

RPMS Electronic Health Record

Behavioral Health Visit Entry

IHS Office of Information Technology

Objectives

- Intended Audience
 - Mental Health and Social Work providers
 - Behavioral Health Program Directors and Support Staff
 - EHR Clinical Application Coordinators and RPMS/IT Support Staff
- Objectives
 - Background and Purpose
 - Functionality
 - Guidelines and Support

Overview: BH Visit Entry in the HER

- Supports the integration of behavioral health and primary care services
- Entry of BH patient encounters in the EHR that populate both the PCC and BHS (AMH) databases
 - Face to face individual patient encounters
 - Chart Reviews
 - Phone Calls
- Access to electronic order entry of medications, labs and radiology for prescribing BH providers
- Access to other advanced features in the EHR: note templates, consults, alerts and notifications, etc.

Overview (continued)

- BH visits entered in the EHR will also display in the BHS GUI and BHS applications
- BH programs can use a combination of EHR and the BH applications or EHR alone
- BH group encounter entries, treatment plans, case status and administrative entries can only be done in the BH applications at this time
 - Sites can choose to run BH reports from the BHS or PCC reports modules or a combination of both

Required Applications and Exports

– Applications

- AMH v3.0 patch 10 (Behavioral Health System)
- BPC v1.5 patch 5 (Patient Chart)
- BGU v1.5 patch 4 (Patient Chart RPC Broker)
- EHR v1.1 (most current patch)

– Exports

- **Sites will still need to do the monthly BHS (AMH) export in addition to the NDW/PCC export**

When is an EHR Visit a BH Visit?

- ▶ The EHR visit will be passed to the PCC and BHS databases (and display in the BH applications) if the visit was created using one of the following Clinic Codes:
 - 14 MENTAL HEALTH
 - 48 MEDICAL SOCIAL WORK
 - 43 ALCOHOL AND SUBSTANCE ABUSE
 - C4 BEHAVIORAL HEALTH
 - C9 TELEBEHAVIORAL HEALTH

- ▶ *Or* if any of the providers on the visit (primary or secondary) are included in the list of BH providers in the new BH PROVIDER CLASS CODE data dictionary

BH Provider Class Codes

- MEDICAL SOCIAL WORKER 06
- PSYCHOLOGIST 12
- MENTAL HEALTH TECHNICIAN 19
- OUTREACH WORKER 35
- ALCOHOLISM/SUB ABUSE COUNSELOR 48
- CONTRACT PSYCHIATRIST 49
- CONTRACT PSYCHOLOGIST 50
- LICENSED MEDICAL SOCIAL WORKER 62
- CONTRACT SOCIAL WORKER 63
- CASE MANAGERS 66
- PSYCHIATRIST 81
- PSYCHOTHERAPIST 92
- TRADITIONAL MEDICINE PRACTITIO 93
- MENTAL HEALTH (BA/BS ONLY) 94
- MENTAL HEALTH (MASTERS ONLY) 95
- FAMILY THERAPIST 96
- DOMESTIC VIOLENCE COUNSELOR A7
- ACUPUNCTURIST A5
- IN SCHOOL THERAPIST A6

Scheduling and the EHR BH Visit

- Historically, many BH programs did not use the PIMS Scheduling package
- Use of the PIMS Scheduling package for sites utilizing the BH EHR visit functionality is recommended
 - Set up the BH clinics to create a visit at check-in
 - Only those visits, scheduled appointments or walk-ins, in which the patient has been checked in through PIMS will be selectable in the HER

EHR Behavioral Health TIU Notes

- Clinical notes are recorded in the EHR using the Text Integration Utility (TIU) component
- A single visit in the EHR can have multiple notes associated with it; however, the BH applications can only display one TIU note (the first one created)
 - Most BH visits only have one note associated with them
 - As a work-around BH providers can be advised to do an addendum or a second visit (Chart Review) to accommodate a second TIU note if needed

EHR BH TIU Notes (continued)

- As a rule, TIU BH clinical notes are “progress” notes not psychotherapy notes – see the Indian Health manual for definitions of both
- Psychotherapy notes should not be documented in the medical record
 - HIPAA and Privacy Act rules require that psychotherapy notes, if kept, be stored separately from the medical record
 - Indian Health Manual: Part 2 Section 7 (2-7 3.J).
 - http://www.ihs.gov/PublicInfo/Publications/IHSManual/Part2/IHM2_7_Sept%2008_Revisions/pageone.htm

Access to TIU BH Notes

- Access to BH clinical notes is based on user class and document class
- Business rules for access are set at the local level to meet facility clinical and HIM business process needs
- A two-tiered system of access is suggested as a National recommendation for BH document classes

Recommended Business Rules: BH Tier I and Tier II Document Classes

- Tier I
 - Promotes coordinated care by permitting access to BH notes on a need to know basis
 - Non-BH providers may view only
 - EHR Provider Class: physicians, pharmacists and nurses
 - BH providers may create, sign, view and print
 - BH Provider Class
- Tier II
 - Only BH providers may create, sign, view and print
 - Non-BH providers do not have access to Tier II notes

TIU Business Rules: BH Provider Class

The EHR BH Provider Class may consist of:

- ▶ Psychiatrists, psychologists, marriage/family and professional counselors, clinical independent social workers, BH nurse practitioners and nurses, mental health case managers, etc.
- ▶ Medical social workers and social work aides and social work case managers, etc.

