

**Robert Lee Sutherland Seminar XV  
Hogg Foundation for Mental Health**

**Concurrent Session II: Health Information  
Summary Notes**

**I. Sloane Cody**

- A. Health Passport for Children in Texas Foster Care
  - a. Useful tool for all providers to access as part of treatment/enrollment in foster care
    - i. Each child has own record
  - b. Not complete medical record but follows foster children wherever they go
    - i. Web-based so caregivers and providers have access
    - ii. Info around immunizations and other health status information
    - iii. Diagnostic/laboratory information
  - c. Built passport from scratch
    - i. Two years to build and implement
    - ii. Variables tracked include:
      - 1. Demographic info
      - 2. Immunization info
      - 3. Recent activity
      - 4. Claims data
      - 5. Allergies
      - 6. Medication info/refill dates
      - 7. Caseworker/Medical Center
    - iii. Providers can see all this info
      - 1. Every screen has overview/details screen
      - 2. Can see diagnosis
      - 3. Additional reference sections
        - a. Pharmacy pamphlet
      - 4. Can be translated to Spanish
  - d. Biggest challenge: To make it usable by all

**II. Gary Larcenaire, El Paso Mental Health and Mental Retardation**

- A. Benefits and Liabilities of Integrated Model
- B. El Paso 1<sup>st</sup> = HMO owned by El Paso hospital district
  - a. Sun City Behavioral Health (BH)
    - i. Merged data to find clients in common with Axis III Disorders (medical conditions)
- C. HMO Claims Data
  - a. BH provider can come in and look at physical health side
    - i. Not the same on physical side-where case manager comes in
    - ii. Will call primary care provider (PCP) and notify of BH visit/problem
- D. Trying to document savings to get appropriation for team
- E. Integrated at payer level
- F. Reciprocal HIPAA agreements

- G. Activist treatment modality
- H. High customer satisfaction
- I. PCPs like the program

### **III. John Wadsworth, Intermountain Healthcare**

- A. Communication
  - a. Engage information technology (IT) staff - bring players to table
    - i. IT as part of the discussion
- B. Data Capture
  - a. If you're scanning docs, you can't query
  - b. All physicians use same standard record
  - c. Mental health (MH) tab and MH packet in computerized format
    - i. Easy to query
  - d. Data Warehouse
    - i. Billing/claims
    - ii. Don't want to tax systems on the front end
- C. Reporting
  - a. Physicians want the info at point of care in order to make the right decisions
  - b. Report shows up in PCP's inbox 1x/month (or can go on the web)
  - c. Report is listed by severity of PHQ-9 - sickest of that doctor's patients
    - i. Then can drill down and see all info
    - ii. What meds/what visits (PCP/MH/ER)

### **IV. Kathleen Reynolds, Washtenaw Community Health Organization**

- A. Problems:
  - a. Multiple IT systems which couldn't talk to each other
  - b. HIPAA compliance problems
- B. Needed culture change
  - a. Share data between PCP/MH/Substance Abuse
  - b. Okay with HIPAA
- C. All physicians must enter records at time of service
  - a. Condition of employment
  - b. Electronic Medical Home
  - c. Secure, wireless network
  - d. Physicians carry around tablets
    - i. Use algorithm for meds
- D. Nearly 100% paperless for claims
  - a. Will do insurance/Medicaid search on site
  - b. Integrated PC/BH
- E. Staff can run own reports
- F. Tracks when plans are done
- G. Integrated chart
  - a. Available in ER/PCP/MH
    - i. More efficient data collection
    - ii. No data entry staff
    - iii. Complete form when consumer present

- b. All became billable because face to face
- H. No license/development fees
  - a. Paid for with public money
  - b. Just implementation/change fees
  - c. IT critical to making this happen