The Future Of Behavioral Health EHR Systems – Beyond Billing & Scheduling

Results of the 2017 National Behavioral Health EHR Survey

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Behavioral Health Software

Introduction

By now, most behavioral health provider organizations have purchased an electronic health record (EHR) – almost 85%. That finding, from our *2017 National Behavioral Health EHR Survey*, was not a surprise. However, as more organizations are adopting EHRs and the behavioral health care landscape is changing towards a focus on value, the survey also suggests a demand for new capabilities that were not originally planned during implementation. Satisfying such requirements can only be delivered by a robust EHR platform.

This comprehensive survey on the state of EHR capabilities in the behavioral health sector revealed some surprises:
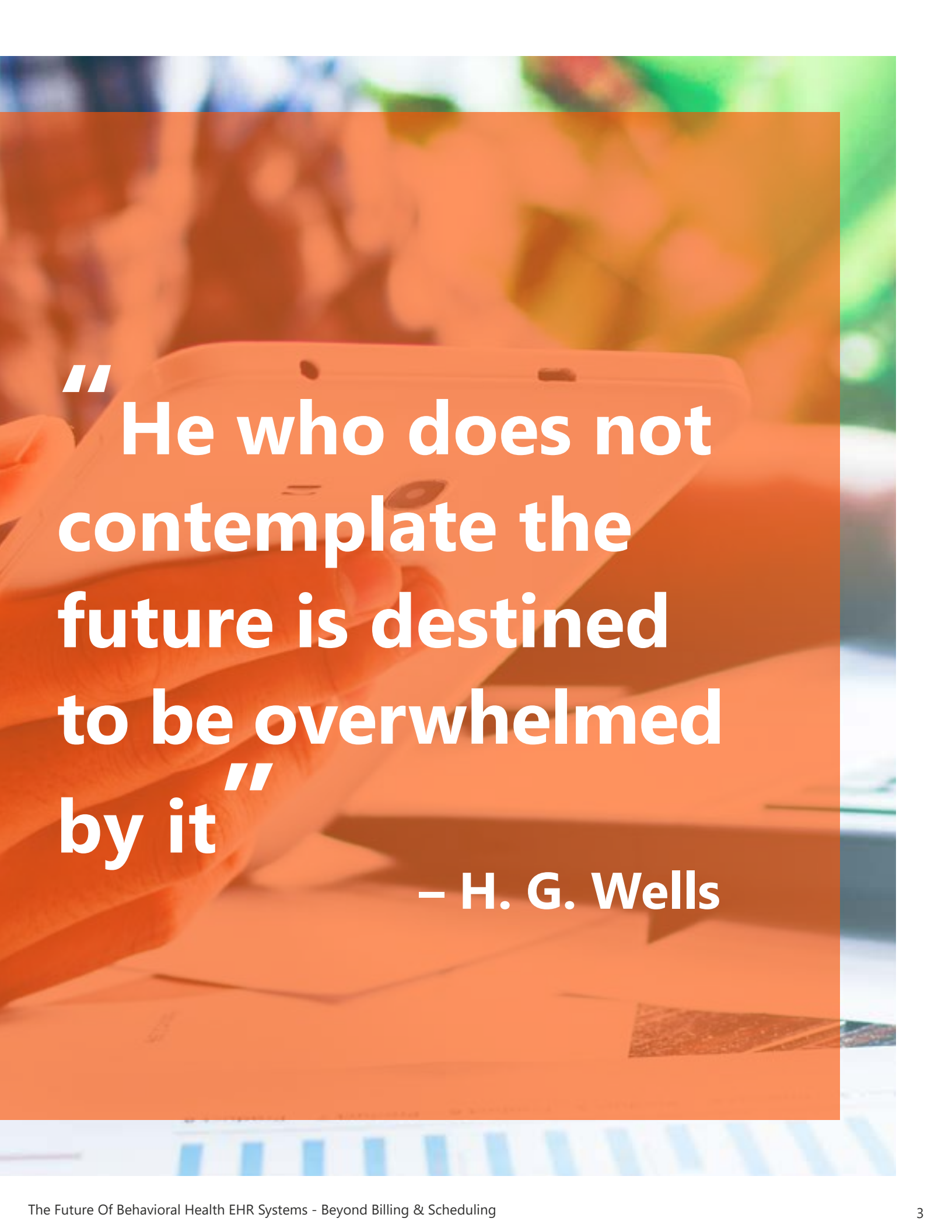
- Organizations are shifting how they utilize their EHRs and identifying additional features that are needed to support new service delivery models in value-based settings

