Behavioral Health providers are being challenged to adopt health information technology with very limited resources. There is a need to prepare for increased numbers of patients receiving health insurance benefits, requirements for electronic billing, data exchange among treating providers and an ever increasing need to collect and use health information to improve care.

These intense one day seminars will provide attendees with the necessary information to move forward in adopting, acquiring and implementing electronic health records and other health information technology. Presenters will review the various stages of implementation from initial planning and assessment through advanced topics such as data warehousing. There will be a focus on utilizing networks of care to build on economies of scale. Participants will leave with a thorough understanding of where they are in the process, and a plan for next steps in their health information technology implementation efforts.

These seminars are a collaborative work of NIATx, SAAS and The National Council supported by SAMHSA.

Topics include:

- ➢ **Overview of the CMS Rule on Medicare and Medicaid Incentive Payments**
- ➢ **Practice Management Systems vs EHRs**
- ➢ **Benefits & Economies of Scale when working with a Network**
- ➢ **HIT Planning and Assessment Process**
- ➢ **HIT Workflow Redesign**
- ➢ **Due Diligence and Vendor Negotiations**
- ➢ **EHR Selection and Implementation**
- ➢ **Disaster Recovery and Business Continuity Planning**
- ➢ **Data Warehousing**
- ➢ **Use of Telemedicine**
- ➢ **Health Information Exchange and Behavioral Health**

Health Information Exchange

&

Behavioral Health

What is Health Information Exchange (HIE)?

Health information exchange (HIE) is the transmission of healthcare-related data among facilities, health information organizations (HIO) and government agencies according to national standards.

HIE is an integral component of the health information technology (HIT) infrastructure under development in the United States and the associated National Health Information Network (NHIN).

What is Health Information Exchange (HIE)?

To meet requirements, HIE technology must enable reliable and secure transfer of data among diverse systems and also facilitate access and retrieval data. The purpose of HIE development is to improve healthcare delivery and information gathering.

Health Information Exchange for the Coordination of Care

- **Health Information Exchange is computer-based clinical communications for care coordination.**

- **Clinical records are accessed through queries to the HIE, or sent directly to another physician through secure messaging.**

- **HIE integrates records from a wide variety of health care sources and presents them in a longitudinal, integrated view for the treating physician.**

HIE Relationship to EMR

A service that exchanges secure information which occurs
<u>across institutional and business boundaries.</u>

Information follows the patient; appropriate information is available to improve coordination, efficiency, and quality of care. (ONC)

A system clinicians use to input, communicate, retrieve, analyze clinical data and care for the patient.

Used <u>within provider settings</u>; a source of patient data to the HIE.

The EMR may be populated by data from a HIE

South Florida Regional Extension Center - Composed of Community Stakeholders

Implementing a Health Information Exchange in South Florida

The South Florida Regional Extension Center (REC) is taking the lead in developing a Health Information Exchange in South Florida to connect hospitals, clinics and doctor's offices in a regional health information network.

