



Testimony of

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At the Hearing on the
Oversight - New York City's Efforts to Implement Electronic Health
Records: Infrastructure, Funding and Challenges

The Committee on Health
Hon. Maria Del Carmen Arroyo, Chair

The Committee on Technology
Hon. Fernando Cabrera, Chair

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INTRODUCTION

Chairwoman Arroyo, Chairman Cabrera, distinguished members of the Committees, thank you for affording us the opportunity to testify before you today on the Oversight of New York City's Efforts to Implement Electronic Health Records: Infrastructure, Funding and Challenges. My name is Karyn Krampitz, and I am the Director of the Professional Learning Center at The Coalition of Behavioral Health Agencies (The Coalition).

Infrastructure

New York State has fostered many initiatives in the use of health information technology (HIT) by community hospitals and physician practices by means of HEAL NY (Healthcare Efficiency and Affordability Law for New Yorkers) and other programs.

Through the NYS Office of Health Information Technology Transformation (OHITT) the State has created the Statewide Health Information Network for New York (SHIN-NY) which is a system through which all providers can connect and interact under common practices and guidelines. The SHIN-NY or "information highway" would allow clinicians and consumers to make timely, fact-based decisions that will reduce medical errors and redundant tests and improve care coordination and the quality of care.

To get to the "information highway" a provider agency needs to be a member of a Regional Health Information Organization (RHIO). Numerous RHIOs have been created around the state with funding provided through HEAL grants. They are responsible for enabling interoperability through which individual stakeholders are linked together – both organizationally and technically through the SHIN-NY – in a coordinated manner for health information exchange, quality assurance and population health reporting.

Only a few behavioral health agencies have been able to participate in these RHIOs, thus far. Participation can be very expensive (joining fees, equipment, and implementation) and is out of the realm of possibility for most community based behavioral health providers.

Funding

All federal initiatives to date have been targeted at primary care. What goes unmentioned is that behavioral health consumers frequently have a high prevalence of multiple chronic co-morbid health conditions, including diabetes, high blood pressure and obesity. All of these illnesses require the coordination of mental health and primary care clinicians. We know that in NY the number of Medicaid consumers being treated for behavioral health issues is very small when compared to the overall Medicaid population, but the cost of providing services to this small population is disproportionately very high. The behavioral health community must be enabled to participate in Health Information Technology (HIT) initiatives in order to provide the necessary coordinated care and to prevent the overuse of high cost services.

Legislation has been proposed at the federal level (H.R. 5040 & S. 3709) which would extend health information technology assistance eligibility to behavioral health (mental health, and substance abuse) professionals and facilities. There are still many NY representatives that have not signed on to the legislation. In addition, Senator Gillibrand has yet to sign on. In order for the bills to move forward more co-sponsors are needed.

Until this summer all previous funding for HIT in NY State was targeted only to primary care providers. According to the NYS DOH Office of Health Information Technology Transformation, the total investment to date in New York's health information infrastructure is over \$840 million, nearly \$440 million in funding through the HEAL Capital Grant Program, over

\$280 million in private sector matching funds and nearly \$120 million in other state and federal programs. While this sounds like a lot of funding, very little of it filters down to the behavioral health provider.

This past summer, two HEAL grants specifically mention mental health. HEAL 17 is a \$120M project to expand care coordination through the use of interoperable HIT. While notably community-based mental health agencies do not fit the criteria to be the lead applicant, mental health providers are a required participant of the model. HEAL-18 is a \$30M mental health initiative capital project to create mental health care services and capacity. This grant would cover some of the expenses related to electronic health records, but could not be the major component of the proposed project.

The Department of Health and Mental Hygiene, in partnership with the Primary Care Information Project, received \$10M through a HEAL 17 grant award and we are pleased that some of our member agencies will be participating, but the numbers are small and the need is great. Many providers still can't afford to create the infrastructure necessary to be considered for these types of projects.

Challenges

Technology transformation provides community based behavioral health providers with significant challenges. In order to participate in regional health networks, these agencies must secure funding for the cost of implementing HIT infrastructure (including expenditures for the purchase of interoperable hardware & software, personnel and training expenses, the cost of the development of and ongoing oversight of protocols and procedures, and fees or charges

associated with joining regional information systems). Continuing to include behavioral health as part of the health care system is of paramount importance.

Without a robust information system in place, behavioral health providers will not be able to meet the standards set by the federal government for “meaningful use” of HIT. Under current federal regulation behavioral health agencies are not eligible for the same financial incentives to implement HIT as primary care providers. At some point, we fully expect that behavioral health providers will be held to the same standards of meaningful use as primary care providers. Without funding, most behavioral health agencies will not be able to meet those standards and there will likely be a penalty in the form of reduced reimbursement. This leads to reduction in community based services and higher cost institutional based services.

Summary

The Coalition strongly supports more development of broad and inclusive state-wide plans that insures continuity of care throughout the continuum. Without proper behavioral healthcare, consumers will continue to suffer multiple illnesses and drive up the cost of care for the entire system of care. It is absolutely imperative that adequate funds for health technology be directed to behavioral health agencies that will enable their full participation in a system of cost-effective and integrated healthcare.

About The Coalition

The Coalition is the umbrella nonprofit, (501)(c)(3), association and public policy advocacy organization of New York’s community based behavioral health providers, representing over 100 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 New York City, Westchester County and surrounding areas.

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, billing and regulations/contract compliance, technology and finance.