

A smiling woman with red hair, wearing a grey long-sleeved shirt and maroon pants, holds a white tablet. She is standing in a modern office with large windows and other people working in the background. In the top left corner, there are two teal circles of different sizes.

# How to Select the Best EHR:

**The Guide for Behavioral Healthcare Executives**

# About This Guide

## **WHO NEEDS THIS GUIDE**

Whether your behavioral health or human services organization is dealing with the requirements of data integration, right-sized utilization, multiple payment models, increased complexity in reporting or other changes related to value-based care, your electronic health record (EHR) system is essential to your work. It makes sense to review your technology choices from time to time, especially since compliance, revenue requirements and technology are changing every day.

## **WHAT THIS GUIDE DOES**

If you are a clinical, finance or executive leader for a behavioral health or human services organization, this guide can help you determine whether your current EHR is right for your organization, or whether it's time to make a new selection. Use the worksheets and information in this guide to initiate conversations with your organization's leadership, and design an EHR search process that will empower you to find the right technology for your organization.

Depending on where you are in an EHR search process, you may need just a few or even all of the included worksheets. Along the way, this guide also shares multiple perspectives and insights to help you prepare for one of the biggest tech decisions you'll ever make: choosing an EHR for your behavioral health or human services organization.

## **A VENDOR-NEUTRAL PERSPECTIVE**

While Qualifacts wrote and published this guide, it is created from a vendor-neutral perspective. We have helped thousands of behavioral health and human services organizations with EHR searches over the past 22 years. The worksheets and insights here represent the best practices used by our team and those we serve, but we aren't trying to sell you on our own EHR products; CareLogic, Credible and InSync. This guide is designed to help you with your search. It will walk you through a process that will help you identify your unique technology and search requirements. From those criteria, you will be able to compare multiple EHR vendors to select the right partner for your organization's business and clinical objectives.

Of course, when you are ready, Qualifacts would be delighted to be considered as part of your EHR selection process. See p. 66 at the end of this guide or visit [qualifacts.com](https://qualifacts.com) for more information on the CareLogic, Credible, and InSync EHR platforms and our comprehensive services to see if we are a good fit for your unique needs.

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A photograph of a man with a beard and a young girl with long brown hair. They are both smiling and hugging each other. The man is wearing a light blue shirt and a black smartwatch. The girl is wearing a white shirt. An orange semi-transparent rectangle is overlaid on the bottom left of the image, containing the title text.

# PART 1

The Role of the EHR in Behavioral  
Health and Human Services

# The Role of the EHR in Behavioral Health and Human Services

**C**hoosing a vendor for the electronic health record system of your behavioral health and human services organization seems, on the surface, like a major technology decision. And while it is a major decision, it's even more about your business and your clinical practices than it is about technology. The right EHR for behavioral health and human services can help you treat the whole person, and enhance the outcomes, quality and efficiency of care your organization delivers. It should help you provide an engaging, positive consumer experience. At the same time, your EHR should help you adapt to changing payment structures, from Meaningful Use to MACRA, MIPS, Accountable Care Organizations and CCBHCs. Your EHR vendor should be a trusted partner to your organization, with proven experience in behavioral health and human services and a future-proof solution that can adapt to our rapidly changing world.

Whether you're a next-generation behavioral health provider thinking about switching from an EHR that doesn't meet your needs or taking the first steps on the paper-to-digital conversion path, consider these four strategic needs of successful behavioral health and human services organizations:

## CONNECT STRATEGICALLY

Your EHR should connect your care teams, consumers and partners. It should exchange and integrate data with your care partners to improve interoperability

across all clinical programs and partner organizations.

## OPERATE EFFICIENTLY

Your EHR should support your teams' workflows to help you manage your operation to minimize business risk and serve your community. It should help you expand your mission as you meet rising demands for higher staff efficiency and productivity.

## MAKE DATA-DRIVEN DECISIONS

Your EHR should enable you to access the data you need to make decisions, streamline workflows, and provide analytics and reporting tools to meet these goals:

- Improving population management and reporting
- Enhancing care
- Protecting and growing your revenue

## USE A DIFFERENTIATED PLATFORM

To meet your business objectives, the new healthcare economy requires the use of a differentiated platform so you can achieve those three goals by connecting strategically, operating efficiently and making data-driven decisions. A differentiated EHR platform uses cloud-based, agile technology that scales to meet your goals; is guided by a forward-thinking product vision; and has the capacity, resources and services to execute on your changing needs.

## What You Should Expect From An EHR:

# The 6 Rights of an EHR Customer

Not all EHRs are equal—and the dissatisfaction rate with many EHRs is high. Your behavioral health and human services organization should have high expectations for your technology, because the demands on your organization are high, but not every organization works with an EHR that fulfills its expectations.

This guide aims to help you find the EHR that meets—and hopefully exceeds—your expectations. We believe the right EHR will enable your behavioral health and human services organization to achieve these four key goals:

- Connect strategically
- Operate efficiently
- Make data-driven decisions
- Use a differentiated platform

Those goals give you a framework you can use to judge potential EHRs against. They are expectations you can help your organization fulfill with the right technology partner.

In addition to those four core capabilities, an EHR vendor should fulfill six rights for its customers:

1. The right product today to make your team's job easier

2. The right data so you can make informed clinical, financial and operational decisions

3. The right implementation to get your system live quickly and successfully

4. The right engagement so you can learn from your peers, share best practices and have your voice heard

5. The right support so when you have an issue, it is resolved quickly and to your satisfaction

6. The right product tomorrow to keep your business competitive and relevant regardless of changes in the market

See more on the six rights on the next page.



## What You Should Expect From An EHR:

# The 6 Rights of an EHR Customer

### 1. The Right Product Today

The right platform offers ease of use and simplicity. This guide will walk you through the process of finding a comprehensive EHR that works for your organization by:

- Meeting the needs of every team with comprehensive capabilities for your clinicians, front desk staff, billers, technical team and C-suite.
- Making work easier, helping you improve care and enabling you to manage your organization efficiently.
- Working seamlessly with your teams as an integrated part of their workflow.

### 2. The Right Data

The right EHR gives you accessible, actionable information for data-driven clinical, financial and operational decisions. Successful behavioral health organizations use data to:

- Track outcomes to improve the quality of your services, demonstrate positive impact and enhance client satisfaction.
- Connect, exchange and integrate data securely with health information exchanges (HIEs), care partners and other systems. Transferring data automatically can replace manual data entry for labs, admissions, discharges and medications.
- Capture and access data and generate reports and dashboards for management review and compliance.

### 3. The Right Implementation

The right vendor and partnership give you a best-in-class implementation to take your EHR platform live quickly and successfully. Look for these characteristics:

- Milestones and timelines across phases and a detailed project management plan for vendor and agency teams partnering through the process.

- Subject matter experts who partner with you to understand your requirements.
- Process improvement and optimization to make your work more effective.
- References from other fast, successful implementations from organizations that have similar service lines and populations.

### 4. The Right Engagement

Find an EHR with a strong user community where peers engage to share knowledge and best practices, and your voice is heard. Look for:

- Ongoing help and training: webinars for live and virtual learning.
- An active customer community, including user groups in your area, digital forums and in-person events.

### 5. The Right Support

Your EHR vendor should resolve issues quickly and properly to keep your team working at peak capacity, with support such as:

- Functional and technical assistance, with subject matter experts handling questions.
- Ticketing tools and tracking manage any kind of issue with the system, including transparency of prioritization and resolution.

### 6. The Right Product Tomorrow

The right EHR offers an innovative product road map and forward-looking strategy to keep you ahead of change:

- An agile, modern service-oriented architecture (SOA) and a cloud-based SaaS computing model.
- The resources, leadership and financial strength to develop and innovate as the market changes.
- Adaptability to changing devices, internet access and the many locations where your work happens and you connect with consumers.



# The Increased Importance of Virtual Care

**V**irtual care is now an essential component of the behavioral health providers' toolbox. The primary catalyst for this seemingly overnight shift was the global COVID-19 pandemic in 2020, but now that virtual care's effectiveness has been tested and proved, it is clearly here to stay.

A nationwide survey of more than 1,000 behavioral health executives and staff conducted by Qualifacts and the National Council for Behavioral Health found widespread agreement that virtual health will play a vital role from now on as behavioral health providers strive to serve their communities' needs. Among the findings:

- 80% said they are delivering care virtually at least 60% of the time now.
- 70% said at least 40% of their care will be virtual going forward.
- 20% said they would need a new EHR in order to support new virtual programming.

