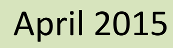

Current Use of EHRs among Missouri Community Behavioral Health Clinics

Survey Results

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Current Use of EHRs among Missouri Community Mental Health Clinics
EXECUTIVE SUMMARY

Overview of EHR Use

- Of the 31 behavioral health centers, 27 (87%) completed the survey
- Of the responders, 26 (96%) currently use an EHR
- Twenty-three of the responders (85%) are part of multi-site locations, and of those, 18 (78%) use the same EHR at all sites
- Cerner (7) and Qualifacts (5) are the EHRs with the most users among responders; 15 of the agencies indicated they used EHRs not on the list provided

Health Information Exchange

- Of the responders, six (22%) currently use a health information exchange (HIE)
  - All six report using HIE for sharing patient information with a primary care facility
  - Three report using their HIE for care transitions with other facilities
  - None report using HIE for public health and other reporting activities
- Of the 20 providers not currently using an HIE,
  - 16 say they do plan to use one in the future
  - The majority of these 20 report that they wish to use HIE for:
    - Care transitions with other facilities (17 responses)
    - Sharing patient information with primary care facility (15)
    - Care alerts with other facilities (14)
    - Receiving lab results (13)
    - Direct messaging of continuity of care document (CCD) (12)
- Providers were asked which other agencies they would like to coordinate with electronically. There was interest in all 22 of the agency types listed, and at least 20 of the 26 responders wish to coordinate with:
  - Other behavioral health hospitals/clinics/centers, including substance abuse
  - Other behavioral health professionals
  - Hospitals
  - Medicaid

Challenges to EHR use

The most common challenges selected from the list provided were:

- Funding for: hardware (17), software (16), continued system maintenance cost (17), and implementation systems (16)
- Internal staffing challenges to manage implementation (14)
- Current workflow and processes (14)
- Lack of technical support (10)

Current Use of EHRs among Missouri Community Mental Health Clinics
REPORT ON SURVEY RESULTS

Overview

In the United States, the behavior health care system is a multi-billion dollar industry, and yet, it is still not sufficient to serve all individuals needing mental health services.[1] One of the barriers to access is the costs of treatment, but another substantial barrier is the attitude about mental health. Even if cost barriers could be reduced or eliminated, access to mental health care would still be a problem. Contributing to this access problem is an inadequate number of mental health professionals in the system.

Mental health conditions affect millions of Americans every year, regardless of culture, race, ethnicity, gender, or sexual orientation. A mental illness is defined as “a mental, behavior, or emotional disorder diagnosable currently or within the past year.”[2] This definition excludes developmental and substance (alcohol and drug) use disorders. Behavior health disorders, on the other hand, include both mental health disorders and substance use. There were an estimated 43.6 million adults aged 18 or older in the US with a mental illness in 2014, representing 18.1% of all US adults aged 18 or older. Figure 1 provides information on the characteristics of the US adult population affected by mental illness.

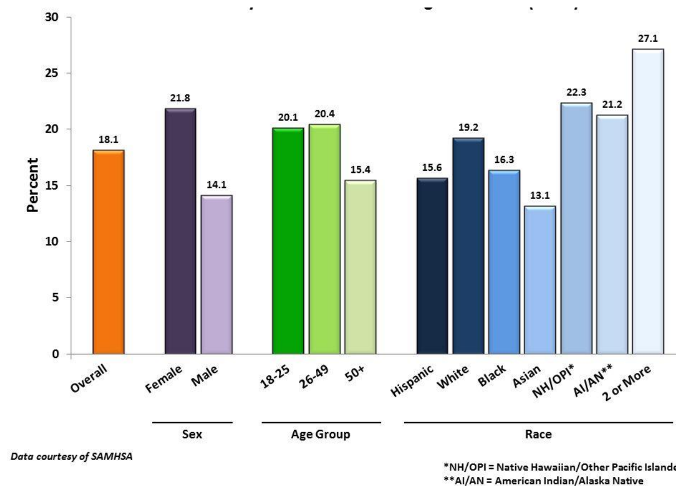


Figure 1: Prevalence of Any Mental Illness among US Adults, 2014

In 2014, an estimated 9.8 million adults aged 18 and older (4.2% of all adults in the United States) suffered with a serious mental illness, where a serious mental illness is defined as a “mental, behavioral, or emotional disorder, excluding developmental and substance use disorders, resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.”[3] According to the data, about 5.0% of females and 3.1% of males suffer from a serious mental illness, while a serious mental illness affects 4.8% of adults aged 18-25, 4.9% of adults 26-49, and 3.1% of adults aged

50 and older. Figure 2 provides information on the prevalence of serious mental illness among US adults in 2014.

