



## Engaging Behavioral Health Providers through HIE to Improve Healthcare Delivery and Outcomes in Arkansas

*"Health information exchange can support care coordination, especially when looking at behavioral health data where communication can easily be lost between providers. Even the most basic functionality can help providers follow a patient through the care continuum and improve outcomes."-Shirley Tyson, Chief Technical Officer, Arkansas Office of Health Information Technology*



### Expanding Data Exchange in Arkansas

Health information exchange (HIE) is an important tool for improving patient safety and overall quality of care. HIE can enhance communication among care team members and enable access to a more comprehensive view of a patient's medical data.<sup>1</sup> 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).

Using SHARE, Arkansas's healthcare providers have a number of mechanisms for accessing, sending, and receiving a patient's data. SHARE was initially developed as a hub for Direct Secure Messaging (DSM), a tool similar to secure email. Providers can use DSM to exchange a variety of data, including continuity of care documents and care summaries to support transitions of care. Providers can also query for individual patients and retrieve a comprehensive summary of their medical history through SHARE's clinical portal. Finally, some electronic health records (EHRs) are able to interface directly with SHARE to send data bidirectionally between healthcare facilities and the HIE. SHARE supplements these services with a system that can notify providers when one of their patients is admitted, discharged, or transferred from a participating organization.

#### About SHARE:

- 44 hospitals are live or implementing SHARE
- 754 practices and other facilities are live or implementing SHARE
- 1,977,934 unique patients covered

### Seeing the Benefits of HIE in Behavioral Health

One of OHIT's primary goals is to extend SHARE's services to providers that have not historically exchanged data with other providers. In particular, behavioral health has long been treated independent of physical health. As a result, data from each of these points along the care continuum

<sup>1</sup> Hincapie A., Warholka T. (2011). The impact of health information exchange on health outcomes. *Appl Clin Inform*, 2(4): 499-507.



is often unavailable to providers in the other. OHIT is trying to help bridge the gap by onboarding behavioral health providers to SHARE.

One of the key behavioral health populations OHIT is targeting is Arkansas Medicaid providers offering Rehabilitative Services for Persons with Mental Illness (RSPMI). Because this provider population often lacks access to robust electronic health records (EHRs) and other health IT systems, OHIT’s initial onboarding efforts are focused on increasing access to SHARE’s clinical portal and DSM to give providers a basic set of tools they need to obtain data about their patients. An emerging use case for Medicaid RSPMI providers is to utilize DSM to support the referral process, ensuring that the appropriate data follows patients as they transition between behavioral and physical health providers. When possible, OHIT is also working with popular behavioral health EHR companies to develop integrated interfaces that will enable bidirectional exchange and potentially reduce the time and resources needed to onboard users of those systems.

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

Technical readiness assessment	Comprehensive training sessions	Account management for support	Survey to measure satisfaction
<ul style="list-style-type: none"> <li>OHIT works with the provider practice’s EHR vendor to assess SHARE integration capability</li> <li>If no EHR in place, OHIT works with providers to adopt services like the provider portal and DSM</li> </ul>	<ul style="list-style-type: none"> <li>Potential super users are identified at each site and trained extensively on using SHARE. OHIT staff work with users to develop customized use cases</li> <li>Super users then help train other staff and provide technical assistance onsite</li> <li>OHIT provides video modules to refresh user trainings</li> </ul>	<ul style="list-style-type: none"> <li>Facilities participating in SHARE receive the support of an OHIT Account Manager who can provide technical assistance</li> </ul>	<ul style="list-style-type: none"> <li>OHIT administers a feedback survey to assess a site’s comfort with SHARE approximately 30 days after implementation and training</li> <li>Sites are offered additional training and technical support based on survey results</li> </ul>

The onboarding process consists of multiple steps in which OHIT field staff work closely with an organization joining SHARE to assess workflows, develop use cases for exchange, and integrate SHARE services into routine processes. OHIT also leverages a “train the trainer” approach, identifying and training users at each site to provide onsite technical assistance and support to their peers. Each site is supported by an OHIT Account Manager after the training and implementation process is complete. This approach helps OHIT to familiarize users with HIE and increase utilization of SHARE services.



## Looking Forward

OHIT will continue to expand adoption and utilization of SHARE among behavioral health and primary care providers. OHIT is also exploring strategies to facilitate the exchange of data from patients with substance use disorders. Providers required to comply with federal statute 42 CFR Part 2 (Part 2) must obtain patient consent before sharing patient data related to treatment for substance abuse. OHIT will need to develop processes for obtaining patient consent to assist providers in complying with the requirements of Part 2.

Finally, OHIT is currently seeking funding to create a separate system for storing and maintaining behavioral health data to provide additional securities to behavioral health providers sending data into the HIE. The system will feature the same functionalities as the existing SHARE system and will comply with the privacy and security requirements of Part 2. OHIT's intent is to provide secure and compliant access to the patient's consolidated clinical record, including behavioral health data, therefore providing a comprehensive view of the patient's healthcare needs.

**More about Arkansas's OHIT's Interoperable Exchange Expansion Initiative:**

SHARE's mission is to improve the delivery, coordination, and quality of health care across Arkansas.

*For Your Care...SHARE*

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