

# BEHAVIORAL HEALTH/ HUMAN SERVICES INFORMATION SYSTEMS SURVEY EXECUTIVE SUMMARY

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SPONSORED BY:



CONDUCTED BY:



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# BEHAVIORAL HEALTH/HUMAN SERVICES INFORMATION SYSTEMS SURVEY

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# BEHAVIORAL HEALTH/HUMAN SERVICES INFORMATION SYSTEMS SURVEY

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## Executive Summary

A comprehensive national survey was launched in January of 2009 to provide a contemporary picture of behavioral health and human services information systems practices and trends. The project was co-sponsored by the Software and Technology Vendors Association (SATVA), the National Council for Community Behavioral Healthcare, the Mental Health Corporations of America (MHCA), and the National Association of Psychiatric Health Systems (NAPHS) This report contains a summary of the findings of that study.

### Method

An on-line survey was conducted containing 26 questions related to the demographic characteristics of providers, utilization of information technology (IT), IT expenditures, service delivery practices, and attitudinal factors. Survey responses were received from 440 organizations representing varied segments within the behavioral health and human services industry. Aggregated survey responses for each question were reported by overall sample as well as eight organization types, including community behavioral health providers; hospitals or psychiatric units in general hospitals; residential facilities; state or county providers; private clinical group practices; substance abuse or addictions providers; managed care organizations; and others. The information was summarized using descriptive statistics only. No inferential statistics were applied to the data.

### Findings

It was found that information technology is widely perceived to offer positive contributions to the effectiveness of behavioral health and human services. However, its ultimate potential still awaits fulfillment. While substantial financial resources are already devoted to information technology in behavioral health and human services, additional support is needed to galvanize development efforts and fill significant key implementation gaps. The perceived value of information technology was found to be related to its level of implementation.

High levels of perceived benefit were found with respect to the value of electronic medical records and inter-operability with medical/primary care systems. The perceived benefit of other technology platforms such as telepsychiatry and personal medical records was not as robust.

The primary barrier to the adoption of information technology is most often perceived to be financial in nature. Other factors, such as lack of compatibility and concerns about loss of privacy were decidedly more modest.

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A high level of satisfaction among providers was found to exist with information technology vendors. Degree of satisfaction was found to be related to level of implementation. Those with fully implemented IT components are more likely to be satisfied.

In general, the primary decision-maker for IT-related purchases was found to be the CEO. However among hospital/psychiatric units, the CIO was most frequently identified as the primary decision-maker. The preponderance of software is purchased as opposed to developed in-house. Only a small minority of providers use an application services provider for hosted software.

On average, total information technology spending (including staffing, software, hardware, etc.) in behavioral healthcare/human services represents approximately 1.8% of the total operating budget. This figure lags far behind the corresponding IT spending figure of 3.5% in general healthcare. In terms of personnel, IT staffing generally represents about 1.3% of total FTEs. Again, this figure is only 31% of the comparable figure of 4.3% in general health care. In the current healthcare environment, expectations for future IT spending are conservative, with most respondents projecting static or slightly declining expenditures next year. However, the need for IT resources far outstrips current levels of support. If sufficient resources were available, overall IT spending would increase by about 15%.

It was found that most providers have acquired software in key business/administrative areas such as general ledger, payroll, accounts receivable, accounts payable and state or regulatory reporting. However, in terms of the clinical electronic medical record, significant gaps were found to exist, particularly in terms of level of implementation. Fewer than half of behavioral health and human services providers possess fully implemented clinical electronic record systems. Level of implementation was found to be related to satisfaction with IT vendor and perceived value of the electronic record.

Technology is anticipated to contribute to changes in day-to-day communications with referral sources, other providers, and consumers. Communications with referral sources and other providers is expected to shift primarily from telephone, fax, and e-mail (in that order) to the internet, e-mail, and the telephone, respectively. Communications with consumers is also expected to embrace broader technology platforms but the telephone is still anticipated to represent the primary medium.

Level of inter-operability with both primary health care and public health was found to be in its formative stages. However, as noted above, a significant belief in the value of inter-operability was found to exist among respondents.

There was limited awareness and belief in the importance of participating in a Regional Health Information Organization (RHIO) or a Health Information Exchange (HIE). Awareness is likely to increase greatly in the coming years, however, given the provisions of the American Recovery and Reinvestment Act that call for the development of such arrangements. Similarly, awareness and support for the importance of software certification such as CCHIT (Certification Commission for Healthcare Information Technology) was not found to be robust at this point in time.

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In summary, information technology is a dynamic and evolving force in behavioral healthcare and human services. As funding barriers are addressed and as more providers realize the benefits of full system acquisition and implementation, the impact of information technology on the efficiency and the effectiveness of service delivery can be expected to increase significantly.

### **Benchmarking**

In addition to using the obtained data to make inferences about the behavioral health and human services industry, it is possible for individual providers to use the data for benchmarking purposes. Benchmarking permits organizations to gauge their own practices against the obtained national norms.