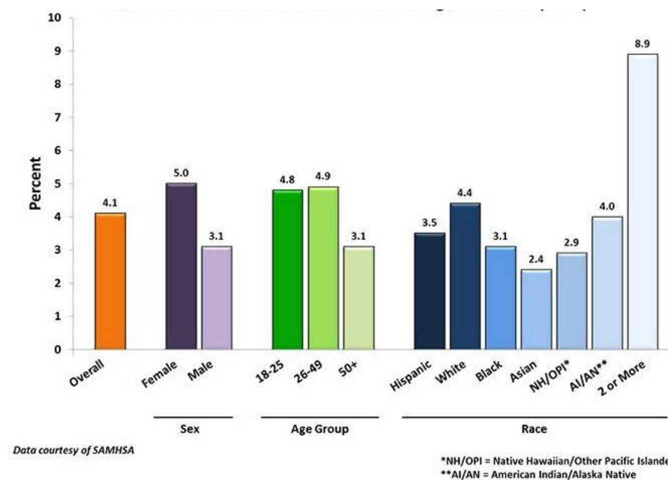


Figure 2: Prevalence of Serious Mental Illness among US Adults, 2014

Unfortunately, mental illnesses are also common among children and adolescents in the United States, and when a child or adolescent suffers from a mental illness, it can be particularly difficult for them and for their caregivers. The main burden of mental illness among children and adolescents is concentrated among those suffering from a seriously debilitating mental illness. As reflected in the data in Figure 3, just over 20% of children aged 13 to 18 have had a seriously debilitating mental disorder currently or at some point during their life, while 46.3% of 13 to 18 year olds have experienced some type of a mental disorder during their life.

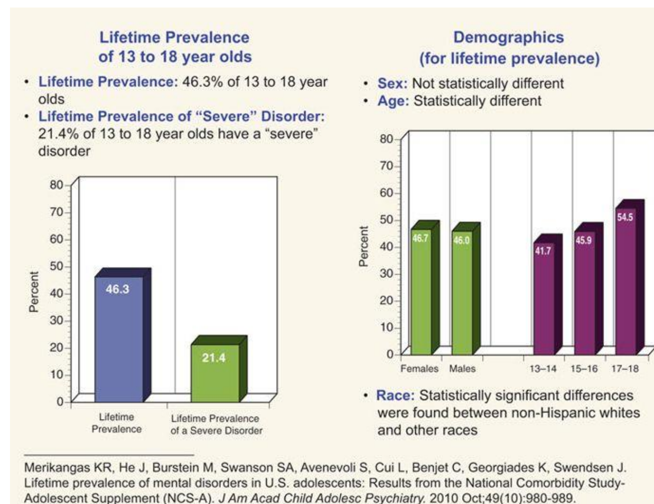


Figure 3: Any Mental Disorder among Children 13-18 in the US, 2010

Substance use (alcohol and drugs) also have a significant impact on the health and well-being of individuals. Illicit drug use, which includes the misuse of prescription medications, can impact other health problems, such as cardiovascular disease, stroke, cancer, infection with the human immunodeficiency virus (HIV), hepatitis, and lung

disease. Addressing the impact of substance use is estimated to cost over $600 billion each year. In 2014, an estimated 27.0 million individuals in the US aged 12 or older were current illicit drug users, representing 10.2% of the population aged 12 or older. In 2014, slightly more than 2.3 million adolescents aged 12 to 17 were current users of illicit drugs, which represents 9.4% of that age cohort. In 2014, an estimated 6.5 million individuals in the US aged 12 or older (2.5%) were current users of psychotherapeutic prescription drugs for non-medical use.[4]

