New EHR Standard for Behavioral Health: Stakeholders Publish Profile for Use in Behavioral Health EHRs

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With today's national agenda focused on healthcare reform, health IT, and standards, a handful of government agencies supporting behavioral healthcare look prophetic. Two years ago the Center for Mental Health Services, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, and Department of Health and Human Services recognized the value of a behavioral health EHR standard and sponsored a major initiative to define the functional capabilities that should be provided by an EHR system in a behavioral health setting.

After two and a half years and three ballot cycles, the Health Level Seven (HL7) EHR Behavioral Health Profile Release 1 was officially published as an American National Standards Institute-approved standard in December 2008. Considering that behavioral health services are rendered in many settings, this standard could have far-reaching effects.

Building on the Functional Model

The foundation for the behavioral health standard is HL7's EHR-System Functional Model (EHR-S FM). The functional model is a superset of functions that identify system capabilities and conformance criteria. (The model does not identify specific record content, system architecture, IT platform, or user actions.)

When it was developed, the EHR-S FM envisioned that care settings would create "profiles" that tailor the functions to reflect specific, unique requirements. Behavioral health became the first EHR profile for a care setting, paving the way for other settings to follow suit. Not only was this the first setting, but the Substance Abuse and Mental Health Services Administration and ABT Associates designed and implemented a Web-based software application that has recently been provided to HL7 as a tool for new working groups to develop EHR profile standards in other care settings.

Jim Kretz of the Substance Abuse and Mental Health Services Administration and cofacilitator of the profile said that the primary target audience for the profile is a behavioral health provider choosing an EHR. The provider can use the profile as a resource for developing the request for proposal to be sent to vendors.

Since behavioral health settings can encompass everything from complex inpatient settings to outpatient services, large clinics, residential facilities, and sole-practitioner offices, the profile was developed to be scalable. Any type of behavioral health setting can use the profile as a "shopping list" in its system selection process, deleting unnecessary functions, tailoring conformation criteria for specific purposes, and adding important capabilities.

Developed through Consensus

The EHR standard for behavioral health was accomplished through stewardship of the sponsoring government agencies and the expertise of an array of stakeholders. These included representatives from a broad range of professional and trade associations; county, state, and federal agencies; consumer and family member advocacy groups; and other interested parties.

The standard was created through a consensus-driven process. More than 130 individuals participated in weekly conference calls, reviewing work or voting on the ballots. No function or criteria was adopted unless it met a threshold of two-thirds approval from the participants.

The behavioral health profile went through three rounds of balloting: one within the behavioral health industry and two rounds within the HL7 membership. The working group reviewed and discussed every comment, positive or negative, until a

resolution could be found. The result of the iterative ballot process and consensus method is a standard that reflects the proper utility for a behavioral health-oriented EHR.

The behavioral health profile follows the organization of the EHR-S FM. There are three main sections:

- Direct care for functions that support the care delivery process
- Supportive for functions addressing administrative and financial requirements related to care delivery
- Information infrastructure for functions that support the underlying technical infrastructure for the system, such as security, records management, and terminology management

Each section identifies system functions or capabilities and related criteria.

In addition, the profile identifies the timing of a function, whether it is expected in EHRs today or should be planned for implementation in the future. The detailed profile can be accessed and downloaded from the HL7 Web site at www.hl7.org/ehr.

Integrating the Profile in CCHIT Criteria

Provider organizations are not the only audience for the behavioral health profile. In 2007 the Substance Abuse and Mental Health Services Administration submitted an environmental scan to the Certification Commission for Healthcare Information Technology (CCHIT) to ensure that certified EHRs adequately addressed behavioral health issues.

CCHIT began a work group in July 2008 to address the needs of this sector. For the first year the work group focused on ambulatory care EHRs and identification of additional criteria to address behavioral health needs. Once complete, its second goal is to develop certification criteria for standalone behavioral health EHR systems.

Behavioral health is fortunate to have government agency staff actively engaged in health IT standards initiatives who saw an opportunity to advance EHRs for this important healthcare sector. Their actions set in motion a collaborative process that engaged the public and private sectors and standards bodies to create a resource for provider organizations in evaluating EHR products as well as vendors through the product certification process offered by CCHIT.

Behavioral Health Profile Excerpt

Founded on HL7's EHR-System Functional Model, the behavioral health profile includes three main sections: direct care, supportive, and information infrastructure. An excerpt from the direct care section illustrates the functional criteria for managing patient history.

ID	Function	Description	Function Criteria
DC.1.2	Manage Patient History	**Statement:** Capture and maintain current and past mental health, substance use, medical, social and family histories including the capture of pertinent positive and negative responses, patient-reported or externally available patient clinical history. **Description:** The history of the current illness and patient historical data related to previous medical diagnoses,	1. The system SHALL provide the ability to capture, update and present current patient histories, including pertinent positive and negative elements. 2. The system MAY provide the ability to present external patient histories that resided originally outside the EHR-S. 3. The system MAY provide the ability to capture the relationship between the patient and others. 4. The system SHALL capture the complaint, presenting problem or other reason(s) for the visit or encounter. 5. The system SHOULD capture the reason for visit/encounter from the patient's perspective. 6. The system SHOULD conform to function IN.1.4 (Patient Access Management).

		surgeries and other procedures performed on the patient, and relevant health conditions of family members is captured through such methods as patient reporting (for example interview, medical alert band) or electronic or non-electronic historical data. This data may take the form of a pertinent positive such as: "The patient/family member has had..." or a pertinent negative such as "The patient/family member has not had..." When first seen by a health care provider, patients typically bring with them clinical information from past encounters. This and similar information is captured and presented alongside locally captured documentation and notes wherever appropriate.	7. The system SHALL conform to function IN.2.2 (Auditable Records).

References

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Article citation:
Dougherty, Michelle. "New EHR Standard for Behavioral Health: Stakeholders Publish Profile for Use in Behavioral Health EHRs" *Journal of AHIMA* 80, no.6 (June 2009): 52-53.

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