



Behavioral Health Information Technology Act Testimony

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Thank you Senator Whitehouse and SAMHSA for your recognition of the importance of health information technology in improving healthcare outcomes for the people we serve and your leadership in making electronic health records (EHR) a reality for behavioral healthcare providers across the country.

The Providence Center is fortunate – we received incredible technical assistance and financial support from SAMHSA to move us to Meaningful Use. According to a recent survey conducted by the National Council for Community Behavioral Healthcare, only about 20 percent of behavioral health organizations even have electronic medical record systems. Passage of the Behavioral Health IT bill is critical to ensuring that behavioral health organizations around the country have the same opportunity to improve care for persons with mental health and substance use disorders.

As a provider that has been successful in implementing an EHR that meets meaningful use standards I would like to talk to you today about the impact an EHR can have.

Who Benefits from a Behavioral Health EHR

The Providence Center serves 12,000 people each year with a wide variety of mental health, substance abuse, and primary care problems. We serve children who are living in cars or in homeless shelters and parents who have lost their jobs and come to our emergency service department because they have no where to turn and are frightened by their level of depression. We have people come to our facility every day because their mental illness is so severe that without our services they would be hospitalized. Many of the people we see have a combination



of mental health, substance abuse, and chronic medical problems, but very rarely see a medical doctor, except in an emergency room. Instead they come to their behavioral health provider for treatment, primary care, employment and housing, and to connect the dots between state and community supports.

Why the EHR is Important

Without support, our clients use the highest cost services in our state including emergency rooms, hospitalizations, and the criminal justice system. By using the EHR and acting as our clients' Health Home we are rapidly creating efficiencies that produce better care at a significant cost savings.

The EHR allows our staff to make the most informed decisions about care wherever they need it. For people who are in crisis the EHR is especially important. Our police liaison is able to identify if a person the police would otherwise arrest is a Providence Center client and refer them to treatment rather than jail. Because the liaison has access to the person's health record, if a hospitalization is necessary, they can call ahead and educate the hospital's medical team about the client's needs. This process has resulted in decreased lengths of stay in hospitals, people presenting with a behavioral health problems avoiding arrest, and decreased hospitalizations generally.

Research has shown that people with behavioral health problems have trouble accessing non-hospital level medical health care and that the quality of care they receive is subpar. People with behavioral health problems die an average of 25 years earlier than the general population as a result of untreated or poorly treated chronic illness. Poor care also results in the use of



emergency rooms for standard primary care at an extremely high and unnecessary cost. We have successfully used our EHR to improve access and quality of care for our clients wherever they are. By sharing records with our integrated care partner and accessing records in hospitals and throughout the community, our clinical staff is able to give and get a full picture of a client's behavioral health medications, primary care needs, histories, supports, and diagnosis. When patients are at a hospital or in a doctor's office without TPC staff, the shared record can be their voice.

Prior to implementation of our model, the most frequent user of Rhode Island emergency rooms through a state program for the uninsured had 39 hospital intakes for detox services over a year. Currently the most frequent user had 15 detox intakes over a one year period. Hospitalization costs average \$1,000 to per day for substance abuse detox. The Providence Center provides community services that keep people out of the hospital for \$50 per day. Connecting the dots and reducing costs through community based integrated care is possible because of an EHR.

How we did it

At the Providence Center we recognized early on that an EHR was necessary for improved efficiencies and better care. We implemented our first electronic record in 2007 and with support and guidance from SAMHSA implemented our certified EHR in 2012. Through both processes, support from both the top down and across the organization was critical throughout the project. Our project team had representation from programs and functions across the organization. Constant communication is critical. We set up an interactive Intranet site to



provide real-time project status and collect feedback. We talked with other organizations that had implemented electronic records about their experiences. We tested our assumptions early and often. We knew that if we misjudged how we process or deliver documents that mistake would be made millions of times. I am happy to say we got it right because our document repository currently has just under 3 million documents. In our first implementation we anticipated there would be a bit of resistance on giving up the paper record so we measured and managed everything and provided constant support for staff who had difficulty making the switch.

Funding is always a problem in behavioral health. Providing high quality care requires efficiencies, a way to measure outcomes and a strong business plan. The EHR has been key to supporting all of these initiatives. Clinical documentation is 100% electronic and mobile. Currently our staff have secured internet access to our record from any location using PCs, laptops and tablets. We use industry standard XML-based forms that use checkboxes, pull-down menus, and auto-population as much as possible. For example, data entered into our psychosocial assessment will automatically populate on the treatment plan. In a paper record this all has to be done by hand. A properly implemented EHR eliminates the time wasted with hand written documents and redundant data entry.

The final point I would like to address is the importance of Regional Health Information Exchanges and the roll EHRs play. In Rhode Island our HIE is called CurrentCare. CurrentCare receives over 20 live feeds from labs and EHRs. I am very pleased to say that within days this will include The Providence Center. In real-time we will submit demographics, admissions and discharges, diagnoses, medications and allergies data. While I think everyone would agree that



all health information is important some would argue that behavioral health information in the HIE is critical.

Implementing EHRs is really about access to health information, quality of care, being efficient and is the first step in participating in an HIE. Historically, for most Behavioral Health organizations there has been no funding to make this happen. Senator Whitehouse's bill will change that and I hope your offices will support it.