

March 2014

Behavioral Health Data Exchange Consortium

ONC State Health Policy Consortium Project

Nebraska Addendum to Final Report

Prepared for
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
300 C Street SW
Washington, DC 20201

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SHPC BEHAVIORAL HEALTH DATA EXCHANGE CONSORTIUM: NEBRASKA ADDENDUM

In August 2011, representatives from Florida, Michigan, Kentucky, Alabama, and New Mexico formed the Behavioral Health Data Exchange (BHDE) Consortium and were later joined by Nebraska and Iowa. The consortium was created to address legal and technical barriers to the exchange of behavioral health data between health care providers, among organizations, and across state lines. It was also created to execute successful pilot exchanges using the solutions developed. This project was funded under the State Health Policy Consortium initiative managed by RTI International on behalf of the Office of the National Coordinator for Health IT (ONC).

The objective of the consortium project was to execute at least one successful pilot demonstrating the ability of providers to exchange behavioral health data electronically across state lines. At the end of the project, data were exchanged between providers in Florida and Alabama, and the necessary frameworks for exchange were established in three additional states.

Participants encountered a number of challenges during the pilot such as delays in the state-level implementation of Direct exchange, which, in particular, prevented Nebraska from completing its pilot as planned during the original project timeline. However, BHDE participants at the Electronic Behavioral Health Information Network (eBHIN) in Nebraska continued to move forward with an alternative pilot plan after the conclusion of the original project, and subsequently successfully exchanged behavioral health data within Nebraska in March 2014. This addendum to the BHDE Final Report provides a summary of the additional work completed in Nebraska.

Pilot Implementation

The original pilot between providers in Nebraska and providers in Iowa was designed to take advantage of an existing referral pattern between the federally qualified health center operating in Council Bluffs, Iowa, and publicly funded behavioral health providers in Nebraska. eBHIN intended to connect to the state's health information exchange (HIE), Nebraska's Health Information Initiative (NeHII), to obtain Direct secure messaging functionalities, which would then connect with Iowa's HIE. This plan was not successfully completed. The technical discovery process found that NeHII and Iowa's HIE systems used incompatible protocols, SMTP/XDM and SOAP/XDR, respectively. Project participants recognized that this technical incompatibility could be resolved, but not within the time constraints of the original project. Although the work with the consortium did not result in a pilot test before the original project ended, it did provide eBHIN with the organizational infrastructure (i.e., uniform consent, policies and procedures, and participation agreements)

necessary for future work. Also, health information service provider (HISP) vendors for both HIEs stated their intent to resolve the incompatibility in future releases and eventually enable Direct exchange between the two systems.

Because the exact timeline for resolving the incompatibility was undetermined, ONC and RTI approved an alternative pilot plan proposed by eBHIN to enable the exchange of behavioral health data in Nebraska, rather than across state lines. The alternative plan provided value because it allowed exchange among entities such as federally qualified health centers, the Veterans Administration, and the criminal justice system. In addition, the work would position eBHIN to connect to other HISPs and support the wider exchange of behavioral health data in the future.

To complete this intrastate pilot, eBHIN adopted and implemented its own HISP functionality. Participating providers completed a specific training on 42 CFR Part 2 requirements to establish a Direct secure messaging account with eBHIN. This training was required by eBHIN to alleviate lingering concerns about the education of providers engaged in exchange of behavioral health data. After establishing eBHIN's HISP functionality, project participants focused on behavioral health data exchange between People's Health Center, a federally qualified health center, and CenterPointe, a dual diagnosis behavioral health treatment facility, both in Lincoln, Nebraska. During January and February 2014, Direct exchange services were implemented at People's Health Center through the addition of software to its NextGen EHR system, connecting People's Health Center to the eBHIN HISP maintained by SureScripts. Preliminary testing initiated by eBHIN's information technology consultant in March 2014 successfully demonstrated exchange of a test patient record in CDA format between People's Health Center and CenterPointe. In early spring of 2014, the exchange of patient records initiated by clinical staff will demonstrate fully functional end-to-end HISP services ready for expanded implementation to eBHIN providers.

Additional Lessons Learned

The process of implementing Direct messaging and updating HISP capabilities took considerably longer than originally anticipated after encountering technical barriers, even though the solutions were easily identified. Participants from eBHIN leveraged these delays by focusing on the organizational development issues necessary for enabling 42 CFR Part 2 compliant Direct exchange. Existing educational materials were reviewed, supplemented, and tailored to existing workflows at People's Health Center and CenterPointe. Business agreements were executed, which prepared participating providers to engage in real-time behavioral health data exchange. Administrative and technical safeguards and processes for creating, maintaining, and auditing Direct addresses were also implemented.

Findings from the Nebraska pilot are consistent with those presented in the BHDE Final Report: although technical barriers exist, they can be resolved. The ability to complete a

pilot where new technologies are being implemented requires a dedicated champion to continually push for progress. Cooperation and enthusiasm from dedicated pilot participants provide the impetus to achieve success in this challenging area. As demonstrated in Nebraska, flexibility and perseverance help make concrete progress possible. The successful completion of this pilot exchange underscores the hope that behavioral health data exchange will become a reality in a wide range of use cases if visionary leaders can collaborate with dedicated partners.