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Adopting an Electronic Health Record System—Or Not

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streamline your practice and more,
but there are still some holdouts.

PAGE 8

Artificial Intelligence and You
PAGE 4

Technology in Psychological and
Neuropsychological Testing
PAGE 13

The Nuts and Bolts of Business
Associate Agreements
PAGE 21



ADOPTING AN ELECTRONIC HEALTH RECORD SYSTEM—OR NOT

EHRs can help protect your patients, streamline your practice and more, but there are still some holdouts.

BY REBECCA A. CLAY

When the outpatient clinics of Pine Rest Christian Mental Health Services of Grand Rapids, Michigan—the nation’s fourth largest behavioral health care provider—switched from paper to electronic health records (EHRs) in 2013, the advantages were obvious. Instead of having to hunt for charts back at the office, for instance, clinicians could pull up a patient’s record no matter where they were.

There was only one problem. “Not only did our outpatient EHR system not speak to our inpatient health record, it couldn’t speak to any of the other EHRs in our region,” says psychologist Mark Eastburg, PhD, Pine Rest’s president and chief executive officer. “It was a complete electronic silo.”

Now that’s changed. Last year, Pine Rest switched to a new EHR system for the entire organization, a system also used by many partner hospitals. Psychologists and other clinicians can now share notes with all providers in the system, ensuring that they all have the information needed to provide optimal treatment and follow-up. The system also makes it easy to track patient outcomes and provide clinician feedback. “For us,” says Eastburg, an EHR “is an absolutely essential tool to try to achieve the goal of integrated care.”

While psychologists who work in large organizations like Pine Rest may have no choice about using EHRs, many smaller practices and even solo practitioners are assessing the advantages and disadvantages.

WEIGHING THE PROS

An EHR's advantages go far beyond ridding your practice of overstuffed file cabinets. EHRs also improve patient care, says Vanessa Casillas, PsyD, director of psychology at Oregon's Providence Medical Group. Good EHR systems combine many practice management tasks—billing and scheduling, for example—with electronic clinical record keeping.

Providence emphasizes team-based care, says Casillas, and the EHR helps ensure all providers are on the same page. Clinicians can follow up with patients on a common treatment plan, for instance. "I can say, 'I see that you saw Dr. B. last Friday. Tell me how that's going,' whether it's a primary-care physician changing medication or recommending that someone connect with physical therapy," says Casillas. The shared information also decreases the chances clinicians will overload patients. "We can see what the patient is working on and discuss whether it makes sense to add another goal related to weight loss, mood management or whatever," she says.

The Right EHR Fit

TAKE A TEST DRIVE

Try out the system before committing

FIND SYSTEM CHAMPIONS

Colleagues well-versed in the system can support others during the switch

CHANGE IT UP

Don't be afraid to change systems to get the right features

Patients appreciate the EHR system, too, says Casillas. For one, they no longer have to repeat the same information to multiple providers. In addition, they can use a patient portal to email providers and review notes from office visits.

EHRs also help keep patients safe, says W. Douglas Tynan, PhD, director of integrated health care at APA's Center for Psychology and Health. For example, in emergency situations EHRs give emergency room clinicians immediate access to a patient's health record, which usually includes accurate information about prescriptions and previous illnesses. Many mental health groups don't have on-call staff for emergencies, says Tynan.

"Having the electronic chart available helps emergency room providers determine the best course of treatment," he says. And if a patient is seen by another provider when his or her primary therapist goes on vacation, leaves the practice or dies, the patient's history is readily available to a new provider.

EHRs could even save patients money, says Tynan. "If a patient with panic attacks presents at the emergency room, he or she may undergo an unnecessary and expensive cardiac workup and may have to pay part of the costs," he points out. "If the emergency room physician could see the psychologist's notes on the patient's history of panic attacks, that could save a lot of time and money for everyone."

Casillas notes that EHRs can also easily compile data on patients' A1C or depression scores or identify patients who could benefit from outreach.

Beyond the clinical realm, EHRs make practice management easier, says psychologist Lawrence Beer, EdD, founder of Child and Family Psychological Services in Kalamazoo and Portage, Michigan. "Although you can practice these days and not use an EHR, it's just more efficient to do so," says Beer.

Making billing easier was the number-one reason the practice adopted an EHR several years ago, says Beer. By bringing all the information needed for billing together in one place, the system saves support staff time. While the system's not cheap, he adds, it's well worth the cost.

Tynan says EHRs can provide additional protections for clinicians by prompting



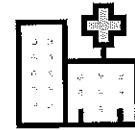
PROS



Streamlines practice management and documentation



Connects psychology practices to the rest of health care



Keeps patients safe in emergencies

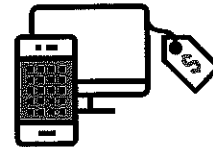
CONS



Security risk



Technology challenges



Cost

psychologists to complete notes, including start and stop times, and make sure they've gathered data in key areas, made an accurate diagnosis and correctly completed documentation for a specific Current Procedural Terminology™ (CPT) code. "If you ever get audited by an insurer and you use an electronic chart," Tynan says, "you will do well."

