

BHIT Briefing Speaker Biographies

July 22, 2014

Mayor Ben McAdams

Salt Lake County Mayor

Ben McAdams was sworn into office as Salt Lake County Mayor on Jan. 7, 2013. Mayor McAdams pledged to work collaboratively, across party lines, to find efficiencies in County government and to be open and accountable to citizens.

During his tenure as County Mayor, he has championed education, helping the county become the first in the country to partner with the private sector to offer greater access to high-quality preschool for low-income children. Mayor

McAdams has also emphasized economic development and job growth, partnering with cities to attract business while being a careful steward of taxpayer dollars. He has also supported greater access for businesses and residents to transit, trails and open space.

Mayor McAdams is a graduate of the University of Utah and Columbia Law School. After Columbia Law School, he worked as a corporate finance attorney with firms in New York and Salt Lake City.

Ben and his wife, Julie (a fellow Columbia Law School graduate) enjoy hiking with their four children and cheering at Saturday morning soccer games.

Chris Wolf

Chief Operating Officer

ViaQuest, Inc.

Chris Wolf is Chief Operating Officer for ViaQuest, Inc., a leading regional provider of behavioral health, home health, hospice and developmental disabilities services. ViaQuest, with 1,500 employees, is based in Dublin, Ohio, a suburb of Columbus.

At ViaQuest, Chris oversees new business development, and services related to behavioral health and developmental disabilities. These include nine office locations, community mental health and addiction services clinics, nursing and healthcare-related supports, community integration programs and employment supports.

The integration and coordination of behavioral and physical health needs has been a strategic focus for ViaQuest over the past two years. Chris has served on state-level workgroups and learning communities to help shape the development of this integration

in the State of Ohio. ViaQuest also has a current focus on the use of technology in mobile support structures and integrating workflow with direct supports.

Chris has spent the majority of his professional career working in government-funded healthcare settings based on community access and involving multiple funding streams. He has also served in executive roles for crisis communications, corporate compliance and privacy.

Chris is active on boards of organizations providing services related to children, disabilities and long-term care. He is currently a trustee for the Ohio Association of Child Caring Agencies, and was elected treasurer at the organization's 2014 annual conference.

Chris received a bachelor's degree in psychology from Capital University a master's degree in counseling from the University of Dayton.

Ginger Bandeen, LCSW, CHC

Quality Improvement Manager

Columbia Community Mental Health Center

Ginger Bandeen, LCSW, CHC is the Quality Improvement Manager and Compliance Officer for Columbia Community Mental Health [CCMH] in St. Helens, Oregon. A Licensed Clinical Social Worker, Ginger first delved into the work of information technology as the clinical consultant for the electronic health record implementation team at her previous employer, Douglas County Mental Health, and continued in that role for the past 6 years at CCMH. Ginger is also involved with local and regional groups of mental health agencies who collaborate to increase efficiency in their electronic health record system.



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A Behavioral Health Information Technology Briefing: Saving Money and Lives July 22, 2014

Joseph Cvitkovic, Ph.D.
Director, Behavioral Healthcare Services
Jefferson Hospital – Allegheny Health Network

As a psychologist, and Director of Behavioral Healthcare Services for Jefferson Hospital - Allegheny Health Network in Pittsburgh, Pennsylvania, I have become acutely aware of the importance of Health Information Technology. As with other healthcare specialties, the practice of psychology and behavioral healthcare in general, has become increasingly complex.

The psychological evaluation and testing process is now very much reliant upon computer technologies to both administer and score psychological and neuropsychological tests. At Jefferson Hospital, we are dependent upon computer technology to provide timely scoring and reporting of our psychological testing.

Further, our inpatient psychiatric service is located within a general hospital and this means that we treat many patients with serious mental disorders and serious chronic medical/surgical conditions. Health Information Technology has been essential for us to improve treatment outcomes because we have been better able to monitor medications and improve the accuracy and quality of communication between psychiatric staff and other medical staff involved with the patient.

At Jefferson Hospital, we do provide 24/7 emergency psychiatric services through our Emergency Department. With the use of HIT we are better able to receive relevant treatment information on patients coming to the Emergency Department from our outpatient behavioral healthcare providers and primary care physicians.

In our hospital system, we have worked to integrate medical and behavioral healthcare services with much success. In turn, when a patient comes to us in crisis, we are able to quickly receive medical record information regarding current and past medications, current medical problems, and relevant counseling and therapy information.

Providing integrated care is essential for quality care. In this way, the “whole person” approach provides for an emphasis on mind-body health. HIT makes this integration process smooth, efficient, and significantly elevates the overall effectiveness of care by providing relevant and meaningful data in a timely fashion

We utilize HIT for scanning patient identification wrist- bands for medications, provision of a secure network to provide psychiatrists, psychologists, and other professionals with the capacity to connect to the medical record from a remote location to improve continuity of quality patient care. These technologies can enhance the connectivity between the inpatient and outpatient treatment services and reduces readmission rates and better assures recovery on an outpatient basis.



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HIT makes management of the business aspects of a behavioral healthcare practice possible by organizing the enormous amount of data collection, monitoring, accounting processes and procedures, communication and financial management. Billing for services is complex, since there are as many billing procedures and processes and formats as there are insurance carriers.

Also, communication about the nature of services provided within a practice is increasingly reliant on web pages and various social networking systems to remain accessible to patients. In this regard, a behavioral healthcare practice must remain current with the ongoing developments in information technologies to assure accessibility and effective interaction within the community it serves.

Behavioral healthcare treatment strategies on both an outpatient and inpatient level can be of higher quality when protocols, hand out materials, treatment plans, medication educational materials, and follow-up instructions can be personalized and printed out for patients when transitioning from one type or level of care to another. These services again are better handles and managed with the use of health information technologies.

In turn, these technologies can clearly enhance the quality, efficiency, and financial stability of behavioral healthcare. The startup costs can be prohibitive for the average practice or hospital based psychiatric service. Startup costs for a medium sized outpatient practice can easily be \$100,000, with ongoing follow-up costs that can be a significant financial strain on the program.

In summary, providing high quality and financially sound behavioral healthcare programs requires extensive use of Health Information Technologies. Without question, behavioral healthcare is an integral part of the total healthcare system. The treatment of depression, anxiety, post-traumatic stress disorders, and the vast majority of behavioral healthcare problems requires the capacity to closely integrate services with primary care medicine and the various specialty medical care services.

Therefore, behavioral health care professionals and facilities (psychologists, psychiatric hospitals, community mental health centers) must be able to participate in the Medicare and Medicaid incentive program for HIT as specified in legislation (S. 1517, S. 1685, H.R. 2957) sponsored by Senators Sheldon Whitehouse and Rob Portman and Representatives Tim Murphy and Ron Barber.

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