



Statewide EHR Collaborations to Drive Efficiencies Massachusetts and Georgia Tackle the Documentation Challenge

Though it might not be obvious at first, documentation is one of the most important components of delivering effective behavioral health services. Electronic Health Records (EHRs) can be a critical tool in maximizing efficiencies, both in terms of staffing and revenue. But finding an EHR that matches an organization’s needs can be a source of great frustration for many providers.

With help from [MTM Services](http://www.mtmservices.org), statewide collaborations drive documentation efficiencies, including:

- Achieving the “golden thread” of consistently documenting relevant clinical information from initial intake through the path to recovery;
 - Saving staff more than 250 hours a year in post-session documentation time, minimizing staff burnout and turnover;
 - Offering a common platform to facilitate cross-organizational training;
 - Increasing show rates by engaging consumers with collaborative documentation;
 - Establishing medical necessity and maximizing compliance and reimbursement; and
 - Better protection against payer audits and takebacks.
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Massachusetts Overcomes Resistance to Change

In 2006, the [Association for Behavioral Healthcare](http://www.abh.org) (ABH) in Massachusetts recognized the need to prepare its members for the transition to EHRs, widely seen as a critical tool in achieving the golden thread. But the transition would not be an easy one. Among ABH members, there were wide variations in the way care was documented. Not only did each provider organization have its own documentation process, but there were often variations of processes and forms within the organization, even from one clinician to the next. The inefficiencies resulted needless hours of staff time spent duplicating tasks and collecting unnecessary information – ultimately taking time away from delivering quality patient care.

With a grant from Value Options Massachusetts, a payer that saw the value in standardized documentation, the Massachusetts Standardized Documentation Program (MSDP) was formed.

Getting it Right

MTM Services played a leading role in the two-year process, managing stakeholder engagement – from providers to payers, Medicaid MCOs and state regulators – and helping participants overcome roadblocks. As a first step, MTM worked with various committees to identify every state, federal, payer and accreditation requirement, in addition to clinical best practices, that needed to be captured.

Initially, staff resistance to change was significant. The feeling was “this is how we’ve always done it” and “change will be too hard to implement.” But ultimately, the process worked.

The MSDP was able to convert 9,700 different forms down to a standard, statewide set of 33 forms to collect all necessary data. Practitioners could have confidence in the new forms, knowing that if used appropriately, they would be well positioned to meet compliance and accreditation requirements of the following organizations:

- State Payers: Medicaid; DMH; DPH-BSAS; and DPH-HCQ
 - Managed Care: Medicaid Managed Care Entities
 - Federal Payers: Medicaid and Medicare
 - National Accreditation: Joint Commission; COA; CARF; and NCQA
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Vendors Play Essential Role

But providers and payers were not the only ones that had to buy into the new forms. EHR vendors were an essential element in the next phase. MSDP established a certification process whereby vendors could submit their forms for review to ensure fidelity. Certification, in turn, assured providers that by using approved vendors, they would be in compliance with federal and state standards and payer requirements.

By 2009, the transition was complete. With the infrastructure in place via certified vendors, ABH members began making the shift, first to standard paper forms and ultimately to EHRs. MTM worked with each organization to provide staff training and follow-up to ensure full compliance with the new forms.

While it took several years, over time participation was widespread. **By 2016, 80% of providers responding to a survey were utilizing some portion of the MSDP data set and, of those, 70% were using MSDP-certified EHRs provided by eight certified vendors.** More than a decade later, MSDP continues to update forms and data sets as requirements evolve and new services are contracted for in the state.

Georgia Finds Strength in Numbers

The Georgia IT Consortium (GAIT) was launched in 2008 to remedy costly, duplicative practices and simplify data collection. Rather than struggling to modify existing EHRs, the six behavioral health service providers worked with MTM to create a system tailor-made to meet the needs of both clinicians and patients.

When the time came to select an EHR platform, the GAIT Consortium met with initial resistance from vendors that were not willing to build a custom approach to match their assessment tool. While one organization on its own might not have had the negotiating power to drive the process, as a consortium, they were able to flex their negotiating muscle. In the end, they secured a vendor that was willing to customize the platform. **And they were able to realize an estimated \$1M in savings by consolidating data reports, obtaining group pricing advantages, and rapid implementation times for new members joining the consortium.**

Over the next decade, the collaboration extended to include ten organizations that operate as a fully integrated data operation. As needs changed, the collaboration was able to leverage the power of shared learning to address billing problems, audit concerns and staff efficiency.

The Next Step: Interoperability and Timely Access to Information

In 2019, the GAIT Consortium took the next step toward promoting the “golden thread” by joining forces with the Georgia Regional Academic Community Health Information Exchange (GRACHIE), the largest health information exchange (HIE) organization in Georgia. Too often, HIEs do not include behavioral health providers, which undermines efforts to provide coordinated care and manage care transitions. Through the new collaboration, members can access patient health information from both hospitals and behavioral health clinics in real time, thus improving opportunities to provide truly integrated care. This would not have been possible without the well-functioning data platform launched by GAIT a decade earlier.

MTM: Helping Statewide Collaborations Succeed

The experience of providers in Massachusetts and Georgia is a clear example of the benefits of collective engagement. MTM managed a robust process at the front end, serving as a credible outside facilitator to ensure not only initial buy-in but also long-term success. By streamlining the documentation process, members of the statewide collaboratives were able to realize meaningful results: reallocating valuable staff time, improving compliance, and ultimately increasing revenue. And most importantly, they were able to create a system that enhanced their ability to deliver quality services.

For more information on Statewide EHR Collaborations and the MTM Consultation Team, please visit www.mtmservices.org or, to schedule a free planning meeting, please email MTM director of operations [Marian Bradley](mailto:marian.bradley@mtmservices.org) or call (919) 387-9892.