

# Spring is a time of new beginnings!

What's something new you're looking forward to this season?

*Share in the chat.*





Tuesday , April 1; 11 a.m. – 12 p.m. PT

## Making Your EHR Support BHI: The Nuts and Bolts

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**CaHIVE BHI Commons**



California Quality  
Collaborative

# Tech Tips



## Welcome!

Add your organization to  
your name

Turn on video if possible



## Engaging Today

- Share questions in the chat or come off mute



## Need help?

Direct message  
Anna Baer  
if you have any technical  
issues



# Welcome!



**CHINESE  
HOSPITAL  
& CLINICS**



Riverside Family Physicians



San Francisco  
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



perlmanclinic++



**SHARP**



# Announcement



## New Role!

Brian Sandoval, Psy.D

Providence Executive Director, Behavioral  
Health (South Division)



# CalHIVE Behavioral Health Integration



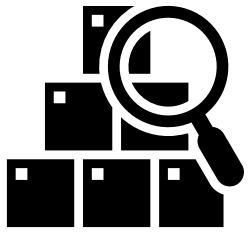
Provide care to over 730,000 Californians across all major payers (commercial, Medicare, Medi-Cal)

Logos of partner organizations include:

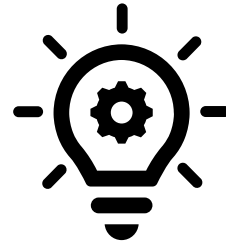
- CHINESE HOSPITAL
- San Francisco Health Network (SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH)
- Community Memorial HEALTHCARE
- Riverside Family Physicians
- SHARP
- PVHMC
- perلمانclinic++
- Scripps

# Our Objectives

Today, we'll:



**Assess** current workflows and determine strategy for immediate improvement.







**Identify** key areas for optimizing BHI, focusing on EHR, scheduling, and documentation.



**Commit** to a next step that integrates BHI into sustainability efforts, billing processes, or data tracking enhancements.

# Checking In

## Chat Waterfall Instructions

1.  **Think & Type** – Compose your answer in the chat
2.  **Wait** – Hold off on sending
3.  **Send on “Go!”** – All at once!
4.  **Waterfall!** – Read everyone’s replies

**Rate 1-10, how optimized is your EHR for BHI?**





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# Optimizing EHR Components

# CalHIVE EHR Systems



CHINESE  
HOSPITAL  
& CLINICS



Riverside Family Physicians



San Francisco  
Health Network

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Scripps

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Community\*  
Memorial  
HEALTHCARE

SHARP

\*as of May 2025

# Optimizing EHR for BHI

## Enhancing Efficiency and Integration

- **Key Areas for Optimization:**

- Standardized Documentation & Smart Phrases
- Consent Management
- Workflow Efficiency



# Standardized Notes in EHR

## Why It Matters & How It Helps

**Consistency** ensures uniform documentation across providers and teams.

**Efficiency** reduces repetitive documentation efforts and saves time.

**Communication** improves clarity among care teams for better patient outcomes.

**Billing Accuracy** facilitates correct reimbursement and compliance with regulations.

**Error Reduction** minimizes missing information and improves patient safety.

**Care Coordination** streamlines patient hand-offs and follow-ups.

# Steps to Implement Standardized Notes in EHR



**Use Shared or Example Templates** – Leverage pre-existing templates from trusted sources (e.g., CFHA, AIMS, Michigan Medicine) or organization-specific best practices.



**Standardize Language** – Ensure clear, concise documentation for procedures, risks, benefits, and roles.



**Leverage EHR Tools** – Use SmartPhrases, merge fields, and checkboxes for automation.



**Integrate with Workflow** – Link documentation to relevant appointment types.



**Ensure Compliance** – Include signatures, timestamps, and policy-aligned updates.



**Test & Refine** – Pilot with staff, collect feedback, and adjust templates as needed.

# Standardized Documentation - Sample Note with Dropdowns

## PCBH / CoCM Note

### ASSESSMENT:

Patient with [redacted] related to [redacted] in the context of depression/anxiety. Patient will benefit from [redacted] Patient in [redacted] stage of change.

