

National Association of Psychiatric Health Systems Information Technology Principles

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Psychiatric hospitals and health systems must be part of the national movement to increase the use of, and dependence on, information technology to process and manage health records. These initiatives are important because of the potential of health information technology (HIT) to improve patient safety and patient care. For behavioral health, as well as for some other specialty areas of medicine, there are special challenges that must be addressed in the public policy surrounding HIT.

Health records that are electronically stored or transmitted require special safeguards to protect against unauthorized access and tampering. These protections must balance the need for patient privacy and security against the benefits to patient care, coordination, and safety. In a bipartisan effort, the Administration and Congress are creating a health information infrastructure to usher us into the 21st Century. The following principles will serve as a guide in these initiatives:

1. Implementation of health information technology in behavioral health can improve patient safety and the quality of care while still protecting privacy.

One of the primary benefits of information technology implementation in health settings is the improvement of patient safety. Studies have shown that effective implementation can result in reduction of medical errors and improvement in quality, care coordination, and safety for patients. The Institute of Medicine in their *Improving the Quality of Health Care for Mental and Substance-Use Conditions* report said "an Electronic Health Record (EHR) system encompasses ... knowledge and decision support to enhance the quality, safety, and efficiency of patient care." It is our position that effective health information technology must include provisions for the safe and secure transmission of patient information. Privacy standards for mental health records should be carefully considered in light of the fact that there are a number of state, local, and federal laws, statutes, and regulations on privacy and security in addition to federal laws. These create a burdensome and varied set of requirements which, at the minimum, increases the administrative complexity of care delivery.

2. Behavioral health is integral to overall health and is part of the continuum of care. Therefore funding must be available to support IT adoption by all types of behavioral health facilities, including psychiatric hospitals.

Any funding available to assist hospitals in HIT adoption should specifically include language making it clear that this funding is also available to psychiatric hospitals. This is critical to ensure that mind-body integration (as recommended by the Institute of Medicine as a key strategy for improving overall healthcare) continues to progress. Behavioral health is part of the spectrum of necessary healthcare services. HIT is essential in all specialty areas of health care, including behavioral health.

Behavioral health systems will require additional attention to privacy and security in implementation because of the sensitivities involved in psychiatric issues related to a patient's employment, insurance

coverage, and relationships. Assistance will be needed for paying the set-up and maintenance costs for the information technology equipment.

3. Standards for interoperability need to be national and operational.

An important component of health information technology is the easy transfer of information among hospitals and among clinicians who are providing treatment. Health information requires a standard, structured format that ensures that information can be accurately recognized by different computers and correctly incorporated into whichever information system the receiving provider is using. Interoperability work has begun under the American Health Information Community appointed by the Bush Administration and includes some of the stakeholders necessary to reach agreements in a timely manner. The standards must include provisions for behavioral health data and code sets as well as address the problem of conflicting code definitions within the states' data systems.

Information Technology-Functionality Discussion

The focus on HIT implementation in behavioral health should concentrate on improvement of clinical service delivery as well as administrative efficiency. NAPHS advocates to ensure that legislative activity and funding are not limited to general medical or to administrative initiatives. Clinical functionality requirements for specialty areas of medicine are as important, or even more important, than initiatives related to primary care and general medicine. Among the functionality requirements that are supported by NAPHS are:

1. Personal health record portability

A model for personal health record portability in behavioral health must be included in the overall electronic health record planning at the federal and state levels. A well-designed system should preserve data that was produced in response to a specific request, or be able to recreate it reliably.

2. A master treatment plan function in an electronic health record is essential.

Improvements in clinical care will evolve with the sharing of necessary health information among providers within organizations. Treatment planning functionality should include the capability to measure outcomes and allow for the ability to collect both structured data as well as free text. A master treatment plan must serve the interdisciplinary treatment team of providers caring for the patient and allow for the coordination of patient care.

3. The electronic health record should have a place for multiple digital signatures.

Because there is an interdisciplinary team that signs off on the patient's treatment plan in behavioral health, not only the physician – but other clinicians as well – need to digitally sign documents. In general, the physician is the primary signature for medical/surgical charts; however, behavioral health requires additional staff to both create and sign treatment plans and clinical records.

CONTACT: NAPHS Director of Congressional Affairs Nancy Trenti, J.D.
E-mail legis@naphs.org or call 202/393-6700, ext. 103.