

Strategic Initiative #6: Health Information Technology

Lead: H. Westley Clark, M.D., Director, Center for Substance Abuse Treatment

Key Facts

- Of 175 substance abuse treatment programs surveyed, 20 percent had no information systems, e-mail, or even voicemail.¹¹⁴
- On average, information technology (IT) spending in behavioral health care and human services organizations represents 1.8 percent of total operating budgets—compared with 3.5 percent of the total operating budgets for general health care services.¹¹⁵
- Fewer than half of behavioral health and human services providers possess fully implemented clinical electronic record systems.¹¹⁶
- State and Territorial laws vary on the extent that providers can share medically sensitive information, such as HIV status and treatment for psychiatric conditions.
- A study of 56 mental health clinicians in an academic medical center revealed that their concerns about privacy and data security were significant and may contribute to the reluctance to adopt electronic records.¹¹⁷

Overview

Both the American Recovery and Reinvestment Act and the Affordable Care Act are driving health systems toward the use of information technology for service delivery, quality improvement, cost containment, and increased patient control of personal health care and related information. In 2014, Medicaid will expand its role as the single largest payer for behavioral health services. This expansion and other requirements under the Affordable Care Act mean that the behavioral health system must integrate with the primary care system. State, Territorial, Tribal, county, and city governments as well as providers and service recipients will need support through this fundamental change in the delivery of health care.

In the past, the specialty behavioral health system has often operated independently from the broader health system and differed in the type and scope of information technology used. Through this Initiative, SAMHSA will work to increase access to health information technology (HIT) so that Americans with behavioral health conditions can benefit from these innovations. SAMHSA will support the use of interoperable electronic health records (EHRs) by the behavioral health system, focus on integrating information systems with the broader health systems, and work through its programs to drive innovation and the adoption of HIT and EHRs.

HIT provides the overall framework to describe the comprehensive management and secure exchange of health information electronically among providers, pharmacies, insurers, States, Territories, Tribes, communities, consumers, and other entities. It also provides the context from which the EHR evolves and drives discussion about privacy and confidentiality. HIT is a broad construct that extends beyond EHR and includes telemedicine and other technologies. HIT can improve health care quality, prevent medical errors, increase administrative efficiencies, decrease paperwork, and improve patient health. It also has the potential to enhance medical decisionmaking, promote patient monitoring, and involve consumers in their own care.

According to U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius, “Electronic health records will provide major technological innovation to our current health care system by allowing doctors to work together to make sure patients get the right care at the right time.” She has described patient privacy in HIT as “our top priority.”¹¹⁸

Purpose of Initiative #6

Ensure the behavioral health provider network, including prevention specialists and consumer providers, fully participates with the general health care delivery system in the adoption of HIT.

SAMHSA is focusing on HIT in general and EHRs specifically to ensure that behavioral health is integrated in to the Nation’s broader health system. As noted in a recent Hogg Foundation position statement, “For electronic health records to be comprehensive, they must incorporate data related to all key components of health. Behavioral health information should be included in the process of creating secure, consumer-centered information technology systems.”¹¹⁹

In the current health care system, general practitioners are supported by various specialty areas. Professionals in pediatrics, cardiology, oncology, orthopedics, and behavioral health (mental health and substance use disorder services) need to be able to exchange critical information with primary care practitioners. Emergency and urgent care centers, often unfamiliar with a presenting patient, need accurate and timely information quickly. EHRs linked across clinical practice areas allow the transfer of information seamlessly; improve patient care; and provide complete, accurate, and searchable health information at the point of diagnosis and care.

HIT in general and EHRs specifically will allow behavioral health practitioners to engage the individual receiving services without waiting for the exchange of records and paperwork and without requiring unnecessary or repetitive tests and procedures. Other medical and social factors occur simultaneously with and impact behavioral health. Thus, access to a patient’s medical history, medication history, and other information is essential to identifying potential medication interactions, factors that may affect the effectiveness of treatment, and/or other potentially harmful consequences to a course of treatment.

With the promises held by HIT comes the need to protect the privacy and security of health information. Privacy and security are essential to fostering trust between patient and provider. Because of the sensitive nature of information shared by individuals receiving behavioral health services, privacy and confidentiality concerns are captured by additional laws and regulations. Consequently, SAMHSA and the HHS Office of the National Coordinator for Health (ONC) are committed to making interoperable EHRs available so that behavioral health and primary care

providers can use all available patient information while honoring the principle that all health information should be secure and controlled by the person receiving care.

