

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Advancing Health IT Adoption and Healthcare Transformation for Behavioral Health

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SAMHSA'S STRATEGIC INITIATIVES

To reduce the impact of substance abuse and mental illness on America's communities

AIM: Improving the Nation's Behavioral Health (1-4)

AIM: Transforming Health Care in America (5-6)

AIM: Achieving Excellence in Operations (7-8)

1.
Prevention

2. Trauma
and Justice

3. Military
Families

4. Recovery
Support

5. Health
Reform

6. Health
Information
Technology

7. Data,
Outcomes
& Quality

8. Public
Awareness
& Support

SAMHSA's Strategic Initiative - Health IT



- **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 Focus:** 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.

SAMHSA'S HIT Objectives



- Increase the involvement of BH organizations and providers in HIT initiatives including Health information Exchanges (HIE), EHRs, and PDMPs.
- Increase the number of BH organizations effectively using certified EHRs.
- Address the issues of privacy and security associated with mental illness and substance use disorder treatment.
- Expand working relationships & collaborations across the public health and health care fields.

National HIT Landscape

- **HITECH Act:** Large national investment in HIT; largely excludes BH providers.
- **Health Reform & the ACA:** Coordinated, integrated, client-centered care; expanded consumer base & transformation of service delivery and payment models; MHPAEA.
- **Privacy and Confidentiality Regulations:** HIPAA; HIPAA Omnibus Rule; &42 CFR Part 2.



The Role of Health IT



- Health Information Technology is an important part of providing integrated treatment by linking between programs, services, and providers.
- Health IT can help behavioral health providers:
 - Communicate and collaborate between providers and other programs
 - Track the progress of those who leave a program and monitor when and if additional services are needed
 - Reduce redundancy between programs and providers
 - Improve the quality of care
 - Increase access to services and support

HIT and Behavioral Health



- Pilot at Boston's Beth Israel Deaconess gives patients electronic access to therapists' notes
- Debate among mental health professionals and patients:
 - Necessary transparency or too much information?

http://www.washingtonpost.com/national/health-science/boston-hospital-pilot-gives-patients-electronic-access-to-their-therapists-notes/2014/05/18/2d891bac-cfe5-11e3-a6b1-45c4dffb85a6_story.html

SAMHSA's Current HIT Priorities

→ Improving patient care with HIT

- Privacy and Confidentiality to promote integrated care
- Data Standards to support interoperability
- Advanced functionality for Behavioral Health HIT
 - Data segmentation and consent management
 - Behavioral Health clinical decision support
 - Patient engagement and self-management tools
 - Prevention technology
- Behavioral health clinical quality measurement
- Delivering technical assistance

SAMHSA'S HIT Portfolio is Diverse




- SAMHSA's HIT portfolio bridges a range of strategies: e-therapy, telehealth, e-Recovery, EHR systems, a Virtual Reality Clinic, Smartphone technology, web-base virtual recovery, telephone counseling, telepsychiatry, automated wellness calls, pre-admission web-portals, and mobile strategies.
- Projects focused on underserved populations such as individuals living with HIV/AIDS in rural areas
 - Projects focused on vulnerable, high-risk populations like veterans

SAMHSA's Current HIT Projects

- ➔ Targeted Capacity Expansion - Technology Assisted Care (TCE-TAC) Grants
 - Purpose: to leverage technology (e.g. telehealth, mobile apps, web services, etc.) to enhance or expand the capacity of substance abuse treatment providers to serve persons in treatment who have been underserved
- ➔ Enhancing Opioid Treatment Program Patient Continuity of Care through Data Interoperability (OTP-CoC)
 - Purpose: to provide resources to opioid treatment programs (OTPs) that will enable them to develop EHR systems that fulfill regulatory requirements, achieve certified status, and become interoperable with other patient health record systems.

SAMHSA's Current HIT Projects

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- Cooperative Agreements for Screening, Brief Intervention and Referral to Treatment (SBIRT)
 - Up to 30% of funds can be used for HIT infrastructure development to support efficacy and sustainability of SBIRT program (EHR implementation, Telehealth, HIE integration, tablet based screening, web portals, etc.)
 - Open Behavioral Health Information Technology Architecture (OBHITA) project
 - Open Source, modular technology that can be integrated into existing EHR systems: Consent management and data segmentation, clinical decision support, patient assessments
 - Development of behavioral health related data standards

SAMHSA Mobile App Development



- ➔ CSAP Challenge: Technology-based Products to Prevent High-Risk Drinking among College Students
<http://collegestudentdrinking.challenge.gov/>
 - 1st Place Winner: Syracuse University's BeWise, an interactive website designed to reduce the occurrence and negative outcomes of excessive drinking by providing students with education regarding alcohol poisoning.
- ➔ CMHS Challenge for Suicide Prevention: Continuity of Care and Follow-up App challenge
<http://suicidepreventionapp.challenge.gov/>
 - 1st Place Winner: Relief Link, Emory University

Mobile Health



→ Mental Health Recovery App

- Developing technical specifications for a mobile app to support patients in recovery from mental disorders and co-morbid substance use disorders

