# Appendix D: Survey Results Chart Pack Draft

This Appendix is to provide charts and tables for additional data collected via the survey that is not reflected in the report.

Of the 275 behavioral health agencies with at least one OHA-licensed program that were contacted to participate in the survey, 133 (48%) submitted a completed survey. Below we report on the characteristics of the contacted and responding agencies.

Responding Agency Characteristics

Licensed Behavioral Health Programs Represented

Overall, there are 874 OHA-licensed behavioral health programs administered by 275 behavioral health agencies across Oregon. There are six different types of OHA-licensed programs, and agencies can have one or multiple programs across one or more locations. The 133 agencies that completed a survey represent 522 (60%) of all the licensed programs. The 522 programs represented in the survey results are shown below.
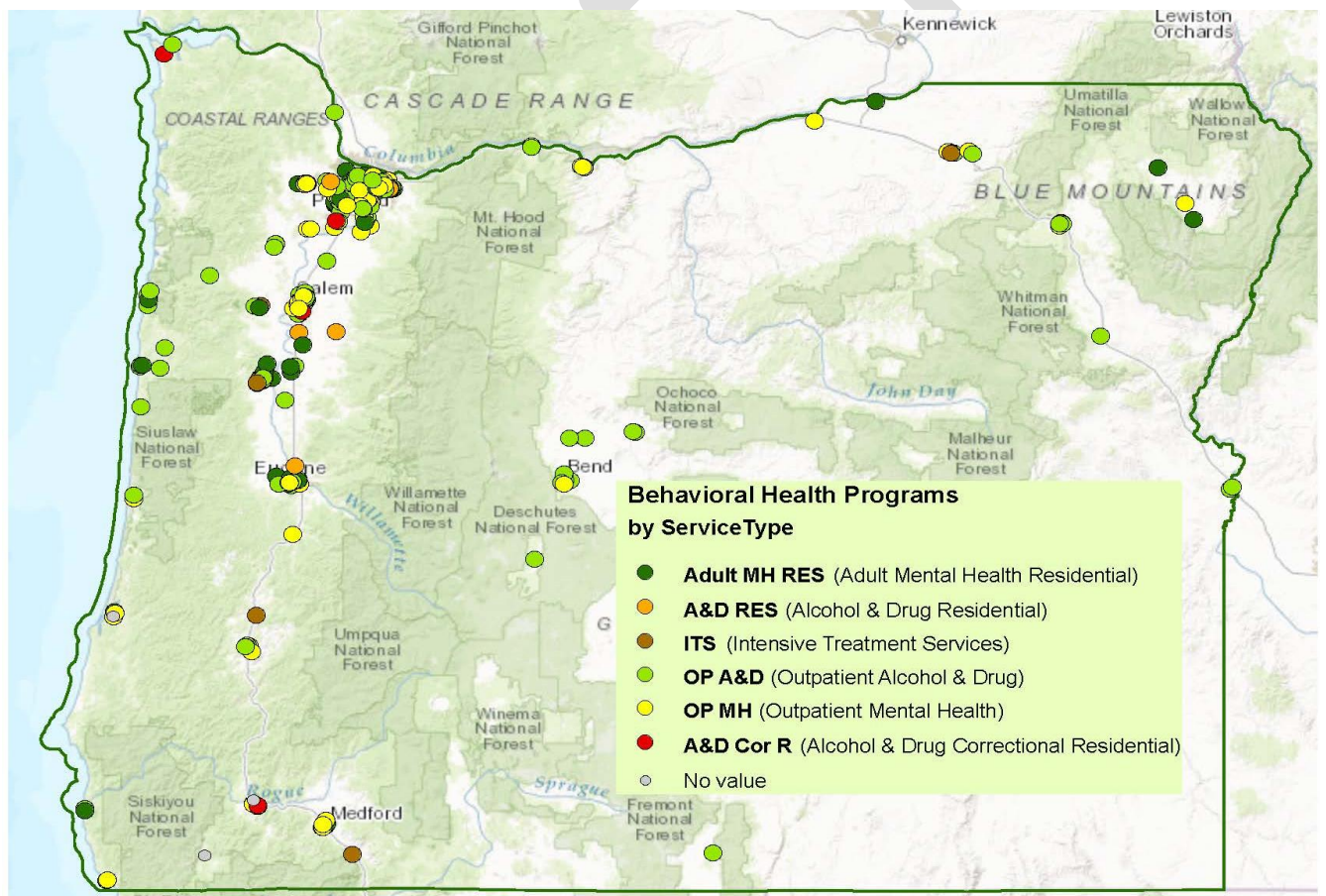
Federal/State Program Participation and Other Priority Agencies

Some behavioral health agencies participate in Federal and/or State programs designed to provide comprehensive, innovative, and/or priority population-focused services that often require additional reporting. Other priority agencies are those that serve high-priority populations, such as Tribal and

medically-underserved and/or are affiliated with a physical health organization. Agencies can fall under more than one category (e.g., CMHP and CCBHC).

Federal/State Program/Other Priority Agency Type	Total # Agencies	Surveys Completed	Response Rate
Assertive Community Treatment (ACT) Team	33	21	64%
Behavioral Health Home (BHH)	10	8	80%
Certified Community Behavioral Health Clinic (CCBHC)	13	9	69%
Community Mental Health Program (CMHP)	30	20	67%
Federally Qualified Health Center (FQHC)	16	8	50%
Physical Health Organization Affiliated	21	11	52%
Tribal Organization	7	6	86%

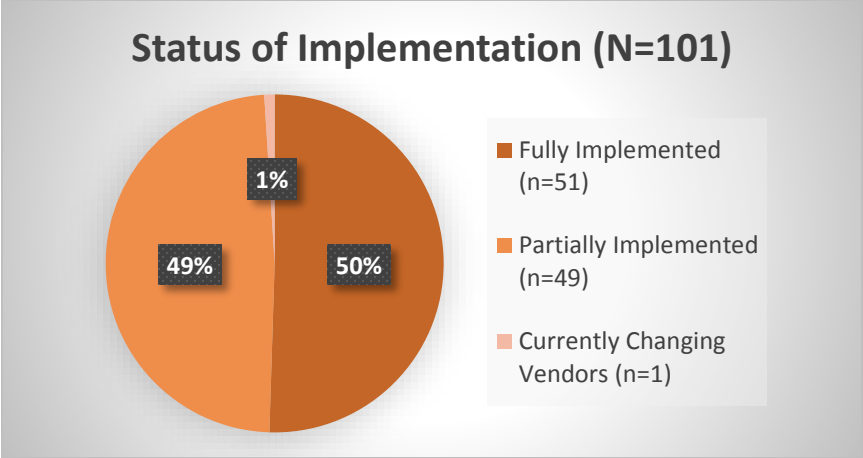## Electronic Health Records

EHR Vendors

Agencies were asked about their current use of EHRs, including vendor information. Most (76%) responding agencies reported using an EHR. Behavioral health agencies have implemented many different EHRs across the state, with the top three being Credible, CareLogic's Qualifacts, and Epic.

EHR	#	EHR	#	EHR	#	EHR	#	EHR	#
Credible	11	**BestNotes**	2	**TherapyNotes**	2	**ClinicTracker**	1	**NueMD**	1
CareLogic-Qualifacts	10	**DrCloud**	2	**Valant**	2	**CounSol**	1	**Procentive**	1
Epic	8	**Exym**	2	**ABRIZE**	1	**Echo**	1	**Pro-filer CoCENTRIX**	1
NextGen	6	**ICANotes**	2	**AccuCare**	1	**Eldermark**	1	**Psych Advantage**	1
Evolv	4	**Methasoft**	2	**Advanced Data Systems**	1	**Essentia**	1	**Salesforce**	1
OCHIN - Epic	4	**MyAvatar**	2	**AdvancedMD**	1	**Kaleidacare**	1	**Therabill**	1
Office Ally	4	**Prime Suite**	2	**Apricot**	1	**KeyNotes**	1	**TheraNest**	1
OWITS	4	**Raintree**	2	**CareCloud**	1	**Kipu**	1	**TherapyMate**	1
GE Centricity	3	**RPMS**	2	**Celerity**	1	**MethodOne**	1	**TheraScribe**	1
Clinicians Desktop-The Echo Group	3	**Sigmund**	2	**Cerner**	1	**MyHelper**	1	**Netsmart TIER**	1

Note: Some agencies reported using more than one EHR.

Status of EHR Implementation

Agencies were also asked whether they have fully (all patient information in electronic format, all sites, no paper chart utilization) or partially (some to most patient information in electronic format, some paper charts utilized) implemented their EHR. All but one agency were partially or fully implemented, with half being fully implemented.

Status of Implementation (N=101)

- ■ Fully Implemented (n=51)
- ■ Partially Implemented (n=49)
- ■ Currently Changing Vendors (n=1)

1%
49%
50%

Other Types of IT Used

Agencies were asked about other types of IT used in addition to an EHR and whether the tools were integrated with the EHR. A practice management system is the most commonly reported other IT implemented. When other technologies are in use, over half were also integrated with the EHR.