Tobacco use, particularly cigarette smoking, continues to be the leading cause of preventable deaths in the US, and it also imposes substantial financial costs on individuals and society. In 2014, an estimated 66.9 million individuals aged 12 or older (25.2% of that cohort) were current users of a tobacco product, including 55.2 million (20.8%) who smoked cigarettes. Among adolescents aged 12 to 17, 1.7 million (7.0%) used tobacco products, including 1.2 million current cigarette smokers (4.9%).[5]

Excessive alcohol use is also associated with a number of social, economic, and health costs. *Current alcohol use* is defined as any use of alcohol in the past 30 days; binge alcohol use is defined as drinking five or more drinks on the same occasion on at least one day in the past 30 days, and heavy alcohol use is defined as drinking five or more drinks on the same occasion on five or more days in the past 30 days (these levels are not mutually exclusive categories, since heavy use is included in binge drinking and current use, and binge drinking is included in current use). In 2014, 139.7 million individuals (52.7%) in the US aged 12 or older reported current use of alcohol, 60.9 million (43.6%) reported binge alcohol use, and 16.3 million (11.7%) reported heavy alcohol use in the past 30 days. The percentage of adolescents aged 12 to 17 who were current alcohol users was 11.5%, or 2.9 million adolescents. In 2014, about 8.7 million underage people aged 12 to 20 reported drinking alcohol, including 5.3 million who reported binge alcohol use and 1.3 million who reported heavy alcohol use.[6]

Reducing *substance use disorders* (SUDs) and related problems in the United States is critical to mental and physical health, safety, and quality of life of the population. Substance use disorders occur when the recurrent use of alcohol or other drugs (or both) causes clinically significant impairment, including health problems, disability, and failure to meet major work, school, or home responsibilities. The disorders make substantial contributions to the burden of disease in the United States, including lost productivity, utilization of health care services, and crime.[7]

Missouri Compared to the United States

Mental health and substance use disorders in Missouri creates problems similar to those discussed above in the United States. The following discussion focuses first on adults

aged 18 or older with mental health disorders, and then on adolescents aged 12 to 17 with mental health disorders. Information regarding alcohol dependence or abuse, illicit drug dependence or abuse, and substance use treatment are reported for individuals aged 12 or older. Unless otherwise noted, the data reported below reflect per year values in 2013-2014.

In Missouri, about 230,000 adults aged 18 or older (5.1%) had serious mental illness, compared to 4.2% nationally. During that same time in Missouri, about 191,000 adults aged 18 or older (4.2%) had serious thoughts of suicide, compared to 3.9% nationally. In Missouri, about 389,000 adults with any mental illness (45.3%) per year from 2010 to 2014 received mental health treatment/counseling within the year prior to being surveyed, compared to 42.7% nationally. In 2014, 65.3% of adults in Missouri receiving treatment in the public mental health system reported improved functioning from treatment, compared to 70.9% nationally.[8]

In Missouri, about 51,000 adolescents aged 12 to 17 (10.8% of that cohort) had at least one major depressive episode within the year prior to being surveyed, compared to 11.0% nationally. About 17,000 adolescents in Missouri with a major depressive episode received treatment (39.7%), compared to 38.6% nationally. In 2014, 64.1% of children and adolescents aged 17 or younger in Missouri receiving treatment in the public mental health system reported improved functioning from treatment, compared to 69.5% nationally.[9]

Missouri's percentage of alcohol dependence or abuse among individuals aged 12 or older was 6.4% in 2013-14, compared to 6.5% nationally, reflecting about 320,000 individuals in Missouri. Missouri's annual average of treatment for alcohol use among individuals aged 12 or older with alcohol dependence or abuse was 5.7% compared to 7.3% nationally. The annual average of heavy alcohol use among adults aged 21 or older was 8.5%, compared to 6.7% nationally. About 129,000 individuals 12 or older were dependent on or abused illicit drugs (2.6%), the same percentage as nationally. In Missouri, among individuals 12 or older with illicit drug dependence or abuse, about 20,000 individuals (16.6%) per year from 2010 to 2014 received treatment for their illicit use, compared to 14.1% nationally.[10]