General TIU BH Note Business Rules

- Unsigned Notes
 - Only the author (and MIS Chief) can view, edit, sign or print unsigned BH notes
- MIS Chief
 - The MIS Chief has access to all BH Tier I and Tier II notes, signed or unsigned

TIU BH Notes and BHS / BH GUI

- TIU Tier I and Tier II BH notes will display in BH GUI or BHS v3.0 *if*:
 - the user has the appropriate keys to view TIU notes
 - the note has been signed by the author or
 - the user is the author of the note
- Unsigned TIU notes may only be edited in the Electronic Health Record

Deleting EHR BH Visits

- BH users with the AMH/BPC Delete keys have historically been able to delete erroneously entered visits
- BH visits in the EHR cannot be deleted by users – requests for visit deletion are handled through Medical Records
 - Visits with TIU notes cannot be deleted – only inactivated
- BH EHR visits displayed in BHS or BHS GUI cannot be deleted in these applications by holders of the AMH/BPC Delete key

Editing EHR BH Visits in the BH Applications

- Certain items that are routinely captured in the BH GUI or BHS cannot be entered in the EHR
- If desired, the BH EHR visit can be modified in BH GUI or BHS to include the following:
 - Community of Service
 - Activity Type
 - The initial BH EHR visit is “stuffed” with Activity code 99 Individual BH EHR Visit. If a more specific Activity code is desired, for example 12 Assessment/Evaluation, this field can be modified in the BH applications
 - Appt/Walk In
 - Axis IV and Axis V of the DSM IV multiaxial system
 - Placement Disposition

Editing BHS Problem Code Groupings

- Problem Code Groupings
 - All BH GUI or BHS Purpose of Visit codes (DSM/ICD9 or BH Problem Codes) are automatically categorized into Problem Code Groupings
 - Problem Code Groupings are used primarily for BHS reports
 - Some ICD codes from BH EHR visits are not automatically included in BHS Problem Code groupings
 - When the ICD9 code has no corresponding DSM-IV-TR code, those ICD codes have to be added to the BHS DSM/Problem Code file manually

Editing BHS Problem Code Grouping (continued)

- Adding ICD codes to BHS Problem Code Groupings:
 - Access BHS v3.0, Manager Utilities Menu
 - Select EEPC, Edit Other EHR Clinical Problem Code Crosswalk
 - As each ICD code is displayed, enter the number for an existing problem code grouping or press ENTER to bypass it
 - Once the ICD code has been assigned to a particular grouping, all subsequent entries using that code will be included automatically

New Behavioral Health Measurements

- New BH measurements are now available
 - BJPC PCC Suite v1.0 p1
- For use in the EHR these measurements must be added to the Cover Sheet and Data Entry templates (typically done by the EHR CAC)
- Depression Screening and Treatment Outcomes
 - PHQ2 and PHQ9
- Alcohol Screening
 - AUDIT and AUDIT-C
 - CRAFFT

EHR BH Visit Element: Activity Time

- Required field
 - If Activity Time is not entered the EHR BH visit will not pass to the BH applications
- Activity Time component in EHR is primarily used by Public Health Nurses and now, BH providers
 - Travel Time is not required for BH providers
- Activity Time component often found on the Services or Superbill tab
- An informational alert will appear on the Notifications tab for BH Visits that are missing the Activity Time field
 - Once Activity Time is entered, the user must delete the notification

Elements of the EHR BH Visit

- Required
 - Patient Context
 - Visit Context
 - Date/Time, Provider, Clinic
 - POV
 - Activity Time
 - E&M and other CPT codes as indicated
 - Progress note
- Optional
 - Vitals/Measurements
 - Orders: medication, lab, radiology, consults
 - Exam Codes
 - Health Factors
 - Patient Education

National and Local Guidance

- BH specific versions of the following items have been circulated on the EHR listserv and are available on the EHR ftp site:

<ftp://ftp.ihs.gov/pubs/ehr/>

- VueCentric BH User Template
 - TIU Note BH Templates
 - TIU BH Note Business Rules
 - Recommendations available now on the EHR ftp site
 - BH POV Pick lists
 - BH Superbills (CPT codes)
- BH Providers are encouraged to work with their EHR CAC to adopt or modify the above items to meet their local needs