The Office of the National Coordinator for Health Information Technology

Understanding the Value of Health IT

Educational Module for Behavioral Health Providers

Office of Policy

MODULE 1: CURRENT HEALTH CARE LANDSCAPE AND VALUE OF HEALTH INFORMATION TECHNOLOGY

About ONC & Module Disclaimer

The **Office of the National Coordinator for Health Information Technology** (ONC) is the principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. For more information, visit www.HealthIT.gov.

DISCLAIMER

ONC recognizes the challenge for any one module to meet the needs and interests of the wide range of behavioral health provider types, agencies, and organizations especially given differences in size, geographic challenges, readiness for change, and financial resources. ONC invites you to use these materials wholly, or in part, and incorporate them into teaching materials to support your practice setting.

References or links in this module to any specific non-Federal entity, commercial product, process, service, or company do not constitute their endorsement or recommendation by the U.S. Government or the Department of Health and Human Services (HHS). HHS is not responsible for the content of any "off-site" website linked to in this presentation, nor is HHS responsible for such other website's compliance with section 508 (accessibility).

Understanding the Value of Health IT: Purpose and Goal

The purpose of this educational module is to help early adopter behavioral health providers better understand the value of health information technology (health IT). The module contains resources and information for behavioral health providers seeking to adopt and implement health IT. The goal of this module is to help behavioral health providers prepare for success in today's evolving health IT and value based payment environment.

Understanding the Value of Health IT: Overview

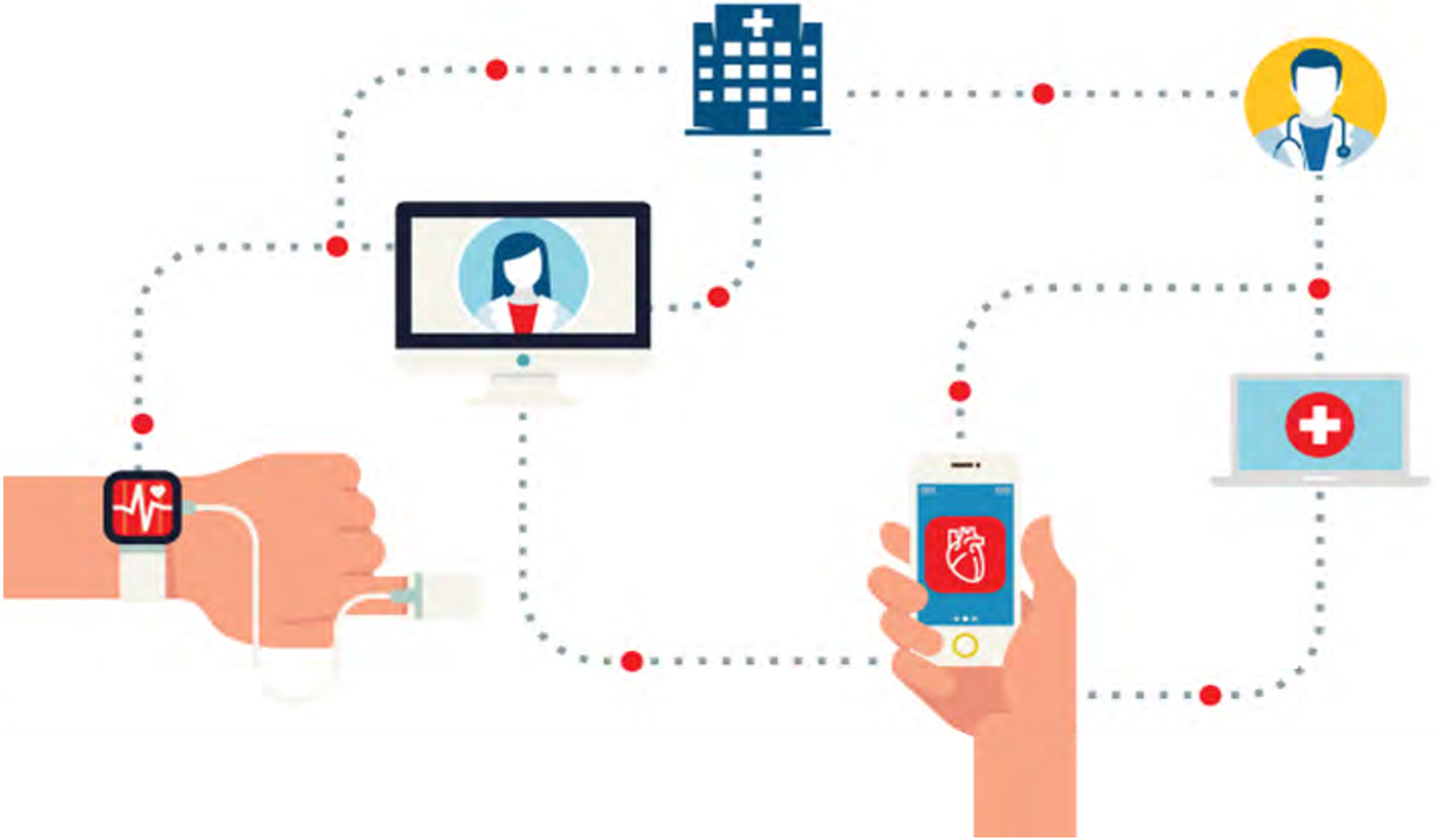
- **MODULE 1: CURRENT HEALTH CARE LANDSCAPE AND VALUE OF HEALTH IT**
  - Health IT and behavioral health
  - Drivers of health IT adoption and use
  - Cost drivers of health IT adoption and use
  - Federal policies and investments on health IT policy and use
  - CASE STUDY 1: Coordinating Care Across Settings

- MODULE 2: WHY HEALTH IT ADOPTION AND IMPLEMENTATION MATTERS
  - National health IT adoption rates
  - State-based examples of health IT implementation
  - Health IT adoption challenges
  - Technology enabled patient engagement
  - HIE tools & resources
  - Case Study 2: Managing Behavioral Health Referrals

- MODULE 3: HEALTH INFORMATION EXCHANGE ADOPTION & IMPLEMENTATION
  - Health information exchange and its relevance to behavioral health
  - Role of health IT standards in behavioral health
  - Privacy laws & consent management
  - Health information exchange resources
  - Case Study 3: Integrating Behavioral Health Data into an HIE

Learning Objectives

MODULE 1: CURRENT HEALTH CARE LANDSCAPE AND VALUE OF HEALTH IT
• Define health IT and its importance in behavioral health settings
• Identify health IT tools and its application to behavioral health settings
• Highlight key considerations and potential value for adopting and implementing health IT
• Describe key policies and regulations
• Case Study 1 - Coordinating Care Across Settings: Brooklyn Health Home



WHAT IS HEALTH INFORMATION TECHNOLOGY AND WHY IS IT IMPORTANT IN BEHAVIORAL HEALTH SETTINGS?

What is Health Information Technology?

Health Information Technology (Health IT) is the use of electronic information systems that store, retrieve, share and enable health care providers, administrators, organizations and others to analyze health information and streamline health care delivery.

Health IT encompasses a variety of technologies from electronic health records to other tools such as patient portals, telehealth modalities and health information exchanges.

What are examples of Health IT?

Electronic Health Record (EHR) is a digital version of a patient's paper chart. EHRs are real-time, patient-centered records that make information available instantly and securely to authorized users. While an EHR does contain the medical and treatment histories of patients, an EHR system is built to go beyond standard clinical data collected in a provider's office and can be inclusive of a broader view of a patient's care.

Health Information Exchange (HIE) allows doctors, nurses, pharmacists, other health care providers and patients to appropriately access and securely share a patient's vital medical information electronically—improving the speed, quality, safety and cost of patient care.

E-prescribing Tools generate and transmit permissible prescriptions electronically (eRx) and is a fast, efficient way to write/re-order and transmit prescriptions.

What are examples of Health IT?

Telehealth Modalities use electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

Personal Health Records are electronic applications used by patients to maintain and manage their health information in a private, secure, and confidential environment.

Mobile Devices are handheld transmitting devices with the capability to access, transmit, receive, and store health information, and the provider has control over the mobile device.

Online Communities can help people connect with one another to try to maximize good health or to respond to concerns about poor health.

Health IT Adoption & Behavioral Health

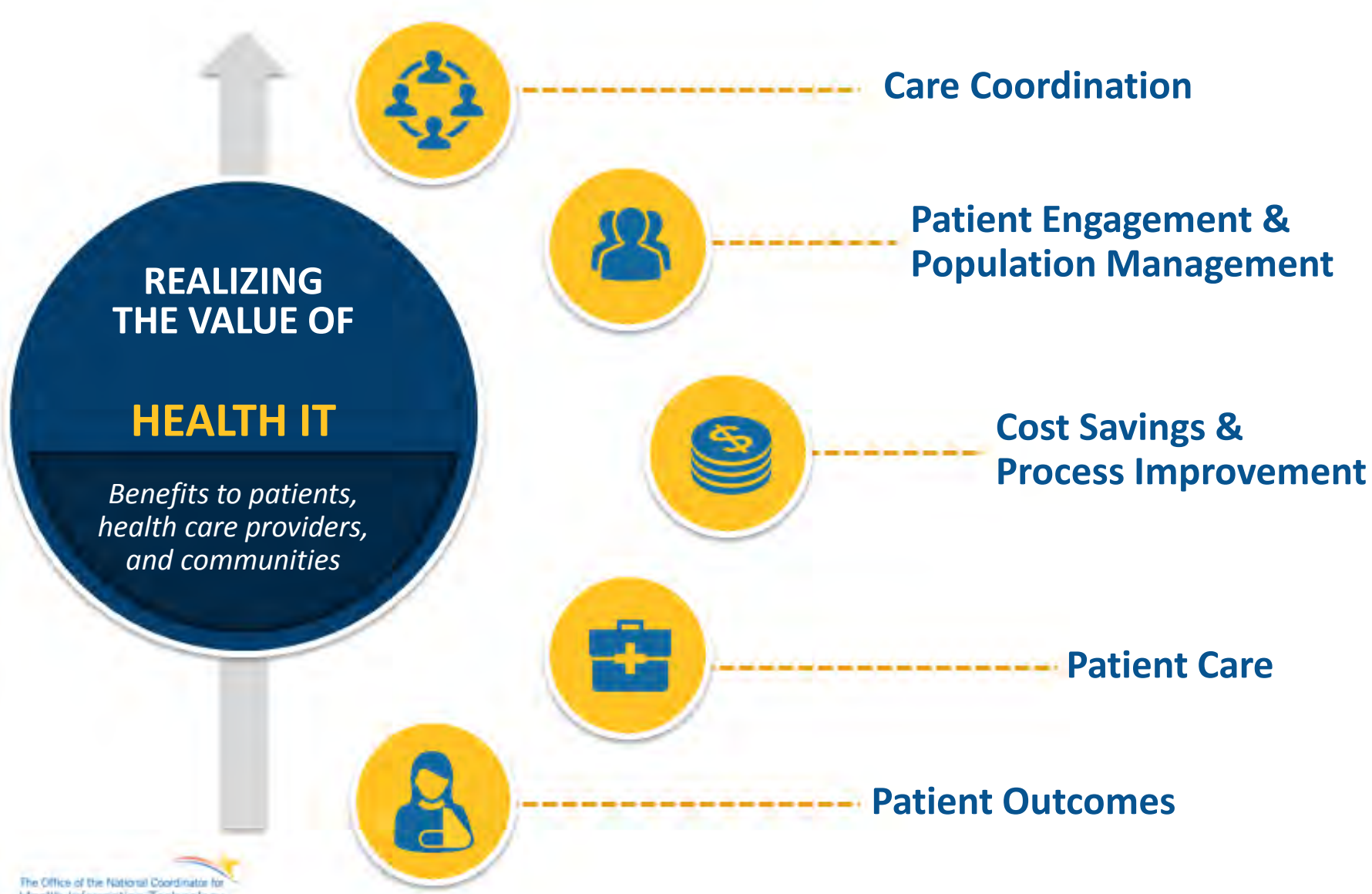
Expanding health IT use in behavioral health care could facilitate coordination and integration of behavioral health and general medical care.

National Electronic Health Records Survey: 2015 Specialty and Overall Physicians Electronic Health Record Adoption

Specialty	Any EHR or EMR System?	Basic System	Certified System
	Percent	**Percent**	**Percent**
Primary Care	89.6	57.9	80.9
Psychiatry	61.3	15.5	40.8

Data retrieved from: https://www.cdc.gov/nchs/data/ahcd/nehrs/2015_nehrs_ehr_by_specialty.pdf

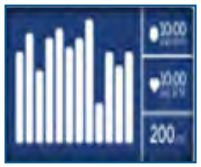
Benefits of Adopting Health IT



The Office of the National Coordinator for Health Information Technology

Why is Health IT Important for Behavioral Health?

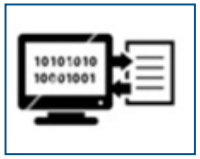
Adopting Health IT Infrastructure to Support Care Coordination & Integrated Care:
Care coordination is critical to team based and accountable care and elevates the need for advanced health IT infrastructure to enable integrated care.



Quality and Performance Measure Collection and Submission:
There are increasing expectations for behavioral health providers to capture and submit quality measures. There is value in capturing measures electronically and in using existing electronic data to inform progress toward achieving quality goals.

Workflow and Process Improvement & Efficiencies:
Health IT facilitates the use of electronic health information received from multiple sources at the point of care. Clinical pathways can support more client centered workflows.

Patient Identification & Matching:
Health IT facilitates ability to identify patients, essential for shared care plans longitudinal records and can help ensure the care team is treating the correct patient.