Benefits of Health Information Technology in Behavior Health

Health information technology (HIT) has been shown to offer a number of opportunities to providers to improve the quality, safety, and effectiveness in the delivery of health care services.[11,12] Health information technology (HIT) can also be used to help providers manage the health of the population they serve. It is recognized, however, that implementing, maintaining, and optimizing HIT presents a number of challenges for

providers and facilities, especially given limited resources and technology expertise. The limited sharing of important medical information by behavior health providers with other providers presents an obstacle to care coordination and improved population health.

A major way that health information technology can be used to improve quality of care is by avoiding duplication of tests and medical errors, especially with electronic prescribing of medications.[13] Many patients receive health care services from multiple health care providers, especially when the patients have multiple chronic conditions. HIT can be used to ensure efficient, coordinated, and secure exchange of information by enabling instant access to patient information, providing disease surveillance, and allowing coordination of care across different providers. In addition, decision support systems within HIT systems can provide health care professionals with the most current information about the conditions they are treating, enabling them to incorporate new treatments and therapies as they become available. HIT also enables patients to become more engaged in their health care, allowing them to track health conditions and access provider visit notes and test results.

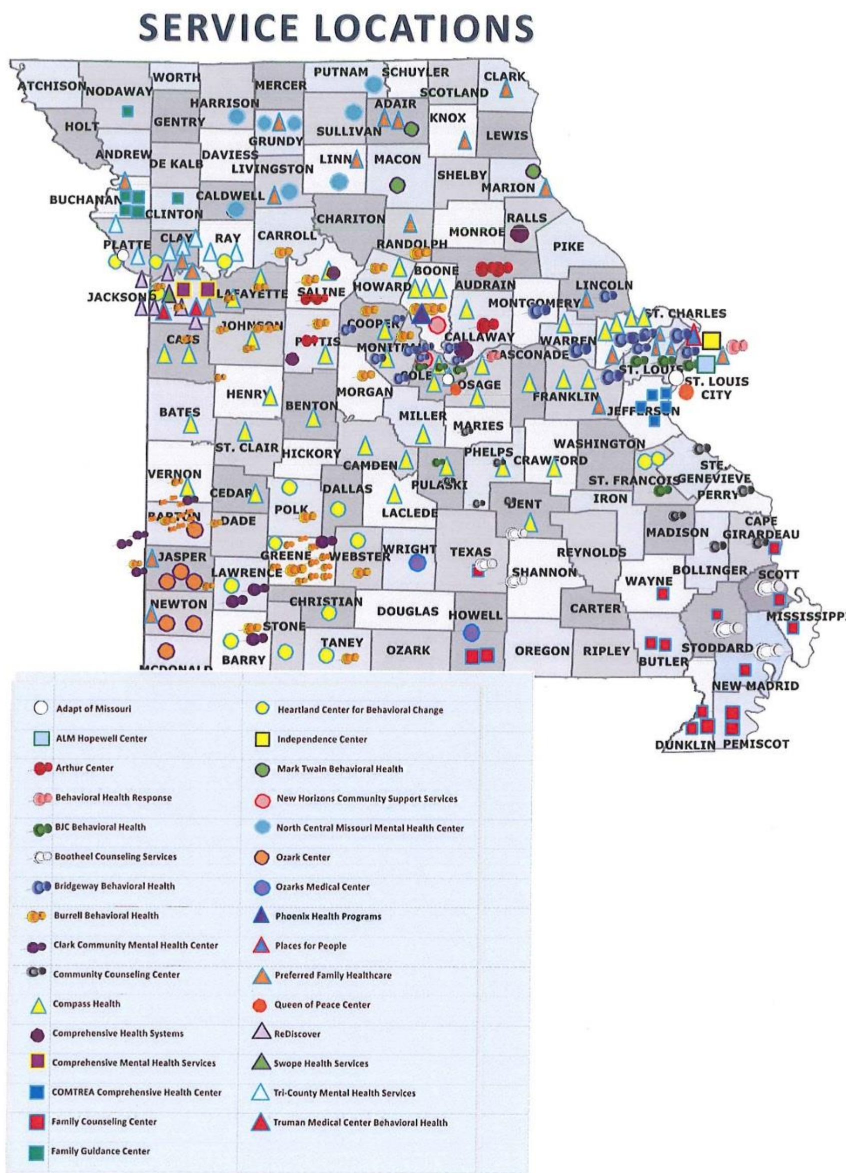
While health information technology and telehealth/telemedicine provide related and complementary activities, they use technology to improve health care and efficiency in the health care system in very different ways. HIT involves the storing and exchanging of health care data through the use of electronic health records (EHRs) and clinical decision support tools. Telehealth, on the other hand, uses communication technologies to provide health care services, communicate with patients, and train providers from a distance.