→ Developing mHealth policy

- Endorsement/certification and maintenance of apps

Mobile Health, continued

→ Addiction- Comprehensive Health Enhancement Support System (A-CHESS)

- connection with a support team (other ACHES users)
- photo sharing, discussion group and healthy event planning
- use of GPS to detect when user is near a high-risk location (for example, a liquor store)
- video chat with counselor or discussion group



SAMHSA Quality Measurement Activities



- Currently SAMHSA is working with technical and clinical experts to develop additional quality measures to support integrated care for co-occurring disorders.
 - E.g. diabetes and CVD screening in patients with SMI
- We are also working to promote the inclusion of additional behavioral health related quality measures in Meaningful Use Stage 3.
 - Composite measure for substance use screening and follow up

HIT and BH Privacy



<http://funnyjokesandlaughs.wordpress.com/tag/technology/>

HIT Obligations and Responsibilities



→ Modern version of the Hippocratic Oath:

*“I will respect the privacy of my patients,
for their problems are not disclosed to me
that the world may know.”*

Confidentiality and Trust

- In order to achieve any level of systemic durability and success, HIT must be trustworthy *and* developers and managers must warrant & sustain trusting relationships with all participants, especially the public consumer.
- *Privacy is not an area for compromise*
- *Confidentiality should never be a shortcut*
- *Security should not be a second thought or an afterthought*



Purpose of 42 CFR Part 2

→ The purpose of 42 CFR Part 2 and other regulations prohibiting disclosure of records relating to substance abuse treatment -- except with the patient's consent or a court order after good cause is shown -- is to encourage patients to seek substance abuse treatment without fear that by doing so their privacy will be compromised.



Source: State of Florida Center for Drug-Free Living , Inc., 842 So.2d 177 (2003) at 181.

Federal Privacy Regulations

- ➔ Patient consent must be obtained before sharing information from a substance abuse treatment facility that is subject to 42 CFR Part 2 or Title 38 (VA)
- ➔ Prohibition on re-disclosure without consent
- ➔ Not intended to prevent information sharing but to set standards on how to share patient information



42 CFR Part 2

- Limited exceptions for disclosure without consent :
- Medical emergencies
 - Child abuse reporting
 - Crimes on program premises or against program personnel
 - Communications with a qualified service organization of information needed by the organization to provide services to the program
 - Public Health research
 - Court order
 - Audits and evaluations

42 CFR Part 2 Public Listening Session


- **When:** Wednesday, June 11, 2014, 9:30am – 4:30pm
- **Where:** SAMHSA
1 Choke Cherry Road, Rockville, MD 20857
- **Why:** to solicit information concerning potential changes to the Confidentiality of Alcohol and Drug Abuse Patient Records Regulations, 42 CFR Part 2.
- **How:** Register at <http://42cfrpart2-listening-session.eventbrite.com> (Capacity is limited)
- **For more information:**
<https://www.federalregister.gov/articles/2014/05/12/2014-10913/confidentiality-of-alcohol-and-drug-abuse-patient-records>

Mental Health Confidentiality

- Mental health records may be treated as ultra-sensitive in many jurisdictions.
- Each state approaches the confidentiality of mental health records from their own perspective
- EHR systems have to recognize this variability in state statutes and regulations.
- State laws also often provide additional protections for HIV infection, genetics, minors, domestic violence, reproductive health etc.



Critical Privacy Questions

- 
- ➔ Federal and state regulations provide the ground rules. Careful analysis determines how the rules are applied to ensure effective treatment of substance use and mental health disorders.
 - Who needs what information when?
 - Who determines who needs what Information when?
 - How should psychotherapy notes be treated – as part of the patient record?
 - How should HIT systems be designed to control disclosure and re-disclosure of sensitive information
 - What policies provide the optimal balance of safety and privacy

42 CFR Part 2 FAQs

- 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).
- These FAQs can be accessed at:
<http://www.samhsa.gov/healthprivacy/docs/EHR-FAQs.pdf>
and
- http://www.samhsa.gov/about/laws/SAMHSA_42CFRPART2FAQII_Revised.pdf
- Series of webinars by the Legal Action Center on 42 CFR Part 2
http://www.lac.org/index.php/lac/webinar_archive

Behavioral Health in HIEs



- 2012 initiative with CIHS looked at sharing of health records among behavioral health providers and general medical providers through a state HIEs (ME, KY, IL, OK, RI)
- To develop infrastructure supporting the exchange of health information among behavioral health and physical health providers
- Development or adaptation of electronic health information exchange (HIE) systems to support the exchange

HIE Sub-Awardees



- Worked to identify barriers to inclusion of behavioral health in the state HIEs
- Identified technology and policy solutions for compliance with federal and state regulations
- Developed a 42 CFR Part 2 Compliant Consent that is Computable in a HIE Environment
- Hoping to take the lessons learned to assist other HIEs to incorporate behavioral health data

Advanced Solutions for Privacy

- SAMHSA has been working with the ONC S&I Framework and the VA to develop open source technology for consent management and data segmentation to give the consumer granular control over information sharing. Support compliance with 42 CFR Part 2, Title 38, and state health privacy laws
- Open source tool that is being designed to integrate into existing EHR and HIE platforms
- <http://wiki.siframework.org/Data+Segmentation+for+Privacy>