- It appears to take longer to implement an EHR than recorded in previous years – with nearly a quarter of projects requiring 18 months or longer

- 46% of EHRs were implemented six or more years ago

- The ability to support disconnected functionality, also known as mobile and offline computing, has been implemented in less than 50% of surveyed organizations

- 17% of behavioral health organizations indicated that the management of health home functionality is planned, but not implemented, and 50% say it is not needed

- Only 30% of organizations have implemented some level of primary care functionality

- One-third of organizations have a need for data mining or business intelligence functionalities in their EHRs, and these capabilities are required to compete for value-based contracting opportunities

What does this mean for executives of behavioral health provider organizations? First and foremost, **traditional EHR functionality is not enough anymore for success in a more competitive market focused on value.**

Competing in the changing health care environment requires organizations to demonstrate their value to consumers and payers by providing quality services with agreed upon outcomes at a competitive cost. The survey results indicate executive teams rely on EHRs to perform the core functions of clinical documentation, treatment planning, appointment scheduling, service billing, and reporting. The survey responses showed that the changes in the behavioral health service delivery models require organizations to have additional capabilities in their EHRs – ones that will enable them to compete in a value-based market. For example, provider organizations are planning to implement or have implemented technology to support the activities of care coordination and collaboration with health homes and primary care. Also, as more services are rendered in community-based settings, organizations are considering the capability within the EHR to deploy and manage a remote workforce while also combining core business and administrative capabilities to satisfy the needs of the entire organization. Many EHRs have additional demands being placed on them since they were originally implemented (many years ago for most) due to the dynamic changes in the service delivery landscape that requires reconfiguration and new functionalities to be added to the EHR. Having a technology strategy that can evolve to address these changes in the dynamic behavioral health industry creates an opportunity for competitive advantage.

" He who does not contemplate the future is destined to be overwhelmed by it "

– H. G. Wells

I. 2017 National Behavioral Health EHR Survey Results

OPEN MINDS conducted a survey in the fall of 2017, targeting organizations providing behavioral health services. The focus of the *2017 National Behavioral Health EHR Survey* was to learn how many organizations have implemented an EHR, the progress those organizations have made toward complete implementation, and what additional features executive teams are considering to enhance their EHR in order to position their organization for success. The survey asked respondents questions about the length of time it took them to implement their EHR, barriers to purchasing a system, and how long ago they acquired their current EHR system.

The survey results indicated that there had been tremendous progress toward fully implementing the EHR core functionalities of clinical documentation, scheduling, billing, and reporting in the last year. 68% of organizations said that they had fully implemented those core functions – a significant increase from the previous year of 31%.

However, as service delivery models evolve, additional features and capabilities are needed in EHR systems. The survey found that executive teams are looking for enhanced functionality in four areas – mobile computing, primary care integration, health home coordination, and analytics for decision support.

Mobile and offline – sometimes called "disconnected" – functionality supports easy access and documentation of services offered in the community or wherever the consumer lives. This functionality helps community-based behavioral health organizations expand service reach into the communities they serve and share vital administrative and clinical information – resulting in more responsive, effective services for consumers.

Primary care integration is necessary when provider organizations are coordinating physical and behavioral health care needs. An EHR that can capture important physical health information, integrate with primary care settings, help coordinate care with other provider organizations, and offer a full longitudinal view of the consumer's experience is a big part of managing bundled payment methodologies that are increasingly part of payer contracts.

Care coordination and management within health home settings, in conjunction with the integration of primary care functionality, requires capabilities that go beyond traditional EHR models; which primarily focus on data captured within the four walls of the program setting. The idea of capturing data in all aspects of the health eco-system, through connections with Health Information Exchanges, registries, and partner providers is new and forces consideration of technologies that support the over-arching view of person-centered care.

