



INDIAN HEALTH SERVICE 2015 NATIONAL BEHAVIORAL HEALTH CONFERENCE

Behavioral Health Integration with Primary Care



A2: Resource Patient Management System (RPMS) Integrated Behavioral Health Model

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Integrated Behavioral Health Model Utilizing RPMS

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Learning Objectives

- Discuss the considerations that must be made and the benefits of adopting an integrated EHR.
- Illustrate information technology's value to integrated care coordination.
- Identify and discuss concerns regarding privacy and confidentiality.

Defining Behavioral Health

- Can be a combination of one or more of the following programs:
 - Mental Health:
 - Inpatient, intensive outpatient, or outpatient
 - Social Services:
 - Medical Social Service/Case Management Departments
 - Child Protection Teams
 - Domestic Violence Programs
 - Alcohol and Substance Abuse:
 - Residential, inpatient, outpatient, or aftercare
 - Prevention/Community-based programs:
 - Youth programs
 - Health Promotion and Wellness
 - Traditional Services

Non-Integrated Approached for Behavioral Health

- Behavioral health is considered a separate healthcare service.
- Non-integrated behavioral health programs have:
 - Separate charts
 - Care is focused only on the BH diagnosis and assigned to an individual provider
 - Separate physical locations
 - Communication between other health disciplines is minimal
 - Separate scheduling
 - Focus of care is provider centric
 - Separate billing and administrative operations
 - Stigma associated with seeking “mental health, social service, or substance abuse” services

Integrated Behavioral Health Social and Societal Trends

- The treatment and management of many mental illnesses occurs in primary care.
- Even serious and chronic mental illnesses are increasingly managed in primary care settings – particularly in community health clinic settings.
- Movement towards treating the “whole patient” by a interdisciplinary health team.
- Serious mental illness is attended by high medical morbidity and substantially reduced life-spans.
- Many of these trends have led to the Integrated Behavioral Health model.

Integrated Behavioral Health

- The Integrated Behavioral Health model provides both medical and behavioral health care with an emphasis on prevention, early detection, and intervention in a medical setting.
- The focus of the Integrated Behavioral Health model is on high-risk populations, disease management, and interventions that consider physical, mental, social, and spiritual aspects of patient's lives.

Behavioral Health Integration in the Medical Setting

Allows behavioral health providers to work with providers in the medical clinic in order to:

- Facilitate access to BH services through a more coordinated and aligned delivery of care structure.
- Provide early intervention.
- Treat the patient's overall health function.
- Aide with communication and care coordination.
- Provide mutual support.

**HOW CAN RPMS SUPPORT YOUR
INTEGRATED BEHAVIORAL CARE
MODEL?**

Resource & Patient Management System

- IHS Health Information Solution since 1984
- RPMS is an integrated public health information system
 - Composed of over 50 component applications/namespaces
 - Patient and Population based clinical applications
 - Patient and Population based practice management applications
- In use at approximately 400 facilities nationwide, including all Federal IHS facilities and most Tribal programs

www.ihs.gov/RPMS

RPMS Software Solution Over the Years

- Initially, Carbon PCCs were used for clinical documentation with data entry clerks entering the information in PCC.
- Chemical Dependency Management Information System (CDMIS) and Mental Health and Social Services Reporting System (MH/SS) were the first RPMS applications that encouraged provider entry for clinical documentation. Data was stored separately.
- The Behavioral Health System (BHS) v3.0 application was developed to replace the CDMIS and MH/SS and merged them into one application. This has been updated to BHS v4.0 patch 5, which is the current released version.
- Once the Electronic Health Record (EHR) was released, we began encouraging BH providers to utilize this application to help support the Integrated Behavioral Health Care model.

RPMS Behavioral Health System v4.0

- Designed specifically to support the unique business processes and clinical workflow of BH providers
- Stand alone yet integrated with other RPMS applications
 - Access is controlled by security keys
- Appointment, medication, lab, and other clinical information is visible in BHS
- Visit-related information from BHS can populate the PCC visit file, Health Summary, and other applications
- Clinical notes do not pass to the EHR or Patient Care Component (PCC)
- PCC visits can be created and sent to the Coding Queue
- BHS Visit data is available in PCC to support billing using the RPMS Business Office applications