### Intervention Type:

- |  |  |
|--|--|
| <input type="checkbox"/> Problem Solving               | <input type="checkbox"/> Psychoeducation                     |
| <input type="checkbox"/> Behavior Modification         | <input type="checkbox"/> Relaxation Skills Training          |
| <input type="checkbox"/> Behavioral Activation         | <input type="checkbox"/> Stress Management                   |
| <input type="checkbox"/> Cognitive-Behavioral          | <input type="checkbox"/> Supportive Interventions            |
| <input type="checkbox"/> Crisis Management             | <input type="checkbox"/> Systemic Intervention               |
| <input type="checkbox"/> Insight Development           | <input type="checkbox"/> Health and Behavioral Interventions |
| <input type="checkbox"/> Interpersonal Skills Training | <input type="checkbox"/> SBIRT                               |
| <input type="checkbox"/> Mindfulness Training          | <input type="checkbox"/> Assessment                          |
| <input type="checkbox"/> Motivational Interviewing     |  |
| <input type="checkbox"/> Other [redacted]              |  |

Support and active listening were provided to the patient.

### Response to interventions:

- Engaged
- Responsive
- Interactive

### PLAN:

1. F/U with BHC Select [redacted]
2. Changes to Psychotropic Medication regimen Select [redacted]
3. Behavioral recommendation(s):
  - a. [redacted]
  - b. [redacted]
  - c. [redacted]

### SUBJECTIVE:

Patient here for Select regarding [redacted] and verbally consented to meet with BHC/BHCC and engage in CoCM. Reporting the following symptoms/concerns: [redacted]

Duration of the problem: Select [redacted]

Severity: Select [redacted]

### OBJECTIVE:

Referred by: Select [redacted]

### Mood affect:

- |                                    |                                     |                                   |
|------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Dysphoric | <input type="checkbox"/> Irritable  | <input type="checkbox"/> Blunted  |
| <input type="checkbox"/> Euthymic  | <input type="checkbox"/> Flat       | <input type="checkbox"/> Agitated |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Distressed | <input type="checkbox"/> Tearful  |

- Anxious       Labile       Other [redacted]

Appearance: Appropriately dressed and groomed.

Harm to self or others: Select [redacted]

Substance use: Select [redacted]

Current psychotropic medication use: Select [redacted]

Behavioral Health History: [redacted]

Harm to self or others: Select [redacted]

Substance use: Select [redacted]

Current Medication/adherence: [redacted]

Prior psychiatric medications: Select [redacted]

Completing of screening measures:

- |   |                                |                                |
|---|--------------------------------|--------------------------------|
| <input type="checkbox"/> PHQ-9            | <input type="checkbox"/> GAD-7 | <input type="checkbox"/> SLUMS |
| <input type="checkbox"/> AUDIT            | <input type="checkbox"/> DAST  | <input type="checkbox"/> SBIRT |
| <input type="checkbox"/> Other [redacted] |                                |                                |

Total Score: [redacted]

Provisional Diagnosis: [redacted]

Time spent with patient: [redacted]

Type of Contact: in person/ phone/ telehealth

Others present in the room: [redacted]

Interpreter used: Yes  No

Rendering Provider: @PCP@

Name of BHC Provider: signature

### Select for service provided

This patient was informed of the following characteristics of their care with the primary care medical home Name of organization. A. Behavioral health providers operate as consultants to the medical team and not as stand-alone providers of care. B. All information discussed with team members as applicable/appropriate will be documented in the share electronic health record and visible by all care team members. C. The Behavioral Health Team works as a group providing care to all patients and as such a patient is likely to work with multiple Behavioral Health providers. Patient consented to meet with BHC.

Patient consented to CoCM program, including the roles of psychiatric consultant, BHCC, and other relevant specialists. Patient was made aware of their responsibility for potential cost-sharing expenses for CoCM services.



# OCHIN EPIC - PCBH Visit

The screenshot displays the Epic EMR interface for a Behavioral Health (BHC) visit. The patient is Kyra Zzzchcw, a 50-year-old female with MRN 2630000372. The visit is dated 3/19/2023. The interface is divided into several sections:

- Left Sidebar (Patient Information):** Includes patient name, MRN, language (Spanish/English), COVID-19 status (Unknown), allergies (None), and the attending physician, Caitlin Hill, MD (PCP - General).
- Top Navigation:** Shows the patient's name, visit type (BHC Visit), and various tool icons like Chart, Flowsheets, Synopsis, and Snapshot.
- Central Content Area:**
  - Chief Complaint:** "No reason for visit."
  - Recent Visits with Me:** A table showing a visit on 03/06/2023 for "Diabetes mellitus due to underlying condition with hyperosmolarity without coma, without long-term current use of insulin (HCC-CMS)".
  - Other Visits in Behavioral Health:** "None"
  - Patient Instructions:** A section with "Add" and "Clinical References" buttons.
  - Medications/Orders:** A row of buttons for Well Visit, Diet, HTN, Safe Sex, BMI, Anxiety, Hyperlipid, Healthy Diet, Low Sodium Diet, Weight Loss Plan, A1C, Lipids, AAP AVS, and HM DUE.
- Right Panel (My Note):**
  - Mental Status Exam:** A section for documenting the exam.
  - BHC Visit:** Includes referral information, visit type (Warm-handoff/Same Day Access Initial), last BHC visit date, and informed consent status.
  - Subjective:** A section for the patient's history and current presentation.
  - Objective:** A section for the clinician's observations, including "Mental Status Exam" and a red "Add DUKE here" prompt.
- Bottom Bar:** Contains "SmartLinks", "Sign when Signing Visit", "Accept", "Cancel", "LEVEL OF SERVICE", "PRINT AVS", and "SIGN VISIT" buttons.

# OCHIN EPIC - PCBH Visit

The screenshot displays the Epic EHR interface for a behavioral health visit. The patient is identified as Kyra Zzzchcw, a 50-year-old female with MRN 2630000372. The visit is dated 3/19/2023 and is being conducted by David B. The interface is divided into several sections:

- Left Sidebar:** Contains patient demographics, language (Spanish spoken, English written), COVID-19 status (Unknown), insurance coverage (Regence Blue Shi...), allergies (Not on File), and provider information (Caitlin Hill, MD, PCP - General).
- Top Navigation:** Includes tabs for Chart, BH Visit, Flowsheets, Synopsis, and Snapshot. The current view is 'This Visit' with a 'Notes' sub-tab.
- Central Panel:**
  - Chief Complaint:** 'No reason for visit.'
  - Recent Visits with Me:** A table showing a visit on 03/06/2023 with a primary diagnosis of 'Diabetes mellitus due to underlying condition with hyperosmolarity without coma, without long-term current use of insulin (HCC-CMS)'.

Date	Primary Dx
03/06/2023	Diabetes mellitus due to underlying condition with hyperosmolarity without coma, without long-term current use of insulin (HCC-CMS)
  - Other Visits in Behavioral Health:** 'None'.
  - Patient Instructions:** A section for adding instructions and clinical references.
  - Wellness/Prevention:** A row of buttons for 'Well Visit', 'Diet', 'HTN', 'Safe Sex', 'BMI', 'Anxiety', and 'Hyperlipid'. Below this are buttons for 'Healthy Diet', 'Low Sodium Diet', 'Weight Loss Plan', 'A1C', 'Lipids', and 'AAP AVS'. An 'HM DUE' button is also present.
- Right Panel (My Note):** A 'Mental Status Exam' section with a rich text editor. The note contains the following text:
  - Belief System: \*\*\*
  - Academics: \*\*\*
  - Current Work/Income Status: \*\*\*
  - Activities: \*\*\*
  - Values: \*\*\*
  - Other relevant social history:
  - Caffeine: \*\*\*
  - Nicotine: \*\*\*
  - Alcohol: \*\*\*
  - Marijuana: \*\*\*
  - Other Substance Use: \*\*\*
  - Nutrition: \*\*\*
  - Physical Activity: \*\*\*
  - Sleep: \*\*\*
  - Safety:** Suicide & Safety: Did not report current suicida...



# SmartPhrases vs. Standardized Notes

- Standardized notes provide **full documentation templates** for structured, comprehensive encounters creating opportunity for discrete data fields.
- Smart phrases are **predefined, customizable text snippets** that allow providers to quickly insert frequently used documentation.
- Both enhance efficiency and accuracy, reducing redundancy in notes.

## *Examples:*

.bhscreening

Patient completed [PHQ-9/GAD-7/SBIRT] screening. Score: [XX]. Results discussed with patient, and plan includes [referral, monitoring, behavioral activation, etc.].

.bhbriefint

Brief intervention provided using [motivational interviewing/behavioral activation/etc.]. Patient identified [goal/concern]. Strategies discussed: [coping skills, problem-solving, etc.].

