Analysts
Bridging the Gap Between Strategy and IT
Behavioral HIT:
Best Practices for Networks
Joe Wivoda
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Background and Acknowledgments

- Senior Director of Healthcare at Analysts
- Former CIO at the National Rural Health Resource Center (www.ruralcenter.org), the nation's leading non-profit technical resource center
- Many projects we will discuss were grant funded through HRSA

The Case for Exchange

Behavioral Health needs to be a partner in HIE

- Referrals
- Medication management
- Efforts to integrate behavioral health and primary care
- Patient handoffs to other BH providers, even from corrections, VA, others

Care Management

- Whole health approach
- Connection with chronic disease

Be positioned for the future

- Opioid and addiction crisis
- Corrections
- Law Enforcement

There are
barriers to
Exchange…

Privacy and Security

42 CFR Part 2

- Any organization that has federal funding and provides alcohol or chemical dependency treatment.
- Redisclosure not allowed for any information shared that is related to substance abuse treatment.

State Regulations

- State regulations are often stricter than HIPAA, and even stricter than 42 CFR Part 2.
- Example: In Minnesota, almost nothing can be shared without consent, and consent cannot be “for all treatment related to this diagnosis, moving forward in time.”
- Makes care coordination difficult…

Maturity and “Technological Evolution”

Behavioral Health never had a “meaningful use”

No financial incentive to fully implement EHRs or incorporate technology into their entire workflow.

Typically very limited resources

Behavioral Health is following a familiar EHR evolution

Billing -> care documentation -> interoperability

Early-stage understanding of Exchange technologies, such as Direct

Behavioral Health EHRs Are Different

Functionality

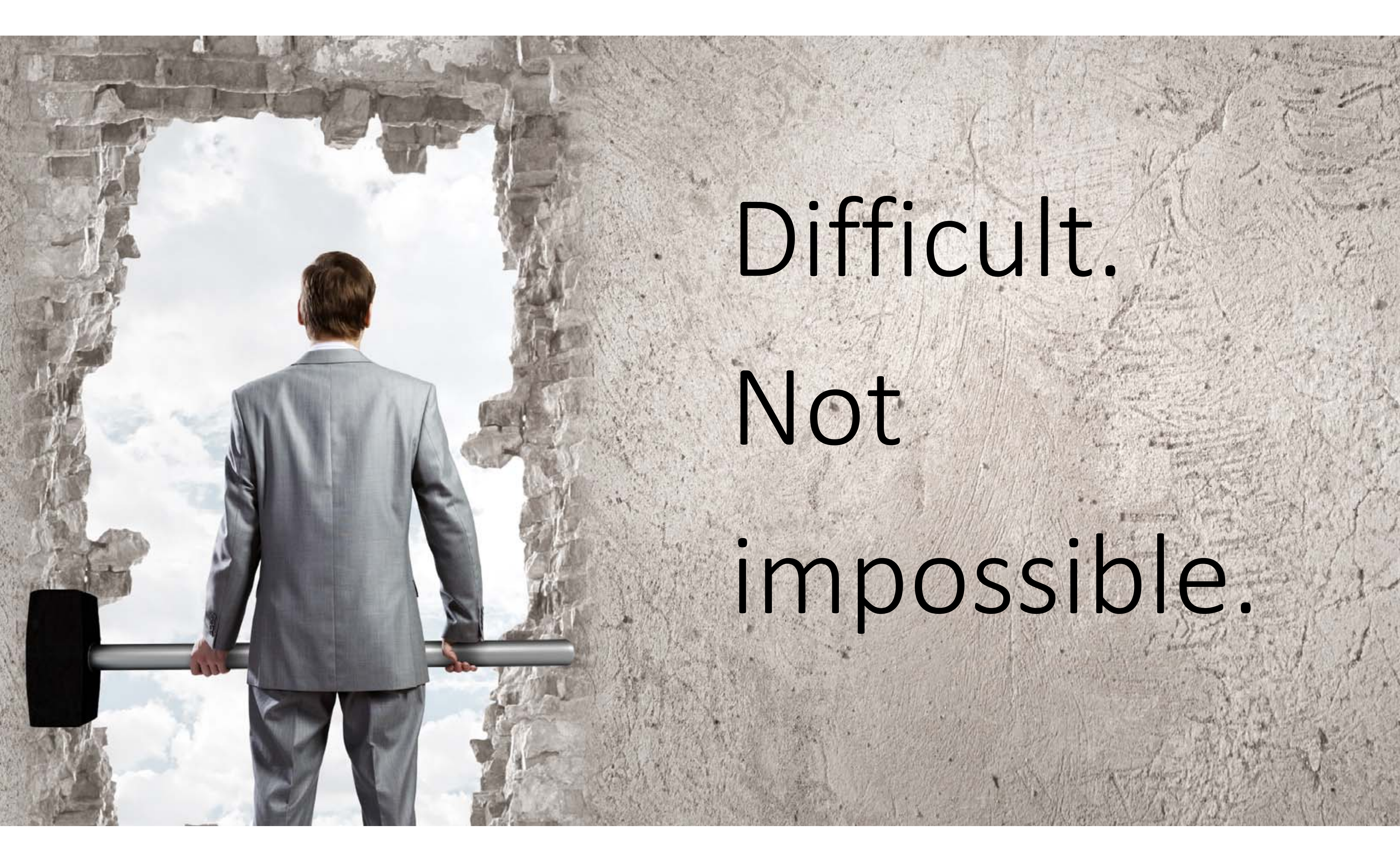
- Text fields
- Fewer check boxes and drop downs
- Nuance

