



RESOURCE AND PATIENT MANAGEMENT SYSTEM

EHR Behavioral Health for CACs

Announcement and Agenda

February 12 – 14, 2013

Office of Information Technology
Albuquerque, New Mexico

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1.0 General Information

1.1 Purpose of Training

This is a three day course oriented towards Clinical Application Coordinators (CAC) and Behavioral Health (BH) Program Managers involved with the setup and implementation of an integrated model EHR at their facility. This structured classroom intensive hands-on training will be taught using web conferencing technology and satellite classrooms at the (a) Office of Information Technology in Albuquerque, New Mexico (all times are Mountain Time) and (b) multiple other locations (see website). The instructors will teach via classroom and web conference using the educational techniques of lecture, discussion, scripts, and “hands-on” computer experience with the RPMS EHR clinical application. Area CACs and BH Professionals will serve as instructors, facilitators, mentors, and monitors at each of the computer training rooms.

Upon completion, participants should be able to:

- Identify needs of Behavior Health programs.
- Delineate workflow and document a BH encounter.
- Examine privacy and security issues.
- Examine and manage alerts.

Hands-on practice includes, but is not limited to:

- Set up BH clinics.
- Set up BH providers.
- Create Quick Notes for BH.
- Create and manage BH consults.
- Create picklists.
- Examine and create BH TIU business rules.
- Review and revise BH TIU note templates.
- Perform Medication Reconciliation.
- Manage EHR Suicide Form.

The training consists of lecture with PowerPoint presentations, demonstration of the tool, and hands-on exercises using individual computer terminals and a simulated training database.

1.2 Prerequisites

This course is oriented towards CACs and BH Program Managers with a background in the Resource Patient Management System Electronic Health Record (RPMS-EHR) and Behavioral Health System (BHS) healthcare documentation. This is a structured classroom activity. Participants *must* be in attendance at one of the identified classrooms.

IHS, Tribal and Urban Health Care Facilities that have assessed and determined that their BH program will utilize the Electronic Health Record (EHR) as their primary clinical documentation. This decision was made in consultation with healthcare administration, BH Program Directors, Health Information Management and clinical staff.

1.3 Intended Audience

CACs, BH managers, and EHR super end users/trainers.

1.4 Course Material and References

Materials may be downloaded from the RPMS Training FTP site at:

<ftp://ftp.ihs.gov/pubs/EHR/Training/Manuals/EHR%20Behavioral%20Health%20for%20CACs/>

2.0 Learning Objectives

1. Identify unique needs of BH Programs for EHR utilization.
2. Delineate workflow and document the different types of BH encounters.
3. Examine the nuts and bolts required for the successful configuration of EHR to support the Integrated BH Model of Care.
4. Set up BH clinics.
5. Set up BH providers.
6. Examine privacy and security issues.
7. Delineate and create business rules.
8. Review and revise BH TIU Note Templates.
9. Create BH Quick Notes.
10. Configure and manage alerts for BH.
11. Create and manage consults for BH.
12. Create picklists for Patient Education, ICD-9 and CPT with associations.
13. Manage the EHR Suicide Form.

3.0 Detailed Agenda

All times are Mountain Time!