Compliance with ICD-10 & DSM-V:
behavioral health providers that adopted EHRs are able to more easily become compliant with ICD-10 and DSM-V and identify common diagnoses.

Source: https://aspe.hhs.gov/sites/default/files/pdf/76451/StratEng.pdf &
https://www.youtube.com/watch?v=dko7p6PIm84

How is Health IT Used in Behavioral Health Settings?

Mobile App

Fountain House in NYC, a recovery oriented clubhouse, implemented the ***Electronic Access for Continual Care and Expanded Sobriety*** (E-ACCESS) smartphone app which allows clients to access an educational/motivational video portal, relevant recovery supports and treatment services, a meeting locator, a sobriety calculator, an integrated wellness module, and a virtual recovery group functionality.

Patient Portal

Centerstone of Indiana, a behavioral health organization, implemented a public-facing website – the ***Virtual Recovery Engagement Center*** which links clients to social networks, peer support groups, resource sharing, and other functions. Clients also have access to a private-facing portal that includes individual-driven content like weekly questionnaires, a recovery plan, and a recovery calendar.

Telehealth

River Edge Behavioral Health Center in Macon, GA implemented a portable, easy-to-use telemedicine solution which offers secure video conferencing to enable clinicians to treat clients in rural areas.

Social Media

Heartview Foundation in Bismarck, North Dakota, a substance use disorder treatment program, implemented the social networking site ***Network Assisted Recovery*** (NAR). NAR is a online, private social network of recovery patients and addiction clinical staff who collectively support recovery through engagement and education.

WHAT ARE THE DRIVERS OF HEALTH IT ADOPTION AND USE?

National Quality Strategy

Transforming Landscape: Shift to Value Based Care

Current Fee-For-Service

Emerging Value Based Care

- Providers paid for volume of services, not outcomes
- Patients must navigate the health system
- Disconnected delivery of care
- **Limited information sharing and integration across settings (paper and electronic)**

- Providers paid for health outcomes, not volume of services
- Care team includes individual and all allied providers
- **Emphasis on use of technology to integrate care and share information**

For more information on Value Based Care, visit: https://www.healthit.gov/playbook/value-based-care/

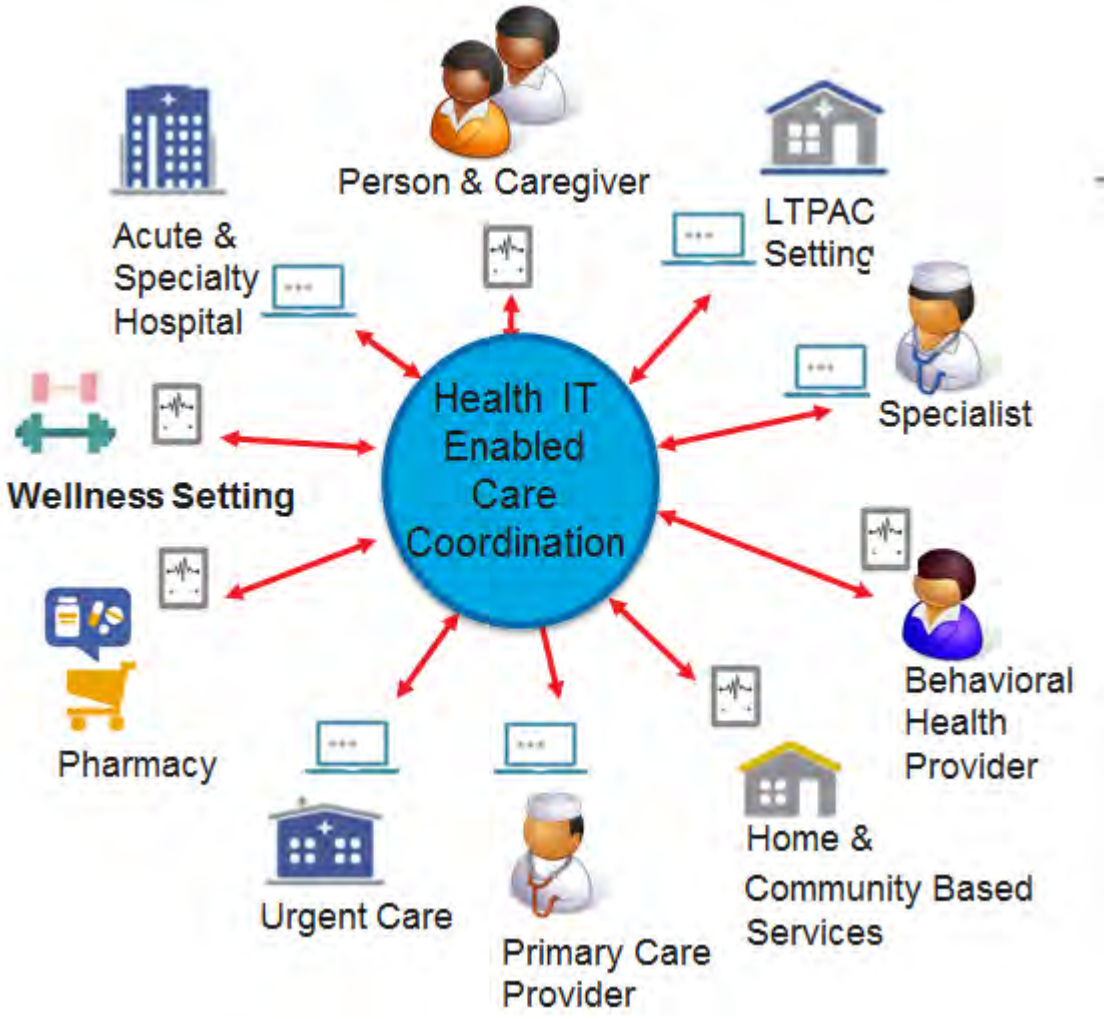
Role of Health IT in Evolving Landscape

THE SUCCESS OF NEW VALUE BASED CARE MODELS DEPENDS ON EFFECTIVE COMMUNICATIONS BETWEEN SITES AND HOW WELL THEY SHARE DATA. SYSTEM INTEROPERABILITY AND INTEGRATION IS CRITICAL TO CARE TEAMS.

Providers that are increasingly accountable for patient outcomes and total cost of care, regardless of where else that individual has received care, will increasingly demand access to an individual's complete record, laboratory results, broader health–related information and total cost of care required to effectively manage the person's health.

Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap

Accountable Care Organizations (ACOs)



As Medicaid ACOs expand their scope of accountability for behavioral health and broader social services, it will be important to identify approaches that support the participation, and accountability of behavioral health providers. By integrating behavioral health, ACOs are able to more effectively treat patients.

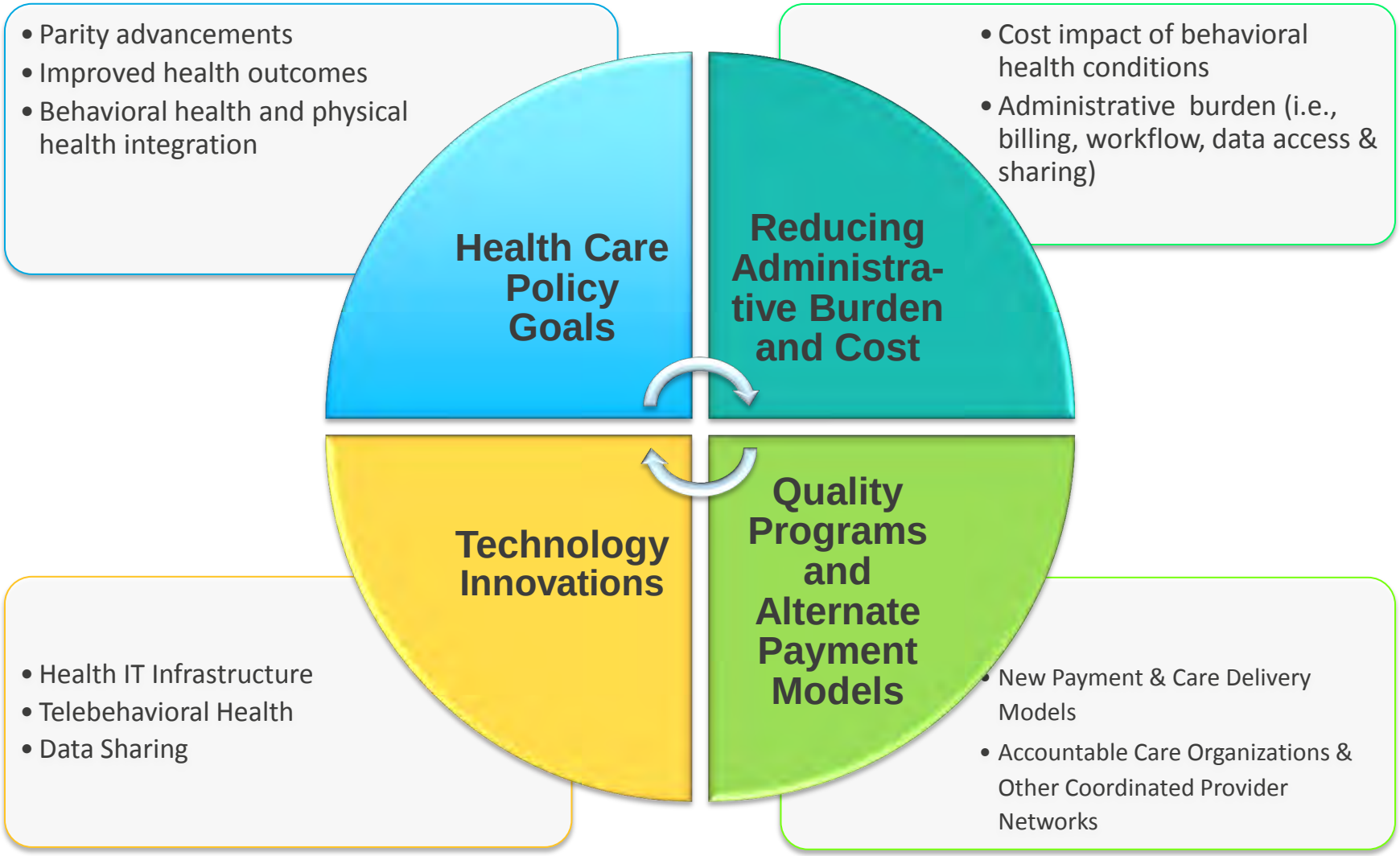
Integrated Care Model – Role of Health IT

- **Integrated Care involves a practice team of primary care and behavioral health clinicians working with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population.**
- **Health IT, a mechanism for bidirectional communication between primary care and behavioral health providers, is a key enabler of integration.**

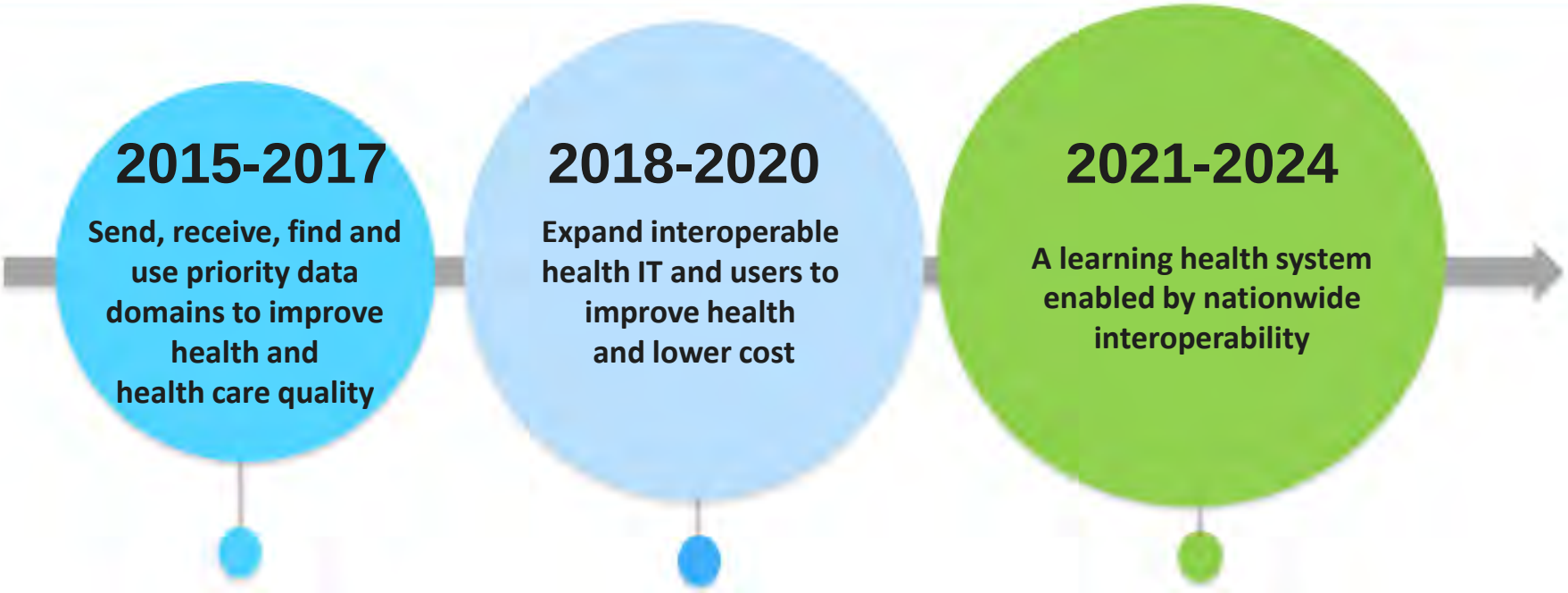
  - » Health IT can facilitate care coordination and improve the patient's experience and treatment outcomes.
  - » Health IT can also enable behavioral health providers to share and receive information during a referral which in turn saves time otherwise spent looking for information about the patient's medical history.
  - » Health IT is essential for supporting integration including systems, information exchange, and data and analytics (i.e., measures, aggregation, and reports).

https://www.healthit.gov/sites/default/files/bh-roundtable-findings-report_0.pdf
http://www.integration.samhsa.gov/integrated-care-models/list

Key Factors for Behavioral Health & Physical Health Integration



Health IT Interoperability: Roadmap Milestones Benefit Provider Workflows and Practices and Improve Care for Individuals



Providers evolve care processes and information reconciliation to ensure essential health information is sent, found, and/or received to support safe transitions in care.

