



Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



SAMHSA-HRSA Center for Integrated Health Solutions

Integrating Behavioral Health and HIV Into Electronic Health Records Communities of Practice

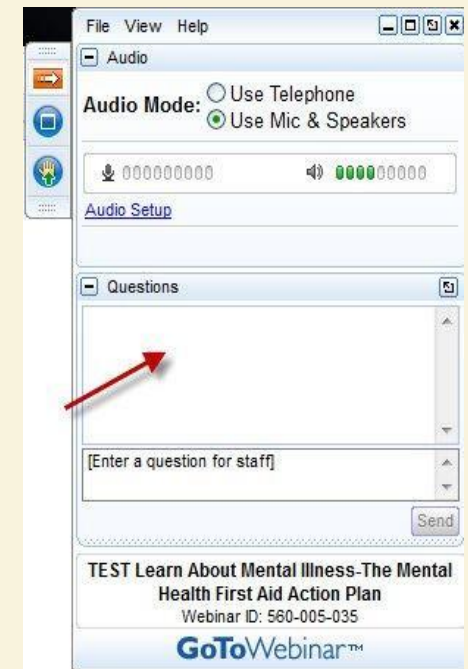
Monday, June 29, 2015

How to ask a question during the webinar



If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. **(left)**

If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. **(right)**





SAMHSA-HRSA Center for Integrated Health Solutions

**Slides for today's CoP are
available on the CIHS website at:**

<http://www.integration.samhsa.gov/mai-coc-grantees-online-community/communities-of-practice>



SAMHSA-HRSA Center for Integrated Health Solutions

Integrating Behavioral Health and HIV Into Electronic Health Records

Presented by: Adrian Bishop
Advocates for Human Potential



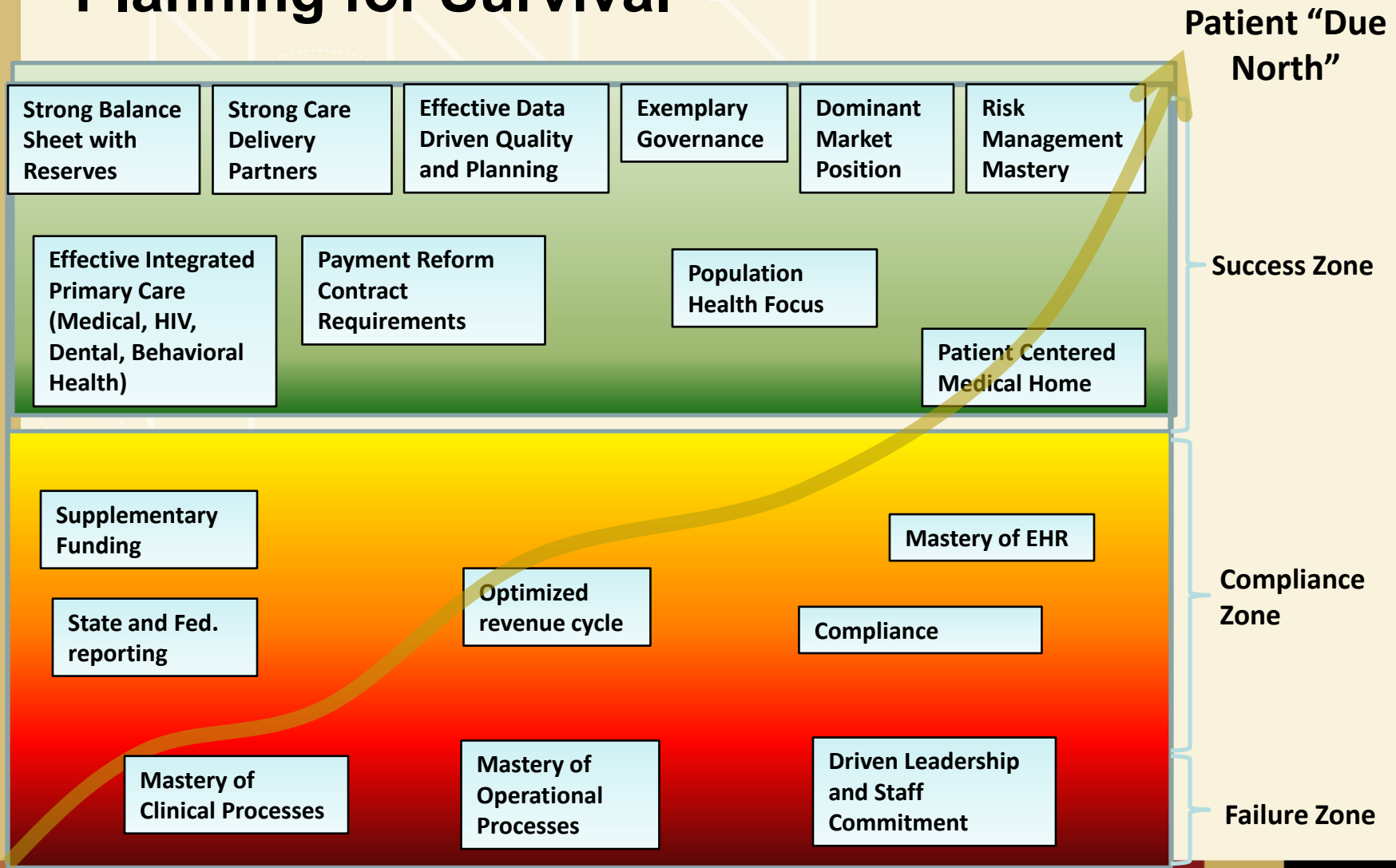
Agenda

- Introduction
- Integration – what is it and why is it important?
- Healthcare Reform and Planning for Survival
- The EHR Connection
 - What kind of EHR should we choose?
 - What technology
 - One EHR for everything?
 - Meaningful Use
 - Data Privacy and Security
- Useful links

Introductions

- What are your expectations for the Integrating HER CoP?
- What specific questions do you/your organization have regarding integration of EHR?
- What is your expertise/experience/comfort with EHR?

