Are you worried about electronic health records? If so, you’re not alone.

Some psychologists just wish they could make it all go away, says Lynn Bufka, PhD, assistant executive director for practice research and policy in the American Psychological Association (APA) Practice Directorate. “People are worried that this will potentially be complicated and costly and will require learning new technology,” she says. “They’re thinking, ‘I have barely enough time to meet my clients’ needs, let alone think about all the things that go into electronic health records.’”

But you shouldn’t feel anxious, say Bufka and other directorate staff. Electronic health records offer many benefits to both patients and practitioners, including more coordinated care, reduced medical errors and an opportunity to showcase the value of psychological treatment. The APA Practice Organization is working hard to ensure that psychologists get the same financial breaks that physicians receive for buying and implementing electronic health record systems (see sidebar on page 3). And psychologists don’t really have to do anything in the near future beyond just keeping abreast of developments.

Staying informed is vital for practitioners, says APA Executive Director for Professional Practice Katherine C. Nordal, PhD, since electronic health records are “intended to provide the information infrastructure that undergirds a reformed health care delivery system. Data from these records will enable integrated systems of care to be evaluated for patient outcomes and costs.”

Understanding electronic health records

For some psychologists, especially those in private practices that rely on paper records, part of their anxiety may stem from not being sure what exactly electronic health records are (see glossary of key terms on page 4). “A lot of psychologists think electronic health records are akin to practice management software,” says Bufka.

Practice management software may give users the opportunity to store notes on clients’ progress, but its main purpose is to facilitate scheduling, billing and other tasks associated with the day-to-day running of a practice. More importantly in this context, it can’t typically communicate with other systems.

In contrast, electronic health record systems are designed to talk with other systems — a concept known as interoperability. “Even if my system isn’t the same as yours, information can be exchanged in a way that’s comparable,” explains Bufka. “The products have the same boxes to hold information, even if the user interface and some features may be different.”

Electronic health records are also different from electronic medical records, adds Stacey Larson, PsyD, JD, the Practice Directorate’s director of legal and regulatory affairs. “Although the two terms are often used interchangeably,” she says, “there is an effort at the federal level to make a distinction between the two.”

While electronic medical records are just a digital version of the paper charts in a practitioner’s office, electronic health

Psychologists should be aware of what’s happening but needn’t act immediately.
records go beyond the services provided in one practice. Instead, they focus on the patient’s overall health and include the treatment provided by all the practitioners involved in that person’s health care.

**Meaningful use**

All this attention to electronic health records comes as a result of the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. Part of the stimulus package, the HITECH Act expanded the federal government’s efforts to establish a national electronic record-keeping system. The goal? “Meaningful” use of interoperable electronic health records that helps providers significantly improve patients’ care.

The key word is “meaningful,” says David Ballard, PsyD, MBA, assistant executive director for marketing and business development at APA. According to the government, meaningful use means using certified technology that can exchange information to improve the quality of care and provide data on certain clinical quality measures.

“This is not just about transferring your files that were previously in a file cabinet to something that’s on your computer,” Ballard explains. “Meaningful use means using technology to actually improve care, improve safety and promote the coordination of care by enhancing the exchange of information across different providers.”

While physicians must adopt electronic health records by 2014 or face escalating cuts to their Medicare reimbursement over three years, there is no similar mandate for psychologists — at least not yet. But Ballard and others predict that day will eventually come. And private insurers are likely to follow the path laid out by the Centers for Medicare and Medicaid Services and begin requiring electronic health records, too.

The only practicing psychologists who may not be affected are those who work completely outside the organized health system — those who don’t accept insurance and are paid by patients solely on an out-of-pocket basis. But Ballard doesn’t see why they would want to shun electronic health records.

“Even if you’re not working with third-party payers, having access to accurate, complete health records has tremendous value,” he says.
Electronic health records also make things easier on patients, he adds, since they don’t have to repeat their health history every time they see a new professional or visit a different facility.

**Potential benefits**

Of course, the main advantage of electronic health records is the ability to coordinate care across different health-care professionals and institutions.

“The intention is that if we all have electronic health records, our care — both routine and emergency — will be better integrated,” says Bufka, adding that easy, routine access to complete, accurate health information will also mean fewer mistakes. Being able to better coordinate care is especially important given health care reform’s emphasis on multidisciplinary teams providing integrated care, she adds.

While such integration is crucial for physical health care, she says, it will also help psychologists meet their treatment goals. “Sometimes as a clinician, you may find that other providers don’t understand what you’re hoping to accomplish clinically and may be saying or doing things counter to it,” she says. In her own work treating anxiety, for example, Bufka asks patients to confront their fears and do things they’ve been avoiding. “I’ve been in a situation where a physician has told the patient, ‘If it makes you uncomfortable, don’t do it,” she says. “Sharing the treatment plan with that physician may reduce some of those problems.”

In addition to improving the quality of care, electronic health records should also reduce costs by increasing efficiency. “If you look at the economics of health care, there’s a lot of duplication,” says Bufka. “When they’re working with someone with a chronic illness, for example, multiple offices are doing the same labs instead of sharing one set of lab results for the patient.”