# Consent Process

## Requirements

- For CoCM - PCP must inform patient of program and any cost-sharing responsibilities
- Verbal consent to be documented in medical record
- Consent Renewal: A new consent is only required the patient changes billing practitioners

## Best Practices

- Create SmartPhrase or embed consent into **PCP** note:
  - Check box if patient consents to below:
    - ✓ I have discussed PCBH/ CoCM program with the patient, including the roles of the behavioral health care manager and psychiatric consultant.
    - ✓ I have informed the patient that they will be responsible for potential cost sharing expenses for both in person and non-face-to-face services.
    - ✓ The patient has agreed to participate in the PCBH/ CoCM Program and for consultations to be conducted with relevant specialists.
- **BHI** provider confirms consent when engaging patient

# Consent Process

## Pending Consent

- Example: Patient/parent/caregiver expressed interest in CoCM but requested additional time to review information. Follow-up planned on [insert date].

## General Consent

- Example: The patient has been informed about integrated behavioral health services, including brief interventions and collaboration with the care team. Verbal consent to proceed was obtained.

### Reminders:

- Always customize SmartPhrases to reflect the specific interaction with the patient.
- Ensure documentation is accurate, consistent, and includes all required elements such as roles of team members, cost-sharing details, and patient preferences.
- Use templates or checkboxes where available to standardize documentation while maintaining flexibility for individual cases.

# Workflows and Scheduling for BHI Integration



## Structured Screening & Follow-up

Implementing standardized tools like PHQ-9, GAD-7, and SBIRT ensures consistent behavioral health screening and care.



## Warm Hand-offs & Same-day Scheduling

Automate referral processes and integrate scheduling into the EHR to facilitate warm handoffs and ensure real-time patient follow-up.



## Staff Training & Workflow Standardization

Establishing clear protocols and training clinical teams helps sustain integration and improve patient care quality.

# Reminder...Use the BHI Workflow Checklist

Could this be absorbed in the current workflow? (Y/N)

*If no...*

Who owns the workflow?

What is the target patient population for this workflow?

How will BHI workflows align with other workflows?

Who is implementing the workflow?

What clinical staff are involved in each step?

Is each step clear to everyone based on roles?

What are the steps needed for this workflow?

How does the patient experience the workflow?

Are there considerations around specific patient needs (e.g. language, literacy, digital access)?

Technology

What technology changes are needed?

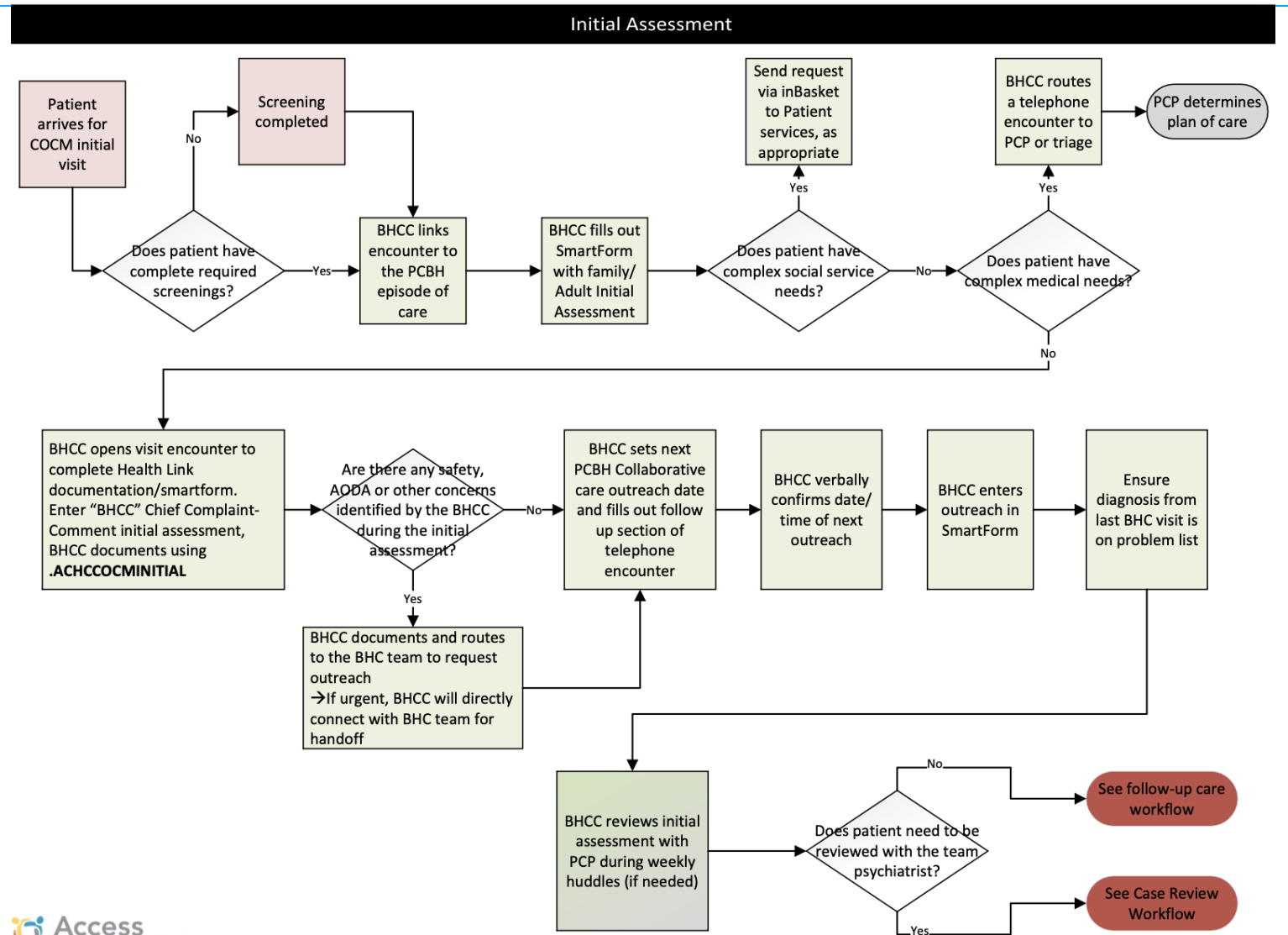
What are documentation templates to be developed?

