

**Improving Care
Coordination outcomes
by Improving Fidelity to
Wraparound.**

Does your EHR system enhance your ability to improve youth outcomes?

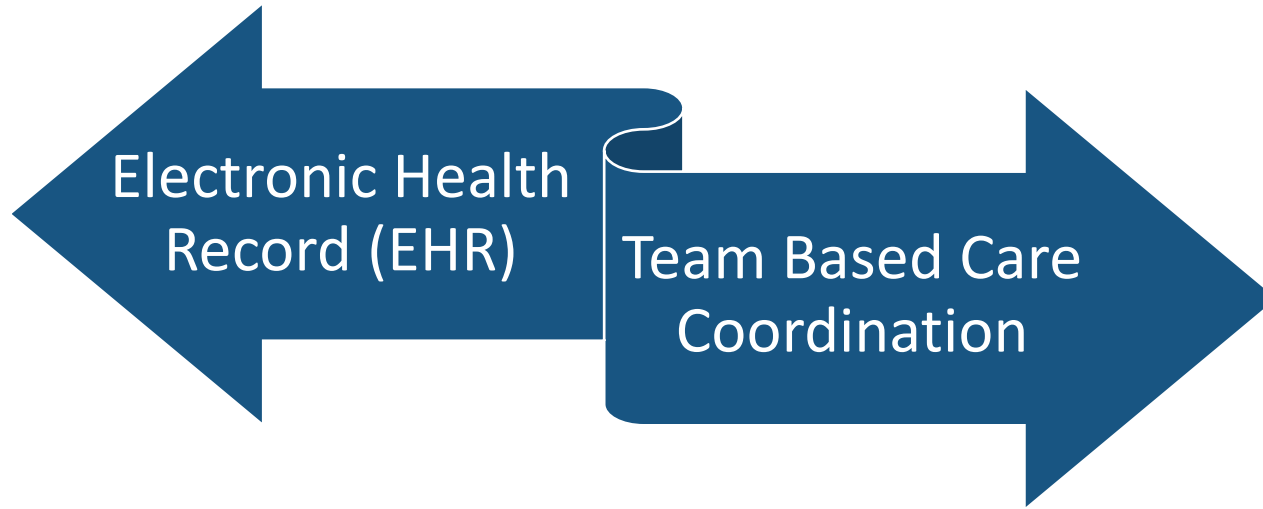
In far too many instances Care Coordination organizations utilize EHRs designed for individual clinicians rather than software designed to support Child/Family Teams.

Effective Team Based Care Coordination Systems improve staff efficiency, reinforce evidence based models, support operational needs & lead to improved youth & family outcomes.



Matt Schubert serves as the Chief Strategist for FidelityEHR. Matt is a foster parent who is passionate about improving youth outcomes. He has 20 years of experience in Technology and has led teams to improve outcomes in Behavioral Health and Human Services for the past 12 years.





- Data captured primarily for someone else
- Focused on diagnosis
- Assumes one decision maker
- Team communication requires extra work
- Model reinforces clinical decision making
- Limited visibility on progress

- Data designed to support team decision making
- Focused on Youth & Family Strengths
- Facilitates team communication across agencies & includes families
- Model reinforces evidenced base Care Coordination Framework such as Wraparound



What's Required to Serve Youth Well?

Enhance ease of Team
Based Care Coordination



Support Operational
Needs



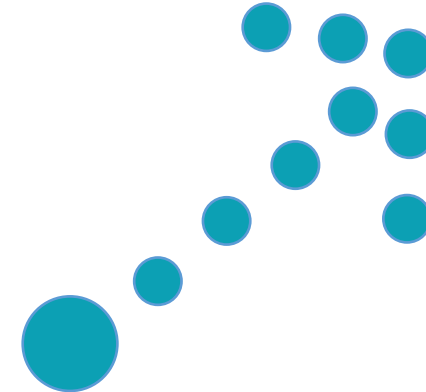
Reinforce Evidence
Based Care Models




Meet EHR Requirements



Improving Youth &
Family Behavioral
Outcomes





“ It is important to NWI that behavioral health organizations select a health record software product that does more than serve as a mechanism for data collection requirements. FidelityEHR provides a behavioral health record software that is both innovative and theoretically aligned to the Wraparound practice model. ”

