

Clinical Informatics and Mental Health: Problems and Prospects

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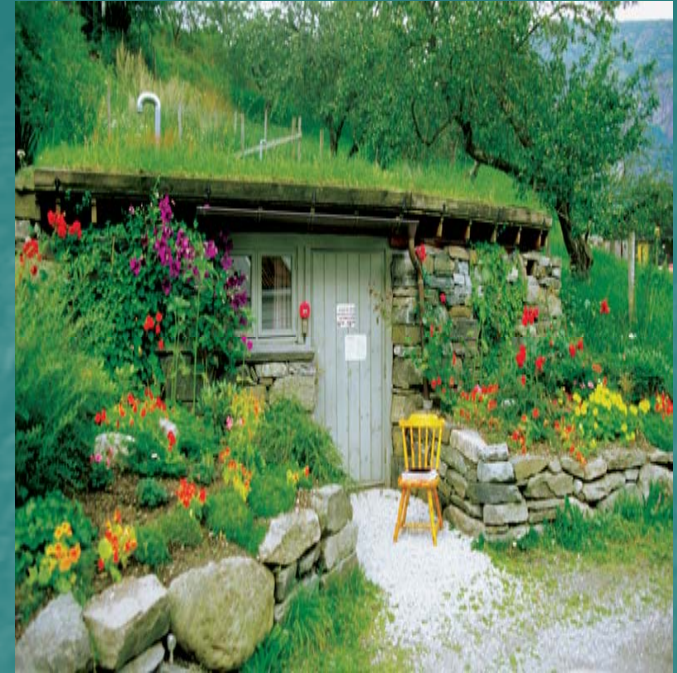
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Background

- 25 years mental health nursing
- Also worked in Child Care, LTC, MH in unregulated roles
- M.Ed. – adult education/ psychiatry
- Experience in IT as SME
- Exposure to project management in IT
- Consequences for mental health nursing

Who's in the Room?

- Front-line nurses
- Clinical Informatics
- Consumers
- Project Management
- Advanced Practice Nurses
- Education



Goals for this session

- Can Social Informatics contribute to our understanding of the Clinical Informatics process in mental health?
- Consumer Informatics
- Patient access to their EHR & Recovery

Observations from IT experience

- Efficiency and dedication of the PM teams
- Background negotiation around “specs” for the clinical applications
- Appreciation for the “utilization” aspect of Information Management (e.g. info related to bureaucratic organization)

Observations (cont'd)

- Attempts to engage front-line staff in process of teaching/learning
- Awareness of significant/profound effects on organizational culture
- Enthusiasm/resistance
- IT an organizational priority

Queries/Conundrums

- “Triangulation” of the patient-professional relationship: does the computer come between the clinician and the patient?
- What further understanding do we need regarding the culture of mental health care provision, in order to increase patient participation in the care process?
- How can Clinical Informatics contribute to ‘Recovery?’

Clinical Informatics in Mental Health (HIMSS)

- **Clinical Informatics:** conveys the understanding and integration of information technology into healthcare to ensure the effective provision of care, and to support the business objectives of clinicians in healthcare industries
- **Nursing informatics:** applies information technology to the work of nurses in healthcare.
- **Medical informatics** is the name given to the application of information technology to medicine.

More Terminology

- **Health Informatics:** synonym for Clinical Informatics
- **Community Informatics:** the application of information and communications technologies (ICTs) to enable community processes and the achievement of community objectives.

Social Informatics

- Provides a context for examining the developing field of mental health informatics
- SI "identifies a body of research that examines the social aspects of computerization... the interdisciplinary study of the design, uses and consequences of information technologies, that takes into account their interaction with institutional and cultural contexts"

Social Informatics: Consistent Findings

“Social Informatics: Overview, Principles & Opportunities”
Steve Sawyer, 2005

- Uses of Information/Communication Technology (ICT) lead to multiple and sometimes paradoxical effects.
- Uses of ICT shape thought and action in ways that benefit some groups more than others
- The differential effects of the design, implementation and uses of ICTs often have moral and ethical consequences.

Social Informatics: Consistent Findings (cont'd)

- The design, implementation and uses of ICTs have reciprocal relationships with the larger social context.
- The phenomenon of interest will vary by the level of analysis.

Applying SI Knowledge to Clinical Informatics

- Uses of ICT lead to multiple and sometimes paradoxical effects:
 - more time spent at the computer
 - more data available, less information
 - many applications relate to physical status, or behaviour
 - does the computer intrude into the relationship with the patient? Effects?

Applying SI knowledge to Clinical Informatics

- Uses of ICT shape thought and action in ways that benefit some groups more than others:

Patients

reinforce status quo?

Nurses

motivate resistance?

Psychiatrists

promote new possibilities?

Organization

change professional roles?

Government

empower?

Applying SI knowledge to Clinical Informatics

- The design, implementation and uses of ICTs have reciprocal relationships with the larger social context:
 - Informatics “champions” are also champions of the organization’s goals
 - metrics, quantitative assessments correspond to medical/biological model of care, and Project Management methodology
 - quantification of illness on macro-level

Applying SI knowledge to Clinical Informatics

- The differential effects of the design, implementation and uses of ICTs often have moral and ethical consequences:
 - is the ICT built around the patient, or vice versa?
 - changes in the therapeutic relationship
 - defining "value" in mental health: recovery or cost-recovery?

