“Drowning in paper.” That’s how psychologist Julie Thompson Steck, PhD, describes the situation before the multidisciplinary behavioral health practice she co-owns with Dr. Dennis Rey Kinder adopted electronic health records.

The Children’s Resource Group in Indianapolis has 20 clinicians on staff, including psychologists, psychiatrists, a speech/language pathologist, a disability specialist and an assistive technology specialist. “Multiple disciplines mean multiple people see the same client,” says Steck. Before electronic health records, each clinician who saw a client would print out his or her notes and share them with everyone else who needed to see them. Says Steck, “The volume of paper was overwhelming.”

Fast forward to 2012. Today the practice uses electronic health records that allow them to see everything that’s going on with a client, coordinate care and tackle other tasks with greater efficiency than ever before, all without ever having to open a filing cabinet.

Steck is just one of many psychologists, in both private practice and large institutions like hospitals and the Veterans Affairs (VA) system, who have embraced electronic health records. (For an introduction, see “Charting the Course of Electronic Health Records” in Good Practice, Winter 2012, http://bit.ly/KHYpEf.) Realizing many psychologists are still wary of making the shift to electronic records, Steck and other psychologists are also doing what they can to eradicate myths and encourage other practitioners to get started (see sidebar on page 5).

Embracing efficiency

Some psychologists still aren’t sure what electronic health records are, says Stacey Larson, JD, PsyD, director of legal and regulatory affairs in APA’s Practice Directorate.

“Electronic health records are basically just an electronic copy of a patient’s records,” she explains. What’s different is that they gather all of a patient’s records — from visits to a psychologist, physician, occupational therapist or other clinicians — all in one place, which facilitates exchange of information among those who need it.

Indeed, a goal of electronic health record keeping is “interoperability,” meaning information can be exchanged among systems. To be eligible for federal incentive payments for purchasing systems, a benefit psychologists aren’t currently eligible for, health care professionals must use electronic health records in a “meaningful” way, meaning they’re used to improve care, increase safety and promote coordination of care.

For Steck, that coordination is one of the main reasons she has fallen in love with electronic records. “You have everything about the patient right in front of you,” she says. That means she can easily review every contact anyone in her practice has had with a patient, whether it’s a psychiatrist’s notes or phone calls a patient or parent has made between visits. She can also send information from the system to clinicians outside her practice. After seeing two sisters with attention-deficit hyperactivity disorder, for instance, she clicked a single button and sent a copy of her notes to the girls’ physician.

Steck can also access the system from anywhere, even from her iPhone. “If I get an emergency call at night, I have all my records right there, without taking anything out of my office,” she says. One night a patient’s parents
called on the way to the hospital with their suicidal daughter. Within five minutes, Steck was able to review her notes, see what medications the girl was on and brief the emergency room physician.

Dispelling the myths

Despite these advantages, some psychologists are reluctant to adopt electronic health records.

Often psychologists aren’t comfortable with the idea because they’ve heard myths rather than reality, says Vanessa K. Jensen, PsyD, a pediatric psychologist at the Cleveland Clinic Children’s Hospital. She and others cite common misconceptions:

- **Electronic health records are exorbitantly expensive.**
  It’s true that systems can be expensive. Start-up costs alone were $24,000 for software and another $22,000 for a server high-powered enough to run it for the four offices of Heritage Professional Associates in Hinsdale, IL, for example. Then there are ongoing fees per workstation, says practice co-owner Keith A. Baird, PhD. Comparatively, Steck’s web-based system, which doesn’t require a server, costs about $6,000 a year for each physician and psychologist. But other systems are much cheaper. Nathan Tatro, project manager for practice research and policy in the American Psychological Association Practice Directorate, has found products geared toward smaller practices as inexpensive as $69 per year per licensed provider — after upfront training and implementation costs.

Plus, electronic health records can save practices big money. Take Baird’s practice. “We’ve been in business for over 20 years and had three-quarters of a million pages of patient records,” he says. “We were starting to spend a lot of money for off-site storage.” Electronic health records can also save the practice space, adds Steck. “If we redesigned our office right now, we would have a much smaller one,” she says. “And when we outfit an office now, we do it with just a table with a drawer.” That means no more filing cabinets or the large room once used to store charts. The system also has built-in e-faxing and billing and scheduling software, which means savings on those costs as well as photocopying.

GETTING STARTED

When Julie Thompson Steck, PhD, decided to introduce electronic health records to her multi-clinician practice in 2003, she wondered at first if she’d made a big mistake. “On our first day of training, the trainer said, ‘Everyone right click,’ and 10 voices said, ‘What’s right click?’” she remembers. “I panicked.”

