

MBCHD and CARS Use myAvatar™ EHR to Facilitate Care for 6,000 Patients

Industry

- Behavioral Health

Geography

- Milwaukee County

Challenges

- Disparate systems
- Acting as payor and provider
- Inefficient processes

Solution

- myAvatar

Results

- Minimized errors and claims denials
- Standardized patient documentation process
- Streamlined workflows
- Eliminated paper records



“From a productivity standpoint, streamlining our processes has been huge, because everyone [our staff] does things consistently, and there is no room for interpretation.”

—Sushil Pillai, Program Manager of EHR Implementation for MCBHD/CARS

The **Milwaukee County Behavioral Health Division and Community Access to Recovery Services Divisions** (MCBHD/CARS) provide mental health counseling and substance abuse treatment services to approximately 6,000 individuals. The divisions have over 900 employees, and partner with 81 providers at locations throughout Milwaukee County to furnish care on a fee-for-service or contract basis.

MCBHD/CARS is unique because it serves as both a payor and a provider. On the provider side, the facility provides

care for a small group of individuals that have insurance. These individuals go through a typical process: they arrive at a MCBHD/CARS's access point, care is administered and MCBHD/CARS bills their insurance company for the services rendered.

However, a majority of MCBHD/CARS's individuals don't have insurance. Instead, they're treated via authorizations made possible by funds allocated to Milwaukee County through state-county contracts or federal grants.

These funding sources allow the facility to administer care via third party providers to individuals who meet certain eligibility requirements. Serving

as a payer in these cases, MCBHD/CARS determines which authorizations the patient qualifies for during the comprehensive screening process so the right funds can be made available to provide care.

Sushil Pillai, MCBHD/CARS's program manager of EHR implementation, says effectively providing care while ensuring the proper allocation of these funds is a daunting task.

“The system has moved us light years ahead—it's incredible”

“We must maintain a provider network and be able to manage all of the state and

federal reporting requirements for the complexity of the levels of care that we are responsible for,” Pillai explains. “Providing comprehensive, cohesive treatment and care across the continuum of care is the biggest challenge we have.”

To help address this challenge, MBCHD/CARS uses myAvatar by Netsmart behavioral health software, which the organization implemented in January 2012.

DISPARATE SYSTEMS MADE PATIENT AND CLIENT MANAGEMENT DIFFICULT

MCBHD/CARS offer patient care through three main branches. The inpatient branch is a 100-bed facility

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MBCHD and CARS Use myAvatar EHR to Facilitate Care for 6,000 Patients (continued)



"Netsmart is the market leader in the mental health, behavioral health and substance abuse area. Unlike most of the other EHR systems out there, Netsmart is focused solely in this area."

—Chuck Sigurdson, Assistant Program Administrator for CARS

that provides acute services to adults and children. The second branch is a facility for the developmentally disabled, also known as an Intermediate Care Facility for Individuals with Mental Retardation (ICFMR).

The third is a crisis services branch, which features one of only five psychiatric emergency rooms in the U.S. This branch includes a mobile crisis service, three crisis resource centers and an observation unit.

Lastly is the Community Access to Recovery Services Branch, which is responsible for the provision of mental health and substance abuse treatment services and provides care primarily through external providers. This division offers community support programs, targeted case management, mental health and substance abuse outpatient and day treatment, a variety of care coordination and case management services and substance abuse, detox and recovery support services.

Prior to myAvatar, MCBHD/CARS was using software from several providers to manage different key functions in the organization.

"We were using an external general ledger system and a subsystem to manage some of our long-term support clients and some of our providers who serve them," says Chuck Sigurdson, assistant program administrator at the Community Access to Recovery Services division, who has been with Milwaukee County for 23 years.

"Nobody does the managed care and managed services part of the business better than Netsmart... from a business perspective, the vendor that can handle this the most efficiently and effectively is the one we're going to select"

Additionally, while the emergency room, crisis center and community based services were managed electronically, the inpatient facility was managed via paper. This meant that information on individuals who received care from multiple services was hard

to pull up quickly, which slowed things down.

"Although we got good at it, trying to capture historical information about an individual was incredibly difficult—you had to pull information from many different sources," Pillai says.

"If a patient was first prescribed a medication two years ago, it's extremely critical from a care standpoint to be able to quickly and accurately access this information. We had to go through reams of paper, and it just wasn't efficient."

A SOLUTION EQUIPPED TO MEET MCBHD/CARS'S COMPLEX NEEDS

While MCBHD/CARS was getting by on these multiple systems, it was clear that a more efficient medical record system was necessary to streamline daily operations.