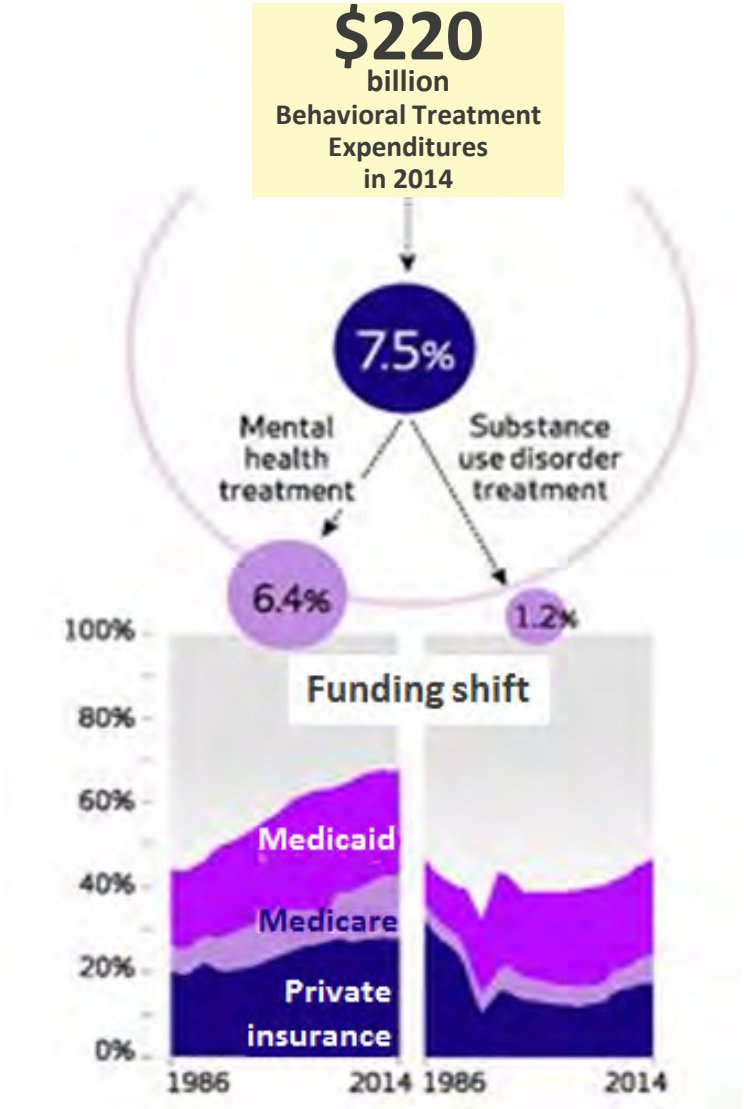
Providers routinely and proactively seek outside information about individuals, including directly from patients, and can use it to coordinate care.

Providers routinely use relevant info from a variety of sources, including environmental, occupational, genetic, human service, and cutting edge research evidence to tailor care to the individual.

In **Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap**, ONC defines interoperability as the ability of systems to exchange and use electronic health information from other systems without special effort on the part of the user.

WHAT ARE THE COST DRIVERS OF HEALTH IT ADOPTION AND USE?

Cost Impact of Behavioral Health Expenditures



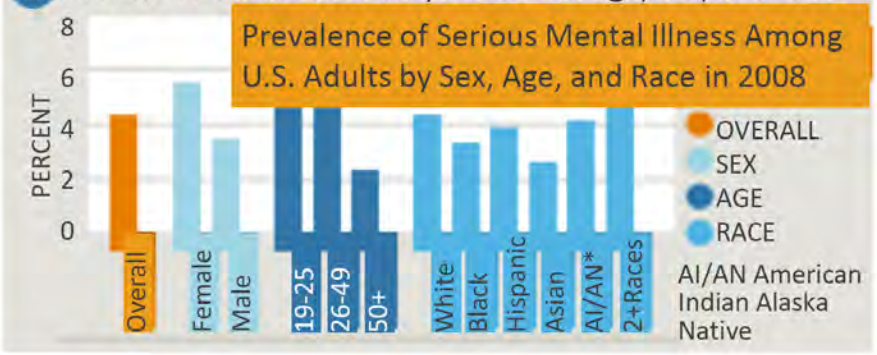
In 2014, mental disorders topped the list of most costly conditions at $220 billion —far exceeding the cost of all other medical conditions in the United States

The Office of the National Coordinator for Health Information Technology

Source: http://content.healthaffairs.org.ezproxyhhs.nihlibrary.nih.gov/content/35/6/956.full

Business Drivers: Cost Impact of Behavioral Health Conditions

B Mental illness affects everyone across age, sex, and race.



C Among Medical beneficiaries with disabilities, **49%** **have a mental illness.**

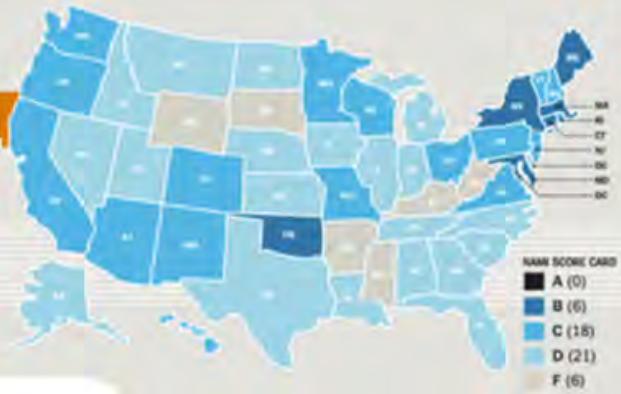
L **250,000** **professionals**

Our nation's community behavioral health Organizations employ more than 250,000 People who care for 8 million adults and children with mental and addiction disorders

M Globally, 3 of the 6 leading disabilities are due to mental illness (depression, schizophrenia and bipolar disorder)

O Up to **90%** of people being treated recover

D United States grade for mental healthcare



E Mental illness drains our economy of more **than $80 billion** every year; **15%** of the total economic burden of all disease

$80 billion

F A recent study estimates that serious mental illnesses cost society $255.4 billion annually in lost earnings in the U.S.

-$255.4 billion

G **50%**

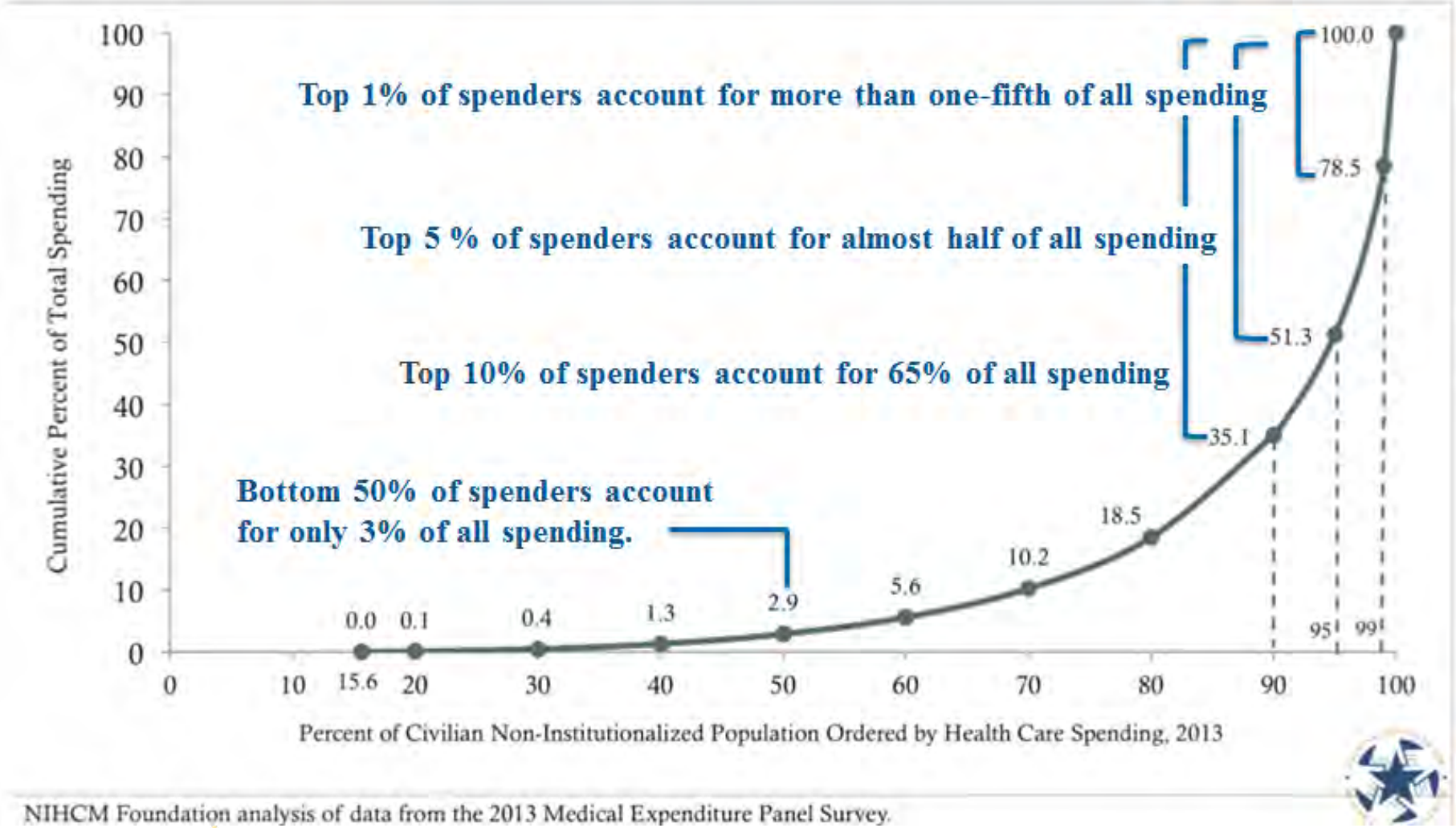
More than half **of all prison and jail inmates have a mental health problem**

H Up to **2/3** of homeless adults suffer from chronic alcoholism, drug addiction, mental illness or some combination of all three.

I **1/4** of all social security disability payments are for individuals with mental illness

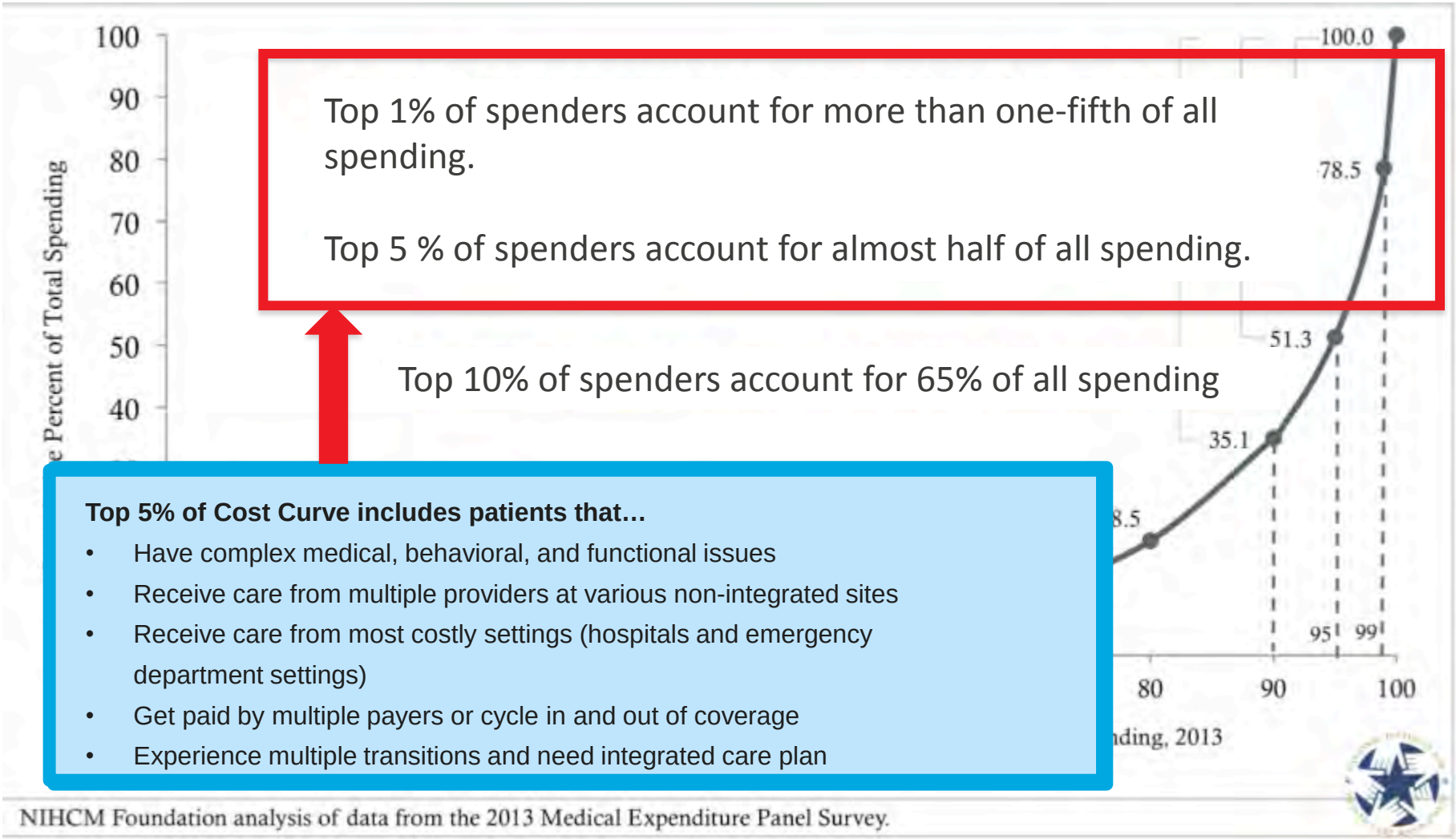
Business Driver: Costly High-Risk Population

Only small portion of population accounts for highest spending in health care



NIHCM Foundation analysis of data from the 2013 Medical Expenditure Panel Survey.

