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**Implementation of  
Electronic Health Records (EHRs) by  
State Mental Health Agencies (SMHAs)**

**ONC EHR Certification for Behavioral Health (BH)**

January 28, 2014

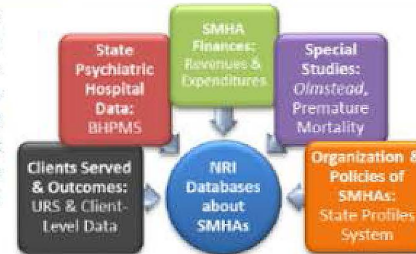
# NASMHPD Research Institute



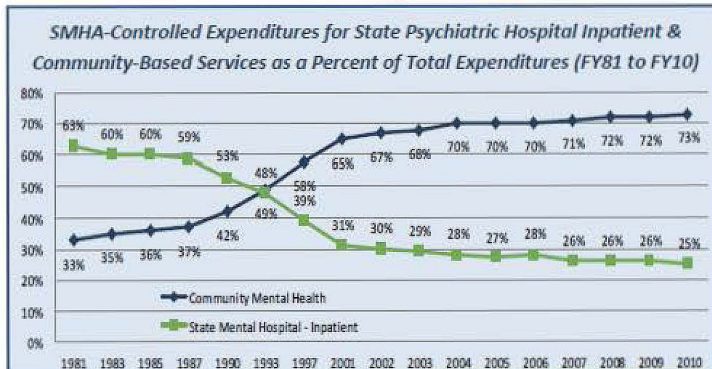
- 501c3 non-profit
- Providing Objective Data & Analysis
- Extensive database of state profiles, revenues, expenditures, performance benchmarks, etc.
- Research Projects & Programs
- Services to States

# NRI Major Data Systems on State Mental Health Agencies

NRI maintains several databases about state mental health systems that collectively describe how SMHAs are organized and structured, how they fit within state governments, their priority populations and system service system designs, the numbers of consumers served, and the fiscal resources that are controlled by the SMHAs. NRI's Behavioral Healthcare Performance Measurement System (BHPMS) maintains individual client-level information on care in almost all state psychiatric hospitals. NRI also conducts special topical studies and collects data on issues such as the impact of state budget reductions on SMHAs, premature mortality, and *Olmstead* community integration efforts of SMHAs.



## SMHA-Controlled Revenues & Expenditures



This database details over \$37 billion of SMHA mental health expenditures and revenues. It focuses on funds that are under direct control of SMHA commissioners (i.e., funds received from state legislatures, federal agencies, and other sources), which are received by the programs SMHAs operate and/or fund. This database contains data from FY81 to FY10. NRI is currently updating the dataset with FY11; FY12 data should be available by September 2013.

## State Mental Health Agency & State Substance Abuse Agency Profiles System

The SAMHSA-funded SMHA Profiles System provides a centrally-maintained, web-based compilation of descriptive information about the organization, funding, operation, services, policies, statutes, and clientele of SMHAs. The Profiles System is updated every 12 to 24 months, and is currently completing its ninth cycle. The content of the Profiles System is developed with the assistance of a technical advisory group comprised of SAMHSA staff, state mental health directors, and other SMHA managers who assure the Profiles System focuses on compiling information to inform mental health policy issues of high importance and utility. *(Continued on back...)*

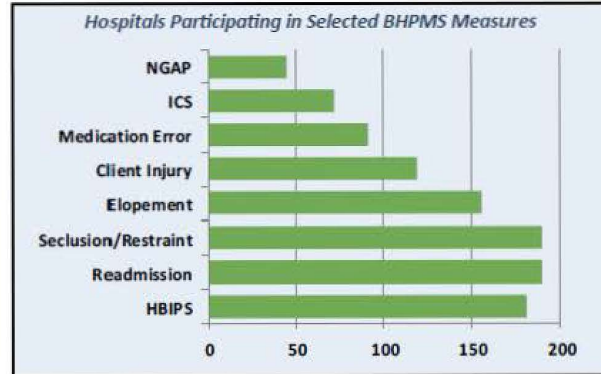
### *2013 SMHA Profiles Components*

SMHA & SSA Profiling System	
Organization & Structure	SMHA Policies and Statutes
SMHA & SSA Healthcare Reform Activities	Financial (includes SMHA Revenues & Expenditures)
Information Management & Electronic Health Records	Managed Care/Medicaid Waivers
Health & Mental Health Integration	Involuntary Treatment <i>New for 2013</i>