Dr. Janet Walker

Co-Director, National Wraparound Initiative (NWI), and the National Wraparound Implementation Center (NWIC)



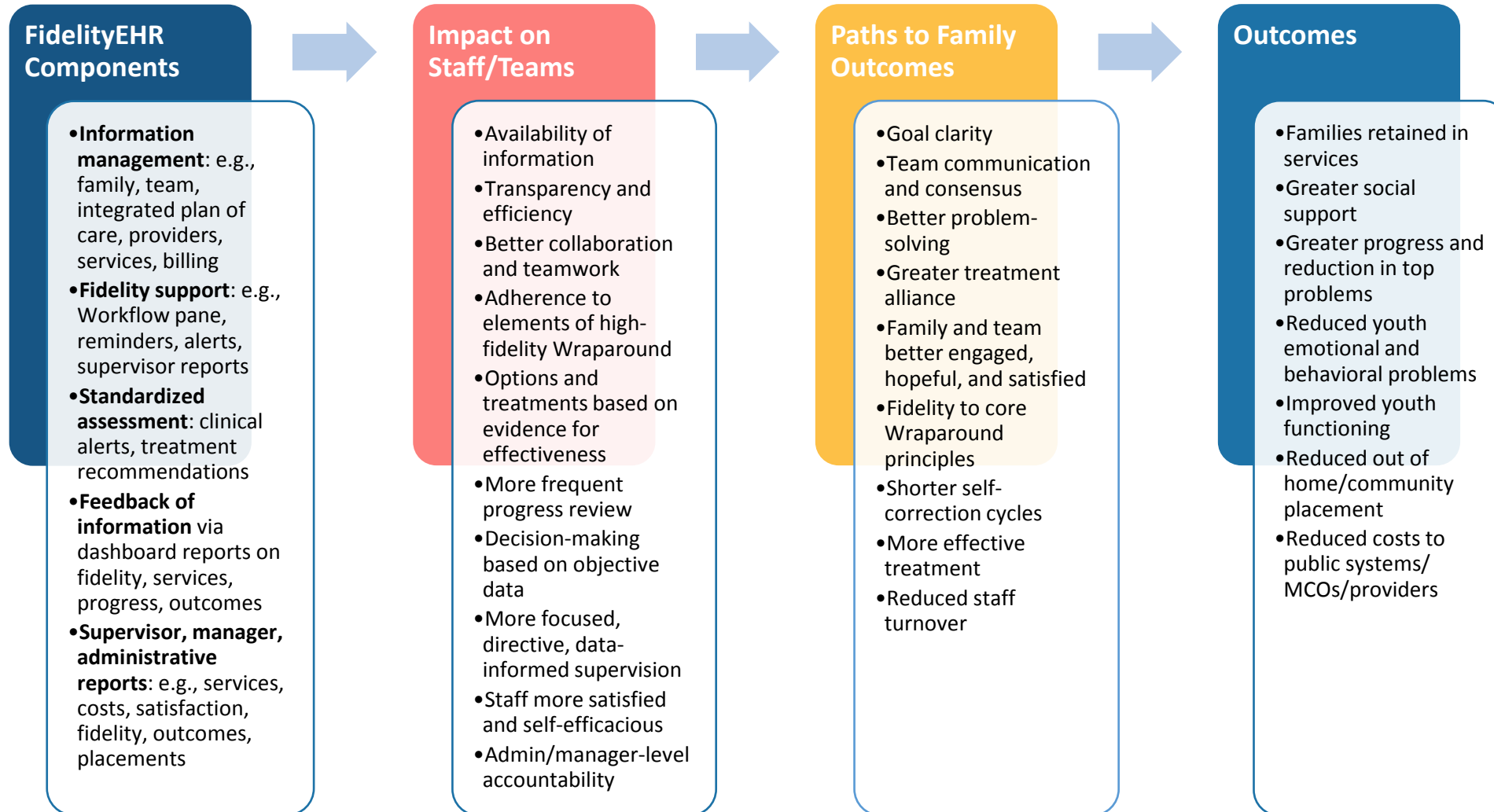
How FidelityEHR Aligns the Ten Wraparound Principles

