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**Behavioral Health Information Technology Briefing: Saving Money and Lives
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As a psychologist and Director of Behavioral Health Care for Jefferson Regional Medical Center in Pittsburgh, Pennsylvania, I have become acutely aware of the importance of health information technology (HIT). As with other health care specialties, the practice of psychology, and behavioral health care in general, have become increasingly complex.

Today, the psychological evaluation and testing process relies on technology to both administer and score psychological and neuropsychological tests. Furthermore, it is now essential to maintain an electronic medical record, since most insurance carriers, accreditation organizations, and licensure standards require readable printed records. This coincides with the HITECH Act's goal of establishing a national electronic health records network by 2014.

For the independent solo practitioner and the large group or hospital practice, the management of the business aspects of a psychology or behavioral healthcare practice requires an enormous amount of data collection, monitoring, accounting processes and procedures, and financial management. Billing for services is complex, since there are as many billing procedures and formats as there are insurance carriers.

Additionally, the acute care inpatient psychiatric unit must convert to an electronic medical record, and develop and utilize other technologies such as scanning patient identification wristbands for medications. They must also provide networks for psychiatrists, psychologists, and other professionals to connect to the medical record from remote locations. These technologies can enhance the connectivity between the inpatient and outpatient treatment service providers. Programs can then assure higher quality of care, reduce readmission rates, enhance recovery on an outpatient basis, and reduce costs for the more expensive inpatient service, all with appropriate privacy protections for patient records.

Behavioral healthcare treatment strategies on both an outpatient and inpatient level can be of higher quality when protocols, educational materials, treatment plans and follow-up instructions can be personalized and printed out for patients when transitioning from one type or level of care to another. Technological communication between treatment providers of the same patient can also be better conducted and managed with the use of health information technology. In turn, HIT can clearly enhance the quality, efficiency, and financial stability of behavioral health care.

Finally, communication about the nature of services provided within a practice, along with the provision of emergency services, is increasingly reliant on websites and various social

networking systems to remain accessible to patients. In this regard, a behavioral healthcare practice must remain current with the ongoing developments in information technology to assure accessibility and effective interaction within the community it serves.

However, the startup costs to implement such information systems can be prohibitive for the average practice or even for hospital and non-hospital based psychiatric units. Start-up costs for a medium-sized outpatient practice can easily be above \$100,000, with ongoing follow-up costs that can be a significant financial strain on the program.

At Jefferson Regional Medical Center, the quality and efficiency of our mental health services have already improved from the use of information technology. For example, with the use of wristbands with bar codes, we are able to scan for name and medications and thus provide enhanced protection from medication errors. With this technology, we are able to identify the correct patient and the correct medication through this technological link of the pharmacy, physician orders, and the nursing staff administering the medication with a simple scan of the bracelet.

With the use of our on-line privacy protected data base, our admitting staff in the emergency department can instantaneously have access to previous admission data, background and treatment history, previous consultations, medical conditions, psychiatric evaluations, MRI or CT scans, previous emergency department visits, lab results and other meaningful data. This technology not only improves quality of care, but provides much more efficient and cost effective care.

We have also developed a computerized data base to document restraint usage, including the location, nature of restraint, and reasons for usage. Through analysis of this data base on a timely basis, we have actually been able to better assess restraint usage, adopt training and education programs for staff, and ultimately decreased the usage of restraints.

In summary, the need to provide high quality services and efficient business practices by behavioral health care programs clearly demonstrates the importance of adding behavioral health care to the list of health care services entitled to the incentive program for HIT. This system must provide security for the patient record and provide for audit trails to be in place. Thus, I support the BHIT Act (S. 539) and making mental health professionals eligible for Medicare and Medicaid incentive funds as meaningful users of electronic health records.

It is crucial to recognize that treatment of depression, anxiety, post-traumatic stress disorders, and the vast majority of behavioral health care problems must be included in the health care system. Furthermore, these services require the capacity to be closely integrated with primary care medicine and the various specialty medical care services. Health information technology will be essential to meet these objectives.