Business Driver: Costly High-Risk Population



FEDERAL POLICIES AND INVESTMENTS ON HEALTH IT POLICY AND USE

Relevant Health IT Legislation for Behavioral Health

1996
Health Insurance Portability and Accountability Act (HIPAA)

Establishes requirements for national standards for electronic health care transactions

Establishes requirements for national identifiers for providers, health insurance plans, and employers

- Privacy and Security Rules administered under HHS Office of Civil Rights
- Administrative Simplification Rules administered under CMS

2008
Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)

Implementation of MHPAEA and the Patient Protection and the ACA increased access to behavioral health care for patients and emphasize integrated health care

- Requires that the financial regulations and treatment limitations imposed by health plans and insurers for MH & SUD be no more restrictive than those imposed for medical and surgical conditions

2010
Affordable Care Act (ACA)

Expanded coverage of MH & SUD benefits and federal parity protections by including MH/SUD benefits in the Essential Health Benefits; applying federal parity protections in the individual and small group markets; and expanded access to quality health care

- Established comprehensive health care insurance and payment reforms that aim to increase access to health care, improve quality and lower health care costs, and provide new consumer protections

2015
Medicare Access & CHIP Reauthorization Act (MACRA)

Quality Payment Program applies to Medicare eligible clinicians; it aims to:

- Supports care improvement through better outcomes for patients, decreased provider burden, and preservation of independent clinical practice
- Promotes adoption of alternative payment models that align incentives across health care stakeholders
- For more information, visit www.qpp.cms.gov

- Repeals the Sustainable Growth Rate (SGR) Formula
- Shifts from FFS to Value Based Payment for Medicare Providers
- Streamlines Meaningful Use and other quality programs under new Merit-based Incentive Payments System (MIPS)
- Provides bonus payments for participation in eligible Advanced Alternative Payment Models (APMs)

2016
Medicaid and CHIP Managed Care Final Rule

- Addresses parity for behavioral health conditions, including requirements that managed-care contract's service authorization standards be enforced for all enrollees and services
- MCOs can count select investments for provider health IT adoption and HIE as a health care expense rather than an administrative cost

- Aligns key rules with those of other health insurance coverage programs, modernizes how states purchase managed care for beneficiaries, and strengthens the consumer experience and key consumer protections

2017
42 CR Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records

Updated rule is intended to modernize the Part 2 rules by facilitating the electronic exchange of SUD information for treatment and other legitimate health care purposes while ensuring appropriate confidentiality protections

- Protects the confidentiality of SUD patient records by restricting the circumstances under which such records can be disclosed by Part 2 Programs

Behavioral Health Opportunities : Snapshot of Federal Investments

Medicaid 1115 Delivery System Reform Incentive Payment (DSRIP) Program

Includes options for waiver flexibility, state plan amendments, health home models and Medicaid managed care expansion that can provide opportunities for collaboration and technology adoption to advance and improve health outcomes.

State Innovation Model (SIM) Grant Program

Competitive federal funding opportunity for states to pilot innovative approaches to technology use, advanced analytics, new service delivery models, use of telehealth, and other efforts to improve access, efficiency, and outcomes, with a number of states focusing on expanding integrated care.

State Medicaid Letter #16-003

Expands support for Medicaid health information exchange describing options for how behavioral health and other clinicians could adopt HIE. Allows use of HITECH Administrative Matching Funds to help Medicaid clinicians that are eligible for EHR Incentive Payments connect to other Medicaid providers.

Medicaid Innovation Accelerator Program (IAP)

Technical assistance program to help state Medicaid programs accelerate delivery and system reform initiatives. IAP focuses on behavioral health as two of its four program areas: reducing substance use disorders and integrating physical and mental health care.

How to Get Involved

- ✓ **Contact Your Provider Association**
- ✓ **Contact Your State's Health IT Initiative Coordinator**
- ✓ **Learn More About ONC Certification Program**

Snapshot of HITECH ACT

Health Information Technology for Economic and Clinical Health (HITECH) Act

Provides HHS with the authority to establish programs to improve health care quality, safety, and efficiency through the promotion of health IT, including EHRs and private and secure electronic health information exchange.

Medicare & Medicaid EHR Incentive Programs

Sections 4001-4201 of HITECH establish the CMS Medicare & Medicaid EHR Incentive Programs to provide incentive payments for eligible professionals, hospitals, and critical access hospitals as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology.

ONC Health IT Certification Program

The HITECH Act charged ONC with creating and maintaining a health IT certification program.

In 2010, ONC established the ONC Health IT Certification Program to oversee the voluntary certification and testing of health IT products which support the availability of certified health IT for its encouraged and required use under other federal, state, and private programs.

Why is the ONC Health IT Certification Program Important for behavioral health?

ONC Certified HIT

The ONC Certification 2015 Edition supports diverse health IT systems beyond EHRs that are used across the care continuum including those applicable for behavioral health settings. Certified Health IT system components (modules) are published in the Certified Health IT Product List (CHPL).

The ONC Certification Program is voluntary and 'agnostic' to settings and programs and can be used to support multiple program and setting needs, including behavioral health.

Certified Health IT Product List

The Certified Health IT Product List (CHPL) is the authoritative and comprehensive listing of Health IT certified through the ONC Health IT Certification Program. More information on CHPL: https://chpl.healthit.gov/#/search

ONC Certification Rule (2015 Edition) Relevance to Behavioral Health

Certified health IT can be applied to health IT systems for broader settings of care including behavioral health.

Examples of certification criteria to support behavioral health needs include:

Clinical Information Reconciliation

Perform clinical reconciliation of a patient's active medication, problem, and medication allergy list

Social, Psychological, Behavioral Data

Provides the capability to document and access a patient's social, psychological, and behavioral data

Transitions of Care

Enables the ability to send and receive essential clinical information to ensure the coordination and continuity of health care as patients transfer to other care

Data Segmentation

Exchange sensitive information using the Data Segmentation for Privacy Standard

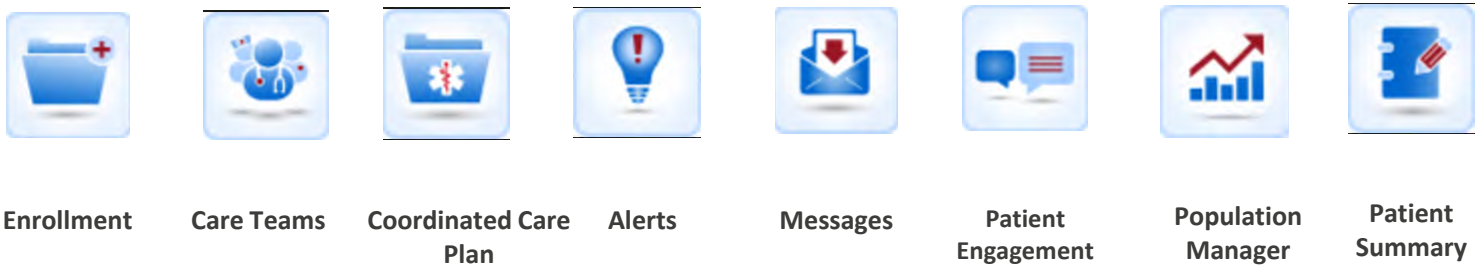
Care Plan

Provides a structured format for documenting a individual's care plan based on their unique needs.

Case Study #1: Coordinating Care Across Settings
Maimonides Medical Center Brooklyn Health Home (BHH)

- **The Brooklyn Health Home (BHH), in New York, led by Maimonides Medical Center, holistically addresses the needs of individuals with complex chronic illness by delivering coordinated and comprehensive medical, behavioral health, and social services. It uses Maimonides' own integrated health information technology tools to "virtually co-locate" providers across the more than 50 partner organizations that are part of the health home.**

- **The system's dashboard, where the care plan is housed, allows the care team members to see what others are working on with the patient – in essence allowing for "virtual" huddles. The dashboard serves as a centralized, web based platform resource for all BHH participants that enables data sharing, care coordination, and performance reporting across the health home.**

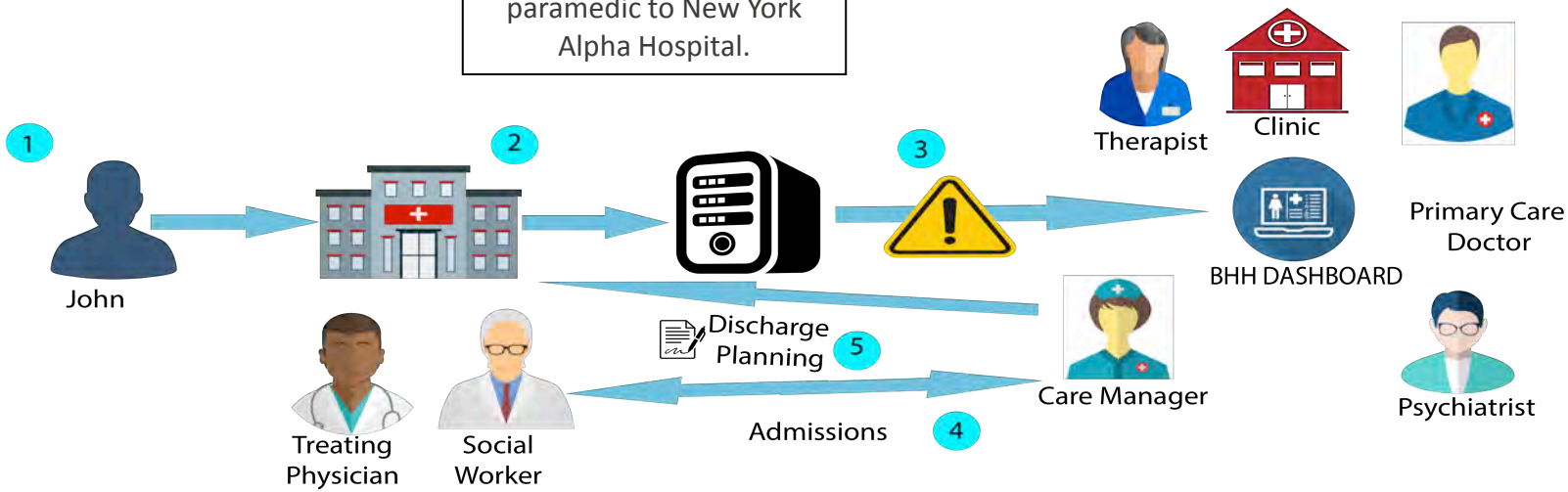


Case Study #1: Brooklyn Health Home - Emergency Admission

① John, a 43 year old man living with schizophrenia and diabetes fell down a set of steps and is unconscious. John is a member of the Brooklyn Health Home care coordination program.

② John is taken by paramedic to New York Alpha Hospital.

③Upon his admission, a critical event alert flows from Healthix, the regional health information organization, to the BHH Dashboard. The alert notifies John's care manager, primary care doctor, psychiatrist, and therapist of the date, time, and location of the hospital admission



④ Within hours, John's care manager connects with the hospital, and speaks with the treating physician and social worker to create an appropriate care plan – one that would help John remain healthy and stay out of the hospital.

