

Three Behavioral Health Hospitals Leap from Paper to EHRs

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In the public mind, the needs of the mentally ill and addicted have always taken a backseat to those of the physically ill and injured. This dichotomy was never more obvious than when behavioral health and addiction providers were excluded from the Meaningful Use program created by the American Recovery and Reinvestment Act (ARRA) of 2009.

Predictably, EHRs have proliferated among incentivized providers and remain comparatively rare with behavioral health and addiction organizations. As of December 2015, 98 percent of eligible hospitals and nearly 60 percent of office-based physicians had implemented an EHR, according to [HealthIT.gov](#). All told, these providers received over \$32 billion in federal tax dollars to cover EHR-related costs.

Contrast those numbers with the relatively few behavioral health and addiction providers that have EHRs. The National Council for Behavioral Health [reported in 2012](#) that fewer than 30 percent had one. A [2012 Health Affairs study](#) said only 21 percent of psychiatric hospitals had EHRs. [Software Advice's](#) 2014 study of 385 mental health software buyers found that most were from small practices; only 16 percent represented organizations with more than 11 doctors.

Now, seven years after ARRA, healthcare leaders are increasingly worried about the EHR divide between acute and mental health care. Clinicians know that physical and mental health are inextricably connected; without the ability to share care data across patient populations, comprehensive care and treatment is an unreachable goal, putting the health of millions of Americans at stake. While HIMSS, AHA, NAPHS, CMS, Congress and others have discussed these problems and proposed various solutions, financial support for EHR adoption by behavioral health and addiction providers remains elusive.

And yet, even without Meaningful Use, an increasing number of behavioral health hospitals are blazing their own trails toward better care through EHRs. In-depth interviews with leaders of three such organizations illustrate why and how they made this transition, and how working with an EHR has proved beneficial to patient care.

- [IntraCare North](#) is a 90-bed psychiatric hospital managing two care facilities in the Houston, Texas, area. IntraCare offers a continuum of inpatient and outpatient mental health and chemical dependency services to children, adolescents and adults.
- [The Recovery Center at Evergreen Health Monroe](#), based in Monroe, Washington, offers a multidisciplinary treatment team that provides inpatient and outpatient services for substance abuse patients throughout the Pacific Northwest. It is licensed for 32 beds.
- [Silver Hill Hospital](#) is a psychiatric hospital with 129 licensed beds. Located in New Canaan, Connecticut, the independent not-for-profit facility provides inpatient and residential transitional living programs for adolescents and adults. Its 45-acre campus includes ten buildings designated for different levels of care.

All three organizations in this study shared an upfront advantage: Each had leaders and staff that were familiar with EHRs and astute enough to observe how these systems could change the healthcare landscape. Previous interactions with acute care providers gave them valuable insight regarding the potential benefits of EHRs: better quality measurement, improved internal processes, simplified reporting, integrated care management and more accurate patient records, to name but a few.

Leaders of these organizations each provided answers to the same four questions.

1. From Paper to Electronic: Why take this giant step?

Better Record Keeping and Reporting

“We knew moving to an EHR would provide a better quality record because EHRs don’t allow skipping over data fields, which often can happen in a paper record,” explained IntraCare CEO of Healthcare Operations Terry Scovill. “Moreover, online records can be monitored internally far more easily.”

Scovill also noted that the simple illegibility of paper records and high costs of paper were problems that could be virtually eliminated with electronic data entry.

“Staff therapists and nurses were doing so much time-consuming documentation,” added Eric Britt, an Evergreen supervisor. “We knew typing would be more accurate and productive once they became accustomed to it.”

IntraCare leaders also wanted to minimize the paperwork burden of reporting to the Joint Commission and state and federal agencies. “Tracking down needed records and being able to read them was a big problem that detracted from our central mission,” according to IntraCare Project Manager Phyllis Qualls.

Immediate Access to Patient Records

For Silver Hill, trying to manage documentation across ten buildings and multiple treatment programs was frustrating, so instant access to patient records was essential.

“Discharge from one program to another on paper was a nightmare,” said Silver Hill President and Medical Director Sigurd Ackerman, M.D. “Clinical records were hard to find ... to operate more smoothly, our staff needed immediate access to the whole patient record.”

Evergreen Medical Director John Patz, M.D., agreed. “Multiple access was needed, as was the ability to easily audit records. We wasted too much time hunting down records that lived on one piece of paper.”

Integrated and Improved Care

Leaders and staff from all three hospitals expected a comprehensive EHR to enable better care integration with other providers.

