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February 5, 2015

Office of National Coordinator for Health Information Technology (ONC)
Department of Health & Human Services
Attn: Acting Assistant Secretary for Health Karen B. DeSalvo
200 Independence Ave. SW
Suite 729-D
Washington, D.C. 20201

RE: ONC Strategic Plan-Federal Health IT Strategic Plan 2015-2020

Dear Acting Assistant Secretary DeSalvo:

On behalf of the Behavioral Health Information Technology (BHIT) Coalition, we are writing to submit an official comment to the recently proposed ONC Strategic Plan "Federal Health IT Strategic Plan 2015-2020". The BHIT Coalition is a group of behavioral health care providers, practitioners, and payers joined together to advocate for federal funds to enable behavioral health providers and settings to purchase interoperable electronic health records (EHRs).

Specifically, we are writing to address an underlying assumption that behavioral health providers and settings have the resources to adopt EHRs. This assumption is related to achieving *Goal 1: Expansion of Health IT Adoption* and *Goal 3: Strengthening Health Care Delivery*).

We strongly believe that to have the effective, interoperable exchange of health information, behavioral health care settings must receive meaningful use payments to afford EHRs and provide quality, coordinated care to patients.

Under *Goal 1: Expand Adoption of Health IT*, ONC rightly includes behavioral health providers and settings as needed to successfully expand health IT adoption and use efforts. However, the underlying assumption that behavioral health providers and settings have the resources to pay for the adoption of EHRs is incorrect. **Many behavioral health providers and settings will not have the ability to adopt EHRs without Medicare and Medicaid meaningful use incentive payments due to their already limited resources. Most behavioral health providers and settings are 501(c)(3) organizations and under extreme financial pressure because of reduced funding for services, making them unable to fund the capital outlays required to implement EHRs.**

The proposed Strategic Plan states the following:

> "The goal aims to expand health IT adoption and use efforts across the care continuum, emphasizing assistance for health care providers serving long-term and post-accute, **behavioral health**, community-based, and other populations ineligible to participate in the Medicare and Medicaid EHR Incentives Programs." (*Goal 1: Expand Adoption of Health IT*, Page 9).

It continues with related objectives by stating:

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> "EHR adoption among hospitals and physicians has dramatically increased since the passage of HITECH Act, but health IT use remains low among providers practicing in long-term services and supports, post-acute care, and behavioral health settings." (*Goal 1, Objective 1A: Increase the adoption and effective use of health IT products, systems, and services,* Page 10).

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, the National Council for Behavioral Health's 2012 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.

ONC further discusses goals to coordinate care decisions quickly and safely, especially for chronic and debilitating diseases *(Goal 3, Objective 3A)*. **If behavioral health providers and settings are not fully eligible to receive funding for Medicaid and Medicare incentive payments to adopt EHRs, this coordinated care goal will likely not be achieved because 70% of the populations served by behavioral health providers and settings have chronic, co-occurring medical surgical conditions that mandate quick and quality coordinated care.**

There are 8 million people - mostly individuals with severe and persistent mental illnesses - served by the public mental health system. A wide array of recent studies indicate that these patients possesses an exceedingly poor overall health status. For example, a *Synthesis Project* analysis issued by the Kaiser Family Foundation with support from the Robert Wood Johnson Foundation points to a strikingly high incidence of comorbid cancer, heart disease, diabetes and asthma among Americans with mental disorders. Specifically, according to federal government data for Medicaid SSDI recipients:

- **76.2%** of disabled Medicaid recipients with **asthma and/or COPD** also have severe mental disorders and comorbid addiction disorders.
- **73.7%** of disabled Medicaid recipients with **coronary heart disease** also have severe mental illnesses and comorbid addiction disorders.
- **67.9%** of disabled Medicaid recipients with **diabetes** also have serious mental and substance use disorders.

Among Medicaid beneficiaries, 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. 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).

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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.)

A study published in a Centers for Disease Control and Prevention (CDC) publication *Preventing Chronic Disease* found the predictable consequences. In short, people with SMI – particularly those served in state mental health systems – die 25 years sooner and experience higher levels of morbidity than other Americans. **There are very few patient populations served by any federal health program that experience such poor overall health.** In fact, the available data suggests that people with mental illnesses like schizophrenia and bipolar disorder in the United States have average life expectancy similar to the citizens of poor Sub-Saharan African nations (who lack access to clean water and vaccinations against preventable communicable diseases).

ONC Should Expand BHIT Funding for Behavioral health providers and settings

The BHIT Coalition strongly agrees with ONC that the exchange of health information is the key to coordinated care in integrated settings, and the proposed Strategic Goals are needed to improve the Federal Health IT system. In fact, people living with conditions like schizophrenia and bipolar disorder are in desperate need of the integrated care made possible by the exchange of health information. At the same time, the undersigned organizations are now deeply concerned that without access to meaningful use payments and the ability to exchange health information to facilitate coordinated care, it will soon become impossible to provide clinical care coordination for this highly vulnerable population, which requires regular interaction between mental health/addiction services providers, primary care physicians and medical specialty personnel. Further, the above-referenced data and other similar information makes clear that unlike clinical laboratories, pharmacies and nursing facilities, behavioral health providers and settings serve a population with highly acute mental illnesses, substance use disorders and life threatening comorbid medical/surgical chronic diseases.

In constructing the proposed Strategic Plan for 2015-2020, we ask that your agency use discretionary funds to expand funding for behavioral health providers and settings to address the high risk population identified above.

Sincerely,

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