

IT's place in tough times: executives share their organizations' IT plans during a rough economy.(SPECIAL SECTION: INFORMATION TECHNOLOGY)

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Behavioral healthcare providers that rely on public financing are facing an extremely tough year. The economy's nosedive is leading to steep state budget deficits, and many mental health and substance use care organizations are bracing for deep funding cuts at a time when many are trying to upgrade their information technology infrastructure.

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Behavioral Healthcare talked to several members of the National Council for Community Behavioral Healthcare about their IT plans during this rough time. While some have had to delay their IT plans, others are finding ways to move forward--even if more slowly than they'd like--as they recognize that effectively implemented IT is essential to reducing long-term costs and improving care.

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Henrietta Weill Memorial Child Guidance Clinic in Kern County, California, was ahead of the curve when it adopted an electronic medical record (EMR) system in 1999. The private nonprofit outpatient mental health center had customized a vendor solution to provide the data and reports it needed. Then, in 2006, the county purchased an EMR system from a different vendor for all of its contracted providers, including the clinic, to use.

The organization planned on purchasing its own license of the software so it could transition all of its clients, not just those whose care was paid for by the county, to the new system. However, after public funding cuts in 2007, the organization could not afford to purchase the license. Thus, earlier this month it adopted the county-supported EMR system while maintaining its existing one. Ironically, although the clinic was an early EMR adopter, it was the last county-contracted provider to move to the new software, as the other organizations did not have existing EMR systems.

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Because of the county's security limitations on how data can be accessed and manipulated, the clinic will not have the same reporting abilities it has with its existing system, which Executive Director David Camara, LCSW, says leads to "many uncomfortable compromises."

"I'm sort of being gently forced to use the standard reports that come with the product, which means my ability to extract the information is there, but I have to now look at it differently. I have to put it together differently," explains Colleen Sullivan, the clinic's administrative director. "That presents challenges for us as an organization on how to have clear access to get to that data, be able to write reports and extract reports, and still track and monitor how we're going to do so we can comply with all of our obligations."

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The organization does hope it eventually can purchase its own license when its funding environment improves. "When the opportunity presents itself, you can bet we're going to jump on it," Sullivan adds.

Community Healthlink, Inc., in Worcester, Massachusetts, is implementing a customized EMR vendor solution, but it's taking longer than it had planned. A consultant had been training staff on the new system, but because of a \$2 million loss in funding related to state budget cuts, the agency could no longer afford outside help (It also had to close four programs and layoff 35 employees). Consequentially, the center, which offers a continuum of behavioral healthcare services, is relying on in-house staff to train system users at its 40 sites, adding a year to the full implementation timeline, explains President and CEO Deborah Ekstrom.

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A persistently rough funding climate actually is motivating Sacred Heart Rehabilitation Center, headquartered in Richmond, Michigan, to move ahead with implementing an EMR system.

"On the public side of things here in Michigan, the financing is incredibly tight, competition is very high, and the rates are, generally speaking, very low. So to manage that, part of our strategy is a conversion to an electronic record as well as other uses of technology to reduce our operating costs," explains Sacred Heart President and CEO Grady Wilkinson, MSW, who was at the helm of Heritage Behavioral Health in Decatur, Illinois, when it won a Davies Award, a prestigious IT prize, in 2001. "A key strategy for us in managing the [state budget] reductions, let alone the continuing tightening of the margins, is to convert to the electronic record because of the cost savings we anticipate from it."

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As a residential and outpatient provider with nine locations, Sacred Heart has a complex documentation stream to manage, Wilkinson says, noting that implementing the EMR system will improve information gathering, storage, and dissemination. The goal is to position the organization as a leader in providing cost-effective, publicly funded care, and the EMR is part of that strategy.

"We're looking at the electronic record as improving the efficiency of our management of information, but also hopefully improving client care through both decision-support tools and the simple presence of information at [staff's] fingertips," Wilkinson adds.