The HIE for South Florida will be rolled out in several stages beginning with secure e-mail, followed by record query services to facilitate locating patient records from the network.
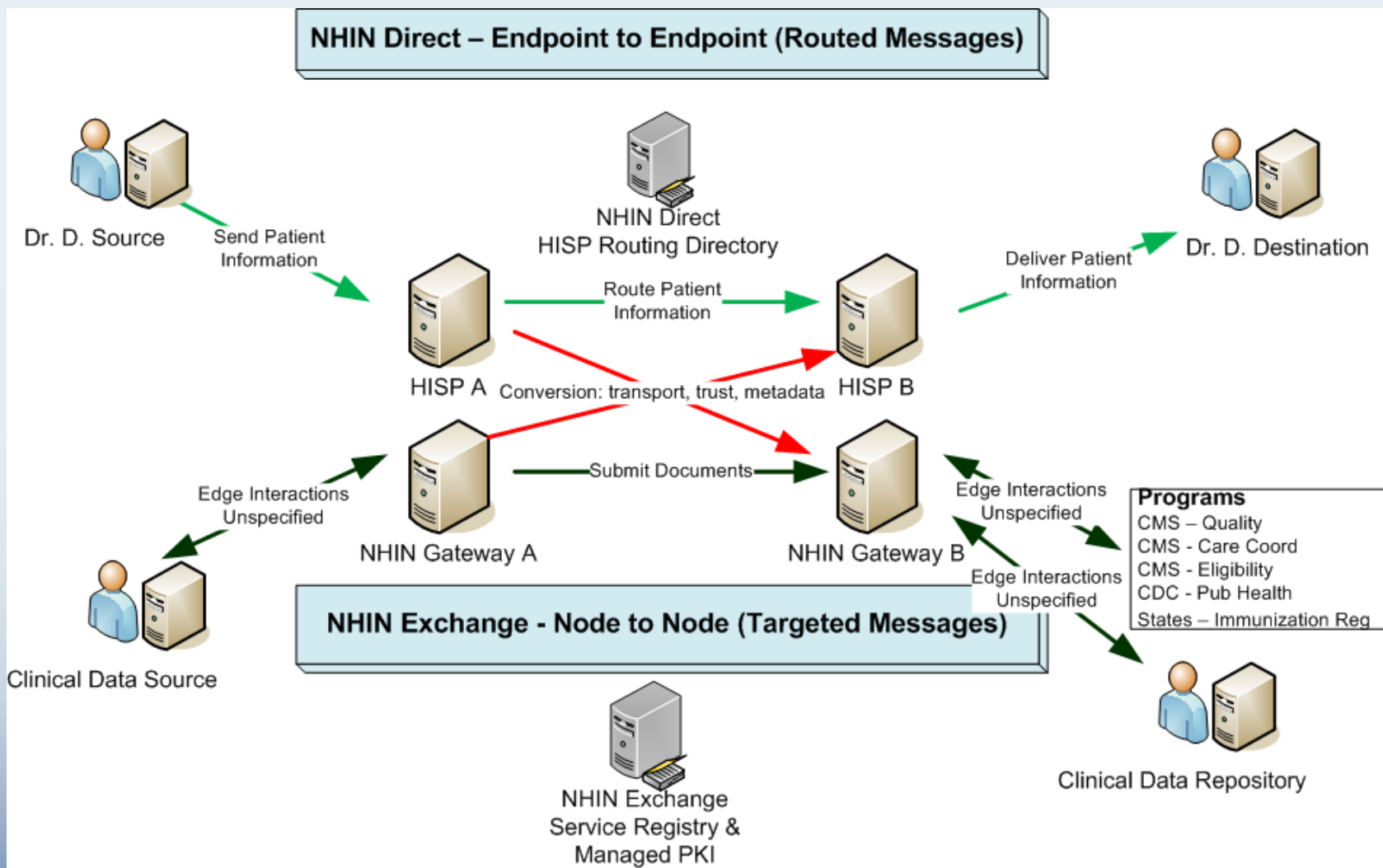
Stage 1: Secure Messaging

In Stage 1, secure messaging will replace the fax machine, enabling physicians to send a secure, encrypted e-mail to other physicians directly.

