

## **Behavioral Health IT** and Interoperability Survey

May 2018

| The next questions ask about electronic health records (E<br>an electronic version of a patient's medical history that is<br>include all of the key clinical data relevant to that person's  | maintained by the provider over time, and may  |
|--|--|
| 1. Does your facility use an EHR system? Do not include  | ude billing record systems.  |
| <ul> <li>1. Does your facility use an EHR system? Do not include 1 and 1</li></ul> | paper charts.<br>h and paper charts.<br>→ SKIP TO QUESTION 12, PAGE 4<br>IR system → SKIP TO QUESTION 13, PAGE 4<br>Ise indicate whether EHRs are used across all or<br>EHRs.<br>use EHRs. |
| 4  |  |
| <ul> <li>Please indicate the name of this facility's EHR sys</li> <li>SELECT ALL THAT APPLY <ol> <li>Accumedic</li> <li>AMS</li> <li>Askesis</li> <li>Cerner</li> <li>Co-Centrix</li> <li>E-Clinical Works</li> <li>Core Solutions</li> <li>Credible Behavioral Healthcare Software</li> <li>Echo Group</li> <li>EPIC</li> <li>GE</li> <li>Methasoft</li> <li>Meditech</li> <li>Methware</li> </ol> </li> </ul>  | 15 Netanalytics   16 Netsmart   17 NextGen   18 Profiler   19 Qualifacts   20 Smart Management   21 SAMS   22 Tower Systems   23 Valant   24 Welligent   25 Other                          |
| <ul> <li>3. Does this facility's EHR integrate or incorporate at lab test results) that is received <u>electronically</u> from <u>need for manual entry</u>?</li> <li>Electronic does not refer to e-Fax or scanned door</li> <li>Please consider all organizations outside of your at 1 G Yes</li> <li>No</li> </ul>  | n providers outside your organization without the<br>cuments.  |

| 4.  | Do external organization information?   | n(s) provide this facility with                                    | "read only" access to EHR clinica   | I  |
|-----|---|--|---|--|
|     |   | ropriate staff have the ability to<br>with HIPAA and 42CFR but not | view patient health information in a the modify the record.                                   | hird party's                             |
|     | 1 🗆 Yes   | ₀ □ <b>No</b>  | d 🗆 Don't know  |  |
| 5.  | medications, outside e  |  | ch or query for clients' health infor<br>ers or external sources <u>outside</u> thi<br>nents. |  |
|     | 1 🗆 Almost every day  | /  |   |  |
|     | 2 🗆 At least once a v   | veek   |   |  |
|     | з 🗆 At least once a n   | nonth  |   |  |
|     | 4 🗆 Less than once a  | a month  |   |  |
|     | 5 🗆 Never   |  |   |  |
|     | 6 🛛 Staff don't have  | capability to search or query                                      |   |  |
| 6.  | Please indicate if this factors for the second s |  | regional, and/or local Health Inforr  | nation                                   |
|     |   |  | is an organization that oversees and<br>nizations according to nationally reco                | gnized                                   |
|     | 1 🗆 HIO is available  | in my area and we are actively                                     | exchanging data in at least one HIO   | $\rightarrow \frac{\text{SKIP TO}}{Q.7}$ |
|     | $-$ 2 $\Box$ HIO is available   | in my area but we are not partic                                   | cipating  | (BELOW)                                  |
|     | з 🗆 HIO is not availa   |  | SKIP TO   |  |
|     | 4 🗆 Not familiar with   | •  |   |  |
|     | a 🗆 Don't know if this  | facility participates in an HIO                                    | (BELOW)   |  |
| ↓   |   |  |   |  |
| 6a. | Why does this facility r  | ot participate in the HIO?   |   |  |
|     |   |  |   |  |
|     |   |  |   |  |
| 7.  |   | atient health information (e.g                                     | health provider/organization, how<br>. medication, labs) <u>electronically</u> a              |  |
|     |   |  | ***************************************   |  |
|     | 1 🗆 Always or often   |  |   |  |
|     | 2 🗆 Sometimes   |  |   |  |
|     | 3 🗆 Rarely  |  |   |  |
|     | 4 🗆 Never   |  |   |  |
|     |   |  |   |  |
|     |   |  |   |  |