Missouri Community Behavioral Health Clinics

The Missouri Department of Mental Health's Division of Behavioral Health divides Missouri into 25 service areas. Each of the 25 service areas has a community mental health center, which provides psychiatric services to individuals in need. This community mental health center is designated as an administrative agent, and serves as the primary entry and exit points for state mental health services. These administrative agents are responsible for assessment and services for adults and children in their assigned areas, and for providing follow-up services for individuals released from state-operated inpatient hospitals.[14]

The Missouri Coalition for Community Behavioral Healthcare was founded in 1978 and represents Missouri's not-for-profit community mental health centers, as well as alcohol and drug use treatment agencies, affiliated community psychiatric rehabilitation service providers, and a clinical call center. In 2011, Missouri became the first state in the nation to implement a federally approved system of community mental health center healthcare

homes. There are 31 agencies who are members of the Coalition. Map 1 provides an overview of these agencies and the services they provide in Missouri.



Study Methodology

Using the 2015 Directory of the Missouri Coalition for Community Behavioral Healthcare, 31 community mental health centers were identified in Missouri. This Directory provided names, addresses, and telephone numbers for the centers. A short survey was developed to obtain information from the centers regarding their adoption of electronic health records, participation in health information exchanges, and challenges encountered in using health information technology. Appendix A contains a copy of the survey administered.

To administer the telephone survey, the Call Center in the Health Behavior Risk Research Center (HBRRC) in the Department of Health Management and Informatics, School of Medicine, University of Missouri was used. Based on the telephone information obtained from the Coalition Directory, each of the 31 Behavior Health Centers was contacted by telephone and asked to participate in a brief survey. The survey was conducted between August 15 and September 15, 2015. Since the purpose of the study was to assess the status of EHR adoption and use in behavior health centers in Missouri, the survey was kept short to enhance response rates.

Findings

The overall response rate to the survey was 87.1%, with 27 of the 31 centers responding. Twenty-three of the responding agencies (85.2%) indicated they were part of a multi-site organization. Of the 27 respondents to the survey, 26 (96.3%) indicated that they currently had an electronic health record (EHR). Of the 23 agencies indicating they were part of a multi-site organization and were using an EHR, 18 (78.3%) indicated that the same EHR was being used in all sites.

For those agencies responding that yes, they were using an EHR, they were asked what software application(s) they were currently using for their EHR, and asked to include all software applications used. The survey provided a list of 30 different products that are commonly used across the nation by behavior health providers, as well as a place for the respondent to list other software applications if the one they used was not among those listed. Table 1 provides information only on the software applications used by the agencies, and not all 30 products. For a list of all software options contained in the question, see Appendix A, Question 4.

Table 1: Software Applications Currently Being Used

Software Application	Number of Agencies
Athena Software	1
Cerner	7
NextGen Healthcare	1
Qualifacts	5
Other	15
We have built an in-house database	
Profiler – Co-Centrix (Unicare)	
Claimtrack – going to Netsmart	
Credible Wireless	
E-Clinical Works	
My Avatar (Order Connect)	
Currently using up to 13 EHRs. Hospital uses Meditech and Behavior Health uses AllScripts as well as Meditech	
Have been using NetSmart for 5 years and are transitioning to My Avatar	
Lotus Notes (in-house system)	

Table 1: Software Applications Currently Being Used	
Software Application	**Number of Agencies**
Claimtrack	
Bright-EHR	
Askesis – Psych Consult	
Credible Wireless and an in-house system (Metrics)	

As the data in Table 1 indicate, at seven, Cerner is the EHR indicated being used by the most agencies, with Qualifacts coming in second with 5 users. Fifteen of the agencies indicate they were using EHRs not listed in the question, including the agencies that were using in-house systems that they had built internally.