The ability to analyze and use data for decision support was another theme. As more service delivery models move to value-based reimbursement, organizations need an EHR that supports data analytics and business intelligence functions to ensure the right intervention is provided to the right person at the right time, track consumer outcomes, and meet contractual requirements.

To take advantage of this changing market, proactive leaders of behavioral health provider organizations are evaluating their existing EHR and identifying where enhanced or added functionality will improve their service delivery. Strategies to accomplish this goal include contracting with the current EHR vendor to add needed capabilities, integrating advanced EHR functions from a third party technology vendor, or considering a replacement EHR. Having a clear vision of where the behavioral health market is headed and developing a strategy to navigate those changes will ensure greater success for behavioral health provider organizations.

EHR Implementation & Purchasing

OPEN MINDS surveyed behavioral health organizations' EHR implementation status, reasons for not yet having purchased one, length of time to implement an EHR, and how long ago thier EHR was acquired. More provider organizations have implemented an EHR since the previous year with a five percentage point increase from 2016 to 2017. Organizations also reported that the length of implementations has increased over the previous year. The survey respondents indicated that their EHR systems are growing more mature with almost half (46%) being over six years old. And 15% of surveyed provider organizations have not yet purchased an EHR. The findings below show the survey results in greater detail.
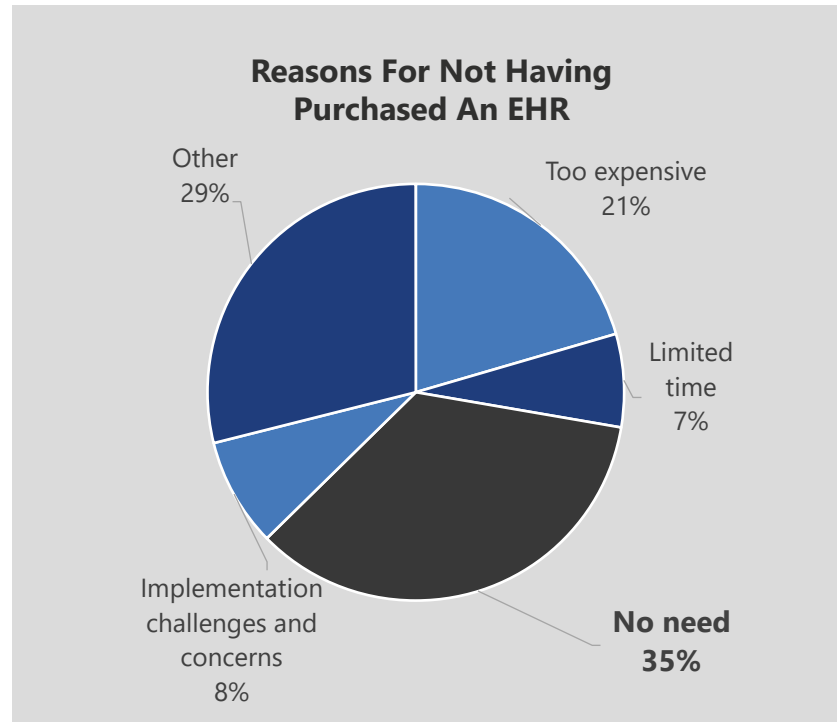
EHR Implementation Status

- **73%** of provider organizations with an EHR define their EHR as fully implemented, with most having implemented their system 6 to 12 months after implementation kick-off.

- **85%** of the surveyed provider organizations have purchased an EHR – a five percentage point increase from the previous year's survey and also may be an indication the EHR market is hitting its maturity phase.