“IntraCare wanted the ability to easily share patient information with referrals, which was difficult to do with paper records,” Scovill explained. “We knew that if we could quickly share quality data with referring physicians, everyone would benefit, especially our patients.”

For key hospital staff, an EHR gave them the ability to quickly understand a patient’s care history and rapidly determine correct next steps.



“We expected electronic patient record sharing to help us better serve our patients by minimizing medication delays and inaccuracies—critical in a substance abuse program,” said Dr. Patz.

2. How did you overcome cost barriers in selecting an EHR?

Like most behavioral health / substance abuse hospitals, Evergreen, IntraCare and Silver Hill could not absorb the huge costs of one of the better-known EHRs and the traditional implementation model. Decision makers from each facility emphasized that large, prohibitively expensive systems with unnecessary bells and whistles were never on their radar. Each hoped to find an EHR to cover essential operational needs, including behavioral health workflow support, provided by a cost-sensitive vendor.

“In 2010, as today, we couldn’t afford big systems, and of course they had little application to psychiatry,” explained Dr. Ackerman of Silver Hill, the first of the three hospitals to adopt an EHR. “We had already tried out a system that was a real mistake. Still, I knew EHRs were the future of healthcare. We found Medsphere’s OpenVista. Though Medsphere was new as a company, it already had a successful OpenVista application implemented across the entire Indian Health Service.

“It helped that many of our physicians had trained with Yale and worked with VistA extensively. But, what was most impressive was that Medsphere was willing to support behavioral health workflow modifications and still keep costs low. This flexibility became a valuable component of our relationship.”

In 2013, IntraCare had a physician on staff who had previously used VistA at the VA and found it easy to work with. With his input and advocacy, it was natural for IntraCare leaders to look at OpenVista when researching potential options. Other EHR systems proved to be prohibitively expensive largely because they charged for software, even though the systems would not be installed onsite. None offered capabilities specific to behavioral health services.

But perhaps the biggest game-changer was Medsphere’s “willingness to work financially” with IntraCare, according to Scovill. “We were impressed with Medsphere’s understanding of our financial constraints, and its desire to help us manage costs. Its leaders’ attitude made moving to an EHR possible for us.”

In 2013, the Recovery Center at Evergreen, one provider in the Valley General system, was in an entirely different situation. Faced with loss of support for an existing Siemens system and a looming Meaningful Use incentive deadline, Valley General chose OpenVista for its functional strengths and simplicity. Also, Medsphere promised a streamlined implementation to ensure meeting the Meaningful Use deadline. After a near-record six-month implementation, Medsphere and Valley General met their goal.

While the logical next step for Evergreen was to follow suit, leadership had to be sold on the adaptability and power of OpenVista in a program-based addiction treatment environment. The OpenVista Multidisciplinary Treatment Plan—a tool designed in collaboration with Silver Hill specifically for behavioral health—convinced Evergreen in 2014 that Medsphere was serious about mental health care and that OpenVista was the right platform.

Both Valley General and Evergreen were uniformly pleased with Medsphere’s flexible financial arrangements and low costs. Medsphere’s subscription service enables hospitals to acquire an enterprise EHR without huge upfront costs or backend balloon payments. This fact, in addition to OpenVista’s behavioral health orientation and easy-to-use interface, was central in their final decisions.

3. EHR vendors always promise smooth transitions, but reality often doesn't measure up. How did your implementations go?

Naturally, each hospital had initial concerns about potential disruption of operations and patient care during an EHR implementation. All remarked that though their transitions were challenging to the organization, as promised, they were also surprisingly smooth.

The reasons?

First, each hospital had an enthusiastic physician “champion” to advocate for the project, and all communicated frequently with clinicians and staff to ensure preparedness and keep everyone on board.

Dr. Ackerman noted that EHRs were relatively rare in 2010, which meant he “had to spend a lot of time selling to physician staff and nurses, which really helped to smooth the process.” Dr. Patz, Evergreen champion, said physicians were a bit wary, but the prospect of eliminating wasted time on paper records was a huge draw.

“We set up a small interdisciplinary team that was committed to the project, explained Phyllis Qualls, the IntraCare project manager. “Over a period of months, we worked closely with an integrated group of Medsphere’s specialty teams. The training and support Medsphere provided each step of the way and with each user group was extraordinary.”

Added Evergreen Program Director David Anderson: “Yes, Medsphere’s training was great, but learning OpenVista held no barriers for our staff ... it was easy to learn and easy to use. There was no question that we would be ready.”

“The actual transition was just flipping a switch,” explained Ackerman. “To avoid a big dump of clinical data at go-live, we just kept the old record. The previous system didn’t have order entry, so our 14 psychiatrists and I got together one night, wrote up all the new orders – a lot of work and a lot of pizza – but that’s all it took.”

