RPMS
Behavioral Health System (AMH)
&
Electronic Health Record (EHR)
Options for BH Providers

Indian Health Service (IHS)
Office of Information Technology (OIT)

AMH v4.0 Functional Overview

- Designed specifically to support the unique business processes and clinical workflow of Behavioral Health (BH) providers
- Stand-alone yet integrated with other Resource and Patient Management System (RPMS) applications
 - Appointment, medication, lab, and other clinical information is visible in AMH
 - Visit-related information from AMH can populate the Electronic Health Record (EHR), Health Summary, and other applications
 - Clinical notes do not pass to the EHR or Patient Care Component (PCC)
- Supports billing for BH services
 - AMH Visit data can be passed to PCC which interacts with Third Party Billing and Accounts Receivable applications

AMH v4.0 Clinical Documentation

- Individual face-to-face encounters
 - Purpose of Visit (POV), DSM codes, Clinical Notes, Problem List (BH), Patient Education, Health Factors, Exam Codes, Measurements, Activity Time, CPT codes and Suicide Reporting Form (SRF)
- BH and PCC Problem List
- Group Encounters
- Treatment Planning
- Intake/Assessment
- Case Management
- Suicide Reporting Forms
- Reports
- Community & Administrative Activities

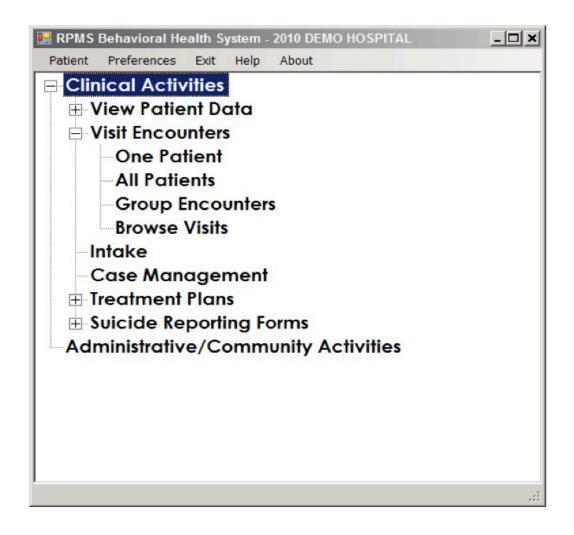
AMH & EHR Functional Differences

- DSM codes for POV in AMH; SNOMED in EHR
- AMH does not have the following features commonly used by EHR providers:
 - Order Entry
 - Medications, labs, radiology
- Clinical Note Templates
- Pick Lists
- Consults
- Alerts and Notifications
 - AMH does have some "passive" reminders but most require the user to run a report

Access to AMH Clinical Information

- Access is controlled by Security Keys
 - Only BH providers are allocated AMHZ keys
- Privacy and Confidentiality Features
 - Options to pass AMH data to PCC (all, some, or none)
 - Providers can be limited to viewing their data only
 - Providers can be restricted by Location
 - Notes can be locked down by Electronic Signature (AMH notes never visible in EHR or PCC)
 - Sensitive Patient Tracking

AMH v4.0 Main Menu Tree



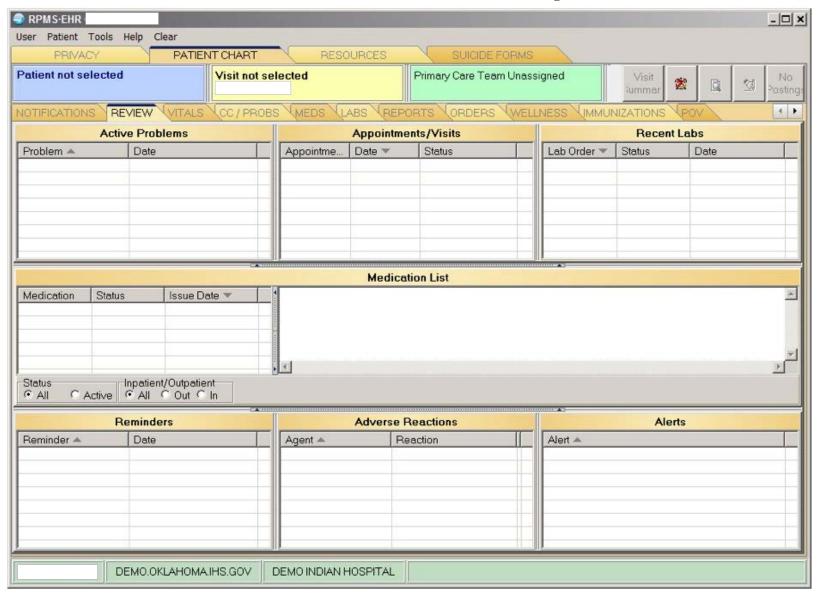
EHR for BH Providers Overview

- The use of the EHR by BH providers supports the integrated Primary and Behavioral Health care model extremely well.
 - The integrated care team must work closely with Clinical Application Coordinators (CACs) and Health Information Management (HIM) staff to develop local business processes and guidelines.
 - Patients must be made aware of the integrated system of care and integrated health record.
 - BH providers have complete access to medical information.
 - BH clinical notes may be viewed by the entire integrated care team.
 - Access to BH and medical information is still governed by the "need to know."