Other Non-EHR IT Use (N=133)

Category	Percent
Practice Management System (n=50)	38%
Data Analytics Tool (n=29)	22%
Care Management/Coordination Tool (n=17)	13%
Population Management Tool (n=13)	10%
Other (n=6)	5%
None of the above (n=46)	35%

IT Tools Interface with EHR (N=70)

- ■ Yes (n=39)
- ■ No (n=20)
- ■ Not Applicable/ No EHR (n=11)

16%
28%
56%
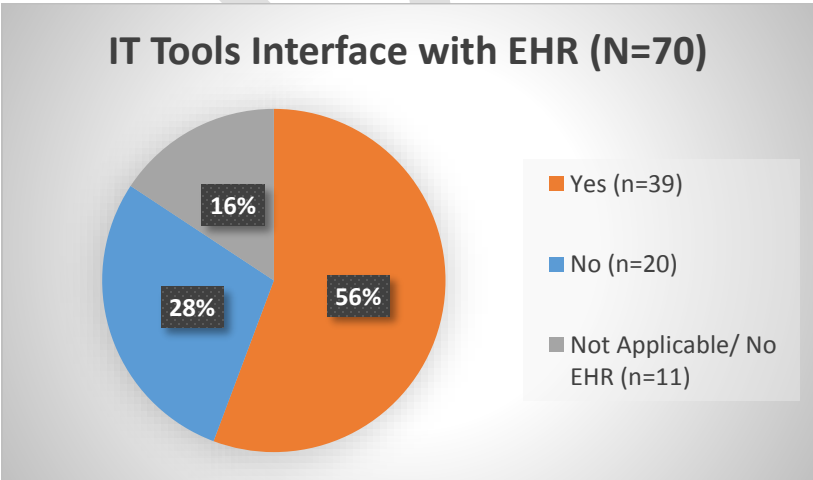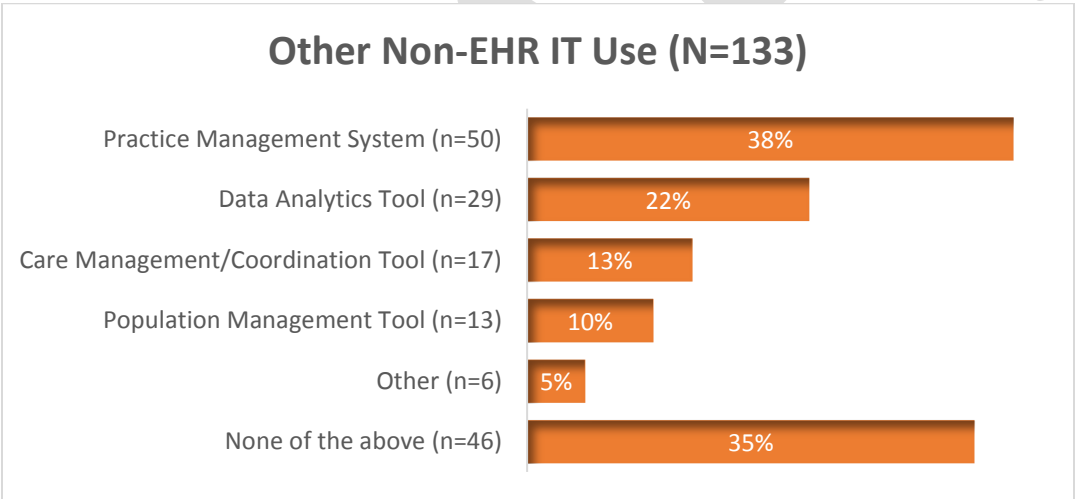
Subanalyses: Program Type(s): Substance Use Disorder, Mental Health, or Both

Agencies were categorized by the type of licensed behavioral health programs they offer as substance use disorder (SUD) only, mental health only, or both. Though the six licensed programs do not cover the entirety of behavioral health care, they do provide an objective measure of program type. Agencies that operate both types of programs have higher levels of EHR adoption and agencies that provide only mental health treatment use other health IT less than other agencies.

Current EHR Use (n=133)

Program Type	Yes
Mental health only (n=51)	67%
SUD only (n=42)	69%
Both (n=40)	95%

Other IT Use (n=133)

Categories (top to bottom):
- Practice management system
- Data analytics tool
- Care management/coordination…
- Population management tool

Legend: Mental health only (n=51), SUD only (n=42), Both (n=40)
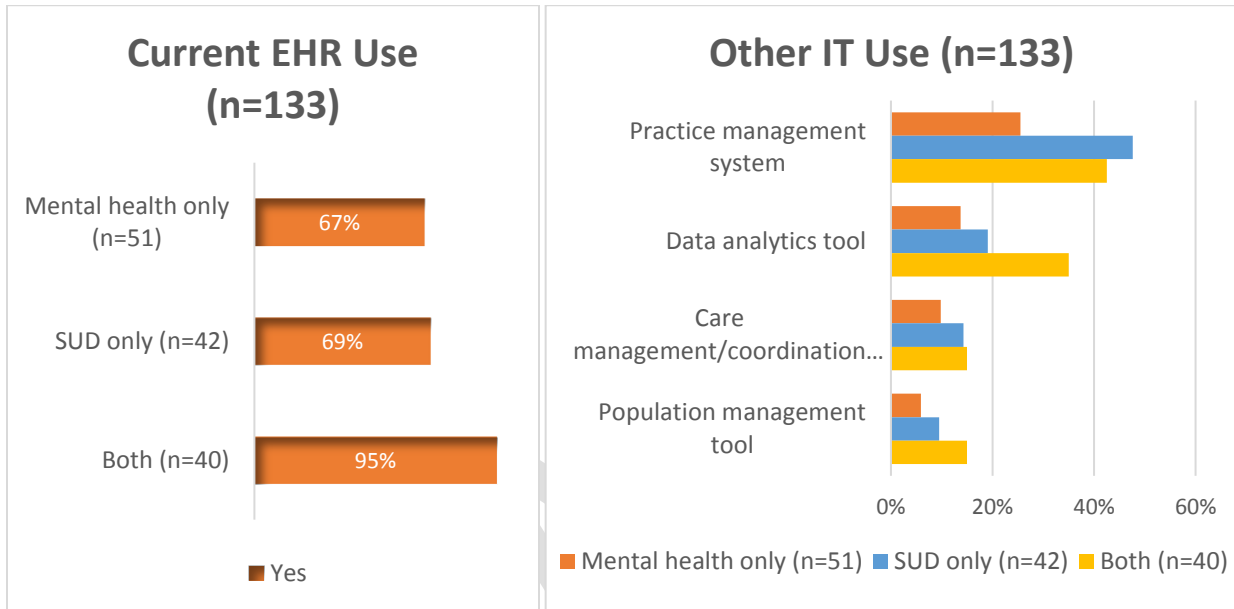
Agencies that provide both SUD and mental health treatment also capture more data electronically, while SUD-only agencies generally capture the least.

Type of Data Captured Electronically

Categories (top to bottom):
- Diagnoses
- Demographics
- Encounters
- Clinical summary
- Care plan field(s)
- Progress reports
- Problem list
- Social determinants
- Discharge/transfer report
- Medications
- Care team info
- Allergies
- Continuity of care document
- Lab results
- Emergency department visit alerts

Legend: Mental health only (n=51), SUD only (n=42), Both (n=40)

Physical Health Integration

Onsite Physical Health Provider

Agencies were asked whether they provide onsite physical health services, the type of charting/EHR used by any onsite physical provider(s), and who at the agency beside physical health staff have access to electronic physical health information. Over a third of the agencies (41%) reported having an onsite physical health provider. Of those, 89% use an EHR or a combination of paper and an EHR for their charting method.

Onsite Physical Health Provider (N=129)

- No (n=76): 59%
- Yes (n=44): 34%
- Other (n=9): 7%

Charting Method Used by Physical Health Provider (N=53)

EHR (n=41)	79%
Paper charts (n=7)	13%
Hybrid record system - paper and electronic charts (n=5)	10%
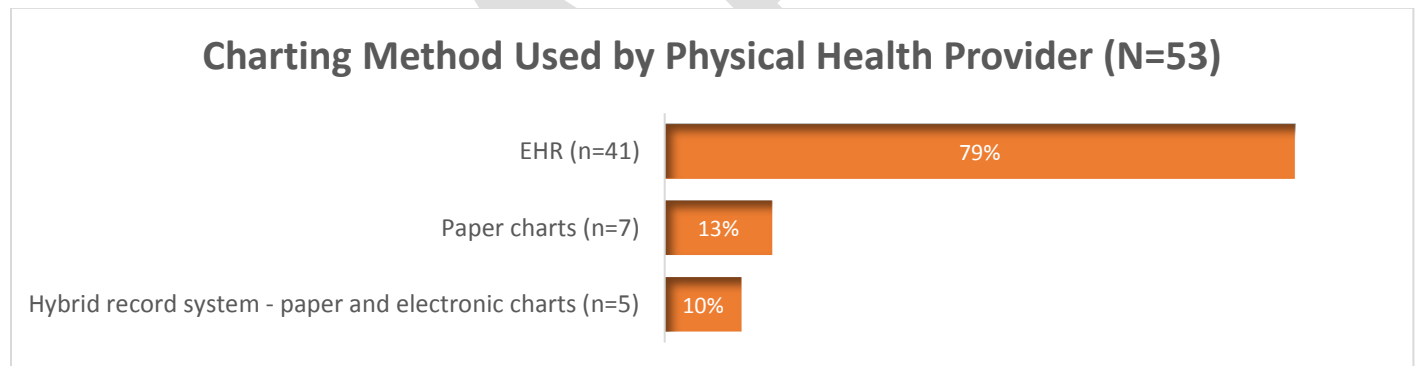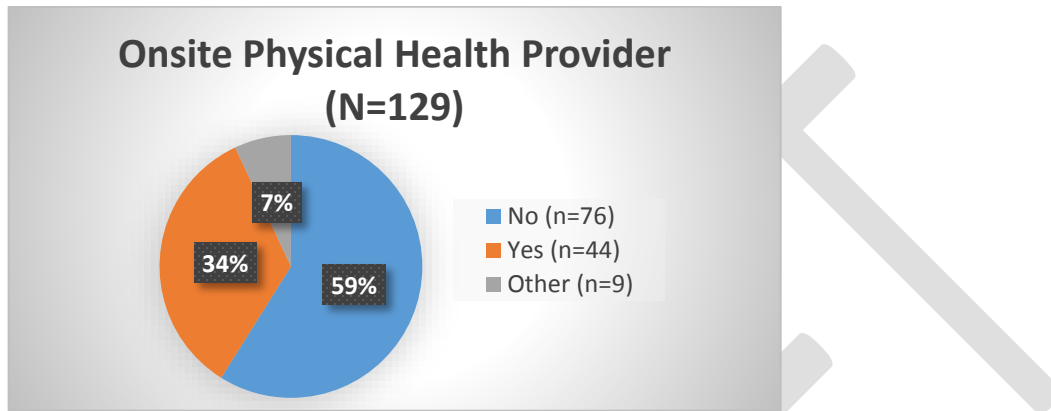
For those using an EHR, the same EHR is typically being used by both the physical and behavioral health providers. For the vast majority, at least some behavioral health staff have access to physical health information in the EHR; slightly less than half give access to all behavioral health staff.

