September 13, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, D.C. 20201

RE: Eliminating Faxes in Mental Health Care/Substance Use Treatment Services

Dear Administrator Verma:

The undersigned members of the Behavioral Health Information Technology Coalition are writing to express our strongest possible support for your bold pledge to make health care providers fax free by 2020.

In important remarks made during the Office of the National Coordinator's (ONC) 2nd Annual Interoperability Forum on Tuesday August 7th, 2018, you outlined an overarching objective: "Once information is freely flowing from the patient to the provider, the advances in coordinated value-based and patient centric care will be even greater than anything we can imagine today." In keeping with that vision, Steve Posnack, ONC's Executive Director of the Office of Technology, declared October 12, 2018 will be "No Fax Friday" across the health care sector.

Widespread Use of Paper Records/Faxes in Behavioral Health

No therapeutic areas will benefit more from this spirit of innovation than mental health and substance use treatment. In general, behavioral health providers badly lag behind primary care providers in their Electronic Health Record (EHR) adoption rates. A 2015 ONC report found that only two percent of psychiatric hospitals had adopted sufficient EHR technology as of 2012. Additionally, while 20 percent of Community Mental Health Centers (CMHCs) reported use of EHRs in all their clinic sites in 2012, only two percent reported that they could meet the requirements of the EHR Incentive Programs.

Further, the available evidence suggests that the use of faxes in the delivery of behavioral health care is widespread. For example, in testimony before the Medicaid and CHIP Payment and Access Commission (MACPAC) on January 25, 2018, Erin McMullen, a Principal Analyst for MACPAC, said the following: "[M]any community-based substance abuse treatment providers have not adopted EHRs at the same rate as the rest of the medical system. **Participants noted that many of these providers continue to share information by paper, phone or fax.** [emphasis added] The roundtable discussion also attributed the slow adoption of EHR to a lack of financial incentives."

CMMI Financing Demonstration Could Modernize Addiction Treatment

Pursuant to the "New Direction" that you outlined for the Center for Medicare and Medicaid Innovation (CMMI) in April 2018, CMMI is leading a crucial multi-agency effort to develop a new approach to battling the nation's opioid crisis. Specifically, as we understand it, CMMI is developing a Medicare/Medicaid/CHIP financing demonstration that will expand access to Medication Assisted Treatment (MAT) in medically underserved communities and rural areas of the United States.

In our view, this demonstration offers a unique opportunity to significantly enhance the critical infrastructure by furnishing health IT incentives to behavioral health providers, such as county behavioral health authorities, community mental health clinics, psychiatric hospitals, clinical psychologists and clinical social workers. Behavioral health 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 substance use disorders (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, HIV/AIDS, injuries and many other illnesses. Depression, bipolar disorder, post-traumatic stress, nicotine dependence and sleep disorders commonly co-occur with alcohol and drug use.

HIT can also enhance the quality of MAT through e-prescribing. Both methadone and buprenorphine are controlled substances subject to diversion; e-prescribing would hinder diversion attempts. Since we are at the beginning of the MAT revolution in substance use treatment services, an e-prescribing requirement would yield critically important data by electronically tracking prescribers, dosages, dispensing facilities, the specific patients receiving MAT and information regarding clinical outcomes – ushering in a new era of accountability.

In short, CMMI can bring the behavioral health field closer to the vision you outlined at the most recent ONC Interoperability Forum: making the delivery of mental health care and addiction treatment fax free.

We stand shoulder to shoulder with you in CMS's efforts to achieve this important goal.

Thank you for your outstanding leadership.

Sincerely,

American Psychological Association

Centerstone

The Jewish Federations of North America

Mental Health America

National Alliance on Mental Illness

National Association for Behavioral Healthcare

The National Association of County Behavioral Health and Developmental Disability Directors

The National Association for Rural Mental Health

National Association of Social Workers

National Council for Behavioral Health

Netsmart