EHR BH Visit Entry

- Access to electronic order entry of medications, labs, and radiology for prescribing BH providers
- Access to other advanced EHR features: note templates, reminders, consults & notifications
- Facilities can use a combination of EHR and AMH v4.0 (requires application set-up) or EHR alone
 - BH visits entered in the EHR will also display in AMH v4.0
- EHR does not currently have the following features commonly used by BH providers:
 - Group Entry, Treatment Planning, Case Management
 - Community and Administrative Activities
 - DSM codes
- Sites can choose to run BH reports from AMH or PCC reports modules, or a combination of both.

EHR Screen Capture



When Is an EHR Visit a BH Visit?

- The EHR visit will pass to PCC and AMH databases (and display in AMH v4.0) if the visit was created using one of the following Clinic Codes:
 - 14 MENTAL HEALTH
 - 48 MEDICAL SOCIAL WORK
 - 43 ALCOHOL AND SUBSTANCE ABUSE
 - C4 BEHAVIORAL HEALTH
 - C9 TELEBEHAVIORAL HEALTH
- Or if any of the providers on the visit (primary or secondary) are included in the list of BH providers in the new BH PROVIDER CLASS CODE data dictionary

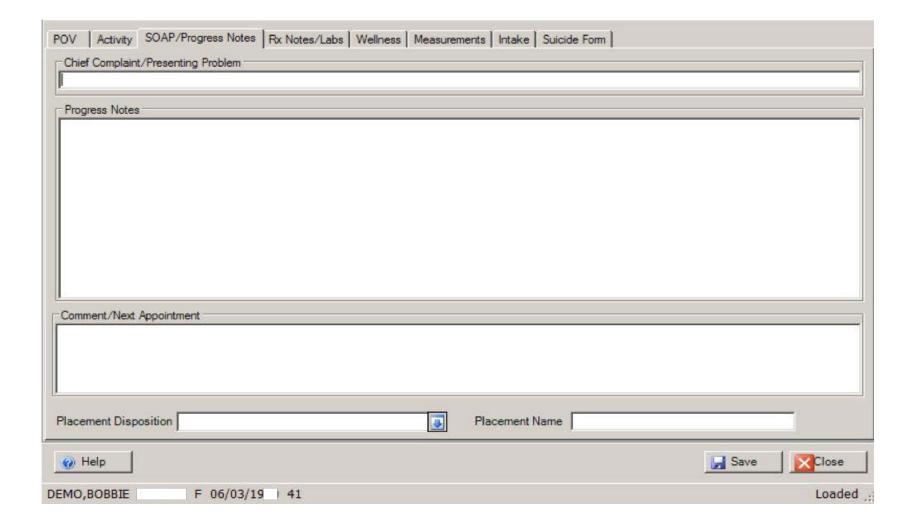
BH Provider Class Codes

- MEDICAL SOCIAL WORKER 06
- PSYCHOLOGIST 12
- MENTAL HEALTH TECHNICIAN 19
- ALCOHOLISM/SUB ABUSE COUNSELOR 48
- CONTRACT PSYCHIATRIST 49
- CONTRACT PSYCHOLOGIST 50
- LICENSED MEDICAL SOCIAL WORKER 62
- CONTRACT SOCIAL WORKER 63
- PSYCHIATRIST 81
- PSYCHOTHERAPIST 92
- MENTAL HEALTH (BA/BS ONLY) 94
- MENTAL HEALTH (MASTERS ONLY) 95
- FAMILY THERAPIST 96
- DOMESTIC VIOLENCE COUNSELOR A7
- BEHAVIORAL HEALTH STUDENT C5
- BEHAVIORAL HEALTH AIDE/PRACTITIONER C9
- BEHAVIORAL HEALTH NURSE PRACTITIONER D1
- BEHAVIOR ANALYST D2

Clinical/Progress Notes in AMH

- Clinical notes are documented in a basic word processing field.
- Notes can be created in a Word document and copied and pasted into the note field.
 - Complex formatting is not supported.
- AMH cannot support templates.
- Clinical notes can be electronically signed, but once signed, cannot be edited or appended.
- Notes entered in AMH do not display in EHR or PCC.
- Chief Complaint field in AMH does not populate the CC field in the EHR.