Disparities

The necessary infrastructure and expertise to support the effective use of health information technology is lacking in nearly every community in the United States, particularly among behavioral health providers. Rural communities may lack access to the Internet, especially high speed Internet; poor communities may find HIT unaffordable; and communities of color vary in use of technology. Deficits in technology also affect Tribal communities. Because of past issues with Tribal data, extra sensitivity is needed around the protection and use of data housed in EHR systems and how such information is aggregated or reported. ONC has funded the National Indian Health Board (NIHB) to create the American Indian/Alaska Native National Regional Extension Center (AI/AN National REC) to assist Tribal health providers with achieving meaningful use of EHRs. The project is expected to reach into all of Indian Country to support EHR deployment and meaningful use implementation, with an objective impacting approximately 3,000 providers in 35 States at more than 500 individual Tribal provider sites. SAMHSA will work with NIHB and ONC to promote behavioral health issues in HIT.

SAMHSA is also collaborating with the Indian Health Service (IHS) to ensure behavioral health HIT activities include Tribal requirements. SAMHSA will continue to collaborate with IHS and to reach out through consultation with Tribes and Tribal organizations to make sure national behavioral health HIT efforts support their special requirements.

Health Reform

Health information technology is essential to the transformation of the health care delivery system and the promotion of preventive care and patient self-care. The Affordable Care Act contains incentives for providers to adopt EHRs and will drive integration of services, allowing for greater benefits from and need for the adoption of HIT. By facilitating nonduplication of services, the tracking of prescription medications, and the sharing of critical health information, the health care delivery system can avoid excessive costs, promote therapeutic efficiencies, and enhance quality of care. Behavioral health HIT holds the promise of managing behavioral health care across the multiple service inputs, documenting appropriate clinical practices, informing evidence-based strategies, and tracking preventative care over time. However, these promises cannot be achieved without the participation of the behavioral health delivery system and the linkage of behavioral health with the primary care delivery system. As a good and modern behavioral health system evolves within the framework of health reform, behavioral health HIT linked with HIT in general through EHRs and other technologies will allow for the documentation of effectiveness, efficiencies, and quality of care.

Behavioral Health Workforce

Generalized adoption of behavioral health HIT requires the involvement of the behavioral health workforce. Not only must the various treatment settings addressing mental and substance use disorders—such as community mental health centers and substance use disorder treatment programs—implement EHR systems, their staff must be trained to function within an EHR environment and to adapt to HIT. SAMHSA will promote the adoption of EHRs and the use of HIT through its discretionary program and Block Grant technical assistance efforts. In addition, SAMHSA will promote the awareness of Department of Labor (DOL) programs targeted to training entry level staff in health information technology.

Components of the Initiative

SAMHSA has collaborated on several HIT initiatives with many Federal Agencies, including the Department of Veterans Affairs (VA), IHS, Centers for Medicare and Medicaid Services (CMS), and Department of Defense (DoD). SAMHSA has awarded a \$3.2-million per year, 5-year contract to incorporate behavioral health clinical data standards so that States, Territories, and other government jurisdictions have viable EHR options to offer providers that treat safety-net populations. SAMHSA activities also have targeted open-source EHR software, privacy protection, and confidentiality. For example, SAMHSA is supporting meetings of representatives from the National Association of State Mental Health Program Directors (NASMHPD), National Association of State Alcohol and Drug Abuse Directors (NASADAD), and the National Association of State Medicaid Directors (NASMD) to discuss common issues in State and Territorial data interoperability and EHR adoption.

This SAMHSA HIT Initiative operates under the ONC umbrella with the goal of ensuring the behavioral health provider network's participation with the general health care delivery system in the adoption of health information technology, including EHRs. SAMHSA is providing leadership to the behavioral health community and will align HIT activities in order to participate in health care reform and the integration of behavioral and primary health care.

The primary role of SAMHSA's HIT effort is to support the behavioral health aspects of the EHR based on the standards and systems promoted by ONC. EHR content must be created in a standard format with standard terminology so that it can be readily shared among providers. Standardized data are also required to facilitate the creation of clinical decision support. The agency is working with State and Territorial partners and emphasizing the importance of creating a holistic HIT strategy that includes comprehensive recovery-oriented programs. Another aspect of the SAMHSA's HIT effort is to facilitate the use of technology to promote, educate, monitor, and assist service recipients and persons in recovery to self-direct and succeed.

