

HIT Policy Committee -- Written Testimony
BH EMR Voluntary Certification
Tuesday, January 28, 2014
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Electronic Behavioral Health Information Network

Thank you for the opportunity to submit comments in support of the proposed Behavioral Health EMR Voluntary Certification program. The Electronic Behavioral Health Information Network is a Regional Health Information Organization that delivers EMR and HIE services to a Network of Behavioral Health Provider Organizations in Eastern Nebraska. Our Network Members deliver services to roughly 65% of the targeted population. These organizations offer safety net services delivered largely to an uninsured population that suffers with severe and persistent mental illness, substance use disorders and dual diagnosis of both.

The disparities in health outcomes for people who suffer from severe and persistent mental illness (SPMI) are well documented. The average age of death is decades ahead of the National average. These disparities have persisted despite the increased focus on these and other disparate groups over the last 20 years. Although the problem is complex, a significant contributing factor is the co-occurrence of chronic disease in this population and the lack of access to appropriate care.

The persistence and depth of these disparities were the founding rationale for the creation and development of eBHIN. Specifically, a group of BH stakeholders were aware of the needs, and saw the integration of behavioral health and primary care services as a means to improve access. They recognized the role of HIT in facilitating cross setting communication of information and care coordination.

Generally, the safety net BH Organizational environment is resource poor, and disparities in system capabilities between organizations are large. The resources that are available for HIT are focused on lower costs systems with basic capability so they can yield the lowest hanging fruit. The disparities in system capabilities also contribute to extreme limitations in cross setting communication and coordination abilities.

Although the CFR 42 Part 2 requirements are an important underpinning in assuring substance use disorder (SUD) patients of the privacy of their information, the requirements are not broadly understood outside of this provider group. Privacy practices in the primary care settings governed by HIPAA, and the requirements for the information management of SUD patient data in the public system are not well known. eBHIN has made significant investment in customizations to allow the exchange of behavioral health information in a closed network environment. Mechanisms to encourage vendors to build systems that comply with these requirements incorporated into their base products would contribute significantly to the integration of behavioral health providers into the larger fabric of the health system of care without additional costly customizations and "one off" system development.

As the eBHIN system continues to develop, interoperability has truly become the golden spike of integration. It is crucial not only to the linking together of these safety net services, but then also connecting them to the primary care partners who need to collaborate on the patient centered care for the whole person.

Interoperability will significantly contribute to both Patient safety and the Quality of care by facilitating the availability of appropriate, accurate information whenever and wherever it is needed. Treatment for the SPMI patient, like the care of many other chronic conditions, is characterized by episodic need for acute care. Availability of information with these transitions in care holds promise to prevent adverse events, facilitate better determination on level of care which contributes to faster stabilization and decreased re-admission rates.

In the Institute of Medicine report "Crossing the Quality Chasm" behavioral health service delivery stands to improve significantly in the use of Evidence Based Practices. The role of HIT in facilitating the practice of evidence based medicine has been demonstrated. Despite the widespread adherence to accreditation standards, the disparities between systems have led to a lack of comparative data for quality improvement activities. The availability of a certification standard to spur utilization of the National Quality Forum measures would help to increase the amount of standardized measures in use and strategically target areas for improvement. Our stakeholders are held accountable to multiple state and federal parties where a more unified system of measures used would decrease the administrative reporting burden while adding to data usability with standardized measures.

Our experience in the Vendor environment has demonstrated that market forces do play a part in the focus development resources. Our HIE and EHR Vendor, NextGen, has been focusing resources on keeping up with MU requirements, and we have had a much smaller influence in customizing to the needs of the higher privacy standard as a consequence. We have consequently been delayed repeatedly in development and deployment as a result. A module that will require conformity with the privacy standards may well stimulate more interest as a basis of capturing a greater market share. At the same time, based on the limited resource base of the providers served, we would want to be assured that the scope of requirements is not so deep that the cost factors in development may be reasonably anticipated to be recovered through a modest gain in market share.

It is important to recognize the differences in the BH EMR vendor market as well, with more integrated records with greater functionality currently much more costly. The availability of lower cost applications that do not offer the same scope may be adopted because they offer basic functionality. The availability of the IT technical assistance resources is even more constrained in the public behavioral system. This is all the more reason for standardization, since clinical decision support mechanisms can help spur the use of EBP's as well as eliminate more labor intensive capacity management processes such as the use of spreadsheets to track referrals and waiting lists.

An important consideration will be to communicate about the certification requirements are still rigorous, despite the fact that they are voluntary.