Planning for Survival



Healthcare Integration

SAMHSA / HRSA

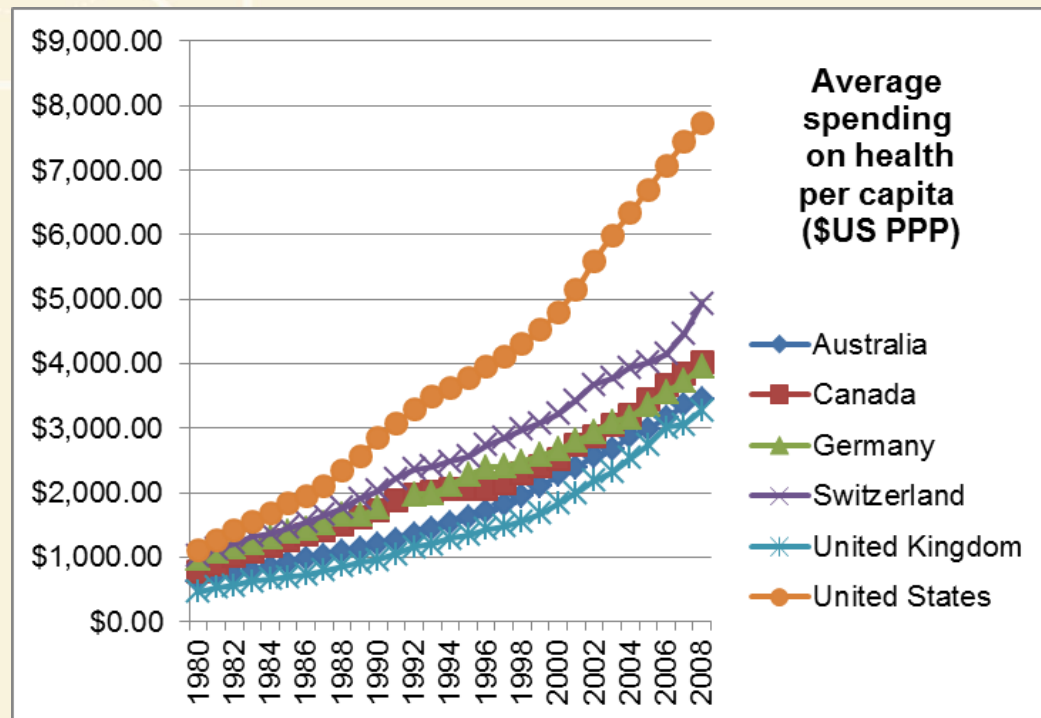
- “the systematic coordination of general and behavioral healthcare”.

Alexander Blount – The Center for Integrated Primary Care. Umass. Medical

- Integrated primary care is a service that combines medical and behavioral health services to more fully address the spectrum of problems that patients bring to their primary medical care providers. It allows patients to feel that, for almost any problem, they have come to the right place.

Why Healthcare Reform?

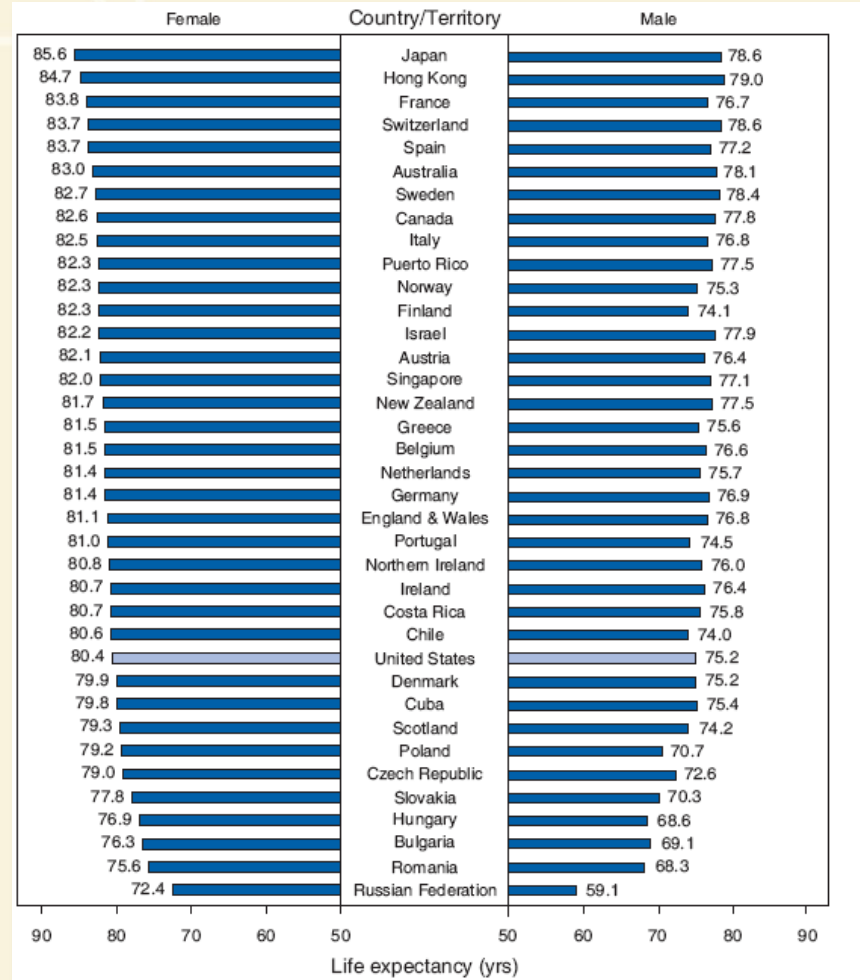
- ▶ Healthcare costs are growing faster than other goods and services
- ▶ U.S. healthcare costs are growing faster than other countries



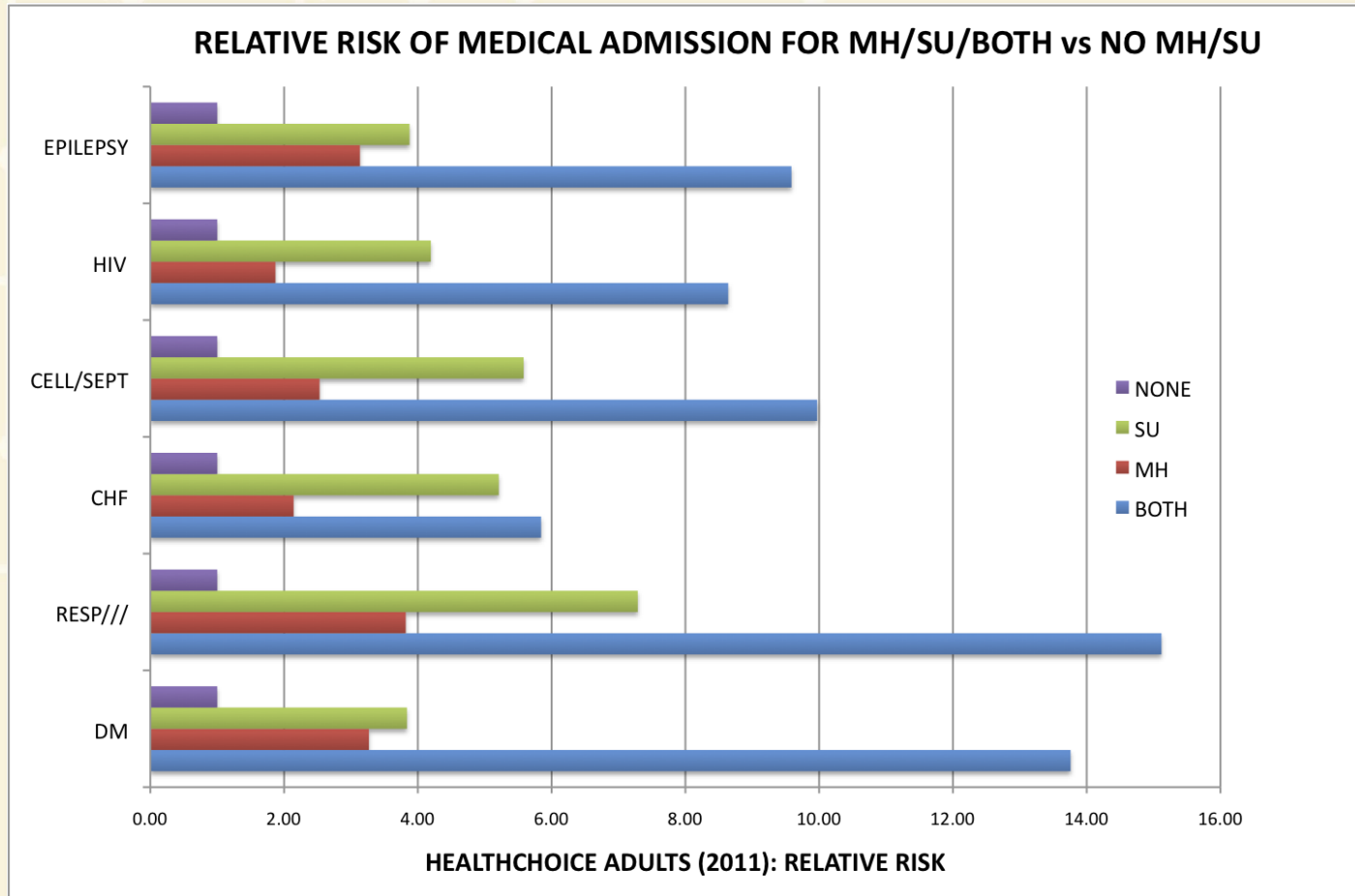
Why Healthcare Reform

Higher spending does not translate into better outcomes

USA →



Impact of BH on Hospitalization



Behavioral Health and Social Conditions Significantly Impact Population Health

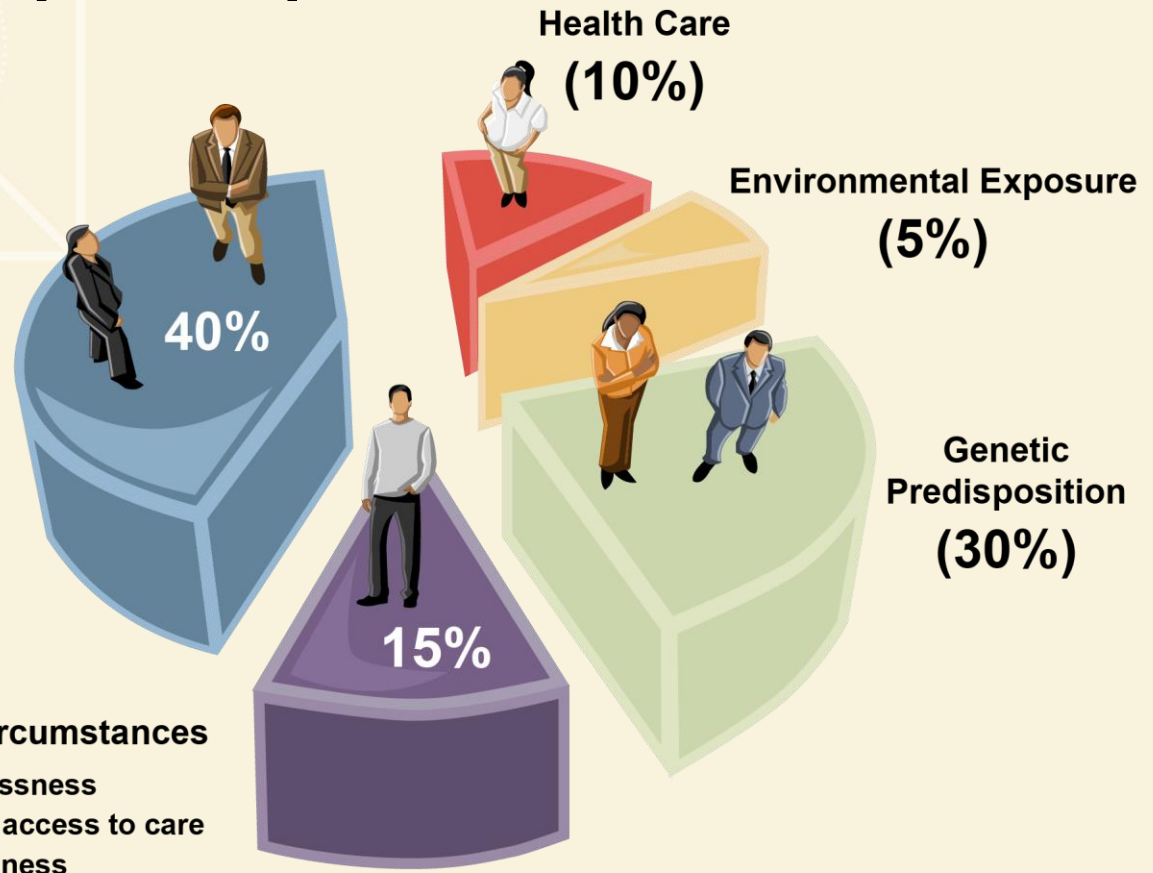
55%
of Contributing Factors
Relate to Social and
Behavioral Patterns

Behavioral Patterns

- Low levels of health literacy
- Effects of SUD and depression

Social Circumstances

- Homelessness
- Lack of access to care
- Joblessness



Benefits of Integrated Care

- Behavioral Health disorders account for half as many disability days as all physical conditions.
- Annual medical expenses — chronic medical and behavioral health conditions combined — cost 46% more than those with only a chronic medical condition.
- Of the top five conditions driving overall health cost (work related productivity + medical + pharmacy cost), depression is number one.

Benefits of Integrated Care

Key results from the Missouri Community Mental Health Center (CMHC) Health Home initiative include:

- Pharmacy costs were reduced by 23.4 percent, general hospital costs were reduced by 6.9 percent, and included with other changes, resulted in reduced costs overall of 16 percent.
- Key outcomes for behavioral health clients included:
 - Independent Living for clients increased by 33 percent
 - Vocational Activity increased by 44 percent
 - Legal Involvement decreased by 68 percent
 - Psychiatric Hospitalization decreased by 52 percent
 - Illegal Substance Use decreased by 52 percent

Center for Integrated Health Solutions (SAMHSA / HRSA)

Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice
Behavioral health, primary care and other healthcare providers work:					

Coordinated = Behavioral services by referral at separate location with formalized information exchange.

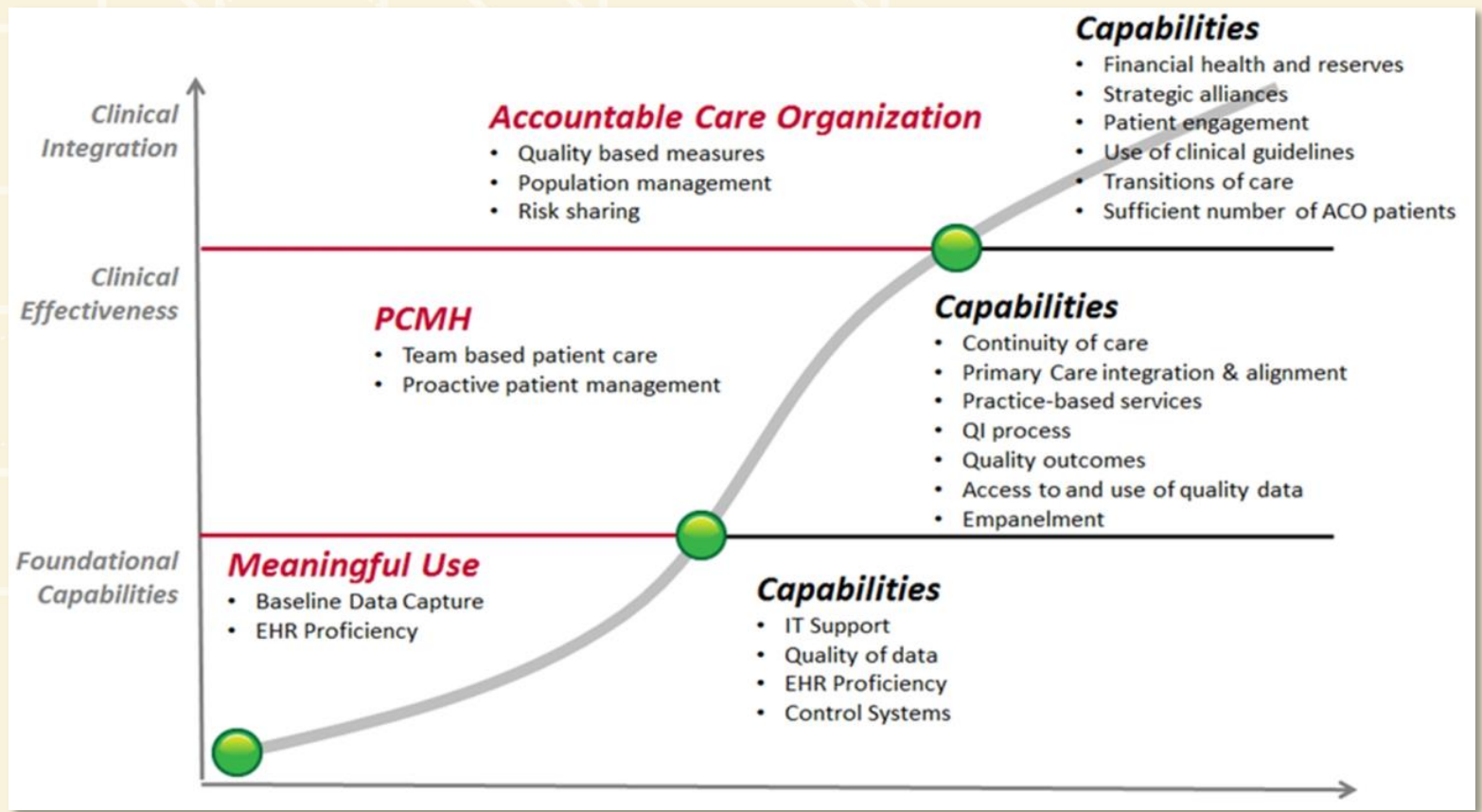
Co-Located = By referral at medical care location

Integrated = Part of the “medical” treatment at medical care location

Health Home v Patient Centered Medical Home

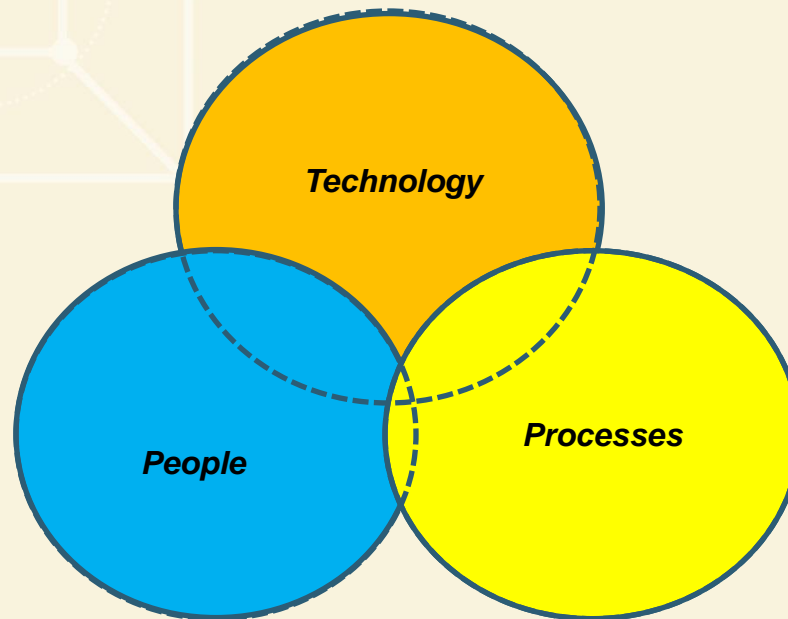
	Health Home ⁷	Patient-Centered Medical Home ⁸
Target Population	Enhanced Medicaid reimbursement for services to individuals with approved chronic conditions ⁹	Serves all populations across the lifespan
Typical Providers	May include primary care practices, community mental health organizations, addiction treatment providers, Federally Quality Health Centers, health home agencies, etc.	Typically defined as physician-led primary care practices, but may include some mid-level practitioners such as Nurse Practitioners
Payer(s)	Currently a Medicaid-only construct	Exist for multiple payers (e.g., Medicaid, commercial insurance)
How is Care Organized	Team-based, whole-person orientation with <i>explicit</i> focus on the integration of behavioral healthcare and primary care; includes individual and family support services.	Team-based, whole person orientation achieved through care coordination
Provider Requirements	State Medicaid determined	State Medicaid and NCQA determined
Payment	Usually PMPM for 6 required services with more intensive care coordination and patient activation	Payment is in line with added value; usually small PMPM

The EHR Connection – data integration

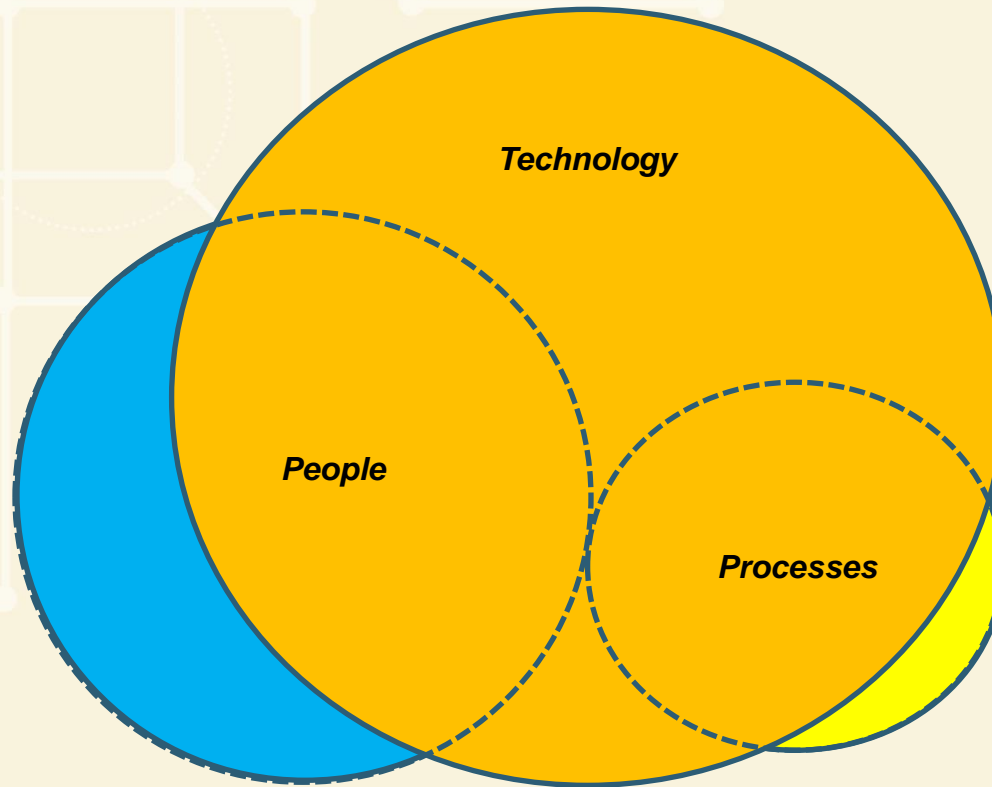


EHR Foundational to Healthcare Reform – not an end in itself!

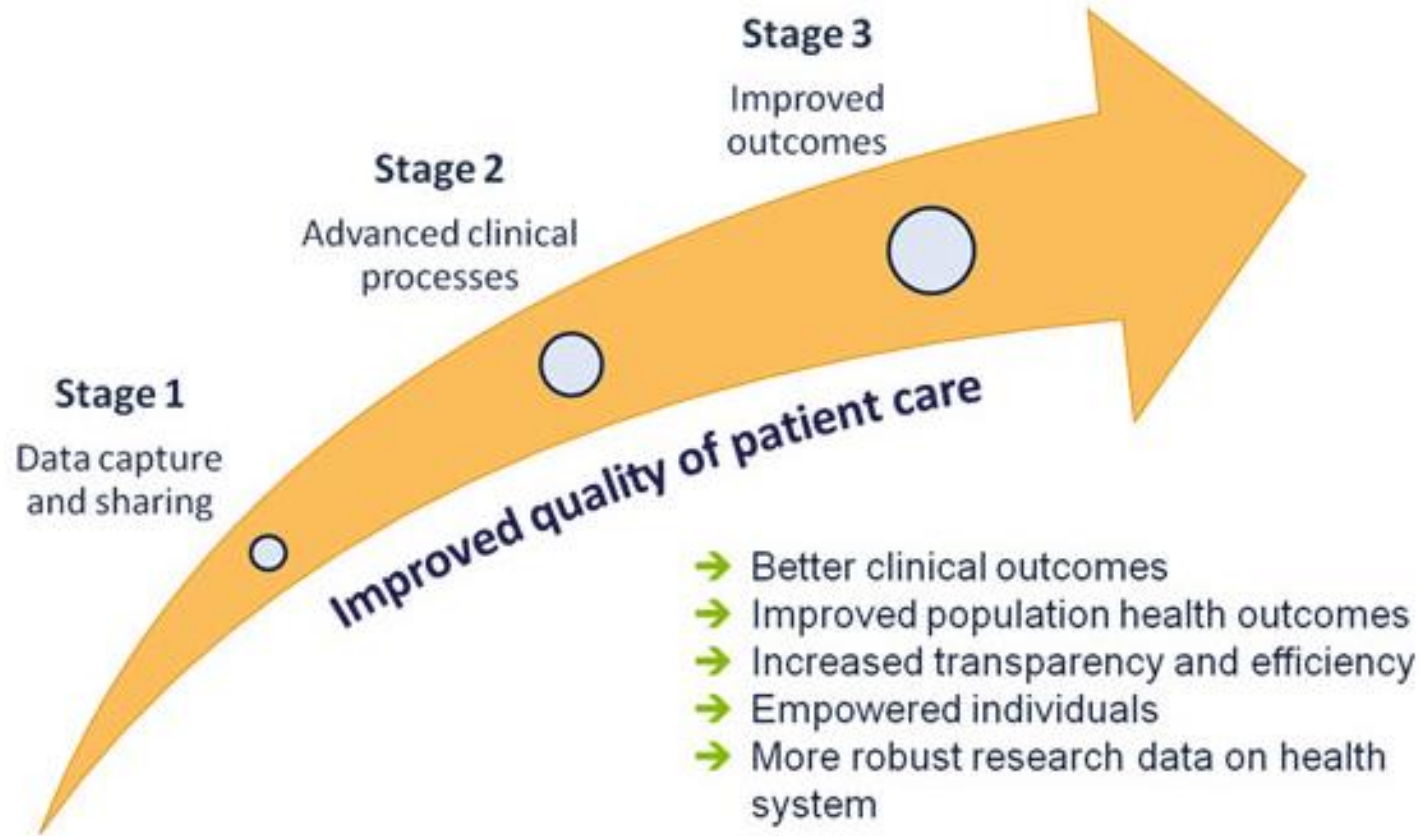
The EHR Connection



The EHR Connection



Meaningful Use



Choosing an EHR

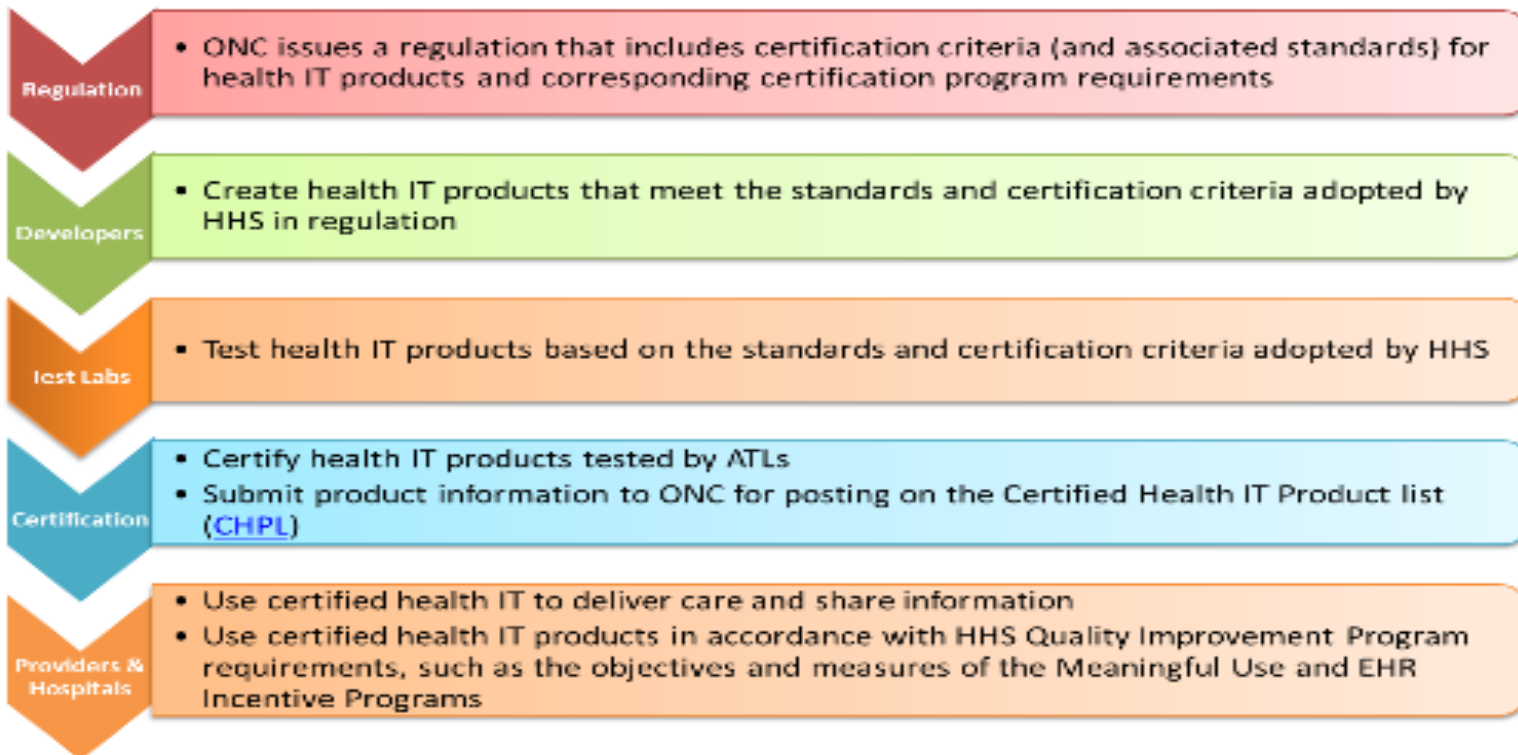
Technology

- Self hosted / On Premise
 - Your product
 - Your infrastructure
- 3rd. Party Hosted
 - Your product
 - 3rd. Party infrastructure
 - Usually web access

Technology

- Cloud
 - Your product
 - Web enabled
- Software as a Service
 - “pay as you go”
 - Web enabled

Certified Health IT Product List (CHPL)



Annual Incentive Payment by Stage of Meaningful Use					
Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
(AIU)	1	1	2	2	3
\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500

Maximum incentive payment amount is \$63,750. Payments are made over 6 years and do not have to be consecutive.

*2016 is the last year that Medicaid EPs can begin participation in the program.



No more than one payment per calendar year!

Proposed Changes to MU Timeline

First Payment Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	1	1	1	1 OR 2	2	3 → 2	3	TBD	TBD	TBD	TBD
2012		1	1	1 OR 2	2	3 → 2	3	TBD	TBD	TBD	TBD
2013			1	1	2	2	3	3	TBD	TBD	TBD
2014				1	1	2	2	3	3	TBD	TBD
2015					1	1	2	2	3	3	TBD
2016						1	1	2	2	3	3
2017							1	1	2	2	3

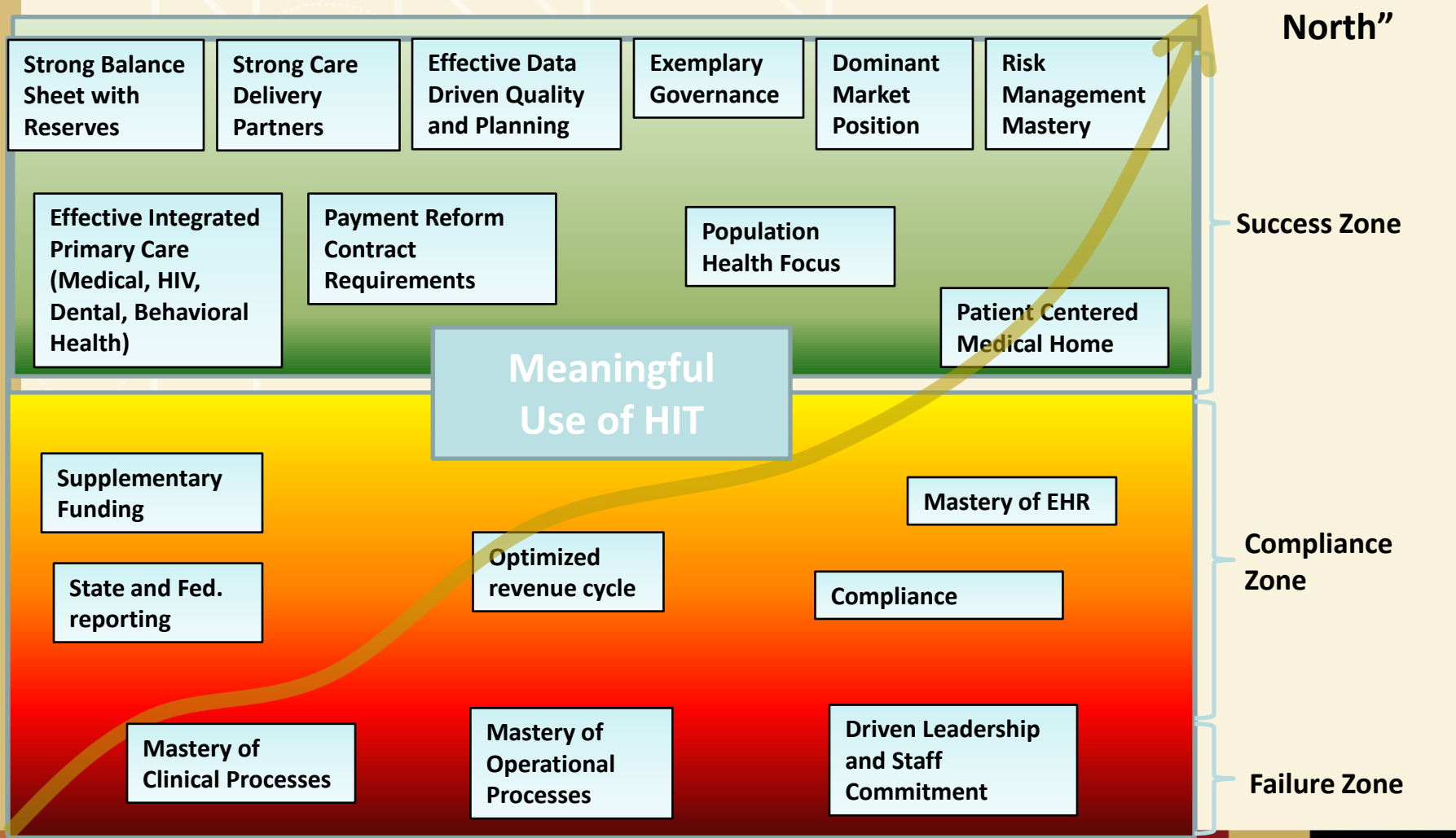
Meaningful Use (Medicaid) Eligibility

Who is an Eligible Professional under the Medicaid EHR Incentive Program?

Eligible professionals under the Medicaid EHR Incentive Program include:

- Physicians (primarily doctors of medicine and doctors of osteopathy)
- Psychiatrists and psychiatric nurse practitioners
- Nurse practitioner
- Certified nurse-midwife
- Dentist
- Physician assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant.

Planning for Survival

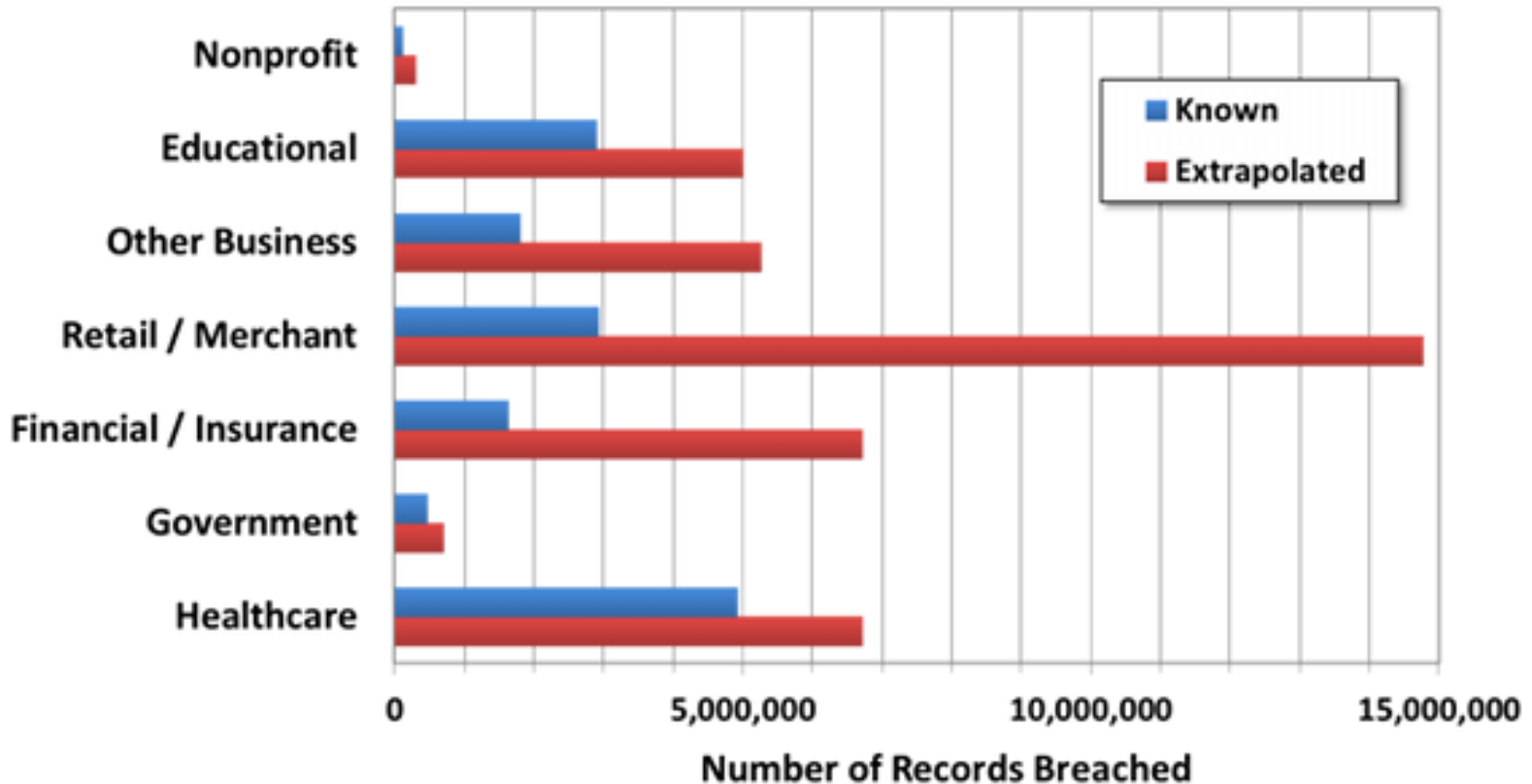


Cyber security – why is healthcare vulnerable?

Exclusive: FBI warns healthcare sector vulnerable to cyber attacks (Reuters April 2014):

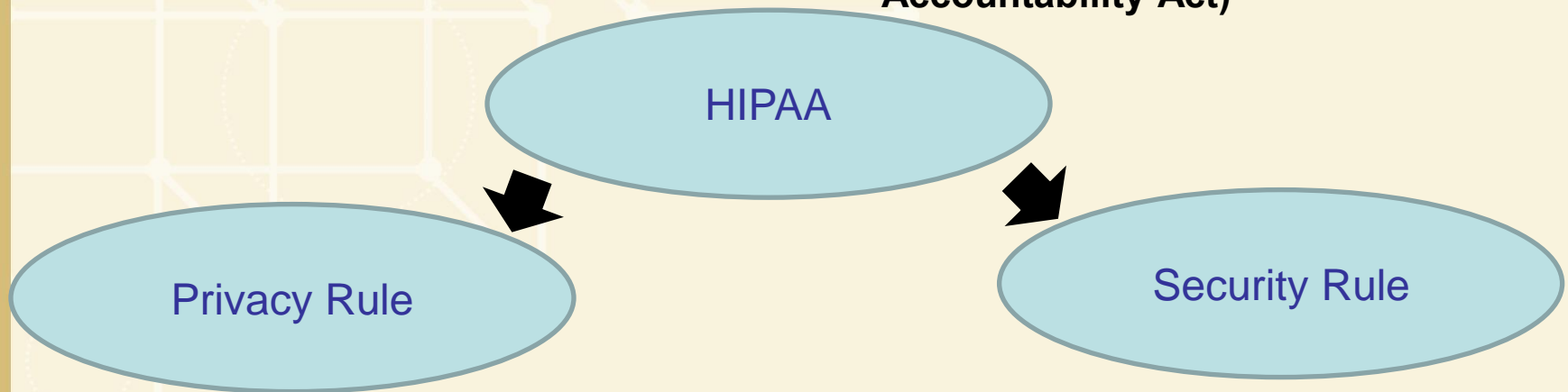
- Health data is far more valuable to hackers on the black market than credit card numbers because it tends to contain details that can be used to access bank accounts or obtain prescriptions for controlled substances.
- Demand for medical information, however, remains strong on criminal marketplaces, partly because it takes victims longer to realize the information has been stolen and report it, and because of the different ways the information can be used.
- Cyber criminals were getting paid \$20 for health insurance credentials on some underground markets, compared with \$1 to \$2 for U.S. credit card numbers prior to the Target breach, according Cyber security firm Dell SecureWorks.
- Some criminals use medical records to impersonate patients with diseases so they can obtain prescriptions for controlled substances.

Reported Data Breaches in 2013 (By Industry / Entity)



Greenview Data Inc.

Cyber security and HIPAA (Health Insurance Portability and Accountability Act)



Focuses on the right of an individual to control the use of his or her personal information:

- Protected health information (PHI) should not be divulged or used by others against their wishes.
- Covers the confidentiality of PHI in all formats including electronic, paper and oral.
- Confidentiality is an assurance that the information will be safeguarded from unauthorized disclosure.

Focuses on administrative, technical and physical safeguards specifically as they relate to electronic PHI (ePHI).

- Protection of ePHI data from unauthorized access, whether external or internal, stored or in transit.
- Covers:
 - Computer Equipment
 - Any kind of removable/transportable digital memory media
 - All transmission media used to exchange information

HIPAA and Behavioral Health

42 CFR Part 2

- Patient must give explicit, written consent each time SUD treatment records are released
- More restrictive than HIPAA Privacy
- Clinical Workflow rather than technology impact
- Currently being questioned – seen as a barrier to HIE

Psychotherapy notes

- HIPAA differentiates between regular Personal Health Information and Psychotherapy notes
- May be retained outside EHR
- Excludes most clinical documentation (e.g. Diagnosis, Meds, Test Results, Treatment Plan)

HIPAA and HIV

- The HIPAA privacy and security standards treat HIV information like any other health information. No requirement to:
 - keep information separately
 - get a specialized release
- Governed by “need to know” and allows for reporting to public health authorities

Health Integration Bi-Directional Opportunity

“Just as screening and evaluation for behavioral health disorders is appropriate in primary care settings, screening and evaluation for general health problems should be available to individuals in behavioral health settings.”

Linda Rosenberg, CEO NCBH

Useful Links

HIPAA. U.S. Department of Health & Human Services, Office for Civil Rights

- <http://www.hhs.gov/ocr/privacy/>

Meaningful Use. HealthIT.gov

- <http://www.healthit.gov/providers-professionals/meaningful-use-definition-objectives>

Certified Health IT Product List (CHPL)

- <http://www.healthit.gov/policy-researchers-implementers/certified-health-it-product-list-chpl>

2nd Session

Monday, August 3, 2015, 1:00 PM ET

Presenter Contact Information

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Additional Questions?
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MAI-CoC CoP Listserv

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- Post to the list-serv:
Integrating_EHRs_MAI_CoC@nationalcouncilcommunities.org

For More Information & Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org





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Thank you for joining us today.