EHR Used by Physical and Behavioral Health Provider (N=41)

The same EHR as the one in use by your behavioral health agency (n=31)	A different EHR and NO information is shared between systems (n=9)	A different EHR and SOME information is shared between systems (n=1)
76%	22%	2%

Access to Physical Health Information in the EHR (N=46)

- All behavioral health staff (n=21) — 46%
- Some behavioral health staff (n=20) — 43%
- No behavioral health staff (n=5) — 11%
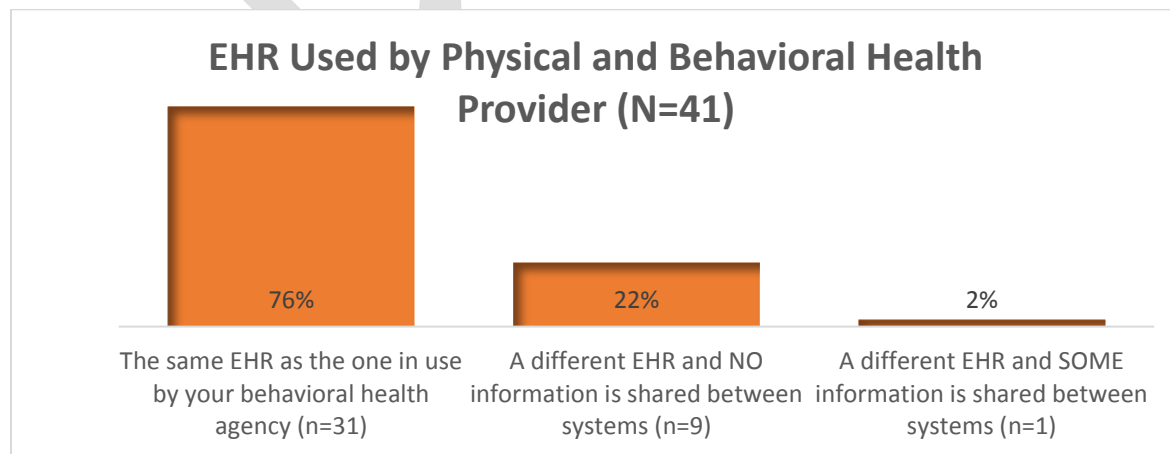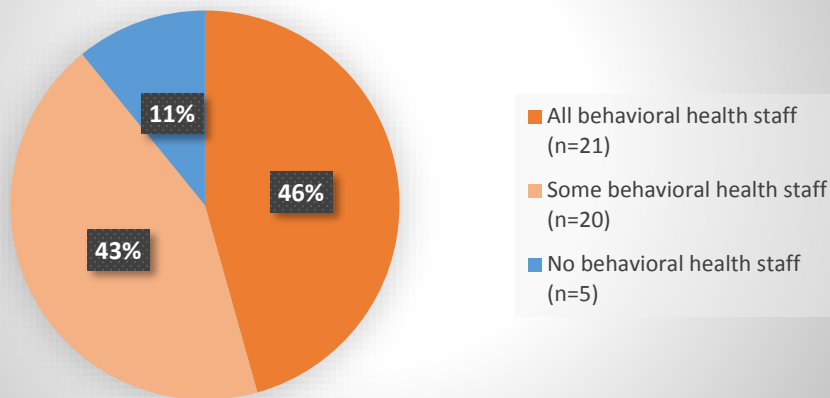
Subanalyses: Part of Larger Physical Health Organization

In addition to asking survey respondents whether they offered onsite physical health services, the Office of Health Information Technology researched each responding agency to best determine if they provide behavioral health services only or are part of a larger organization that also provides physical health services. The majority of agencies were behavioral health only organizations, but 30% were part of a larger organization that also provides physical health services. Those agencies that provide physical health in addition to behavioral health services had slightly higher EHR use, much higher other health IT use, and captured data more frequently.

Current EHR Use

- Physical health (n=40) — 80%
- No physical health (n=93) — 74%

Legend: Yes / No

Other IT Use

- Practice management system: Physical health 58%, No physical health 29%
- Data analytics tool: Physical health 38%, No physical health 15%
- Care management/coordination tool: Physical health 18%, No physical health 11%
- Population management tool: Physical health 20%, No physical health 5%

Legend: Physical health (n=40) / No physical health (n=93)

Type of Data Captured Electronically

Categories (top to bottom): Diagnoses, Demographics, Encounters, Clinical summary, Care plan field(s), Progress reports, Problem list, Social determinants, Discharge/transfer report, Medications, Care team info, Allergies, Continuity of care document, Lab results, Emergency department visit alerts

Legend: ■ Physical health (n=40) ■ No physical health (n=93)

Subanalyses: Agency Size and Physical Health Services

As previously stated, our definition of agency size – the number of licensed programs – is imperfect. One aspect it fails to capture is what other services the agency provides. Some agencies are dedicated to behavioral health while others are part of larger organizations that also offer physical health.

Small, standalone behavioral health agencies (those with 1-5 licensed behavioral health programs) have lower rates of EHR use and information capture than small behavioral health agencies within a physical health agency or larger agencies (those with 6 or more licensed programs) regardless of whether they provide physical health.

Current EHR Use (n=133)

- Small behavioral health only (n=77): 69%
- Small behavioral and physical health (n=33): 76%
- Larger Agency (n=23): 100%

Type of Data Captured Electronically

Categories (top to bottom): Diagnoses, Demographics, Encounters, Clinical summary, Care plan field(s), Progress reports, Problem list, Social determinants, Discharge/transfer report, Medications, Care team info, Allergies, Continuity of care document, Lab results, Emergency department visit alerts

Legend: ■ Small behavioral health only (n=77) ■ Small behavioral and physical health (n=33) ■ Larger agency (n=23)

EHR Benefits Experienced by Those With an EHR

Agencies with an EHR were asked about the benefits of their EHR use. Most agencies reported several improvements including access to client information, coordination between clinicians, quality monitoring, reporting capabilities, privacy/security of client information, clinic efficiency, and quality of care. Only about a third noted they did experienced increased information exchange with other entities.

EHR Benefits (N=101)

Benefit	Percent
Improved access to client information (n=86)	85%
Improved coordination between clinicians (n=80)	79%
Improved quality monitoring (n=72)	71%
Improved reporting capabilities (n=70)	69%
Improved privacy and security of client information (n=66)	65%
Greater overall clinic efficiency (n=65)	64%
Improved quality of care (n=64)	63%
Decreased errors (n=61)	60%
Decreased duplication of services (n=53)	52%
Staff empowerment and satisfaction (n=41)	41%
Improved client safety (n=37)	37%
Increased information exchange with other entities (n=37)	37%
Increased client satisfaction (n=23)	23%
Cost savings (n=20)	20%

Expected Benefits of EHR Adoption by those without an EHR

Agencies who reported not using an EHR were asked about anticipated benefits of EHR adoption. Two-thirds reported that they expect improved access to client information. Many (59%) expect to experience increased information exchange, although this is reported as one of the top challenges amongst those who have adopted an EHR (see below). Not surprisingly, cost savings was recognized as having the least amount of potential benefit.
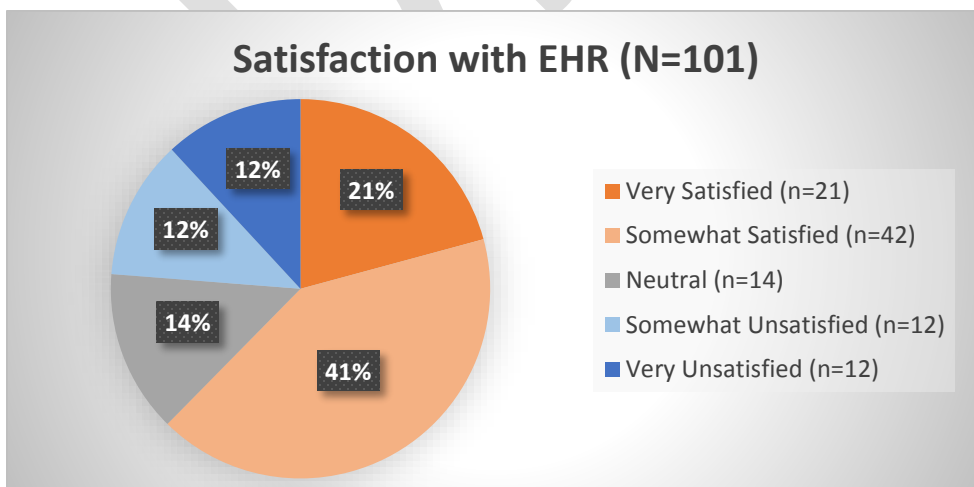
Potential Benefits for Those Without an EHR (N=32)

Benefit	Percentage
Improved access to client information (n=21)	66%
Increased information exchange with other entities (n=19)	59%
Improved coordination between clinicians (n=17)	55%
Greater overall clinic efficiency (n=16)	50%
Improved reporting capabilities (n=15)	48%
Improved quality of care (n=15)	48%
Improved quality monitoring (n=14)	45%
Decreased errors (n=12)	39%
Decreased duplication of services (n=12)	38%
Staff empowerment and satisfaction (n=12)	38%
Improved privacy and security of client information (n=12)	38%
Increased client satisfaction (n=9)	29%
Improved client safety (n=8)	26%
Cost savings (n=4)	13%

EHR Satisfaction, Challenges, and Barriers

Agencies with an EHR were asked about their level of satisfaction with their current EHR and the challenges they have experienced. About two-thirds of the agencies who adopted an EHR are somewhat or very satisfied with their EHR and about a quarter reported being somewhat or very unsatisfied. Financial costs were listed as a top challenge for agencies with an EHR.