MCBHD/CARS chose myAvatar from Netsmart for several reasons. The first, according to Sigurdson, is that "Netsmart is the market leader in the mental health, behavioral health and substance abuse area. Unlike most

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of the other EHR systems out there, Netsmart is focused solely in this area.”

The second has to do with the fact that one-third of MCBHD/CARS’s current business takes place in the community-based services division. This is expected to grow to two thirds within the next two to three years.

“Nobody does the managed care and managed services part of the business better than Netsmart,” Pillai says. “So from a business perspective, the vendor that can handle this the most efficiently and effectively is the one we’re going to select.”

Finally, Pillai says that, in addition to a traditional payment authorization system, MyAvatar can process authorizations that come through grants, contracts and any other means, which is essential for MCBHD/CARS to provide care to individuals without insurance.

A PHASED IMPLEMENTATION PROCESS SMOOTHS THE TRANSITION

The decision to purchase myAvatar was made at the end of 2011, and implementation began in January 2012. To ease the transition, a three-phase implementation approach was put in place: first came the crisis services division, followed by the inpatient/hospital division. The third and final phase will be the community services division, which is currently underway.

When it came time to train staff on the system, MCBHD/CARS first carefully documented the process that their psychiatrists, psychologists, nurses, rehab services staff and dieticians go through with each patient. Staff members were then trained in groups according to role—all of the social workers were trained together, all of the dieticians were trained together, and so forth.

For each of these roles, MCBHD/CARS documented the processes extensively so there was consistency and understanding across the entire staff. MCBHD/CARS has over 100 nurses, for example, so all of the nurses went through an extensive process training to ensure they knew how their job responsibilities would be executed in myAvatar.

STANDARDIZED ASSESSMENT FORMS CREATE CONSISTENCY

When a patient arrives the inpatient branch, they’re typically coming from MCBHD/CARS’s ER facility. In the first step of the intake process, a member of the nursing staff takes the patient’s photo and stores his or her belongings

Individuals admitted to the inpatient facility go through eight to ten assessments, the forms for which are all stored in myAvatar for easy access. This helps improve the efficiency of the process for each patient, ensuring redundant questions aren’t asked because patient information that has already been recorded automatically shows up in the system.

Each staff member asks specific questions according to the documented process, which are built into the assessment forms MCBHD/CARS created in myAvatar. As the assessments are performed, all clinical documentation is captured and electronically stored within myAvatar to help generate a complete profile of a patient.

Sample clinical intake assessment form in myAvatar

in a locker to ensure they’re not in possession of anything they could use to hurt themselves or others. This is called “photo and belongings,” and all of this information is stored in myAvatar so everything can be returned to the patient when they’re discharged.

Additionally, since all processes are executed according to role, staff only see the options to perform those tasks specific to their role in myAvatar—a dietician, for example, doesn’t have the option to perform a medical screening or psychiatric analysis. This helps keep

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workflows streamlined and ensures all staff members are only viewing data they need to complete their work.

"From a productivity standpoint, streamlining our processes has been huge, because everyone now does things consistently, and there is no room for interpretation," Pillai says.

INTERDISCIPLINARY REPORTS PROVIDE COMPREHENSIVE OVERVIEW OF CARE

myAvatar has comprehensive reporting capabilities. This allows MCBHD/CARS to create interdisciplinary reports, which provide a comprehensive overview of what steps each staff member has taken with an individual, without having to click through multiple assessment forms. After Day 2, for example, a psychiatrist can pull up the report and see what the general consensus is before they begin their assessment with the individual.

myAvatar also features computerized physician order entry (CPOE), which means any admission orders recorded in one division of MCBHD/CARS are automatically communicated to the other divisions so all staff have the most up-to-date data. Having this information available, Pillai says, is incredibly helpful from a patient care standpoint.

