Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Purpose: Ensure the behavioral health provider network, including prevention specialists and consumer providers, fully participates with the general health care delivery system in the adoption of health information technology.

Primary role of SAMHSA’s HIT effort is to support the behavioral health aspects of the electronic health record based on the standards and systems promoted by the Office of the National Coordinator for Health IT.
Panel Session: Measuring Quality and Health IT/EHRs

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Medical information will follow consumers so that they are at the center of their own care.

Consumers will be able to choose physicians and hospitals based on clinical performance results made available to them.

Clinicians will have a patient's complete medical history, computerized ordering systems, and electronic reminders.

Quality initiatives will measure performance and drive quality-based competition in the industry.
When electronic health records are widely adopted, doctors will have better information and more time to focus on patients. Patients will have more control over their health. Employers will have a healthier, more productive workforce and a stronger bottom line.

Kathleen Sebelius
Secretary
U.S. Department of Health & Human Services

December 8, 2010
SAMHSA: Key Messages

- Behavioral health is essential to health
- Prevention works
- Treatment is effective
- People recover from mental and substance use disorders

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SAMHSA’s Regional Presence
The Regional Administrators help SAMHSA reach out to and provide information for States, Territories, Tribes, providers, communities and other stakeholders, whether about funding opportunities, federal policies affecting them, or disaster preparedness and response.

They also enhance collaboration between SAMHSA and other HHS colleagues in the regional offices and help inform the agency about behavioral health needs throughout the country.

List of RA’s: [http://www.samhsa.gov/about/regions/](http://www.samhsa.gov/about/regions/)
SAMHSA’s HIT Objectives

- Increase the involvement of behavioral health organizations in state Health information Exchange (HIE) pilot activities
- Increase the number of behavioral health organizations meeting meaningful use activities
- Address the issues of privacy and security associated with mental illness and substance use disorder treatment
- Develop working relationship with Medicaid, Mental Health and Substance Use Authorities
National HIT Landscape

The Health Information Technology for Economic and Clinical Health Act (HITECH Act)
- Large national investment in HIT
- Largely excludes behavioral health providers

The Affordable Care Act
- Coordinated, integrated, patient-centered care

Privacy and Confidentiality Regulations
- HIPAA
- 42 CFR Part 2
- State laws regarding Mental Health Confidentiality
Barriers...or Opportunities?

“Health information exchanges (HIEs) and regional health information organizations (RHIOs) are forming the National Health Information Network’s backbone.”

“Interoperability standards for electronic information exchange are under development. Yet the addiction treatment and behavioral healthcare fields are just beginning to review, discuss, and debate the effect of interoperable systems for electronic health record (EHR) exchange.”

Behavioral Health IT Challenges

- How should HIT systems be designed to control disclosure and re-disclosure of sensitive information?
- How can we ensure that when data are shared they are interpretable across providers and by third parties (i.e. researchers, public health, surveillance)?
- How can systems evolve rapidly along with research and changing best practices?
- How can new technologies take us to the next level of care delivery?
Behavioral Health IT Challenges

How can these technologies be used to reduce the reporting burden while improving data quality?

- Minimize data re-entry
- Harmonize across programs to data elements collected in the normal course of care delivery

How can other behavioral health-relevant systems share information with healthcare providers?

- Criminal justice
- Housing and urban development
- Social Services (TANF, Income Support, Transportation, etc.)
- Public Health
The Goal: A Connected Infrastructure with a Behavioral Health Component

- Hospitals
- Pharmacies
- Diagnostic Labs
- Behavioral Health Provider & Patient
- Physicians & Staff
- Public Health

Patient Centric Health Information Exchange

Technology Infrastructure
Health Information Exchange

- Primary Care
- Specialty Care
- Pharmacies
- Labs
- Patients
- Behavioral Health
- Health Plans
- Clinics
- Hospitals
- Data Systems
- National Health Information Network
- Public Health Agency
- Health Information Exchange (HIE)
- Electronic Health Records (EHR)
- Personal Health Records (PHR)
SAMHSA Health IT Strategic Initiative

Goals

➡ Develop the infrastructure for interoperable Electronic Health Records, including privacy, confidentiality, and data standards.