Satisfaction with EHR (N=101)

Category	Percentage
Very Satisfied (n=21)	21%
Somewhat Satisfied (n=42)	41%
Neutral (n=14)	14%
Somewhat Unsatisfied (n=12)	12%
Very Unsatisfied (n=12)	12%

EHR Challenges for Those Who <u>Have</u> an EHR (N=101)

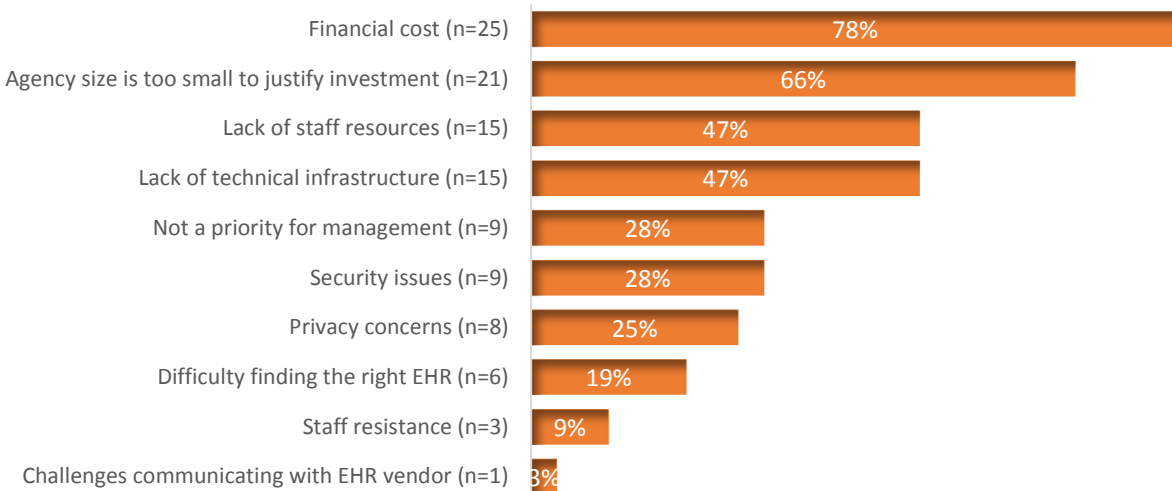| Challenge	Percentage
Financial costs (n=71)	70%
Unable to exchange info with other systems (n=55)	54%
Staff resistance (n=35)	35%
Lack of staff resources (n=34)	34%
Loss of productivity (n=23)	23%
Issues communicating with EHR vendor (n=20)	20%
Inadequate return on investment (n=11)	11%
Privacy concerns (n=8)	8%
Security issues (n=4)	4%
EHR does not use information technology standards (n=4)	4%
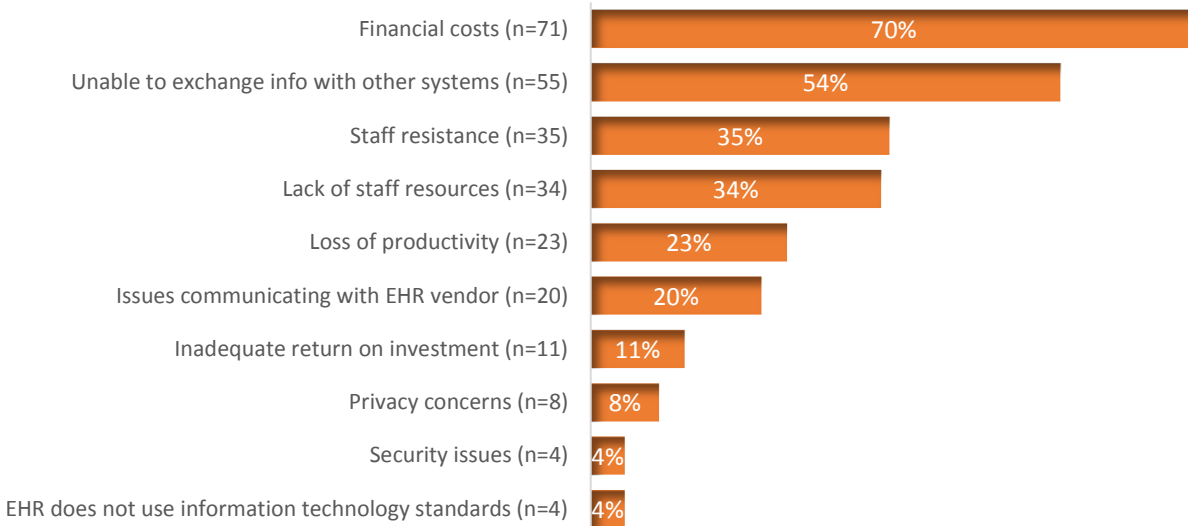
Agencies without an EHR were asked about barriers they have experienced to EHR adoption. Similar to agencies with an EHR, those without also reported financial cost as the top barrier. Other reported barriers include agency too small to justify the investment as well as lack of staff resources and technical infrastructure.

Barriers for Those Who Do <u>Not</u> Have an EHR (N=32)

Barrier	Percentage
Financial cost (n=25)	78%
Agency size is too small to justify investment (n=21)	66%
Lack of staff resources (n=15)	47%
Lack of technical infrastructure (n=15)	47%
Not a priority for management (n=9)	28%
Security issues (n=9)	28%
Privacy concerns (n=8)	25%
Difficulty finding the right EHR (n=6)	19%
Staff resistance (n=3)	9%
Challenges communicating with EHR vendor (n=1)	3%

Health Information Exchange

Methods Used to Share Information by Trading Partner

Agencies were asked to report on the information sharing methods they use with various entities. The chart/table below shows the patterns of use for each method across entity types. For example, the most behavioral health agencies reported using secure email when exchanging information with government agencies (59%) and the fewest with pharmacies (13%), whereas fax was reported by the most agencies to be used when exchanging information with hospitals (71%) and the fewest agencies reported using fax to exchange information with pharmacies (47%).
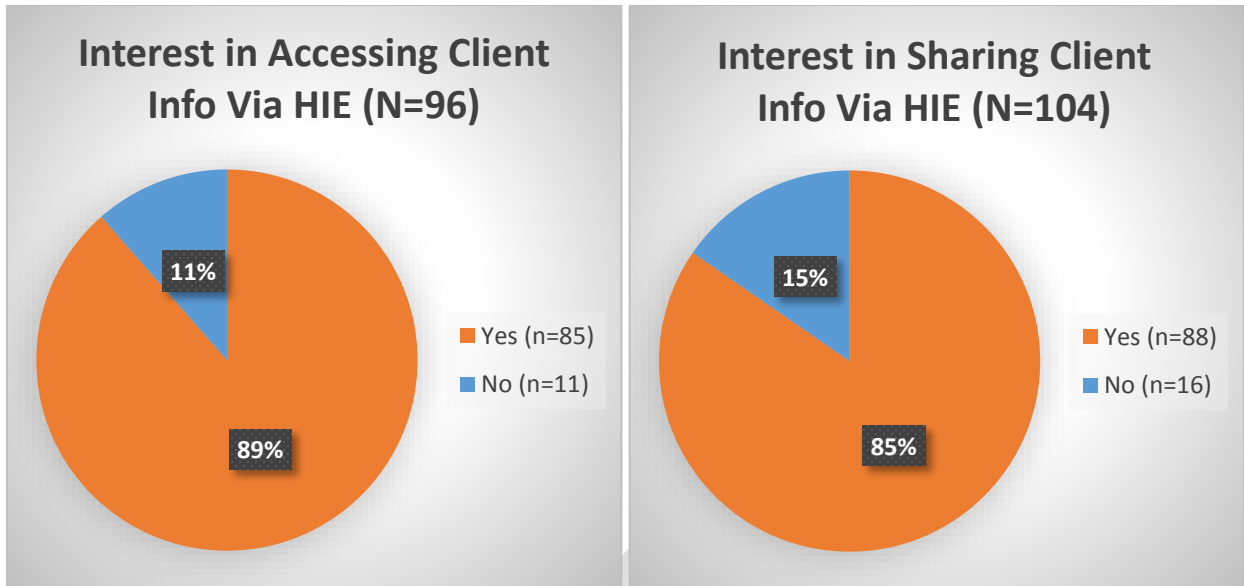
Methods Used to Exchange Information by Trading Partner (N=133)