3.1 Day 1

Start	Topic	TAB#
8:30 AM	Welcome: Wendy Wisdom and Denise Grenier <ul style="list-style-type: none"> • Introductions. • Present Day One Learning Objectives, Agenda, Training Materials. • Identify Participant Needs and Expectations. 	TAB 1
9:00 AM	The Nature of Behavioral Health Programs Peter Stuart, and Wendy Wisdom <ul style="list-style-type: none"> • Identify the scope of BH services. • Define the Integrated Model of Care. • Define clinical documentation best practices for BH. 	TAB 2
9:30 AM	Behavioral Health Encounter Documentation in EHR: Wendy Wisdom, Peter Stuart, and Phil Taylor <ul style="list-style-type: none"> • Document a BH Encounter Beginning to End in the EHR. • Delineate the BH EHR data flow within RPMS. • Explain the Difference between Ambulatory v/s Inpatient BH documentation in the EHR. • Document a Tele-BH Encounter. • Configure Order Entry for Prescribing BH Providers. 	TAB 3
10:15 AM	Break	
10:30 AM	Behavioral Health Encounter Documentation in EHR (Continued)	TAB 3
11:30 AM	Lunch	
1:00 PM	Behavioral Health Nuts and Bolts: Ryan Garcia, Wendy Wisdom, and Phil Taylor <ul style="list-style-type: none"> • Discuss the importance of identifying "owners" with the responsibility for configuration and maintenance of the BH components. • Review EHR and BHS Site Parameter Configuration to Optimize End User functionality. • Configure both the EHR and BHS for Combined Use. • Review configuration post-installation of BHS v4.0 Patch 3 and demonstrate generation of a monthly BHS (namespace AMH) export. • Configure, Insert, and Utilize the <i>Activity Time</i> Component in VueCentric Template. 	TAB 4
2:30 PM	Break	

Start	Topic	TAB#
2:45 PM	Behavioral Health Provider Setup: Elvira Mosely <ul style="list-style-type: none"> Perform user setup for a Behavior Health provider (such as Mental Health, Chemical Dependency, and Social Services). Compare and Contrast BH User setup with Medical Practitioner setup. Create BH TIU User Class and Assign to BH Users. Assign Security Keys. Assign secondary menu options (if using BH GUI). 	TAB 5
4:15 PM	Behavioral Health Program Services Configuration: Deborah Burkybile <ul style="list-style-type: none"> Define appropriate Clinic codes for BH Program Activities. Examine unique considerations for specific clinics, i.e. Telehealth and Visits Outside of Regular BH Clinic Setting. Create a BH Provider Clinic in the Scheduling Application. Create a Group Therapeutic Clinic. 	TAB 6
4:45 PM	Review, Questions, and Adjourn	
5:00 PM	Dismiss	

3.2 Day 2

Start	Topic	TAB#
8:30 AM	Day One Overview: <ul style="list-style-type: none"> Day One Review and Questions. Present Day Two Learning Objectives and Agenda. 	
9:00 AM	Privacy and Confidentiality: Teresa Chasteen and Wendy Wisdom <ul style="list-style-type: none"> Examine Confidentiality issues as they pertain to BH documentation in the EHR. Examine and Configure the Use of Sensitive Patient Tracking for BH. Review a Sample <i>BH Consent for Treatment</i> Document and Discuss its Disposition in the Medical Record. Identify Available Resources for Privacy and Confidentiality Requirements and Sample Policies. 	TAB 7
9:45 AM	Break	
10:00 AM	TIU - Parameters and Business Rules: Phil Taylor and Ryan Garcia <ul style="list-style-type: none"> Discuss Structure and Use of Business Rules and User Classes. Examine TIU Business Rules for BH Providers and Note Titles. Describe Tier 1 and Tier 2 notes and explain how to set up EHR to protect patient privacy. Create TIU Business Rules for BH Providers. Discuss and Demonstrate Setting up Cosigners for TIU Notes. Identify Policies and Procedures Needed for BH Regarding Utilization of EHR and/or BHS for Documentation of Clinical Services. 	TAB 8
11:30 AM	Lunch	
1:00 PM	TIU - Parameters and Business Rules (Continued)	TAB 8