➡ Provide incentives and create tools to facilitate the adoption of Health IT and EHRs with behavioral health functionality in general and specialty healthcare settings.

➡ Deliver technical assistance to State Health IT leaders, behavioral health and health providers, patients/consumers, and others to increase adoption of EHRs and Health IT with behavioral health functionality.

➡ Enhance capacity for the exchange and analysis of EHR data to assess quality of care and improve patient outcomes.
HIT Activities: Meetings

- SAMHSA held three HIT Regional Forums:
  - Participants were from 50 states and U.S. territories.
  - Objective: to facilitate the integration of standards-based HIT within the behavioral health field.

- SAMHSA also met with various stakeholders regarding behavioral health electronic records & performance measures (APA, ASAM, NAADAC, NASADAD, NASMHPD, etc.)

- SAMHSA is also meeting with behavioral health software vendors, including Netsmart and SATVA.
State Concerns Voiced at Regional Forums

Financial:

- Not having the ability to receive Meaningful Use incentives.
- Smaller practices lack the funds to be able to successfully implement EHR
- Lack of resources to properly educate staff on the proper use of EHR.
State Concerns Voiced at Regional Forums (cont’d)

**Technical**
- Connecting older legacy systems to a newer State system or HIE.

**Personnel:**
- Paperwork overload when trying to integrate behavioral health patients into systems.
- Lack of resources to properly educate staff on the proper use of EHR.
- Frustration with trying to integrate into primary care settings.
HIT Activities: HIT Supplements to PBHCI

SAMHSA has awarded 47 supplemental funds grants for Health IT infrastructure for current Primary and Behavioral Health Care Integration grantees (PBHCI).

Objective of grants: to incentivize state designated entities and PBHCI grantees to develop infrastructure supporting the exchange of health information through the development or adaptation of EHR data systems.
PBHCI-HIT Grantees by State
HIT Activities: Grants to Expand Care Coordination through the Use of Health Information Technology in Targeted Areas of Need

- SAMHSA awarded 29 Targeted Capacity Expansion (TCE)-HIT grants.

- Funds are to be used to leverage technology to enhance and/or expand the capacity of substance abuse treatment providers to serve persons in treatment who have been underserved because of lack of access to treatment due to transportation concerns, an inadequate number of substance abuse treatment providers in their community, and/or financial constraints.

- Examples of capabilities that could be developed with the funds include web-based services, smart phones, and behavioral health electronic applications (e-apps).
Coordinated through the National Council for Community Behavioral Healthcare (NCCBH).

One year initiative with: Maine, Illinois, Kentucky, Oklahoma, and Rhode Island.

These five HIEs will disseminate their work and lessons learned as part of the project to benefit the HIE’s nationally.

The development and implementation timeframes for other HIEs will be dramatically shortened due to the lessons learned from the 5 states.
Each state has initiated a statewide meeting with their behavioral health providers to identify the benefits for BH providers in the state and solicit their input.

KY, IL and ME now have behavioral health workgroups.

A baseline has been established for each state re. the number of BH providers currently in the HIE.

- This will be tracked over time to follow the progress of BH involvement in the HIE.
Regarding 42 CFR Part 2:

- States are working through issues of 42 CFR compliant consents to identify barriers and recommend needed solutions for success with HIEs.

States are also focused on BH information in the Continuity of Care Document (CCD) regarding

- what is currently included,
- what additional data elements are needed to improve coordination and quality of care when a BH provider receives information from other providers.
Open Behavioral Health Information Technology Architecture (OBHITA) project:

- SAMHSA is working with the International Standards Organization Health Level 7 (HL-7) to define consensus standards for behavioral health information to be included in the standard Continuity of Care Document (CCD), and

- With the ONC Standards and Interoperability Framework for Data Segmentation for Privacy (DS4P) to identify exchange standards for patient consent information across EHRs.
The Impact of 42 CFR Part 2

Increased accessibility to health records raises the question of how to ensure patient confidentiality and trust.

