

# **IHS/SAMHSA National Behavioral Health Conference**

*Weaving Visions for a Healthy Future*

**June 28 – 30, 2005**

**IHS Behavioral Health Applications**

# Presented by:



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# Transforming Your Practice

The Institute of Medicine  
“Crossing the Quality Chasm”  
2001

“Information technology...holds enormous potential for transforming the health care delivery system...”



# Transforming Your Practice

The Institute of Medicine  
“Crossing the Quality Chasm”  
2001

**“...to take advantage of information technology a nationwide effort is needed to build a technology-based information infrastructure that would lead to the elimination of most handwritten clinical data within the next 10 years.”**



IHS-524 (7/95)  
Date: 7/10/03

PCC MENTAL HEALTH/SOCIAL SERVICE  
ENCOUNTER RECORD

Arrival Time: 12:00 AM  
PM

Remove	MHSS/Problem List Update	Move to Active	Move to Inactive

Program: MH SS OTHER

Clinic: 17

App: Walk-in

Des. Prov.       OPEN  ADMIT  CLOSE

PROVIDERS	AFFIL	DIS.	FLAG
			INITIALS
PRIMARY PROVIDER			

\*\*\*\*\* CONFIDENTIAL PATIENT INFORMATION \*\*\*\*\*  
PCC BEHAVIORAL HEALTH ENCOUNTER RECORD  
\*\*\* Computer Generated Encounter Record \*\*\*

Date: Jul 10, 2003 Primary Provider: STUART, PETER J  
Arrival Time: 12:00  
Program: MENTAL HEALTH  
Clinic: MENTAL HEALTH Appointment Type: APPOINTMENT

COMMUNITY: Chinle ACTIVITY: 16 NUMBER SERVED: 1 ACTIVITY/SERVICE TIME: 45

CHIEF COMPLAINT: Depression f/u

SUBJECTIVE/OBJECTIVE: Doing very poorly active suicidal thoughts without plan. Wonders whether she should be alive. Anxiety at times quite high. Alert, depressed appearing female, makes poor eye contact, speech low in pitch, psychomotor movement slow, SI as above, no internal stimulation. IMP Depression - worse  
PLAN Daily visits until better  
Doesn't like hospitals - may exacerbate sxs if pushed

- Admin
- Output
- Input
- Emerg
- Consu
- Field
- Home
- Schoo
- Chart
- Teleph

(For Additional Documentation use IHS 45-3 Continuation Sheet) Interpreter Required

ADD TO PCC PROB LIST #	MHSS PROB LIST ADD	MHSS P O V CODE or DSM DIAGNOSIS AXIS I, II	PURPOSE OF VISIT (POV) (PRINT ONLY IN THIS SECTION) (PRIMARY ON FIRST LINE)
		308.3	Acute Stress Reaction

MEDICAL PROBLEM NARRATIVE:

PROB #	STP	LTP	TREATMENT NOTE NARRATIVE:	REMOVE NOTE #

MEDICATIONS PRESCRIBED THIS VISIT:  
Zoloft 200mg po qd (1 month)

HR #: 777777 NAME: Record, Maddie DOB: SEX: RESIDENCE: FACILITY: Chinle

DATE: REVISIT/REFERRAL TO: PURPOSE: INSTRUCTIONS TO PATIENT: PROVIDER SIGNATURE: [Signature]

Community: CHINLE Activity: 48-CIP Served: 1 Time: 45  
Type of Contact: OUTPATIENT

CHIEF COMPLAINT: Depression f/u  
S/O/A/P: Doing very poorly, active suicidal thinking though without plan at present. Wonders whether she should be alive. Anxiety at times quite high.  
MSE Alert, depressed appearing female, makes poor eye contact, speech low in pitch, psychomotor movement slow, SI as above, no internal stimulation.  
IMP Depression - worse  
PLAN Daily visits until better  
Doesn't like hospitals - may exacerbate sxs if pushed

COMMENTS/NEXT APPOINTMENT:  
1 day

BH POV CODE OR DSM DIAGNOSIS: 308.3  
PURPOSE OF VISIT (POV) [PRIMARY ON FIRST LINE]: ACUTE STRESS REACTION

MEDICATIONS PRESCRIBED:  
Zoloft 200 mg po qd (1 month)

PROCEDURES (CPT): 90805 PSYTX, OFF, 20-30 MIN W/E&M  
HR#: CH 777777 TS 777777 PI 777777 RP 777777 MF 777777  
NAME: RECORD, MADDIE SSN: 666696666  
SEX: FEMALE TRIBE: NAVAJO TRIBE OF AZ, NM AND UT  
DOB: Jan 01, 1953  
RESIDENCE: CHINLE  
FACILITY: CHINLE HOSP LOCATION: CHINLE HOSP