## RISING TO THE CHALLENGE

The percentage of care delivered virtually will undoubtedly continue to grow. Naturally, such a change entails significant challenges. Survey respondents at the executive and staff levels agreed that comprehensive telehealth platforms, patient engagement solutions and telephone-only interventions will be needed to maintain efficient and effective delivery of virtual care services—and those must be made available to all who need them.

Behavioral health organizations will need to focus on:

**Enhancing patient engagement.** Staff members and executives agree that patient engagement is one of the most important technological capabilities needed to support a virtual care model. As traditional, face-to-face encounters become less necessary, providers need to maintain a strong connection with persons served. A comprehensive approach to patient engagement will likely lead not only to higher client satisfaction, but also to better overall outcomes.

**Ensuring staff engagement.** Even as virtual care continues to gain traction as an efficient and cost-effective way to care for persons served with behavioral healthcare, providers need to hear staff's concerns about the departure from the traditional, in-person approach—and they must take steps to improve technology adoption and comfort levels. One clear path forward will be to establish best practices and clear clinical protocols on the delivery of care in fully virtual environments, as well as use a blended approach of in-person and virtual services. This approach should adopt technology solutions that fully support staff engagement.

## Continued

Deploying the right technology solutions. Providers need the right technology foundation to succeed in a multifaceted virtual environment. Using their EHR as a centerpiece, an enterprisewide technology ecosystem should include telehealth solutions, patient engagement and staff engagement platforms, virtual supervision, and patient payment systems. That ecosystem must also support a flexible, integrated workflow that creates efficient utilization for staff members, regardless of whether the service is provided virtually or in a traditional care setting.

### A NEED FOR NEW CAPABILITIES

The sudden shift toward virtual care has brought an immediate need for new capabilities around appointment reminders, clinical record updates, billing and more. Providers are having to develop and deploy new workflows in their EHRs, while adopting new technologies that support telehealth, patient engagement and other goals.

This rapid deployment of workflows and technology has resulted in areas of staff inefficiency and exposed or highlighted weaknesses in many legacy EHR platforms. In too many cases, the providers are conducting services, billing and getting paid, but the workflow is inefficient for staff members.

Besides workflow efficiency and integration of telehealth solutions, the two major challenges that staff members believe exist are patient engagement and staff engagement, both of which are likely deficiencies in current EHR systems.



## Continued

### QUESTIONS TO ASK YOUR CURRENT EHR

If your behavioral healthcare organization has an electronic health record system, it's time to assess its capabilities in light of the ongoing move toward virtual care. If your organization is searching for its first EHR, it should give serious consideration to what it will need to provide exceptional virtual care moving forward.

With that in mind, the decision-makers in your organization should weigh these questions to help determine not only the importance of virtual care to your success, but also your EHR-related needs:

**Do you serve people in rural areas?**

**Do you cover a large geographic territory?**

**Do you provide a smartphone app or other means for the people you serve to tap into online medical expertise or the ability to speak with a care professional to resolve an issue?**

**Do you have a reliable, HIPAA-compliant videoconferencing application?**

**Do you provide staff training for client safety and how to remotely manage specific crisis situations, such as the risk of self-harm?**

**Do you provide education and access to technology and a secure connection for people you serve?**

**Do you provide training on a user-friendly telehealth platform and the related compliance changes?**

**Are you able to capture all relevant clinical data around each telehealth encounter, and utilize EHR functionality around this data capture?**

**Do reporting and claims processing related to telehealth encounters go smoothly?**

**Are you able to accurately measure reimbursement related to these new workflows?**

**Do you have an EHR designed to make your users more efficient and their jobs easier in relation to virtual-care workflows?**

**How well are you able to measure satisfaction of both staff and the people you serve within these new workflows?**

# Is It Time To Switch?

**M**any behavioral health organizations use some form of EHR technology today. But all software and all implementations are not the same. If you see signs of technology stress in your organization, it may be time to consider an EHR search.

Ask your team whether the issues below are a concern for your organization to help you assess the status of your current technology. There's no one right set of answers, or a particular number of "nos" that indicate it's time to look for another solution; that's a judgment only you and your team can make.

- \_\_\_\_\_ Are we effectively engaging with consumers to provide high-quality care?
- \_\_\_\_\_ Do we collect consumer data in an efficient workflow, making the best use of our staff's skills and time?
- \_\_\_\_\_ Do we have tools that let consumers share data with us effectively?
- \_\_\_\_\_ Do the people we serve have the cost and treatment information they need to make informed choices about care?
- \_\_\_\_\_ Do we have easy access to necessary data at the point of care?
- \_\_\_\_\_ Can we evaluate outcomes and make changes in our work to improve the quality of care and maximize incentives?
- \_\_\_\_\_ Does our clinical staff spend significant time documenting care outside of the scheduled session?
- \_\_\_\_\_ Do the tools we use help us collect, analyze and share reporting data that tell the story of our work?
- \_\_\_\_\_ Can we share appropriate data with other organizations (labs, pharmacies, primary care, specialists, hospitals, HIEs, etc.) to coordinate care effectively for consumers?
- \_\_\_\_\_ Can we evaluate and optimize utilization patterns?
- \_\_\_\_\_ Can we code and bill efficiently and accurately for appropriate reimbursement?
- \_\_\_\_\_ Can we evaluate the financial risk and impact of different managed care contracts and payment models?
- \_\_\_\_\_ Do we have the tools we need to predict and plan for revenue from multiple potential payment models?
- \_\_\_\_\_ Can we create the reports we need to show compliance with regulations or contract requirements?
- \_\_\_\_\_ Can we simply and easily manage audit requests?
- \_\_\_\_\_ Can our software provide us data and highlight trends so we can respond quickly to challenges or opportunities?



# The EHR Vendor Selection Process

Your organization may be simply considering a search at this time, or your search may be well underway. Here's our look at the steps in the EHR selection process. Where are you? Have you missed any steps that would be helpful to do now? Use this checklist to monitor your work.

## Planning and Researching Your Organization's Needs (See Part 2 of this guide, p. 15.)

Select decision-makers, stakeholders and search team members.

Write a team charter.

Create a communications plan to make the process transparent to staff.

Confirm or create a strategic plan for your organization.

Identify service lines and teams that need to use an EHR and/or data.

Outline workflows and tasks that your staff manages every day.

Identify pain points in your existing systems.

List things that are managed well in your existing systems.

List devices and access needs for healthcare data.

Identify existing or future integration opportunities or requirements.

Define your goals for a new EHR.

## EHR Vendor Research and Selection Process (See Part 3 of this guide, p. 42.)

List and prioritize capabilities that your organization needs in a new EHR.

Evaluate vendors in these areas:

Capabilities

Track Record

Implementation

Support

Product Road Map

Pricing

Conduct demos for strong candidates.

Collect peer reviews/references for strong candidates.

# The EHR Vendor Selection Process

## Implementation

- Understand how your workflows will map into a new system.
- Ask what data will migrate, and how that will happen.
- Plan staff communication and training.
- Walk through timing for implementation and launch.

## Post-Launch Planning and Resources (See Part 4 of this guide, p. 64)

- Understand training, support, help services available.
- Plan for integration opportunities.
- Understand customer community and peer support.

## Making the Decision

- Once you have collected all of the information your organization needs, make the decision according to your framework and sign the contract.

A man and a woman in business attire are standing in an office, looking at a tablet together. The man is pointing at the screen, and the woman is smiling. A purple semi-transparent box is overlaid on the lower half of the image, containing the text "PART 2" and "Your Organization".

# PART 2

Your Organization

# Your Organization

The first step to selecting the right EHR and technology partner is knowing your organization.

This section of the guide contains several worksheets to complete with your team. In fact, we'll tackle that topic first, because successful EHR decisions begin by creating the right team for the project.

We'll also explore your workflows, your current pain points and things you love about your current technology tools, plus share some insights on how successful organizations manage data, integration and changing payment models.

With that background work complete, we'll give you a template to turn those insights into your goals for a new EHR. These goals can guide you as you begin the EHR vendor selection process.



# Building an Internal Team and Writing a Charter

**E**ffective EHR decisions are made by multidisciplinary teams. Ensure your organization's different departments are properly represented on your EHR selection team, and be sure everyone understands how decisions will be made. Many organizations not only build an internal team for their EHR search, but also hire a consultant to provide expertise and facilitate the work. Here we're focused on your internal team, but see p. 44 for insights on whether your internal team should work with a consultant.

