

To: Office of the National Coordinator for Health Information Technology

From: The Coalition of Behavioral Health Agencies, Inc.

Date: June 26, 2009

Re: Meaningful Use

Introduction

The Coalition of Behavioral Health Agencies is the umbrella nonprofit, (501)(c)(3), association and public policy advocacy organization of New York's behavioral health providers, representing over 120 non-profit behavioral health agencies. Taken together, these agencies serve more than 350,000 adults and children and deliver the entire continuum of behavioral health care in every neighborhood of a diverse metropolitan New York City.

Founded in 1972, the mission of the Coalition is to coordinate the efforts of government and the private sector toward efficient delivery of quality behavioral health services to children, adults and families. The Coalition promotes policies and practices that support the development and provision of community based housing, treatment, rehabilitation, and support services to all people with mental illness and addictions disorders. Our members serve a diverse group of recipients, including the fragile elderly, people who are homeless, those who struggle with AIDS and other co-morbid health conditions, violence and other special needs. Coalition members help people with mental illness and addiction disorders to recover and lead productive lives in their communities.

The Coalition provides quality learning opportunities, technical assistance and training to staff and leadership of its member agencies and to the professional community on important issues related to rehabilitation and recovery, organizational development, best practices, quality of care, Medicaid & Medicare documentation, billing and regulations/contract compliance, technology and finance.

Background & Context

The Health Information Technology for Economic and Clinical Health Act (HITECH Act) was enacted as part of the American Recovery and Reinvestment Act in January 2009. It creates a new Medicare and Medicaid reimbursement incentive to encourage a wide array of providers to adopt and utilize electronic health records. Among other priorities, widespread adoption of Health Information Technology (HIT) is meant to increase healthcare quality, reduce medical errors and promote care coordination.

Although individual psychiatrists may access these incentive payments, Community Behavioral Health Organizations (CBHOs), as care providing entities, are not eligible for this funding. We are working with members of Congress to include CBHO's in healthcare reform legislation.

The Coalition has been involved in discussions on the much needed integration of behavioral health, addiction and primary care. We are moving ahead on this crucial agenda, since so many

of the consumers in our system have multiple co-morbid conditions and die 25 years earlier than the average person. One way to improve the quality and care coordination consumers receive is through the use of HIT that will allow for the exchange of key clinic information among providers. Integration of care is fundamentally important to our field and it will stay at the top of The Coalition's agenda.

How Would This Impact New York City & New York State?

The New York State Office of Mental Health (OMH) has begun to roll-out PSYCKES, an interactive, computerized, decision support system that promotes cost-conscious, guideline-driven, quality improvement in the OMH state psychiatric hospitals and OMH licensed Article 31 (mental health) clinics. The program is designed to support the evidence-based practices for medication management. The focus is to give the front-line doctors and their supervisors the information they need to choose the sequence and combination of medications with the best chance of quickly leading to successful discharge and recovery for their patients. OMH anticipates that efficiencies from this assistance with proper dosing, durations and sequencing will ultimately save money within the pharmacy budget and give the patients more years of quality life. It is important for all future HIT initiatives to take into account the various City and State initiatives that are being implemented across the country to improve the quality of care by use of electronic health records.

If CBHOs are not eligible to take advantage of HIT funding the vast majority of individuals with mental health and addiction problems who seek care at CBHOs will not benefit from the potential positive outcomes of provider usage of HIT, and the potential for primary care providers and mental health/addiction providers to develop collaborative relationships is greatly limited – a serious concern given the high prevalence of chronic health conditions in individuals with mental illness and addiction problems.

With the help of Health Information Technology community behavioral health organizations can easily manage an extraordinary array of clinic and wellness activities.

Key Recommendations from our Members and Clients

As we have reviewed the minutes of your meetings and the preliminary meaningful use matrix released by the HIT Policy Committee, we would like to suggest the following considerations for your review.

General Definition Considerations

1. The measures should address the needs of consumers with mental health or addiction disorders that are receiving care from behavioral health providers (e.g. medication history, prescription fill histories, lab results, % smokers offered smoking cessation counseling). As you define goals and objectives to improve quality, safety, efficiency and reduce health disparities, we recommend that the care goals, objectives and measures be structured in ways that do not become more burdensome for providers and impose requirements on behavioral health and addiction providers that are not a part of current clinical practices (e.g. checking or prescribing colorectal cancer screenings).

2. As stated in the recommendations from the Meaningful Use Workgroup, many of the current proposed Electronic Health Records (EHR) generate quality measures that apply to primary care providers and are derived from National Quality Forum (NQF) endorsed measures. It is crucial that new measures be designed that will address the work of specialists, **including mental health and addiction providers.**

Meaningful Use of Certified Electronic Health Records

3. The concept of *meaningful use* of certified EHRs should include treatment planning for chronic mental health disease and addiction disorders.
4. Systems meeting *meaningful use* requirements in a behavioral health setting should be able to track standard clinical information on mental health and addiction disorders, and not be required to measure/track metrics that do not apply to behavioral health providers.
5. Certified EHR systems should be able to support e-prescribing.
6. Due to the disproportionately high rate of co-morbid conditions between mental health, addiction, and physical health disorders, it is important that the software systems allow for the interoperability for patients seen in all settings. The alternative standard that is chosen for interoperability between EHRs should be able to accept mental health/addiction data (e.g. the multi-axis DSM IV).

Implementation Considerations

7. The Office of the National Coordinator for Health Information Technology (ONC) should reevaluate the incentives used under Medicare and Medicaid to ensure that there is equity among provider types. As we stated earlier, Medicare and Medicaid incentives currently do not include behavioral health and addiction providers. The Coalition strongly urges Congress and ONC to include community-based mental health and addiction providers in all federal HIT initiatives to ensure that individuals with mental illnesses and addiction disorders have access to the overall health benefits of provider usage of HIT.
8. The ONC definition of *meaningful use* should have a phased implementation to allow appropriate information and outreach efforts to inform providers of requirements, incentives and penalties.
9. Consideration needs to be given to the various levels of provider and healthcare setting readiness (e.g. infrastructure). Currently, not all community-based behavioral health agencies have the capability to purchase and implement EHRs. When rolling out the use of EHRs to non-profit community-based agencies it is important that funding be provided to purchase EHRs, receive technical assistance and workforce training.

10. Safety net providers, in particular community-based mental health and addiction providers that serve vulnerable populations, should receive additional incentives based on the proportion of Medicaid patients they see.

11. Special consideration needs to be given to providers that have already purchased EHRs.

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