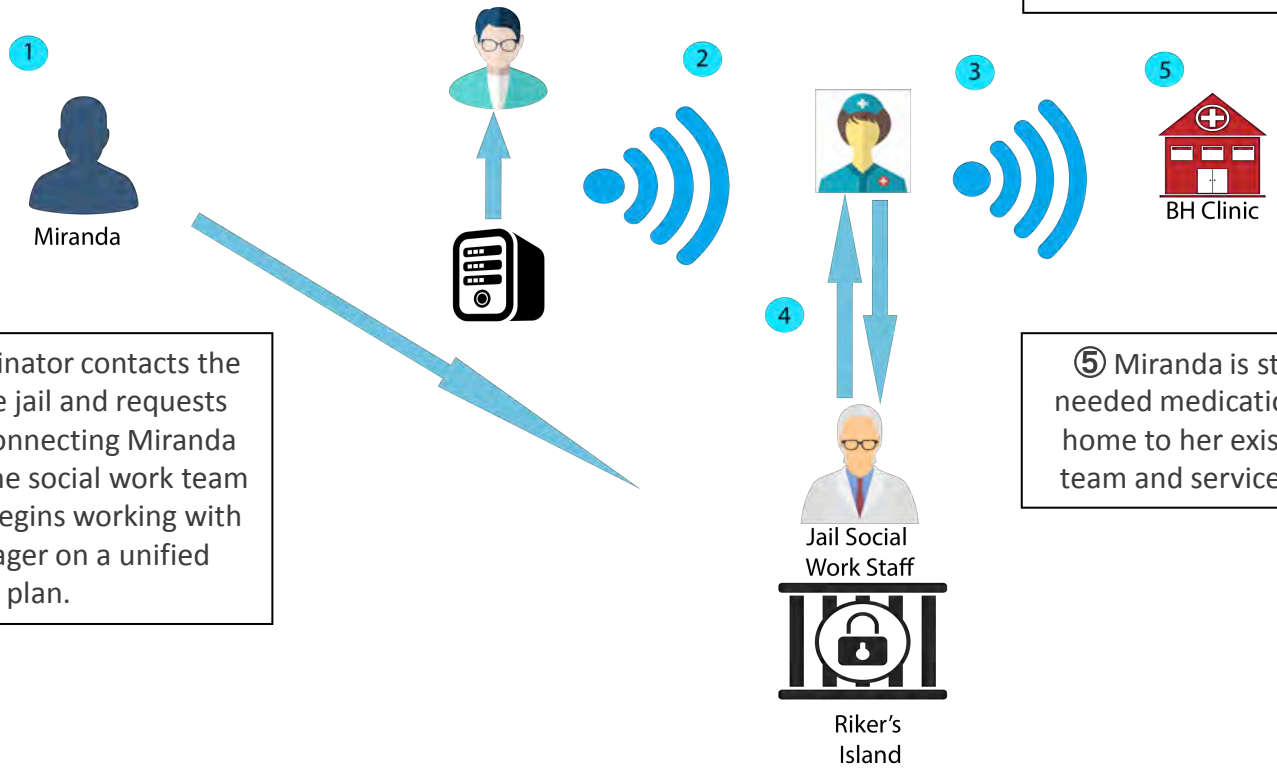
⑤The care manager shares updated plan of care information with the hospital treatment team, and participates in a joint discharge plan that will ensure John returns home, avoids disruptions in medication and existing treatment episodes. All providers have access to the relevant discharge summary information.

Case Study #1: Brooklyn Health - Jail Admission

① Miranda is a 28 year old female diagnosed with bipolar disorder. She has been enrolled in care management services for 8 months. Miranda is arrested for petit larceny and is taken to Rikers Island Jail where she awaits further court proceedings.

② The BHH Justice Initiatives Program Coordinator generates a census match report and observes Miranda's recent jail admission. The Program Coordinator reaches out to Miranda's care manager to notify him of the detainment.

③ Miranda's care manager notifies Miranda's care team that she is incarcerated, and requests that all treatment episodes be kept open.



④ The Program Coordinator contacts the social work unit at the jail and requests their assistance in reconnecting Miranda to her care manager. The social work team obtains consent, and begins working with Miranda's care manager on a unified discharge plan.

⑤ Miranda is stabilized on all needed medications and returns home to her existing treatment team and services post-release.

MODULE 2: HEALTH IT ADOPTION AND IMPLEMENTATION

About ONC & Module Disclaimer

The **Office of the National Coordinator for Health Information Technology** (ONC) is the principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. For more information, visit www.HealthIT.gov.

DISCLAIMER

ONC recognizes the challenge for any one module to meet the needs and interests of the wide range of behavioral health provider types, agencies, and organizations especially given differences in size, geographic challenges, readiness for change, and financial resources. ONC invites you to use these materials wholly, or in part, and incorporate them into teaching materials to support your practice setting.

References or links in this module to any specific non-Federal entity, commercial product, process, service, or company do not constitute their endorsement or recommendation by the U.S. Government or the Department of Health and Human Services (HHS). HHS is not responsible for the content of any "off-site" website linked to in this presentation, nor is HHS responsible for such other website's compliance with section 508 (accessibility).

Understanding the Value of Health IT: Purpose and Goal

The purpose of this educational module is to help early adopter behavioral health providers better understand the value of health information technology (health IT). The module contains resources and information for behavioral health providers seeking to adopt and implement health IT. The goal of this module is to help behavioral health providers prepare for success in today's evolving health IT and value based payment environment.

Understanding the Value of Health IT: Overview

- MODULE 1: CURRENT HEALTH CARE LANDSCAPE AND VALUE OF HEALTH IT
  - Health IT and Behavioral Health
  - Drivers of health IT adoption and use
  - Cost drivers of health IT adoption and use
  - Federal policies and investments on health IT policy and use
  - CASE STUDY 1: Coordinating Care Across Settings

- **MODULE 2: WHY HEALTH IT ADOPTION AND IMPLEMENTATION MATTERS**
  - National health IT adoption rates
  - State-based examples of health IT implementation
  - Health IT adoption challenges
  - Technology enabled patient engagement
  - HIE tools & resources
  - Case Study 2: Managing Behavioral Health Referrals

- MODULE 3: HEALTH INFORMATION EXCHANGE ADOPTION & IMPLEMENTATION
  - Health information exchange and its relevance to behavioral health
  - Role of health IT standards in behavioral health
  - Privacy laws & consent management
  - Health information exchange resources
  - Case Study 3: Integrating Behavioral Health Data into an HIE

Learning Objectives

MODULE 2: WHY HEALTH IT ADOPTION & IMPLEMENTATION MATTERS
• Describe national rates of health IT adoption
• Identify state-based examples of health IT implementation
• Identify why technology enabled patient engagement is important in behavioral health
• Identify federal health IT tools and resources
• Case Study 2 - Managing Behavioral Health Referrals

Health IT Adoption

EHR Adoption Rates

78% of Doctors

96% of Hospitals

Since the passage of the HITECH Act, the health IT landscape has dramatically evolved. In 2008, only 17% of physicians and 9% of hospitals had at least a basic EHR. In 2015, 96% of hospitals and 78% of physician offices use certified EHR technology.

4 in 10 physicians report sharing patient health information electronically, and 75% of hospitals electronically exchanged health information with outside providers in 2014.

Rates of electronic sharing with behavioral health providers lag behind. In 2014, only 11% of office-based physicians electronically shared patient information with behavioral health providers. In addition, according to the 2015 National Electronic Health Records Survey (NEHRS), 61.3% of psychiatrists were using an EHR/EMR- of which 40.8% were certified systems.

Health IT use among Individuals

- In 2014, nearly 4 in 10 individuals were offered electronic access to their medical record.
- 48% of individuals communicated via email or text with a health care provider, used a health app on their smartphone, or looked at medical test results online.
- 1 in 5 individuals used text messaging to communicate with their health care provider.
- 1 in 3 individuals emailed their health care provider.

The Office of the National Coordinator for Health Information Technology

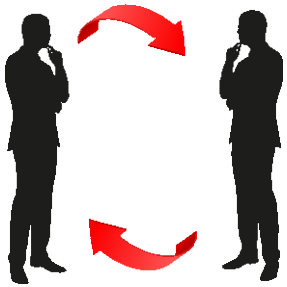
Source: https://dashboard.healthit.gov & https://www.cdc.gov/nchs/data/ahcd/nehrs/2015_nehrs_ehr_by_specialty.pdf

State Examples to Promote Health IT for Behavioral Health

Minnesota and Massachusetts are promoting health IT adoption through legislation and appropriations.

States are supporting innovative payment or service delivery models that support telehealth for behavioral health providers.

Medicaid contracts are leveraging resources for health IT adoption and HIE use as allowed in the Medicaid Managed Care Final Rule.



Cross agency coordination between behavioral health and primary care, criminal justice, child welfare, and human services sectors is supporting population health goals.

Spotlight on Health IT Adoption & Implementation Examples

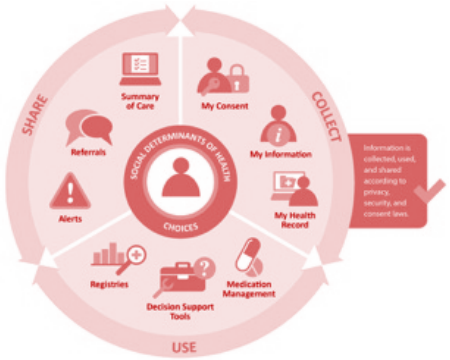
Institute of Family Health is a federally qualified health center in NYC with an integrated behavioral health and primary care model that uses a shared EHR.

- Individuals have access to their records via MyChartMyHealth.
- One-third are active users of the portal with functions including:
  - ✓ Communicating with their care team.
  - ✓ Scheduling and changing appointments.
  - ✓ Reviewing lab results, health information, problem lists and treatment plans.
  - ✓ Patients can also view an audit of their chart which tells them who has viewed their information and why.

Operation PAR is a substance use disorder residential treatment organization in FL that uses telehealth modalities (e.g., apps and videoconferencing) to increase retention in treatment.

- Tablets are provided to women in the program to assist with scheduling appointments, breathing exercises and other calming techniques, conducting telehealth family therapy sessions, and continuity of care as clients transition to outpatient treatment.
- Telehealth is also used for family visitation for women whose children are not in their custody and for conducting family centered therapy and parent training using telehealth.

State Policy Support for Adoption & Implementation
Minnesota and Massachusetts



Minnesota e-Health Roadmap for Behavioral Health, Public Health, Long-Term and Post-Acute Care, and Social Service

- Includes use cases, a person-centered view, recommendations and actions to support and accelerate the adoption and use of health IT.

MeHI
MASSACHUSETTS eHEALTH INSTITUTE
at the MassTech Collaborative

Massachusetts eHealth Institute (MeHI) furthers behavioral health initiatives by assisting behavioral health providers in the procurement and implementation of interoperable EHRs and the effective use of these technologies.

- Uses health IT to facilitate coordinated care, supports behavioral health and primary care integration, enhances care quality, and decreases health care costs.

Health IT Adoption Resources: Behavioral Health Toolkits

The Office of the National Coordinator for Health Information Technology

SAMSHA's EHR Boot Camp is an online training series to help behavioral health organizations thrive in a digital health care environment. The EHR Boot camp is a six-weeks series of interactive training sessions that allow behavioral health organizations to hear from experts about the benefits of EHRs, what it takes to implement them, and tangible ways to overcome common implementation barriers.

Stratis Health's Health IT Toolkit for Behavioral Health Agencies can help behavioral health agencies effectively engage in e-health activities by optimizing the use of an EHR and facilitating information sharing through health information exchange (HIE) and other forms of HIT.

Source: https://www.stratishealth.org/expertise/healthit/

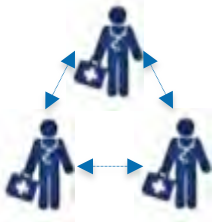
Health IT & Health Information Exchange Adoption Challenges

TECHNICAL BARRIERS

Implementation and usability of technology and related electronic documents

Lack of awareness of and need for interoperable HIE solutions

Lack of technology solutions to support behavioral health specific processes and workflow
(EHRs are not the only solution)



Limited ability to find or query provider address

Difficulty matching or identifying patients

Lack of capability to electronically receive or send data

Limited broadband availability in rural areas

Maintaining privacy and security of data, including protected SUD data

Health IT & Health Information Exchange Adoption Challenges

FINANCIAL BARRIERS

Not eligible for CMS EHR Incentive Programs

Limited capital to invest in robust IT systems and services

Limited resources to hire and retain required workforce

OPERATIONAL BARRIERS

Differences in clinical and administrative processes and needs

Workforce availability of technical skillsets

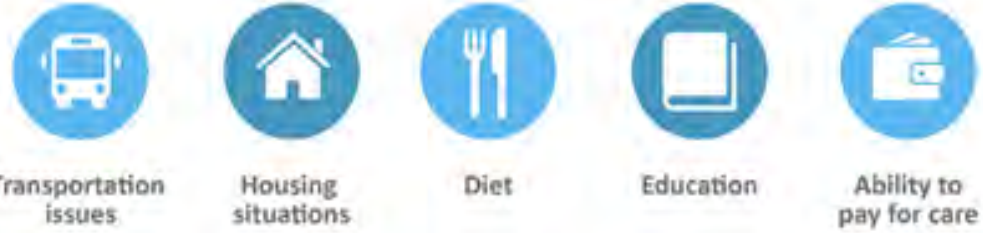
Leadership & organization skills capacity to select and acquire health IT

Lack of project management and governance expertise

Why is Patient Engagement Important to behavioral health?

SOCIAL DETERMINANTS OF HEALTH

Adopting tools to help providers capture social behavioral determinants can help LTPAC providers better understand patients' lives



HIE TECHNOLOGIES LIKE PATIENT PORTALS AND MOBILE HEALTH TOOLS CAN HELP PROVIDERS GATHER ALL PATIENT INFORMATION INTO ONE VIEW

By **2020,** an impressive **80%** of health data will pass through the **cloud** at some point in its lifetime.

As **30 to 70%** of commercial payments executives expect to include value-based mechanisms within 3 years; having a **patient engagement strategy** in place to promote and increase **population wellness** will be imperative.

Learn more about patient engagement by visiting the Patient Engagement Playbook

Why is Technology-Enabled Patient Engagement Important to behavioral health?

REDUCING READMISSIONS

Patients are often readmitted for reasons such as:

TRANSITIONS OF CARE

Patients and receiving providers may not have access to past treatment information

CARE COORDINATION

Patients may need additional supports from care managers who need to share information

CRISIS RESPONSE

Access to treatment data may help avoid ER use or hospitalization

Learn more about patient engagement by visiting the Patient Engagement Playbook

Health IT can help address these patient engagement challenges.

Health Information Exchange Coordination Tools: Patient Portals for Consumer Mediated Exchange

IN AN ONLINE SURVEY OF U.S. ADULTS, AGED 18 AND OLDER

84% of people say their doctor's office has a patient portal

Adults age 55+ whose doctors have a **PATIENT PORTAL** are **MORE LIKELY** to say they have access to their health information via a Patient Portal (61%) than younger adults (45%)

TOP 3 BENEFITS OF PATIENT ENGAGEMENT TOOLS SHARING DATA WITH ELECTRONIC HEALTH RECORDS

- **75% Allowing patients to access their health record for their review or to share with other doctors**
- **75% Providing patients with automatic alerts and reminders on appointments already booked**
- **56% Making it easier for patients to schedule or change an appointment**

70% of patients find patient portals a convenient way to communicate with doctors.