(Continued from front...) The Profile's System's databases dating from 1996 to present include both quantitative data (such as number of persons receiving mental health services, staff salaries, etc.), and qualitative information (such as state organizational structures, priority populations, legal mandates, and the implementation of evidence-based services). State Profiles information is accessible via a searchable database and through SAMHSA publications.

### Psychiatric Hospital Behavioral Health Performance Measurement System

NRI is providing performance measurement services through its proprietary database Behavioral Healthcare Performance Measurement System (BHPMS) to 190 facilities in 49 states (including Puerto Rico). BHPMS began in 1999 to meet reporting requirements of The Joint Commission and has since expanded to meet CMS requirements. Services include data and measure definitions, compilation of data,



analysis, monthly e-newsletters, monthly educational webinars, and provision of technical assistance to psychiatric hospitals. The system uses a standing Technical Workgroup comprised of ten staff from facilities and state offices to guide developments and educational resources. NRI completed development of the Inpatient Consumer Survey (ICS) in 2002 and gained NQF endorsement in 2010. NRI was a founding and collaborating organization with The Joint Commission in the development of the Hospital-Based Inpatient Psychiatric Services (HBIPS) core measure sets. The HBIPS core measures are now used by all free-standing psychiatric hospitals and psychiatric units for reporting to CMS under their quality reporting program.

### Uniform Reporting System & Mental Health Client-Level Data Systems

NRI annually compiles state-level information about the number of persons served by age, gender, and race; penetration rates; use of state hospitals; length of stay; employment; major funding sources for services; evidence-based services; readmissions to state hospitals; living situation and homelessness; criminal justice involvement; and school attendance. NRI works with data and planning staff in each of the 59 states and territories to compile

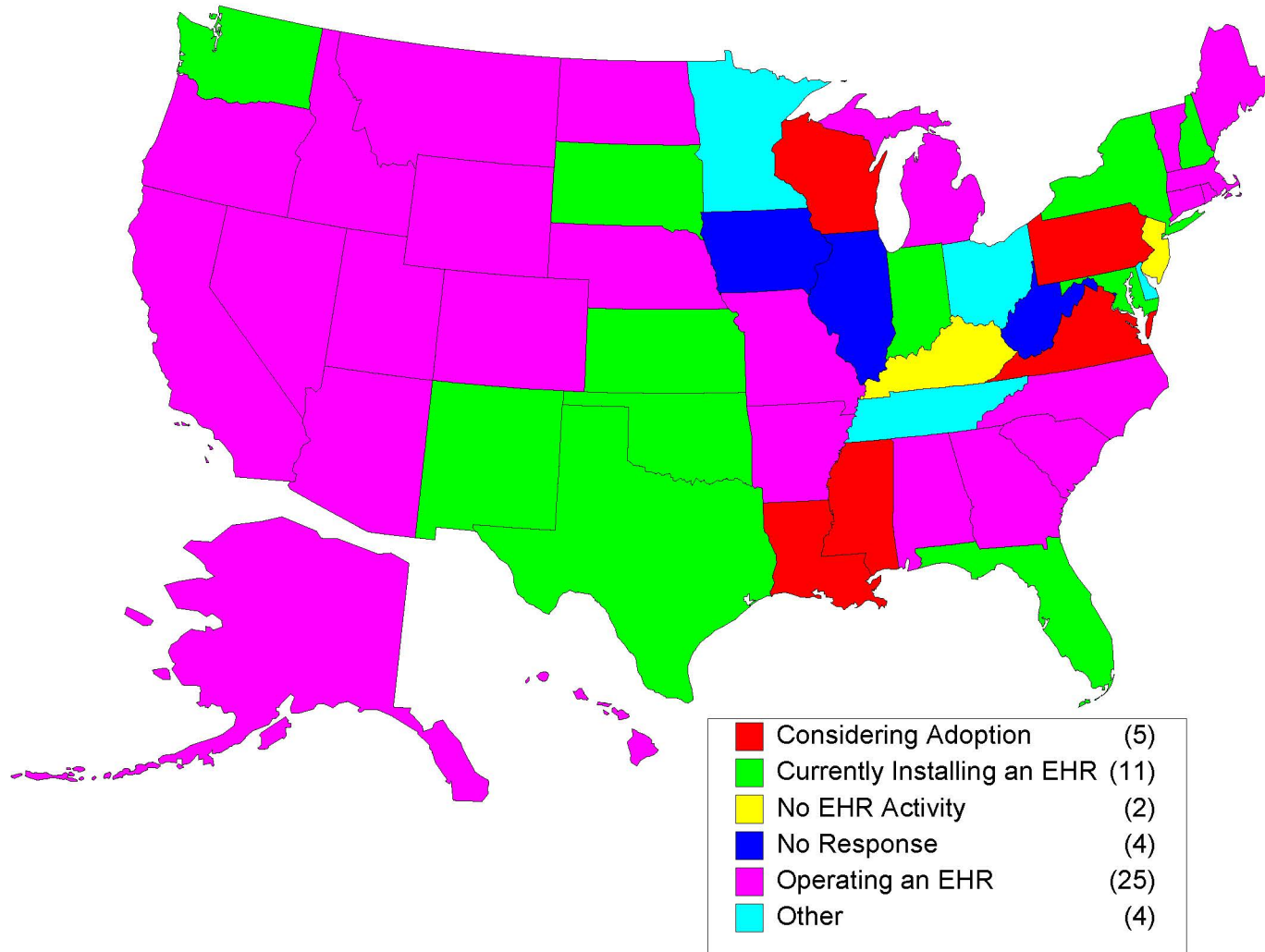
and generate reports on mental health performance measures based on the Mental Health Block Grant Implementation Reports. The SDICC works with CMHS and states to develop operational definitions, reporting guidelines, and to compile, edit, and report the CMHS Uniform Reporting System (URS).

