

**Materials for BHC to share with leadership and EHR consultant(s)
supporting start of BHC services**

The Electronic Health Record (EHR) can be a huge asset to the BHC work if it is leveraged to support their interprofessional communication, their charting, and the evaluation of their services. If you are a BHC with limited experience with EHRs and computers in general, it is wise to have someone with greater expertise work with you prior to the start of work and for several periods of coaching during your first week or two. There's a great deal to learn, and once learned, it's a real time-saver and boost to confidence in providing clinical services. First the BHC needs to understand how to communicate in the EHR. There are usually a variety of ways, and the BHC needs to understand their options. Can they send/receive "task" or emails? How do other members of the team communicate within the EHR? Additionally, it is important that the BHC know how to view schedules and chart notes for PCPs, as well as themselves. Routine EHR training will address these and other issues and the trainer will often help the BHC create a unique "dashboard" that supports their work as a BHC.

The BHC will document all clinical services in the EHR, and creation of chart note templates that support both BHC interviewing and documenting is extremely helpful. It is also possible to create BHC chart note templates that collect the information needed to evaluate PCBH services (Dueweke, Tolliver, Archer & Polaha, 2023). Dueweke and colleagues developed a list of possible PCBH program fidelity metrics that map to the G.A.T.H.E.R. and that have been successfully integrated into an EHR. The table below provides a list of PCBH components and metric definitions used in their project. For more details on measurement strategies, read their article and do share it with your EHR colleagues interested in leveraging the EHR to support

BHC work and program evaluation.

Key PCBH Fidelity Metrics Definitions

| Component of PCBH | Metric Definition |
|----------------------|--|
| Generalist | # of distinct presenting problems seen |
| Accessibility | Average BH visit length (in minutes) # BH visits < 30 minutes/total # BH visits # BH patients with fewer than 5 visits in the past 12 months/total # BH patients # Warm hand-offs/total # BH visits |
| Teamwork | # warm handoffs/#clinics worked |
| High volume | Total # BH visits/#clinics worked |
| Educator | # times a BHC engaged a medical resident in an educational interaction in the context of shared clinical work/# clinics worked |
| Routine part of care | #BH patient/total # patients seen PCBH clinical reach/full time equivalent BHC availability |

If you and your EHR consultants can keep these definitions for metrics in mind while creating BHC chart note templates, you may be successful in solving two problems with one solution.

In creating BHC chart notes, it is important to keep the purposes of BHC visits in mind. The purposes include providing an assessment and intervention, and offering recommendations to the patient and team. This is case for all BHC services, initial and follow-up, excepting the

occasional “meet and greet” that a BHC offers to a patient that only has 5 minutes for an introduction that day. The table below provides a list of elements of a BHC template that the BHC and EHR consultant may use as a checklist for elements to include in a chart note template for clinical and prevention visits. It also builds in many fidelity metrics that are useful in evaluating PCBH services.

In order for a single template to support charting for both initial and follow-up templates, the EHR needs to provide the BHC with an opportunity to indicate if the visit is an initial or follow-up visit. This is also the case for prevention visits. The BHC needs to be able to indicate that a visit was a prevention visit, even though, with regularity, a BHC introduction to a family in the clinic for a prevention visit converts to an initial visit. When a prevention visit results in identification of a problem, then all elements used in initial clinical visits may apply. Note that the BHC will make decisions about what chart elements to use or not use when a patient seen for an initial visit has limited time for the visit (16 – 24 minutes). Specifically, they will likely complete either the Life context or the Problem context component in the chart note. These terms and options are discussed in detail in Sec. 7.

Potential Elements of a BHC template

| Element | Visit Type | Options |
|------------------------------------|------------|--|
| BHC introduction provided | All | |
| Completion of BHC standard measure | All | May be omitted due to time constraints, language or cultural factors |
| Referral reason | All | |

| | | |
|-------------------------------------|----------------------------------|---|
| Psychosocial history (Life context) | Initial visit | May omit if initial visit > 20 minutes |
| Problem severity | Initial visit Follow up visit | |
| Problem analysis (Problem context) | Initial visit Follow-up visit | May omit if initial visit > 20 minutes. May omit in follow up visit if problem improved. |
| Problem severity (1-10) | All | |
| Intervention | All | Options: educational, experiential, both |
| Plan | All | |
| Confidence in plan (1-10) | All | |
| Follow-up discussed | All | |
| Recommendations to team/PCP | All | |
| Helpfulness of visit (1-10) | All | |
| Minutes in visit | All | |
| Billing code for visit | All | |

Note that drop down checklists are helpful in BHC templates for many elements, including BHC introduction provided (yes/no), BHC completion of BHC standard measure (name of measure, if none/reason), referral reason (list of top 20 plus other), rating scale questions

(problem severity, confidence, helpfulness), intervention (education, experiential, both), follow-up discussed (yes, will call; yes, scheduled; yes, routine medical follow-up with PCP), minutes in visit (less than 5, 5-15, 16-30, 30-45, <45), billing code completed (yes/no).