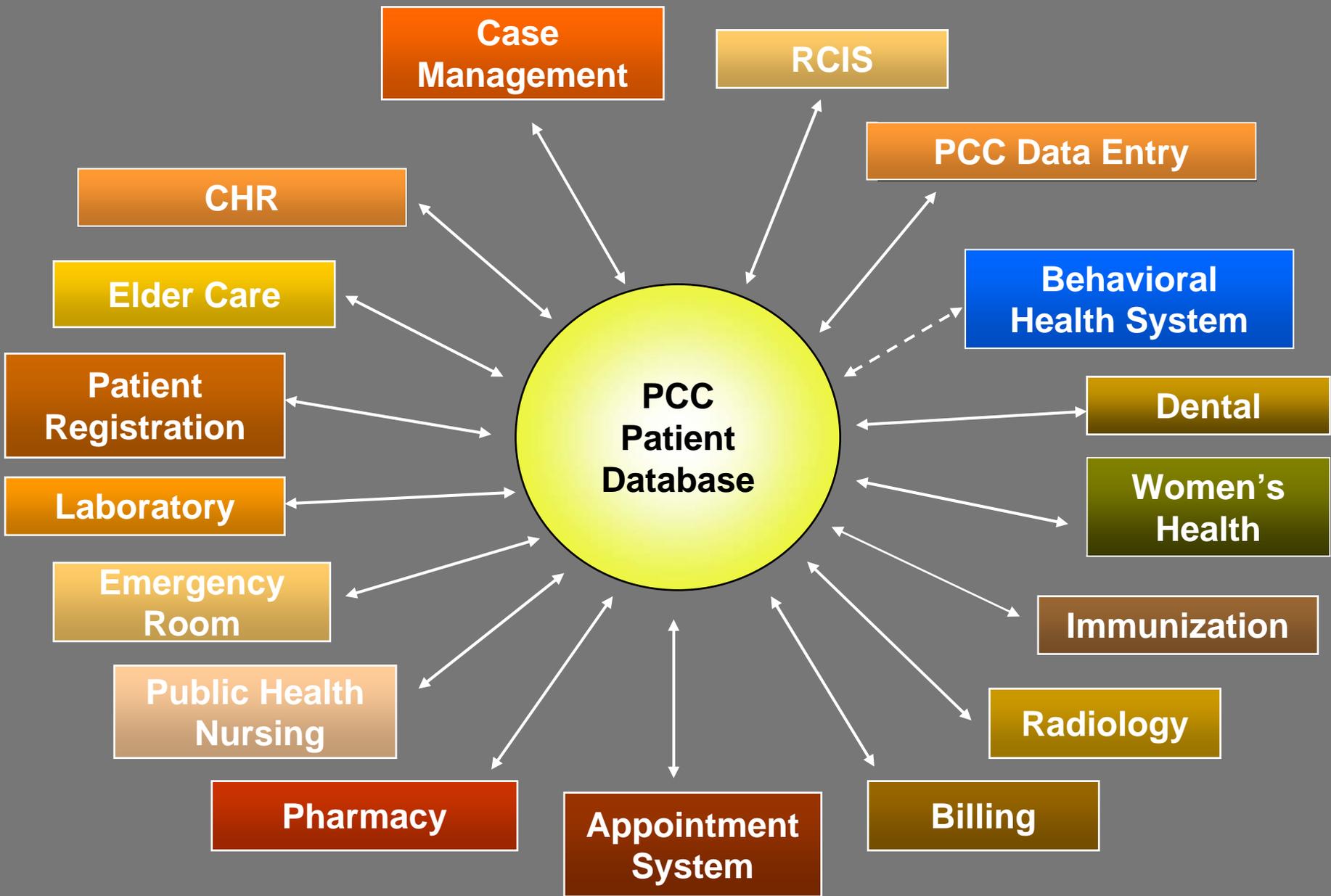
PROVIDER SIGNATURE: STUART, PETER J  
Jul 10, 2003

