Addressing the Challenges in Behavioral Health Practice with Technology

By Wes Williams, VP & CIO, Mental Health Center of Denver

Technology is not my organization’s primary focus. Helping people improve their mental health and helping our clients reach their goals is what we do. More efficient mental health interventions is not our business. It got caught up in technology for its own sake. Our staff is only trained in technology when it makes their work more effective and efficient. If mental health organizations are to remain relevant in an industry saturated with new and constantly emerging technology, we have to stay one step ahead of what our clients need us to develop.

In my opinion, technology is only relevant when it helps clients and staff take the best course of action with the least amount of effort. Our Information Systems department is crucial in the information tools that staff can use quickly and easily.

Fifty years ago, there was a lot of work that I needed to do to keep up. As a licensed clinical psychologist with a bachelor’s degree in psychology, I was training, and was my first love as a professional. More than 10 years ago, we changed our information systems, which included creating a new website. My software has changed many times since then with the advent of EHR technology.

Many of our clients are mobile and using a smartphone. I have seen an opportunity to help out and make a difference bigger than what I could do with just my own individual caseload. I understand our traditional paper charts and forms with red pen and diagrams, asking the developers of those tools to create a checkbox for this or that in the EHR system. I now understand instead of all the programming and configuration myself. Before that, I was handling all the technology efforts and no longer practicing psychology. Rather than CS 101 in college, I have never had a more intuitive understanding of the workflow a psychologist has helped in specific ways. I have seen enough work to be focusing just on the programming and configuration myself.

An important part of my job is to keep it flexible enough so ultimately it will be a good format for some of those tools, but our standard record does so much narrative. They could be helpful. However, in the heat of the emergency, the client may not be able to provide details. By leveraging NLP and being able to search through the entire chart record, relevant information should surface. Similar to NLP, we may have had access to some level at that information, but it was buried in a voluminous electronic health record equivalent to a huge paper chart.

Phrasing Behavioral Health towards the Mobile Revolution

Mobile is going to be important to going forward, and we will not be able to do anything innovative or different without a HIPAA-compliant voice recognition in integrated into an EHR system with natural language processing. We have a lot of community-based care managers, who mark the beginning of patient care, and can save a lot of client pain, time, and expenses in non-human.

If we do not look forward, we will never do anything innovative or different.