Goals

Goal 6.1: Develop the infrastructure for interoperable EHRs, including privacy, confidentiality, and data standards.

Goal 6.2: Provide incentives and create tools to facilitate the adoption of HIT and EHRs with behavioral health functionality in general and specialty healthcare settings.

Goal 6.3: Deliver technical assistance to State HIT leaders, behavioral health and health providers, patients and consumers, and others to increase adoption of EHRs and HIT with behavioral health functionality.

Goal 6.4: Enhance capacity for the exchange and analysis of EHR data to assess quality of care and improve patient outcomes.

Specific Goals, Objectives, and Action Steps

Goal 6.1: Develop the infrastructure for interoperable EHRs, including privacy, confidentiality, and data standards.

Objective 6.1.1: Actively participate and provide leadership in national forums for the creation of standard approaches and protocols to protect the privacy of patients and consumers and their confidential information.

Action Steps:

1. Collaborate with ONC and other relevant entities to create computer executable privacy policies to support patient consent using segmented patient data.
2. Prepare privacy and confidentiality domain analysis models for submission to the Health Level 7, a standards development organization, balloting process for national and international standardization.
3. Participate in ONC security and privacy initiative as a part of the effort to include behavioral health as a national priority in HIT.

Objective 6.1.2: Actively participate and provide leadership in national forums for the creation of data and outcome measurement standards for behavioral health care.

Action Steps:

1. Collaborate with sister HHS agencies, other Departments such as VA and DoD, and measure developers to submit new meaningful use measures for quality and outcome/performance through measure consensus bodies, such as National Quality Forum (NQF).
2. Propose and fund at least two new behavioral health behavioral health quality measures for inclusion in Stage 3 of the meaningful use standard adoption.
3. Promote the adoption of national clinical standard terminology for behavioral health evidence-based practices.

Objective 6.1.3: Provide support substance abuse and mental health treatment and prevention service providers to participate in health information exchanges.

Action Steps:

1. Provide cooperative agreements as incentives to providers for the adoption of certified EHR applications that can exchange clinical information using the continuity of care document (CCD) and related State or national health information exchanges (HIE).
2. Provide cooperative agreements to demonstrate innovative approaches that support primary care and behavioral health integration.
3. Support the adoption of standards-based privacy and confidentiality policy and consent management using State or national HIE infrastructure.
4. Support the enrollment of behavioral health providers in HIEs.

Objective 6.1.4: Ensure that EHR or HIT systems used by SAMHSA or supported by SAMHSA funds conform to national standards for functional certification and interoperability.

Action Steps:

1. Host demonstrations of certified EHR applications that can exchange clinical information using the CCD through State or national HIE infrastructure.
2. Provide open source behavioral health EHR modules that can be adopted by States and providers and incorporated into commercial EHR applications.
3. Work with CMS develop and disseminate guidelines to assist State Medicaid and behavioral health agencies in activities that support the acquisition and use of interoperable IT systems that effectively integrate Medicaid and behavioral health data and that may be supported with Medicaid administrative funds.

Goal 6.2: Provide incentives and create tools to facilitate the adoption of HIT and EHRs with behavioral health functionality in general and specialty healthcare settings.

Objective 6.2.1: Include incentives for the use of EHRs and HIT in SAMHSA grants.

Action Steps:

1. Prepare and publish new guidance for grants that encourage the adoption of EHRs.
2. Support the acquisition or upgrade of EHRs in provider settings with a focus on the SAMHSA Primary and Behavioral Health Care Integration (PBHCI) program.

3. Support innovative pilots in HIT to facilitate primary care and behavioral health integration at the provider, local, State, Territorial, and Tribal levels.

Objective 6.2.2: Facilitate the dissemination of information on the acquisition and effective use of EHRs and HIT to the behavioral health community.

Action Steps:

1. Identify sources of online information on the use of EHRs and HIT and create a Web site to provide access to the information.
2. Encourage sharing of information and resources among providers via the Web and national or regional meetings.
3. Collect and disseminate best practice information on the implementation process for EHRs in behavioral health settings.
4. Publish results of pilot or ongoing projects applying HIT in behavioral health settings.
5. Provide HIT and EHR Webinars to behavioral health specialty providers.

Objective 6.2.3: Facilitate the development of a standardized patient encounter form for Screening, Brief Intervention, Referral, and Treatment (SBIRT) protocols used in primary care, specialty behavioral health, and numerous medical facility applications.