# FAQ: What is RPMS?

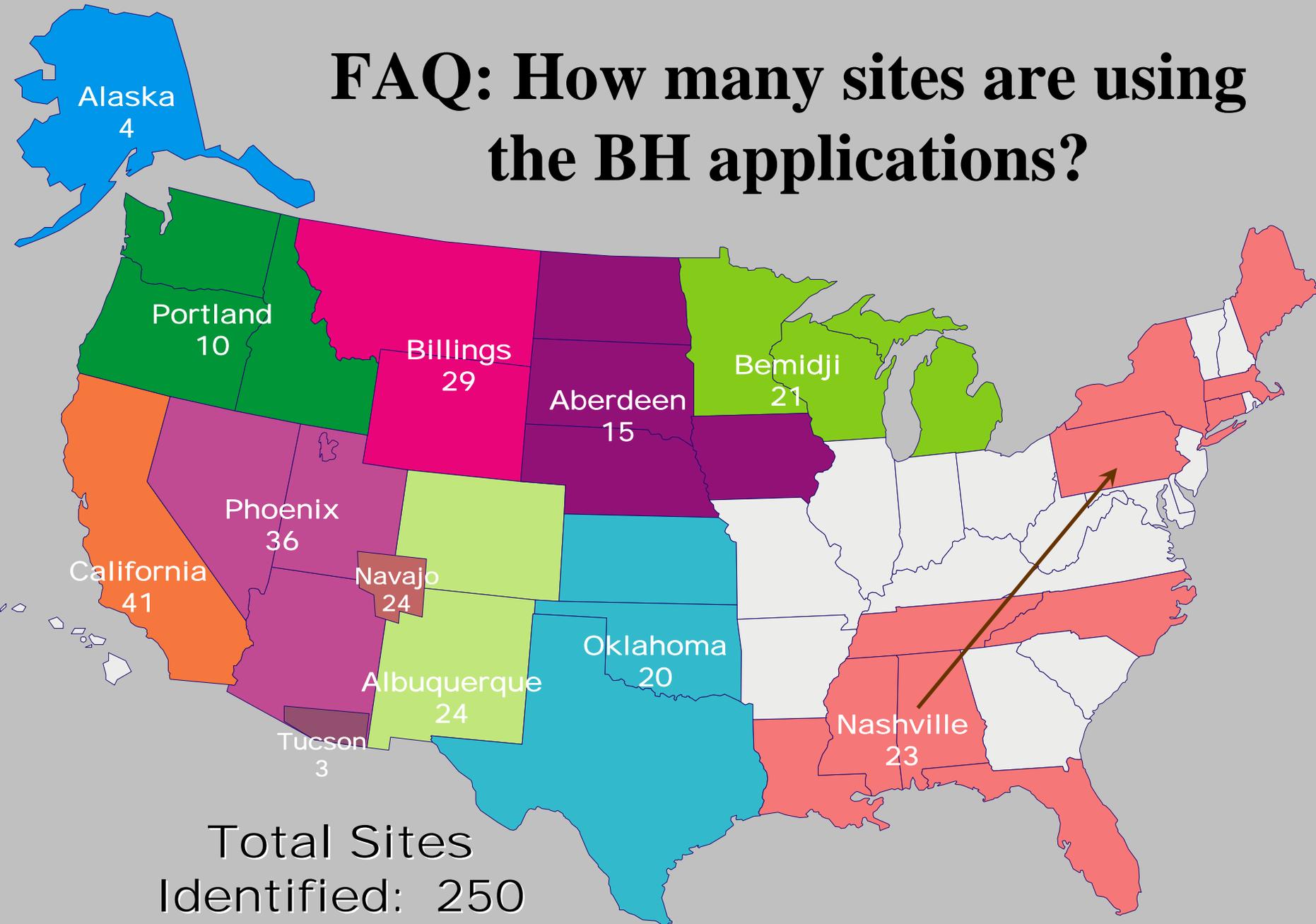
**Resource and Patient Management System is an integrated solution for management of clinical and administrative information.**