- **34%** of respondents report that they experienced a combination of delays from the vendor and their organization, suggesting that project management expertise and adequate staff resources are critical for an implementation that is on time, on budget, and meets project deliverables.
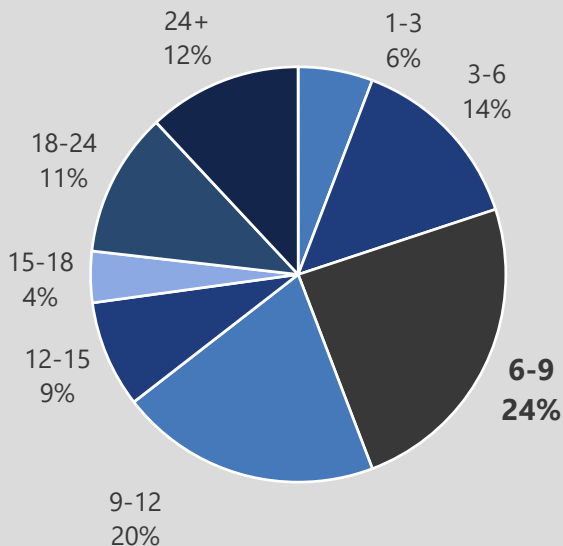
EHR Implementation Status

Partially implemented 23%

Not yet implemented 4%

Fully implemented 73%
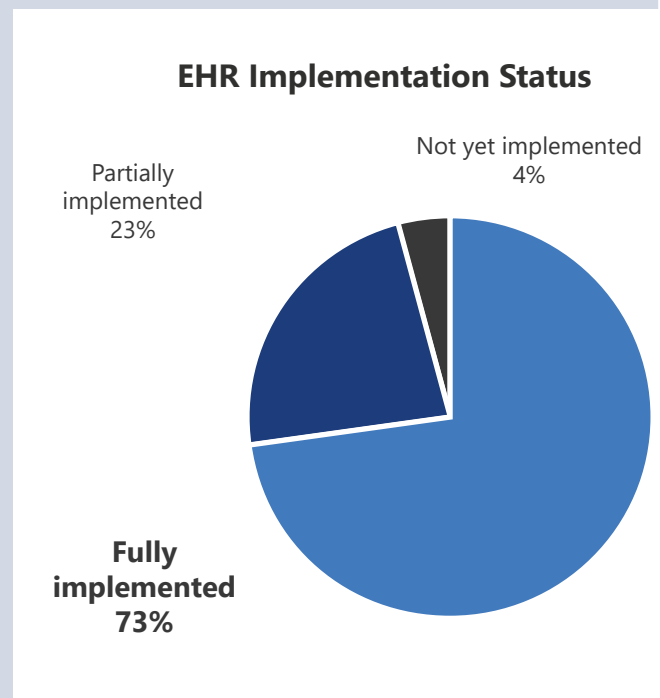
EHR Purchasing Decision Factors

As for the organizations that have not purchased an EHR, 21% of the respondents indicated price was the reason preventing the purchase. Over one third (35%) of those responding they have not yet purchased an EHR stated that there was no need for an EHR. The result is that these respondents are still operating without an automated system to efficiently document services, bill, and report quality outcomes.

Reasons For Not Having Purchased An EHR

- Other 29%
- Too expensive 21%
- Limited time 7%
- **No need 35%**
- Implementation challenges and concerns 8%

Implementing an EHR is a complex task on many level combining operational concerns about budgets, trainings, processes, and timelines, along with the larger issue that new technology fundamentally changes interaction with consumers and service delivery.

Months To Get EHR Fully Implemented

- 24+ 12%
- 1-3 6%
- 3-6 14%
- **6-9 24%**
- 9-12 20%
- 12-15 9%
- 15-18 4%
- 18-24 11%
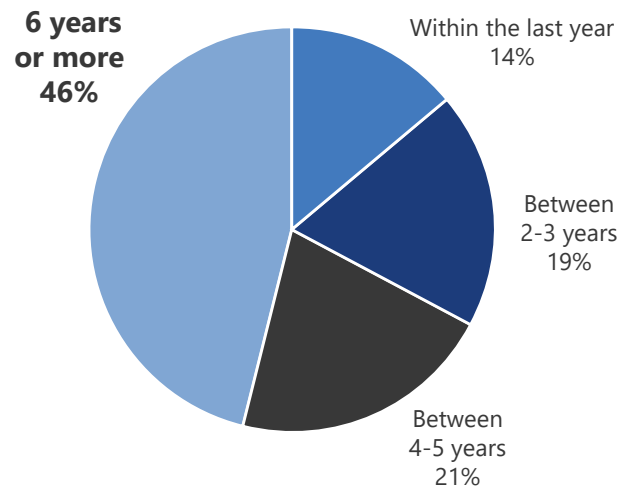
EHR Implementation Time

The majority (44%) of organizations experience an implementation time of 6 to 12 months, an 11% point increase over the previous year (35%). The national survey found that almost one-fourth (23%) of organizations surveyed experienced a longer "go live" time of 18 months or more – a four percentage point increase since the previous year.

