

Seneca Family of Agencies

Testimony to the Certification and Adoption Workgroup of the HIT Policy Committee

January 28, 2014

Seneca Family of Agencies (Seneca) is a California nonprofit, multi-service agency that offers a comprehensive array of behavioral health (BH) services for children, youth and families involved with the public child welfare, juvenile justice and mental health systems. Seneca's behavioral health programs, which are accredited by the Joint Commission, adhere to the highest standards of care and treatment in addressing the multiple and complex needs of client youth and families.

Seneca highly encourages the use of Electronic Health Record (EHR) interoperability. This interest is shared by a number of other similar providers in California. The value of exchanging clinical information (with appropriate access controls) has been well documented in other forums and publications, and will not be the focus of this testimony. Rather, this testimony will focus on recommendations that we believe necessary in order to create an effective BH certification.

As additional background, within the state of California, BH providers have been under increasing pressure to obtain some type of certification for EHR systems that they use. This has been the case despite the fact that the traditional ARRA certification criteria are not fully applicable to many BH providers. Combined with this, is the fact that there have been no offsetting incentives available to justify the cost of building and certifying to non-applicable functionality.

Seneca welcomes the idea of a certification with criteria relevant to the behavioral health domain. However, we believe that there exist several important considerations that must be taken into account in order to make this certification useful.

It must provide the same assurance of EHR security and integrity as other certification programs

In the state of California, concerns over EHR security and integrity have prompted many counties (who are key authoritative bodies in the California BH system of care) to either require or consider requiring some kind of certification for any BH EHR used in their jurisdiction. Originally, the focus was on requiring the entire CCHIT Ambulatory EHR certification as a means to ensure basic security and integrity. When ARRA certification was developed, this became viewed as an acceptable certification to accomplish the same goals. Both of these certification programs involve a significant number of criteria that are not relevant to the BH domain.

In order for an ONC BH certification to be of value, it would have to be viewed as a certification capable of satisfying most general requirements that an EHR be "certified". This could be accomplished by incorporating relevant Base EHR security criteria into the BH certification program.

In addition, ONC must publically promote the new BH certification program as one that can assure the same level of confidence in an EHR product's security and integrity. ONC should encourage all organizations to accept BH certification as a valid alternative for this purpose. Providers must be assured that if they obtain a product with BH certification, that it will satisfy any authoritative body that requires "certification".

In the absence of this, BH providers would still be burdened with the need to seek traditional ARRA certification and the BH certification process would not be utilized.

It must be satisfactory as a means to avoid penalties for not using a "certified" EHR

As is well known, providers who do not use a certified EHR will soon become subject to Medicare penalties. Providers have reason to expect that other authoritative bodies may begin imposing similar penalties, or requiring some kind of EHR certification as a condition for doing business and receiving payment.

The behavioral health certification must be positioned as an alternative certification which is acceptable in order to avoid the current Medicare penalties. In addition, it must be positioned as an acceptable certification for any governmental body or private payer that may consider similar requirements as a condition of paying for behavioral health services in the future.

It must be a significantly simpler criteria set than ARRA certification

All efforts must be made to eliminate certification criteria that are not critically relevant to the provision of behavioral health services. We acknowledge that there are countless opinions as to what functional criteria are considered important for a BH EHR, and that this could be a time-consuming discussion. However, we believe it to be absolutely necessary.

The primary value in having a separate BH certification is the promise of lower cost of certification by means of eliminating irrelevant (or minimally-relevant) certification criteria. If the final criteria set for the BH certification ends up being of similar complexity to the existing ARRA criteria set, this BH certification program will not see much use.

For this reason, we recommend that there be separate certification criteria sets for the BH and Long Term and Post-Acute Care (LTPAC) domains. Each criteria set should be carefully designed to be entirely applicable to the respective domain.

It should promote the completion of a Behavioral Health Continuity of Care Document (CCD)

There is a great need to electronically exchange behavioral health information among partners in the BH system of care. In fact, at Seneca and among similar organizations in California, exchanging BH information with other BH partners has proven to be a greater need than exchanging information with primary care.

In order to do this, an interoperability standard for behavioral health information is required. Much of the information used in behavioral health is quite different than the information relevant to primary care. The CCD specification for exchanging primary care information has gained acceptance. However, less work has been completed toward a CCD for behavioral health information. There is work in progress, such as the work being done by the HL7 CBCC workgroup.

Seneca recommends that ONC use this as an opportunity to encourage completion of this work by endorsing some particular standard for use in behavioral health information exchange.

#### Realistic expectations should be set, in the absence of financial incentives for behavioral health

Creating an ONC certification program incentivizes EHR vendors to include particular capabilities in a product. A financial incentive program, such as Meaningful Use, encourages providers to actually use those features.

In the absence of such an incentive for behavioral health, only providers who have other pressing business needs for information exchange will be interested in implementing interoperability. Just because a purchased EHR is capable of standards-based interoperability is not enough motivation for an organization to actually use those features.

This is illustrated by the fact that throughout the state of California, a number of counties and BH providers have purchased and implemented expensive ARRA-certified BH EHR systems. Despite the fact that ARRA certification requires the EHR to be capable of exchanging clinical information, very few of these organizations have begun to actually implement this interoperability. Cost and/or lack of interested trading partners are the main reasons for this.

Situations often arise in California where one organization is interested in electronically exchanging with a partner because of contractual obligations to share clinical information. However, the partner has no strong motivation to implement electronic exchange simply because they are in a position to contractually require that the first organization do duplicate manual data entry of information into their EHR. This leads to incredible inefficiencies in the overall system of care. The effective solution would be to implement electronic exchange of the information, but a lack of incentive on the part of one partner prevents this from happening.

The reason that we mention this concern is simply to highlight the fact that a BH certification alone is not enough to incentivize the use of EHR interoperability in the behavioral health community. Nevertheless, despite this challenge, we believe that a BH certification program is a good step in the right direction.

In summary, we support and applaud the idea of a certification program for behavioral health EHR products. We would ask that ONC take these considerations into account in order to ensure that the program is effective and useful.

Thank you for the opportunity to share our perspective on this proposed behavioral health certification.

Michael Alonso

Director of Information Technology, Seneca Family of Agencies