Indian Health Service Information Technology:
Suicide Data Documentation and Reporting in RPMS

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Learning Objectives

• Identify documentation methods to enter Suicide data in RPMS.

• Understand how to complete the RPMS Suicide Reporting Form to help meet the IHS GPRA requirement.

• Discuss the importance of suicide data documentation and how it affects local and national reporting.
Resource & Patient Management System

- IHS Health Information Solution since 1984
- RPMS is an integrated public health information system
  - Composed of over 50 component applications/namespaces
  - Patient and Population based clinical applications
  - Patient and Population based practice management applications
- In use at more than 400 facilities nationwide, including all Federal IHS Hospitals/Health Centers, Tribal Hospitals/Health Centers/Programs, and Urban Health sites.

www.ihs.gov/RPMS
RPMS Software Solution for Behavioral Health Over the Years

• Initially, Carbon PCCs were used for clinical documentation with data entry clerks entering the information in the RPMS Patient Care Component (PCC) application.
• RPMS Chemical Dependency Management Information System (CDMIS) and RPMS Mental Health and Social Services Reporting System (MH/SS) were the first RPMS applications that encouraged provider entry for clinical documentation. Data was stored separately.
• The RPMS Behavioral Health System (BHS) v3.0 application was developed to replace the CDMIS and MH/SS and merged them into one application. This has been updated to BHS v4.0 patch 5, which is the current released version. BHS was one of the first graphical user interface (GUI) applications in RPMS.
• Once the RPMS Electronic Health Record (EHR) was released, we began encouraging BH providers to utilize this application to help support the Integrated Behavioral Health Care model.
Documenting Suicide Data in RPMS
How Important is Standardized Clinical Documentation?

Extremely important! Having a standardized clinical documentation process and workflow helps:

- Providers understand documentation requirements and standards.
- To assist coders and billers to generate billing and reimbursement revenue.
- Ensure compliance with national standards, such as GPRA/GPRAMA, MU, etc.
- To provide more accurate data in reports.

When asking for assistance in running reports, you will need to understand and know how data is being documented.
Ways to document Suicide Data in RPMS

1. Using a Suicide Diagnosis or Purpose of Visit code (even as a secondary diagnosis)
2. Suicide Risk Assessment exam result
3. Suicide Patient Education Codes
4. Suicide Reporting Form
5. Additional EHR functionality to assist with Clinical Decision Support and Care Coordination
Suicide Codes in RPMS

RPMS Behavioral Health System application:
- Purpose of Visit codes-
  39 (ideation), 40 (attempt), 41 (completion)

RPMS Electronic Health Record application:
- Various SNOMED codes and injury codes (89 codes)

RPMS Patient Care Component application:
- ICD-10 suicide codes and injury codes (142 codes)
Suicide Risk Assessment Exam

- Developed from the SAMHSA SAFE-T (Suicide Assessment Five-Step Evaluation and Triage) tool
- Can be documented currently in EHR and PCC; will be available in BHS (AMH) in May 2016.
- Results are low, moderate, high, unable to screen, patient refused screening, or referral needed.
- [http://store.samhsa.gov/shin/content//SMA09-4432/SMA09-4432.pdf](http://store.samhsa.gov/shin/content//SMA09-4432/SMA09-4432.pdf)
RPMS Suicide Patient Education Codes

SI SUICIDAL IDEATION AND GESTURES
  SI-C Complications
  SI-CM Case Management
  SI-CUL Cultural/Spiritual Aspects of Health
  SI-DP Disease Process
  SI-FU Follow-up
  SI-HELP Help Line
  SI-HPDP Health Promotion, Disease Prevention
  SI-L Literature
  SI-M Medications
  SI-P Prevention
  SI-S Safety
  SI-SM Stress Management
  SI-TX Treatment

For more information and definitions of these codes, see the IHS Patient Education website.
https://www.ihs.gov/healthed/patientedprotocols/
RPMS Suicide Reporting Form

• Improve data collection on suicide events
• Inform suicide prevention activities
  • Standardized and systematic method for documenting incidents of suicide
  • Accurate suicide data at the point of care
  • Timely data
  • Capture specificity of location and associated risk factors
What data does the SRF capture?

