

## Hearing on Certification of Electronic Health Records (EHR) for Behavioral Health (BH) Settings

Certification and Adoption Workgroup of the HIT Policy Committee, Office of the National Coordinator for Health IT (ONC)

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Testimony respectfully submitted by:

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Good morning. My name is Charles Hewitt. I am the Director of Health Information Exchange Product Delivery at the Rhode Island Quality Institute. RIQI implements and operates Rhode Island's statewide health information exchange, CurrentCare. Rhode Island considers CurrentCare to be a key component in achieving the goal of a health care delivery system which integrates the treatment of behavioral and physical health conditions. CurrentCare's function is to collect clinical information from many diverse sources and make the information available as a single, normalized, longitudinal patient record when and where needed for treatment and coordination of care. The key requirement for CurrentCare's success is easy interoperability between CurrentCare and its partners.

With regard to behavioral health at this moment, CurrentCare is receiving clinical information from two community mental health organizations and enabling this information to be used to treat and coordinate the care of patients. The information concerns treatment for alcohol and substance abuse and is subject to 42 CFR Part 2 regulations.

CurrentCare provides two kinds of service to health care providers: the Viewer and Hospital Alerts.

The CurrentCare Viewer enables authorized health care providers to find and view the clinical information of the patients they are treating. The clinical information is collected from sources – Data Sharing Partners – which voluntarily send clinical transactions and documents to CurrentCare. The types of information currently being collected include lab results, admission/discharge/transfers, diagnostic imaging reports, medication history, and continuity of care documents (CCDs). To use the Viewer, the provider only needs an Internet connection.

Hospital Alerts enable providers to be notified when one of their patients is admitted to or discharged from an Emergency Department or a hospital. Providers are able to subscribe to individual patients, and in this way, an entire care team may be notified of an event. The trigger for an alert is an admission/discharge/transfer transaction from a hospital. CurrentCare associates the patient with the subscribing providers and sends the providers a Direct secure e-mail alert message with a CCD attachment.

CurrentCare is able to collect and disclose highly sensitive information such as treatment for substance abuse received at a program which must comply with 42 CFR Part 2 regulations. Rhode Island's consent policy is opt-in-to-send. That is, CurrentCare may collect only the information of persons who have voluntarily consented to share their information and disclose it only to health care providers who are

treating them or coordinating their care. Persons who participate in CurrentCare also agree to allow the collection of all their information, including sensitive information such as treatment for behavioral health conditions.

Interoperability of an EHR with CurrentCare is critically important. CurrentCare receives information from practice-based EHR systems, such as those used by community mental health organizations, in the form of CCDs attached to Direct secure e-mail messages. Typically, at the completion of a patient encounter, the EHR system automatically sends a Direct message with a CCD attachment to the CurrentCare Participation Gateway. The Gateway checks for consent, and if the patient is participating in CurrentCare, the CCD is forwarded to CurrentCare; otherwise, the message is blocked. Once in CurrentCare, the CCD is consumed into the patient's record.

Hence, interoperability of an EHR with CurrentCare depends on the ability of the EHR to create automatically, upon the occurrence of a trigger event, a proper CCD and send it using the Direct messaging protocol.

With regard to voluntary certification of behavioral health EHRs, RIQI strongly recommends that such EHRs meet the same standards for interoperability as are required of the EHRs that are covered by Meaningful Use. By using a system certified for interoperability, the behavioral health provider will be on the path to share information effectively with other healthcare providers – even those who only have an Internet connection – via CurrentCare. Moreover, as standards such as continuity of care documents evolve, behavioral health providers with certified systems will be aligned with the progress of the health care delivery system in general, moving towards the goal of integrated health care.

I appreciate this opportunity to address the Workgroup. Thank you.