Average Referrals by Medicaid Physicians In South Florida REC
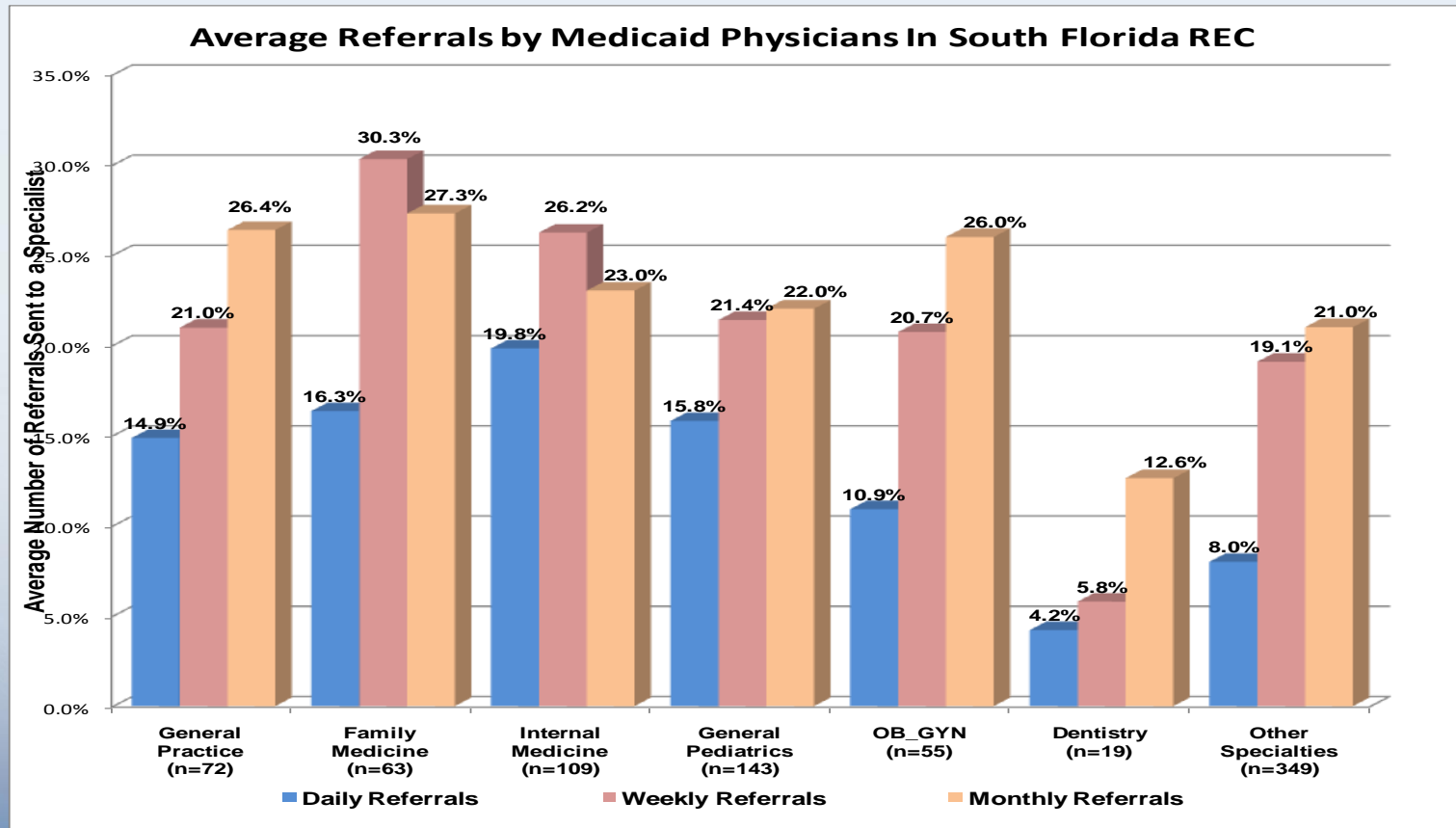
Source: State Medicaid HIT Plan Environmental Scan, 2010

Nationwide Health Information Network (NwHIN) Direct Secure Messaging Platform

NHIN Direct – Endpoint to Endpoint (Routed Messages)

Dr. D. Source

Send Patient Information

NHIN Direct HISP Routing Directory

HISP A

Route Patient Information

HISP B

Deliver Patient Information

Dr. D. Destination

Conversion: transport, trust, metadata

Edge Interactions Unspecified

NHIN Gateway A

Submit Documents

NHIN Gateway B

Edge Interactions Unspecified

Edge Interactions Unspecified

Clinical Data Source

NHIN Exchange - Node to Node (Targeted Messages)

Programs
CMS – Quality
CMS - Care Coord
CMS - Eligibility
CDC - Pub Health
States – Immunization Reg

NHIN Exchange Service Registry & Managed PKI

Clinical Data Repository

http://wiki.directproject.org/Intersection+with+Exchange

Secure Messaging

The NwHIN Direct secure messaging platform was developed by the Office of the National Coordinator for HIT and is available from Harris Healthcare Solutions, the state HIE technology vendor, at no cost to the physician.

Many EHRs offer secure messaging applications but these vendor-based applications cannot communicate with the other EHR systems.

South Florida REC is planning to develop a secure messaging hub to create interoperability among EHR systems, based on the Direct standards

Regional Health Information Exchange

The next stage of developing the HIE for South Florida will be to develop a Regional HIE that serves as a network of networks to connect hospitals that have their own hospital-based HIEs.

The South Florida REC plans to leverage the Atlantic Coast HIE infrastructure to develop connectivity across the hospital HIEs and other networked entities such as the Federally Qualified Health Centers to make data exchange possible.

The Regional HIE will provide connectivity across the eight counties of the SFREC.