	Government Agencies	Payers	Affiliated providers	Labs	Pharmacies	Hospitals	Non-Affiliated providers
Paper	39%	38%	44%	30%	35%	41%	50%
Fax	63%	53%	60%	53%	47%	71%	67%
eFax	22%	17%	21%	15%	20%	19%	22%
SecureEmail	59%	43%	41%	20%	13%	23%	37%
DSM	14%	14%	10%	7%	8%	3%	4%
EHR	3%	8%	18%	11%	9%	6%	2%
EpicCare	1%	1%	4%	2%	2%	6%	4%
HIE	2%	6%	2%	2%	0%	2%	0%
PreManage	0%	2%	2%	0%	1%	11%	1%
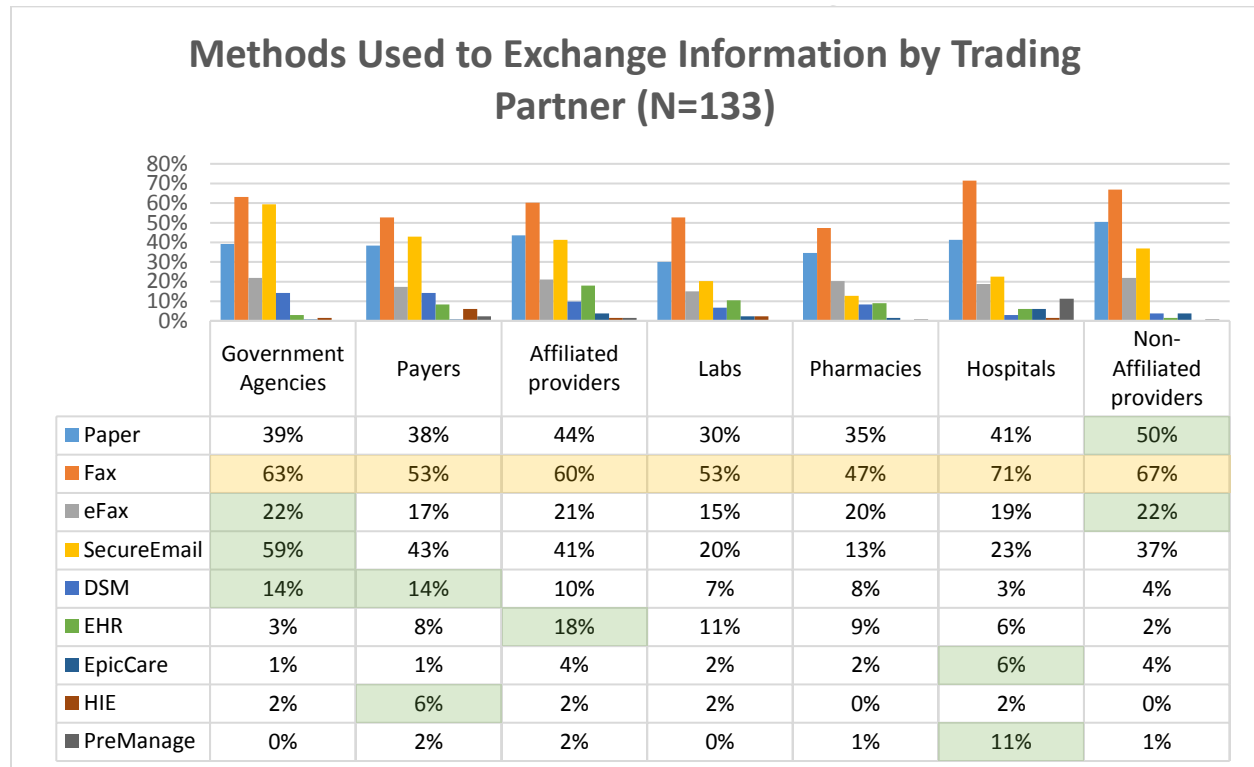
Yellow = Top method by trading partner
Green = Top trading partner by method

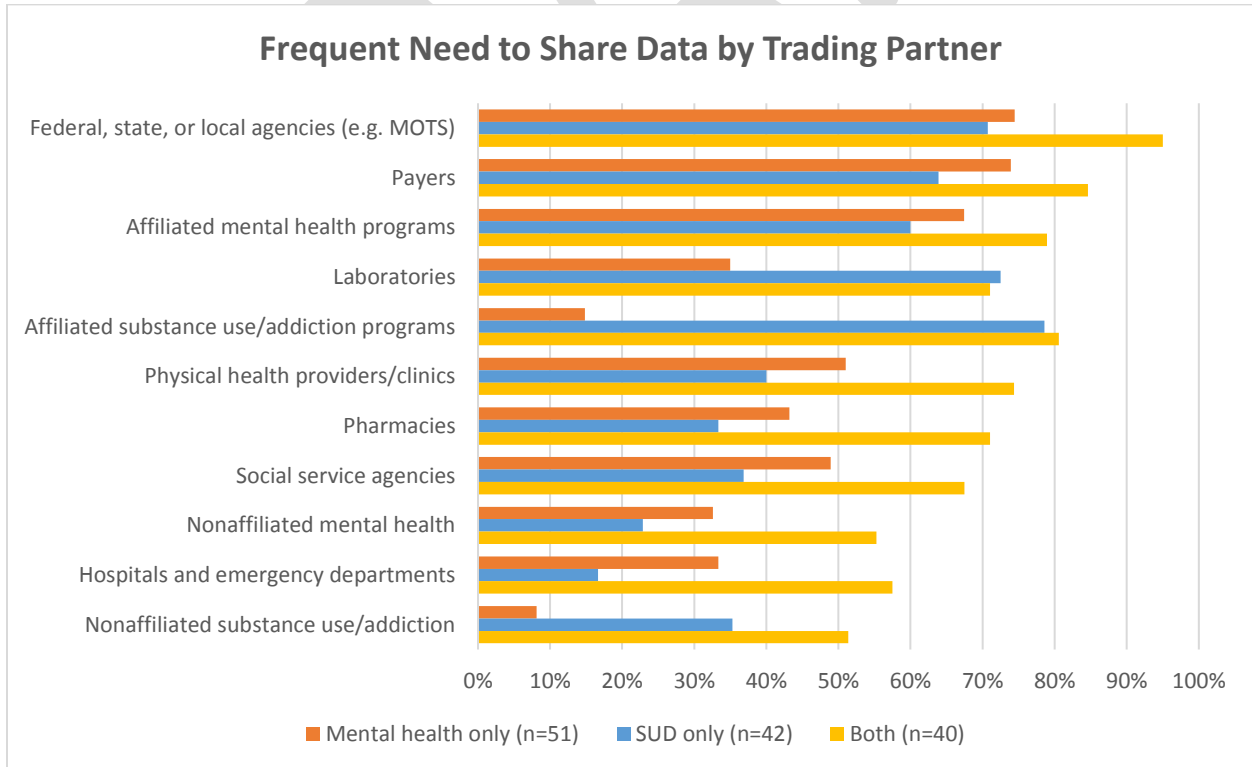### Interest in Electronic Information Exchange Via an HIE

Agencies were asked whether they would be interested in accessing and/or sharing information via services provided by a Health Information Exchange (HIE), which might include closed-loop referrals, results delivery, and a community health record (accessible via web portal or EHR integration). Survey respondents expressed a strong interest in both accessing and sharing client information using an HIE.
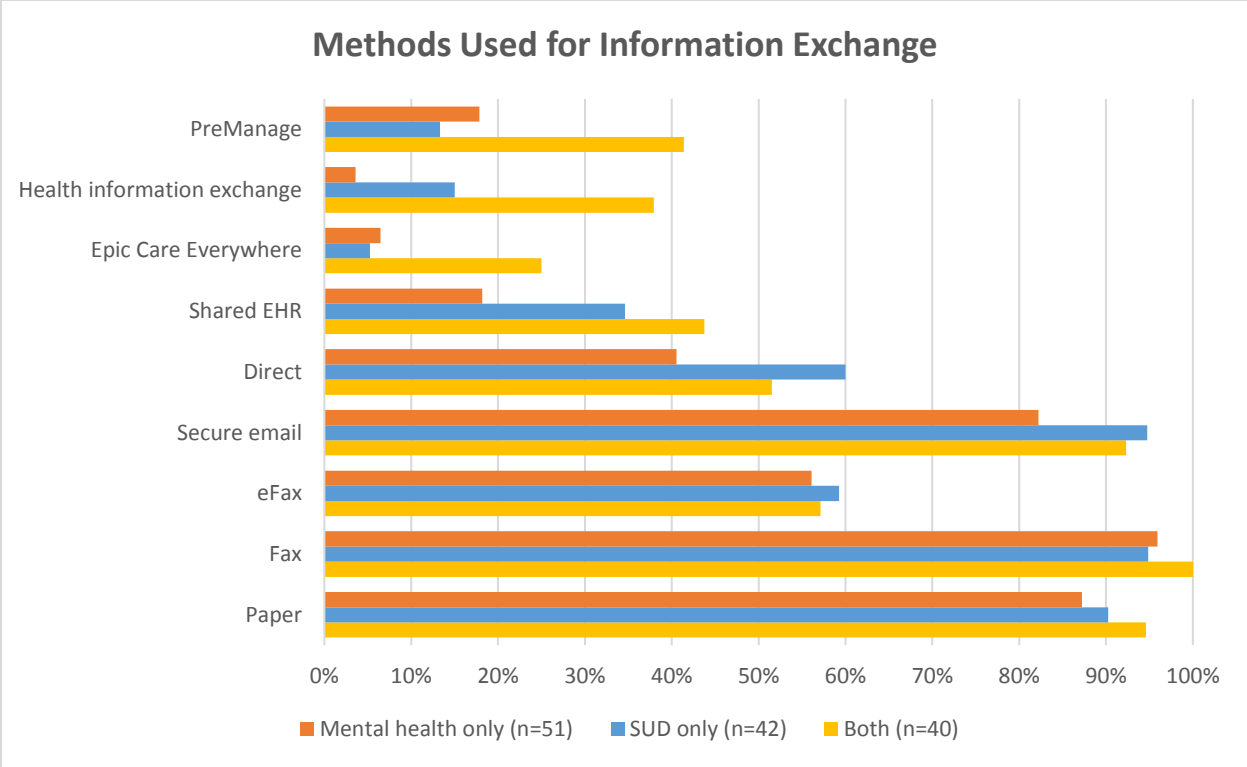
Interest in Accessing Client Info Via HIE (N=96)

- Yes (n=85) — 89%
- No (n=11) — 11%

Interest in Sharing Client Info Via HIE (N=104)

- Yes (n=88) — 85%
- No (n=16) — 15%

Note: sample sizes vary due to "don't know" and non-responses

Sub-analyses: Program Type(s): Substance Use Disorder, Mental Health, or Both

Agencies that provide both SUD and mental health treatment almost universally share more data electronically. Mental health-only agencies share less data with SUD programs but otherwise tend to share data more frequently than SUD-only agencies. Agencies providing both SUD and mental health treatment use more robust electronic exchange methods than those providing just one type of service.