Consent2Share

→ Real world pilot tests:

- One state HIE, Prince Georges County Maryland, enabling exchange between a Part 2 program and a primary care organization



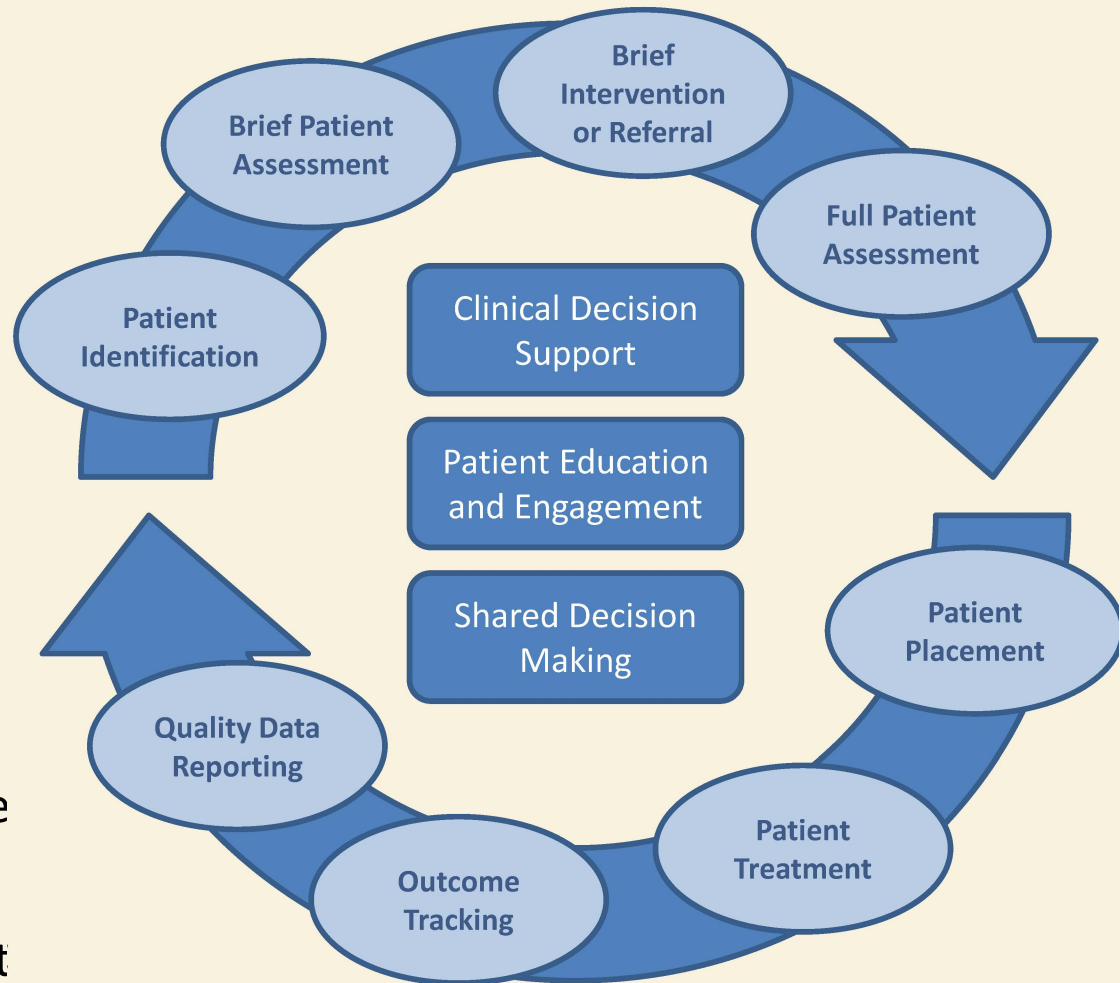
http://www.youtube.com/watch?v=PzICMAb_cEQ

Solutions for Privacy

- Need to develop community consensus on how to define sensitive information (i.e. what information should be redacted if a patient doesn't want to share their substance abuse or HIV information)
- Need to communicate the benefits and risks to the patient very clearly
- SAMHSA is working with community experts to develop consensus in these areas through health level 7 (HL-7)

The Future of HIT for Behavioral Health

- The HIT revolution is just beginning; Technology is evolving rapidly
- Focus on long term potential for advancing care through HIT across the treatment lifecycle
- **Promoting tools that can:**
 - Identify patients at risk
 - Reduce provider burden
 - Improve evidence based care
 - Support care coordination
 - Increase patient engagement



Available Resources

→ EHR Implementation

- <http://www.integration.samhsa.gov/operations-administration/hit>
- Training materials are available on request

→ Telehealth

- http://www.attcnetwork.org/regcenters/index_nfa_frontier_rural.asp
- <http://www.tnpcaeducation.org/resourcelibrary/clinical/TeleMentalHealthIssueBriefNov2010.pdf>
- <http://www.integration.samhsa.gov/operations-administration/telebehavioral-health>



Questions and Comments

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