The Office of the National Coordinator for Health Information Technology

Spotlight - Health IT Tools and Resources for Substance Use Disorders

- **Mobile Health Tools:**
  - **MATx, SAMHSA's App to Help Treat Opioid Use Disorder**
    - A smartphone app developed to support practitioners who currently provide MAT, as well as those who plan to do so in the future.
    - Practitioners can access step-by-step guidance to become certified to prescribe buprenorphine, the latest training opportunities to provide effective, evidence-based treatment, and current MAT resources.
  - **Addiction Comprehensive Health Enhancement Support System (ACHESS)**
    - A smartphone app designed to improve continuing care for adults in recovery from alcohol use disorders by providing ongoing emotional and instrumental support.
    - The app is aimed at providing monitoring, information, communication, and social support services to patients, including ways for patients and counselors to keep in contact.

- **Prescription Drug Monitoring Program (PDMP) Resources:**
  - **In Brief: Prescription Drug Monitoring Programs: A Guide for Health care Providers**
    - The brief explains the emergence and purpose of PDMPs and describes how PDMP use can enhance clinical decision making. Discusses how this data improves individual patient safety while also helping decrease prescription drug misuse and unintentional overdose deaths.

Federal Behavioral Health IT Resources: SAMHSA

The Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes the potential of health IT to transform behavioral health systems. SAMHSA's health IT initiative aims to advance health systems integration, strengthen the workforce, and develop best practices. SAMHSA accomplishes these goals through various efforts, including health IT grants and a portfolio of health IT tools and programs.

For more information:

- **SAMHSA Health IT**
- **SAMHSA's EHR Boot Camp Series**
- **Certified Community Behavioral Health Clinic**
- **Contact the SAMHSA Health IT team at samhsa.hit@samhsa.hhs.gov**

Federal Behavioral Health IT Tools & Resources

The Office of the National Coordinator for Health Information Technology

- ONC's **Health IT Playbook** is a web-based resource that provides practical technical and workflow assistance that health care providers and practices can use when implementing and optimizing health IT.
  - Included within the broader Health IT Playbook is a **specialist** section, which provides EHR, HIE, and workflow tools and guidance for behavioral health providers.
- ONC partnered with CMS to develop a set of comprehensive online health IT tools and resources available via the **State Innovation Model Resource Center.** These resources can be leveraged by *any state* to support health IT innovation in care delivery and payment systems.

SAMHSA-HRSA Center for Integrated Health Solutions

- The **SAMHSA- HRSA Center for Integrated Health Solutions** is a comprehensive resource center that can assist behavioral health and primary care providers in navigating all aspects of the integration journey- from health IT, to billing to evidence-based approaches.

INDIAN HEALTH SERVICE · PHS · 1955 ·

- The **IHS Telebehavioral Health Center of Excellence** (TBHCE) provides technical assistance, implementation, training, and evaluation support for remote health care, and serves isolated American Indian/Alaska Native (AI/AN) communities and areas with limited or no access to behavioral health services.

The Office of the National Coordinator for Health Information Technology

Federal Behavioral Health IT Tools & Resources

- The **AHRQ Playbook** was created by the AHRQ Academy for Integrating Behavioral Health and Primary Care. It provides detailed guidance across a number of issues that organizations seeking to provide integrated care need to address.
- HRSA Funded **Telehealth Resource Centers** to assist health care organizations, networks, and health care providers in implementing cost-effective telehealth programs to serve rural and medically underserved areas and populations.
- **HRSA Health IT Adoption Toolkit** is a compilation of planning, implementation and evaluation resources to help community health centers, other safety net providers, and ambulatory care providers implement health IT applications in their facilities.
- **NIDA** funds several projects evaluating a variety of mhealth platforms to deliver SUD treatment and recovery interventions and manage comorbidities such as HIV and HCV.
- **Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health** the landmark report focuses on the state of addiction in the US -proposes cross-sector solutions to improve prevention, treatment and recovery services, including an emphasis on implementing health IT to promote efficiency and high-quality care.

Case Study #2: Tarzana – Health IT to Manage SUD Referrals

Tarzana Treatment Centers, Inc. ("Tarzana"): A non-profit organization who utilizes an innovative combination of integrated services to provide high quality, cost-effective treatment for substance use and mental health disorders to adults and youth throughout California.

Tarzana offers medication assisted treatment; HIV/AIDS; Hepatitis C; and primary care for other chronic physical health conditions; recovery housing; and domestic violence services for victims and batterers.

California's Section 1115 Medicaid Waiver

- ✓ Implementation of the Drug Medi-Cal Organized Delivery System Waiver (DMC ODS) on July 1, 2017
- ✓ LA County Medi-Cal beneficiaries will have expanded access to SUD treatment.
- ✓ Patients are no longer turned away because funds to pay for treatment are exhausted.
- ✓ Increased demand for treatment services will constrain behavioral health facilities' staff, resources, and ability to meet standards of care.

TARZANA TREATMENT CENTERS
Integrated Healthcare

- Facilities are located in Los Angeles County
- Patients are served throughout California via telehealth.
- Tarzana staff spread over 11 owned sites and in hospitals, jails, and other service sites including:
  - ✓ 60 bed acute psychiatric hospital
  - ✓ 316 residential beds
  - ✓ Outpatient MH and SUD treatment programs
  - ✓ 6 primary care clinics integrated with behavioral health services

Case Study #2: Tarzana – Health IT to Manage SUD Referrals

Tarzana Treatment Centers, Inc. ("Tarzana") – Solution

- Converge multiple service request communication channels into a single Access Log.
- Reorganize existing staff into *Virtual Departments* to service requests via the Access Log permitting assignment of resources to most active channel.
- Provide a centralized database of service requests permitting management of quality and more cross-referrals.

TARZANA PROBLEM STATEMENT

Patients seeking treatment under DMC-ODS will tax Tarzana's ability to meet standards for timely access to care.

Tarzana must expand its ability to handle greater volumes of incoming referrals (anticipated 2000k new requests/week) for treatment.

TARZANA GOAL

Utilize health IT as a tool to:

- ✓ Manage the large influx of referrals from different sources.
- ✓ Meet CA's standard for timely access to care.
- ✓ Support HIE and care coordination efforts.
- ✓ Support successful patient retention in treatment.

Case Study #2: Tarzana – Health IT to Manage SUD Referrals

1 SBIRT is conducted on a patient at one of Tarzana member sites to screen for risky substance use behaviors.

If a patient screens positive, nurse care manager receives immediate alert.

2 Nurse care manager uses *MyCTN* – a telehealth software platform product– to make a referral to Tarzana for assessment.

My CTN

MyCTN** pushes referral to Tarzana's **Access Log.

Access Log

3 Tarzana "Navigator" pulls referral from *Access Log* and assigns case. Navigator also uses *Access Log* to search *Avatar EHR* for history of past treatment.

*Discharge summary generated and sent back to referring primary care clinic though **Access Log.***

If treatment history is found, information pushed to assessor during video consult.

TARZANA TREATMENT CENTERS

4 Tarzana specialist and nurse care manager conducts an assessment on the patient using ***MyCTN's*** videoconferencing capability. *If determination is made for treatment, availability of insurance and other coverage is determined.*

If determination is made for treatment, availability of insurance and other coverage is determined.

Patient is placed into one of Tarzana programs and *Avatar EHR* record is updated with assessment and treatment plan.

The Office of the National Coordinator for Health Information Technology

MODULE 3: HEALTH INFROMATION EXCHANGE ADOPTION AND IMPLEMENTATION

About ONC & Module Disclaimer

The **Office of the National Coordinator for Health Information Technology** (ONC) is the principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. For more information, visit www.HealthIT.gov.

DISCLAIMER

ONC recognizes the challenge for any one module to meet the needs and interests of the wide range of behavioral health provider types, agencies, and organizations especially given differences in size, geographic challenges, readiness for change, and financial resources. ONC invites you to use these materials wholly, or in part, and incorporate them into teaching materials to support your practice setting.

References or links in this module to any specific non-Federal entity, commercial product, process, service, or company do not constitute their endorsement or recommendation by the U.S. Government or the Department of Health and Human Services (HHS). HHS is not responsible for the content of any "off-site" website linked to in this presentation, nor is HHS responsible for such other website's compliance with section 508 (accessibility).

Understanding the Value of Health IT: Purpose and Goal

The purpose of this educational module is to help early adopter behavioral health providers better understand the value of health information technology (health IT). The module contains resources and information for behavioral health providers seeking to adopt and implement health IT. The goal of this module is to help behavioral health providers prepare for success in today's evolving health IT and value based payment environment.

Understanding the Value of Health IT: Overview

- MODULE 1: CURRENT HEALTH CARE LANDSCAPE AND VALUE OF HEALTH IT
  - Health IT and Behavioral Health
  - Drivers of health IT adoption and use
  - Cost drivers of health IT adoption and use
  - Federal policies and investments on health IT policy and use
  - CASE STUDY 1: Coordinating Care Across Settings

- MODULE 2: WHY HEALTH IT ADOPTION AND IMPLEMENTATION MATTERS
  - National health IT adoption rates
  - State-based examples of health IT implementation
  - Health IT adoption challenges
  - Technology enabled patient engagement
  - HIE tools & resources
  - Case Study 2: Managing Behavioral Health Referrals

- MODULE 3: HEALTH INFORMATION EXCHANGE ADOPTION & IMPLEMENTATION
  - Health information exchange and its relevance to behavioral health
  - Role of health IT standards in behavioral health
  - Privacy laws & consent management
  - Health information exchange resources
  - Case Study 3: Integrating Behavioral Health Data into an HIE

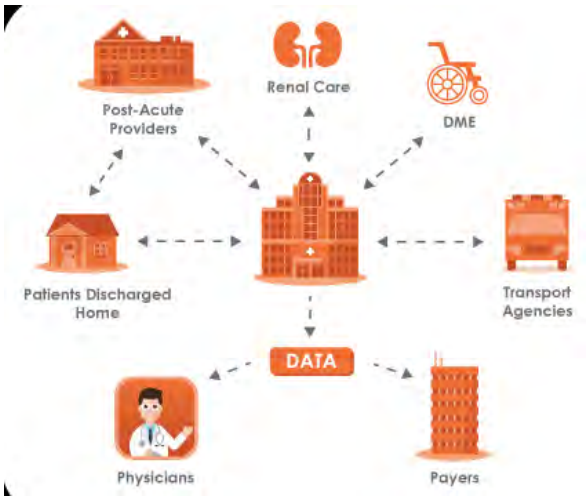
Learning Objectives

MODULE 3: HEALTH INFORMATION EXCAHNGE ADOPTION AND IMPLEMENTATION
• Define health information exchange and why is it important for behavioral health
• Describe the role of health IT standards and behavioral health
• Discuss privacy laws and consent management
• Identify health information exchange resources
• Case Study 3 - Integrating Behavioral Health Data into an HIE

What is Health Information Exchange (HIE)?

- ***As a verb***: Health information exchange requires the ability to securely access and exchange an individual's health information across and between health stakeholder groups (e.g. providers, individuals, payers, and other accountable entities).

- Three forms of exchange:
  - **Directed Exchange**—ability to send and receive secure information electronically between providers and individuals to support coordinate care.
  - **Query-based Exchange**—ability for providers to find and/or request information on a patient from other providers, often used for unplanned care.
  - **Consumer Mediated Exchange**—ability for patients to aggregate and control the use of their health information among providers.



- ***As a noun***: Legal organization that facilitates the information exchange within a network of facilities, community, state, or region.

Source: https://www.healthit.gov/providers-professionals/health-information-exchange/what-hie

Why is HIE Important for Behavioral Health?

Improves **COMMUNICATION** between health care providers during a transition of care

Increases **EFFICIENCY** by saving the care team time and prompt use of best care

Increases **COMPREHENSIVENESS** and **ACCURACY** of patient data

ENHANCES ease of public health reporting and population health analytics

Provides the assurance that individuals and their care teams have the **RIGHT** information avaiable at the point of care

May increase MARKET COMPETITIVENESS of the BH facility by increasing it's referral network

Why are Health IT Standards Important for Behavioral Health?

Health IT Standards *provides the fundamental definitions for and structures of the data that can be communicated across a wide variety of health care use cases.*

These standard formats allow for the creation of electronic messages that are exchanged between different health IT systems, which make interoperability and health information exchange possible.

- Standards facilitate information exchange for behavioral health providers.
- Standards are needed to achieve consistent formats and data definitions.
- Direct Secure Messaging standard is agreed upon by multiple stakeholders as an easily implementable approach for behavioral health organizations to begin sharing information through an HIE or between providers to improve coordination of care.

