Mental Health and Substance Use Community Addresses Interoperability of Electronic Health Records

Wednesday, December 3rd 12:00PM
Senate Visitors Center (SVC)
Room 201

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JOEL C. WHITE

Joel White is the Executive Director of the Health IT Now Coalition (www.healthitnow.org), a diverse group of 80 organizations representing patients, health care providers, payers, employers and unions that have come together to help foster the use of technology and information in health care to improve care and lower costs.

Joel is on the Boards of Directors of America's Health and the Newborn Foundation. He is a Member of BNA's Health IT Law and Industry Report Advisory Council, and is the Chair of the Health Advisory Committee of Broadband for America. Joel is also an advisor to AHIMA as a member of their Emerging Issues Practice Council.

Joel spent twelve years on Capitol Hill as professional staff, where he helped enact nine laws, including the 2002 Trade Act, which created health care tax credits, the 2003 law that established the Medicare prescription drug benefit and Health Savings Accounts, the 2005 Deficit Reduction Act and the 2006 Tax Reform and Health Care Act, which reformed Medicare payment policies.

He is also the co-author of the book, Facts and Figures on Government Finance (1992), which brings together data on public finance at all levels of government, with comparisons of taxing and spending levels spanning a half century. He holds a BS in Economics from the American University and is a member of the National Economist's Club.

THOMAS W. DOUB, PHD

Tom Doub, PhD, is the Chief Executive Officer of Centerstone Research Institute (CRI), a not-for-profit organization dedicated to improving healthcare through research and information technology. Dr. Doub joined CRI as Vice President of Research in 2003. He was named Chief Operating Officer in 2008 and appointed CEO in 2012.

Under Dr. Doub's leadership, CRI has established a unique blend of research, technology, and evaluation services, pursuing the vision of a future where all individuals and families facing behavioral health disorders receive exceptional care, balancing technology with humanity to enhance the quality of care while enriching the patient experience. On the research side, the organization has been awarded more than $100 million in research grants, established influential partnerships with prominent universities and research institutions across the nation, and been involved in more than 150 groundbreaking studies.

On the technology side, CRI innovators are creating the next generation of tools that will transform healthcare. Enlighten Analytics is an innovative analytics platform that can transform a healthcare organization's data into functional, insightful information to help improve operations, reduce costs, and enhance patient care. The result is a data-driven synthesis of research-based innovation, technological advances, and clinical advances that improve the lives of those with behavioral health disorders every day.

With Dr. Doub's guidance, CRI also has created the Knowledge Network, an ambitious national project in which mental health providers, academic researchers, behavioral health advocates and policymakers are collaborating to move research into practice in behavioral healthcare.

MICHAEL R. LARDIERI, LCSW

Michael R. Lardieri, LCSW is currently Assistant Vice President
Strategic Program Development at the North Shore-LIJ Health System, the sixth largest health system in the nation. In this capacity he oversees the use of technology in in integration of physical and behavioral health care including health information exchange, patient portals, use of smart phone technologies and telemedicine.

Prior to North Shore-LIJ Mar. Lardieri was Vice President, Health Information Technology & Strategic Development at the National Council for Behavioral Health (the National Council). Mr. Lardieri has over thirty years of health care experience in inpatient, outpatient and managed care settings and was behavioral health administrator for one of the largest FQHCs in the nation. He has extensive experience in implementing electronic health record and other health information technology and integrating behavioral health and primary care.

His managed care experience includes senior positions in clinical and provider relations areas and was responsible for provider contracting, profiling and quality for over 20,000 clinicians and 5,000 facilities in the Northeast. Mr. Lardieri is engaged with community behavioral health organizations, Federally Qualified Community Health Centers (FQHCs), health center controlled networks, Primary Care Associations, the National Health Information Network and other health information systems to advance the field of health information technology and exchange. He is responsible for developing strategy and in assisting behavioral health centers across the nation in implementing various HIT strategies to improve quality care.