www.ihs.gov/rpmsbh

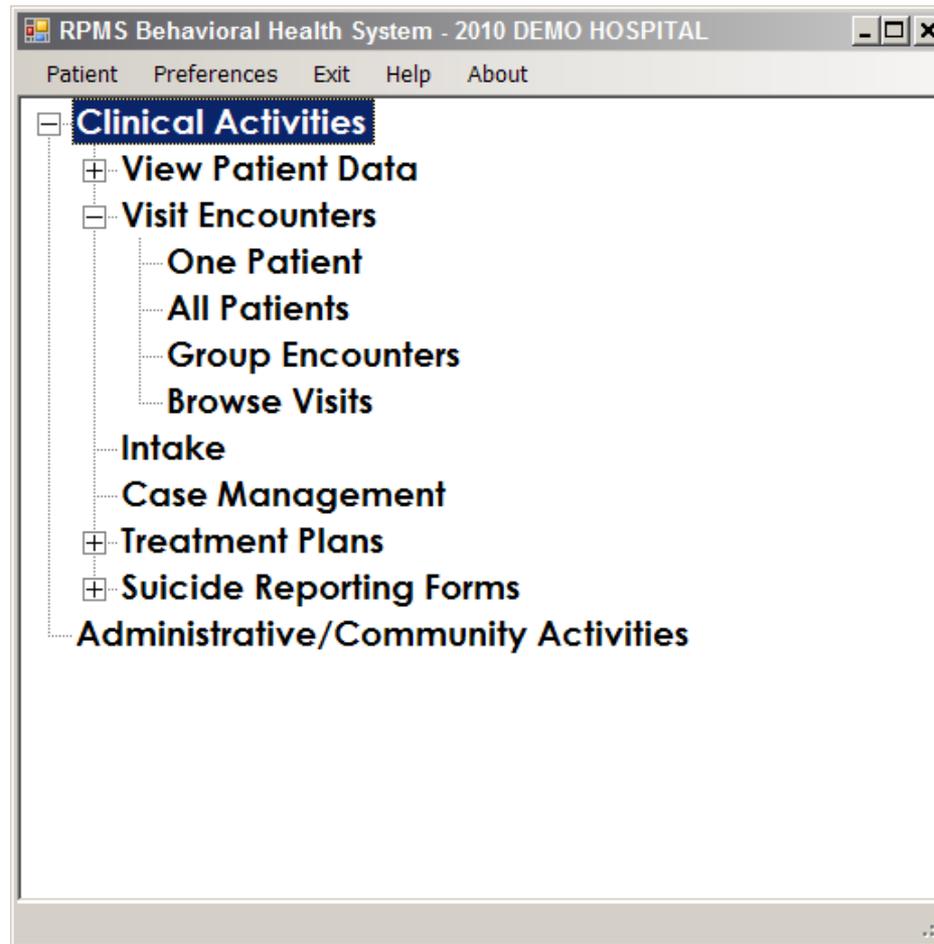
BHS v4.0 Clinical Documentation

- Individual patient encounters
 - Purpose of Visit (POV), DSM-5
 - Clinical Notes, Problem List (BH & PCC view only)
 - Patient Education, Health Factors, Exam Codes, Measurements
 - Activity Time, CPT codes
- Group Encounters
- Treatment Planning
- Intake/Assessment
- Case Management
- Suicide Reporting Forms
- Community & Administrative Activities
- Reports

BHS v4.0 ICD-10 Modifications

- The BHS DSM-IV or DSM-5 to ICD-9 crosswalk has been rebuilt to a DSM-5 to ICD-10 crosswalk. BH providers will continue to use DSM codes to enter POVs.
- DSM codes are mapped to ICD codes in PCC to support billing for BH services.
- Sites using BHS v4.0 will need to transition over to DSM-5 before October 1, 2015.
- BH providers will see the new seven character alpha/numeric ICD-10 format plus historical ICD-9 data.
- Reports were modified to display ICD-10 codes.

BHS v4.0 Main Menu Tree



RPMS Electronic Health Record

- Patient care interface for clinicians, nurses, pharmacists
- Based on VA's CPRS but more flexible and customizable to user preferences and workflow
- Information retrieval, order entry, encounter documentation, notes, and more
- RPMS EHR released in 2005, now in use at over 400 facilities nationwide including Alaska village clinics

www.ihs.gov/ehr

EHR for BH Providers Overview

The use of the EHR by BH providers supports the integrated Primary and Behavioral Health care model extremely well.

- The integrated care team must work closely with CACs and HIM staff to develop local business processes and guidelines.
- Patients must be made aware of the integrated system of care and integrated health record.
- BH providers have complete access to medical information.
- Access to BH and medical information is still governed by the “need to know”.
- The use of the RPMS EHR by Alcohol and Substance Abuse programs needs to address 42CFR and other confidentiality concerns prior to implementation.