Health Information Exchange (HIE) refers to the mobilization of health care information electronically across organizations. HIE may also refer to the organization that facilitates the exchange of information across organizations. Of the 26 agencies indicating they currently are using an EHR, six of the agencies (23.1%) indicated they were currently using a health information exchange (HIE). The agencies using a HIE were asked to indicate for what types of activities they were using the HIE. Table 2 provides information on the types of activities the agencies were using the HIE.

Table 2: Types of Activities with HIEs	
Type of Activity	**Number of Agencies**
Direct message of continuity of care document (CCD)	2
Sharing patient information with primary care facility	6
Public health and other reporting	0
Receiving lab results	2
Care transitions with other facilities	3
Care alerts with other facilities	2
VA Blue Button	0
Other	0

As indicated by the responses in Table 2, all agencies using a health information exchange were using it to share patient information with primary care facilities. The other types of activities included care transitions with other facilities, direct messaging of continuity of care document, receiving lab results, and sharing care alerts with other facilities.

The agencies were also asked which health information exchange they were using. Of the six agencies using a HIE, three indicated they were using LACIE, the Lewis and Clark Information Exchange, although one of those indicated they were using K-HIN, the Kansas Health Information Network which connects to LACIE. Missouri Health Connection, the state HIE, was used by two agencies, and one agency indicated they were also using the Department of Mental Health's DOMH-CIMOR.

The agencies who responded they were not using a HIE were asked why they were not currently using one. The following responses were given by the agencies.

At this point, they are a Federally Qualified Health Center and haven't had time, or high enough priority

Using our own system; currently upgrading. We are not a clinic, just a crisis center/service

Currently share with BJC entities—no outside HIE

Care Logic is developing a user system much like an HIE – Patient portal and client batching to Department of Mental Health system

No need for an HIE

Looking at options – still focusing on internal communications

Haven't gotten around to it

Haven gotten to it yet

Not a need at this time

Using an Athena (Penelope) software data management system. Not EHR certified

Working with Healthcare Foundation of Kansas City to coordinate HIEs within the Kansas City area

Haven't encountered a reason to exchange information outside the organization

When the agencies who currently were not using an HIE were asked if they planned on using a health information exchange in the future, 16 of the 20 respondents (80.0%) indicated yes, and four indicated no. The 16 respondents who responded yes were then asked for what activities they would like to use the HIE. Table 3 provides information on the types of activities the agencies would like to use the HIE.

Table 3: Types of Future Activities with HIEs	
Type of Activity	**Number of Agencies**
Direct message of continuity of care document (CCD)	12
Sharing patient information with primary care facility	15
Public health and other reporting	7
Receiving lab results	13
Care transitions with other facilities	17
Care alerts with other facilities	14
VA Blue Button	1
Other (*tracking client attendance in group situations)*	1

The respondents were then asked which type of health care organizations in their community they would like to coordinate care with electronically for their clients. They were asked to check all health care organizations that apply. Table 4 provides information on the number of respondents indicating a type of organization with which they would like to exchange information. As the data show, the type of organization that was listed most frequently was other behavior health hospitals/clinics/centers, including substance abuse (24), with the Department of Mental Health a close second, with 23.