EHR Software Is Maturing

Two-thirds of the surveyed EHR users have systems that are older than four years, and almost half of the surveyed organizations purchased their EHRs more than six years ago. These responses show the EHR market is maturing and that behavioral health organizations are staying with their existing solution for many years.

When Did Your Organization Purchase An EHR?

- 6 years or more 46%
- Within the last year 14%
- Between 2-3 years 19%
- Between 4-5 years 21%

The *2017 National Behavioral Health EHR Survey* showed that behavioral health provider organizations are moving closer to full implementation of EHR systems. For those provider organizations who have not purchased an EHR, the majority responded that they do not see a need for one. For the 85% who have purchased an EHR, they have seen a slight increase in the implementation time frame.

Demand For New EHR Functionalities Increases

The findings of the *2017 National Behavioral Health EHR Survey* suggest that both vendors and customers are adapting to the evolving world of value-based reimbursement. While most respondents said that the core functionalities of their existing EHR are either entirely or partially implemented, they want more capabilities than previously contemplated. EHR functionalities that support value-based reimbursement models are driving future strategy according to the results.

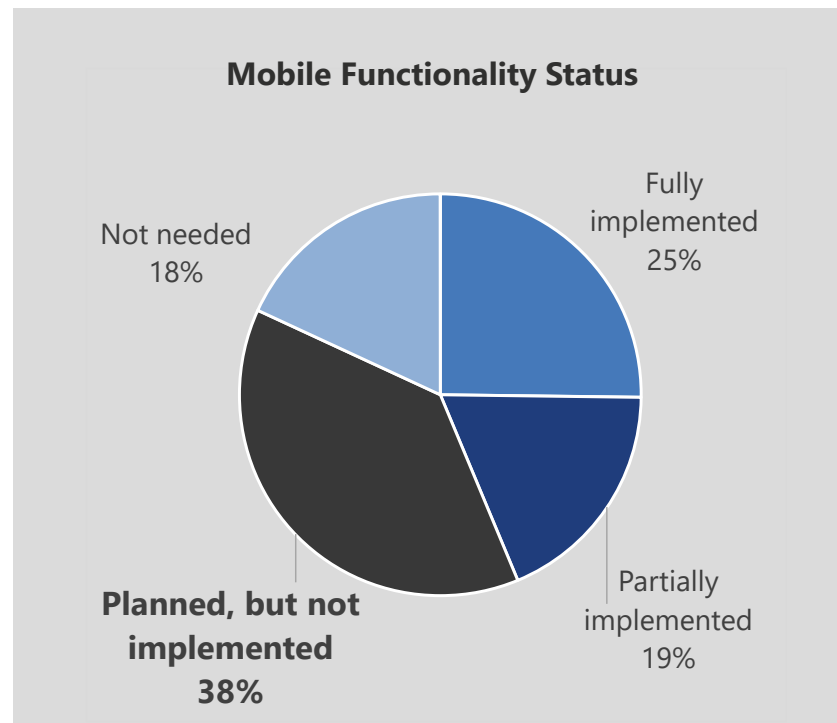## EHR Core Functionality Is Still The Highest Priority

The data from the survey show organizations are making great strides to implement "core" functionality – clinical, scheduling, billing, and reporting – that enable them to complete key operational tasks. There has been a significant increase in the number of organizations that have fully implemented these four core functionalities. Sixty-eight percent had fully implemented EHR core functionalities in 2017 compared to only 31% in 2016.

| 2017 Core EHR Functionality Implemented	Fully Implemented	Partially Implemented	Planned, But Not Implemented	Not Planned, But Wanted
Clinical	75%	19%	6%	0%
Scheduling	71%	14%	12%	3%
Billing	70%	18%	9%	3%
Reporting	57%	36%	8%	0%
Totally Implemented	**68%**	**21%**	**9%**	**2%**

Mobile Capability

Mobile technology is changing the way that organizations can access information through such things as hand-held mobile devices and laptops. The survey results show respondents are gearing up for mobile capability with 25% reporting as fully implemented, and another 57% are in the early implementation or planning stage. Behavioral health organizations can use mobile technology to share vital administrative and clinical information to improve process cohesiveness, whether in the field or at an off-site work location.