**Really Powerful at Measuring Stuff!**



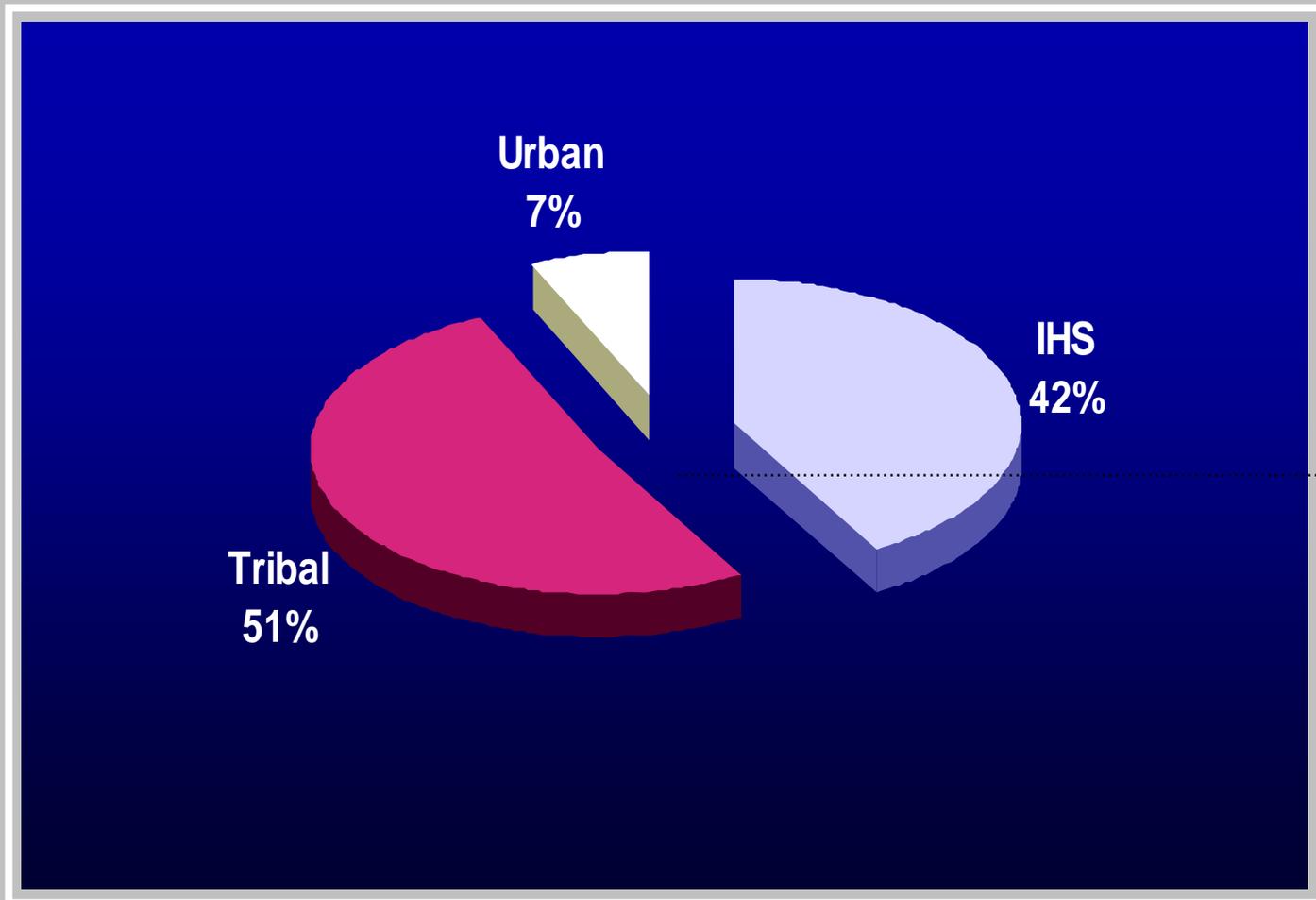


# FAQ: How many sites are using the BH applications?



Total Sites  
Identified: 250

# What type of programs are using the RPMS BH applications?





*Weaving In ...*

*Health  
Information Technology*



# FAQ: Why would a site want to use the RPMS BH applications?

- Facilitate recording and reporting on both direct patient care and program activities.
- Interface with RPMS applications and support third party billing.
- Assist sites in meeting JCAHO, CARF, and GPRA reporting requirements and standards.
- Facilitate service coordination with the goal of improving outcomes.

# What is BHS v3.0?

- **RPMS “roll and scroll” BH application**
- **Integrated application for use by I/T/U MH, A/SA and SW providers.**
- **Combines elements from:**
  - MH/SS 2.0 (plus Suicide Form)**
  - Navajo Version of MH/SS 2.0**
  - CDMIS v4.1**



# What is BH GUI?

- **Graphical User Interface to BHS v3.0**
- **Designed for provider entry of clinical data**
- **Friendly, intuitive, easy to learn**
- **BH Component resides within IHS Patient Chart**
- **Only BH providers have access to BH component**



\* BEHAVIORAL HEALTH VISIT UPDATE \* [press <F1>E when visit entry is complete]

Encounter Date: JUN 8,2005

User: BRUNING,BJ

Patient Name: NECONIE,LUKE

DOB: 7/8/34

HR#: 106363

# BHS v3.0

PROGRAM: MENTAL HEALTH

LOCATION OF ENCOUNTER: DEMO HOSPITAL

CLINIC: MENTAL HEALTH

APPOINTMENT

TYPE OF CONTACT: OUTPATIENT

ARRIVAL

COMMUNITY OF SERVICE: LAWTON

ANY SECC

CHIEF COMPLAINT:

SOAP/PROGRESS NOTE (press enter to update, T

COMMENT/NEXT APPOINTMENT (press ENTER to up

Display Currently Dispensed Meds? N MED

IPV/DV Screening Done? N

ANY CPT CODES? Y

PURPOSE OF VIS

PLACEMENT DISPOSITION:

ACTIVITY:

ACTIVITY TIME:

**BH Visit Documentation** DEMO HOSPITAL

M 05/09/1978 27 306531433 105056

Primary Provider: BRUNING,BJ Encounter Date: 6/8/2005

Program: Encounter Location: DEMO HOSPITAL

Clinic: Appointment or Walk-In:

Type of Contact: Community of Service:

Arrival Time: 1200

POV: CC/SOAP Rx Notes Visit Admin CD STG Wellness

**POV (DSM Diagnosis or Problem Code)**

Axis I: Clinical Disorders; Other Conditions That May be a Focus of Clinical Attention

Axis II: Personality Disorders; Mental Retardation

Code	Narrative	
		Add
		Edit
		Delete

Axis III: General Medical Conditions

Axis IV: Major Psychosocial and Environmental Problems

Code	Narrative	
		Add
		Delete

Axis V: Global Assessment of Functioning (GAF) Scale

## BH GUI

# FAQ: What do the applications include?

- **Encounter Documentation**
  - Individual
  - Group
  - Administrative
- **Wellness**
  - Patient Education
  - Health Factors
  - IPV/DV Screening
- **Health Summary**
- **Reports**
- **Treatment Planning**
- **Case Status**
- **Designated Provider**
- **Suicide Surveillance Form**



# **Enhancements**

**BHS v3.0 Patch 4**

**BH GUI (Patient Chart) v1.5**

**FAQ: What's changed?**

**FAQ: What is the change  
management process?**



# Enhancements

- **New Activity & Problem Codes**
- **Revision of crosswalk from DSM-IV-TR to ICD-9 Codes**
- **Suicide Form modifications**
- **Addition of “Wellness” Tab which displays BH and PCC data**
  - Patient Education
  - Health Factors
  - IPV/DV Screenings (and reports)
- **Enhanced group functionality**

# Change Management Process

- **Feedback from users**
  - ✓ Bugs
  - ✓ Enhancements
- **Reach for consensus**
- **Consult with Subject Matter Experts**
- **Prioritize Development**
- **Test and release patch or version**





*Weaving in...*

*Agency and DBH  
Suicide Prevention  
Initiatives*



# Suicide Surveillance and Data Collection

- Suicide reporting form in existing RPMS BH applications
- Deployment of suicide form in RPMS PCC and RPMS EHR by end of FY05
- Exporting of suicide data
- Baseline suicide data FY06
- Web-based access to suicide data



Local Case Nbr

Provider

Date of Act

Community Where Act Occurred

Relationship Status

Employment Status

Education

If less than 12 years,  
highest grade  
completed

Self Destructive Act

Location of Act

Previous Attempts

Lethality

Disposition

**Method**

Substance Use

Contributing Factor(s)

Narrative

Gunshot

Carbon Monoxide

Hanging

Overdose:

Motor Vehicle

Other:

Jumping

Stabbing/Laceration

Unknown

Overdosed Using

Add

Edit

Delete

Save

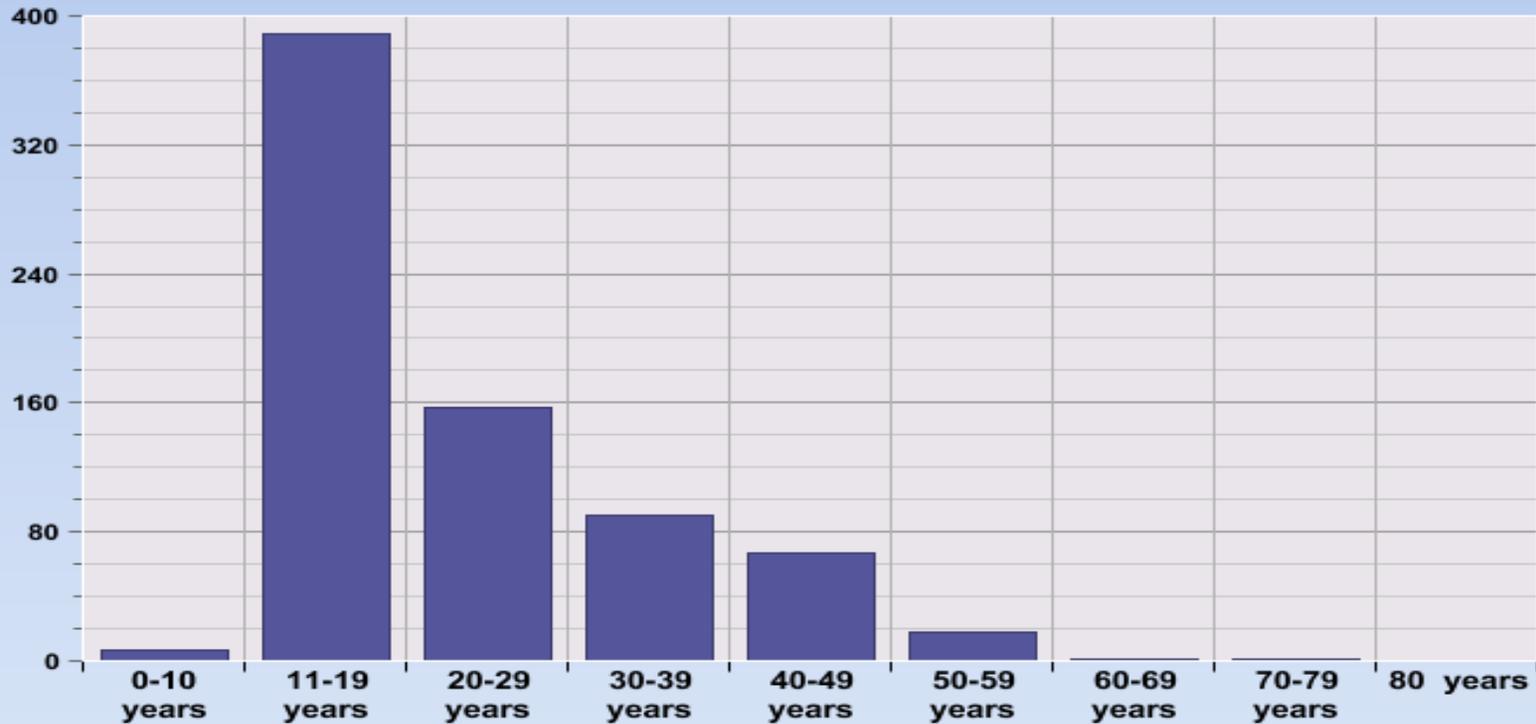
Close

## Level of Activity for Patients Treated for All Suicide Events as Primary Diagnosis

Data Exported From the MH/SS System

All Suicide Activities (POV 39, 40, 41) in All Areas

Data Represents Unduplicated Visits by Location, DOB, Encounter Date



0-10 years	11-19 years	20-29 years	30-39 years	40-49 years	50-59 years	60-69 years	70-79 years	80+ years
7	389	157	90	67	18	1	1	0



*Weaving In ...*

*Security*

*and*

*Confidentiality*



# **RPMS Security Features**

- **Governed by “Need to Know” basis**
- **RPMS Access and Verify Codes**
- **Security keys for each application**
- **Menu and Site Parameter Options**
- **Sensitive Patient Tracking**

# HIPAA Compliance and Electronic Health Records

- **Role-based, “need to know” access controls with password-based security**
- **Audit trails of who accessed a record**
- **Secure transactions/transmissions**
- **Firewalls, VPN (Virtual Private Network), encryption**

# HIPAA Compliance and Electronic Health Records

- **Computer screens not in plain view**
- **Patient notification of information practices**
- **Security standards policy and procedures and staff training**



# 42 CFR Part 2

- Federal law established in the early 1970's to address the stigma associated with substance abuse and fear of prosecution when entering treatment
- Confidentiality regulation that affords a higher level of protection to alcohol and substance abuse patient information
- HIPAA does not supersede 42 CFR Part 2

[http://www.hipaa.samhsa.gov/download2/SAMHSA's Part2-HIPAAComparisonClearedWordVersion.doc](http://www.hipaa.samhsa.gov/download2/SAMHSA's%20Part2-HIPAAComparisonClearedWordVersion.doc)