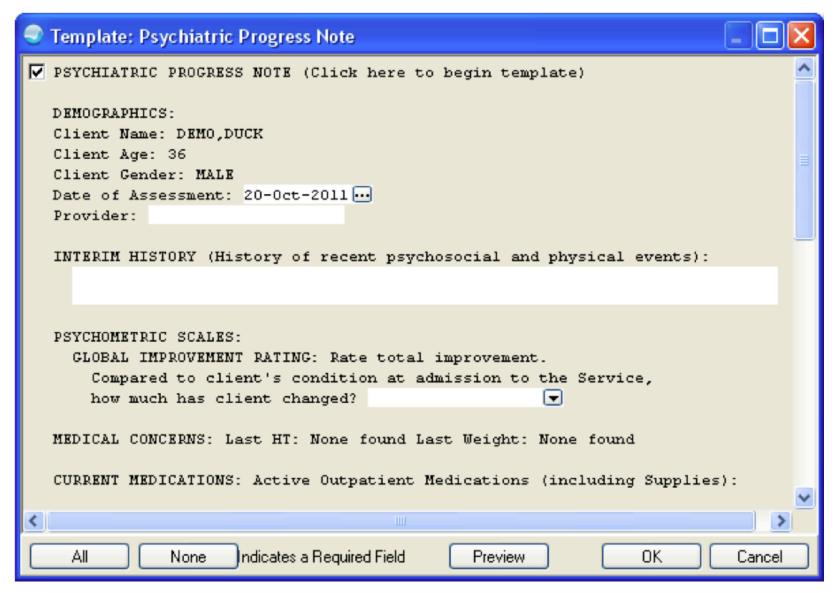
AMH v4.0 Progress Notes Tab



Clinical/Progress Notes in EHR

- Clinical notes are recorded in EHR using note templates.
- Text Integration Utilities (TIU) component
- Templates built by SMEs and local CAC (see EHR File Transfer Protocol [FTP] site)
- Clinical notes can include a co-signature.
- A single visit in the EHR can have one note and multiple addenda associated with it.
- All TIU notes and addenda pass to AMH as long as the link between the two applications is turned on.

Clinical Note in EHR



Access to EHR TIU BH Notes

- Access to clinical BH TIU notes is based on user class and document class.
- Business rules for access are set at the local level to meet facility clinical and Health Information Management (HIM) business process needs.
- A two-tiered system of access is suggested as a national recommendation for BH document classes (see EHR FTP site).

TIU Business Rules: BH Provider Class

- The EHR BH Provider Class will typically consist of the following types of providers:
 - Psychiatrists, psychologists, marriage/family and professional counselors, clinical independent social workers, BH nurse practitioners and nurses, medical social workers, social work aides, behavioral health practitioners, and others

General TIU BH Note Business Rules

- Unsigned Notes
 - Only the author (and Management Information System [MIS] chief) can view, edit, sign, or print unsigned BH notes
- MIS Chief
 - The MIS chief has access to all BH Tier I and Tier II notes, signed or unsigned

TIU BH Notes and BHS

- EHR BH TIU notes will display in AMH v4.0 if:
 - The user has the appropriate keys to view TIU notes
 - The note has been signed by the author, or the user is the author of the note
- TIU notes may only be edited or inactivated in EHR — they cannot be modified in AMH

Deleting Visits in AMH

- Programs are encouraged to develop local policies for record deletion
- AMH Delete Key
 - Can delete unsigned records
- AMH Delete Signed Note Key
 - Can delete visits with signed notes
 - Can delete signed Intake/Assessment documents
- Allocation of Delete Keys
 - Restricted to Clinical Supervisors/Team Leads and Medical Records (HIM) Lead

Deleting Visits in EHR

- Visits in EHR cannot be deleted by users
 - Requests for visit deletion are handled through Medical Records
 - Visits with TIU notes cannot be deleted only inactivated
- EHR BH visits displayed in AMH cannot be deleted (even if the user has the AMH delete keys)