Mobile Functionality Status

- Fully implemented 25%
- Partially implemented 19%
- Planned, but not implemented 38%
- Not needed 18%

Behavioral health, and health care, in general, have evolved through legislation and technology in the last few years. Organizations that use EHRs need to evaluate if they are getting the most functionality out of their existing systems and determine the best recourse for growth.

Management Of Primary Care Functionality Status

- Fully implemented 21%
- Partially implemented 9%
- Planned, but not implemented 16%
- Not needed 54%
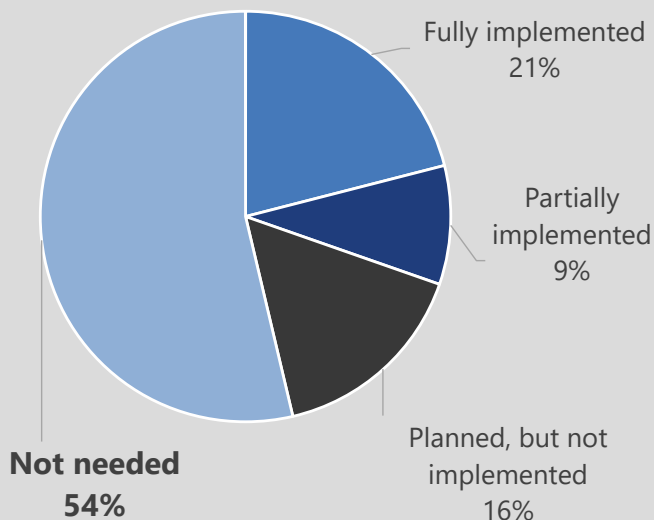
Primary Care Management Functionality

46% of respondents said that primary care functionality is implemented or planned, while a large percentage have yet to see the need to implement. Treating the whole person, and not one facet, is an essential strategy for behavioral health organizations, requiring integration with physical health care. EHRs can facilitate service integration through data exchange with primary care providers and include primary care documentation functionality. Organizations that can efficiently integrate physical and behavioral health can respond more effectively to payer requirements and provide better services.

Management Of Medical/Health Homes Functionality Status

Fully implemented
22%

Partially implemented
11%

Planned, but not implemented
17%

**Not needed
50%**
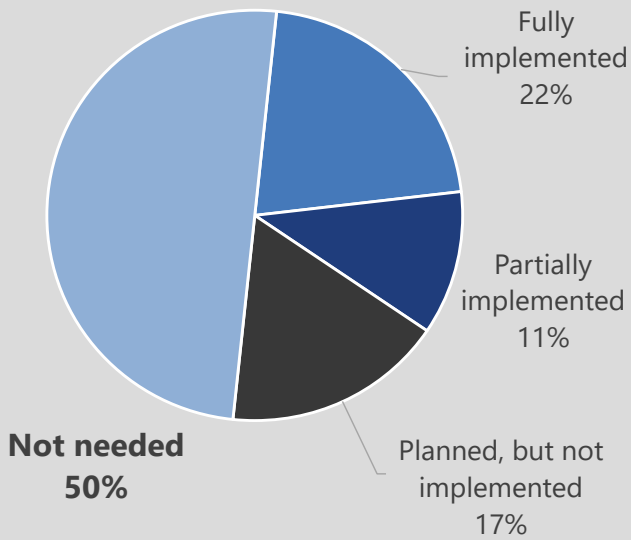
## Management Of Medical/ Health Home

A health or medical home offers coordinated care using a team approach with individuals with multiple chronic health conditions. This model shifts focus away from episodic acute care to whole-person care. Only 33% of respondents have partially or fully implemented this functionality, and 50% of the surveyed organizations do not think this functionality is needed in their EHR. Coordinating care and facilitating health behaviors improves the health of consumers and makes a provider organization "preferred" by consumers and payers.