• Provider who completed the SRF
• Patient demographics
• Type of suicide incident
  • Ideation with intent and plan
  • Attempt
  • Completion
  • Combination Suicide/Homicide
• Standard suicide epidemiological data
  • Method
  • Substances involved
  • Contributing factors
Paper-based Form

Data can be captured on paper form for entry into RPMS later by Data Entry staff.
Suicide Reporting Form in BHS v4.0
SRF Component in the EHR

Options: Tab format
SRF in EHR
SRF and the Medical Record

- The form is often completed in the context of a visit but SRF data is not visit-related (i.e., does not populate the RPMS Visit file)

- Data collection tool – not a clinical intervention tool
  - Services provided in response to a suicide event must be appropriately documented in the patient’s medical record
Documentation Standards

• Policies and procedures for completing a SRF are determined at the local level
  • For example, providers may be instructed to document historical events or only those that occurred within the past 72 hours
  • We encourage sites to do quality assurance checks to make sure there are no incomplete SRFs. Remind providers they can choose the unknown answer rather than leaving it blank.
  • Consistency is essential to data integrity
Suicide Surveillance GPRA Measure

The focus of the measure is the use of the SRF, not the number of suicide events. Performance is measured by the number of forms in the aggregate national RPMS database.

RPMS Suicide Reporting Forms Submitted by Year:

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<tr>
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<tr>
<td>Result</td>
<td>1603</td>
<td>1674</td>
<td>1598 (not met)</td>
<td>1687</td>
<td>1908</td>
<td>1930</td>
<td>1709 (not met)</td>
<td>1438</td>
<td>1766</td>
<td>2346</td>
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</tbody>
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Functionality in RPMS EHR to Assist with Clinical Decision Support and Care Coordination

- Integrated Problem List (IPL): one centralized PL for all health Diagnosis/Purpose of Visits.
- Care Planning: goals and care plan for a problem with instructions, education, and interventions/follow up for the problem.
- Reminders: assist with reminding providers of screenings needed.
- Consultations: BH referrals to and from can be managed.
- Health Factors: used to describe a patient’s health and wellness, such as tobacco use, activity level, occupation, etc.
- Community Alerts: three types of alerts (Suicidal Behavior, Infectious Diseases, and Public Health Alerts).
Functionality in RPMS EHR to assist with Clinical Decision Support and Care Coordination (cont.)

- Referred Care Information System (RCIS): primarily used for Contract Health Service types of referrals.
- Patient Flags: identifies specific patients to inform clinical staff of patient safety or high-risk clinical situations.
- Quick Notes or Orders: provides a shortcut button to open a note and template based on predefined settings.
- Notifications: system generated and user generated.
- Exam codes: used to document a result of an assessment including Suicide Risk Assessment, Depression, Alcohol, and Intimate Partner Violence/Domestic Violence.
- Capturing clinical scores for screening tools: PHQ scores, CAGE, CRAFFT, AUDIT/AUDIT-C.
Generating Reports and Extracting Data in RPMS
Decide Which RPMS Application to Run a Report in?

- Depending on what kind of data you are looking for may determine which application is best for running a report. Unfortunately, many of us are not given access to all RPMS applications to run reports in each of them.
- Many Behavioral Health programs are limited to Behavioral Health System (AMH) reports and/or PCC (Patient Care Component) Management Reports. Security keys need to be assigned for these and a BHS (AMH) Site parameter needs to be set to allow the user to run reports for the entire facility/program.
- Reports can be generated to monitor work flow, clinical trends, compliance issues, and error reports.
RPMS Behavioral Health System (AMH)
Two Reports Menus

• Most reports in RPMS are designed as a canned type of report, where logic is already included and the print format is set. There are also PGEN and GEN in BHS reports that can be more customized (found in the Reports Menu).
• DE – Data Entry Menu:
  • Controlled by the Data Entry Security Key
  • Primarily used by providers to run case management type reports
• RPTS – Reports Menu:
  • Controlled by the Reports Security Key
  • Primarily used by supervisory staff to run workload reports and program specific reports
BH Reports in PCC Management

- In addition to the reports found in BHS (AMH) there are some BH specific related reports found in PCC Management Reports:
  - Suicide Reporting Form Reports
  - Screening Reports:
    - Intimate Partner Violence/Domestic Violence
    - Alcohol
    - Depression
- EHR sites not passing their data to BHS (AMH) will have to run reports in PCC Management Reports.
- Sites that are completing all or some documentation in EHR/PCC must decide where best to run reports...PCC or BHS or both.
Local SRF Reports

- **Access**
  - Controlled by security keys
  - Not all providers have access to RPMS Reports
  - SRF reports available in both BHS and PCC
- **BHS**
  - SGR: Listing of Suicide Forms by Selected Variables
    - Can select the variables that you would like to see in the report
    - Can be used to create a de-duplicated list of forms
- **BHS and PCC**
  - SSR: Aggregate Suicide Form Data – Standard
    - Can parse SRF data for a date range by any SRF variable including age, gender, community, etc.
    - The path in either BHS or PCC Management:
      - In BHS: RPTS → PROB → SUIC → SSR
      - In PCC: PLST → SUIC → SSR
Local SRF Reports (cont.)