In addition, as an experienced and licensed mental health professional, Mr. Lardieri not only provides consulting services in mental health, substance abuse but also in integrating these services with the medical fields. Mr. Lardieri is a Board Member of the National eHealth Collaborative (NeHC), Board Member of the National Research Institute (NRI), was a member of the CCHIT Behavioral Health Workgroup setting the EHR standards for behavioral health EHRs and is a Member of the National Quality Forum (NQF) Behavioral Health Measures Sub Committee. He is an ONC Certified HIT Clinician/Practitioner Consultant Professional and is an Advisory Board Member - Morehouse School of Medicine Health Policy Transdisciplinary Collaborative Center (TCC) for Health Disparities Research and the Georgia Health Information Technology Extension Center (GA-HITEC). In 2014 Mr. Lardieri was selected as a member of the ONC HIT Policy Committee (HITPC) Workgroup on HIT Implementation, Usability and Safety.

Rebecca Smith

Rebecca Smith is the "change agent" (aka Chief Information Officer) for Henderson Behavioral Health, the oldest and largest non-profit behavioral healthcare system in South Florida. Henderson completed its transition to their EHR (Electronic Health Record) in March of 2011 and is busily working through its Meaningful Use requirements. This is the second full EHR implementation that Ms. Smith has completed. She has also managed Henderson's billing operations. Prior to her current role at Henderson, Ms. Smith was the CIO for ten years at Life Management Center, which went live with its EHR in 2006.

Before entering the not-for-profit sector Ms. Smith worked for a national software company, where she managed a team of software project executives. Under her direction, she and her team successfully led over 500 organizations throughout the country through successful software conversions and implementations.

Ms. Smith served as Chair and member of the Executive Board of the Avatar National Users Association (for a widely used behavioral health EHR) for five years. Previous to that, she established and served as Chair of the Florida Avatar User Group.

She is an active member of the Florida Council CIO Committee, CIO Council, HIMSS, and recently was honored by the South Florida Business Journal as the 2014 CIO of the year.

She is a graduate of Jacksonville University and a Microsoft Certified System Engineer.

BEHAVIORAL HEALTH INFORMATION TECHNOLOGY ACT: S. 1517

What's the Background? Sen. Sheldon Whitehouse (D-RI) recently introduced The Behavioral Health Information Technology Act (S. 1517). S. 1517 corrects an oversight in the HITECH Act   that excluded these key providers of behavioral health and substance use treatment services from   specific categories of incentive fund eligibility that would provide them with much-needed funding   to enhance quality of care.

Is there a House Version of The Behavioral Health Information Technology Act? Yes, **H.R 2957** is a bipartisan bill introduced by Rep. Tim Murphy (R-PA) and Rep. Ron Barber [D-OH] that   authorizes psychiatric hospitals, Community Mental Health Centers (CMHCs), clinical psychologists, and substance use treatment providers to:

- Participate in grant programs like the Regional Extension Centers and Beacon Communities   under the HITECH Act
- Qualify for financial incentives for the "meaningful use" of Electronic Health Records (EHRs)   through the HITECH Act's Medicare and Medicaid reimbursement systems.

Why do behavioral health consumers/patients benefit from Health Information Technology (HIT)? The patients/consumers served by providers referenced above are among the nation's   most underserved and overlooked populations. In addition to mental illness they often have poor   general health and co-occurring health disorders. For example, a recent study by the Substance   Abuse and Mental Health Services Administration (SAMHSA) points to a strikingly high incidence   of cancer, heart disease, diabetes and asthma among the more than 6 million Americans served   by the public mental health system HIT is the bedrock of any effort to coordinate and integrate car   for this population across all modalities of care.