ASSESSING THE CONS

For some solo practitioners, EHRs may not be a worthwhile investment. Take Michael Fresé, PhD, a Los Angeles geropsychologist who consults with facilities such as the Los Angeles Jewish Home. "I'm the outlier!" Fresé laughs.

Fresé has never considered adopting an EHR system. "Until it's a requirement, I don't see the benefit," he says. For one thing, they're expensive, and the federal government has yet to include psychologists in an incentive program designed to encourage adoption by physicians and medical groups.

Fresé also worries about the security of information stored in the cloud. Instead, he

uses Word templates for initial evaluations and progress notes, then stores those documents on a computer not connected to the Internet plus an external drive he stores in a home safe. Fresé uses encryption on both the computer and the storage device.

But despite not having an EHR system of his own, Fresé is able to log into the Jewish Home's EHR, which allows him to review patients' charts from wherever he is plus upload scans of his notes. "I have the best of both worlds—and I don't have to pay for it," he says.

Even those who have adopted EHRs acknowledge there can be additional disadvantages. A power failure could bring your practice to a temporary halt. Some psychologists complain that EHRs aren't flexible enough to meet their needs. Others are just comfortable with how they've always done things.

CHOOSING A SYSTEM

If you do decide to go the EHR route, ask other practitioners in similarly sized practices for recommendations. Consult colleagues on

practitioner listservs, such as APA's Div. 42 (Psychologists in Independent Practice) listserv. Check out vendors at APA Convention and ask for "test drives" or demos. And don't be afraid to negotiate on price, says J. Stephen Hazel, PhD, managing director of Responsive Centers for Psychology and Learning in Overland Park, Kansas.

Once you choose one, you may have to do extra work getting resistant practice members on board, says Hazel. "The first time a practice implements an EHR it's a huge challenge," he says. To overcome that in his 30-clinician practice, Hazel and a few colleagues served as "champions" who

helped colleagues understand how to use the system and how it could help them.

You may also have to experiment with what works best for your practice, adds Hazel, explaining that his group switched EHR systems three years after adopting its first one. "It had a lot of features not really relevant to psychologists," says Hazel. "And frankly, another big issue was it didn't have good customer support services."

Now that they've settled on a new system, most of the practitioners are now very pleased, says Hazel, explaining that the new company simply converted all the old records. "The EHR makes life a whole lot simpler," he says. ♦

"For us, an EHR is an absolutely essential tool."

MARK EASTBURG, PhD

Increasingly bad handwriting is one of the factors that helped Goleta, California, psychologist Dean Given, PhD, change his mind about electronic health records (EHRs).

Given, president and co-director of an affiliation of psychologists, psychiatrists, social workers and other mental health practitioners called Santa Barbara Behavioral Health, has been practicing psychology for more than three decades. When EHRs came along, he wasn't convinced that they'd be more useful than the pen-and-paper template he had developed for himself as a charting system.

Then he began noticing a problem: As the years went by, his handwriting deteriorated. All too often, he says, "I couldn't read my own handwriting." He was embarrassed to share his records with other clinicians who were working with his clients. And he realized that in an increasingly integrated health care environment, more people were going to have access to his notes.

PERSPECTIVE

Given found a solution to his problem two years ago. Although each of the 15 practitioners in Santa Barbara Behavioral Health handles their own records, they share a practice management system. When Given decided it was time for a new system, he discovered that these days practice management systems are typically integrated into EHR systems.

Unfortunately, says Given, practitioners don't have a great review system—a Consumers Report for EHRs, for example. He asked colleagues for recommendations and came up with a list of 75 or so potential candidates. He soon realized that determining exactly what he needed in an EHR system was key, especially since vendors usually want to begin their sales pitch with lengthy demonstrations. "I could do the math," Given says. "I realized I would never be able to choose a system if everyone required a half-hour tour." Other important questions might be how much control users have when it comes to customizing templates and how financially stable the vendor is, says Given.

Now that Given has been using the system he settled on for two years, he's convinced his change of heart about EHRs was a good decision.

In addition to making his records easily legible, the switch also saves him time when it comes to writing up his notes.

The EHR system Given uses allows him to create complex pre-written scripts that are easily generated by selecting key words. Before using an EHR system, Given says he might have spent 10 minutes crafting a note. "I tended to write whatever was said in a session, like a good student who writes what the lecturer says," he explains. "And because I wanted to make it good, it was easy to put it off so I could spend more time on it later." The result was often piled-up work or notes skipped altogether. Because the EHR system encourages him to be concise, he's now down to a couple of minutes. The only downside? The system Given chose is expensive—about \$150 a month.

Given now sees EHRs as an inevitable part of psychology's future, and newer practitioners should plan to include EHR use in their work. Before migrating to an electronic system, Given advises psychologists to read up on APA's recommendations on minimal or lean clinical record keeping. Clinical records kept in EHRs are more likely to be read by other professionals, so it is particularly important to reduce the details in your charting. Says Given: "Many of us work in ways in which we interface with physicians, other practices or hospitals, so sharing a record becomes more and more important."