Frequent Need to Share Data by Trading Partner

- Federal, state, or local agencies (e.g. MOTS)
- Payers
- Affiliated mental health programs
- Laboratories
- Affiliated substance use/addiction programs
- Physical health providers/clinics
- Pharmacies
- Social service agencies
- Nonaffiliated mental health
- Hospitals and emergency departments
- Nonaffiliated substance use/addiction

Legend:
- Mental health only (n=51)
- SUD only (n=42)
- Both (n=40)

Methods Used for Information Exchange

Categories (top to bottom): PreManage, Health information exchange, Epic Care Everywhere, Shared EHR, Direct, Secure email, eFax, Fax, Paper

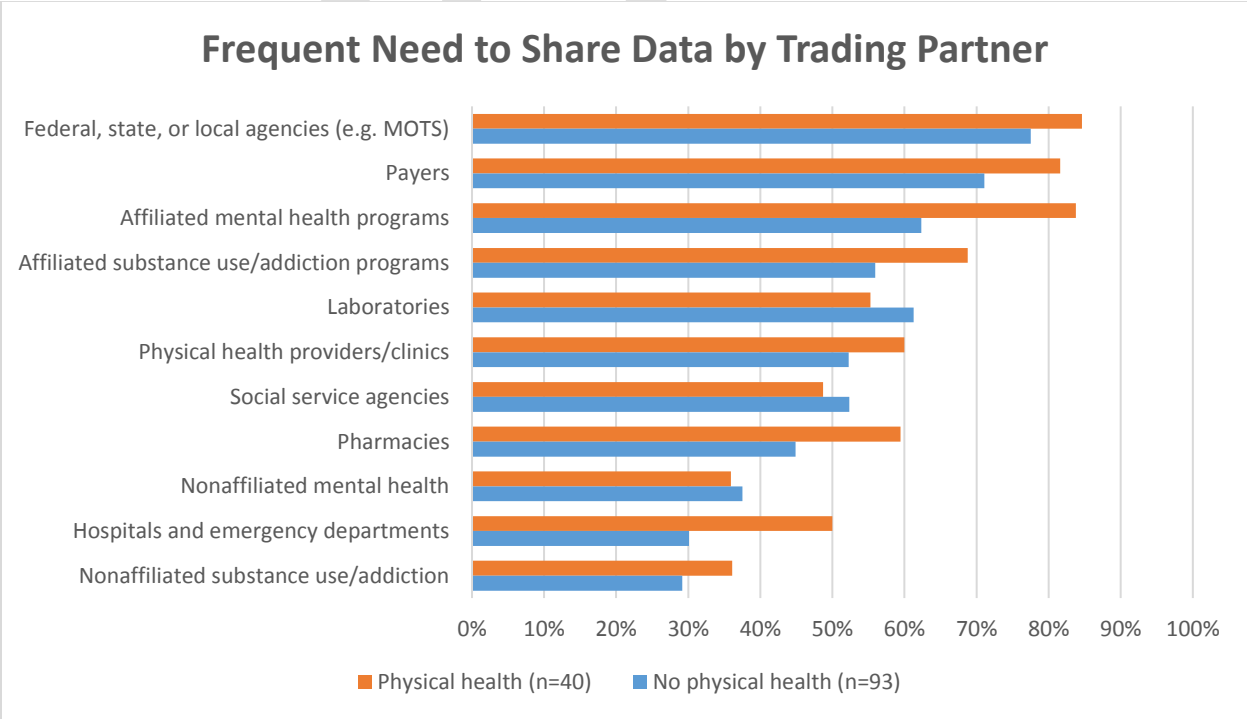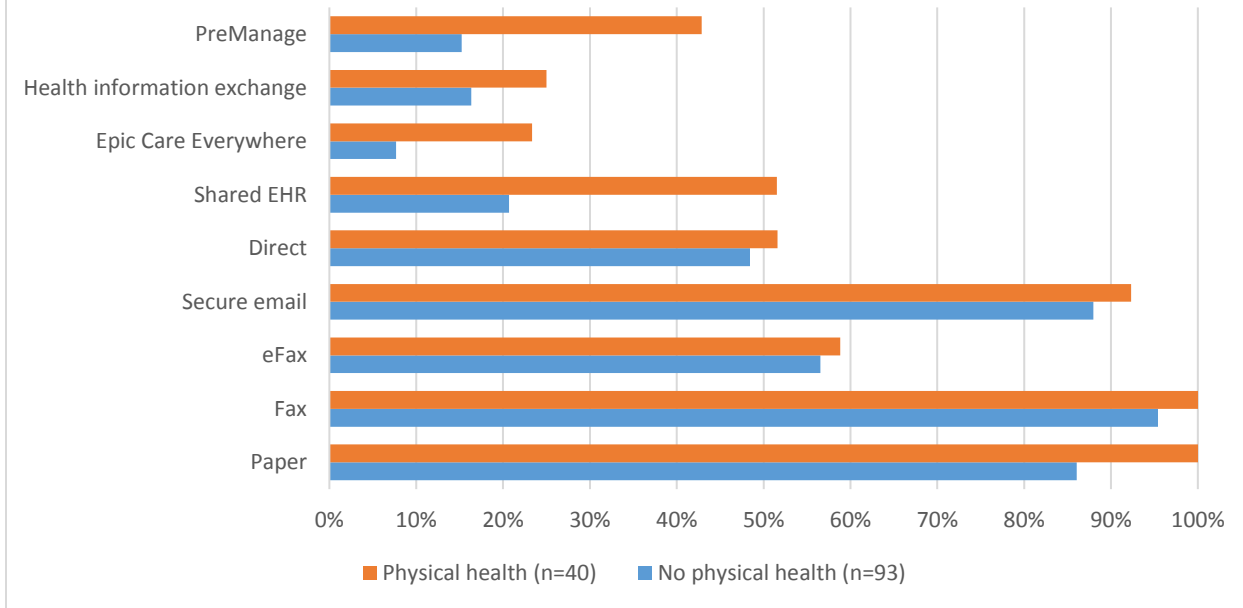Legend: Mental health only (n=51), SUD only (n=42), Both (n=40)

Sub-analyses: Agencies with Physical Health Services

Part of Larger Physical Health Organization

Those agencies that are part of larger organizations providing physical health in addition to behavioral health services share data more frequently and robustly.

Frequent Need to Share Data by Trading Partner

Categories (top to bottom): Federal, state, or local agencies (e.g. MOTS), Payers, Affiliated mental health programs, Affiliated substance use/addiction programs, Laboratories, Physical health providers/clinics, Social service agencies, Pharmacies, Nonaffiliated mental health, Hospitals and emergency departments, Nonaffiliated substance use/addiction

Legend: Physical health (n=40), No physical health (n=93)

Methods Used for Information Exchange

Categories (top to bottom): PreManage, Health information exchange, Epic Care Everywhere, Shared EHR, Direct, Secure email, eFax, Fax, Paper