## 8. Does this facility <u>use</u> your EHR to:

|    |   | МА  | RK ONE PER | ROW               |
|----|---|-----|------------|-------------------|
|    |   | YES | NO         | NOT<br>APPLICABLE |
| a. | Conduct an intake assessment  | 1 🗆 | о 🗆        | na 🗆              |
| b. | Record patient history  | 1 🗆 | о 🗆        | na 🗆              |
| c. | Record patient demographic information  | 1 🗆 | о 🗆        | na 🗆              |
| d. | Record social determinants of health (employment, housing)  | 1 🗆 | о 🗆        | na 🗌              |
| e. | Record patients' medications  | 1 🗆 | о 🗆        | na 🗌              |
| f. | Record patients' allergies  | 1 🗆 | о 🗆        | na 🗆              |
| g. | Record diagnoses  | 1 🗆 | о 🗆        | na 🗆              |
| h. | Record problem lists  | 1 🗆 | о 🗆        | na 🗆              |
| i. | Conduct behavioral health screenings or tools   | 1 🗆 | о 🗆        | na 🗆              |
| j. | Record clinical notes   | 1 🗆 | о 🗆        | na 🗆              |
| k. | Record treatment plans  | 1 🗆 | о 🗆        | na 🗆              |
| I. | Monitor client progress   | 1 🗆 | о 🗆        | na 🗆              |
| m. | Record prescription orders  | 1 🗆 | о 🗆        | na 🗆              |
| n. | Electronically send prescriptions to the pharmacy   | 1 🗆 | о 🗆        | na 🗆              |
| 0. | Review warnings of medication allergies, drug-drug interactions or contraindications                  | 1 🗆 | о 🗆        | na 🗆              |
| p. | Reconcile medications when admitting, discharging, and/or transitioning clients between care settings | 1 🗆 | о 🗆        | na 🗆              |
| q. | Order lab tests   | 1 🗆 | о 🗆        | na 🗆              |
| r. | View lab results  | 1 🗆 | о 🗆        | na 🗆              |
| s. | Record referrals  | 1 🗆 | о 🗆        | na 🗆              |
| t. | Record discharge plans  | 1 🗆 | о 🗆        | na 🗆              |

|   | <ul> <li>a. Exchange secure messages with their clinicians, counselors or other medical staff?</li> <li>b. View their medical record (e.g. health and behavioral health information) online?</li> <li>c. Download their medical record?</li> </ul> Are there any other functionalities that are missing from serving your clients? <ul> <li>1 □ Yes IF YES, PLEASE SPECIFY BELOW:</li> </ul> | YES<br>1 □<br>1 □<br>1 □<br>m your EHR sys | NO<br>o<br>o<br>o<br>stem that work | NOT<br>APPLICABLE<br>na<br>na<br>na<br>uld be useful to |
|---|--|--|-------------------------------------|---|
|   | <ul> <li>counselors or other medical staff?</li> <li>b. View their medical record (e.g. health and behavioral health information) online?</li> <li>c. Download their medical record?</li> </ul>  | 1 □<br>1 □<br>m your EHR sys               | 0                                   | na 🗌  |
|   | behavioral health information) online?<br>c. Download their medical record?<br>Are there any other functionalities that are missing from<br>serving your clients?  | ₁ □<br>m your EHR sys                      | 0 🗆                                 | na 🗌  |
|   | Are there any other functionalities that are missing from<br>serving your clients?   | m your EHR sys                             |                                     |   |
|   | serving your clients?  | _  | stem that wo                        | uld be useful to  |
|   |  | <b>-V</b>                                  |                                     |   |
|   |  |  |                                     |   |
|   |  |  |                                     |   |
|   |  |  |                                     |   |
|   | 0 🗆 <b>No</b>  |  |                                     |   |
| c | Overall, how satisfied or dissatisfied are you with your   | EHR system?                                |                                     |   |
|   | 1 □ Very satisfied   |  |                                     |   |
|   | 2 D Somewhat satisfied   |  |                                     |   |
|   | 3  Neither satisfied nor dissatisfied  |  |                                     |   |
|   | 4 🗆 Somewhat dissatisfied  |  |                                     |   |
|   | 5 D Very dissatisfied  |  |                                     |   |
|   | SKIP TO Q.14 (NEXT PAGE)   |  |                                     |   |
| v | When does this facility plan to implement an EHR syste   | em?  |                                     |   |
|   | 1 D Within the next 6 months   |  |                                     |   |
|   | <sup>2</sup> G months to 1 year  |  |                                     |   |
|   | ₃ □ 1 to 2 years   |  |                                     |   |
|   | 4 D More than 2 years  |  |                                     |   |
|   | SKIP TO Q.14 (NEXT PAGE)   |  |                                     |   |
| v | Why does this facility not plan to implement an EHR sy   | stem?                                      |                                     |   |
|   |  |  |                                     |   |
|   |  |  |                                     |   |
|   |  |  |                                     |   |

| ARK ONE ONL    | Y   |
|----------------|---|
| 1 🗆 Ms         | 2 🗆 Mrs 3 🗆 Mr 4 🗆 Dr 5 🗆 Other (specify)       |
| Name:          |   |
| Title:         |   |
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|                |   |
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| Facility Email |   |
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