Why can't behavioral health providers adopt HIT on their own? Inadequate reimbursement for   behavioral health providers in Medicare and Medicaid have resulting in significant financial challenges for behavioral health and substance use treatment providers. For example, **fewer than half** of behavioral health providers possess fully implemented HER systems. On average, information technology (IT) spending in behavioral health organizations represents 1.8% of total operation budgets – compared with 3.5% of total operating budgets for general health care.

What's the result if Congress fails to pass the corrective legislation? People with major mental health and addiction disorders need access to interoperable electronic health records. If   behavioral health providers cannot adopt HIT at a rate comparable with primary care facilities,   hospitals and physicians, it will soon become impossible to provide clinical care coordination. *Specifically, because person with serious mental illness are a high cost patient population,   federal government efforts to reduce health spending through Medicaid Health Homes, Medicare Accountable Care Organizations and state efforts to enroll dual eligible in   integrated care settings will be compromised if behavioral health providers remain excluded from the HITECH Act.*

What is the Difference between S. 1517 and H.R. 2957? The key difference is that H. R. 2957 contains a budget offset. The House Bill includes provisions from H.R. 2957, which authorize patient safety legal protections recently recommended by the Institute of Medicine (IOM). In addition, a 2010 Avalere Health study found that cost of S. 1517 will be reduced by **$500 million over 10 years** by helping prevent adverse drug-to-drug interaction and averting emergency room   visits and hospital admissions.

Who supports the Behavioral Health Information Technology Act? Strikingly similar legislation enjoyed widespread bipartisan support among moderates, progressives and staunch   fiscal conservatives in the 111th Congress.

BEHAVIORAL HEALTH INFORMATION TECHNOLOGY COORDINATION ACT: S. 1685

What's the Background? Sen. Rob Portman (R-OH) – recently introduced The Behavioral Health Information Technology Coordination Act (S. 1685). S. 1685 corrects an oversight in the HITECH Act that excluded key providers of mental health and substance use treatment services from specific categories of incentive fund eligibility that would provide them with much-needed funding to enhance quality of care.

Is there a House Version of The Behavioral Health Information Coordination Technology Act? Yes, **H.R 2957** is a bipartisan bill introduced by Rep. Tim Murphy (R-PA) and Rep. Ron Barber [D-OH] that authorizes psychiatric hospitals, Community Mental Health Centers (CMHCs), clinical psychologists, and substance use treatment providers to:
- Participate in grant programs like the Regional Extension Centers and Beacon Communities under the HITECH Act
- Qualify for financial incentives for the "meaningful use" of Electronic Health Records (EHRs) through the HITECH Act's Medicare and Medicaid reimbursement systems.

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Is S. 1865 Paid For? Yes. The legislation includes provisions from H.R. 2957 introduced in the last Congress, which authorize patient safety legal protections recently recommended by the Institute of Medicine (IOM). In addition, a recent Avalere Health study found that cost of S. 1685 will be reduced by **$500 million over 10 years** by helping prevent adverse drug-to-drug interaction and averting emergency room visits and hospital admissions.

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Care integration realized with partnership between Memorial Healthcare System, Henderson Behavioral Health, Epic and Netsmart

Overland Park, Kan., Nov. 18, 2014 – Interoperability and care integration are no longer just buzz words. "Treating the whole person" is no longer hyperbole. A groundbreaking care coordination agreement, reached earlier in the year between leading behavioral health and acute care health providers in southeast Florida, has led to electronic record sharing between the two parties. Henderson Behavioral Health has begun receiving quick and confidential emergency room referrals from Memorial Healthcare System, as a way to ensure care continuity, financial savings and, most importantly, the delivery of effective treatment to patients.

"Physical health and mental health emergencies typically require different treatments but the care needs to be communicated across providers to accomplish the ultimate goal of improving outcomes," said Memorial's Tammy Tucker, Psy.D, Associate Administrator, whose six-hospital system serves southern Broward County, Fla. "Our emergency department staff are now transmitting data directly to Henderson so patients obtain coordinated and integrated medical and behavioral health services."