Table 4: Type of Organization to Coordinate Care with Electronically	
Type of Organization	**Number of Agencies**
Other behavioral health hospitals/clinics/centers, including substance abuse	24
Other behavior health professionals	22
Community health centers	19
Department of Corrections	21
Department of Mental Health	23
Diagnostics centers	8
Dialysis centers	4
Home health care agencies	12
Hospice services	4
Hospitals	20
Independent living organizations	8
Intermediate care facilities	11
Laboratories	19
Medicaid	20
Pharmacies	19
Post-acute care facilities	11
Primary care providers	19
Rehabilitation hospitals	13
Rehabilitation outpatient facilities	13
Rural health clinics	15
Skilled nursing facilities	13
Specialty providers	15
Other	4
May coordinate with other centers in the future, not certain *All areas would be helpful* *Veterans' Administration* *State psychiatric hospitals*	

The final question asked on the survey was regarding the current challenges the agencies faced in using an electronic health record (EHR) in their agency. A list of 14 common concerns identified in other studies were included, with an open-ended question asking them to list any other challenges they faced that were not included in the list. Table 5 provides information on the challenges the Missouri Community Mental Health Agencies face in implementing and using an electronic health record.

Table 5: Challenges Faced in Using an EHR	
Challenge	**Number of Agencies**
Concerns about privacy issues	6
Concerns about security issues	4
Current workflow and processes	14
Funding for hardware	17
Funding for software	16
Funding for continued maintenance cost of system	17
Funding for implementation services	16
Inadequate knowledge/training about selection of software	7

Table 5: Challenges Faced in Using an EHR	
Challenge	**Number of Agencies**
Internal staffing challenges to manage implementation	14
Internal staff attitude with effective use	7
Lack of continued training on the system	5
Lack of technical support	10
Leadership does not see value, return on investment	1
Loss of productivity during initial use	6
Other	17
Two EHRs in use and transition—issues with coordination and implementation *Getting the EHR to do what they want it to do* *Efficiency and proficiency* *Connectivity to rural areas/agencies is the biggest issue/concern* *Meaningful use standards to receive funding (funding received was a Medicaid incentive program of $63,000 over six years)* *Currently using an old application* *Using three EHRs for medical, dental, and behavioral, and there is no communication among the three at all; they need internal communications before worrying about external* *Rural connectivity is the main issue—broadband improvements would be excellent* *Data reporting—the system will not do what they need it to do* *Group attendance tracking and batch billing* *Parts of the system don't work with requirements; customer service on EHR is poor* *Upgrading applications as regulations change* *We need a good system to integrate with existing systems; concerned about integration with current services and operations* *Accommodation of all programs they use in house* *Time—they are doing product enhancement and integrating systems, but are always against the clock trying to accomplish goals* *Data extraction—canned reports are expensive, 42CFR regulations* *Keeping current with all rules and regulations; she things that the "cut and paste" function should not be allowed* *Leadership doesn't really understand how to manage EHRs successfully*	

Conclusions

As the results of this survey indicate, most of the Missouri Community Behavior Health Centers have an electronic health record, although few of them are connected to a health information exchange. However, many of the agencies do plan on using a health information exchange in the future, especially for care transitions with other facilities, sharing patient information with primary care facilities, and sharing care alerts with other

facilities. The respondents to the survey indicated they would especially like to coordinate care electronically with other behavioral health hospitals/clinics/centers including substance abuse, other behavioral health professionals, the Department of Mental Health, the Department of Corrections, hospitals, and Medicaid. In identifying the challenges they faced in using an EHR in their agency, funding was clearly identified, as was the current workflow and processes they use, and challenges faced internally in managing the implementation of an EHR.

APPENDIX A: SURVEY ADMINISTERED

Dear Missouri Healthcare Provider:

Thank you for participating in the Missouri Health Information Technology Assistance Center technology landscape benchmarking study. The Missouri Health Information Technology Assistance Center is part of the University of Missouri's Department of Health Management and Informatics, and serves as the Office of the National Coordinator's state designated Regional Extension Center (REC) for Health Information Technology.

This study is being conducted to identify the current use of electronic health records (EHRs) among Missouri behavioral health providers. The goal is to gain a better understanding of what further assistance is needed for behavioral health providers in Missouri to use EHRs effectively for improve quality and care coordination.

The survey is short by design, so we can gather as much feedback as possible. It should take you less than 5 minutes to participate.

Your insights are very much appreciated. The information provided will assist the Assistance Center continue to provide the services needed to advance further the adoption and effective use of EHRs in Missouri.