Vocabulary Differences

- Living situation

Behavioral health is really a very large spectrum of services

- Inpatient
- Outpatient psychology
- Counseling
- Halfway houses
- Chemical dependency treatment
- And more


Difficult.
Not
impossible.

Difficult. Not impossible.

42 CFR Part 2 does make it more difficult

- Redisclosure rule imposes rules on third parties that may not understand the law
- Notifications to providers receiving information
- Most are choosing NOT to share Part 2 information

What is and what is not Part 2? Updates made this year help clarify!

It isn't "All or Nothing"

- Incremental approaches are best
- Focus on where the fax machine is
- Understand referral network
- Get some wins!

Health Information Exchange

Focus: Data collection and Integration

Socio-Economic Data

Description: Information on patient living situation, community, and other social determinants of health.

Provider Notes

Description: Notes from physicians, nurses, or any healthcare provider. Includes discharge summaries, care summaries, and other text notes

Radiology Results

Description: Radiology reports and possibly image data

Labs

Description: Lab orders and results.

Payer Data

Description: Data from Medicare/Medicaid and commercial payers. May include clinical data

Care Plans and Assessments

Description: Plans of care, as well as shared plans of care. Assessments may include patient self assessments and provider completed assessments

Patient Generated Data

Description: Could include data from home medical devices, patient entered information, or telehealth

Medications

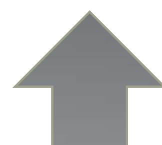
Description: Prescription, over the counter medications. May be a feed from Rx database or providers or both.

Problem Lists

Description: List of current and past medical issues

Demographics

Description: Admit, discharge, and transfer information. Name, address, date of birth, allergy, and other critical information



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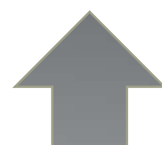

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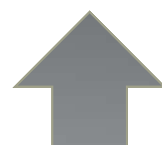

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Health Information Exchange

Focus: Data collection and Integration

COMPLEXITY & VALUE

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Direct Secure Messaging

Query-Based Exchange (HIE)

How Does Direct Work?

Hospital/Clinic/
Other EHR

Health Information
Service Provider (HISP)

Health Information
Service Provider (HISP)

Councilor Using a
Portal for Direct

Certificate

Certificate

Consolidated CDA (C-CDA)
PDF/Image/Text

Consolidated CDA (C-CDA)
PDF/Image/Text

Three Examples

Electronic Behavioral Health Information Network of Nebraska

- Connect all behavioral health organizations in three regions in Nebraska
- All rural regions
- Ceased operation in 2014

Behavioral Health Network of Vermont

- Active network
- Building now
- Using lessons learned from others

IDN/Behavioral Health Referral Project

- Large IDN
- Regional Behavioral Health Organization

Premise and Challenges

Electronic Behavioral Health Information Network of Nebraska

Premise

- Have a centralized repository for sending data to state Medicaid for billing purposes
- Expand to full data exchange
- Build referral system
- Expand to other providers across care continuum – FQHCs, corrections, VA, etc.