## TIME COMMITMENT

When you build a team to work on EHR vendor selection, the internal team (and others it works with) will need to plan for the time a search will take. Each team member will have some amount of research to do. Some organizations plan site visits to other behavioral health organizations using prospective EHRs, or have prospective vendors visit their facilities to learn more or make presentations. Ideally, the full team participates in all of the research, demos and visits together, to ensure that you have the same level of insight on different choices.

## TIME CHECK

How long will a search really take? And how much time will each team member need to contribute?

There's no hard-and-fast answer to these questions. Many organizations take 9-12 months from search initiation to signing a contract, but it can be done faster, and some organizations need longer.

As for each team member's time, think about this work as an investment in the future success of your organization. Yes, it will take time and commitment to ensure search team members get the background and insights they need—but that investment pays off for your organization with the right decision about a new EHR vendor, and builds a foundation for buy-in for the organizational change.

## PEER PERSPECTIVE

"Selecting an EHR is one of the most important strategic decisions your organization can make. Our team made a commitment to the process from the beginning."

—SCOTT BELL  
Compliance Officer, LifeSkills Inc.,  
Bowling Green, KY

# Building an Internal Team and Writing a Charter

## A LARGE TEAM FOR INSIGHT AND BUY-IN

Organizations often think that a small team can be more nimble and make a faster decision. That's entirely possible—but a large team can provide other benefits, such as ensuring your organization has the perspective of end-users of the software, as well as participants from all parts of the care process. In addition, when each team knows its perspective is fully represented in the selection, that makes the actual change to the new system easier. (It's all too easy to reject a change when you feel you've had no voice in the decision-making process.) In all your decisions and work, think ahead to how you can communicate and prepare your full team for the changes that a new EHR will bring to your organization.

## EXPERTISE AND RESOURCES NEEDED

Whether you are working with a consultant or on your own in a search, consider the expertise you will need both during the search and once the new EHR is selected. Be sure your team considers these questions:

- Do you have the technical staff you need to conduct your search, manage the EHR implementation and support your team once the new system is live?
- Do you have the right business analysis skill set in-house to take advantage of advanced reporting capabilities?
- What training will you need to conduct for all staff members, or for specific ones?
- If you don't have the skills on staff right now, how will you ensure that you have training or hiring completed in time?
- Do you need new skills/new staff now, or after the selection is completed?

## KEY TAKEAWAY

Include both executive leadership and frontline team members on your EHR selection team.

You need insights from people who manage and use your process every day, as well as people focused on the organization's overall goals.

## GOAL

Having the right team at selection can have a positive impact on your implementation timeline and ultimately adoption and success

“Ensuring you have the right team and focus for your search is a critical first step to the selection process. We have found that organizations that skip this step or have people come on and off the team at different parts of the process can have misalignment within the organization as you transition to implementation and rollout. Organizations that have a clear charter and selection team that runs the project from selection through implementation often have the smoothest transition within their organizations.”

—ROBERT PATTON

Vice President, Implementation Services, Qualifacts

# Creating the Team Charter and Designing the Decision

**N**o matter what type of team you use, you need to create a framework for how you will make the decision. For most software purchases, the decision isn't made by a democratic vote. At the same time, you need to ensure that everyone's voice is heard. Consider creating a scorecard (See p. 45) to evaluate choices so that everyone's voice is reflected in the assessment. But be clear upfront with the research team if a smaller, executive team will be the final decision-maker.

What information do decision-makers need? What criteria will they use to make the decision? The more you can lay out your plans in advance, the more you'll reduce surprises for everyone and build buy-in among the whole team.

Write a team charter to describe the purpose and role of the team—and to communicate to your entire organization how everyone can participate in the process and how the decision will be made.

## PEER PERSPECTIVE

“When we initially moved from paper to an electronic health record, our goals were so different than they are now. Then, we wanted to make the transition as smooth as possible for our clinical staff so they would be comfortable with the change. Our recent search was entirely about how we can drive the business for our organization in a better way.”

—ART STOCKTON  
IT Administrator, LifeSkills Inc.,  
Bowling Green, KY

# EHR Vendor Selection Team and Charter Worksheet

Team Charter:

Role	Rationale	Name[s]	What Is This Person Looking for/ Responsible for in the Search?
Executive champion	May or may not be day-to-day team leader, but guides process and decision-making.		
Team leader	Responsible for day-to-day management of team operations. Typically upper management or C-suite leader.		
Project manager/admin	Not required, but often helpful to keep all details straight and the project on target.		
Executive leadership representative			
Finance representative			
Provider representative			
Technical representative			
Other roles	Depending on your organization's structure, you may need other staff involved.		
Partner organization liaisons	If you know you want to integrate with the local hospital, HIE, pharmacy network, or other organization, be sure you stay in touch with their technical staff during your search.		



# What's Your Strategic Plan?

**R**eviewing your organization's strategic plan is an important early step in the process to select an EHR. Ideally, your strategic plan should define where your organization is going in the next few years. If you are planning for changes related to your overall mission, programs and service lines, to staffing, or locations, your strategic plan should help you define the impacts on your organization and its future needs.

If your organization doesn't regularly work from a strategic plan, or if your plan is out-of-date or doesn't cover regulatory and market changes you are expecting, it pays to revise your strategic plan as part of the EHR selection process.

It is recommended that your strategic plan cover five key areas:

- People
- Process
- Governance
- Technology
- Execution

Consider the opportunities, challenges and changes facing your organization and the communities you serve in the next few years. Are you prepared to change to meet new needs? How will your technology backbone need to support your work?

## PEER PERSPECTIVE

"When we realized we needed to make a change, we reached out to a consulting agency. They evaluated where we were, what needed to change, what we needed to work on in our IT infrastructure, and in developing an overall strategic plan. We wanted to make sure the system we selected could support us for the next 5-10 years."

—SCOTT BELL  
Compliance Officer, LifeSkills Inc.,  
Bowling Green, KY

# Organization Overview

It can also be helpful to think about which parts of your business are impacted by a potential new system. Many organizations have multiple service lines, multiple locations, and different programs, each of which touches a different number of consumers and staff, and brings in a certain amount of revenue. Think about these factors as you consider how an EHR system can help your organization reach its strategic goals.

Understanding the technology needs and revenue profile of each service line will help you make both simple and difficult decisions about what functionality is a must have for your business and what may be a nice-to-have.

[illegible]

# Current Workflows

**Y**our team uses multiple workflows every day to process persons served; update treatment plans; code; bill; analyze your productivity; manage cash flow and revenue; measure outcomes; and more. Whether you use a comprehensive EHR, multiple technology systems or even a paper-based system, transitioning to a new EHR is likely to mean changes in your workflows.

Ideally, your new system will also solve existing challenges. When you are considering a search, documenting your workflows is a smart way to identify critical needs, to ensure a new EHR meets those needs, and to find trouble spots that could use improvement.

Workflows can be documented in many ways, from tables to flowcharts to spreadsheets. For simplicity's sake, we have outlined a bare-bones look at one person's intake through treatment, prescriptions and billing. You can make copies of the form on p. 24 to document your own high-level workflows. This will be helpful to you during your EHR selection process because it will help you document the many systems and data that must be used by multiple team members or shared with other organizations.

However, most behavioral health and human services workflows are significantly more complicated than this simple example, and they benefit from more sophisticated workflow mapping approaches when it is time to create workflows in an EHR.

## WORKFLOW MAPPING RESOURCES

For more information on workflow mapping, see this U.S. government resource:

<https://www.healthit.gov/sites/default/files/playbook/pdf/workflow-process-mapping-for-electronic-health-record-ehr-implementation.pdf>

## SIMPLE WORKFLOW (SAMPLE)

Step	Staff	Data Received/ Recorded (Required, optional)	System Used
New patient makes appointment	Administrative staff	Patient name, address, cell phone, email, insurance provider, group number, ID number, DOB, referring provider.	EHR
Appointment reminder sent	Automated	Note added to file with time/number used	Text notification system
New patient arrives	Administrative staff	Patient profile form, medical history form, HIPAA form	Paper, with all information added to system by admin staff after appointment
Patient meets with nurse	LPN or RN	Height, weight, blood pressure, heart rate, other vitals as indicated by profile	EHR
XYZ assessment conducted	LPN or RN	XYZ assessment data	EHR
Patient meets with licensed provider	LCSW, psychologist, psychiatrist	Provider notes, diagnosis, treatment plan, any prescriptions	EHR
Patient checks out	Administrative staff	Patient receives printed prescription, printed treatment plan	EHR
Billing review	Billing staff	Provider codes reviewed for compliance with payer requirements	EHR
Billing submitted to payer	Billing staff	Patient data, date of service, provider, diagnosis/treatment codes	EHR
Additional invoice sent to patient	Billing staff	Date of service, provider, diagnosis/treatment, insuror payments	EHR

## WORKFLOW WORKSHEET

Workflow Name: \_\_\_\_\_

[illegible]



# Current Pain Points

**D**ocumenting your organization's workflows will often help bring pain points to the forefront of your mind. These pain points can help you craft goals for the new EHR, and they'll start to create a list of must-haves and nice-to-haves in a new system.

