June 22, 2015

Senator Johnny Isakson
Senate Finance Committee
131 Russell Senate Office Building
Washington, D.C. 20510

Senator Mark Warner
Senate Finance Committee
475 Russell Senate Office Building
Washington, D.C. 20510

**RE: Medicare Chronic Care Reform**

Dear Senator Isakson and Senator Warner:

On behalf of the Behavioral Health Information Technology (BHIT) Coalition, a national coalition of behavioral health providers, practitioners, and payers, we applaud the efforts of the Senate Finance Committee to explore Medicare Chronic Care solutions, and submit the Coalition's input to the requested issue areas addressed in the May 22, 2015 letter from the Committee.

The Coalition strongly contends that a key element to maximizing health outcomes and reducing health care expenditures for Medicare patients living with chronic conditions is to **encourage the seamless exchange of electronic health records between primary care and behavioral health providers and settings. We support the enactment of legislation requiring behavioral health providers and settings to receive meaningful use incentive payments for the purchase of EHRs.**

**18% of Medicare Beneficiares Experience a Mental Disorder and a Chronic, Co-Occurring Medical Condition**

**Comorbidity between mental and medical conditions is the rule rather than the exception.** Research shows that 70% of the populations served by behavioral health providers and settings in the public mental health system have chronic, co-occurring medical surgical conditions that mandate quick and quality coordinated care. (*Synthesis Study, Kaiser Family Foundation issued through the Robert Wood Johnson Foundation).* Over 26% of all Medicare beneficiaries (~13 million Americans) experience some form of mental illness, and those with serious mental illness (SMI) such as major depression, bipolar disorder and schizophrenia are more than twice as likely to have three or more chronic, comorbid conditions. *(SSI Annual Statistical Report,* Social Security Administration, 2011.) Fully one-third of the nine million Americans dually eligible for both Medicare and Medicaid have a primary diagnosis of schizophrenia and a co-occurring, chronic medical condition. Furthermore, in a recent study of New York City hospitals, "Two-thirds of adult discharges with major behavioral health conditions had at least two other forms of chronic diseases (three or more in total). Among other hospitalizations, 72% had two or more chronic diseases and most had three or more." ("*Updated Data on Prevalence and Severity of Behavioral Health Conditions among General Hospital Inpatients in New York State,"* ArthurWebbGroup, December 2014.)

**Medicare Behavioral Health Providers and Settings Lack the Resources for EHRs to Efficiently and Effectively Coordinate Care with Primary Care Providers**

Despite the high prevalence of chronic, co-occurring medical surgical conditions and mental illness, behavioral health providers and settings are not eligible to receive meaningful use incentive payments for EHRs through the 2009 HITECH Act. In turn, very few behavioral health providers and settings participate in the Health Information Exchange due to a lack of resources to purchase EHRs.

In comparison with primary care providers, behavioral health providers and settings have fewer resources to purchase and implement meaningful use EHRs than similarly situated health care providers. For example, a 2012 National Council for Behavioral Health study of more than 500 community mental health and addiction treatment organizations across the nation found the following:

> "Only 2% of community behavioral health organizations are able to meet MU [meaningful use] requirements—compare this to the 27% of Federally Qualified Health Centers and 20% of hospitals that have already met some level of MU requirements. The **most significant barrier** for the behavioral health sector was cost—**upfront financial costs and the costs of ongoing maintenance**." (*HIT Adoption and Readiness for Meaningful Use in Community Behavioral Health*, National Council for Behavioral Health, 2012.)

Consequently, Medicare primary care providers and care coordination teams struggle to (1) be informed of their patients' behavioral health disorders and medications, and (2) receive the necessary behavioral health records of their patients in a timely matter, therefore causing a severe detriment to the quality of care Medicare beneficiaries with mental disorders and co-occurring, chronic medical conditions receive.

In closing, we recommend that the Senate Finance Committee adopt legislation similar to Senator Whitehouse and Senator Portman's Behavioral Health Information Technology Acts (S. 1517/S. 1685). The enactment of these pieces of legislation would make psychiatric hospitals, Community Mental Health Centers, psychologists and outpatient/inpatient addition providers eligible for meaningful use incentive payments under the HITECH Act.

Thank you for your attention to these important matters.

Sincerely,

American Psychological Association

Association for Behavioral Health and Wellness

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Association for Behavioral Health and Wellness

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Jewish Federations of North America

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National Association of County Behavioral Health Directors

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