Applying SI Knowledge to Clinical Informatics

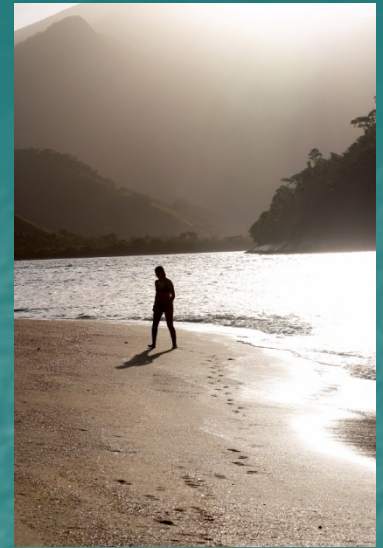
- The phenomenon of interest will vary by the level of analysis:
 - clinical issues tend to be abstracted from particular contexts
 - wait times, safety, least restraint initiatives are viewed differently by management, front-line staff and service users
 - 'Recovery'
 - patients

Traditional Practice...



- Mental disorder makes people vulnerable and unable to self-manage their lives effectively
- Course of illness is chronic
- patients' symptoms located primarily in biology, therefore not meaningful in themselves, but are functional impairments

...vs. recovery-informed practice...



- The patient is a rational agent with a desire for self-determination
- Course of disorder is episodic
- Social constructivism: person in society, rather than the disease in the person
- Symptoms may possess meaning

Consumer Movement- Key Ideas

- Self-determination as a core principle of treatment
- Integrated programs of community support (housing, employment, supportive peer groups) are essential to long-term recovery
- More access to knowledge about rights, treatment, medications

Consumer Health Informatics- Definition

(Eysenbad & Jadad, 1999)

- Analyzing, formalizing and modeling consumer preferences and information needs
- Developing methods to integrate these into information management in health promotion, clinical, educational and research activities

Consumer Health Informatics

(cont'd)

- Investigating the effectiveness and efficiency of computerized information, telecommunication and network systems for consumers, in relation to their participation in health and health care-related activities
- studying the effects of these systems on public health, the patient-professional relationship, and society.

Consumer Informatics

- Identify information needs of mental health consumers

Logan and Tse (2007) developed a framework for describing CI information-seeking process, combining health campaign research & information science

- Factors which detract from accessing needs: poverty, lack of tech skills, poor literacy skills

Access to EHRs

- Participation through electronic access/input will strengthen consumer responsibility towards their health



The CAMH Client Bill of Rights*

- CAMH clients have the right to be fully informed. Facilitating access to personal health records for clients is important because it not only fosters transparency but also allows patients more agency in their own healthcare.
- Health record documentation can also reveal significant information about how class, race, sexual orientation are framed and without a doubt more and more clients are requesting information about these equity issues.

*Right No. 6(4)

Patient access to EHRs now

- My Care Source (Grand River Hospital, K-W) provides pt. access to appointment management, some personal health records, and tools for disease management, chat rooms
- First piloted with breast cancer patients in 2004: “highly motivated, highly engaged” patient group

Patient access to EHRs now

- MyChart (Sunnybrook Health Sciences Centre) offers online access to personal health record management, including access to test results, some medical history, appointment tools, and a personal health diary
- No training required to use it

Pt. Access to Mental Health Charts: Studies

- 1980 study: requests from psychiatric patients to read their chart was r/t grievances against medical staff
- 1988 Danish study found that most requests to read chart came from a desire for more information

from Ross & Lin, 2003

Pt. Access to Mental Health Charts: Studies

- In a lit search study of clinical file analyses, where physicians, patients and professional raters analyzed case notes, 80% (of those legible) contained entries that were potentially “puzzling, upsetting or alarming”.

Ross & Lin, 2003

Pt. Access to Mental Health Charts: Studies

- Overall Results (mental health patients) from Lit Search on effects of access to their records:
 - trend towards “better insight”
 - substantial proportion (32%) felt more pessimistic after reading records
 - trend- “take a more active role in treatment” and “felt more confident” after access

Pt. Access to Mental Health Charts: Studies

- No overall change in attitudes to doctors and nurses after reading chart
- Most consistent finding across studies:
Patient-accessible medical records
enhance doctor-patient communication
- Privacy concerns

What do patients know about their EHR?

- Research proposal: develop a survey asking patients what they know about their electronic health record
- The results will hopefully lead to a second stage of research, involving:
 - educational sessions on the current EHR
 - exploring what patients want re: input/access to the EHR

From "Mental Health Recovery: Users & Refusers": Wellesley Institute (2009)



Clinical Informatics & Recovery

- Recovery as individual journey
 - Increased patient participation in assessment/treatment: development of tools for patient input into EHR
 - Access to clinical information
 - Personal Informatics tools (e.g. CHESS)
 - VR tools (e.g. Second Life)

Clinical Informatics & Recovery

- Recovery as a shared journey
 - Participation in social networking
 - Increase information literacy & bridge "digital divide"
 - Reclaiming the social determinants of health: safety, housing, money, education
 - More participation in the clinical enterprise through greater input/access to EHR

Clinical Informatics & Recovery

- Recovery as “site of a new struggle”
 - ‘Recovery’ co-opted by professional interests: “part of a world industry trying to fix us...what we need are supports that allow us to function without being fixed.”
 - Issues w/Police: e.g. background checks have included access to info on MHA detainment → breach of right to confidentiality, and problems w/ employability

Summary

- Social Informatics can help to identify problems inherent in current approaches to Clinical Informatics
- These problems derive from the uncritical utilization of CI as a tool to replicate traditional power relationships in mental health
- Nurses should align with efforts to empower patients by supporting more critically-situated and socially-anchored informatics processes

Thank You



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