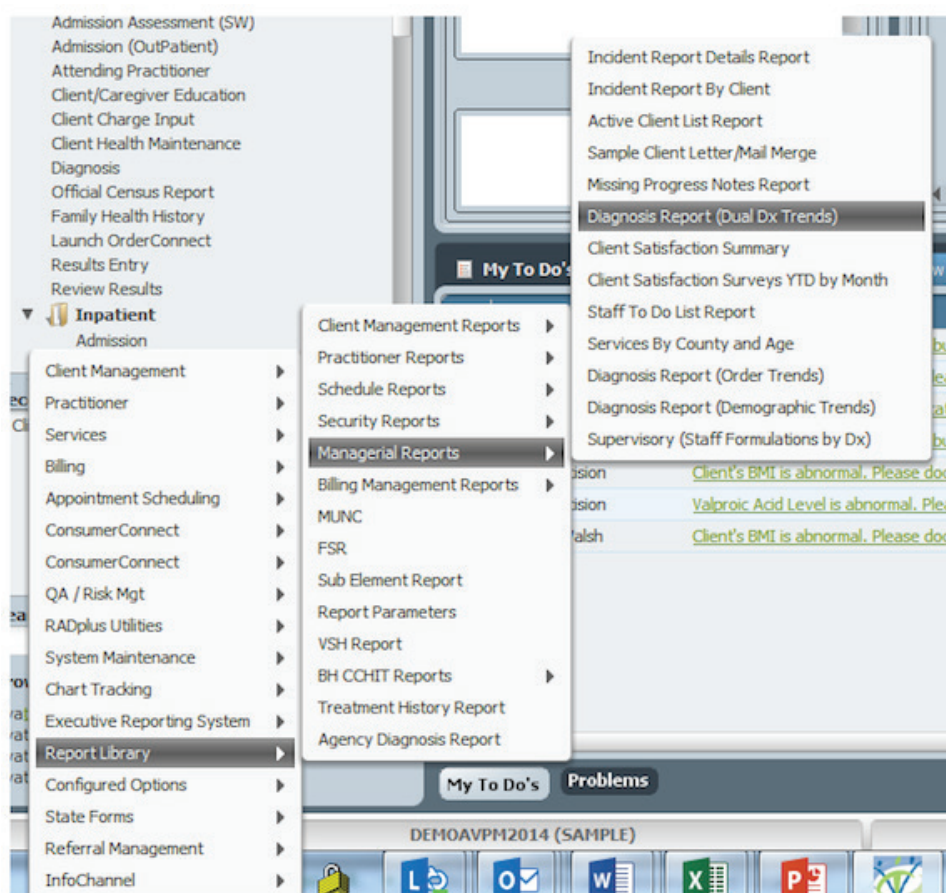
"If a patient has been at our facility 50 times in the past year, I can see exactly what was done at their last visit, a visit three months ago, etc. instantly," he says. "If a patient says they were on a particular medication, I can verify if this is the case, and if so, how effective the medication has been for them—all of this information is at my fingertips."

MCBHD/CARS also uses myAvatar to display patient information on

electronic whiteboards in both nursing stations and doctor's rooms in the ER. These whiteboards are essentially big flat screen TVs that display a report from myAvatar reflecting the real time status of individuals, i.e. where they are in the assessment process, if they're ready to be discharged, and so forth so all staff members can stay informed and in the loop. "It's pretty phenomenal in terms of tracking the patient during their stay," Pillai says.

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The many reports available in myAvatar

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ELECTRONIC BILLING MINIMIZES ERRORS AND CLAIMS DENIAL

One of the biggest benefits of MyAvatar is how it has streamlined MCBHD/CARS's billing process. Doctors enter diagnoses

MYAVATAR PUSHES MCBHD/CARS INTO THE FUTURE

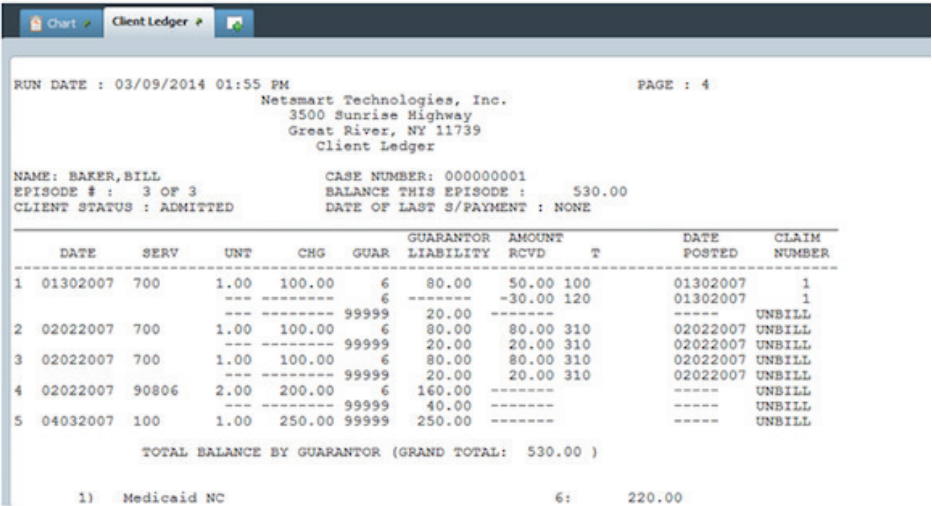
Though MCBHD/CARS is still in the implementation phase with myAvatar and becoming acclimated to the

system and all of its capabilities, Pillai says there has already been a marked improvement in terms of productivity, billing turnaround and claims reconciliation.