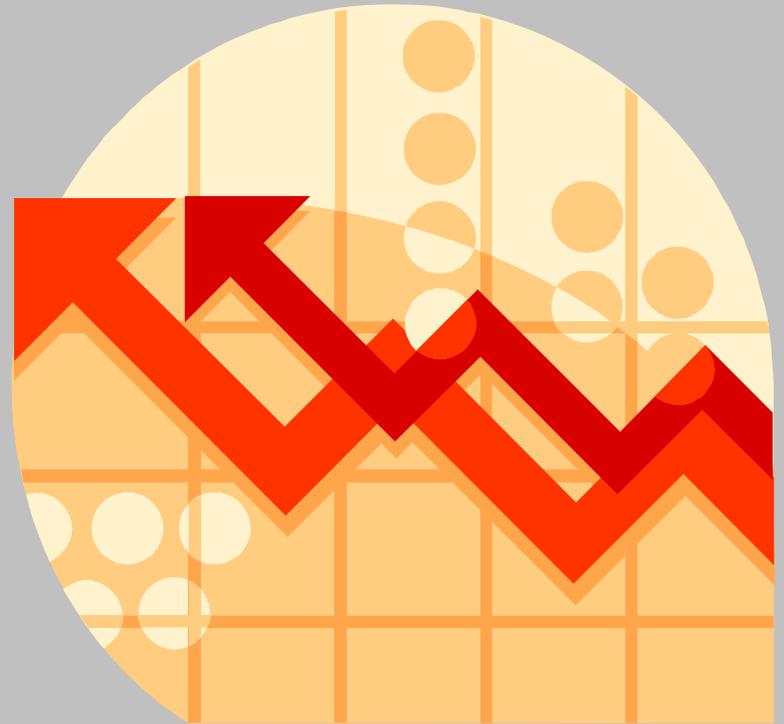


Weaving In ...

Quality Clinical Performance



# **FAQ: What are GPRA and CRS?**



# GPRA

- **The Government Performance and Results Act (GPRA) requires Federal agencies to demonstrate that they are using their funds effectively toward meeting their missions.**
- **IHS GPRA indicators include measures primarily for clinical prevention and treatment, but also quality of care, infrastructure and administrative efficiency functions.**



# CRS

- **The Clinical Reporting System (CRS) is an RPMS application designed for national reporting as well as local and Area tracking of any clinical performance indicator that is based on RPMS data.**
- **It is a reporting tool used by IHS Office of Planning and Evaluation to collect and report RPMS-based clinical performance results annually to HHS and OMB as well as for Area Director Performance measures.**



# **FAQ: Does CRS interact with RPMS BHS?**

- **CRS primarily uses data found in the RPMS Patient Care Component (PCC) ; this includes data from BHS (*if the link to PCC is on*)**
- **Searches for standardized code fields only, such as Purpose of Visit; Patient Education, Health Factors, etc.; it will not search for text data from clinical notes or treatment plans**
- **Data shared for national GPRA reporting are total patient counts and percentages only and does not include any patient identifiers**

# Behavioral Health Indicators

- **Domestic Violence Screening**
  - IPV/DV Exam Code on Wellness Tab
- **Screening for Tobacco Use/Exposure to ETS**
  - Health Factor on Wellness Tab
- **Alcohol Screening for Women**
  - CAGE Health Factor
  - An alternative to CAGE is in development
- **Depression Screening**
  - POV screening code 14.1
  - RPMS Screening Exam Code in development



# CRS/GPRA Resources

1. CRS

<http://www.ihs.gov/cio/crs/>

2. GPRA

<http://www.ihs.gov/NonMedicalPrograms/PlanningEvaluation/pe-gpra.asp>

3. Area GPRA Coordinators



**Weaving In ...**

**Standards of  
Care:**

**JCAHO**



# BH Applications and JCAHO Standards

- **Management of Information (IM)**
  - The goal of the information management function is to support decision making to improve client outcomes; improve clinical/service documentation; assure client safety; and improve performance in client care, treatment, and services, governance, management, and support process.



# JCAHO IM Standards

- **Information Management Planning**
- **Confidentiality and Security**
- **Information Management Processes**
- **Information-Based Decision Making**
- **Client-Specific Information**
- **Clinical Data and Information**



# JCAHO Standard: PC

## Provision of Care, Treatment and Services (PC)

### Four core processes:

1. Assessing patient needs
2. Planning care, treatment, and services
3. Providing the care, treatment and services the patient needs
4. Coordinating care, treatment, and services





**FAQ: How do I  
get the RPMS  
Behavioral  
Health  
applications?**



# Implementation Steps

- Pre-implementation (see guideline)
- RPMS Site Manager (or BH Clinical Application Coordinator)
  - Load application
  - Enter user profiles (providers)
  - Assign Access and Verify Codes
  - Set Site Parameters (defaults) as directed by BH Clinical Application Coordinator (or BH Program Manager)
- Identify Super Users
- Establish BHS Export process (who, when, how)
- Schedule training
- Establish standards for use (consistent coding) and timelines for implementing desired functions