Created from the ground up to support positive behavioral health outcomes, FidelityEHR directly aligns with the Ten Principles of the Wraparound Process:

1. Family Voice and Choice
2. Team-Based
3. Natural Supports
4. Collaboration
5. Community-Based
6. Culturally Competent
7. Individualized
8. Strengths-Based
9. Unconditional
10. Outcomes-Based



FidelityEHR Theory of Positive Impact

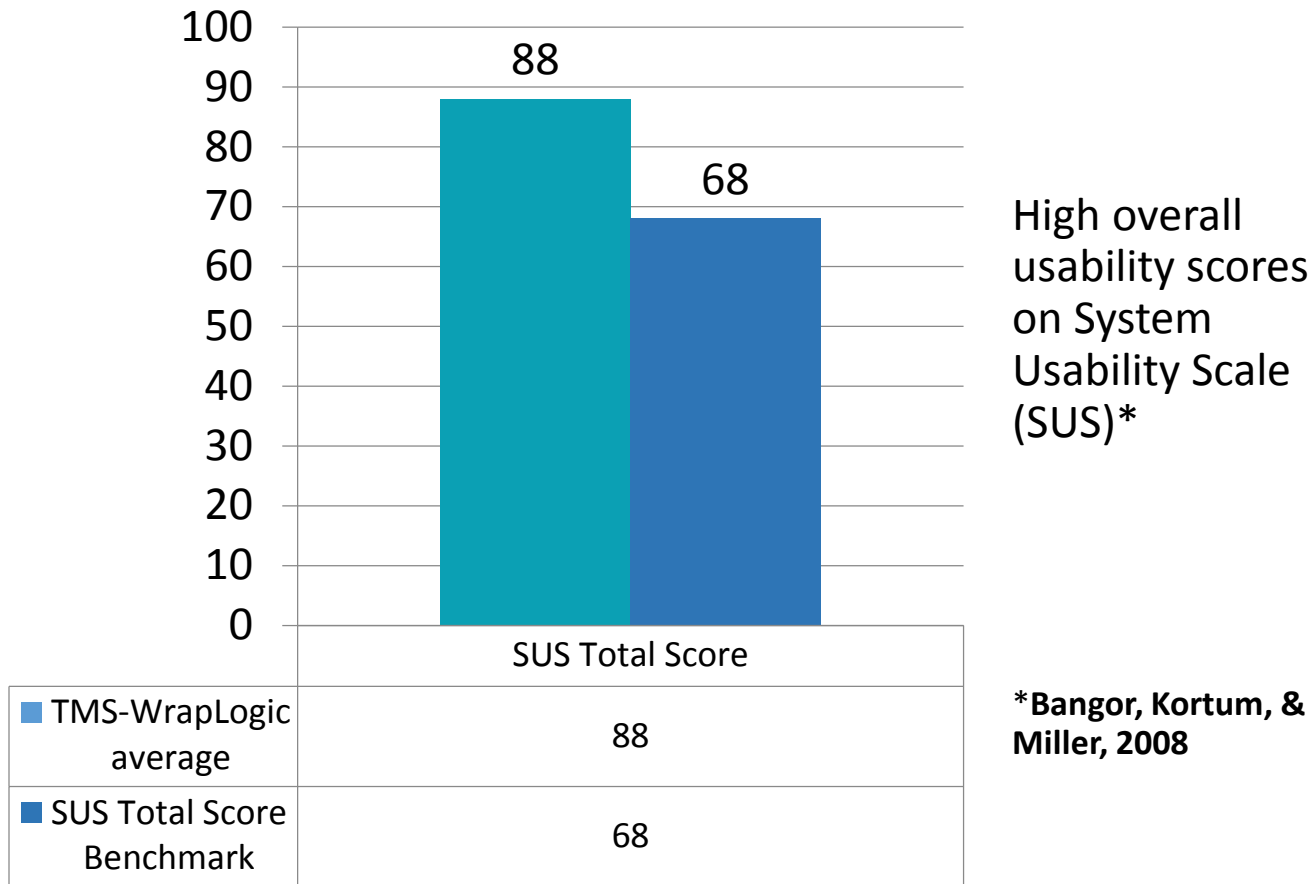


Preliminary findings, statewide site visit conducted by Dr. Bruns

- ✓ TMS-WL is reinforcing high fidelity care coordination model
- ✓ TMS-WL is aligning with training provided by National Wraparound Initiative and National Wraparound Implementation Center and U of M National Technical Assistance Network for Children's Behavioral Health
- ✓ TMS-WL is facilitating supervision and consistency
- ✓ TMS-WL allows for high-level reporting and evaluation to guide administration and management (minor functionality fixes have been identified and are on track for resolution to improve high-level reporting)



FidelityEHR 3rd Party User Testing: Results to date



FidelityEHR 3rd Party User Testing:

Users found the software easier to use than expected

Scenario	Expected Ease of Use (Pre)	Actual Ease of Use (Post)
Enter youth into TMS and schedule a team meeting	3.95	4.43
Understand youth progress, make decisions about upcoming meetings, and organize paperwork	3.83	4.75
Design and complete a Plan of Care	3.48	4.30



INTRODUCTION

Fidelity EHR is utilizing participatory evaluation to develop an EHR implementation and training model grounded in a Readiness for Change approach. Partnering with the University of Washington, Wraparound Evaluation and Research Team (WERT) on a National Institute of Mental Health (NIMH) Small Business Technology Transfer (STTR) Phase II grant has increased collaboration with Wraparound service organizations in the field. Knowledge generation has emphasized mixed methods analysis of User experience, surveys, and focus groups.