• Patient consent must be obtained before sharing information from a substance abuse treatment facility that is subject to 42 CFR Part 2, and can not be re-disclosed without consent

• The purpose is to encourage patients to seek substance abuse treatment without fear that by doing so their privacy will be compromised.

The Role of States

→ 42 CFR Part 2 set a minimum standard for protecting and security protected health information (PHI). If the state law is more restrictive then the state law governs.

→ For example, mandatory child abuse reporting laws in each state are unaffected by 42 CFR Part 2.

→ A local, county, or state counsel can advise whether state law of federal law is more restrictive in a given area.
To help providers in the behavioral health field better understand privacy issues related to Health IT, SAMHSA, in collaboration with ONC has created two sets of Frequently Asked Questions (FAQs).

Both documents are developed by the Legal Action Center.

These FAQs and other information regarding privacy can be accessed at: http://www.samhsa.gov/healthprivacy/
Conclusion

- Health IT has the potential to benefit behavioral health treatment providers and their clients through increased efficiency, coordination, and patient engagement.

- Through SAMHSA’s Health Information Technology Strategic Initiative, the agency continues to ensure that providers and States understand the benefits of integrating Health IT into their programs and that they have the training and tools to support their HIT goals.
QUALITY MEASUREMENT
Quality measures have the potential to drive improvement in the healthcare system and can be used to demonstrate successful outcomes and reduced waste.

HIT performance and outcome measures will help answer the questions:

- Are our goals measurable and evidence-based?
- Are we reaching the right populations?
- Are client and treatment properly aligned?
- Are we achieving cost-effective, quality care?
How Measures Become Implemented

Measure Developers ➞ All measures ➞ NQF

Measure Approvers ➞ NQF ➞ AQA/HQA

Measure Users ➞ AQA/HQA

- NCQA
- JCAHO
- Leapfrog
- AHRQ
- AMA PCPI

- CMS
- Prof Orgs
- Other Stakeholders (researchers/hospitals)

- Endorses measures
- Multi-stakeholder Consensus Process
- Consumers/Purchasers Majority

AQA/HQA

- Approve Measures for Use/Reporting
- Multi-stakeholder Representation

- CMS
- JCAHO
- Leapfrog
- Health Plans
- Regional

Collaboratives
- Private Purchasers
- Consumers
- States

Adapted from © Consumer-Purchaser Disclosure Project, 2008
NQF Quality Measure Development

- Open call for measures (Dec 2011, July 2012)
- Augmented by lit review/National Quality Measures Clearinghouse
- Conditions for consideration
  - Public domain or IP agreement
  - Responsible entity to maintain
  - Public reporting and QI
  - Complete info (provisional if not tested)
NQF Quality Measure Development

➔ Criteria for evaluation—PH/Improvement
  • Importance—PH and improvement
  • Scientific acceptability—reliable/valid
  • Usability—decision making/6P's
  • Feasibility—data available/burden

➔ Steering Committee—open consensus/interactive

➔ Member and public comment

➔ Exploring a two phase process
  • Approval of concept
  • Evaluation of technical specifications
Current eMeasure Preparation Process for Meaningful Use

Develop eSpecs
- Logic
- Data Criteria

Develop Value Sets
- Based on defined Data Criteria

Testing
- eMeasures

Entry into Measure Authoring Tool (MAT)
- Link value sets to data criteria
- Logic
SAMHSA Quality Measurement Activities