BHS SRF Reports Menu:

*************************************************************
** IHS Behavioral Health System  **
** Suicide Reports   **
*************************************************************

Version 4.0
2010 DEMO HOSPITAL

SSR   Aggregate Suicide Form Data - Standard
SAV   Aggregate Suicide Data Report - Selected Variables
SDEL  output Suicide Data in Delimited Format
SGR   Listing of Suicide form by Selected Variables
SUIC  Suicide Report (Age&Sex)
SPOV  Suicide Purpose of Visit Report

Select Suicide Related Reports Option:
Local SRF Reports (more)

PCC SRF Reports Menu:

******************************************************************************
**    PCC Management Reports    **
**    Suicide Form Data Reports Menu    **
******************************************************************************
IHS PCC Suite Version 2.0
DEMO INDIAN HOSPITAL

SDEL  Output Suicide Form Data in Delimited Format
SSR   Aggregated Data From Suicide Reporting Forms

You have 4 PENDING ALERTS
Enter “VA to jump to VIEW ALERTS option

You’ve Got PRIORITY mail!

Select Suicide Form Data Reports Option:
Additional Tips for Running Reports in RPMS

- At this time, the majority of the RPMS reports are in the Roll-n-Scroll environment. Finding a staff member who is familiar and efficient in this environment may be the best person to run your reports.
- Running reports using a Terminal Emulator application will also allow you to capture the report and import it into a word-processing application or Excel. This is helpful to put your data into graphs for presentations or reporting purposes.
- Remember, you may have to run more than one report to get at the data you need.
- Don’t get frustrated and keep practicing. You need to run reports consistently or else you forget the steps to run them.
IHS National Suicide Data in RPMS
RPMS Exports

- Export process to send your Suicide Data
  - Sites using RPMS should be sending National Data Warehouse (BDW) and IHPES Behavioral Health (AMH) exports.
  - Exports require manual and/or taskman generations.
  - Monthly or weekly exports are recommended.
- Aggregate national data
  - National Data Warehouse
  - GPRA measure
  - Web-based IHPES BH data mart
    - Provides access to aggregate data to DBH leadership and Area BH Consultants
    - Sites not using RPMS can still submit their data. See the IHS website below for more information.
    - [https://www.ihs.gov/NDW/index.cfm?module=dsp_dqw_mq2](https://www.ihs.gov/NDW/index.cfm?module=dsp_dqw_mq2)
RPMS Behavioral Health System Exports (AMH)

- Suicide Reporting Form data is only included in the AMH export. Because this is tied to the Suicide Surveillance GPRA measure, we track these exports.

- See the IHPES website below to see if your site is sending their AMH exports. Data is shown by database, not site locations. [http://www.ihs.gov/NonMedicalPrograms/ihpes/index.cfm?module=ihpes&option=bhindex](http://www.ihs.gov/NonMedicalPrograms/ihpes/index.cfm?module=ihpes&option=bhindex)

- Quarterly updates on this data is sent to IHS Area Behavioral Health Consultants. IHS Area BH Consultants are encouraged to request access to the IHPES data mart to be able to run Suicide data for their area.
Final Thoughts

- Continue working with staff to establish clinical documentation standards and workflows. It will make providers’ jobs easier and it improves data quality.

- Routinely running reports for your facility or program will help to know your provider’s productivity, quality assurance issues, and health trends in your patient population.

- Be sure to utilize the many tools in RPMS to assist with care management for your patients.

- We need all IHS/Tribal/Urban sites to be sending national data exports. This will help your community to be represented in the national data and improve our national data collection efforts.
Resource Information

• RPMS Behavioral Health System website: http://www.ihs.gov/rpmsbh
• RPMS Behavioral Health System LISTSERV: http://www.ihs.gov/listserv/topics/signup/?list_id=172
• RPMS Electronic Health Record website: www.ihs.gov/EHR
• RPMS EHR LISTSERV: http://www.ihs.gov/listserv/topics/signup/?list_id=73
• Office of Information Technology User Support: Support@ihs.gov
• RPMS Feedback: https://www.ihs.gov/RPMS/index.cfm?module=Feedback
Thank You

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