Legend:
- Physical health (n=40)
- No physical health (n=93)
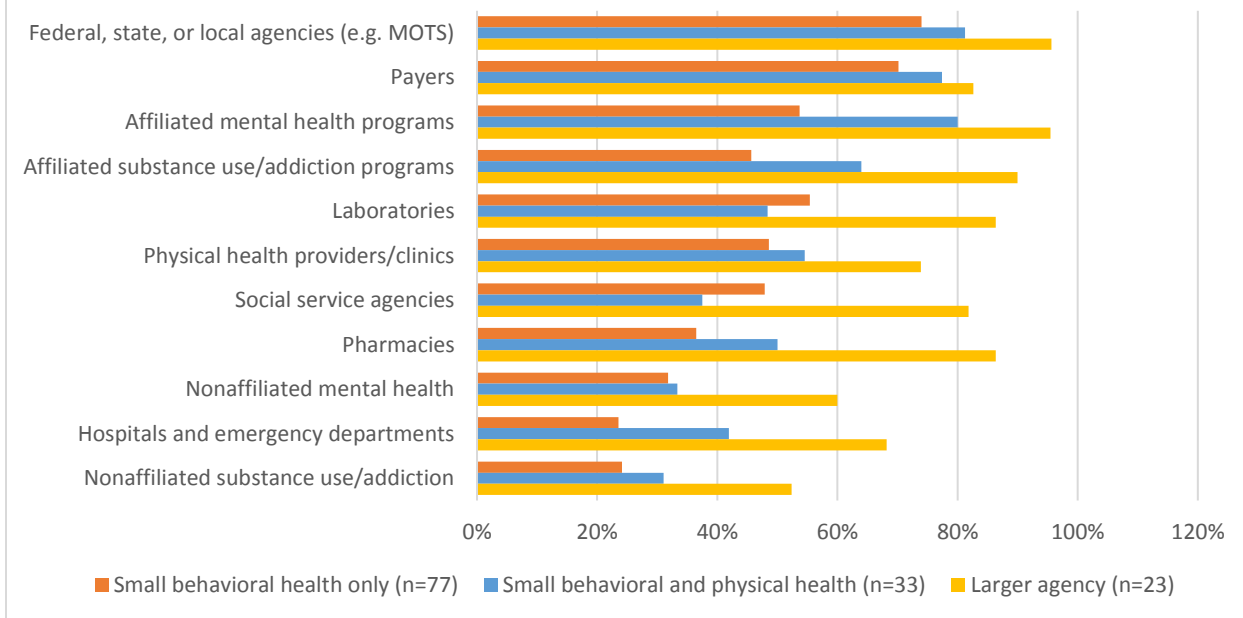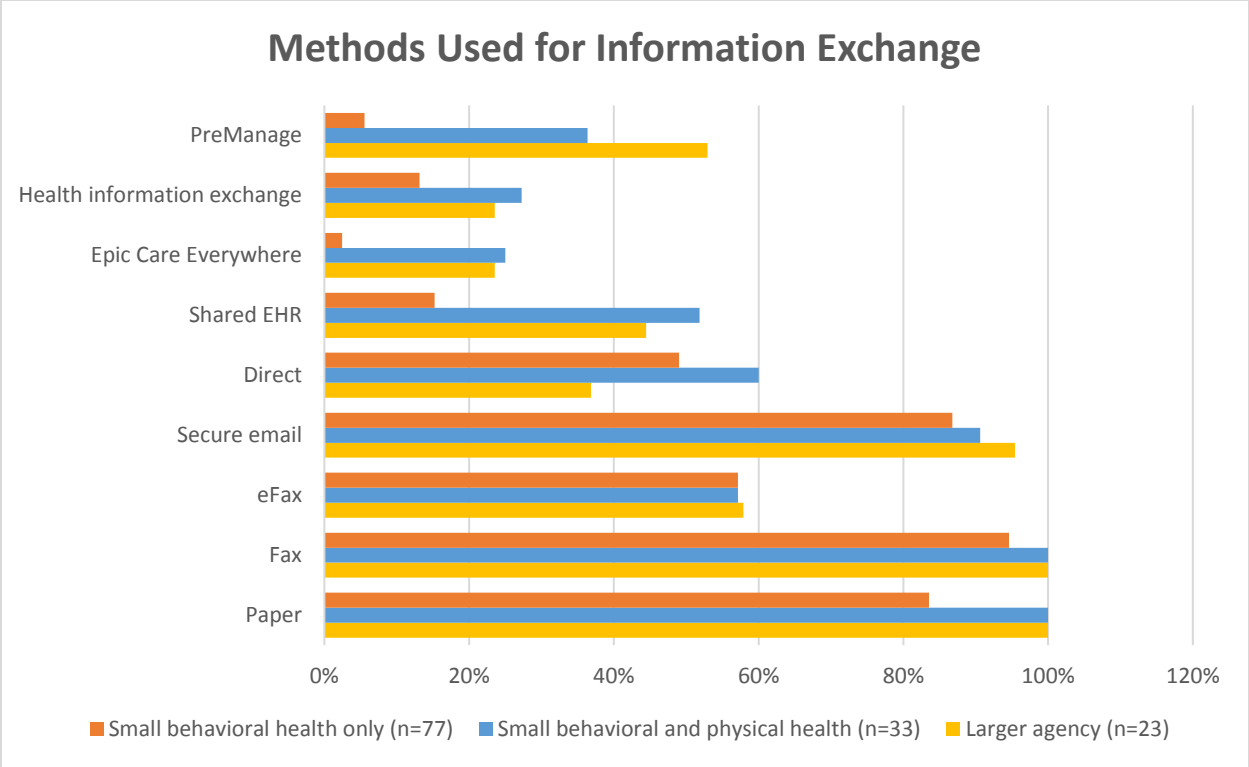
Sub-analyses: Agency Size and Physical Health Services

Small, standalone behavioral health agencies (those with 1-5 licensed behavioral health programs) have lower rates and less robust methods of information sharing than small behavioral health agencies within a physical health agency or larger agencies (those with 6 or more licensed programs) regardless of whether they provide physical health. Large agencies share data most often, though not necessarily through more robust methods other than PreManage.

Frequent Need to Share by Trading Partner

Categories (top to bottom): Federal, state, or local agencies (e.g. MOTS), Payers, Affiliated mental health programs, Affiliated substance use/addiction programs, Laboratories, Physical health providers/clinics, Social service agencies, Pharmacies, Nonaffiliated mental health, Hospitals and emergency departments, Nonaffiliated substance use/addiction

Legend:
- Small behavioral health only (n=77)
- Small behavioral and physical health (n=33)
- Larger agency (n=23)

Methods Used for Information Exchange

Legend: Small behavioral health only (n=77) • Small behavioral and physical health (n=33) • Larger agency (n=23)

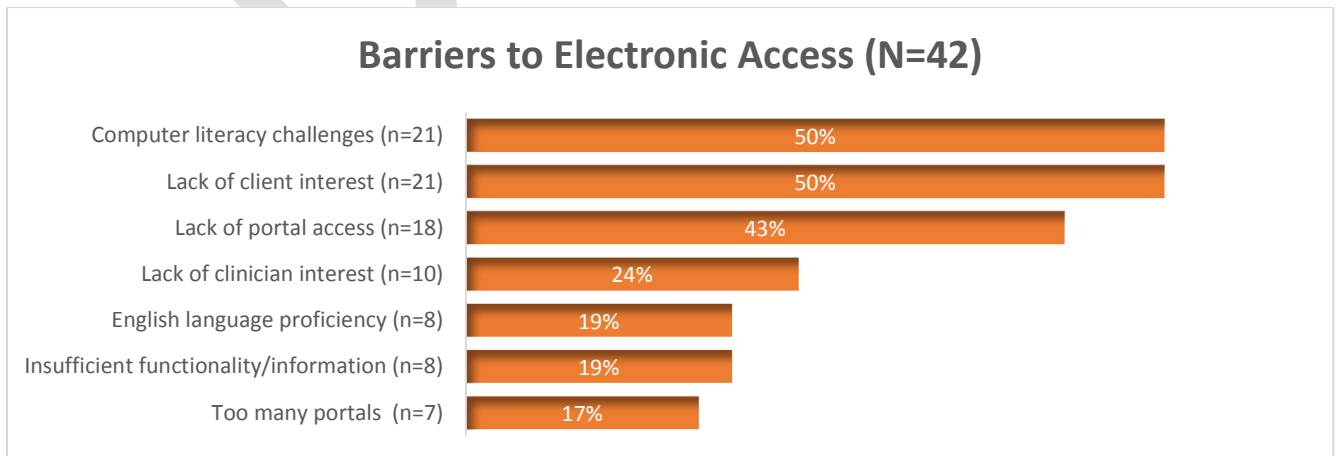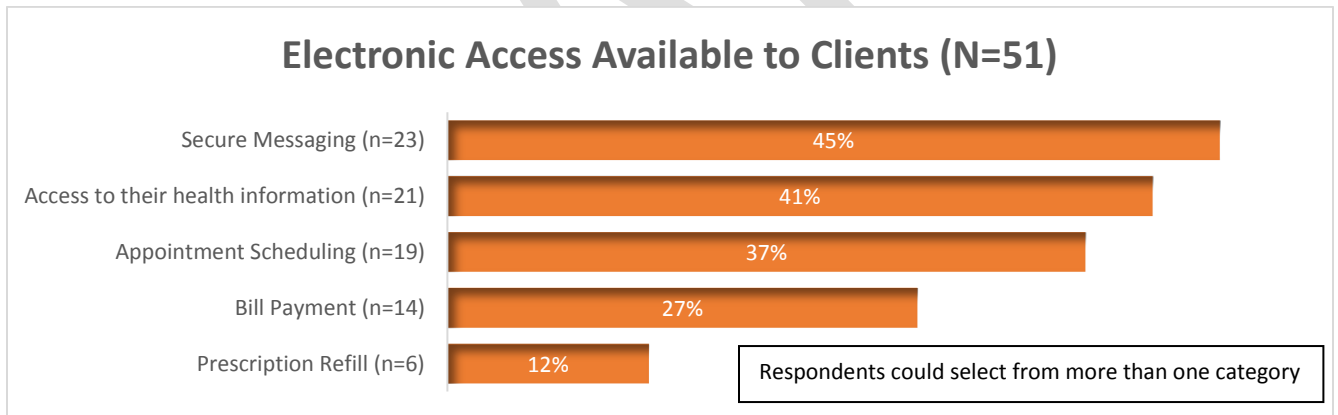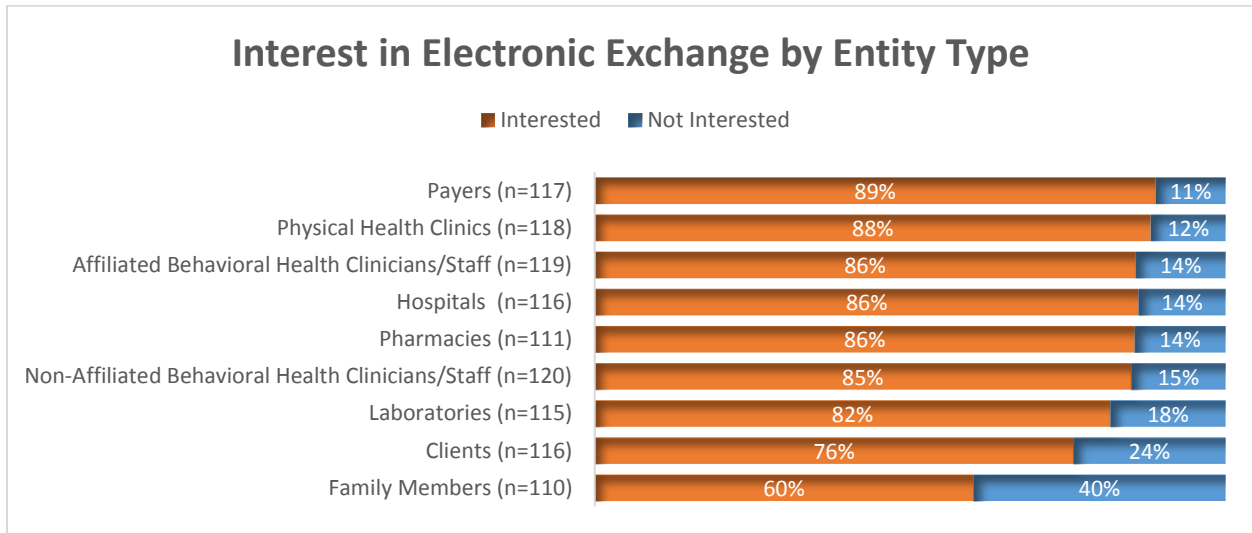## Use of Electronic Means to Engage and Interact with Clients