Mixed Methods Analysis



Figure 1: Stages of Preliminary Research and Evaluation

The reported User experiences are understood in a more comprehensive context with theoretical grounding in EHR implementation science and best practices in team-based training. Such an approach has increased understanding on Fidelity EHR's strengths and areas of improvement. The utilization of a Readiness for Change model throughout implementation, training, and go-live has strengthened feedback loop communication with partners in the field. Pre/post-training scales have been implemented to gauge User readiness and confidence levels and inform training activities.

Training Readiness

1. Right now, how ready are you to move from your current record system to the TMS Electronic Behavioral Health Record?



2. How Confident are you that after appropriate training you will be able to effectively use the TMS Electronic Behavioral Health Record?



Figure 2: Example of Pre-Training Readiness and Confidence Level Scale

The process has supported a deeper understanding on how Fidelity EHR can build on the expertise of clients to address practice needs among current Wraparound service organizations. Practice informed developments include: the eight domains of successful Fidelity EHR implementation, team-based training methods, User feedback software changes, and Wraparound-centered customizations to increase care coordination efficacy.

RESULTS

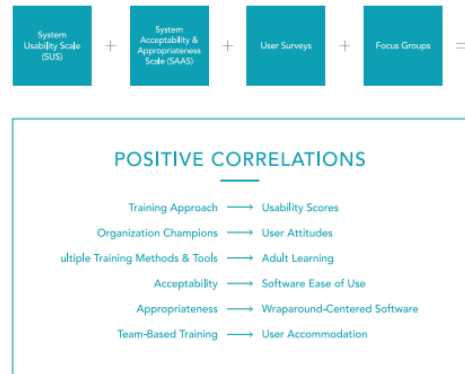


Figure 3: Practice-informed lessons learned from mixed methods analysis.

User Confidence Levels During Fidelity EHR Implementation

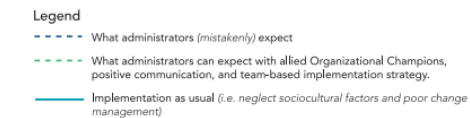
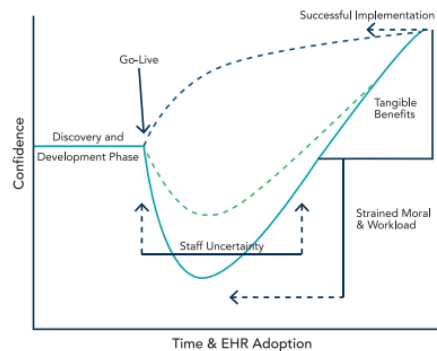


Figure 4: J Curve of change management in EHR implementation.