Benchmarking tables appear below in six key areas. Data is provided for the overall population and the eight organizational types. Sample sizes, which vary considerably among organization types, are provided to permit judgment about the reliability of the data. ***Benchmarking comparisons based on very small samples size should be interpreted with significant caution.***

Values depicting performance at the 25<sup>th</sup> percentile, 50<sup>th</sup> percentile (or median) and the 75<sup>th</sup> percentile are presented for each of the six metrics. To gauge an organization's practices against the obtained norms, an organization can determine where its value falls with respect to the three anchor points provided in the tables. As an example, let us assume that an organization's value for IT FTEs as a Percent of Total FTE's places it just above the 75<sup>th</sup> percentile on the table for its organization type. That would suggest that the organization has dedicated more IT staff relative to its total organization's staff than over three-quarters of the comparable providers in the national sample.

## Benchmarking Tables

### IT FTEs as a Percentage of Total FTEs

	<i>N</i>	25 <sup>th</sup> percentile	50 <sup>th</sup> percentile	75 <sup>th</sup> percentile
Overall	(278)	0.7%	1.3%	2.1%
Organization type				
Community behavioral health provider	(169)	0.9%	1.4%	1.9%
Hospital or psychiatric unit	(11)	0.5%	0.6%	1.0%
Residential facility	(20)	0.3%	1.3%	1.8%
State or county provider	(22)	1.0%	1.5%	3.3%
Private clinical group practice	(14)	0.0%	2.9%	25.0%
Substance abuse or addictions provider	(11)	0.5%	2.2%	2.5%
Managed care organization	(5)	2.9%	3.5%	7.1%
Other	(26)	0.5%	1.0%	1.7%

### Current IT Spending as a Percentage of Total Budget

	<i>N</i>	25 <sup>th</sup> percentile	50 <sup>th</sup> percentile	75 <sup>th</sup> percentile
Overall	(192)	1.1%	1.8%	3.0%
Organization type				
Community behavioral health provider	(126)	1.3%	2.1%	3.2%
Hospital or psychiatric unit	(6)	0.5%	0.8%	1.1%
Residential facility	(10)	0.3%	1.0%	1.8%
State or county provider	(12)	1.0%	1.3%	2.6%
Private clinical group practice	(10)	0.4%	1.2%	3.4%
Substance abuse or addictions provider	(9)	0.9%	1.4%	1.8%
Managed care organization	(5)	1.7%	2.8%	3.2%
Other	(14)	0.9%	1.5%	2.3%

### Next Year IT Spending as a Percentage of Total Budget

	<i>N</i>	25 <sup>th</sup> percentile	50 <sup>th</sup> percentile	75 <sup>th</sup> percentile
Overall	(192)	1.1%	1.8%	2.9%
Organization type				
Community behavioral health provider	(126)	1.3%	1.9%	2.9%
Hospital or psychiatric unit	(6)	0.7%	0.8%	0.9%
Residential facility	(10)	0.4%	1.5%	1.9%
State or county provider	(12)	0.9%	1.3%	2.7%
Private clinical group practice	(10)	0.4%	1.3%	3.4%
Substance abuse or addictions provider	(9)	0.9%	1.3%	1.8%
Managed care organization	(5)	1.8%	2.0%	2.8%
Other	(14)	1.0%	1.6%	2.4%

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### Desired IT Spending as a Percentage of Total Budget

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	<i>N</i>	25 <sup>th</sup> percentile	50 <sup>th</sup> percentile	75 <sup>th</sup> percentile
Overall	(185)	1.4%	2.4%	3.6%
Organization type				
Community behavioral health provider	(121)	1.7%	2.6%	4.1%
Hospital or psychiatric unit	(6)	0.9%	1.0%	1.4%
Residential facility	(9)	1.9%	2.1%	3.6%
State or county provider	(12)	1.1%	2.0%	2.9%
Private clinical group practice	(10)	0.4%	1.3%	5.2%
Substance abuse or addictions provider	(8)	1.5%	2.6%	5.7%
Managed care organization	(5)	2.5%	2.8%	2.9%
Other	(14)	1.3%	2.0%	2.7%

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### Hardware Expense as a Percentage of Total IT Expense

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	<i>N</i>	25 <sup>th</sup> percentile	50 <sup>th</sup> percentile	75 <sup>th</sup> percentile
Overall	(202)	5.9%	13.4%	27.0%
Organization type				
Community behavioral health provider	(124)	6.7%	14.0%	26.3%
Hospital or psychiatric unit	(7)	3.3%	25.0%	38.5%
Residential facility	(11)	3.4%	8.0%	35.0%
State or county provider	(12)	8.1%	16.2%	32.1%
Private clinical group practice	(16)	0.0%	28.4%	53.6%
Substance abuse or addictions provider	(9)	5.5%	13.3%	24.4%
Managed care organization	(5)	5.6%	12.5%	20.4%
Other	(18)	5.7%	11.5%	18.9%

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### IT Personnel Expense as a Percentage of Total IT Expense

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	<i>N</i>	25 <sup>th</sup> percentile	50 <sup>th</sup> percentile	75 <sup>th</sup> percentile
Overall	(206)	32.6%	50.0%	68.4%
Organization type				
Community behavioral health provider	(126)	36.9%	53.9%	70.7%
Hospital or psychiatric unit	(7)	0.0%	40.0%	70.0%
Residential facility	(12)	41.2%	46.9%	73.8%
State or county provider	(13)	12.9%	50.0%	63.3%
Private clinical group practice	(16)	2.5%	16.7%	45.0%
Substance abuse or addictions provider	(9)	50.0%	60.5%	68.4%
Managed care organization	(5)	28.6%	33.3%	45.5%
Other	(18)	0.0%	52.2%	67.0%

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