Patient Portal and Electronic Access

Agencies were asked about the ways in which they might be using HIT to engage their clients, and any benefits and/or barriers they had experienced with such engagement. Client access to their information has the potential to increase engagement in their treatment and lead to better outcomes. However, behavioral health agencies do not widely offer patient portals or other electronic access to health information. Only 23% of respondents offer patient portals and 39% offer electronic access of any kind. Computer literacy challenges, lack of client interest, and lack of portal access were identified as the top barriers for electronic access.

Patient Portal Access (N=133)

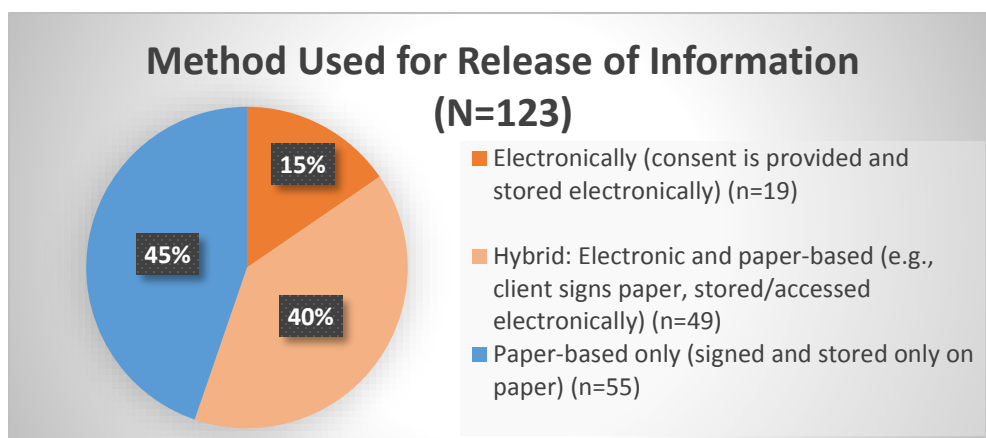- Yes (n=30) — 23%
- No (n=103) — 77%
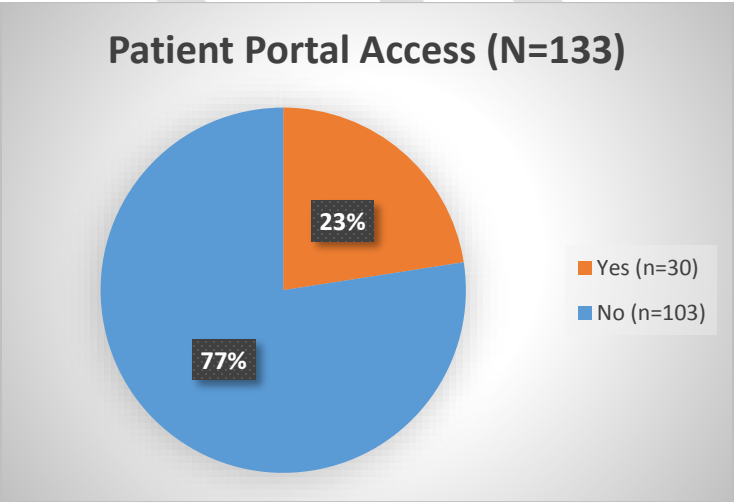
Interest in Electronic Exchange with Clients and Family Members

Agencies were asked about their interest in establishing or expanding electronic information exchange capability with various entity types. Significant interest was reported in electronically exchanging information across entity types, including with clients and family members – though just 23% of agencies reported having a patient portal, 76% expressed interest in client access and 60% for family members.

Interest in Electronic Exchange by Entity Type

■ Interested ■ Not Interested

Entity	Interested	Not Interested
Payers (n=117)	89%	11%
Physical Health Clinics (n=118)	88%	12%
Affiliated Behavioral Health Clinicians/Staff (n=119)	86%	14%
Hospitals (n=116)	86%	14%
Pharmacies (n=111)	86%	14%
Non-Affiliated Behavioral Health Clinicians/Staff (n=120)	85%	15%
Laboratories (n=115)	82%	18%
Clients (n=116)	76%	24%
Family Members (n=110)	60%	40%

Electronic Access Available to Clients (N=51)

Category	Percent
Secure Messaging (n=23)	45%
Access to their health information (n=21)	41%
Appointment Scheduling (n=19)	37%
Bill Payment (n=14)	27%
Prescription Refill (n=6)	12%

Respondents could select from more than one category

Barriers to Electronic Access (N=42)

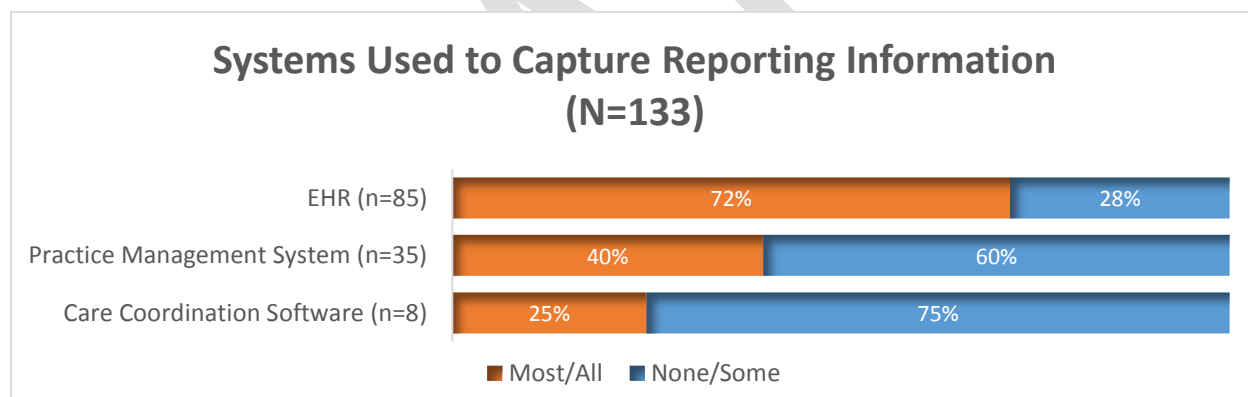| Category	Percent
Computer literacy challenges (n=21)	50%
Lack of client interest (n=21)	50%
Lack of portal access (n=18)	43%
Lack of clinician interest (n=10)	24%
English language proficiency (n=8)	19%
Insufficient functionality/information (n=8)	19%
Too many portals (n=7)	17%

Release of Information Process

Agencies were asked about their Release of Information process. Nearly half reported using a paper-based only process, while 15% reported using an electronic process; 40% use a hybrid process.

Method Used for Release of Information (N=123)

- 15% — Electronically (consent is provided and stored electronically) (n=19)
- 40% — Hybrid: Electronic and paper-based (e.g., client signs paper, stored/accessed electronically) (n=49)
- 45% — Paper-based only (signed and stored only on paper) (n=55)

Reporting and Measures and Outcomes Tracking System (MOTS)

Agencies were asked about which of their electronic systems capture information needed for reporting and the process by which they submit required information to OHA's Measures and Outcomes Tracking System (MOTS). Capturing and storing electronic information can facilitate required reporting. About two-thirds of respondents reported that EHRs capture most or all in the information needed for MOTS.

Systems Used to Capture Reporting Information (N=133)

System	Most/All	None/Some
EHR (n=85)	72%	28%
Practice Management System (n=35)	40%	60%
Care Coordination Software (n=8)	25%	75%

More than a third (42%) of the agencies reported submitting required information to MOTS via Electronic Data Interchange (EDI). There were 29 EHR users who submit data to MOTS via Client Entry and not EDI. These users were asked why they did not submit electronically. Almost half (45%) reported that the EHR does not capture the required information, 34% reported that their EHR does not support EDI connectivity while 31% did not have the financial resources for the EHR vendor to develop the EDI capability.

Method Used for MOTS Submission (N=132)

- 42% — Electronic Data Interchange (EDI) (n=56)
- 35% — Client Entry (n=46)
- 23% — Other/Don't Know (n=30)