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Henderson Mental Health Center in Fort Lauderdale, Florida, also faces painful cuts because of the state's budget gap, making "a bad situation essentially catastrophic," says CEO Steven Ronik, EdD. Despite this dire outlook, the center plans on purchasing an EMR system in the coming months. The organization already has spent hundreds of thousands of dollars on hardware and cabling to prepare its 16 sites. It received help from foundations with this effort--and hopes to receive more assistance for the EMR upgrade.

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"As part of our pitch we made it clear that at the end of the day, every dollar we spend less on infrastructure and every dollar we're more productive is another [for a] person we can help, is another hour of counseling, is another unit of case management we can provide," Dr. Ronik explains.

Dr. Ronik knows times are tough but stresses that providers must make IT a priority. "Nonprofit behavioral health systems have historically underinvested in information technology in general," he notes, adding that this is understandable given the fiscal restraints organizations operate under. "But on some level we end up shooting ourselves in the foot because we hurt our own productivity and efficiency by not being as technologically sophisticated as we really should be."

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That sentiment is shared by Vic Topo, MSW, president and CEO of the Center for Life Management (CLM) in Derry, New Hampshire. Citing lessons he has learned from management guru Jim Collins' books, Topo says, "We need to get beyond just what we need to do today and the life of today, tomorrow, and this week, and develop something within our organizations and companies that has

real futurity, that is going to last a long time, and that's exactly the tactic we've taken with our IT plan and IT strategy, to just keep building it, building it, and building it."

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Topo notes that IT is mission critical at CLM. About seven years ago the center built an integrated EMR/billing system it fully supports internally, and CLM has made organizational changes to emphasize IT's importance, such as having the CIO report directly to Topo.

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Despite the possibility of public funding cuts, Topo expects the center will maintain its level of IT investment in its next fiscal year--and maybe even increase it. "We're actually generating more revenue and we're actually paying for IT and supporting the cost of IT by using technology," he explains, adding, "I think a lot of the staff, including direct-care staff, would be very disappointed if we didn't stay on course with IT." This year CLM aims to purchase or build an eprescribing program.

Topo advises paper-based behavioral healthcare organizations to strive for electronic records even during this difficult time. "If you have to bring your IT plan to a halt because of costs, you're going to generate more paper," he says, adding, "Generating more paper goes against the grain of the direction we should be going in healthcare."

BY DOUGLAS J. EDWARDS, EDITOR-IN-CHIEF

Comments from other behavioral healthcare executives on the National Council Listserv about their IT plans

"Fraser has decided to go head with implementing EMR and behavioral health software with Anasazi. It is an important step we feel the agency needs to take."

--Shelly Brandl, Director,

Fraser Child & Family Center, Minneapolis

"We have been fortunate in that our EMR is fully implemented as of this year [2008] in our public clinics. We are in the process of design and have a scheduled go-live for our private clinics on Jan. 1, 2009. My perspective is that while this is an initial expense, our cash flow has been enhanced significantly to make it the right choice for our organization."

--Jonathan Evans, CEO,

Safe Harbor Behavioral Health, Erie, Pa.

"We've staged our IT conversion, etc., into three phases and will be entering phase 2 early next year [2009]. Because of the continued public funding cuts, we're now reaching out to foundations to support this effort."

--Randal Rucker, CEO,

Family Service of Greater Boston

"We have a very robust IT backbone already but have enhancements that we can put off for a year because of slow receivables from major funders. For example, our last phase of VOIP conversion will be delayed but we are proceeding with a new webpage that is driven by marketing and fund development priorities. Some EMR enhancements are on hold but our last phases of conversion to thin clients will proceed because the conversion will save a lot of IT staff time. We will probably convert our point to point T1 network to MPLS this year to increase system stability and flexibility in support of billable staff but will hold off (again) on developing a real intranet. In short, if there is a real, immediate, and direct ROI we are going ahead but holding on all other projects."

--Anthony Zipple, CEO, Thresholds Psychiatric

Rehabilitation Centers, Chicago

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