

JONAS WAIZER TESTIMONY

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Good morning and thank you for attending this congressional staff briefing - sponsored by the Behavioral Health Information Technology Coalition.

My name is Dr. Jonas Waizer and I am Chief of Healthcare Policy for FEGS Health and Human Services System. FEGS serves the five boroughs of New York City and two counties on Long Island.

Before starting, we want to **thank Senator Sheldon Whitehouse** for his tireless advocacy on behalf of modernizing the American health care system through Electronic Health Records...or EHRs.

In particular, **the Senator has championed the Behavioral Health Information Technology Act** that would make behavioral health and addiction providers eligible to participate in the Medicare and Medicaid financing systems that are authorized under the HITECH Act of 2009.

I was asked to speak today because the problems that FEGS is experiencing also reflects the challenges with technology that face many community-based health & human services agencies across the US.

As background, permit me to say a few words about my agency. FEGS was founded over 75 years ago with the mission to meet the needs of the Jewish and broader communities through a diverse network of high-quality, cost-efficient health and human services. Specifically our charge is to help people with disabilities attain independence at work, at home and in the community.

While our combined services reach over 100,000 individuals each year, **our behavioral outpatient programs serve 18,000 people** with serious emotional problems and persistent mental illnesses across an array of clinical, recovery and residential services programs.

As one illustration, in partnership with Rikers Island – New York City’s main jail complex – FEGS administers a psychiatric care coordination and jail diversion program that keeps non-violent offenders with severe mental illnesses OUT of the penal system and IN the mental health care system.

The Medicaid program provides close to 50% of the agency’s financing for the services we provide because so many of our patients/consumers are either low income or have a disabling combination of severe mental illnesses – like schizophrenia or bipolar disorder – often with major substance abuse disorders.

FEGS needs health information technology – or HIT – because of the integrated care program in which we actively participate.

Permit me to describe the integrated services in which we participate.

FEGS currently operates two (2) “health homes” targeting persons on Medicaid with combinations of behavioral and serious medical conditions and we partner with in (3) others. This new initiative of the New York State Department of Health is intended to reduce hospital costs by improving and integrating community care.

In 2011, FEGS was selected by the New York State Department of Health to be the lead for Health Homes in Nassau and Suffolk Counties and to join with partners in the Bronx, Brooklyn and Staten Island..

This Health Home initiative provides care coordination services to low income persons with histories of high utilization of Medicaid services, especially hospitals and ERs, primarily for persons with multiple diagnoses including mental illnesses and other co-occurring medical/surgical diseases like diabetes, heart disease, COPD, asthma and other chronic conditions.

Our clinical services are committed to the outcomes of rapid aftercare and integrated health.

For example, FEGS leads the Nassau County Health Home Initiative that involves integrating primary care, specialty medical and community-based behavioral health services.

The partners include hospitals, FQHCs, substance abuse and behavioral health providers, HIV/AIDS and housing providers.

Allow me to address the obvious question - Does HIT save lives and save money?

There has been much attention to the findings that this patient/consumer population is experiencing sky high mortality and morbidity rates – approaching the level of a public health crisis.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), people with co-occurring mental illnesses and chronic diseases die 25 years sooner than other Americans – meaning persons served in the public mental health system die in their early 50's. To put those statistics into perspective, the only place on Earth with similar mortality rates is Sub-Saharan Africa.

At bottom, the central concept behind the health home programs FEGS administers is to improve the health status of this highly disabled patient/consumer population through provision of primary care, behavioral health and special medical services in a tightly integrated fashion. By doing our jobs correctly, we are producing longer life expectancy and reduced costs to New York City's health care system – primarily through better aftercare after hospital discharges, reduced hospital readmissions and emergency room use.

But FEGS can't coordinate care using paper, pens and fax machines. We also cannot use computers just for internal client registries and billing.

Rather, we need to use computers to improve continuity-of-care, linkages, tracking preventive services and medication use.

To give you an idea of the care coordination challenge we confront, let's look like the general primary care medical practice. Studies show that fully 50% of primary care patients don't 90% of our patients/consumers also take psychotropic medications -- often a drug cocktail of three (3) to five (5) agents. understand the aftercare and medications they are prescribed, and many fail to follow through on their regimens. That means us, in this room.

Now the people we serve with chronic conditions like schizophrenia often have elevated anxiety, confusion, sometimes cognitive impairments like compromised thinking, memory, language, and decision making are all. Any failure to take their medications reliably puts them at great risk for ER use or rehospitalization.

Now, FEGS operates a network of care coordinators in Health Homes, in recovery, residential and clinic programs. Their job -- in part -- is to link our patients to primary care physicians and follow through with them to pharmacies.

We can lead a horse to water, but can we be sure they drink? With HIT and interconnectivity, we can monitor whether our patients/consumers made their critical doctor's visits.

We use AllScripts to prescribe. With better HIT resources, we can determine if they actually pick up the medications as they are prescribed. If not, our care coordination staff can go to their homes, re-educate them about the medications, accompany them to the pharmacy, help them deal with entitlement and payment issues, etc.

Failure to take, say, a diabetes medication or a cardiac drug could lead to a medical emergency requiring immediate hospitalization.

If our patients/consumers are admitted to an hospital emergency department, that person often has no record. With the HER linkage, the psychiatric interventions and related health care interventions do not begin from scratch in the absence of prior medical history.

An e-prescribing system would help us a great deal – but they don't give those out for free.

In fact, FEGS does operate a rudimentary EHR system. We have linked to some RHIOs and hospitals, especially Maimonedes Medical Center and BHIX in Brooklyn. We have tasted the fruits of this technology.

But we have a long way to go.

But most community based organizations have not advanced even this far. And we've had to turn to foundations and special grants to seek the resources necessary for an upgrade.

Let me say this in conclusion:

Hospitals rely on our service sector for aftercare and diversion of very complex patients/consumers.

It just did not make any health policy or medical sense to leave behavioral health and addiction providers out of the HITECH Act.

It is a continuation of the discrimination that people with behavioral health conditions experience every day. The big difference is that....in this particular instance.....the misguided health policy decision made back in 2009 is denying FEGS the resources and modern technology we need to save lives.

We know that reduced admissions save money. We need the tools to make it happen.

I urge you...the congressional staff in the room today...to help us pass the Behavioral Health Information Technology Act and arm community providers with the tools to keep people with serious mental health and addiction disorders healthy.