Resources

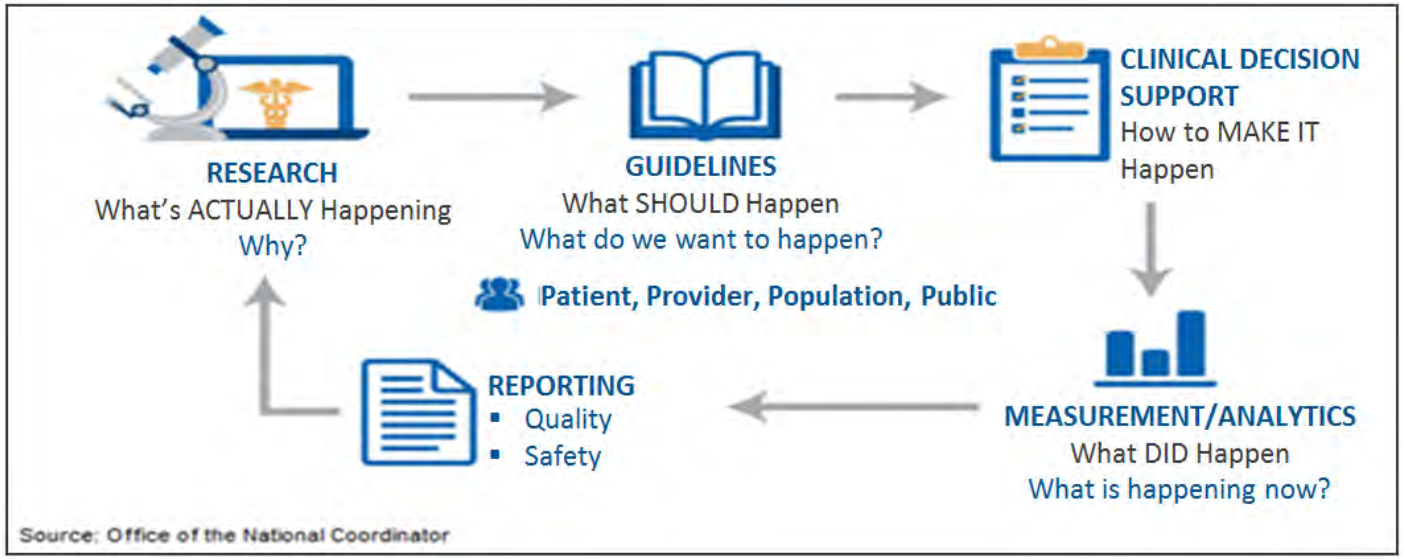
Shared Nationwide Interoperability Roadmap emphasizes the adoption and use of national interoperability standards

ONC Standards/SDO Training Module

Annually updated Interoperability Standards Advisory

Health IT & Standards Support Quality Measurement & Improvement Activities

- **Quality management** is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction.
- **Quality improvement** entails the development and implementation of activities to make changes to the program in response to the performance data results.



- Health IT can enable behavioral health providers to implement quality improvement activities by:
  - ✓ ***Reducing manual data entry***
  - ✓ ***Enabling direct submission of programmatic and quality measures for reporting requirements***
  - ✓ ***Lessening reporting burden***
  - ✓ ***Reducing potential data entry and transcription errors***

Privacy Laws and Consent Management

- **Privacy Laws**: Federal and state laws govern the privacy of health information.
  - **Health Insurance Portability and Accountability Act (HIPAA) of 1996**
    - Establishes a floor (minimum) of safeguards to protect privacy of "protected health information" (PHI) & establishes patient rights.
    - HIPAA does not prohibit use and disclosure of mental health or any other specific clinical category of information.
      - Psychotherapy notes and correction medical records are the exception.
      - Disclosable data includes labs, prescriptions, appointments, and procedures related to mental health care.

To learn more about privacy and security, visit here!

  - **42 CFR Part 2 (Confidentiality of Substance Use Disorder Patient Records)**
    - Federal law governing confidentiality for people seeking treatment for substance use disorders from federally assisted programs.
  - State health information privacy and consent laws and policies vary widely across the U.S., and impose additional requirements.

- **E-Consent Management**
  - A means of electronically capturing and maintaining patient consent through technology rather than through a paper-based form.

- **Data Segmentation**
  - Refers to the electronic labeling or tagging of a patient's health information in a way that allows patients or providers to electronically share parts, but not all, of a patient record.
  - Helps providers comply with specific state and federal laws by helping to keep the "sensitive" portions of a patient's electronic record private.

Privacy Laws and Consent Management (continued)

When State Laws Apply to Sharing Health Information:

- **State may pose additional rules for health information disclosure**
  - ✓ May be around sensitive categories of information, or information held by state/local governments; or opt out/opt in for exchange
  - ✓ Some state laws restrict exchange of mental or behavioral health data without consent or identify other sensitive categories that require consent (e.g., HIV status, treatment of minors, etc.)
  - ✓ Some state laws may enable broad collection (state registry), but not dissemination of health information

- **State laws may apply when HIPAA does not apply**
  - ✓ E.g., when non covered entities (e.g., housing authorities) are using or disclosing PHI health information
  - ✓ E.g., when covered entities are exchanging PHI for purposes other than treatment, payment, health care operations

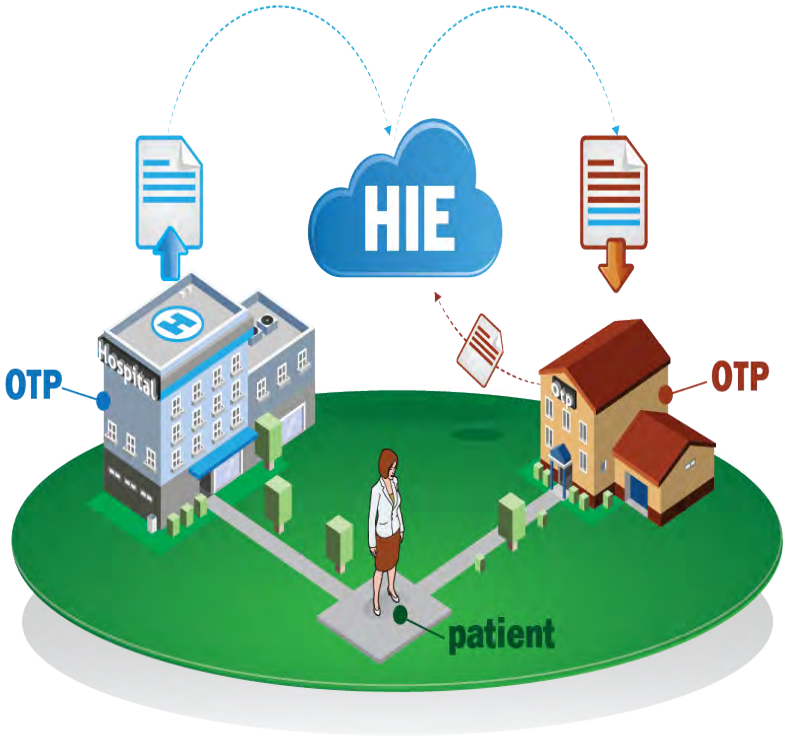
- **State laws may require the use and or disclosure of PHI for certain purposes**
  - ✓ Public health surveillance or reporting
  - ✓ Health oversight
  - ✓ Law enforcement under certain conditions

For more information: https://www.healthit.gov/policy-researchers-implementers/state-health-it-privacy-and-consent-laws-and-policies

Consent2Share: Patient Consent Management

Consent2Share (C2S)

- An open source software application developed by SAMHSA for consent management and data segmentation.
- Designed to integrate with existing EHR and HIE systems.
- Uses the data segmentation for privacy (DS4P) standard which provides a mechanism for providers to comply with federal and state law regarding the sharing of sensitive health information .
- Enable patients to have more meaningful choice when sharing their health information
- Facilitates confidentiality and secure transfer of data



Health information exchange with an Opioid Treatment Program

For more information: https://www.samhsa.gov/health-information-technology/samhsas-efforts

Consent2Share source code and technical documentation is available at GitHubWeb

Behavioral Health State HIE Examples & Resources

[Maine HealthInfoNet]

[Current Care Rhode Island]

[South Carolina Health Information Exchange]

[Arkansas State Health Alliance for Health Exchange]

[Health Current]

[Colorado Quality Health Network]

ONC Funded Grantee Bright Spots

Expanding Data Exchange in Arkansas

Arkansas's Office of Health Information Technology (OHIT) is expanding health information exchange to providers in Arkansas through a statewide HIE known as the State Health Alliance for Records Exchange (SHARE).

OHIT has developed a robust and systematic onboarding process to familiarize providers with data exchange and increase utilization of SHARE services.

Using SHARE: **44** hospitals and **754** other practices and facilities are live or implementing SHARE; **1,977,934** unique patients are covered by SHARE.

South Carolina HIE Services Support Care Coordination

The South Carolina Health Information Exchange (SCHIEx) provides the technical infrastructure to enhance communication among providers along the continuum of care and improve health outcomes by enabling mental health providers to access data from other points along the care continuum that is otherwise difficult to obtain.

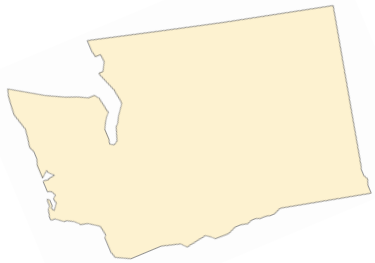
About SCHIEx: **29** hospital and FQHC participants, **240** Rural Health Center and medical practice participants, **1,322,000** patient lives covered, **8,798,405** clinical documents available, and **8,465** DSM messages sent each month.

ONC Funded Grantee Bright Spots

Patient Consent & Behavioral Health Exchange in Kitsap County, WA

Peninsula Community Health Services' (PCHS) platform to support behavioral health exchange is comprised of a number of different components. Central to the system is Consent2Share, an open-source tool developed by the Substance Abuse and Mental Health Services Administration (SAMHSA).

PCHS implemented a web-based health information exchange tool and clinical document repository to enable PCHS providers to access Continuity of Care Documents (CCDs) and view key clinical data about a patient.



The system can automatically extract a CCD whenever a provider closes out a patient encounter. In addition, PCHS developed a technology-agnostic adapter that allows users to send CCDs in different ways depending on their underlying technology infrastructure.

Case Study #3: QNH - Integrating Behavioral Health Data into an HIE

Quality Health Network (QHN), a HIE serving Western Colorado, successfully enables continuity-of-care documents from behavioral health providers to be securely integrated into the HIE's longitudinal health record.

The project brings electronic data-sharing capabilities to **Mind Springs Health (MSH),** a regional behavioral health organization providing services at 13 locations within a 23,000-square-mile Western Colorado service area.

Lack of shared information puts patients at risk:

- ✓ Providers could prescribe treatment compromising safety or recovery.
- ✓ Behavioral health medications tend to have more drug-to-drug interactions.
- ✓ Emotional/behavioral disorders may effect adherence to treatment of physical disorders.
- ✓ Emotional factors often exacerbate diseases (e.g., asthma and autoimmune diseases.

QHN PROBLEM STATEMENT

Providers not receiving behavioral health treatment data in a timely manner puts patients at risk for gaps in care and safety issues such as drug to drug interactions

QHN GOAL

- Securely exchange behavioral health data and integrate into the longitudinal health record.
- Improve the community standard of care
- Support care coordination efforts
- Providers get the "full picture" of patient's care

Case Study #3: QHN Workflow

No information flows to QHN without MSH verification/written authorization

MIND SPRINGS health
Prevention. Care. Recovery.

- ✓ MSH Generates Data Files
  - Inpatient Discharge Summaries
  - Outpatient Psychiatry Visits
- ✓ MSH validates and secures patient consent to share reports with referring or other designated providers.
- ✓ MSH sends report via Direct messaging to QHN.

QUALITY HEALTH NETWORK

- ✓ QHN converts data to custom reports
- ✓ QHN ensures consent notice is intact
- ✓ Report is "wrapped" and resides in HIE longitudinal health record, behind secure break-the-glass (sequestered repository) view.

- ✓ Referring and other designated providers have access to
  - Direct electronic delivery to PCP EHRs pushed by QHN.
  - Staff from authorized facility can also "pull" from QHN.

Q H N

Mind Springs providers have query access to the QHN HIE to view patient's clinical information from other health care providers

Case Study #3: QHN Model for Integrating Behavioral Health Information

PUSH

Mind Springs providers query the QHN HIE to view patient's clinical information from other health care providers.

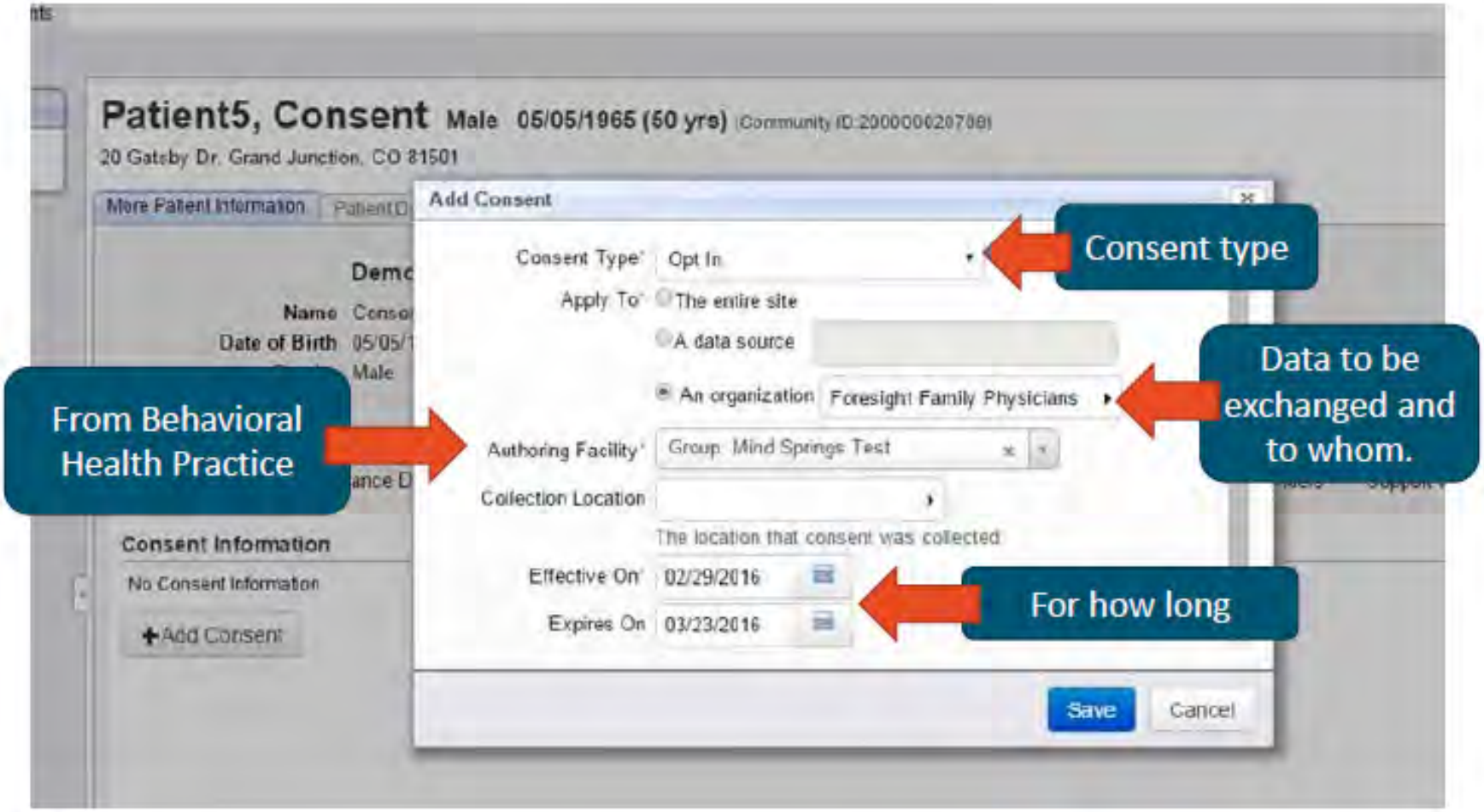
PULL

Providers (provider group) designated on patient consent have access to protected results in the QHN Patient Summary view.