Use of the RPMS EHR by BH Providers

- Increase in the number of BH programs using the RPMS EHR.
 - Some programs use a combination of EHR and BHS.
- BH clinical notes may be viewed by the entire integrated care team if desired (TIU business rules).
- EHR user interface can be configured to support the work flow of BH providers.
- Pick lists and clinical note templates specific to BH can be created.

Use of the RPMS EHR by BH Providers (cont.)

- BHS must still be installed and monthly exports done.
 - Dependency for Suicide Report Form
 - National BH data exports from BHS and PCC

<http://www.ihs.gov/NonMedicalPrograms/ihpes/index.cfm?module=ihpes&option=bhindex>
 - Sites can choose to run BH reports from BHS or PCC reports modules or a combination of both.
- NOTE:** BHS will continue to be maintained for those BH programs that will not be deploying the RPMS EHR.

EHR Screenshot

RPMS-EHR GARCIA, RYAN ** CMBA on NPADITSVR2-DEV **

User Patient Refresh Data Tools Help eSig Clear Clear and Lock Community Alerts Dosing Calculator Rx Print Settings Imaging

PRIVACY PATIENT CHART RESOURCES RIS DIRECT WebMail LAB GUI

Demo Amendment One 124221 19-Apr-1954 (61) F **DEMO CLINIC** DEMO_LISA M RN 21-Jul-2015 16:10 Ambulatory **Acord, Arlis**

No Postings POC Lab Entry Pharm Ed Refill "Q" Orders: 0 Problem List Adv React Medications Nds Rvw Nds Rvw Nds Rvw CIC DJA Asthma Action Plan P/W Med Rec eRx Receipt Reviewed/Updated Visit Summary

Notifications Cover Sheet Triage Wellness Problem Mngt Prenatal Well Child Medications Labs Orders Notes Consults/Referrals Superbill D/C Summary Suicide Form Reports

Active Problem List

Problem	Date
Impaired fasting glycaemia Fasting glucose of 250	18-Sep-2013 10:25

Medication List

No Medications Found

Status: All Active Inpatient/Outpatient: All Out In

Adverse Reactions

No Allergy Assessment

Status: All Active

Vitals

Vital	Value	Date
TMP	99.4 F (37.44 C)	17-Aug-1995 08:05
PU	132 /min	17-Aug-1995 08:05
RS	28 /min	17-Aug-1995 08:05
BP	134/84 mmHg	17-Aug-1995 08:05

Lab Orders

Lab Order	Status	Date
AEROBIC CUL...	COMPLETE	16-Feb-2015 13:03
AEROBIC CUL...	COMPLETE	16-Feb-2015 13:19
BMP-OIT PLAS...	COMPLETE	29-May-2015 13:47
DEMO TEST P...	COMPLETE	25-Mar-2015 09:24
DEMO TEST P...	COMPLETE	25-Mar-2015 09:28

Reminders

Reminder	Date
Tobacco Screen	DUE NOW

Appointments/Visits

Appointment/Visit	Date	Status
LAB (OIT TEST)	29-May-2015 13:47	AMBULATORY
DEMO CLINIC	29-Apr-2015 13:43	AMBULATORY
LAB (OIT TEST)	09-Apr-2015 12:03	AMBULATORY
L-INPT	07-Apr-2015 14:01	AMBULATORY
LAB (OIT TEST)	26-Mar-2015 08:51	AMBULATORY
L-INPT	25-Mar-2015 09:24	AMBULATORY
LAB (OIT TEST)	16-Feb-2015 13:03	AMBULATORY
LAB (OIT TEST)	19-Nov-2014 16:51	AMBULATORY
LAB (OIT TEST)	12-Nov-2014 06:20	AMBULATORY

Designated Providers Add Edit Delete

Category	Provider	Date Updated
DESIGNATED PRIMARY PROVIDER	ACORD,ARLIS	12/4/2014

Triage Summary

GARCIA, RYAN 2013-DEMO.NA.IHS.GOV 2013 DEMO HOSPITAL 21-Jul-2015 16:12

Using EHR to Support the Integrated Model

- Provides a shared information system.
- Allows for improved “need to know” management.
- Allows for disease management opportunities.
- Provides incorporation of BH interventions into primary care setting.
- Promotes shared decision making.
- Improves referral management. Consultations in real time.
- Supports Tele-health and mobile health technologies/services.
- Allows for patient engagement in their health care.