MHS sends the referrals in the form of Health Level 7 (HL7) C-CDAs from the Epic EHR to a Netsmart CareRecord™ (EHR) used by Henderson Behavioral Health via Netsmart's care coordination solution. The referral includes key data needed for the Henderson team to provide comprehensive care as soon as the person arrives at the Henderson location:

- Labs or studies that have been completed for the medical diagnosis while in the emergency room/hospital to support medical clearance
- Demographic Information
- Medical Summary
- Medication List
- Vital Signs

Dr. Steven Ronik, CEO of Henderson Behavioral Health says they're just beginning to reap the benefits of the integration. "Those benefits include detailed patient information, more reliable communication, and increased speed and accuracy of referrals. The patient doesn't have to wait around. We can get right to working on making them whole again."

To make the integration possible, a number of parties had to come together – not only Memorial and Henderson but electronic health record developer Epic and behavioral health IT leader Netsmart.

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"This is a proof point that through the committed partnership of healthcare providers and healthcare IT suppliers we can move beyond the idea of just sharing data to enabling integrated care processes to drive improved outcomes," said Netsmart Chief Executive Officer Mike Valentine. "For us, the goal is to treat the mind and the body and enable recovery at a reduced cost."

"Our goals are the same…to improve care, safety and efficiency by connecting the physical and mental health worlds. Recognizing that, it was just a matter of rolling up our sleeves and making it happen," said Carl Dvorak, Epic's President.

The financial and treatment benefits of care integration can't be understated. Under the Affordable Care Act, hospitals will soon face readmission penalties – a scenario that might be avoided with a fully integrated approach to care. Currently the average length of stay for a mental health patient in the emergency department is 21 hours. But if that same patient can be quickly transferred to a behavioral healthcare facility, he or she can receive the optimum treatment for the specific illness, reducing costs and freeing-up acute care specialists to handle other emergencies.

"Time savings and elimination of redundancies are already being realized. Referrals are being received electronically and the quality of the data has improved," said Ronik.

About Henderson Behavioral Health
Henderson Behavioral Health is the oldest and largest, community-based not-for-profit behavioral healthcare system in South Florida. Since 1953 Henderson has helped hundreds of thousands of children, adults and families. Henderson Behavioral Health's mission is to serve as the premier provider of accessible, cost effective, and quality behavioral healthcare services to the people of South Florida in order to promote their mental health and well-being. Visit Henderson at hendersonbh.org

About Memorial Healthcare System
Memorial Healthcare System is the third-largest public healthcare system in the country. It is a national leader in quality care and patient satisfaction and has been ranked on *Modern Healthcare* magazine's list of Best Places to Work in Healthcare. Its facilities include Memorial Regional Hospital, Memorial Regional Hospital South, Joe DiMaggio Children's Hospital, Memorial Hospital West, Memorial Hospital Miramar, Memorial Hospital Pembroke and Memorial Manor nursing home. For more information, visit mhs.net.

About Netsmart
Netsmart is committed to helping health and human services providers deliver effective, outcomes-based care with Netsmart's CareFabric™ solution, a tightly woven framework of innovative clinical and business solutions and services that supports integrated, coordinated delivery of health services across the spectrum of care. More than 23,000 client organizations, including 450,000 care providers and more than 40 state systems use Netsmart solutions to help improve the quality of life for more than 25 million people each day. Netsmart clients include mental health and addiction services agencies, health homes, psychiatric hospitals, private and group mental health practices, public health departments, social services and child and family services agencies, managed care organizations, and vital records offices.

Netsmart is pleased to support the EveryDay Matters Foundation, which was established for behavioral and public health organizations to learn from each other and share their causes and stories. For more information, visit www.everydaymatters.com

Learn more about how Netsmart and the CareFabric solution are changing the face of health care today. Visit www.ntst.com, call 1-800-472-5509, follow us on LinkedIn and Twitter, like us on Facebook or visit us on Google+ and YouTube

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