- Developing electronic specifications for clinical quality measures for behavioral health that are relevant for the meaningful use program

| NQF #0109, Bipolar Disorder and Major Depression: Assessment for Manic or Hypomanic Behaviors |
| NQF #0110, Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance Use |
| NQF #0111, Bipolar Disorder: Appraisal for Risk of Suicide |
| NQF #1385, Developmental Screening Using a Parent Completed Screening Tool (Parent report, Children 0-5) |
| NQF #0576, Follow-Up After Hospitalization for Mental Illness |
| NQF #1401, Maternal Depression Screening |
| NQF $1406, Risky Behavior Assessment or Counseling by Age 13 |
| NQF #1507, Risky Behavior Assessment or Counseling by Age 18 |
| NQF #0580, Bipolar Anti-manic Agent |
| NQF #1661, SUB-1 Alcohol Use Screening |
| NQF #1663, SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention |
SAMHSA Quality Measurement Activities

- Working with technical and clinical experts to determine what additional quality measures need to be developed to support behavioral health care
  - Both in primary and specialty care
  - New quality measures will be developed to fill gaps that are identified through this process
  - Efforts are being made to standardize value sets for behavioral health concepts to improve measurement efficiency
ADVANCED TOOLS
The Future of HIT for Behavioral Health

- The HIT revolution is just beginning
- Technology is evolving rapidly
- Many of the tools that are being used now will be displaced by newer tools that support safer, higher quality, more efficient workflow
  - Examples- Basic compliance with privacy regulations vs. systems that give the patient more dynamic control
- Focus on long term potential for advancing care through HIT
BH Treatment Lifecycle

- Patient Identification
- Brief Patient Assessment
- Brief Intervention or Referral
- Full Patient Assessment
- Clinical Decision Support
- Patient Education and Engagement
- Shared Decision Making
- Patient Placement
- Patient Treatment
- Outcome Tracking
- Quality Data Reporting
BH Treatment Lifecycle

How can EHRs or PHRs be used to:
- Identify patients at risk
- Reduce the burden on healthcare providers
- Alert healthcare providers of patients at risk
- Educate patient and link them to resources
- Provide positive reinforcement for patients at low risk
BH Treatment Lifecycle

- Collect standardized patient assessment data
- Minimize burden through computer adaptive testing
- Automated scoring of assessments, linking to evidence based clinical decision support
- Use alerts and reminders to effectively protect patient safety and improve quality of care
- Collect standard data on patient symptoms
BH Treatment Lifecycle

- Support evidence based care
- Support sharing information with patients
- Link patients to community resources
- Manage consents for health information exchange
- Manage referrals
- Ensure that patients in need don’t fall through the cracks
- Support care coordination and case management
BH Treatment Lifecycle

- Capture standard data on non-pharmacologic treatments
- Effectively monitor patient progress
- Provide clinical decision support for adjusting treatment:
  - Step up to the next level of care
  - Continue in current care level
  - Enroll in recovery maintenance services
- Data standardization to ensure interpretability across providers
BH Treatment Lifecycle

- Brief Patient Assessment
- Brief Intervention or Referral
- Patient Identification
- Quality Data Reporting

- Structure, Process and Outcome measurement
- Individual and community based results
- Determine if evidence based protocols were used
- Assess the efficacy of individual providers and healthcare systems
- Public health reporting
- Research to improve health service delivery
- While reducing the reporting burden on the healthcare system
Data can be analyzed to correlate symptom profiles and treatments used with Outcomes:

- Algorithm that determine the treatment plan can be updated based on feedback loop
- Creates continuous learning environment
- Personalized medicine
- Support research into the biological basis of behavioral health disorders
Patient Engagement

- Capturing patient reported data in the EHR
- Interface with the patient through a web portal or PHR
- Provide the patient with health information tailored to their own risks and to level of health literacy
- Provide community and online resources
- Tools to support shared decision making
- Goal setting and tracking
- Link with mHealth tools
Advanced Tools

- SAMHSA is working closely with provider organizations and our federal partners to promote the development of tools to support the treatment lifecycle
  - ApA, APA, ASAM, AHRQ, NIH (NIMH, NIDA, NIAAA, OBSSR)
  - Research on the use of HIT to advance care is a new but growing field, and key to transforming our behavioral healthcare system
- We invite the vendor community to join in this collaboration
Thank you