NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

BEHAVIORAL HEALTH ORGANIZATIONS' ADOPTION OF HEALTH INFORMATION TECHNOLOGY AND READINESS FOR MEANINGFUL USE 2012 SURVEY

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Executive Summary
National Council's 2012 Survey of Behavioral Health Provider Adoption of EHRs and Readiness for Meaningful Use

Utilizing electronic health records (EHRs) and other health information technologies provide the tools necessary to transform our health care system. To date there has not been a comprehensive review of the adoption of (EHRs) and readiness for Meaningful Use of mental health and substance abuse organizations. The National Council a leader in behavioral health conducted a comprehensive survey of our members to determine their adoption of EHRs and their readiness for Meaningful Use.

Including behavioral health organizations is part of the Office of the National Coordinator's Strategic Plan to: *Align federal programs and services with the adoption and meaningful use of certified EHR technology.*

> *Specifically… The Substance Abuse and Mental Health Services Administration (SAMHSA) is working to foster adoption and implementation of certified EHRs among its providers that are ineligible for the Medicare and Medicaid EHR Incentive Programs, including community mental health centers and substance use disorder treatment programs….*

The *National Council's 2012 Survey of Behavioral Health Organization Adoption of EHRs and Readiness for Meaningful Use* is the only survey focusing specifically on the behavioral health sector and readiness for Meaningful Use (MU). The survey which is the most thorough review of behavioral health organizations in this area provides a solid baseline from which we can begin to monitor adoption and readiness for MU in the future. Behavioral health organizations provide services to 8 million people nationally and employ over 500,000 individuals.

Some of the highlights of the survey, which shows both the commitment and struggles of behavioral health organizations, require immediate attention. Twenty-one percent (21% N=104) of the 505 total respondents indicated that they had an EHR and that they were all electronic at all sites, however, only eleven percent (11% N=11) of these respondents indicated that they would be able to meet MU by the end of 2012. This represents just two percent (2%) of the total respondents. In a 2011 study conducted by the RCHN Foundation of the

Geiger Gibson Center at George Washington University eleven percent (11% N=78) of all respondents could meet the MU Core Measures now with another twenty-seven percent (27% N=186) being able to meet the MU Menu Set Measures now. The American Hospital Association in its letter to CMS on the MU Stage 2 proposed rule identified that almost twenty percent (20%) of hospitals were currently able to meet MU Stage 1 Incentives.

Upfront Financial Costs and Ongoing Maintenance Costs were the number one and number two barriers to implementation. The lack of MU Incentives for behavioral health organizations is a striking impediment preventing behavioral health organizations from moving forward and joining the rest of the health care provider community in adopting and using health information technology to improve health care, improve health and lower costs of care. Support to include these organizations in the incentive program is essential if we wish to prevent a digital divide specifically targeted to behavioral health organizations and the clients they serve.

Financial considerations, however, are not the only barrier. Lost revenue during start up, lack of dedicated staff to implement technology, lack of project management staff, lack of skills to properly select technology, provider resistance and lack of dedicated staff to maintain the systems are all very real barriers to behavioral health organizations. Privacy concerns were not identified as a less significant barrier to implementation.

Workforce issues are significant. Only twenty-nine percent (29%) of the respondents identified that they have a full time CIO or IT Director. This correlates with the barriers of lack of dedicated staff for implementation and lack of dedicated staff with skills for selecting technology. There is a need to have health information technology workforce training targeted to behavioral health organizations.

Behavioral health organizations are involved, are concerned and are trying to do the right things for the right reasons. Almost seventy percent (70%) of the respondents to the survey were “C” level staff. Another twenty-one percent (21%) were Administrative or Director Level staff. We feel this is an excellent indication of their perceived importance of health information technology to their organizations future and to the improved care of their clients.

Behavioral health organizations are also trying to move forward for the right reasons notably to improve healthcare, improve population health and reduce costs. It is imperative that these organizations receive the same support as medical providers. Without them our national health care goals cannot be met.

The National Council has developed specific HIT programs to meet the needs of its members, however, a more focused national approach supported with the same infrastructure that supports medical providers is needed to support all behavioral health organizations.

