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OPINION

CMMI's Role in Fighting the Opioid Crisis: Giving Providers Tools to Win the Battle

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September 11, 2018

The Senate is currently contemplating legislation to battle an opioid epidemic that took the lives of more than 70,000 Americans in 2017, according to the Centers for Disease Control and Prevention. On behalf of Netsmart and the National Council for Behavioral Health, we urge the Trump administration — through the Center for Medicare and Medicaid Innovation — to assist this congressional effort by arming mental health and addiction treatment providers with electronic health record systems through health information technology incentives.

Netsmart and the NCBH are both founding members of the Behavioral Health Information Technology Coalition, established in 2010 to advance public policy initiatives that tap the full potential of technology in the delivery of coordinated, integrated services and treatment for people with mental health and substance use disorders. Both the House and Senate passed bills earlier this year seeking to attain that very objective.

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Behavioral providers must have access to EHR systems to properly coordinate care because of the sky-high incidence of co-occurring medical/surgical conditions among individuals with mental health and SUD. Research demonstrates that people with SUD die as much as 20 years earlier than other Americans because of poorly managed conditions like cancer, cardiovascular disorders and HIV/AIDS. Depression, bipolar disorder, post-traumatic stress, nicotine dependence and sleep disorders commonly co-occur with alcohol and drug use.

Health IT can also enhance the quality of and access to medication-assisted treatment through e-prescribing. Since we are at the beginning of the MAT revolution in SUD treatment, an e-prescribing requirement would yield critically important data by electronically tracking prescribers, dosages, dispensing facilities, who is receiving MAT, and information regarding clinical outcomes — ushering in a new era of accountability.

But a widespread MAT e-prescribing capacity isn't feasible without CMMI providing EHR incentives to behavioral health providers, who significantly lag primary care providers and hospitals in EHR adoption rates. A 2015 Office of the National Coordinator for Health Information Technology report found that only 2 percent of psychiatric hospitals had adopted sufficient EHRs as of 2012. Additionally, while 20 percent of community mental health centers reported EHRs in all of their clinic sites in 2012, only 2 percent reported that they could meet the requirements of the EHR incentive programs.

The consequences are predictable: The absence of behavioral health records in medical/surgical settings could have fatal results to individuals and drastically

increase costs. ONC researchers reported: "27.3 percent of patients with depression and 27.7 percent of patients with bipolar disorder lacked a diagnosis of their mental illness in their primary care EHRs. Furthermore, nearly 90 percent of acute psychiatric services at hospital facilities — often representing the most intensive treatment of mental illness — were not present in the EHR whatsoever."

On the flip side, Paul Welton epitomizes the benefit of whole-person care. When Paul was 15, his mother died in a car accident. Two weeks later, his father committed suicide. Paul carried this childhood trauma for years, until his own thoughts of suicide led him to visit the local emergency room. He was referred to the Ozark Center, a certified community behavioral health clinic.

Paul began a comprehensive program to treat his mental illness and co-occurring disorders, resulting in improved mental health, weight loss and lower blood sugar levels. Health IT was key in the successful coordination of Paul's care plan, including use of a certified EHR as the baseline data repository and to facilitate transitions of care between providers and track outcomes.

"I see a light at the end of the tunnel, and it's not a train bearing down on me anymore," said Paul. "Overall, these things have made me a healthier person, both mentally and physically."

The absence of behavioral and mental health data in primary care EHRs ultimately results in an incomplete picture of a patient's health and could lead to information gaps, which negatively impact health care delivery and increase the risk of adverse events to those receiving services.

In the midst of the opioid epidemic, CMMI must arm mental health and addiction providers with the tools they need to save lives. We ask the Trump

administration to take advantage of the unique
position it is in and enhance the efforts of Congress by
simultaneously expanding access to MAT while also
bringing addiction treatment services into the 21st
century.

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