Action Steps:

1. Convene discussions with HHS, ONC, National Opinion Research Center, VA, and SAMHSA to agree on the participants, assignments, and priority actions needed to produce a standard SBIRT patient encounter form, consistent with Systematized Nomenclature of Medicine-Clinical Terms.
2. Agree on format that could be incorporated into an EHR patient record or used as a referral and transition of care EHR document delivered through an HHS ONC Nationwide Health Information Network (NWHIN)-CONNECT gateway to a referral specialist.
3. Develop a Web-based version of the format that supports transmission via the HHS ONC NWHIN-CONNECT gateway and the use of segmented data model.
4. Assess the utility of a handwritten version of this form when access to an electronic version is unavailable.
5. Train an initial group of health care providers already trained in SBIRT to use the form. Implement in a pilot project setting.
6. Engage vendors and health information exchanges in ensuring data are transferred electronically into EHRs.

7. Evaluate the pilot project implementation and usefulness of the SBIRT EHR protocol, improve as needed, and take to scale as a front-end behavioral health EHR tool for use in primary care and many other settings.
8. Through HHS ONC, NWHIN-CONNECT, direct resources and participation and assess the SBIRT utility and EHR record usability as an initial, simple gateway for behavioral health integration into mainstream medical provider and facility systems.

Goal 6.3: Deliver technical assistance to State HIT leaders, behavioral health and health providers, patients and consumers, and others to increase adoption of EHRs and HIT with behavioral health functionality.

Objective 6.3.1: Educate and train behavioral health constituent groups on the options for including State laws, 42 CFR part 2 protections, and mental health privacy within the EHR and HIE environment.

Action Steps:

1. Develop additional frequently asked questions covering 42 CFR part 2 within an HIE environment.
2. Create and disseminate one or more Webinars that educate constituents on the implementation of 42 CFR Part 2 (a Federal regulation governing the confidentiality of alcohol and drug abuse service records) within an EHR and HIE environment.
3. Create and disseminate one or more Webinars that educate constituents on the implementation of privacy and confidentiality policy, including State law as appropriate, consent management, and referral management within and EHR and HIE environment.

Objective 6.3.2: Educate and train patients and consumers, especially those in recovery, on the options for including 42 CFR part 2 protections and mental health privacy associated with State laws within the EHR and HIE environment.

Action Steps:

1. Create and disseminate one or more Webinars or podcasts that educate patients on the implications of 42 CFR part 2 within and EHR and HIE environment on personally identifiable health information.
2. Create and disseminate one or more Webinars that educate patients on their right to privacy and confidentiality and the policies they should know about including the patient consent process and patient referral within an EHR and HIE environment.

Objective 6.3.3: Assist local groups and regional extension centers in outreach and communications efforts within the provider community and the public.

Action Steps:

1. Work with ONC on outreach efforts to the regional extension centers (RECs) to support behavioral health providers.
2. In consultation with ONC and CMS, as well as other entities, develop outreach materials targeted for specific populations, such as American Indians and Alaska Natives, veterans, patients in recovery, and families.

Objective 6.3.4: Work with the State HIT coordinators to ensure the close coordination of federally and State-funded HIT initiatives, especially within the behavioral health community.

Action Steps:

1. Include State HIT coordinators in the SAMHSA regional meetings being planned in conjunction with ONC, CMS, and Health Resources and Services Administration (HRSA).
2. Support State Behavioral Health IT representatives to attend the Annual Medicaid Management Information System (MMIS) conference.
3. Collaborate with CMS to ensure the inclusion of topics specific to behavioral health data systems and HIT interoperability in the conference.
4. In conjunction with CMS, sponsor periodic conference calls or meetings with State Medicaid and Behavioral Health IT representatives for the purpose of disseminating information and technical assistance, and for providing a forum for discussion of common issues.
5. Jointly develop a plan with CMS to offer State-specific technical assistance to aid in the identification and assessment of State Medicaid and behavioral health IT system issues, and the development of options for addressing them.
6. Develop a technical assistance resource to encourage and assist behavioral health care providers in applying for Federal Communications Commission broadband grants for rural health care entities.

Objective 6.3.5: Add geographic information system (GIS) capacity to the operations center for SAMHSA National Suicide Lifeline and Veterans Administration Suicide Prevention Hotline.