Start	Topic	TAB#
1:30 PM	TIU Note Templates: Phil Taylor <ul style="list-style-type: none"> • Discuss Various Documentation Options for a BH Note and Incorporate into a TIU Note Template. • Compare and Contrast Advantages and Disadvantages of using TIU Note Template Treatment Plans vs. Paper for BH in EHR. • Review and Revise a BH TIU Note Template. • Create a TIU Object and Insert the Object into the TIU Note Template. • Import a TIU Template. 	TAB 9
2:30 PM	Break	
2:45 PM	Quick Notes: David Taylor <ul style="list-style-type: none"> • Examine Use of Quick Notes for BH Providers. • Configure Appropriate Quick Notes for BH Providers. 	TAB 10
3:15 PM	Suicide Form: Ryan Garcia and Phil Taylor <ul style="list-style-type: none"> • Delineate Suicide Form Users and Roles and Responsibilities. • Explain the Reasoning for Having the Suicide tab and Describe How to set it up for Optimal Benefit to the Providers. • Add the <i>Suicide Form</i> Component to the VueCentric Template to Enable Documentation of Suicide Events. • Examine and Explain the Purpose Behind and Logic that Creates Suicide Community Alerts. 	TAB 11
4:00 PM	Alerts - Notifications, Broadcast and Chat: Amy Rubin and Robin Thompson <ul style="list-style-type: none"> • Identify mechanisms for internal communication to alert BH staff that an action is required and ensure patient safety. • Compare and contrast EHR characteristics for Broadcast, Chat, Note Sharing and Notifications. • Discuss appropriate use of Broadcast, Chat, and Note Sharing for communication. • Categorize types of Notifications used to share information, provide care and complete documentation. 	TAB 12
4:45 PM	Review, Questions, and Adjourn	
5:00 PM	Dismiss	

3.3 Day 3

Start	Topic	TAB#
8:30 AM	Day Two Overview: <ul style="list-style-type: none"> Day Two Review and Questions. Present Day Three Learning Objectives and Agenda. 	
9:00 AM	Alerts - Patient Record Flag and Postings: Teresa Chasteen and Amy Rubin <ul style="list-style-type: none"> Compare and Contrast Policies and Guidelines for Patient Flags and Note Title Alerts as they relate to a BH program. Identify HIMs and BH Roles and Responsibilities for Management of Patient Flags and Note Title Alerts. Create a Patient Flag. Generate a Patient Flag Due Report. Compare and Contrast CWAD versus Treatment Contract in Personal Health. 	TAB 13
10:30 AM	Break	
10:45 AM	Measurement Configuration: Ryan Garcia and David Taylor <ul style="list-style-type: none"> Identify Measurements to be Documented by BH Providers. Configure Data Entry and Display Components. 	TAB 14
11:30 AM	Lunch	
1:00 PM	Consults for BH: Robin Bartlett <ul style="list-style-type: none"> Differentiate between Consults and RCIS Referrals. Delineate a Clear and Consistent Process for Consult Management, from Initiation to Completion, to Promote Interdisciplinary Care. Setup a Consult Beginning to End to Include: (a) Team, (b) Consult, (c) Quick Order, (d) Template, (e) Notifications. Generate Available Reports for Consult Management. 	TAB 15
3:00 PM	Break	
3:15 PM	Picklists for BH: David Taylor <ul style="list-style-type: none"> Customize ICD-9 Picklists (with DSM Narrative) for BH Providers. Create CPT Superbill Picklists for BH providers. Identify and Configure CPT Picklist Associations for BH Providers. Create Patient Education Picklists for BH Providers. Demonstrate Importing and Exporting Picklists. 	TAB 16
4:15 PM	Medication Reconciliation: Wil Darwin <ul style="list-style-type: none"> Integrate the Use of the Patient Wellness Handout in the Med Rec Process. Explain why Outside Medications Data Population is Important in Maintaining a Complete Medication Profile. Utilize the Principles, Practices, and Techniques for Documenting Patient Reported Medications. 	TAB 17
4:45 PM	Review, Questions, and Adjourn	
5:00 PM	Dismiss	

3.4 Office Hour Topics

Topics may include but are not limited to:

- Miscellaneous BH Topics:
 - Evaluate actions of *Activity Time* Component and consequences of using BH Providers in non-BH visits.
 - Discuss Activity Type usage vs. CPT and its effect on reports.
 - RPMS Update: EHR Development in Progress that may be of interest to BH.
 - Overview and consideration of Vista Imaging for BH.
 - Develop a Contingency Plan/Back-up Procedure (Save Off TIU Templates/Picklists for Easy Restoration).
- Troubleshooting:
 - Identify potential errors and issues related to information in EHR not passing to BHS correctly.
 - Correcting user setup issues.
 - Delineate process for obtaining help for EHR issues.
 - Show how to create an enhancement request.