Overview

- Background

- Draft chapter for the June report to Congress
  - Benefits of clinical integration and health information technology (IT)
  - Barriers to certified electronic health record (EHR) technology (CEHRT) adoption
  - Medicaid authorities supporting behavioral health IT adoption
  - Federal guidance on health IT standards

- Draft recommendations

Background

- Behavioral health treatment is not coordinated or integrated with treatment for physical health conditions
  - Fragmentation impedes access; results in inappropriate services; and leads to poor health outcomes
- Medicaid beneficiaries have higher rates of co-occurring substance use disorder (SUD), mental illness, and chronic conditions compared privately insured peers
- Behavioral health providers were left out of previous efforts to incentivize CEHRT and IT adoption under Medicaid

Draft Chapter for the June Report to Congress

Health IT Benefits

- CEHRT can foster integration through real-time data-sharing, care coordination, and referrals across the continuum of care
  - Poor information sharing leads to conflicting treatments such as dangerous interactions with other medications
- CEHRT adoption supports other Commission priorities:
  - participation in value based payment arrangements;
  - connections to health information exchanges (HIE); and
  - state calculations of Medicaid Adult and Child Health Care Core Set.
- Due to low adoption rates, behavioral health misses out on these benefits

Barriers to Behavioral Health IT Adoption

- Investing in the software, hardware, and training to use an EHR is expensive for providers

- There is no industry standard for behavioral health IT
  - Segmenting, or hiding, SUD information while sharing the rest of patient record is challenging within an EHR
  - Clinical tools and data fields within EHRs generally do not include mental health and SUD functions

- Behavioral health EHR functions are necessary for behavioral health providers and providers who work in integrated care settings

Medicaid Guidance on Health IT

- States are allowed to deploy different Medicaid authorities to support health IT adoption, but lack a playbook

- Medicaid authorities that can pay for IT hardware and software:
  - Section 1115 demonstrations
  - Directed payments through managed care
  - Centers for Medicare and Medicaid Innovation (CMMI) demonstrations

- Medicaid Information Technology Architecture (MITA) enhanced federal match can be used to help behavioral health providers connect to HIEs

- Other federal funding may be needed to pay for IT training

Guidance on Behavioral Health IT

- The Office of the National Coordinator for Health IT (ONC) creates voluntary standards for practice setting-specific IT
    - Practice setting-specific standards are built on top of CEHRT
- SUD consent management systems have been developed by ONC and the Substance Abuse and Mental Health Services Administration (SAMHSA)
- Stakeholders have asked ONC and SAMHSA to provide guidance that standardizes data fields used in behavioral and physical health, and provides technical specifications for mental health and SUD clinical decision support tools

Draft Recommendations

Recommendation 1: Guidance to States on Using Medicaid Authorities for EHR Adoption

The Secretary of Health and Human Services should direct Center for Medicare and Medicaid Services (CMS), Substance Abuse and Mental Health Services Administration (SAMHSA), and Office of the National Coordinator for Health IT (ONC) to develop joint guidance on how states can use Medicaid authorities and other federal resources to promote behavioral health IT adoption and interoperability.

Rationale: Guidance to States on Using Medicaid Authorities for EHR Adoption

- States do not have a playbook for incentivizing EHR adoption for providers that were ineligible for the EHR incentive payment program

- Various Medicaid authorities can be used to support EHR adoption and promote information sharing via HIEs

- SAMHSA and ONC grant opportunities can be combined with Medicaid to support EHR technical assistance

Implications: Guidance to States on Using Medicaid Authorities for EHR Adoption

- **Federal spending.** No direct spending on Medicaid and CHIP

- **States.** Creates a state option to run an EHR incentive payment program. Guidance would improve integration of behavioral health services.

- **Beneficiaries.** Benefit from better coordination of care, which is correlated with better patient outcomes.

- **Plans and providers.** Greater funding for IT adoption efforts. Better position to provide integrated care.

Recommendation 2: Voluntary Standards for Behavioral Health IT

The Secretary of Health and Human Services should direct Substance Abuse and Mental Health Services Administration (SAMHSA) and Office of the National Coordinator for Health IT (ONC) to jointly develop voluntary standards for behavioral health information technology.

Rationale: Voluntary Standards for Behavioral Health IT

- Creates an industry standard for behavioral health IT through a collaborative process with ONC, SAMHSA, and stakeholders
- Builds EHR technical specifications that conform with 42 CFR Part 2 and ONC CEHRT requirements
- Provides a non-financial incentive for providers working in integrated settings
- Creates a glide-path towards mandatory behavioral health EHR functions when technology matures

Implications: Voluntary Standards for Behavioral Health IT

- **Federal spending.** This would have no direct effect on federal spending.
- **States.** Would support state efforts when establishing its own EHR incentive payment program and facilitate greater information sharing on state-run HIEs
- **Beneficiaries.** Would have greater control over the type of SUD information that can be shared versus kept private from other providers
- **Plans and providers.** In the near term, both would have technical specifications for behavioral health clinical and behavioral IT functions. In the long term, integration efforts would improve when these functions are made mandatory

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