



ELECTRONIC MEDICAL RECORDS:



To Be or Not to Be?



THIS UNAVOIDABLE QUESTION must be addressed by every responsible behavioral health administrator and executive. Whether 'tis nobler to continue with thy paper records; or risk the slings and arrows of outrageous fortune and go electronic. The goal of this article is to convince you of the wisdom of the latter.

The behavioral health industry has been very slow to use computerized record keeping. Despite the fact that the vast majority of behavioral health facilities use computerized billing systems-the value of computer software for collecting money is apparently far easier to grasp. For decades other industries have routinely used software to track inventory, customer purchases, production processes, package delivery and so forth. Even restaurants have given up their order pads for electronic ordering systems.

But when it comes to tracking patients' behavioral health treatment paper and pencil still rule. Many reasons have been put forth to explain this laggard behavior. The cost is too high-who will pay for it? Standards of care are too few or too general – it's hard to program something that varies that much from facility to facility. Behavioral health treatment is an art – it cannot be captured by software logic. If it ain't broke don't fix it-paper works just fine for us. The government and accrediting bodies have not made us do it – yet. These are a few of the most common reasons – or perhaps rationalization for not going electronic.

The size of your organization also has a major impact on the decision to go electronic.

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Small outpatient practices are largely concerned with getting authorizations for treatment so they can be paid. There is far less perceived need for planning, documenting or measuring treatment.

Larger practices, residential, hospital and day treatment programs face greater external demands for clinical documentation coming from licensing and accrediting organizations. Yet the vast majority (some estimates put it at over 70%) do not have even a partial electronic record keeping system.

Recently, Oxford Health Plans demanded reimbursement from outpatient providers on the grounds that their documentation did not justify the care for which they were paid.

Some providers faced the prospect of re-paying Oxford tens of thousands of dollars just because their progress notes and treatment plans were judged inadequate. The new HIPAA regulations place significantly greater demands upon the quality and security of a provider's clinical information requiring among other things that all requests for patient information be carefully documented.

The trend among insurers, regulators and accrediting bodies clearly points toward increasing demands for better and more secure records. Yet most organizations are very reluctant to allocate the money to buy a good software system and make its implementation the organization's highest priority.

At SLS Health we have used an electronic patient records system for over a decade. Our experience with electronic records has been a very positive one. It has reduced staff FTEs dedicated exclusively to records management to less than 1/4 FTE for over 120 staff. The software tracks documentation requirements, identifies deficiencies and alerts delinquent staff to catch up.

It also provides unparalleled access to critical clinical information in real time to all treatment staff. This includes access to medications, therapy schedules, progress notes, drug test results,

clinical orders, treatment history, outcome and progress data as well as all billing and receivables information. Access to patient records is strictly controlled and only staff with the proper authorization is able to view patient information. All of the new HIPAA requirements are easily met by the software with minimal additional staff man-hours devoted to these tasks.

The major barriers to installing a comprehensive behavioral health software system are surprisingly not the software's cost. It is the pre-requisite infrastructure, organizational commitment and resource allocation that are keys to success. First, a computer network is needed that provides staff with sufficient access to PCs (preferably one for each clinical staffer). The network needs to be protected, well maintained and upgraded regularly. Second, the organization's top management and ownership must be fully committed to going electronic. They must fully understand the benefits and challenges associated with this transition and they must be prepared to stay the course until the new system takes root in the daily work flow of their staff.

Third, sufficient organizational resources (staff, time and budget) must be allocated to the computerization project. There is a significant amount of set up work that needs to be done before any software system can be used

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(treatment objectives, services, staff demographics, patient demographics and so forth need to be entered). A training program needs to be developed and implemented. Help resource people need to be identified and trained. Finally, a paper to electronic transition time table needs to be planned. The plan needs to phase out the use of paper records at a pace your organization can tolerate. The end goal is to have your staff dependent upon the software not on paper.

The benefits of going electronic are multifaceted. Staff time can be re-allocated away from routine paper work house-keeping to more patient/client contact.

Access to important information is always available (without trips to the records room). Important documents are not misfiled or lost. Case record books are not kept in offices unattended (a HIPAA issue).

You can track patient improvement in real time if you include behavior tracking software in your system. You can view a patient's medication, lab results, drug screens, progress notes, assessments, intake information, treatment plan, and treatment history all at the click of a mouse.

Everyone who needs information can get it quickly and efficiently. This saves the organization a lot of wasted staff time and time is money. You can integrate clinical information with billing and assess your revenue sources by diagnosis, funding source, referral source, zip code and so forth. You can spot important outreach or marketing trends that will help you get more referrals. HIPAA compliance is greatly simplified thus helping your organization to avoid potentially costly legal problems. Preparing for accreditation and state licensing surveys is completed faster and with fewer man-hours. Most importantly your organization can achieve a higher quality of clinical care and become leaders in the behavioral health industry of the 21st century.

To be or not to be, is a question that can only be sanely answered in one way:

*Go electronic
and do it now!*