Having an EHR that supports interoperability, data mining, and business intelligence provides solid ground for behavioral health organizations to have better outcomes in the changing health care market.

Data Mining & Business Intelligence

Regulatory and payer requirements are increasingly demanding patient outcomes. Tracking outcomes and using the data to inform business decisions helps behavioral health care provider organizations stay in compliance with regulatory bodies and ensure timely payments. The survey shows improvement in this enhanced EHR feature with over half of the respondents having data mining and business intelligence functionality fully or partially implemented.

Data Mining/Business Intelligence Functionality Status

Not needed
10%

Fully implemented
26%

Partially implemented
30%

**Planned, but not implemented
34%**
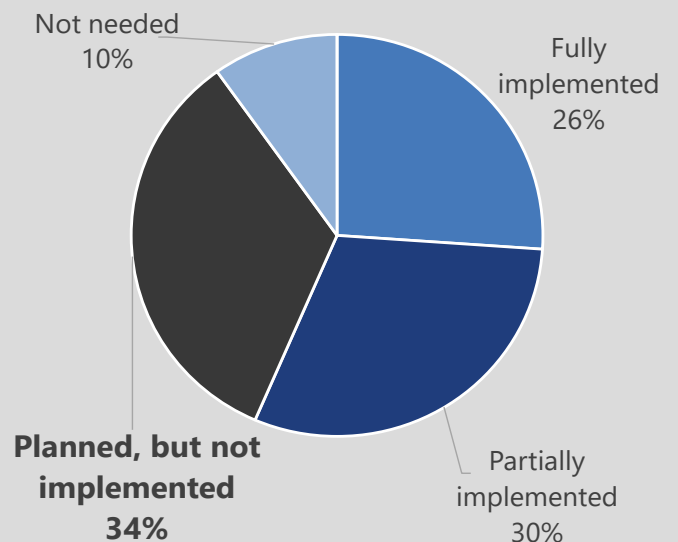
II. Addressing The Evolving Needs Of EHR Functionality In The Behavioral Health Field

As the demands placed on behavioral health provider organizations evolve, their technology platforms, including their EHR solution, must also keep pace with those essential requirements. With more services being offered in the community, it is important for an EHR to incorporate a mobile or offline function for a remote workforce. Executive teams should consider a technology solution that supports care integration when partnering with primary care providers or health home or medical homes. Value-based reimbursement models are driving increased collaboration and require behavioral health organizations to track data and report on outcomes through such integration activities.

The ability to analyze and use data for an EHR platform that can be modified to adapt to these and future changes will maximize the value of a technology investment over time. It will also enable provider organizations to maintain a competitive edge in the market by serving consumers in better ways and demonstrating to payers superior cost and quality outcomes. High-performing EHR vendors must understand the changing dynamics within the behavioral health care market and seek to deliver more capabilities than were initially contemplated during the EHR contracting and business planning stage of the product's implementation. The industry can expect to see more activity between EHR vendors and behavioral health provider organizations around additional capabilities.

Behavioral health organizations have several options to ensure that their technology investment is meeting the needs of the changing health care environment.

- **Organizations can work with their current EHR partner to meet those technology needs in the existing EHR system through configuration, customization, or purchasing an add-on module.**

- **Organizations can engage a third party technology partner to integrate needed functionalities into the existing EHR.**

- **Organizations can consider a new technology solution that meets their service delivery requirements while adding features and functionalities to support growth.**

Configure New Features or Secure An Add-On From The Current EHR Vendor

Negotiating for necessary functionality with an existing EHR vendor is always an option. Other provider organizations may have made a similar request, and EHR vendors are willing to design needed solutions by leveraging their existing software development tools. Many EHR solutions support tools allow authorized users to configure new content and workflow as a way of meeting additional requirements. Depending on the complexity of the specification, this may work for part of any new data collection function or workflow.

