



Expanding Health Information Exchange for Mental Health Providers in South Carolina

The barriers for the exchange of clinical information, particularly among behavioral health providers and their colleagues, are coming down in South Carolina because of the efficient and effective transmittal of information via the statewide health information exchange." Wyman Bowers, Chief Executive Officer, South Carolina Health Information Exchange



South Carolina Health Information Exchange (SCHIEx) Services Support Care Coordination

South Carolina Health Information Partners (SCHIP) maintains the South Carolina Health Information Exchange (SCHIEx). Through SCHIEx, SCHIP seeks to enhance communication among providers along the continuum of care and improve health outcomes in the state and the rest of the Southeast region. SCHIEx enables providers to find, send, receive, and use health data including diagnoses, medications, lab results, and clinical care summaries.

Providers can access SCHIEx in a variety of ways. Those with a more advanced health IT infrastructure can participate in robust bidirectional exchange, automatically sending and receiving care summaries and other data from their EHR. For sites with less sophisticated health IT systems, or that do not have an EHR, SCHIEx offers a web-based clinical portal that provides access to all of the data available through the HIE. SCHIEx also offers direct secure messaging (DSM) to enable providers to send and receive clinical documents and other patient data.

About SCHIEx:

- 29 hospital and FQHC participants
- 240 Rural Health Center and medical practice participants
- 1,322,000 patient lives covered
- 8,798,405 clinical documents available
- 8,465 DSM messages sent each month

One of SCHIP's goals is to leverage SCHIEx to address the fragmented nature of mental health care delivery resulting from a lack of communication and care coordination between mental health providers and other providers along the care continuum. Often, mental and physical health conditions are treated separately despite their intertwined impact on the overall well-being of an individual. The ensuing gaps in care can lead to poorer health outcomes and patient safety concerns.¹

Connecting Mental Health Providers to SCHIEx

SCHIP works closely with the South Carolina Department of Mental Health (DMH) to onboard the state's

¹ McGregor B, Mack D, Wrenn G, Shim RS, Holden K, Satcher D. Improving Service Coordination and Reducing Mental Health Disparities Through Adoption of Electronic Health Records. *Psychiatr Serv.* Sep 2015;66(9):985-987.



mental health providers to SCHIEEx. DMH operates 17 community mental health centers as well as other facilities. DMH affiliated sites leverage a homegrown EHR system, which has single-sign on capabilities with the SCHIEEx clinical portal and DSM services. However, the system does not have a mechanism for consistently sharing care summaries through SCHIEEx.

South Carolina's mental health providers have expressed a great deal of interest in obtaining access to patient data through SCHIEEx. In particular, access to a patient's medical history, medication lists, and lab results can help mental health providers gain a more holistic picture of the patient's overall health. According to Wyman Bowers, CEO of SCHIEEx, "A patient's physical health is impacted to a significant degree by their mental health, and vice versa. Having all of the relevant clinical information readily available to a provider enables the clinician to treat the whole person, not just one aspect." Moreover, SCHIEEx's DSM capabilities facilitate communication and information exchange among providers, especially as patients are referred to and from mental health care facilities, treatment programs, and community and social services.

Today, SCHIP is largely focused on enabling mental health providers to access data from other points along the care continuum that is otherwise difficult to obtain. In the future, SCHIP hopes to increase the amount of data flowing out of South Carolina's mental health organizations in order to better support the state's mental and physical health integration efforts. For example, South Carolina's Medicaid agency is currently in the process of adding coverage for mental health services through Managed Care Organizations, and many of South Carolina's Federally Qualified Health Centers are aggressively pursuing integration efforts like co-location of physical and mental health providers. Such efforts require a more consistent and automatic exchange of information between physical and mental healthcare systems, but existing processes to support transitions of care, referrals, and information exchange are largely manual and paper-based.

By connecting South Carolina's mental health providers to basic HIE services like the clinical portal and DSM, SCHIP has helped jump-start the process of familiarizing these users with HIE. Mental health providers are less likely to have adopted health IT, and consequently have less experience sharing data electronically. Additionally, although the Health Insurance Portability and Accountability Act (HIPAA) permits the exchange of mental health data for treatment, payment, and healthcare operations, federal statute 42 CFR Part 2 prohibits the sharing of information related to substance abuse disorders. This added layer of complexity unique to the mental health system has created confusion and dissuaded some providers from sharing any patient data with other stakeholders.

As such, SCHIP has learned that it is important to work closely with mental health providers to educate them about health information exchange and allowable practices under the law. SCHIP's field staff often engages with individual mental health providers multiple times to educate them and train them on integrating SCHIEEx services into their regular workflows. This process helps providers understand that their existing processes for protecting patient privacy are usually sufficient for enabling information exchange. SCHIP's partnership with DMH has also proven to be a key asset in spreading the word about



SCHIEx and reassuring mental health providers that information exchange is not only possible, but can help improve patient care.

Building Communities of Care

One of SCHIP's key lessons learned from engaging with the mental health community is that training providers is not always sufficient to reach full adoption and acceptance of SCHIEx, especially if other stakeholders in the community are not already using SCHIEx themselves. To address this challenge, SCHIP leverages a "Communities of Care" model. Rather than engaging mental health providers independently, SCHIP first seeks to onboard a larger hospital, provider group, or health system. These organizations serve as anchors for the community through their extensive referral networks and are one of the primary sources of patient data sought by other providers.

"Communities of Care" Approach:

- A community-wide training module (developed and tested in January 2016) brings together key providers (safety net providers, hospitals, specialty clinics, behavioral health and primary care providers) for the purpose of learning through sharing.
- Through the training program, each stakeholder experiences first-hand what other provider groups see when they use SCHIEx and what data they are interested in receiving and sending.
- SCHIP has received strong positive feedback in support of training module and collaborative approach to increasing utilization of SCHIEx.

Once an anchor organization is onboarded, SCHIP engages with other stakeholders along the care continuum and conducts community-level trainings about SCHIEx and the value of HIE. This approach brings all of the stakeholders to the table to demonstrate how each member of the community can benefit from the participation of the others. It also showcases all of the different providers that contribute to a patient's care, which can stimulate communication and coordination between stakeholders.

What is Next?

SCHIEx plans to implement and expand the Communities of Care training modules to communities throughout South Carolina. Additionally, SCHIP is developing new services for SCHIEx to better enhance provider workflows, such as real-time automated admission, discharge, and transfer alerts. Through its work, SCHIP hopes to connect mental health providers to strong communities of care and provide them with the support they need for adoption and utilization of SCHIEx to improve health outcomes.



More about the Expanding Interoperability within South Carolina and the Southeast Initiative

SCHIEx enables physicians, providers and care-givers across South Carolina to view the patient information they need to make well-informed decisions. Through a Federal cooperative agreement *for Expanding Interoperability within South Carolina and the Southeast Initiative*, SCHIEx is increasing outreach, community forums, use case development and workflow support, as well as expanding technical resources to better serve our healthcare community. Our services will also support several of the requirements to meet Meaningful Use and the new Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) legislation. Most importantly, by providing real-time access to life-saving data, SCHIEx is improving the quality, safety and efficiency of health care delivery in our state.

To learn more about SCHI Ex and how you can participate in our efforts to expand information exchange and interoperability to better serve your patients, please contact us:

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