Based on this survey as well as information from behavioral health organizations across the nation we recommend some specific initiatives:

For Congress

- Stop the advancing digital divide for behavioral health organizations. Align behavioral health organizations with other healthcare providers and provide health information technology incentive dollars for them. We recommend passing of S. 539 the Behavioral Health Information Technology Act of 2011 to provide behavioral health organizations the same incentives as their medical counterparts.

  Why do we need the Behavioral Health IT Act? Individuals with mental health and substance use conditions are in dire need of care coordination. A recent study by the Substance Abuse and Mental Health Services Administration 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 and addiction treatment system. Health IT is the bedrock of any effort to coordinate and integrate care for this population across all modalities of care. Yet, mental health and addiction providers face significant financial challenges in trying to adopt comprehensive EHR systems, and fewer than 30% have been able to implement full or partial EHR systems.

  What will happen if Congress does not enact the Behavioral Health IT Act? If behavioral health organizations cannot adopt health IT at a rate

comparable with primary care facilities, hospitals, and physicians, it will soon become impossible to provide clinical care coordination. **Specifically, because persons with serious mental illnesses 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 eligibles in integrated managed care settings will be compromised if behavioral health organizations remain excluded from the HITECH Act.**

The Office of the National Coordinator's Federal HIT Strategic Plan includes support for HIT adoption in behavioral health settings among strategies to promote meaningful use of HIT, noting that, "the ability to integrate mental health data into the primary care and related safety net systems is essential for coordinating care."

For the Office of the National Coordinator

- Target current Office of National Coordinator and other Federal initiatives on behavioral health organizations specifically:
    - Beacon Communities
        - Provide targeted funding to behavioral health organizations in Beacon Community Grant programs where the behavioral health provider is the lead organization
    - State Health Information Exchanges (HIEs)
        - Ensure that all HIEs include behavioral health organizations
        - Provide targeted funding to behavioral health organizations around care coordination and health information exchange. Disease Registries and other Care Coordination tools through HIEs can provide a less expensive stop gap until full funding is available. This funding needs to be targeted to behavioral health.
    - Regional Extension Centers (RECs)
        - Incentivize Regional Extension Centers to support behavioral health organizations. Behavioral health organizations are not considered a target provider by most RECs and they do not

receive the same level of intensive service that medical providers receive.
  - Workforce Training
    - Support a program specifically targeted to utilize the products developed under the Curriculum Development Centers Program and expand the Community College Curriculum and the Health Information Technology Competency Examination Programs implemented by ONC targeted specifically to behavioral health organizations.
    - The National Council is ready to coordinate these efforts with public, private, government and academic institutions.

We believe that ONC can initiate these initiatives immediately under its current authority.

For SAMHSA

- Build on Current Infrastructure and Proven Methods
  - Expand SAMHSA's Learning collaborative model to behavioral health organizations. This method has been used effectively and efficiently widely by SAMHSA, HRSA and the National Council. Twenty-six percent (26%) of the respondents to the survey are interested in joining a collaborative but need more information.
  - Focus the existing HRSA Health Center Controlled Networks (HCCNs) program to behavioral health organizations. HRSA has in vested over $100 million over the years to assist FQHCs and HCCNs have shown to be a proven model for EHR adoption. Almost all FQHCs will have EHRs by 2012. We encourage SAMHSA, HRSA and ONC to develop targeted funding specific to behavioral health organizations utilizing selected HCCNs.

For EHR Vendors

- EHR Vendors should be encouraged to provide lower cost entry level systems that focus on care coordination and health information exchange with the data being portable to any EHR in the future.
- EHR vendors are also encouraged to support the National Council in these initiatives in various collaborative work groups.

The National Council is positioned to work with federal, academic, non profit and for profit partners to lead the way to help behavioral health organizations stand side by side with their medical counterparts, implement health information technology and by treating the person as a whole person assist the entire nation to meet the triple aims of better healthcare, better health and lower costs. Unless behavioral health organizations are included we will not be able to meet these goals.

The challenge is now!! The time is now!!