Finance

Does the finance team need to be involved?



# CoCM Workflow – Initial Visit



- Automate referral processes
- Integrate scheduling to support real-time patient follow-up

# BHI Schedule Templates

- Integrate scheduling into the EHR to facilitate warm handoffs and ensure real-time patient follow-up
- Every organization and site is **different** – You won't get right the first time
- **Evaluate** and **Adjust** according to organizational and patient needs

Assumptions:

Clinic opens at 9 AM; 1PM after lunch

09:00 AM - F/U Slot

09:30 AM - F/U Slot

10:00 AM - Unavailable/ Warm Handoff Only

10:30 AM - F/U Slot

11:00 AM - Unavailable/ Warm Handoff Only

11:30 AM - Unavailable/ Warm Handoff Only

12:00 PM - Unavailable/ Warm Handoff Only

-----LUNCH-----

01:00 PM - F/U Slot

01:30 PM - F/U Slot

02:00 PM - Unavailable/ Warm Handoff Only

02:30 PM - F/U Slot

03:00 PM - Unavailable/ Warm Handoff Only

03:30 PM - Unavailable/ Warm Handoff Only

04:00 PM - Unavailable/ Warm Handoff Only

# Billing Processes in EHR

## Common Billing Challenges

- Tracking denied claims
- Ensuring documentation compliance
- Automating reimbursement workflows
- Monitoring denied claims and follow-up