Challenges

- Funding
- Acceptance of the technology
- EHRs were just not ready
- Lack of acceptance and understanding about Direct Secure Messaging

Successes and Lessons Learned

Electronic Behavioral Health Information Network of Nebraska

Successes

- Exchanged CCDs with the VA
- Completed pilot exchange between an FQHC and mental health center
- Developed a model for 42 CFR Part 2 compliance
- Built a referral queuing system

Lessons Learned

- Timing: We were too early
- Build awareness of HIE concepts, including Direct
- Be accepting of incremental steps

Premise and Challenges

Behavioral Health Network of Vermont

Premise

- Data aggregation for reporting
- Central data repository
- Move toward exchange incrementally

Challenges

- Just beginning, but keeping all partners involved is difficult, particularly in the beginning
- Data repository shone a light on some of the vendors
- Doing an RFP for single EHR for those that wish to switch

Successes and Lessons Learned

Behavioral Health Network of Vermont

Successes

- Focused on data integrity and data governance
- Consensus-based CDR design with a qualified vendor
- Planning for exchange with the state HIE
- Vendor partnerships – improving or not…

Lessons Learned

- Incremental approach
- Ability to demonstrate value to members at each stage
- Keep focused on the end game
- Data integrity and governance are critical

Third Example

IDN/Behavioral Health Referral Project

Premise

- Share information for better care
- Referrals
- Care coordination

Challenges

- IDN has perception that "If they just used our EHR…"
- Behavioral Health Organization has a strong EHR
- Understanding each other
- Finding ways to share that the IDN IT department will accept

Successes and Lessons Learned

IDN/Behavioral Health Referral Project

Successes

- Used incremental steps
- Pilot testing shared care plans hosted by HIE
- Testing Direct Secure Messaging
- BH EHR uploading CCD-A now

Lessons Learned

- Incremental approach
- Build trust and understanding with the large IDN was very challenging
- Get to the right people
- Understand the technology at hand

What should you do?

Focus on incremental steps to achieve fundamental change.

- Start with Direct, even if it is just PDFs or images
- Lots of end-to-end testing and user testing
- Demonstrate value at each step

Talk with your vendor about HIE (the verb).

- Integrate Direct
- Interfacing to an HIE
- Look at shared care plans hosted by the HIE

Use the power of the network

Who is in your network?

Who SHOULD be in your network? Think of the future trends…

Gain a clear understanding of privacy and security requirements.

And make sure your vendors are clear, too!

Have they heard of Consent2Share and Data Segmentation for Privacy (DS4P)?

Get educated

42 CFR Part 2

Learn how to share

Direct Secure Messaging ▪ Query-based HIE

Consent2Share

Patient consent management and access control services

(www.healthit.gov/sites/default/files/c2spresentation_0.pdf)

Data Segmentation for Privacy (DS4P)

Privacy tagging standard

(www.healthit.gov/sites/default/files/2015editionehrcertificationcriteriads4p_10615.pdf)

Influence Others

EHR vendors

- How are your vendors integrating Direct? C-CDAs?
- Are they aware of Consent2Share and DS4P?
- What are their strategic plans for interoperability?
- Not just your vendor, other providers too!

HIE vendors/providers

- How do they work with other providers of care, besides hospitals and clinics
- What incremental approaches do they support? Ingest/parse C-CDAs? Portal?
- Share Care Plans

Referral partners

- Start talking to your referral partners
- Educate them on Exchange
- Plan with them!

Do it!

Start small

- Consider one referral partner.
- Where do the faxes go? Start there.

One use case

- Referrals for depression patients who are over 65?
- Small population, small number of providers.

Do lots of testing

- End to end testing.
- Mock testing.

Expand

- The essence of the incremental approach.

Thank You!

Joe Wivoda
Senior Director, Healthcare
Analysts International Corporation
Joe.Wivoda@Analysts.com
952-838-3005