In addition, consider issues that don't create daily problems but represent missed opportunities.

Does your current system allow you to connect strategically?

Can you make data-driven decisions?

Does your organization operate efficiently?

Do you work on a differentiated platform that adapts to meet your changing needs and a rapidly changing environment?

[illegible]

[illegible]

# Defining Your Data Needs

**W**hat data do you need to make day-to-day decisions? What about long-term and strategic planning? Many behavioral health and human services organizations have lots of data that could provide significant insights to improve their impact, but that data isn't always accessible to the right people at the right time.

Think through your data needs from a blue-sky perspective: If you could know anything, what would you like to know to make better decisions? What data could help your organization make a bigger impact? What data could help you improve outcomes for individual persons and for the communities you serve? What data is required for your compliance, billing and reporting?

Then, think about which team members need that data at which points in the process. Walking through these steps will help you define what your data plan needs to look like to be as possible.

Think about your ideal data environment—don't be constrained by current challenges

or your current system. What would you like to know to be effective and efficient, and to make the biggest impact you can on your community? You can also think in terms of specific parts of your process: What do you need a treatment plan to do? What should your scheduling module do? What about billing? Reporting? Outcomes analysis?

Your EHR should be compatible with your patients' and your staff's needs to access it. Not too long ago, a computerized organization needed access to data at a few hard-wired computer terminals in a few locations in the organization. Today, all healthcare organizations are rapidly adopting multiple-device-type systems, helping providers, finance and other team members access and work with data on many kinds of devices in many environments.

As you fill out the data requirements worksheet on p. 34, think about what your ideal data accessibility environment looks like today, and what it will look like in a year, or three years.

# Mobile Devices and Data

In recent years, the demand for out-of-office behavioral health and human services have soared. The COVID-19 pandemic has made community-based client care more important than ever. Similarly, the launch of the 988 National Suicide Prevention Lifeline means that timely, efficient community-based crisis response is critical.

All these factors make mobile EHR technology a must-have, especially for growing organizations that want to expand services into crisis response or community care. These new care settings require mobile workflows. Providers must also contend with changing data collection and submission requirements, compliance regulations, and reimbursement methods.

To meet these varied requirements, you need the ability to access your EHR anywhere—even without an Internet connection. Electronic Visit Verification (EVV) tools are also essential for agencies that deliver personal care and home health services. Accurate EVV documentation keeps your organization compliant with 21st Century Cures Act mandates and other state and federal regulations. It also demonstrates that your clients received the proper care and services.

During your EHR search, don't neglect the importance of robust mobile and EVV tools. These should offer the ability to:

- Access and document client data at the point of care from various mobile devices, regardless of whether an Internet connection is available
- Capture external client signatures
- Integrate schedule, location, and clinical EVV data with your EHR, along with client information
- Simplify or automate claims generation and submission based on data captured from client sessions

These EHR capabilities can make a real difference in your organization's efficiency. They can help your team deliver more person-centered care, ensure data accuracy, maintain compliance, and promote timely, accurate reimbursement. As you think about your team's device and data requirements, consider your ideal data environment today and how you can begin working towards what it should look like in the future.



# Payment Models and Data Requirements

Since the passage of the Patient Protection and Affordable Care Act in March 2010, the healthcare industry has been pushing hard into pay-for-performance or pay-for-value contracts. While behavioral health has handled this on a slightly different timeline than physical health, many behavioral health organizations are now seeing payments shift from the traditional fee-for-service model. The Centers for Medicare and Medicaid Services has driven some of this change, but many private payers are also adopting pay-for-performance contracts, and more are expected to do so in the near future.

What does that mean for your organization? In many behavioral health organizations, changing payment models have multiple impacts:

- New performance- and value-based contracts require different measures of success.
- Organizations must track outcomes in a different way than they did before, requiring data management skills and software.
- Clinicians must analyze outcomes and change treatment plans in response to new information to meet objectives.
- Organizations must actively engage consumers in their own care to track outcomes and ensure high-quality care.

- Finance and executive teams must monitor multiple payment models simultaneously for sustainability and profitability, managing outcomes and data to minimize performance penalties and maximize incentives, when available.
- Finance and executive teams must closely monitor utilization—also often under multiple payment models.
- Organizations need to demonstrate effective outcomes to continue to win pay-for-performance contracts.

## 4 MAIN TYPES OF METRICS

While metrics vary from contract to contract, in general, your organization will be challenged to provide four kinds of metrics:

- 1** Process metrics: Are you using evidence-based practices and assessments to determine treatment plans?
- 2** Outcomes metrics: Are results of assessments improving over time, in both individuals and populations?
- 3** Utilization metrics: Are agency resources being used appropriately?
- 4** Patient satisfaction metrics: Are consumers satisfied with their experience, including access to care, person-centered care planning, and ongoing care?

If your organization is already working under performance- or value-based payment models, make sure that you include all of the data you need to meet your contract requirements on your list of data requirements for a new EHR.

# The Certified Community Behavioral Health Center (CCBHC) Care Model

Since its establishment in 2014, the Certified Community Behavioral Health Clinic (CCBHC) care model has expanded access to behavioral healthcare and improved crisis response nationwide. To meet these goals, CCBHCs deliver integrated, evidence-based care across multiple programs and services.

CCBHCs have specialized technology needs. Those begin with greater transparency into data around client outcomes. Capable treatment planning, care coordination, and quality measurement tools are also essential. These help CCBHCs improve their services and satisfy the unique regulatory demands they face.

If your organization is a CCBHC or thinking of becoming one, you need to consider all the workflow, data, and billing capabilities you need to meet your contract requirements in your EHR search. These include the ability to:

- Share data and coordinate care securely and smoothly with other organizations
- Create fully integrated treatment plans
- Quickly and flexibly capture, measure, report on, and demonstrate client

outcomes and Clinical Quality Measures (CQMs)

- Securely access data at the point of care, both inside and outside the office
- Offer clients visibility into assessments and results for consumer-reported outcomes and measures
- Visibility into client mix, by programs and services
- Accommodate new payment models for timely, accurate reimbursement
- Smart claims for managing PPS reimbursed services: Scheduled by date, timeframe, or by number of services delivered
- Client-specific fee structure that can be copied forward for easy edits and management

CCBHCs stand at the forefront of today's evolving care. As such, they need to be forward-thinking in their technology to remain prepared for what's ahead. A robust, adaptable EHR solution is one way to improve your organization's readiness, increase quality, and deliver whole-person, coordinated care to your clients.

Qualifacts Systems LLC

# Data Requirements and Policies

**Y**our organization holds many kinds of data, perhaps related to thousands of people. Managing data effectively and securely is one of the most important jobs for a behavioral health organization today; if your data is easy to manipulate but not secure, your legal exposure could close your doors. If your data is 100% secure but can't be accessed easily for analysis and planning, your inability to plan strategically could close your doors.

There has to be another option. Your organization needs both security and accessibility of data—at the same time. A modern, comprehensive EHR can be an important part of the solution that protects your consumers' data while allowing you to make use of it to run your organization well and improve population health.

## THE 21st CENTURY CURES ACT

The wide-ranging 21st Century Cures Act, passed in 2016, contains many requirements for the healthcare industry regarding patient access to electronic health information (EHI). These requirements, implemented through the ONC Cures Act Final Rule, aim to provide “seamless and secure access, exchange, and use of electronic health information.”

The goal is to allow people to access their EHI quickly, easily and securely.

As a provider, you are responsible for meeting a series of compliance deadlines related to information blocking and interoperability. These requirements are designed to ensure that your processes for retrieving and providing patient health information are as fast and efficient as possible. Under the Final Act Rule, you must:

- Provide easy, free access to EHI data to patients and other providers

- Accommodate patient choice of applications for accessing EHI

- Offer transparency in data requests and access

- Protect data security and safety

There are exceptions for EHI requests that are unreasonable or might put data security or patient safety at risk.

To comply with these requirements, you need the technology to make data retrieval and sharing quick and secure. An EHR platform that prioritizes interoperability and efficient data management is essential.