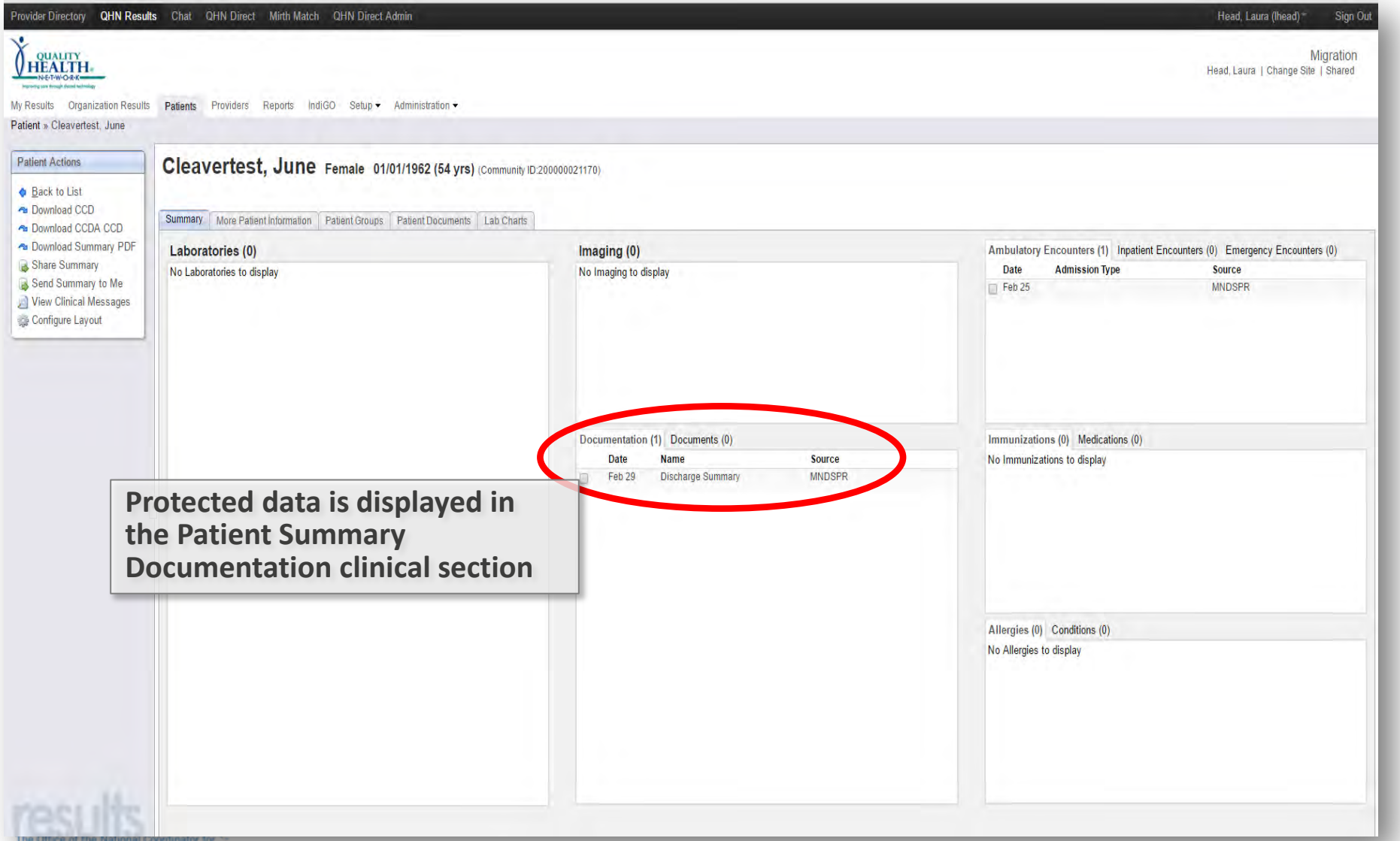
PUSH

Referring provider, or other provider designated, receives behavioral health data directly in their EHR via QHN HIE.

Case Study #3: Consent Management in QHN



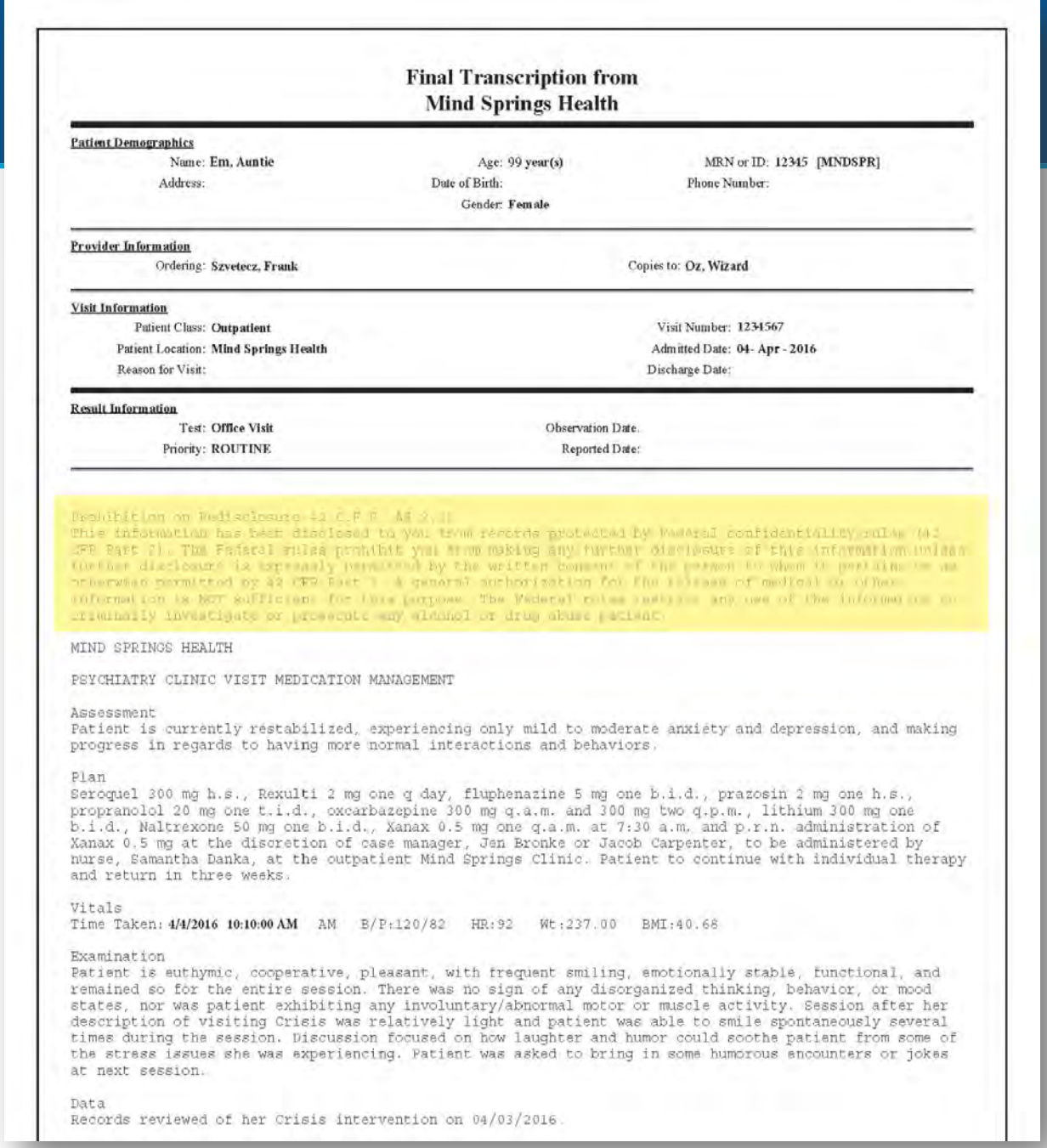
Case Study #3: What do providers see?



Sample Clinical Care Report (CCR) from Mind Springs Health

Allows information to be associated with authorized providers

Prohibition Notice "wrapper" consistent with 42 CFR Part 2 for all behavioral health reports/notes either Pushed or Pulled via HIE, including information regarding re-disclosure



Final Transcription from Mind Springs Health

Patient Demographics

Name: Em, Auntie | Age: 99 year(s) | MRN or ID: 12345 [MNDSPR]
Address: | Date of Birth: | Phone Number:
Gender: Female

Provider Information

Ordering: Szvetecz, Frank | Copies to: Oz, Wizard

Visit Information

Patient Class: Outpatient | Visit Number: 1234567
Patient Location: Mind Springs Health | Admitted Date: 04- Apr - 2016
Reason for Visit: | Discharge Date:

Result Information

Test: Office Visit | Observation Date:
Priority: ROUTINE | Reported Date:

Prohibition on Redisclosure 42 C.F.R. Â§ 2.32
This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

MIND SPRINGS HEALTH

PSYCHIATRY CLINIC VISIT MEDICATION MANAGEMENT

Assessment
Patient is currently restabilized, experiencing only mild to moderate anxiety and depression, and making progress in regards to having more normal interactions and behaviors.

Plan
Seroquel 300 mg h.s., Rexulti 2 mg one q day, fluphenazine 5 mg one b.i.d., prazosin 2 mg one h.s., propranolol 20 mg one t.i.d., oxcarbazepine 300 mg q.a.m. and 300 mg two q.p.m., lithium 300 mg one b.i.d., Naltrexone 50 mg one b.i.d., Xanax 0.5 mg one q.a.m. at 7:30 a.m. and p.r.n. administration of Xanax 0.5 mg at the discretion of case manager, Jen Bronke or Jacob Carpenter, to be administered by nurse, Samantha Danka, at the outpatient Mind Springs Clinic. Patient to continue with individual therapy and return in three weeks.

Vitals
Time Taken: **4/4/2016 10:10:00 AM** AM B/P:120/82 HR:92 Wt:237.00 BMI:40.68

Examination
Patient is euthymic, cooperative, pleasant, with frequent smiling, emotionally stable, functional, and remained so for the entire session. There was no sign of any disorganized thinking, behavior, or mood states, nor was patient exhibiting any involuntary/abnormal motor or muscle activity. Session after her description of visiting Crisis was relatively light and patient was able to smile spontaneously several times during the session. Discussion focused on how laughter and humor could soothe patient from some of the stress issues she was experiencing. Patient was asked to bring in some humorous encounters or jokes at next session.

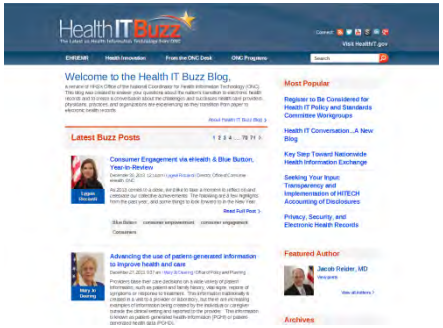
Data
Records reviewed of her Crisis intervention on 04/03/2016.

Case Study #3: Lessons Learned

- HIPAA allows sharing of behavioral health data.
  - » Psychotherapy notes require consent.
- 42 CFR Part 2 allows sharing of substance use data ONLY with patient authorization/consent.
- Health Information Exchanges are an excellent way to facilitate clinical information sharing to improve care and care coordination.
- Data only moves at the speed of trust!
- The focus must be on what's right for the patient to improve the standard of care.

Stay Connected, Communicate, and Collaborate

- **Browse the ONC website at:** HealthIT.gov
- **Sign Up for email updates:**
public.govdelivery.com/accounts/USHHSONC/subscriber/new?
- **Visit the Health IT Dashboard:** dashboard.healthit.gov
- **Subscribe, watch, and share:**
  - @ONC_HealthIT
  - HHSONC
  - HHS Office of the National Coordinator
  - Health IT and Electronic Health Record
- **Contact us at:** onc.request@hhs.gov



The Office of the National Coordinator for Health Information Technology

Thank You

For more information, visit www.healthit.gov.

@ONC_HealthIT HHSONC HealthIT.gov