In addition to the benefits mentioned above, Pillais says that myAvatar provides numerous smaller benefits that help streamline operations. If a patient is suicidal, for example, staff can set up alerts to show up on a patient's chart so it appears everywhere they go, allowing every staff member to be aware of the risk right away.

The same thing goes for allergies: all allergies are highlighted on the patient's chart, so if a patient is allergic to a medication and a doctor creates a medication order that may trigger this allergy, the system issues an alert to warn the doctor.

"We take all of these little things for granted, but it's all integrated with myAvatar," Pillai says. "The system has moved us light years ahead—it's incredible."



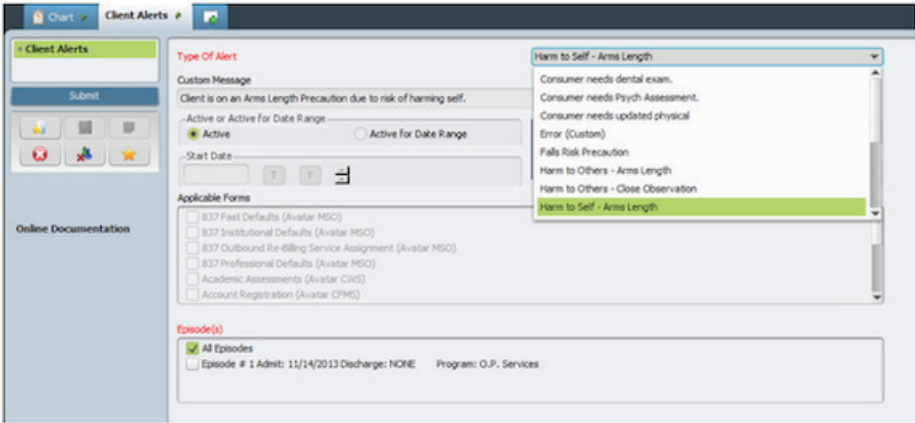
DATE	SERV	UNT	CHG	GUAR	LIABILITY	AMOUNT	RCVD	T	DATE POSTED	CLAIM NUMBER
1	01302007	700	1.00	100.00	6	80.00	50.00	100	01302007	1
					6		-30.00	120	01302007	1
				99999	20.00				UNBILL	
2	02022007	700	1.00	100.00	6	80.00	80.00	310	02022007	UNBILL
				99999	20.00	20.00	310		02022007	UNBILL
3	02022007	700	1.00	100.00	6	80.00	80.00	310	02022007	UNBILL
				99999	20.00	20.00	310		02022007	UNBILL
4	02022007	90806	2.00	200.00	6	160.00			UNBILL	
				99999	40.00				UNBILL	
5	04032007	100	1.00	250.00	99999	250.00			UNBILL	
TOTAL BALANCE BY GUARANTOR (GRAND TOTAL: 530.00)										
1) Medicaid NC 6: 220.00										

A sample client ledger in myAvatar

directly into the system instead of handwriting it and requiring a clerical staff member to decipher it.

"In the past, if the writing was illegible, the clerical person didn't know what service code to enter, which leaves room for confusion, error and claims denial," Pillai says. "Now that everything is electronic, this has been significantly minimized."

Additionally, myAvatar's electronic billing system enables MCBHD/CARS to run billing every month week, or even daily. In the past, the fastest billing could be run was every 60 days.



The screenshot shows the 'Client Alerts' configuration window. It includes a 'Type Of Alert' dropdown set to 'Harm to Self - Arms Length'. Below it is a 'Custom Message' field with the text 'Client is on an Arms Length Precaution due to risk of harming self.' There are radio buttons for 'Active or Active for Date Range' and 'Active for Date Range'. A 'Start Date' field is present. Under 'Applicable Forms', several checkboxes are listed, including '837 Fast Defaults (Avatar MSG)', '837 Institutional Defaults (Avatar MSG)', '837 Outbound Re-Billing Service Assignment (Avatar MSG)', '837 Professional Defaults (Avatar MSG)', 'Academic Assessments (Avatar CWS)', and 'Account Registration (Avatar CPMS)'. At the bottom, there is a section for 'Episode(s)' with a checkbox for 'All Episodes' and a text box for 'Episode # 1 Admit: 11/14/2013 Discharge: NONE Program: O.P. Services'.

A "harm to self" alert in myAvatar

Success Story courtesy of [Software Advice](#)

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