# Data Requirements and Policies Continued

## PROTECTED HEALTH INFORMATION AND HIPAA

Healthcare organizations already know that HIPAA (the Health Insurance Portability and Accountability Act of 1996) requires them to safeguard consumers' protected health information. Savvy organizations take a multipronged approach that goes beyond asking patients to sign an annual disclosure form and meeting minimum legal compliance requirements. They provide:

- Secure data storage locations, including cloud-based, encrypted, redundant systems that protect against data loss as well as data breach.
- Role-appropriate access to data, with unique logins that can be turned on and off immediately as employment status or roles change. Multifactor user authentication is becoming more common for a higher protection standard.
- Policies (and technology restrictions when possible) that dictate how data can be shared, printed, uploaded and downloaded.
- Device management policies that prevent malware-infected devices from connecting to the network.
- Staff training and testing to ensure data is managed according to policies and best practices.
- Patient awareness and education.

## LEARN MORE ABOUT HIPAA

HIPAA regulations are a cornerstone of health information security today. Ensure your organization understands how HIPAA regulations apply to your work, your EHR selection and your consumers.

<https://www.hhs.gov/hipaa/for-professionals/index.html>

## LEARN MORE ABOUT DATA SECURITY

The Federal Trade Commission offers many insights and tips to help your organization comply with data security regulations.

Ensure your organization has appropriate legal and technical advice to protect your consumers and the organization against data breach or loss.

<https://www.ftc.gov/tips-advice/business-center/privacy-and-security/data-security>



# Data Requirements and Policies Continued

## THE INTERNET OF THINGS AND NEW THREATS

In addition, new threats are emerging from IoT (internet of things) devices becoming more common in the healthcare setting. Many IoT devices are far less secure than traditional computers or smartphones. If your organization uses IoT devices to capture data, ensure you have sufficient security protocols to protect the rest of your network and data from potential breaches there.

## LOTS OF DATA TO PROTECT AND USE APPROPRIATELY

With the understandable focus on protected health information, it is easy to overlook that every behavioral health organization has additional significant exposure with other kinds of information.

Make sure you know how your organization is impacted by and protected against data breach or legal exposure for these additional regulations and standards:

PCI standards: Payment card information is governed by your agreements to

accept payment cards, as well as by legal regulations. Obviously, protecting your consumers' payment information is a foundational step to ensuring a trusting relationship, as well.

CAN-SPAM: If your organization uses email to market to prospective consumers or to communicate with existing clients, you must comply with CAN-SPAM regulations preventing unsolicited email, and respecting consumers' communication preferences.

DMCA: The Digital Millennium Copyright Act governs copyright infringement response for websites and other digital properties. Your organization must ensure that you adhere to all applicable copyright laws in your digital communications. DMCA also requires that you meet standards for other copyright holders to notify you if you have violated their copyright, and respond appropriately.

COPPA: If your organization offers any level of digital access or communication to minors under 13, you must comply with the Children's Online Privacy Protection Act.

# Electronic Prescription Mandates

As of 2021, there are multiple mandates governing electronic prescription of controlled substances (EPCS) and prescription drug monitoring programs (PDMPs).

EPCS mandates require that certain controlled substances be prescribed using an electronic prescription service rather than a paper prescription. This ensures that such prescriptions can be easily tracked in state PDMPs to help prevent prescription opioid abuse and maintain client security.

PDMPs are part of a nationwide effort to monitor access to controlled substances, in order to provide greater security and public health.

In addition to these federal requirements, many states have instituted their own EPCS mandates as safety measures against opioid abuse. As a behavioral health provider, you must use an ePrescribing certified software that includes EPCS. You must also comply with measures that include:

- Establishing proof of identity for individuals who will issue prescriptions using the software
- Using two-factor authentication to ensure that EPCS software can be accessed only by individuals with multiple forms of authorization credentials

- Using logical access controls that require two individuals in your practice, one of whom is registered with the federal Drug Enforcement Administration (DEA), to set up access to the software
- Establishing access to PDMP data that fits in with your EPCS prescriber's workflow

To meet these requirements, you need a certified ePrescribing software that includes EPCS to integrate PDMP data and relevant access protocols in your EHR. It should be fast, responsive, flexible, easy to implement and designed for the ever-changing needs of behavioral health providers.



Make a list of the kinds of consumer data you manage and the systems that use or store the data today. Can you reduce your exposure with a better EHR?

[illegible]

# Integrating With Other Organizations

Every behavioral health and human services organization has the potential to integrate with other care partners. Integration—creating data connections between unique systems to allow providers, individuals and caregivers to share decision-making, improve outcomes and access useful information—allows for interoperability with other providers. Sometimes, the goal of integrating is clinical in nature, focusing on outcomes and quality measures. Sometimes it simply increases the ability of a consumer or another provider to access accurate information. Sometimes it meets a reporting requirement.

What other organizations do you work with today? What data could you potentially integrate with each organization? What benefit would come from that?

For more information on integration and interoperability, watch our webinar [Interoperability: What It Means, Where We Are and How We Can Put Clients In Charge Of Their Care.](#)

Partner Organization (HIEs, hospitals, primary care, labs, referral partners/ networks, pharmacies, ACOs, other)	Data in Common	Potential Benefit

# Define Your Goals

**B**efore your team can really begin its work, it should determine the goal. That sounds overly simplistic—the goal is to select an EHR that works for your organization! Yet it's obvious that the same EHR will not work for every organization, and your organization's needs cannot be filled by just any EHR.

If you've worked through your organization's workflows, pain points, success stories, data needs and access points, you have a good idea of how your current systems are serving you—and how they are falling short. Now you're ready to turn those insights into goals for your EHR vendor selection process.

Using the goal worksheet on p. 40, work with your team to define your organization's goal in seeking an EHR at this time. Then, take into account how you anticipate your needs changing in the future. If you don't have certainty about future changes, that's OK—but make notes here about trends or industry issues you're monitoring, as well as changes in the

## KEY INSIGHT

"You want to define the goals of the project, who are the subject matter experts and who can document those needs. Separate those into two lists, one that is a need or a must have for operating the business, and the second one for the wants or the nice to have."

—RICHARD FOLLETT  
Vice President of Administration,  
Behavioral Health Network, Inc.



# EHR Goals Worksheet

Our organization needs an EHR that will:

**Meet These Needs**

**Today By...**

**Tomorrow By...**

Example: Clinical

Incorporating X, Y, Z clinical measures into our patient interview process

Adapting to new clinical measures that our state compliance reporting will require from us in 2022.

Clinical

Quality

Financial

Administrative

Utilization/Staffing

Reporting/Compliance

Once we have a new EHR, how will we ensure that it stays current with our needs?

How often will we review our goals?

Who is responsible for keeping the business current on new features, updates, and changes, and for discussing our own emerging needs or changing external requirements from payers?



# PART 3

EHR Vendor Research and  
Selection Process

# EHR Vendor Research and Selection Process

Once you know your own organization well and have defined your needs and goals in seeking a new EHR, you're ready to begin the search itself. This section will guide you through the process of matching your organization's needs to the capabilities of prospective EHR platforms. It also gives you a number of questions to consider about less tangible parts of the EHR vendor relationship—things like implementation, training and support—that may define a lot of your day-to-day experience with an EHR.

Finally, pricing and contracting can be complex, especially when you want to compare one EHR vendor to another. Use our tools and insights to help your team evaluate prospective EHRs and feel confident in your decision.

## KEY INSIGHT

“While you have [the vendor] on the phone and talking to them about what their product can do and whether or not they'll meet your needs, ask them who are their main competitors. This is often a way of finding who else should be on the list you may not have thought of.”

—RICHARD FOLLETT  
Vice President of Administration,  
Behavioral Health Network, Inc.

# Researching Candidates

**B**ehavioral health organizations approach EHR searches in different ways. Some organizations issue RFPs, some hire a consultant, and some manage a search with neither of those resources.

## ISSUING AN RFP

For many years, organizations issued a request for proposal for any major software purchase. As more organizations have moved toward agile technology approaches and cloud-based solutions, some organizations now find RFPs to be time-consuming and complex, without enough benefit to make up for the hassles. Consider these pros and cons before you decide to use an RFP:

### RFP Pros

- It may help you gather lots of information fairly quickly in a standardized manner.
- Writing the RFP itself can help your organization specify its needs and goals.

