented at 12 national and regional behavioral healthcare conferences on various EHR related topics including advanced reporting. He can be reached at Zachary@Solutionsinbh.com.

Input Welcome

Do you have other advice/experience? Your input is welcome. Email your thoughts, additions, best practices and implementation experiences to Jordan@SolutionsInBH.com.