OUTCOMES

1. Develop expertise in EHR implementation science and best practices in team-based training



Figure 5: Readiness for Change and EHR Implementation.

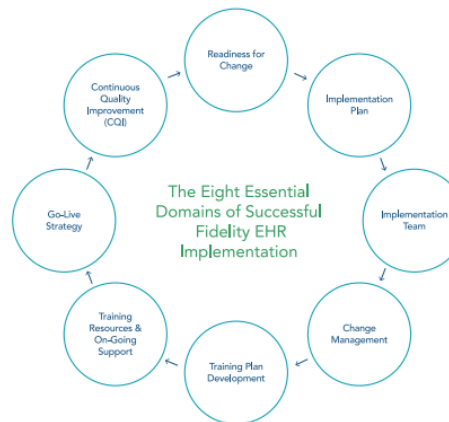


Figure 6: Eight Domains of Successful Fidelity EHR Implementation.

2. Improve training structure and support materials for on-site and ongoing team-based learning.

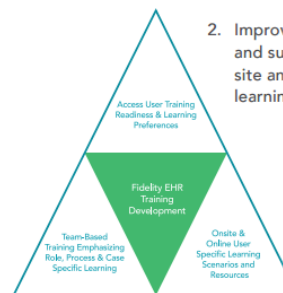


Figure 7: Fidelity EHR Training Model Development.

3. Strengthen Wraparound-centered software features. *The application of family-centered Wraparound principles applied to the crisis plan, client portal, and POC report.*
4. Implement feedback to improve User Experience. *Implementation of Auto-save, no duplicate data entry in Youth record, improved diagnostic system, and secure messaging Inbox.*

IMPLICATIONS FOR PRACTICE

Further develop the Implementation and Training model to integrate best practices and field-based knowledge.

Build on the emerging implementation and training framework to incorporate structured and client-centered procedures.

Areas for Continued Development:

- Stakeholder and Team-based Engagement
- Managing Expectations
- Initial and On-going Client Support
- Readiness for Change and Change Management
- Optimize Software for Systems of Care Model

Recommendations for Systems of Care adopting a new EHR:

- Strong organizational leadership and buy-in across departments.
- An EHR staff person on site, either a specific role or to be enveloped into a current role.
- Technology literacy in cloud-based software and IT support needed to maintain on-site system.
- Approach the new record system as an opportunity to increase efficacy in workflow rather than focus on wanting EHR to match current process (i.e. paper).

REFERENCES

Haley, J.M. (2015) TMS Implementation and Training. A literature review prepared for Fidelity EHR, Santa Fe, New Mexico.
 Hook, A., (WERT) (2014). STTR Phase II: Lab-Based Testing Overview & Results. A study by the Wraparound Evaluation and Research Team (WERT) (Unpublished). University of Washington, Seattle.
 Hook, A., Sather, A., Haley, J., Bruns, E., (2015). STTR Phase II User Experience and Field-Based Testing Results. Synthesis of WERT User Survey and Focus Groups. A study by the Wraparound Evaluation & Research Team (WERT) (Unpublished Report). University of Washington, Seattle.
 Hyde, K.L., Haley, J.M. (2015). TMS Development, Implementation, and Training: A Qualitative Analysis of TMS-Wraparound User Survey and Focus Groups Results. Report submitted to University of Washington, Wraparound Evaluation and Research Team (WERT), Santa Fe, New Mexico.
 Sather, A., Hook, A., Haley, J. (2015). TMS-Wraparound User Survey Results and Focus Groups: Methods and South Carolina. A study by the Wraparound Evaluation & Research Team (WERT) (Unpublished Report). University of Washington, Seattle.

Demonstrate Best Practice Examples:

