

November 20, 2017

Amy Bassano
Acting Director
Center for Medicare and Medicaid Innovation
7500 Security Boulevard
Baltimore, MD 21244

RE: Request for Information – Centers for Medicare & Medicaid Services: Innovation Center New Direction

Dear Ms. Bassano,

On behalf of the Behavioral Health Information Technology (BHIT) Coalition, the undersigned organizations are writing to update our submission from August 28, as new information has come to our attention that supports the need for providing electronic health records (EHRs) to mental health and substance abuse providers. We appreciate the opportunity to provide input on the Centers for Medicare and Medicaid Services new directions, and encourage continued focus on Mental and Behavioral Health Models through the Center for Medicare and Medicaid Innovation (CMMI).

We should note that bipartisan Congressional legislation has been introduced (S. 1732/HR 3331) by Senators Portman (R-OH) and Whitehouse (D-RI) and Representatives Jenkins (R-KS) and Matsui (D-CA), that would authorize a CMMI health IT demonstration program, including providers such as public or private hospitals that are principally psychiatric hospitals, community mental health centers, accredited residential or outpatient mental health treatment facilities, clinical psychologists, and clinical social workers. In light of the opioid crisis, and the recent Health Emergency Declaration by President Trump, we strongly believe that the availability and adoption of health information technology and EHRs is a necessary and valuable component to the treatment of those affected by substance use disorders, as well as serious mental illness.

Mental Health & Addiction is not in Primary EHRs

Efforts to expand the use of health IT and EHRs have been implemented as a result of EHR incentive programs; however, data still shows a lack of mental health history in primary care EHRs. Researchers reported that “27.3 percent of patients with depression and 27.7 percent of patients with bipolar disorder lacked a diagnosis of their mental illness in their primary care EHRs. In addition, data about mental health patient-providers encounters occurring in non-primary care setting were often nowhere to be found in the primary care record. Furthermore, nearly 90 percent of acute psychiatric services at hospital facilities – often representing the most severe treatment of mental illness – were not present in the EHR whatsoever.”¹

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MEMBERS: American Psychological Association • Association for Behavioral Health and Wellness • Centerstone • Jewish Federations of North America • Mental Health America • National Alliance on Mental Illness • National Association of Counties • National Association of County Behavioral Health Directors & Developmental Disability Directors • National Association of Psychiatric Health Systems • National Association of State Alcohol/Drug Abuse Directors • National Association of Social Workers • National Council for Behavioral Health • Netsmart

The absence of behavioral and mental health data in primary care EHRs will ultimately result in an incomplete picture of a patient's health and could lead to information gaps, which impacts health care delivery. In order to make care coordination possible, integrating EHR technology is imperative to address these information gaps and ensure properly-managed delivery of care.

Low Penetration Rate Amongst Providers

Unfortunately, despite high-need among mental health and substance use providers, health IT infrastructure is often lacking within behavioral health care settings. A 2015 ONC report found that only 2 percent of psychiatric hospitals had adopted sufficient EHR technology as of 2012.² Additionally, while 20 percent of community mental health centers reported EHRs in all of their clinic sites in 2012, only 2 percent reported that they could meet the requirements of the EHR Incentive Programs.³ Without the support of programs similar to the EHR incentive programs, mental health and substance use providers have lagged behind on the adoption of EHRs and require financial support to initiate this process, ultimately affecting the quality of care they can provide to their patients.

High Incidence of Co-Morbidity

Each year, more than 100,000 people in the United States die of alcohol or drug related causes, making it the fourth leading cause of preventable death, according to the Centers for Disease Control and Prevention (CDC).⁴ Despite the increasing rate of overdoses among other alcohol or drug related causes of death, the high incidence of co-morbidities in the substance use disorder population is of great concern. These co-occurring diseases drive health care spending. As stated in a recent CMS letter to State Medicaid Directors on strategies to address the opioid epidemic, "Medicaid beneficiaries who struggle with addiction to opioids or other substances have high rates of comorbid physical and mental health conditions, resulting in higher spending for general medical services. Recent research has reaffirmed that most spending on individuals struggling with addiction is not on treatment for those conditions, but instead focused on co-morbid physical conditions. Between 2010 and 2013, among adult Medicaid beneficiaries treated for a behavioral health disorder, 75 percent of spending for these individuals was for treatment of co-morbid conditions as opposed to their behavioral health condition. At least one state has found significant reductions in medical costs among Medicaid beneficiaries who accessed addiction treatment compared to those who did not."⁵ What was left unmentioned in the CMS SMD letter is that much of this spending occurs in hospital emergency

¹ Madden, J. M., Lakoma, M.D., Rusinak, D., Lu, C.Y., Soumerai, S.B. (2016); Missing clinical and behavioral health data in a large electronic health record (EHR) system. *Journal of the American Medical Informatics Association*, 23(6), 1143–1149. <https://doi.org/10.1093/jamia/ocw021>

² The Office of the National Coordinator for Health Information Technology (ONC) Office of the Secretary, United States Department of Health and Human Services (2016, February). Update on the Adoption of Information Technology and Related Efforts to Facilitate the Electronic Use and Exchange of Health Information. Retrieved from https://www.healthit.gov/sites/default/files/Attachment_1_-_2-26-16_RTC_Health_IT_Progress.pdf

³ The Office of the National Coordinator for Health Information Technology (ONC) Office of the Secretary, United States Department of Health and Human Services (2016, February). Update on the Adoption of Information Technology and Related Efforts to Facilitate the Electronic Use and Exchange of Health Information. Retrieved from https://www.healthit.gov/sites/default/files/Attachment_1_-_2-26-16_RTC_Health_IT_Progress.pdf

⁴ 2013 Mortality Multiple Cause Micro-data Files. Detailed Tables for the National Vital Statistics Report "Deaths: Final Data for 2013." http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf; Centers for Disease Control and Prevention. Alcohol-Related Disease Impact. Atlanta, GA: CDC. Stahre M, Roeber J, Kanny D, Brewer RD, Zhang X. Contribution of excessive alcohol consumption to deaths and years of potential life lost in the United States. *Prev Chronic Dis* 2014;11:130293. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. *JAMA* 2004;291(10):1238–45.

⁵ Centers for Medicare & Medicaid Services (2017). *Strategies to Address the Opioid Epidemic*: SMD # 17-003.

rooms. This makes no clinical or financial sense. EHRs and health IT are essential tools to effectively treat this highly complex patient population in appropriate care settings and lower overall health costs.

The recent hepatitis C outbreak in West Virginia is an example that underscores the high need for integrated health information technology within behavioral health care settings. The new number of hepatitis C cases in West Virginia is nine times the national average, and the national average itself rose from 853 in 2010 to 2,436 in 2015, a 15-year high, according to the Centers for Disease Control.⁶ Use of EHRs accelerates efforts to manage co-morbidities and diseases of this nature.

How Will Information Technology Improve Behavioral Healthcare Coordination?

The optimal way to treat mental illness and substance use disorders is to couple it with primary care services, which, in effect, treats the “whole person” with comprehensive, multidisciplinary services systematically combined to provide the best outcomes. Information technology provides the vital link in this process by facilitating the exchange of authorized health data between care providers. EHRs provide clinicians a complete picture of the individual’s health, enabling them to make fully-informed treatment decisions and receive better care. Providing technology-enabled coordinated, integrated care to this high-risk population can enhance outcomes, improve efficiency, and lower costs across the entire healthcare spectrum.

We cannot hope to address opioid crisis successfully, while addressing the mortality crisis among individuals with severe mental illness, without providing EHRs and supporting health information technology within behavioral health settings. As CMS contemplates their announced financing demonstration across Medicare, Medicaid and CHIP, it should provide health information technology incentives for mental health and substance use providers to address these needs.

Sincerely,

American Psychological Association

Centerstone

The Jewish Federations of North America

National Alliance on Mental Illness

National Association of Counties

National Association of County Behavioral Health & Developmental Disability Directors

National Association for Rural Mental Health

⁶ Zezima, K. (2017, October 17). Another outbreak related to the nation’s opioid crisis: hepatitis C. *The Washington Post*, https://www.washingtonpost.com/newssearch/?datefilter=All%20Since%202005&query=another%20outbreak%20related&sort=Relevance&utm_term=.866670e683a5

National Association of Social Workers

National Council for Behavioral Health

Netsmart