By now, practitioners at the Children’s Resource Group have embraced electronic health records. But to avoid growing pains, Steck and others offer suggestions:

- **Do a needs assessment.** “You may not need all the bells and whistles,” says Nathan Tatro of APA’s Practice Directorate. Training options may also be à la carte, he says, adding that training may consist of on-site sessions, webinars, web modules or 24-hour customer service. Be sure to consider future as well as current needs to avoid outgrowing a product.

- **Get recommendations from other practices.** Ask potential vendors for names of similarly sized practices and ask how well the product actually works, says Keith A. Baird, PhD, of Heritage Professional Associates. Ask how easy training was, how appropriate the product is and what tech support is like, he suggests.

- **Invest time up front.** “Electronic health records are meant to be tailored to your needs,” says Steck. “Take time to think about how you want them to work for you.” Instead of creating their own templates, Steck’s practice adopted some used by another practice and now must go back and tweak the system.

- **Put young employees’ technology know-how to work.** Steck’s practice includes tech-savvy recent college graduates who want experience in the behavioral health field. “It’s a win-win situation,” says Steck. “We gain quick learners who can help us with our technology needs if we get stuck. They get some experience with mental health, and many go back to get graduate degrees after they’ve been here.”
Learning how to use electronic health records is difficult, and using them is more time-consuming than paper. Training wasn't a big deal for Steck's practice. "They do give you training, but it's so intuitive," she says. Plus, software typically includes tutorials, help buttons and other resources. Using electronic health records can be just as straightforward. With the Cleveland Clinic's system, Jensen can quickly access the "smart text" templates she has created, or draw from thousands of others within the system, for documentation. Templates automatically include much of the information needed such as current date, patient demographics, provider details and consent information. Jensen has customized more than 100 forms to date, such as referral and other common letters and school absence excuses. According to Jensen, additional useful clinical tools include customized questionnaires and rating scales where data can be graphed over time, along with individualized patient handouts and reading lists. She adds that using electronic records decreases time spent on administrative tasks such as appointment tracking and processing requests for treatment records.

Electronic health records won't let me take notes the way I want to. "People say, 'I like my notes the way they are,'" says Jensen, explaining that many psychologists object to the impersonality of electronic records and are reluctant to use forms. Many psychologists start out simply typing regular notes into electronic records, she says, but soon discover that taking advantage of the software makes everything so much easier.

Once psychologists have embraced electronic health records, adds Aaron Harris, PhD, a clinical health psychologist at the Robert J. Dole Veterans Affairs Medical Center in Wichita, they often find themselves rethinking the content of their notes as well as the format. Although some psychologists worry they'll forget things if they don't write detailed notes, he says, that kind of detail isn't as necessary as many psychologists believe. Harris’ own notes include symptoms, changes and the type of approach being used — just like in a medical record. "I'm thinking a nurse in primary care is going to see this note, so what does he or she need to know," says Harris. "It's definitely a change from what I learned in graduate school a dozen years ago."

Electronic health records don't protect patients' information. Security and confidentiality of records are obviously big concerns for psychologists. But electronic records are actually more secure than their paper counterparts, says Harris, and electronic record keeping ensures the records' integrity.

"People often believe that anything you chart is available to anyone else," says Jensen. That's just not true, she says, explaining that most systems can be customized with different levels of security for different components of the record, with access provided on a need-to-know basis." Plus, “footprint” trails allow auditors to see exactly who has accessed what information and for how long. It’s not just non-clinical staff who get locked out of certain areas. In Steck’s practice, clinicians aren’t allowed to make changes in the scheduling and billing areas. “It’s so we don’t mess things up,” laughs Steck.

For Steck, the benefits of electronic health records have made her an enthusiastic supporter. Says Steck, “I wouldn’t go back to paper — ever!”

ADDRESSING PSYCHOLOGISTS’ PRACTICAL NEEDS

Electronic health records are becoming more widespread and psychologists are considering adopting such technology for their practice. APA Practice has formed an electronic health records (EHR) staff work group to address psychologists’ practical needs in this area. Among its activities, the work group has compiled a checklist of criteria that will be used to evaluate selected EHR products. System overviews and cost information will be shared with members in the coming months.

Meanwhile, members of the staff work group are participating in a multi-organizational group that the Substance Abuse and Mental Health Services Administration (SAMHSA) convened to identify necessary features of electronic health records for behavioral health providers.

We will continue to use this magazine and the PracticeUpdate e-newsletter to educate members about electronic health records.