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
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.

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http://www.hhs.gov/disclaimer.html
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.

More information available at [www.healthit.gov](http://www.healthit.gov)
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.

More information available at [www.healthit.gov](http://www.healthit.gov)
Expanding health IT use in behavioral health care could facilitate coordination and integration of behavioral health and general medical care.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Any EHR or EMR System?</th>
<th>Basic System</th>
<th>Certified System</th>
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</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>89.6</td>
<td>57.9</td>
<td>80.9</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>61.3</td>
<td>15.5</td>
<td>40.8</td>
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Data retrieved from: [https://www.cdc.gov/nchs/data/ahcd/nehrs/2015_nehrs_ehr_by_specialty.pdf](https://www.cdc.gov/nchs/data/ahcd/nehrs/2015_nehrs_ehr_by_specialty.pdf)
REALIZING THE VALUE OF HEALTH IT

Benefits to patients, health care providers, and communities

- Care Coordination
- Patient Engagement & Population Management
- Cost Savings & Process Improvement
- Patient Care
- Patient Outcomes

Benefits of Adopting Health IT
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.

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 an 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

BETTER HEALTH

Population & Community Health
Efficiency & Cost Reduction

BETTER CARE

Clinical Care
Person/Caregiver Centered

LOWER COSTS

Care Coordination
Transforming Landscape: Shift to Value Based Care

**Current Fee-For-Service**
- 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)

**Emerging Value Based Care**
- 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/](https://www.healthit.gov/playbook/value-based-care/)
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
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 Care Policy Goals
- Parity advancements
- Improved health outcomes
- Behavioral health and physical health integration

Reducing Administrative Burden and Cost
- Cost impact of behavioral health conditions
- Administrative burden (i.e., billing, workflow, data access & sharing)

Quality Programs and Alternate Payment Models
- New Payment & Care Delivery Models
- Accountable Care Organizations & Other Coordinated Provider Networks

Technology Innovations
- Health IT Infrastructure
- Telebehavioral Health
- Data Sharing

Improved health outcomes
- Behavioral health and physical health integration
- Parity advancements
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• Cost impact of behavioral health conditions
• Accountable Care Organizations & Other Coordinated Provider Networks
• New Payment & Care Delivery Models
• Health IT Infrastructure
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Health IT Interoperability: Roadmap Milestones Benefit Provider Workflows and Practices and Improve Care for Individuals

In [Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap](http://www.healthit.gov/), 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?
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.

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

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) Prevalence of Serious Mental Illness Among U.S. Adults by Sex, Age, and Race in 2008

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

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

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

Top 1% of spenders account for more than one-fifth of all spending

Top 5% of spenders account for almost half of all spending

Top 10% of spenders account for 65% of all spending

Bottom 50% of spenders account for only 3% of all spending.

NIHCM Foundation analysis of data from the 2013 Medical Expenditure Panel Survey.
Top 1% of spenders account for more than one-fifth of all spending.

Top 5% of spenders account for almost half of all spending.

Top 10% of spenders account for 65% of all spending.

**Top 5% of Cost Curve includes patients that…**
- Have complex medical, behavioral, and functional issues
- Receive care from multiple providers at various non-integrated sites
- Receive care from most costly settings (hospitals and emergency department settings)
- Get paid by multiple payers or cycle in and out of coverage
- Experience multiple transitions and need integrated care plan
FEDERAL POLICIES AND INVESTMENTS ON HEALTH IT POLICY AND USE
### Relevant Health IT Legislation for Behavioral Health

<table>
<thead>
<tr>
<th>Year</th>
<th>Legislative Action</th>
<th>Description</th>
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<tbody>
<tr>
<td>2008</td>
<td>Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)</td>
<td>Requires that the financial regulations and treatment limitations imposed by health plans and insurers for MH &amp; SUD be no more restrictive than those imposed for medical and surgical conditions.</td>
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<tr>
<td>2010</td>
<td>Affordable Care Act (ACA)</td>
<td>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.</td>
</tr>
<tr>
<td>2016</td>
<td>Medicaid and CHIP Managed Care Final Rule</td>
<td>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.</td>
</tr>
<tr>
<td>2017</td>
<td>42 CR Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records</td>
<td>Protects the confidentiality of SUD patient records by restricting the circumstances under which such records can be disclosed by Part 2 Programs.</td>
</tr>
</tbody>
</table>

- **Implementation of MHPAEA and the Patient Protection and the ACA increased access to behavioral health care for patients and emphasize integrated health care.**
- **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.**
- **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](http://www.qpp.cms.gov).

- **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.**
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
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?

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.

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
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:

<table>
<thead>
<tr>
<th>Clinical Information Reconciliation</th>
<th>Social, Psychological, Behavioral Data</th>
<th>Transitions of Care</th>
<th>Data Segmentation</th>
<th>Care Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform clinical reconciliation of a patient’s active medication, problem, and medication allergy list</td>
<td>Provides the capability to document and access a patient’s social, psychological, and behavioral data</td>
<td>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</td>
<td>Exchange sensitive information using the Data Segmentation for Privacy Standard</td>
<td>Provides a structured format for documenting an individual’s care plan based on their unique needs.</td>
</tr>
</tbody>
</table>
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.

3. Upon 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.

5. The 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.
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# 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.

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.

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.

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

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

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

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

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

**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.

**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.

**Accessibility/Accessibility:**
- **Access**
  - Figure out what you need
- **Plan**
  - Establish plans to guide you on this journey
- **Select**
  - Choose software/hardware solutions and vendors
- **Implement**
  - Install the software/hardware solution and start to use. Test the solution and train staff.
- **Maintain**
  - Keep the new solution up and running
- **Optimize**
  - Gain more benefits from the solution

Source: [https://www.stratishealth.org/expertise/healthit/](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?

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

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:

- Misunderstanding of their ailment(s)
- Confused about medicine usage
- Not scheduling follow-up appointments with primary care
- Being misinformed about test results

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.
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.
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](mailto:samhsa.hit@samhsa.hhs.gov)
Federal Behavioral Health IT Tools & Resources

✓ 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.

✓ 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.

✓ 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.
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.

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**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.

- 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
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.

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

3. Nurse care manager uses MyCTN – a telehealth software platform product – to make a referral to Tarzana for assessment. MyCTN pushes referral to Tarzana’s Access Log.


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

6. 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.

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

Discharge summary generated and sent back to referring primary care clinic through Access Log.
MODULE 3: HEALTH INFORMATION EXCHANGE ADOPTION AND IMPLEMENTATION
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](http://www.HealthIT.gov).

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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 EXCHANGE 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.
- Provides the assurance that individuals and their care teams have the **RIGHT** information available at the point of care.
- **ENHANCES** ease of public health reporting and population health analytics.
- May increase **MARKET COMPETITIVENESS** of the BH facility by increasing its referral network.
**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

Source: Office of the National Coordinator
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.
  - **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.

To learn more about privacy and security, visit here!
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

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

For more information: [https://www.samhsa.gov/health-information-technology/samhsas-efforts](https://www.samhsa.gov/health-information-technology/samhsas-efforts)

Consent2Share source code and technical documentation is available at [GitHub](https://github.com)
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
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.

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.
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

- 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.

- 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.

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

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

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

Referring provider, or other provider designated, receives behavioral health data directly in their EHR via QHN HIE.
Case Study #3: Consent Management in QHN

From Behavioral Health Practice

Consent type

Data to be exchanged and to whom.

For how long

Effective On: 02/29/2016
Expires On: 03/23/2016
Case Study #3: What do providers see?

Protected data is displayed in the Patient Summary Documentation clinical section.
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
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.
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