### RFP Cons

- RFPs can be overly complicated and waste lots of time for purchasing organizations and vendors alike.
- If your goals are not clear, an RFP will not help you find the solution you need.
- It may be difficult to fully understand the differences between competing products with the written responses in an RFP.
- An RFP alone usually isn't enough to answer your complex questions.

## HIRING A CONSULTANT

Many organizations hire a consultant to help with an EHR search. This often makes sense; most behavioral health executives don't manage an EHR search every day or even every year. Working with an experienced consultant brings you the benefit of their industry expertise as well as their process and methodology to help make the decision. It's pretty common for teams to get stuck on priorities or favorite features, and having a neutral third party like a consultant to facilitate your work can help you stick to your decision process and remove emotion from this big decision.

## MANAGING YOUR OWN SEARCH

If you have a highly competent internal tech team who is used to researching and implementing major software decisions, you may be equipped to manage an EHR search on your own. If you are leaning in this direction, also consider how much time it will take for team members to complete a successful search while handling their ongoing responsibilities. (Working with a consultant will also require time, but a consultant may be able to shortcut some of the work for you.)

## DEMOS AND PEER RECOMMENDATIONS

In any of these scenarios, it pays to see demos of each EHR you are considering—in fact, you will probably want to have multiple team members see demos and ask specific questions of your top candidates.

When you are down to final candidates, be sure to talk to existing customers of those EHRs who have similar business profiles to help your organization determine which ones are best suited for your needs.

# Building Your EHR Scorecard

**C**onsider the teams in your organization and the services your organization offers. Each team performs tasks that are tied to certain capabilities in an EHR system. Once you have identified tasks that your organization completes and the capabilities that you need to do these tasks, then you can begin to build a scorecard to evaluate potential EHR systems.

## STEP 1: Make a List of Your Teams and Tasks

Make a list of the tasks or workflows for your teams or service lines—whether they are handled manually or in an automated system. We’ve listed a few on the next page to get you started, but every organization manages its work a little differently, so make sure you outline how yours works. Fill in your teams and the tasks that your teams do in columns 1 and 2 of the EHR scorecard on p. 50.

### SERVICE LINES AND COMMON TASKS

Many behavioral health organizations have common tasks based on the services provided. Does your organization provide any of the services listed below? Do any of the teams involved in these services complete tasks that you did not already list on your scorecard? Do you provide services or complete tasks not listed here? We list a few service lines here, but make sure you create a full list of your organization’s services (see

Organization Overview, p. 22), then think through tasks unique to each service line. Include your service lines and their unique tasks and needs on your EHR scorecard on p. 50.

Addictions Treatment Services

Adoption

Children and Family Services

Foster Care

Health and Human Services

Intellectual and Developmental Disabilities Services

Mental Health Services

Primary Care

Residential Care

Social Services

### TEAMS AND COMMON TASKS

Many behavioral health organizations have common tasks based on the team. Does your organization have these teams? Are these their tasks? What other tasks do these teams complete? What other teams do you have in your organization?

Intake/Front Desk/Scheduling

Admit new consumers

Capture insurance information

Verify eligibility

Schedule appointments

Reschedule appointments

Appointment reminders



# Building Your EHR Scorecard Continued

Manage multiple appointment types  
 Check in consumers  
 Electronic capture of self-assessment data  
 Collect co-pays

Support all teams in tech needs  
 Support integration with partner systems  
 Manage and administer all systems

## Billing/Finance

Claims reimbursement for multiple payment models/payers  
 Bill consumers  
 Payment reconciliation  
 Batch processing and automation  
 Utilization reports  
 Evaluate contracts/payment models  
 Financial projections  
 Manage audits  
 Negotiate contracts

## Clinical/Medical

Conduct screenings and assessments  
 Collect biometric data  
 Review data, history and assessments at point of care  
 Create treatment plan  
 Review treatment plan  
 Update treatment plan  
 Case management tasks  
 Create referral  
 Primary/specialty care coordination  
 Prescribe medication  
 Order labs  
 Review lab results  
 Code diagnoses and treatments  
 Review outcomes  
 Review outcome trends

## Executive Leadership

Utilization planning  
 Outcomes measurement  
 Trends and projections for all aspects of the organization  
 Audit and compliance reporting  
 Business strategy  
 Board reporting

## Quality/Outcomes

Select outcome and quality measures  
 Assign assessments and screenings to monitor metrics  
 Review outcome trends  
 Create outcome reports for internal and external audiences

## IT

Ensure data and device security  
 Manage device and service access  
 Create report templates



# Building Your EHR Scorecard Continued

## STEP 2: Add Environment and Device Needs

Now that you've listed your teams, service lines, and their tasks or workflows, consider whether any of them have special needs dictated by their devices, their environment or their access.

Review the data and device information you have gathered. How many of your staff are connected to the internet 100% of their workday at a desktop station or a laptop in the office? How many use a tablet or mobile device? Do you have staff in the field, away from the office? Do they always have internet access? What data do they need while they are away from the internet? What data do they collect while they are away from the internet? What other device, access, and environment issues do your teams manage?

If you have identified special needs here, fill in the third column of your EHR scorecard on p. 50.

## STEP 3: Add Business Challenges

Earlier in this workbook, your team identified pain points for your organization. Often, these are related to tasks, teams or service lines. Check that worksheet now (p. 27), and make

sure that your pain points and business challenges are reflected in column 4 of the EHR scorecard (p. 50).

### WHY IT MATTERS

It's important to do the pre-work to understand your organization and outline its needs carefully before you start analyzing vendors.

Use the worksheets in Part 2 to understand your organization's needs before you build your scorecard. That ensures that you build a framework for making your decision from a business perspective, not an emotional one, or one based on the squeakiest wheel or newest bells and whistles.

### KEY INSIGHT

"[We] try to anonymize the data so that we couldn't make any comparison from one vendor to another here. But you use this kind of information (Scorecards) to compare the price, set criteria, and other characteristics of the organization that might be used to rule in or rule out a particular vendor."

—RICHARD FOLLETT  
Vice President of Administration,  
Behavioral Health Network, Inc.

# Building Your EHR Scorecard Continued

## STEP 4: Add Desired Capabilities

Desired capabilities for your new EHR can come from many sources. Start by considering the tasks your teams and service lines do every day. Many tasks have a one-to-one relationship with a feature or capability. Read through the tasks, teams and service lines, and list the capabilities required.

Next, check the worksheet your team completed earlier outlining things your current system does well (p. 41). You don't want to lose ground with a transition! List those on your scorecard, aligned with the relevant teams, tasks or service lines. Check the goals you listed for your EHR (p. 41). These, too, should appear on the scorecard in some form.

At this point, your scorecard should have a list of all of the capabilities your organization needs and wants in a new EHR. Validate this list with your entire EHR selection team. You will use this list of capabilities to evaluate EHR vendor offerings.

## STEP 5: Prioritize

While we'd like to imagine that every single thing every team member needs or wants will be available, in reality this is often not the case. Or a feature might be available, but from a vendor that doesn't offer many other features your organization requires.

Sometimes it comes down to price and impact. If a feature is available but expensive, and its impact on your organization is small, you will want to take that into account when you are weighing different EHRs. Review your organization overview (p. 22) and compare it with your list of capabilities, teams and service lines on the scorecard. If a large percentage of your revenue or your staff is impacted by a capability, it's more important to your organization and is more likely to be a must-have than a nice-to-have.

Rate each capability you have listed as must-have or nice-to-have in column 6.

# Building Your EHR Scorecard Continued

## STEP 6: **Collect Information From Vendors**

Now it's time to find out which EHR vendors meet your needs! Using your list of must-have and nice-to-have capabilities, fill in the scorecard for the EHR platforms you are considering.

## STEP 7: **Keep Asking Questions to Identify a Real Partner**

We don't include weighted or numeric scoring here, though many organizations do use that kind of analysis in their search for an EHR vendor. Sometimes numeric scoring can help eliminate vendors that do not meet your needs quickly, and that's a good reason to use it.

But you may find that several vendors have comparable capabilities, based on your needs. And that's when your search may come down to some less tangible considerations that don't fall under a particular feature needed by a particular team. Once you have filled out your scorecard, make sure you also know how your prospective EHR vendors handle implementation, training, support, integration, and what their product road map looks like. Is their future viewpoint aligned with yours?

Keep reading for suggested questions to help you learn more about these critical parts of your relationship with your future EHR vendor, and whether or not they fit into a chart like this capabilities scorecard.

# EHR Capabilities Scorecard

Use the instructions beginning on p. 44 to create your organization's scorecard.

