Division of Services Improvement, Clinical Technical Assistance Project
Technology-Assisted Care
Central Oklahoma Family Medical Center (COFMC)
Call Summary
November 25, 2014 • 1:00 pm ET

Submitted to: Danielle Tarino, Amanda Lawhorn
Date of Submission: November 26, 2013

Attendees

Central Oklahoma Family Medical Center (COFMC): Amanda Lawhorn
Substance Abuse and Mental Health Services Administration (SAMHSA): Danielle Tarino
JBS International (JBS): Dave Wanser, Leslie McElligott, Iris Chai

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Meeting Purpose

The goals of the meeting were to follow up on the progress of the new electronic health record (EHR) and discuss its impact on the program.

Discussion Items

<u>Technology</u>
- COFMC has now adopted Aprima as its EHR. Conversion to the new platform is underway for primary care but not yet for behavioral health. Amanda has shared her concerns with the vendor and the leadership at COFMC.

    o A demo of the behavioral health module is scheduled for Tuesday, December 2, 2014. During this demo, Amanda Lawhorn (COFMC) plans to share the current issues with the lack of the system functionality in addressing behavioral health needs, particularly in terms of ease of use.

    o Two behavioral health staff members are expected to be trained on the behavioral health templates, once they are capable of capturing needed information.

- Aprima has providers on staff that can help inform EHR development processes for primary care, but there is no behavioral health expertise on staff. The vendor has been focused on mirroring the old system's format over functionality. Despite having only basic functions and impractical content for behavioral health, the vendor expects the system to go live by December 10, 2014.

    o Dave Wanser (JBS) noted the lack of functionality is a critical issue affecting time and accuracy, and absent some level of relational data capture - providing no ability of the system to produce meaningful reports. Amanda equated the system proposed as simply a Word document without the type of functionality needed to make it clinically useful.

    o Amanda has provided Aprima with a prioritized list of system specifications and requirements; however the vendor's lack of experience with behavioral health systems appears to be a significant roadblock. She has devoted a considerable amount of time to the

development of the behavioral health EHR elements. Amanda fully anticipates she will be serving as Aprima's behavioral health resource as they develop the system for COFMC.

- o Dave suggested the Wiley Library component as a resource while working with Aprima. It is a populated collection of standardized, but editable tables that can be used to populate assessment and treatment plans with presenting problems and setting goals and objectives for interventions. Amanda has used this resource in the past to develop her own problem lists. Dave suggested that she request that Aprima incorporate this module into the behavioral health portion of the application.

- Amanda was unsuccessful in asking the leadership at COFMC to reconsider using another HER vendor. As a Federally Qualified Health Center (FQHC), behavioral health must be provided but the focus at COFMC is primary care. The incompatibility of the EHR with the behavioral health component is not an incentive for the leadership to reconsider the new system as the system provides adequate support for primary care. This is unfortunate given the importance of integrating behavioral health and primary care in such a way as to improve care coordination. Absent these linkages, interactions between behavioral health and physical health conditions cannot be optimally addressed.

- o Danielle Tarino (SAMHSA) suggested involving SAMHSA staff in discussions with the COFMC leadership regarding the adverse impacts of the new system on behavioral health services; however Amanda commented that this interaction would not make a meaningful difference.

Telehealth
- There has been no progress on telehealth implementation due to reimbursement issues. As a FQHC, the sliding fee scale prevents higher telehealth reimbursement rates that match provider preferences. If COFMC were to utilize telehealth, the program would be paying the difference. If, however, the services were paid for under the TAC grant, the value of telehealth could be demonstrated.

Staffing
- The program has been short-staffed throughout the month of November, with two staff members on leave for health issues and the departure of a third member. An assistant is expected to be trained to help with the workload next month.

- A specialty therapist will be joining the staff to provide addiction management services. Consequently, additional clients will be filtered through COFMC. The new initiative is scheduled for the end of December 2014. Amanda hopes the staff that have been ill will be able to return by then to help with the workload.

- o Danielle commented that the therapist could be an ally for new health information technology initiatives.

Next Steps
- SAMHSA and JBS would be interested in getting an update after the Aprima demo, and scheduling a call as needed to problem solve.

- Please consider how JBS might be able to offer technical assistance. You may reach out to SAMHSA should you feel you may need TA.