Still, internal project managers and Medsphere staff didn’t take the final “flipped switch” for granted at any of the hospitals. With guidance from Medsphere’s implementation staff, they made sure a cadre of internal staff, OpenVista specialists and technical experts were continuously onsite overseeing the transition, including many who worked 16-hour days before and after go-live.

Medsphere’s Customer Care group picked up where the implementation teams left off. Qualls said she “couldn’t be happier with Customer Care. The account executive meets with us regularly, and the support team is very professional, knowledgeable and helpful. They get back quickly when we have questions or issues that need to be resolved. We actually missed the implementation folks when they stopped coming, but the Customer Care group is doing a great job for us now.”

4. What benefits has your new EHR provided? Are there any major down sides?

For many thousands of acute care providers who started using EHRs in recent years, the jury is still out when it comes to satisfaction. Contrast that with users from these three behavioral health hospitals who expressed great enthusiasm about their EHR decisions. Despite the cost barriers created by lack of Meaningful Use incentives, the EHR benefits have been transformative.

- **Better access to patient records enabling 21st century capabilities:** Certainly, better access has streamlined work processes for staff who no longer have to hunt down and wait for paper records. As Terry Scovill at IntraCare pointed out, his staff can now also access patient records remotely and create discharge summaries far more quickly, which has a direct impact on continuum of care. Remote access to records also enables telemedicine solutions that the hospitals were previously unable to offer.
- **Higher quality data ensuring better care and fewer errors:** Moving away from paper-based eligibility issues immediately reduced errors and episodes of missing information, according to Dr. Ackerman. It also enabled monitoring of records, improved quality assurance, cleaner claims and more accurate, less time-consuming reporting—priorities for all three hospitals.
- **Integrated care through electronic exchange of data with other providers:** “Essential correspondence with other providers is faster and easier, and enables all to be more responsive to patient health developments ... medication orders now move much more quickly,” said Evergreen’s Dr. Patz. “OpenVista has contributed to a more efficient, responsive referral process; using an EHR is faster, and we can feel confident that the information we are exchanging with referrals is accurate,” added Scovill.
- **Better care enabled by OpenVista’s tailored Multi-Disciplinary Treatment Plan:** The MDTP module, designed collaboratively by Medsphere and Silver Hill, gives clinicians a unique goal-oriented tool that enables them to plan, coordinate and document patient care plans in order to track patient progress. For Silver Hill, MDTP has been “a great boon” that acute-oriented EHRs don’t provide. “We can now document entire plans and share progress towards our goals in real time,” according to Evergreen Recovery Supervisor Eric Britt. “And, as we’ve gotten more comfortable with it, we keep finding creative new ways to apply it to our work.”

For Evergreen Health Monroe, Silver Hill Hospital and IntraCare North, the transformation from paper to technology was not easy. The leaders and staff of each hospital endured soul-searching, information-gathering, risk analysis, and in some cases, trepidation. They confronted issues such as cost, lack of IT knowledge and internal expertise, security and privacy concerns, staff resistance and the scarcity of behavioral health-oriented systems. Today they are unanimous in their endorsement of the quality and efficiencies the OpenVista EHR provides.

“No one wants to go back to paper, even physicians who were initially reluctant,” Dr. Patz concluded. “The time savings and other benefits at the back end of a few extra minutes typing have made an incalculable difference to patient care and our organization’s productivity.”

“We are very happy,” added Dr. Ackerman at Silver Hill. “We’ve stopped looking around and are going to stay right here.”



About Medsphere

Founded in 2002 and based in Carlsbad, Calif., Medsphere Systems Corporation is an organization of committed clinical and technology professionals working to make quality healthcare IT solutions accessible to organizations of virtually any size, shape or budget. Medsphere's OpenVista® is an acute and inpatient behavioral health-oriented portfolio of clinical products and services that leverages the VistA electronic health record (EHR) system developed by the Department of Veterans Affairs (VA) and the Indian Health Service (IHS). Medsphere's Government Services Division also applies that VistA expertise to development and testing projects for both VA and IHS.

Medsphere's MBS/Net division enables better ambulatory care via physician practice EHR, revenue cycle management (RCM) and practice management systems and services. Using a vendor-independent approach to helping hospitals solve critical challenges, the Phoenix Health Systems division provides a host of healthcare IT services, including systems implementation, compliance project management, service desk, end-user device management, infrastructure support, application management and IT leadership.

Whatever your healthcare IT challenge, Medsphere has a solution.

Learn more about Medsphere at www.medsphere.com.

OpenVista EHR