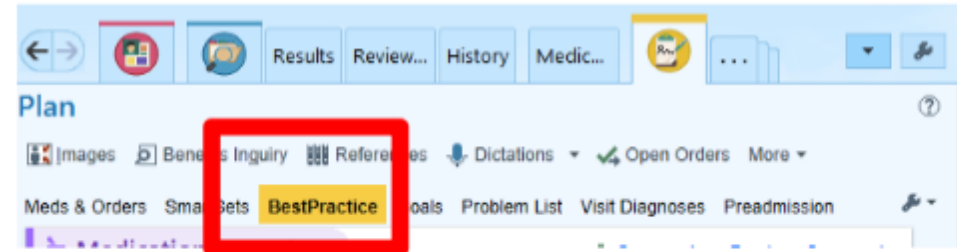
# Billing Processes in EHR

Identify when a patient is due for health maintenance activities → Care Gaps

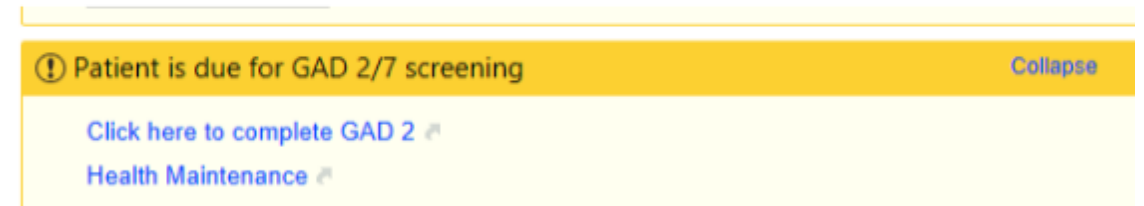
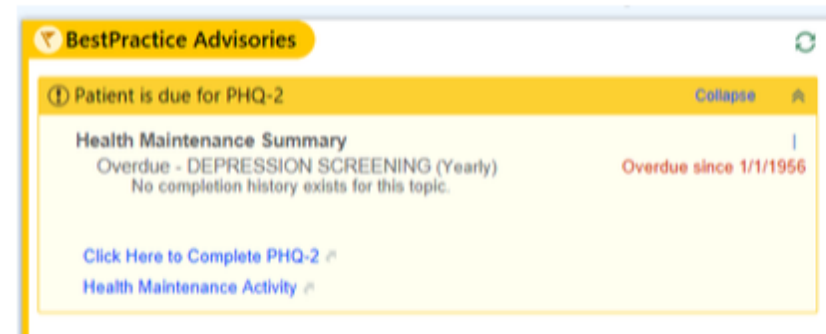
The image displays three screenshots of an EHR interface showing 'CARE GAPS' for a patient. Each screenshot lists various health maintenance activities that are due. Red boxes highlight specific items in each list:

- Top Left Screenshot:** Lists ZOSTER SERIES VACCINE..., DEPRESSION SCREENING, INFLUENZA VACCINE (1), **TDAP/TD VACCINE (2 - Td)** (highlighted), and MEDICARE ANNUAL WEL... (with a clock icon).
- Middle Screenshot:** Lists MEDICARE ANNUAL WELLNE..., DEPRESSION SURVEILLANCE..., Anxiety Screening, Pneumococcal Vaccine: Child..., and INFLUENZA VACCINE (1).
- Bottom Left Screenshot:** Lists Pneumococcal Vaccine: Chil..., **Anxiety Screening** (highlighted), CERVICAL CANCER SCREENI..., and INFLUENZA VACCINE (1).

# Billing Processes in EHR



AND



Always have the correct assessment tool  
→ Best Practice Advisories

# Billing Processes in EHR

Quick guides for patient instructions  
and medications → Diagnosis  
Management Smartset

Depression Management Smartset [Manage User Versions](#)

## ▼ Orders, Dx and Instructions

### ▼ Orders

Consult to Psychiatry

### ▼ Diagnoses

Major depression, single episode [F32.9]

Adjustment disorder with depressed mood [F43.21]

### ▼ Patient Instructions

Depression (Discharge Care) (English)

Stress (Discharge Care) (English)

Community Mental Health Resources

### ▼ Medications

escitalopram oxalate (LEXAPRO) 10 mg Oral tablet  
E-Prescribe, Disp-90 tablet, R-4

sertraline (ZOLOFT) 50 mg Oral tablet  
Disp-90 tablet, R-4

citalopram (CELEXA) 20 mg Oral tablet  
Disp-90 tablet, R-4

FLUoxetine (PROZAC) 20 mg Oral capsule  
Disp-90 capsule, R-4

PARoxetine (PAXIL) 20 mg Oral tablet  
Disp-90 tablet, R-4

buPROPion-XL (WELLBUTRIN-XL) 150 mg Oral extended release tablet  
Disp-90 tablet, R-4

venlafaxine-XR (EFFEXOR XR) 75 mg Oral extended-release capsule  
Disp-90 capsule, R-4

DULoxetine delayed release (CYMBALTA) 30 mg Oral capsule  
Disp-90 capsule, R-4

## ▼ Ad-hoc Orders

# Billing Processes in EHR

- Optimize EHR technology to improve billing opportunities & reduce “click fatigue”
- Including:
  - Identify when a patient is due for health maintenance activities → Care Gaps
  - Always have the correct assessment tool → Best Practice Advisories
  - Quick guides for patient instructions and medications → Diagnosis Management Smartset
  - Reduce coding errors → Favorite CPT codes by discipline/role
  - Ensure accurate coding for services → Embedded timers to track services
  - Hard Stop – codes, primary and secondary dx
  - Tele-med modifier