Action Steps:

1. Convene a meeting with appropriate staff of the Department of Army, VA, SAMHSA and HHS' ONC to improve the use of contract resources and agree to project outcomes.

2. Deliver the SAMHSA treatment facility and crisis center electronic files in a point-face geocodable format to be added to the existing national base map. Use the ONC NWHIN-CONNECT gateway as a portal for the Suicide Prevention operations center and to generate referrals for urgent treatment in support of the DoD, VA, and SAMHSA suicide prevention missions.
3. Assess the effectiveness and utility of the demonstration project and develop future steps as appropriate to include additional behavioral health provider and facility locations to the system with potential linking to crisis centers nationally with EHR referrals and patient information protocols in place, consistent with SAMHSA and ONC privacy and security standards using NWHIN-CONNECT gateway.

Goal 6.4: Enhance capacity for the exchange and analysis of EHR data to assess quality of care and improve patient outcomes.

Objective 6.4.1: Ensure that behavioral health data can be exchanged on a local, regional, State, and national basis.

Action Steps:

1. Facilitate adoption of national clinical data exchange standards for behavioral health, especially in the areas of substance abuse treatment and recovery.
2. Facilitate adoption of standardized privacy and confidentiality policy, including consent management, with patient data segmentation.

Objective 6.4.2 In consultation with State and national experts, develop standards to assess the quality of care and patient outcomes.

Action Steps:

1. Facilitate the creation of exemplar projects that use national data standards to demonstrate the use of current behavioral health best practices and standard data collection.
2. Adopt a state-of-the-art data warehouse environment to collect and report on quality of care and patient outcomes with clearly delineated national data standards-based clinical and administrative information.

Objective 6.4.3 Establish uniform reporting requirements across all grantees and other federally funded behavioral health initiatives to ensure effective analyses of data on the quality of care and patient outcomes.

Action Steps:

1. Deploy a state-of-the-art data warehouse environment to collect and report on quality of care and patient outcomes with clearly delineated national data standards-based clinical and administrative information and make reporting available to SAMHSA grantees.
2. Facilitate access to a state-of-the-art data warehouse environment to collect and report on quality of care and patient outcomes with clearly delineated national data standards-based clinical and administrative information and make data available to SAMHSA researchers.
3. Collaborate with CMS to develop and implement a common set of requirements designed to encourage collaborative HIT planning among Medicaid and behavioral health authorities and to assess State progress in creating interoperable/integrative HIT systems conforming to Federal data standards.

Strategic Initiative #6 Measures

Population-Based

- Increase the percentage of behavioral health organizations/providers that adopt and use certified electronic medical records by 2013.

SAMHSA Specific

- Increase the percentage of SAMHSA discretionary grantees that adopt and use certified electronic medical records by 2013.

References:

¹¹⁴ McLellan, A. T., Carise, D., & Kleber, H. D. (2003). Can the national addiction treatment infrastructure support the public's demand for quality care? *Journal of Substance Abuse Treatment*, 25, 117–121.

¹¹⁵ Centerstone Research Institute. (2009, June). *Behavioral Health/Human Services Information Systems survey*. National Council for Community Behavioral Health Care. Retrieved March 25, 2011, from <http://www.thenationalcouncil.org/galleries/policy-file/HIT%20Joint%20Survey%20Exec%20Summary.pdf>

¹¹⁶ Centerstone Research Institute. (2009, June). *Behavioral Health/Human Services Information Systems survey*. National Council for Community Behavioral Health Care. Retrieved March 25, 2011, from <http://www.thenationalcouncil.org/galleries/policy-file/HIT%20Joint%20Survey%20Exec%20Summary.pdf>

¹¹⁷ Salomon, R. M., Blackford, J. U., Rosenbloom, S. T., et al. (2010). Openness of patients' reporting with use of electronic records: psychiatric clinicians' views. *Journal of the American Medical Informatics Association*, 17(1), 54–60.

¹¹⁸ Secretary Sebelius. (2010). Going beyond paper and pencil: Investments in health IT. The White House Blog. Retrieved March 25, 2011, from <http://www.whitehouse.gov/blog/2010/02/12/going-beyond-paper-and-pencil-investments-health-it>

¹¹⁹ Hogg Foundation for Mental Health. (2009, October 30). *Position statement on behavioral health in national health care reform*. Retrieved March 25, 2011, from http://www.hogg.utexas.edu/uploads/documents/Position_statement_031011.pdf