Benefits of Using the EHR to Behavioral Health Providers

- See what other providers see.
- Participate more closely in care.
- Clinical decision support tools available.
- Ability to use note templates.
- Allows use of Consult Tracking.
- Allows for notes to have co-signatures.
- Most Area EHR CACs have experience in implementing the EHR at BH programs. Utilize this resource.
- Some templates and documents are available at the EHR ftp website, if needed.

EHR BH Policies and Procedures

- Existing EHR Policies and Procedures were developed several years ago as the application was initially being deployed.
- EHR is now widely deployed with new user groups, including BH providers.
- There are no standardized EHR policies and procedures specific to BH providers. We strongly encourage sites to develop new ones or modify previous ones.

EHR BH Policies and Procedures (cont.)

- Existing policies need to be modified to include BH concerns:
 - Record Documentation
 - Template Use and Design
 - Others to be determined
- New policies to be developed:
 - 42 CFR Part 2 Compliance
 - Release of Information
 - Qualified Service Organization Agreement
 - Others to be determined

Confidentiality and Privacy Issues

- The integrated care team must work closely with HIM and CAC staff to develop guidelines that support local business processes and comply with privacy and confidentiality regulations. Keep in mind any state specific laws or requirements, not just HIPPA or Privacy Act.
- The RPMS EHR was not designed for use by Alcohol and Substance Abuse programs. Use of the EHR by these programs requires special consideration, policies, and set-up.
- Sensitive Patient Tracking is recommended for sites to assist with tracking accessed records.
- Access to clinical information is still governed by *need to know*.
- Patients must be made aware of the integrated system of care and integrated health record. Sites determine when and where this is done.

Available Resources for Privacy and Confidentiality Requirements and Sample Policies

- SAMHSA/HRSA integration website:
<http://www.integration.samhsa.gov/>
- National Council of Urban Indian Health:
<http://www.ncuih.org/>
- SAMHSA/Legal Action Center webinar on 42 CFR Part 2:
http://www.lac.org/index.php/lac/webinar_archive

Meaningful Use (MU) and BH

- Sites wanting to participate in the financial incentives for the “Meaningful Use” must use certified EHR technology. The RPMS EHR has been certified, as of August 2014, according to 2014 ONC standards.
- Unfortunately, not all BH providers are eligible for Meaningful Use incentive payments. However, IHS continues to participate in a federal partnership to work closely with ONC and CMS to advocate for broader inclusion of BH in MU.
- Both Stage 2 and (proposed) Stage 3 include additional Clinical Quality Measures specific to BH (in the primary care setting).

RPMS Meaningful Use

<http://www.ihs.gov/meaningfuluse/>

Additional Resources for MU and CQM Measures

- SAMHSA-HRSA Center for Integrated Health Solutions:
<http://www.integration.samhsa.gov/operations-administration/hit>
- CMS EHR Incentive Programs:
<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>
- Health IT.gov Behavioral Health:
<http://www.healthit.gov/policy-researchers-implementers/behavioral-health>
- ONC Health IT Certification Program 2015 Edition Test Methods Home:
<https://confluence.oncprojectracking.org/display/CERTTEST2015/ONC+Health+IT+Certification+Program+2015+Edition+Test+Methods+Home>

Final Thoughts

- Where IHS used to be the principal behavioral healthcare delivery system for AI/ANs, there is now a less centralized and a more diverse network of care provided by federal, tribal, and urban programs. Even so, the importance of integrated health care cannot be underestimated.
- Utilization of the RPMS EHR can help facilitate the transition to a more integrated behavioral health care model. IHS OIT will continue to work with BH programs to enhance the EHR to better meet BH providers needs.
- Although privacy and confidentiality issues need to be considered and addressed, it does not have to be a barrier to the Integrated Behavioral Health Care model.

Contact Information

- RPMS Behavioral Health System website:
<http://www.ihs.gov/rpmsbh>
- RPMS Behavioral Health System LISTSERV:
http://www.ihs.gov/listserv/topics/signup/?list_id=172
- RPMS Electronic Health Record website:
www.ihs.gov/EHR
- RPMS EHR LISTSERV:
http://www.ihs.gov/listserv/topics/signup/?list_id=73
- OIT User Support:
Support@ihs.gov
- Wendy Wisdom, Federal Lead for AMH:
wendy.wisdom@ihs.gov