Teams	Tasks Performed/ Key Workflows	Special Environment, Devices, Other Unique Needs for These Tasks	Business Challenges/ Needs for Tasks/Team/ Service Line?	Desired Capabilities	Capability Priority — Must-Have/ Nice-To-Have	EHR 1	EHR 2	EHR 3
Intake/ Front Desk/ Scheduling								
Clinical/ Medical								
Quality/ Outcomes								
Billing/ Finance								
IT								
Executive Leadership								
Reporting/ Audit/ Compliance								
Other teams								

Teams	Tasks Performed/ Key Workflows	Special Environment, Devices, Other Unique Needs for These Tasks	Business Challenges/ Needs for Tasks/Team/ Service Line?	Desired Capabilities	Capability Priority — Must-Have/ Nice-To-Have	EHR 1	EHR 2	EHR 3
Other teams								
Service lines								
Mental Health Services								
Other service lines								

# Implementation

You will want to understand how each EHR candidate manages implementation. Ask questions like these:

- How long should we expect implementation to take?
- What existing data formats can you work with?
- What data will come into the new system?
- How do you recommend we archive other data for access as needed?
- Have you done an implementation with systems similar to ours before? How did that go?
- Is there anything about our existing systems that may present trouble during implementation? How can we prepare for that?
- What implementation costs can we expect?
- What can my staff do now to prepare for a smooth implementation?

When you talk to existing customers of an EHR, be sure to ask them about their implementation experiences specifically, as well.

## GOAL

Implementation should be a seamless step from selection of a vendor to configuration of your new system.

“Understanding the implementation process as part of your selection criteria will help you prepare your teams and ensure that your business objectives translate from the selection process to the final configuration of your new system. Oftentimes the individuals you work with during the sale are not the same as those you will work with to implement your new system. Understand how your new partner handles that hand off and ensures that knowledge of your organization is transferred to the new team, without having to start again at the beginning.”

—ROBERT PATTON  
Vice President, Implementation  
Services, Qualifacts

# Training, Support and Customer Communities

**A**ny comprehensive software platform today should offer its users training, support, and a customer community to share ideas and best practices. When you are reviewing EHR vendor candidates, ask to see examples of training plans, and access to the customer community or examples of the information found there.

Here are questions to ask on these topics:

- Do you have different levels of ongoing support? What if we need to ask a quick question? What if we have a complicated problem?
- Are there any additional fees for support, or is it included in a maintenance fee or our license fee?
- How do you train my staff? Do you provide train-the-trainer sessions, or train every staff member?
- Do you recommend ongoing training for already trained staff? What cadence and expense should I plan on for training?
- What happens when I hire new staff? How will they be trained?
- Do you offer online or in-person training? At our location(s) or at a central location?
- How active is your customer community?
- What topics are generally covered in the customer community?
- What benefits can we expect from the customer community?
- Do you offer customer training conferences? When? What are the fees?
- What roles will get the most out of your customer conferences?



# Pricing and Funding

EHR pricing can be complicated. Of course, any one system may not be complicated, but figuring out how to compare apples to apples when evaluating different vendors can be more difficult. Savvy behavioral health organizations look at pricing on an annual basis and over several years to make a more accurate estimate of their investment.

Use a chart like this one to estimate total annual spend in year 1, year 2 and year 3 of the EHR systems you are considering. Be sure to include all costs including:

- |                                         |                              |
|-----------------------------------------|------------------------------|
| Seat licenses (How many will you need?) | Initial and ongoing training |
| Implementation fees                     | Updates and upgrade costs    |
| Add-on module costs                     | User conference fees         |
| Required hardware or device upgrades    | Other fees or costs          |

	Type of Cost (License, implementation fee, upgrade fee, etc.)	Fee	Per _____ Users	Total \$
EHR 1				
Total for EHR 1				
EHR 2				
Total for EHR 2				
EHR 3				
Total for EHR 3				

# Measuring ROI

**R**esources for capital expenditures are limited in every behavioral health agency, and there is typically significant competition for what little money is available. Conducting a return-on-investment (ROI) analysis is an effective way to find the best use of those limited resources.

An ROI evaluation of an EHR system compares the technology costs with the financial benefits. You may anticipate benefits such as increased billing and collections, decreased paybacks and improved clinician productivity. All of these advantages can be estimated and quantified, but there are some benefits that are not as easily calculated but just as important to consider. In addition to using this guide for estimating your likely financial return, spend time evaluating the intangible benefits of implementing a best-in-class EHR.

Work through each step required for a return-on-investment analysis of an EHR: collecting and recording all the costs; estimating the boost in billing, collections and productivity; and, finally, comparing the total investment with the financial benefits. Although the

analysis does require collecting data and a few calculations, it doesn't need to be complicated. After completing these tables, you will know conclusively if the investment in an EHR is worth it for your organization.

## ASSESS THE INVESTMENT REQUIRED

Start by collecting all of the data you can about the cost of the EHR. This includes both the upfront investment and recurring costs. The type and amount of these expenses will vary depending on what system you're evaluating (software-as-a-service versus on-premises). The costs for a SaaS system include an initial setup and training cost, and a monthly subscription fee, which is based on the number of users in the system. For an on-premises system, you should add software licenses, hardware costs, upgrades and annual maintenance expenses.

For SaaS, you can discount the subscription costs in year one because these expenses should not begin until after the implementation is complete. Adjust this discount accordingly for each vendor's implementation time. Enter all the costs in ROI Worksheet A on page 56.

# Measuring ROI Continued

Worksheet A: The Investment	Year 1	Year 2	Year3
a) Initial Investment (Add 1–3, below)	\$	\$	\$
1. Implementation, training, and data conversion	\$	\$	\$
2. Software licenses (On-premise only)	\$	\$	\$
3. Hardware purchase (On-premise only)	\$	\$	\$
b) Ongoing Software Costs (Multiply 1 and 2, below)	\$	\$	\$
1. Subscription (SaaS) or license maintenance costs (On-premise only)	\$	\$	\$
2. Implementation filter (% of the year that subscription costs are incurred)	50%	100%	100%
c) Hardware Maintenance & Replacement Cost, IT Staff (On-premise only)	\$	\$	\$
TOTAL INVESTMENT PER YEAR (= a + b + c):	\$	\$	\$

## DETERMINE THE BENEFITS OF AN EHR

Now, determine the benefits of the EHR in terms of what it will save the organization and what it will help you earn. The analysis should include all of the quantifiable benefits you can predict. To do this, use your organization's data compared with your own targets or the provided industry benchmarks.

The quantifiable factors included in ROI Worksheet B (p. 59) are those that will likely have the most financial impact, but add others you think will be improved with the EHR.

**Increase in Billed Revenue:** Billed revenue may increase if your new EHR does a better job of automatically capturing and generating a claim for every billable

service provided. It can be tricky to estimate since you may not know how many claims are being missed today. Check with prospective vendors to see if they have historical data that can give you an estimate.

**Increase in Collections:** If your new system catches billing errors before the service occurs and validates all claims before they are sent, you may reduce denial rates and increase collections for all payers in a new system.

The likely increase depends on your current denial rate and your contract with each payer. Use the peer benchmarks for Medicaid and create your own targets for Medicare, private insurance and self-pay.

## Measuring ROI Continued

Self-pay collections may jump dramatically if your new system clearly shows the amount due at the time of service, prompting on-the-spot collection rather than requiring an invoice to be generated later. Check with prospective vendors to see if they have historical data that can give you an estimate.

**Decrease in Medicaid Recoupment:** Your annual Medicaid recoups may decrease if your new system validates clinical checks at every service and for each provider's caseload. For example, an EHR may alert you when a treatment plan is set to expire or if a scheduled service is not included in the plan. Check with prospective vendors to see what changes you might expect.

**Increase in Clinician Productivity:** Productivity may improve dramatically

with less time spent on administrative activities and more paid time spent seeing people. Use the peer benchmarks or add your own targets.

For each of these categories, enter the information in the spaces provided on Worksheet B on page 58.

We have provided an example in the first row as a guide. The example agency has entered its current annual billed revenue of \$2,000,000. This represents only 85% of total billable services provided. The total potential is \$2,000,000 divided by 0.85, or \$2,352,941. This agency predicts an increase of 13% based on the peer target of 98%. Multiply 0.13 by the total potential revenue to arrive at \$305,882—the calculated annual revenue increase.