Understanding the product plan of the organization's IT partner also offers insight into how to proceed. In particular, many companies seek "edge" partners for the development of new functions that have general applicability to the community. However, functionality added in this way takes time and funding. Furthermore, IT vendors are developing new modules and solutions all the time to meet customers' needs. Work done to support meaningful use requirements is a good example, and many vendors introduced their consumer portals, integration tools, and primary care content to meet these demands, some of which may be covered under the original support agreement, but as a rule, there could be charges that apply.

Integrate Functionality From Another Technology Vendor

Some EHR vendors might not be able or willing to support advanced features and new functionalities but operate under an open framework that will support some level of integration or connectivity. In this case, behavioral health provider organizations can reach out to an outside technology vendor to access new functionalities.

Working with both vendors to ensure interoperability is critical. The systems should be able to efficiently communicate with one another to reduce duplication of data entry and to ensure data integrity. The challenge with this approach is that it adds expense – both one-time and recurring – and complexity. Plus, working with multiple vendors adds a layer of management overhead that sometimes results in misunderstandings about accountability and control.

Carefully Consider The Option Of Replacing Legacy EHR Systems

An older, more mature EHR may not be a bad thing at all. The vital question to ask is can its functionality and capability grow as the needs of the organization change over time? While the survey results show that almost half of EHR systems were deployed over six years ago, it does not always mean they need to be replaced. Such a decision needs to be part of the organizations' overall strategic plan and take into consideration how that plan aligns with the product management plan and vision of the current IT partner.

Although it is true that legacy systems may no longer meet the needs of the organization, mainly if the EHR vendor cannot compete with new service delivery requirements, many "legacy" systems in use continue to grow with the industry by leveraging new technology to support the integration of new modules and functions.

Purchasing a new EHR system can be one of the most significant investments an organization will make, so proceed with caution and integrate the purchase decision into the overall strategic plan. Any substantial technology investment, like an EHR, should support the organization's mission and be an integral part of the organization's strategic plan. Assessing and selecting a new EHR or reconfiguring an existing one may seem overwhelming considering how many systems and features are available, but incorporating the decision process into the long-term strategic plan sets up executive teams for success.

It is worth the investment to have an EHR that can handle the current and future needs of the organization if a legacy system is unable to keep pace. Before deciding to purchase new or modify an existing EHR, it is essential to calculate the potential return-on-investment over the life of a new system – taking into account factors such as increased revenue, support of service market expansion, and reduced expenses related to system efficiencies.

III. Conclusion

The survey results indicated that behavioral health provider organizations are using EHRs to support core business functions. However, executives who are strategically positioning their organizations for new service delivery models and payment structures require new functionality and additional features in the EHR. Behavioral health organizations need to prepare for these changes in all areas of their business and strategic plan, and the EHR is a crucial tool for positioning the organization with the data required for success. The goal of the EHR is transitioning from a system primarily focused on billing and scheduling to one that supports organizations as they provide quality services in the community, analyze and report on data, reimbursed for quality outcomes and also prepare them to integrate and coordinate care with physical health providers. For these reasons, technology needs to be integrated into every part of an organization's strategic planning process.

It is essential that provider organizations understand the dynamics that shape not only health and human services industry but also the technology to effectively provide those services. A strategic technology assessment of the EHR functionalities needed to position for the future, along with a thorough process for expanding or implementing a new system, will provide insight into how to leverage the EHR for future success.

Additional Information

For additional information on EHR selection and implementation, please review the following articles:

1. Threnhauser, S. (2017, October 20). Tech Best Practice: Planning, Budgeting & Change Management. Retrieved from https://www.openminds.com/market-intelligence/executive-briefings/tech-best-practice-planning-budgeting-change-management/

2. Gargiulo, J. (2017, April 26). Do You Need An EHR Makeover? Retrieved from https://www.openminds.com/market-intelligence/executive-briefings/need-ehr-makeover

3. Carr, K. (2017, March 16). Your Tech Functionality Checklist For Value-Based Reimbursement. Retrieved from https://www.openminds.com/market-intelligence/executive-briefings/tech-functionality-checklist-value-based-reimbursement/