# Overcoming EHR Challenges

- *Come off mute or share in the chat*

**What changes have you made in your EHR and how have they helped? What are your next steps?**



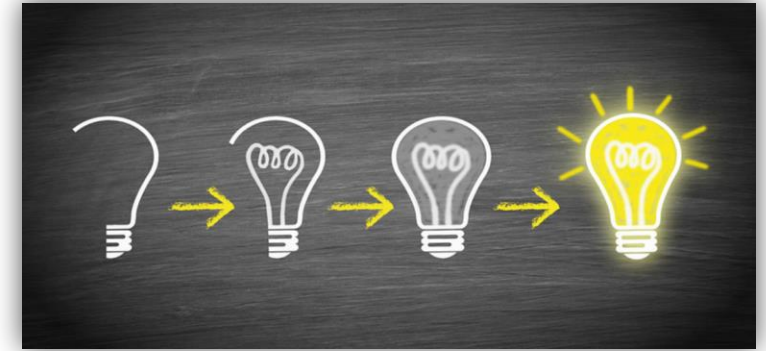
# Questions/Discussion



# Feedback please!

1. Today's webinar was useful for me and my work *[select one]*

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree



2. Of the topics we covered today, what was especially helpful? *[select multiple]*

- **Assess** current workflows and determine strategy for immediate improvement.
- **Identify** key areas for optimizing BHI, focusing on EHR, scheduling, and documentation.
- **Commit** to a next step that integrates BHI into sustainability efforts, billing processes, or data tracking enhancements.

## Extended Registration and Pre-work!

Pre-work for the CalHIVE BHI Convening is due **Friday, May 2<sup>nd</sup>**. Please reach out to your improvement advisor with any questions!

[Register](#) by Friday, April 4 for the 2025 CalHIVE BHI Convening: Successes, Systems and Sustainability in Long Beach, CA.

- When: Tuesday, May 13, 2025
- Where: The Grand, [4101 East Willow Street Long Beach, CA 90815](#)



# Q2 2025 Sprint

## APRIL

### Improvement Advising

- Conduct In-Person Improvement Advising Site Visit (Jan to April 2025)
- Conduct IMAT 3 of 4

**Tues. 4/1 (11-12)**

### CalHIVE BHI Commons – Making Your EHR Support BHI: The Nuts and Bolts

- Identify areas for BHI optimization and workflow improvements

**Thurs. 4/3 (12-12:45) – Data Office Hours Cycle 4**

- Open Q&A for upcoming data cycle submission

**Fri. 4/11– Cycle 4 Data due**

## MAY

### Improvement Advising

- Conduct IMAT 3 of 4

**By Fri. 5/2**

### Behavioral Health Equity Improvement Plan - Draft & Convening Pre-Work Due

- Submit draft to Improvement Advisor
- Finalize pre-work for May in-person convening

**Tuesday, May 13**

### CalHIVE BHI Convening 2025: Successes, Systems and Sustainability

- Review progress on BH Health Equity Improvement Plan
- Plan for BHI sustainability

**By Fri. 5/31**

### Implementation Milestone Tool (#3 of 4)

Final scores documented

## JUNE

### Improvement Advising

- Prepare for Payment 3

**Tues. 6/10 (11-12)**

### CalHIVE BHI Commons – Patient Self-Management and Support

- Identify opportunities to improve patient self-management in BHI

**Thurs. 6/12 (12-1) – Data Webinar Cycle 5**

- Review process and requirements for upcoming data cycle submission

**Wed. 6/18 (12 - 1)**

### [OPT] Cal – IN Peer Group Meeting

- Connect and learn from integrated peers

**Thurs. 6/26 (12-12:45) – Data Office Hours**

- Open Q&A for upcoming data cycle submission

Improvement Advising

Webinars

In Person Events

Data / Reporting

Assignments

# Thank you!

## Program Advisor



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# Appendix

# Resources

- [BHI Workflow Example](#)
- Access Community Health Centers, [CoCM Workflows](#)
- PRISM, [BHCM EHR Documentation](#)
- PRISM, [CoCM Documentation Guide](#)
- [Established Patient Visit Epic Template](#)
- [New Patient Visit Epic Template](#)
- AIMS Center, [Guidance on Verbal Patient Consent](#)
- [PCBH/CoCM Template Note with Drop Downs](#)