Electronic health records will also make it easier to report quality and quantity measures — a feature that will be critical given health care reform’s emphasis on greater accountability and the use of outcomes measures.

Electronic health records may even serve as a way to promote the value of psychological services, adds Bufka. “In many settings, what psychologists do is still seen as sort of a black box,” she says. “Seeing more of the psychological record will help other professionals better understand the care being provided and the necessity of that care.”

In addition to helping other health-care professionals see psychology in a new light, electronic health records may also change the way patients see their own health care. The ability to easily access their own records may increase patients’ engagement and view of themselves as partners in their own care, she says.

It may also change what psychologists put in their records, she adds. Although patients are already allowed to view their paper records, she points out, they rarely exercise that right. “Electronic health records may change how psychologists think about content and how to write things, because they

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<th><strong>KEY TERMS</strong></th>
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<tr>
<td><strong>Electronic health records:</strong> Electronic health records focus on the total health of a patient, often going beyond standard clinical data and generally including a broader view of a patient’s care. Built to share information with other health care providers, these records generally contain information from all of the clinicians involved in a patient’s care.</td>
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<tr>
<td><strong>Electronic medical records:</strong> Electronic medical records are simply a digital version of the paper charts in a clinician’s office. They contain the medical and treatment history of a patient in one practice. Critically, that information is not easily shared with other practices.</td>
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<td><strong>Practice management software:</strong> Practice management software deals with the day-to-day operation of a practice. It typically allows users to schedule patient appointments, perform billing tasks, capture patient demographics and generate reports for insurance, billing and clinical purposes.</td>
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<td><strong>Interoperability:</strong> Interoperability refers to the ability of electronic health record systems to exchange information and be able to understand and use that information.</td>
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<td><strong>Role segregation:</strong> Role segregation refers to an electronic health record function that limits which personnel can access which content of the record based on their role within the organization. For instance, a billing clerk would not have the same access to information as a clinician.</td>
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may need to think about how it’s going to be received by a patient,” she says.

**Privacy and security issues**

APA Practice Organization (APAPO) staff are currently exploring the various electronic health record products that are already available. “Things are still in the early stages,” says Ballard. “Most of the products out there remain geared toward larger practices and health-care institutions.”

And because there’s not yet a mandate for psychologists to adopt electronic health records, says Bufka, software designers have been slower to design products specifically targeting psychologists and other mental health practitioners. APAPO plans to create resources — including a future Good Practice article — to help practicing psychologists evaluate products in terms of their features, cost per user, learning curve and other variables to choose the product that best suits their needs.

One big issue APAPO will be looking at is ensuring that all products address the special privacy and security concerns of psychologists.

Some psychologists fear that using electronic health records means they will be required to make sensitive patient information available to anyone with access to the records, says Bufka. Not so, she and other APAPO staffers emphasize.

The privacy and security provisions of the Health Insurance Portability and Accountability Act and HITECH Act apply to electronic records, they point out. And thanks to “role segregation” features built into the products, users will be able to control who has access to what information. A billing clerk, for instance, would be able to see that a session occurred but not the content of that session.

“Part of an electronic health record product being certified is having to meet security and privacy measures,” says Ballard. “One thing that is still being worked out is an added level of protection for mental health records, so they’re available and accessible by people who need that information but not reported the same way basic health information would be.”

**Still unknown**

There are still plenty of other unknowns. One of the main questions is whether electronic health records will actually live up to the hype. “There’s this idea that electronic health records will have benefits, but do we know that?” asks Bufka. “There’s a lot of theory that electronic records will be very beneficial and provide all these improvements in how health care is delivered, but I don’t know that we’ve seen any documentation on that.” The Department of Defense and Department of Veterans Affairs, which have long used electronic records and are now integrating their systems, may offer important lessons, she says.

Much still needs to be worked out at a practical level as well, such as what information needs to be kept truly private and what can be shared and for what purpose. Plus, says Ballard, the federal government is still ironing out standards on interoperability and building a national infrastructure for health data that will allow information to be shared regardless of setting.

Cost is another unknown. “Early on, pricing models even for physicians in private practice were outrageous,” says Bufka. “We’re starting to see pricing models be a little more reasonable.” Vendors are beginning to shift to a subscription model, where users pay monthly fees and records live “in the cloud” rather than on users’ own computers — a model that’s much more feasible for smaller offices.

When all this will kick in for psychologists is still another unknown.

“Psychologists shouldn’t feel like they have to completely overhaul the way they do everything in the next three years,” emphasizes Ballard. “This is going to happen gradually over the course of a number of years, so they should stay on top of things, but there’s no need to panic.”

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**WHERE TO LEARN MORE**

Sources of additional information include:

**APA Practice Organization:** [www.apapracticecentral.org/advocacy/technology/index.aspx](http://www.apapracticecentral.org/advocacy/technology/index.aspx)

**Centers for Medicare and Medicaid Services:** [www.cms.gov/EHealthRecords](http://www.cms.gov/EHealthRecords)

**Office of the National Coordinator for Health Information Technology:** [http://www.healthit.gov](http://www.healthit.gov)