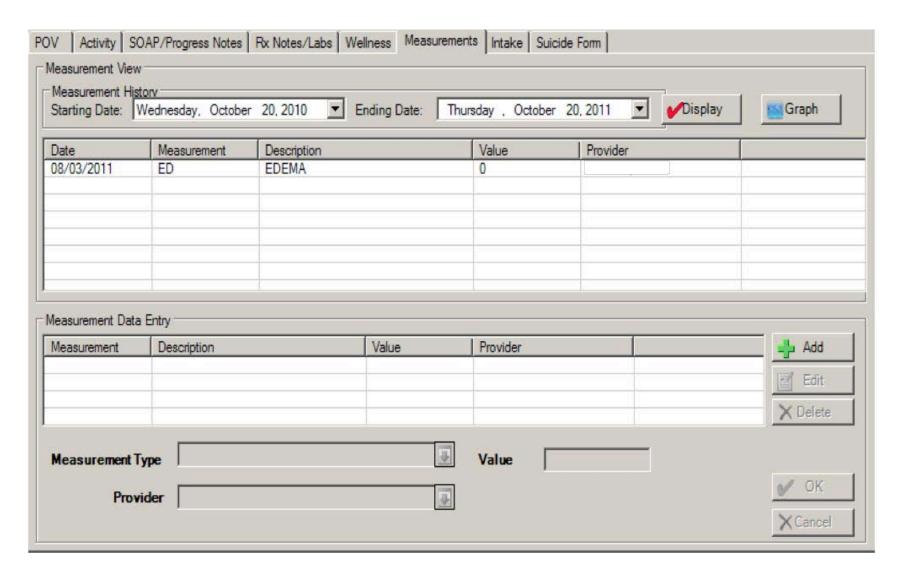
Editing EHR BH Visits in AMH

- Certain items that are routinely captured in AMH v4.0 cannot be entered in EHR.
- If desired, the BH EHR visit can be modified in AMH v4.0 to include the following:
 - Community of Service
 - Activity Type EHR BH visits defaults to 99
 - If a specific Activity Code is desired, for example 12
 Assessment/Evaluation, this field can be modified in the BH application.
 - Appointment or Walk-In
 - Placement Disposition
 - Local Service Site
 - Visit Flags

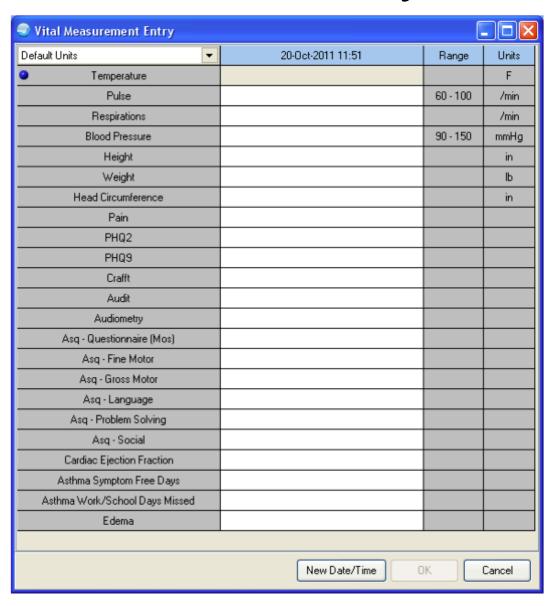
BH-Related Measurements

- The V (Visit) Measurement component includes several BH-related measurements.
- These measurements are available in AMH and EHR (the EHR CAC must load the component).
- Depression Screening and Outcomes
 - PHQ2, PHQ9, and PHQT
- Alcohol Screening
 - AUDIT and AUDIT-C
 - CRAFFT (Adolescents)

Measurements Tab in AMH v4.0



Measurement Entry in EHR



BH Visit Element: Activity Time

- Required field in AMH
 - If Activity Time is not entered in EHR, the EHR BH visit will not pass to AMH.
 - Activity Time component in EHR is used mostly by BH providers and Public Health Nurses.
 - Travel Time is not required for BH providers
 - Activity Time component is often found in EHR on the Services (or Super Bill) tab.
 - An informational alert will appear on the Notifications tab in the EHR for BH Visits that are missing the Activity Time field.
 - Once Activity Time is entered, the user must manually delete the notification.

AMH Data Exports

- Separate export from PCC/NDW export
- Needs to be completed even if no staff are using the AMH v4.0 application
- Typically done on a monthly basis by designated BH program staff person or facility RPMS/IT staff
- AMH data contributes to the national aggregate RPMS data and is mined by Headquarters
- Error reports should also be completed prior to the export being sent
- The AMH export can be scheduled in Taskman to automatically run
- AMH export data is available at the Integrated Behavioral Health website for review

Useful Links

- Websites
 - RPMS Behavioral Health: http://www.ihs.gov/rpmsbh
 - EHR Website: http://www.ihs.gov/ehr
- EHR FTP Site: ftp://ftp.ihs.gov/pubs/EHR
- Listservs
 - BHS:

http://www.ihs.gov/listserv/topics/signup/?list_id=172

• EHR:

http://www.ihs.gov/listserv/topics/signup/?list_id=73