# Implementation Tools

- **Area Trainings**

<http://www.ihs.gov/cio/rpms/index.cfm?module=Training&option=index>

- BH GUI - BHS v3.0
- BHS Reports & Manager Utilities

- **Implementation Visits**

- User start up, one-on-one training, and with exports

- **Training Materials**

- Pre-Implementation Guide
- User Manuals, Training Manuals, Job Aides



# Resources

- **IBH Website**

- <http://www.ihs.gov/cio/bh/>

- **Patient Chart Listserv**

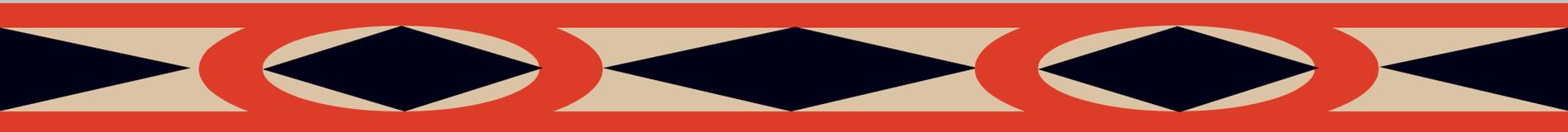
- **To subscribe:**

- <http://www.ihs.gov/cio/listserver/index.cfm>

- **Service Center – Help Desk**

- **(888) 830-7280**

- [support@ihs.gov](mailto:support@ihs.gov)



Weaving In ...

Agency Initiatives:

Electronic Health  
Record



# EHR and Behavioral Health

- Access to RPMS BH functionality via EHR is under development
- EHR functionality will be available to BH providers including order entry templates for progress notes, assessments, etc.
- Non-EHR sites will still be able to use BH GUI and BHS
- Future BH development includes treatment planning and the VA MHA



**Hiwalker, Stellar S**  
7655 03-Jul-1960 (44) F

**PEDIATRIC 15-Jan-2004 14:04**  
DOCTOR\_TEST

No Postings   

**Education:** Show Standard

Add Edit Delete

Visit Date	Education Topic	Comprehension	Status	Objectives	Comment	Provider	Length	Type	Location
04/27/2004	M-INFORMATION	GOOD				DOCTOR, TEST	5	Individual	CROW HO
09/28/1998	WH-BREAST EXAM					BERG, HORACE			CROW HO
09/12/1996	WH-BREAST EXAM					WEINSTEIN, SHARIEDA D			CROW HO
10/27/1993	WH-BREAST EXAM					JENSEN, AMY P			LDG GRASS HC
12/20/1991	WH-BREAST EXAM					DEL-CZARNICK, DONNA			LDG GRASS HC

 **Health Factors:** Add Delete

Visit Date	Health Factor	Category	Qty	Se
07/17/2003	NON-TOBACCO USER	TOBACCO		

 **Exams:** Add Edit Delete

Visit Date	Exams	Result	Comments
05/02/2000	PELVIC EXAM		
02/04/1999	BREAST EXAM		
02/04/1999	PELVIC EXAM		
09/28/1998	BREAST EXAM		

**Skin Test History:** Print Record Add Edit Delete

Visit Date	Skin Test	Location	Age@Visit	Result	Reading	Read Date
04/28/1996	PPD	Crow Ho	35 yrs		0	04/28/96

 **Reproductive Status:**

G: 0 P: 0 LC: 0 SA: 0 TA: 0 LMP: 10/22/1999 ...

Early Planing Method: Partner Sterilized Date FP Began: ...

Pregnant Est. Delivery: ... Determined By: ...

 **Immunization Forecast:** **Contraindications:** + X

**Immunization History:** Print Record Due Letter Add Edit Delete

Vaccine	Visit Date	Age@Visit	Location	Reaction	Volume	Inj. Site	Lot	VIS Date
Td-ADULT	11/28/1986	26 yrs	Ldg Grass Hc					
Td-ADULT	04/26/1996	35 yrs	Crow Ho					
INFLUENZA	11/05/1999	39 yrs	Crow Ho				U0159AA	01-Jun-1999
INFLUENZA	11/05/1999	39 yrs	Undsig Locs				U0159AA	



**Thank  
You!**

**Questions?**



# For further information on the RPMS BH Applications:

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