2015 Missouri Health Technology Benchmarking Study

An electronic health record (EHR) is a digital version of a patient's paper chart. EHRs are real-time, patient-centered records that make health information available instantly and securely to authorized users.

1. Is your agency part of a multi-site organization?
   ___Yes
   ___No

2. Does your agency currently have an EHR?
   ___Yes
   ___No (please go to question 5)

3. If you are part of an organization with multiple locations or sites, are they all using the same EHR?
   ___Yes
   ___No
   ___Don't know

4. What software application(s) are you currently using for your EHR? Include all used.
   ___A.I.med by Acrendo Software
   ___Advanced MD
   ___American Psychiatric Management Services
   ___Athena Software
   ___Benchmark Sysems
   ___CarePaths
   ___Cerner
   ___ClinicMind
   ___ClinicTracker Connect
   ___Dr Cloud EMR
   ___e-MDs
   ___Empathic Software Systems
   ___Epitoma Epitomax
   ___GE (General Electric)
   ___ICANotes
   ___iSalus EHR
   ___Kareo
   ___MedEZ
   ___Medical Mastermind
   ___NextGen Healthcare
   ___NextStep Solutions
   ___PatientTrac Information Technology
   ___Practice Fusion
   ___Psych Select Software
   ___Psyquel
   ___Qualifacts
   ___TenEleven Group
   ___TheraManager
   ___Valant Medical Solutions
   ___WRS Health
   ___Other ____________________

Health Information Exchange (HIE) is the mobilization of healthcare information electronically across organizations. HIE may also refer to the organization that facilitates the exchange.

5. Are you currently using a health information exchange (HIE)?
   ___Yes
   ___No (please go to question 8)

6. ___If yes, for what are you using it? Check all that apply.
   ___Direct Message of Continuity of Care Document (**CCD**)
   ___Sharing patient information with primary care facility
   ___Public Health & Other Reporting
   ___Receiving Lab Results
   ___Care Transitions with Other Facilities
   ___Care Alerts with Other Facilities
   ___VA Blue Button
   ___Other ____________________

7. ___If yes, which HIE do you use?
   ___Missouri Health Connection
   ___LACIE (Lewis and Clark Information Exchange)
   ___Tiger Institute
   ___Other _________________________________

8. If your agency does not currently use an HIE, why?
   ____
   ____
   ____

9. If your agency doesn't currently use an HIE, do you plan to use a health information exchange in the future?
   ___Yes
   ___No (please go to question 11)

10. ___If yes, for what would you like to use it? Check all that apply.
    ___Direct Message of Continuity of Care Document (**CCD**)
    ___Sharing patient information with primary care facility
    ___Public Health & Other Reporting
    ___Receiving Lab Results
    ___Care Transitions with Other Facilities
    ___Care Alerts with Other Facilities
    ___Other ____________________

11. With which type of health care organizations in your community would you like to coordinate care electronically? Check all that apply.
    ___Other Behavioral Health Hospitals/Clinics/Centers, including substance abuse
    ___Other Behavioral Health Professionals
    ___Community Health Centers
    ___Department of Corrections
    ___Department of Mental Health

___Diagnostics Centers
___Dialysis Centers
___Home Health Care Agencies
___Hospice Services
___Hospitals
___Independent Living Organizations
___Intermediate Care Facilities
___Laboratories
___Medicaid
___Pharmacies
___Post-Acute Care Facilities
___Primary Care Providers
___Rehabilitation Hospitals
___Rehabilitation Outpatient Facilities
___Rural Health Clinics
___Skilled Nursing Facilities
___Specialty Providers
___Other ___________________________

12. What are your current challenges to the use of an EHR in your agency? Check all that apply.
___Concerns about privacy issues
___Concerns about security issues
___Current workflow and processes
___Funding for hardware
___Funding for software
___Funding for continued maintenance cost of system
___Funding for implementation services
___Inadequate knowledge/training about selection of software
___Internal staffing challenges to manage implementation
___Internal staff attitude with effective use
___Lack of continued training on the system
___Lack of technical support
___Leadership does not see value, return on investment
___Loss of productivity during initial use
___Other ____________________________

Thank you for your participation in this important survey!

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