Worksheet B: The Benefits							Year 1	Year 2	Year 3
		Current Amt. (\$)	Current Rate (%)	Potential Amt. (\$)	Target Rate (%)	Change (%)			
EXAMPLE: Billed Revenue		\$2,000,000	85%	\$2,352,941	98%	13%	\$305,882	\$305,882	\$305,882
a) Billed Services (currently provided)		\$	%	\$	98%	%	\$	\$	\$
b) Increased Collections (Add 1–4, below)							\$	\$	\$
1. Unmanaged Medicaid collections		\$	%	\$	98%	%	\$	\$	\$
2. Managed Medicaid collections		\$	%	\$	95%	%	\$	\$	\$
3. Medicare and insurance collections		\$	%	\$	%	%	\$	\$	\$
4. Self-pay collections		\$	%	\$	%	%	\$	\$	\$
c) Medicaid Take-Backs		\$	%	\$	1%	%	\$	\$	\$
d) Increased Productivity (Add 1–3, below)							\$	\$	\$
1. Clinic-based therapists			%		75%	%	\$	\$	\$
2. Community-based therapists			%		50%	%	\$	\$	\$
3. Psychiatrists			%		90%	%	\$	\$	\$
e) Subtotal of All Benefits (= a + b + c + d)							\$	\$	\$
f) Implementation Filter (% of the year that benefits are realized, based on go-live date)							50%	100%	100%
Total Benefits: (= e x f)									

# Measuring ROI Continued

## CALCULATE THE NET RETURN ON INVESTMENT

In Worksheet C, enter the total annual costs (from Worksheet A) and benefits realized (from Worksheet B) for years one through three. Then simply subtract the annual investment from the benefit to see your return on investment in annual dollars. This number represents your total gain (or loss) in revenue after paying for your technology investment.

Finally, divide the total gain by the investment to get the ROI percentage. This number can be used to measure the efficiency of the investment as well as a useful metric for comparing multiple investment options.

Worksheet C: The Return	Year 1	Year 2	Year 3	3 Year Totals
a) Worksheet A: Total Investment	\$	\$	\$	\$
b) Worksheet B: Total Benefits	\$	\$	\$	\$
c) Annual Net Benefit (= b - a)	\$	\$	\$	\$
Return on Investment Rate (= [b - a] / a)	%	%	%	%

So what does this number mean?

The ROI rate represents the multiple of the investment you will earn. For example, if the investment is \$1,000 and the benefit is \$2,500, the ROI rate is 150%. That means you will earn 150% of the total investment in financial benefits as a result of making the investment—all of which will drop directly to your bottom line. In short, if the annual gains (line c above) are positive, invest in an EHR to reap a direct financial benefit. If the ROI percentage is very high, waste no time. Make the decision now so you can earn these benefits as soon as possible.

# Contracting and Legal Considerations

**A**s with any contract, you will want your attorneys and corporate officers to fully review and understand the terms of an EHR contract. Depending on how the EHR is designed and priced, different vendors may have different contract provisions. As with pricing, it may be difficult to get a straight comparison among multiple vendors. Here are some questions you will want to ask:

Which provisions can be negotiated?

What is the standard length of the contract?

Is pricing clear?

What happens if you have more or fewer registered users of the EHR in the future?

When is your payment, or first payment, due?

What price certainty do you have over the life of the contract?

What provisions are made for future products and services and their pricing?

What happens if the implementation takes longer than expected?

What happens if the EHR vendor cannot complete your implementation?

Under what circumstances are you entitled to a refund, or to end the contract with no further penalty?

What if your organization decides to cancel the contract before it expires? What penalties will you incur?

What happens if the EHR vendor suffers a disruption in service? How are you protected from a legal standpoint? From a business-interruption standpoint?

What happens if the EHR vendor has a data breach? Who is liable?

What happens if your organization has a data breach? Are you required to notify the vendor?

What provisions do you have to contact a vendor representative on an emergency basis? What constitutes an emergency?

What if you need to remove access to the EHR from one or more employees on an emergency basis?

What does the vendor indemnify your organization for? Are you required to indemnify the vendor for anything?

Does the vendor have insurance that will protect you/make you whole against a breach, negligence or criminal activity on its employees' or vendors' part?

What third-party products, services or provisions are covered in the contract?

Do you pay other licensing fees for these products or services separately, and if so, can you cancel those separate contracts?





# PART 4

Living with an EHR

# Managing Change

**Y**ou might think a guide about buying an EHR would end once you've made the purchase decision, but no! An EHR is one of the largest investments many behavioral health organizations make. Think of your EHR as another team member. If you onboard team members and orient them well, they can be a highly functioning members of your organization for years to come.

That's the same kind of relationship you want with your EHR. Just like you would invest in a highly functioning employee with ongoing support and training, you invest in an EHR with maintenance and upkeep. But if you integrate the EHR into your organization and maintain it well, it will provide ongoing benefits for every part of your organization.

## MANAGING CHANGE

This is one of the intangible parts of transitioning to a new EHR, but it's

also one of the most critical. In most behavioral health and human services organizations, the EHR touches every part of the organization in some way. That means that every part of the organization will experience change when you move to a new system. As you are working through the process to select a new EHR vendor, plan for the changes that a new EHR will bring.

Along with the planning you are already doing, visualize the ways a new EHR will impact your teams and organization. You might think of this in terms of individual workflows that will be affected. For each workflow, what team is affected? Which devices? How will you communicate with the team? How will you train each team member? And how will you incorporate their feedback into adjustments, training and communication to ensure everything is clear?

Use the chart on the next page to plan how you will manage this change.

# Managing Change Worksheet

You can fill in this chart with dates, detailed plans, or both.

[illegible]

# Post-Implementation Goal Review

Once you've made the journey to a new EHR, and you have successfully transitioned your staff and processes to a new workflow, it's easy to dust off your hands and declare victory. But from time to time, it makes sense to go back and revisit your original goals in seeking the new EHR to see if you're using the technology to its full potential to reach those goals. Make this an annual exercise to analyze your work and your EHR.

Use this worksheet to analyze your goals, their ongoing relevance to your work, and your success in reaching them. What steps should you take to continue your journey? Is it time to set new goals? (Review your original goals from p. 40 before you start!)

Original Goal	Still Relevant?	Status	Next Steps	Next Review Date

You may also consider new goals. Do you want to achieve interoperability with a referral partner or lab? Do you want to add more mobile capability for your staff in the field?

New Goal	Teams Involved	Projected Benefit	Next Steps

# In Conclusion

Every behavioral health and human services organization depends on EHR technology to support clinical, financial and management work. We hope this guide has been helpful as you map your journey to finding the best EHR for your needs, and that it leads you to the best EHR to help your organization connect strategically, operate efficiently and make data-driven decisions using a differentiated platform. In all these things, the right EHR should enable you to better serve your consumers and your community while helping you sustain and grow your organization. Our best wishes for the road ahead.

# About Qualifacts

Qualifacts is one of the largest behavioral health, rehabilitative and human services EHR vendors in the country. Its mission is to be an innovative and trusted technology and solutions partner, enabling exceptional outcomes for its customers and those they serve. With more than 20 years of experience, Qualifacts' configurable and flexible products and services help customers achieve interoperability goals, optimize efficiency, improve productivity, and maximize reimbursement. The company offers three EHR platforms – CareLogic, Credible, and InSync, serving all segment sizes in the market.

## INCLUDE US IN YOUR SEARCH

We would value the opportunity to be part of your EHR search process. If you've already begun, or are just laying the groundwork, please contact us to schedule a customized demonstration of our CareLogic, Credible, or InSync platforms and learn more about how we can partner with your team to find the best solution for your organization's unique needs.

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# An Online Community for Your Value-Based Needs



The Providers' Resource Center for Behavioral Health and Human Services (PRC) is an online community for behavioral health, substance use and human services leaders. Designed by a steering committee of more than a dozen top industry experts, it was created as a platform for you to build success with value-based care. PRC is the only authoritative resource on value-based reimbursement developed for executives of health and human service organizations serving consumers with chronic conditions and complex support needs. Featured resources include:

## Community Corners on topics such as:

- Clinical management and clinical performance
- Consumer access and engagement
- Financial management
- Leadership and governance
- Provider network management
- Technology and reporting

## Informative articles on topics such as:

- CMS Value-Based Care Opportunities in Medicaid
- Thinking Sustainable New Services? Think Integration
- How to Manage the 5% With Multiple Chronic Conditions & Complex Support Needs
- Addressing Social Determinants as a Path to Revenue Growth

## Assessments:

- The OPEN MINDS Strategic Technology Assessment
- The OPEN MINDS Value-Based Reimbursement Readiness Assessment

## News about upcoming events such as:

- Institutes
- Webinars
- Conferences

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