Beginning in 2011, and continuing through December 2013, NRI has collected de-identified client-level data from SMHAs to address five of SAMHSA's National Outcome Measures. SMHAs submit client-level data to NRI for all clients served by their public mental health system by December of each year.

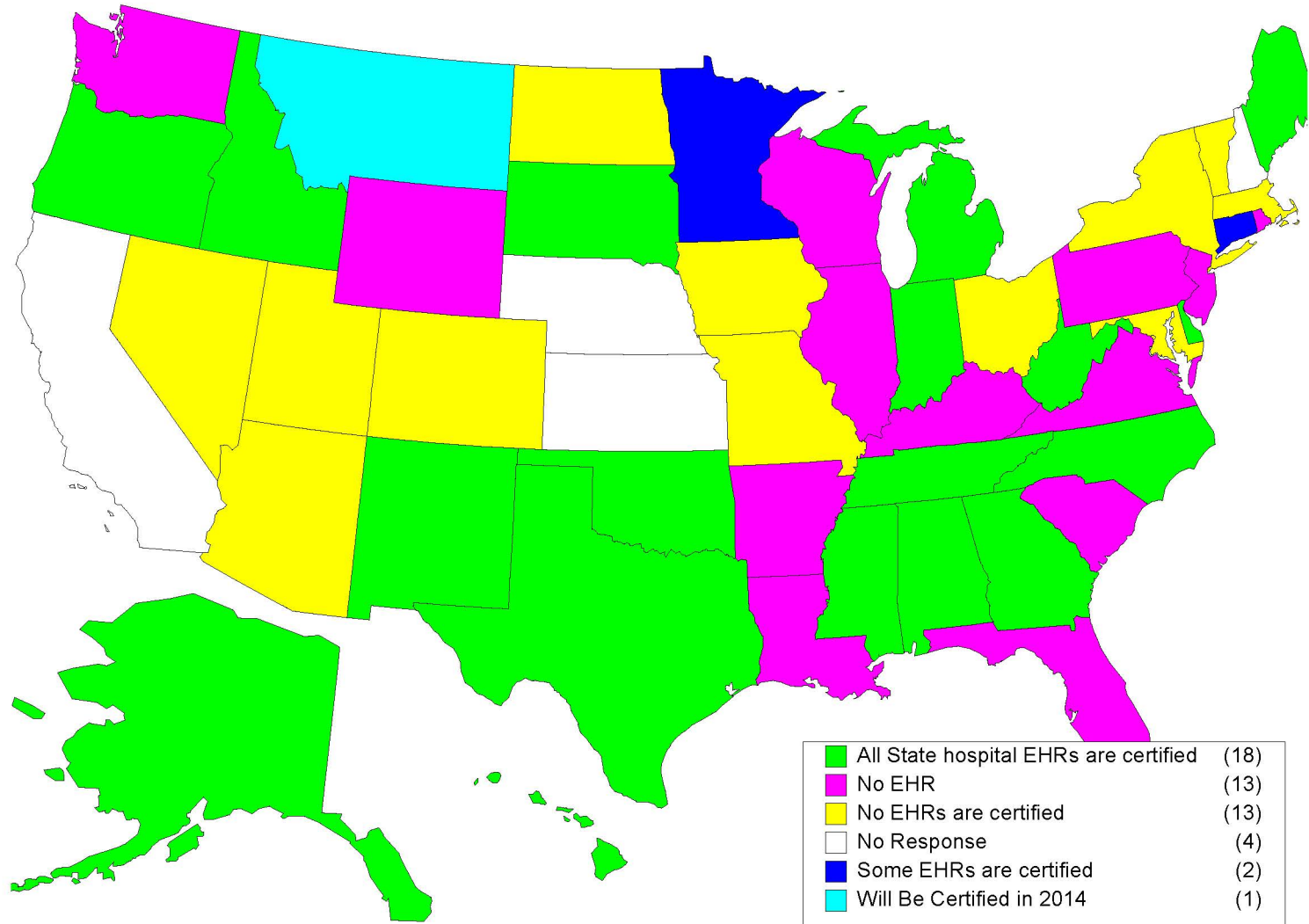




# Implementation Status of EHRs in Community Mental Health Centers



# Certification for Meaningful Use of EHRs in State Psychiatric Hospitals



# Components of EHRs Being Implemented by SMHAs



<b>EHR Function</b>	<b>Number of States Implementing in State Hospitals</b>	<b>Number of States Implementing in CMHCs</b>
Scheduling	15	31
Physician Order Entry	19	23
Treatment/Recovery Planning	23	36
Progress/Case Documentation	23	37
Clinical Assessments	23	36
External Consultants	6	17
Exchanging Client Information with Providers	7	17
Billing	25	35
Pharmacy	26	22
Dietary	16	5
Patient Admission, Discharge, Transfer	30	35
Medication Algorithms	10	12
Reporting	26	37
Patient Trust/Representative Payee	10	14



# SMHA Expenditures for State Psychiatric Hospital EHRs

- In 2013, 26 states expended \$83.5 million dollars implementing and operating EHRs
  - The cost of EHR software, including needed customizations averaged \$2.6 million per state
  - SMHAs spent an average of \$453,465 per year on EHR maintenance fees
  - Expenditures for staff training to use and maintain EHRs averaged \$1.6 million

# Information Sharing between Providers

- Some states have agreements that allow sharing of EHR information between providers
  - 24 allow sharing of client EHR info between state psychiatric hospitals
  - 11 allow sharing of EHR info between community providers and state hospitals
  - 11 allow sharing of EHR info through health information exchanges (HIE)

# Confidentiality/Privacy Protections

- 26 states have laws or rules that provide additional privacy protections beyond the Federal laws
- In 17 states client authorization is necessary to share EHR information between providers and HIEs
- In 6 states, unless the client opts-out, EHR information is shared between providers and HIEs

# Benefits of EHRs to SMHAs

- Enhanced quality assurance (19 SMHAs)
- Improved data reporting (18 SMHAs)
- Improved productivity (13 SMHAs)
- Reduced billing errors (13 SMHAs)
- Used to generate client outcome measures (13 SMHAs)

# Direct Questions or Comments to



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