Regional Health Information Exchange

The Atlantic Coast Health Information Exchange will provide connectivity and data exchange capability across the eight counties in the South Florida REC and to the Florida state HIE Infrastructure
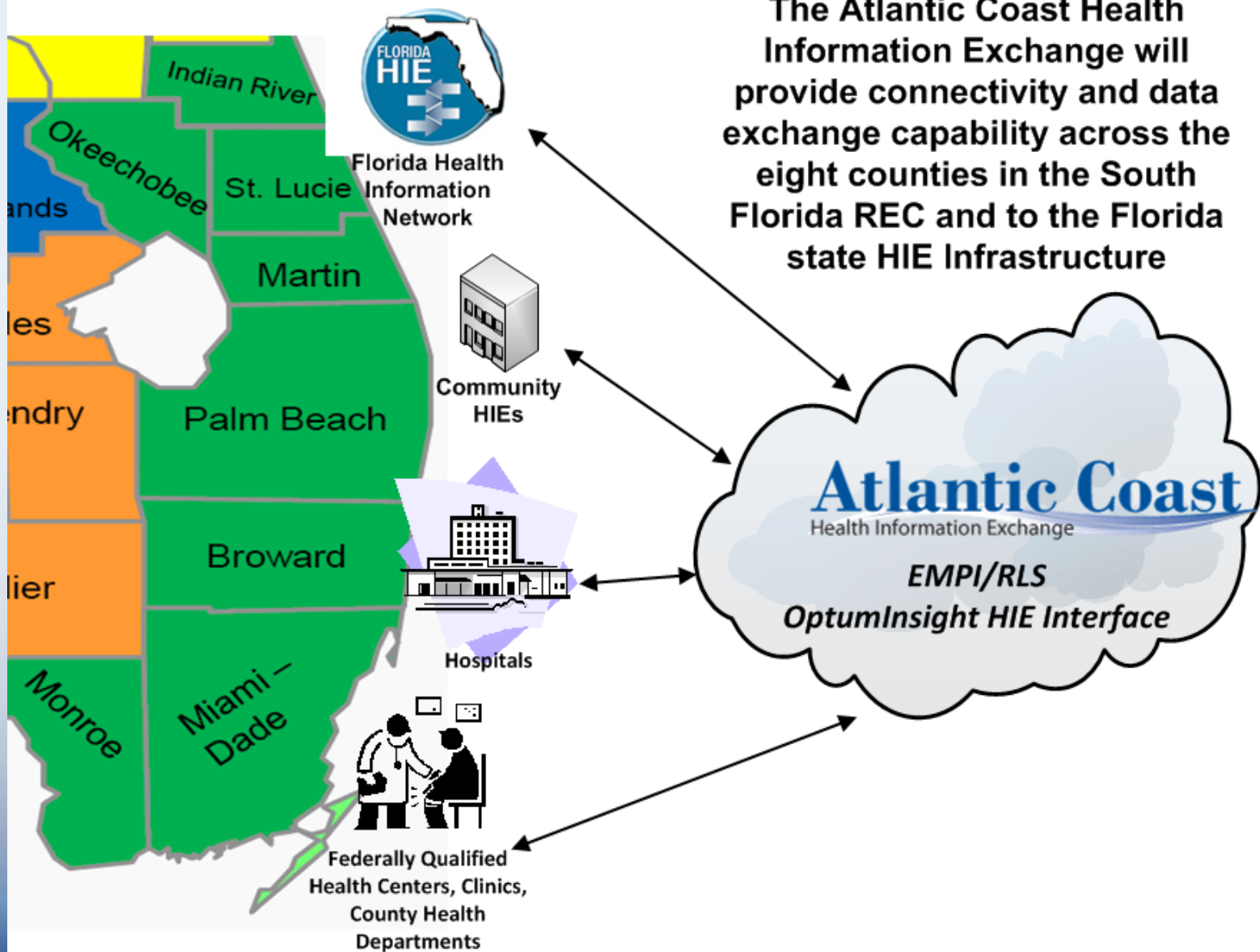
Community-based HIE

A final stage will be to create a Community HIE designed to leverage the adoption of EHRs in physicians' offices and to connect them to the HIE network to access patient records.

A significant use case is in the Emergency Department (ED) where a patient comes in without records.

The ability to send a record request to the Community HIE allows the ED physician to find vital, time sensitive information on the patient, and provide more informed care.

Emergency Department HIE Use Case

Emergency Department physicians need to obtain accurate, timely information on a patient to deliver the most appropriate care and treatment.

Patient presents with past medical history, treatment from other physicians or disease states that are not be available to the treating physician

Hospitals

Federally Qualified Health Centers, Clinics, County Health Departments

Atlantic Coast
Health Information Exchange
EMPI/RLS - OptumInsight iHub

surescripts
The Nation's E-Prescription Network
Medication History

Radiology and Digital Imaging

Physician Offices

Governance from the Health Information Exchange Workgroup

The South Florida REC has initiated an HIE Workgroup to help guide the development of a Health Information Exchange in South Florida.

The HIE Workgroup brings together health care leaders from across the South Florida REC region to build consensus on the best way to integrate Community and local Hospital HIEs into the Regional HIE for South Florida.

South Florida Health Information Exchange

Regional Health Information Exchange
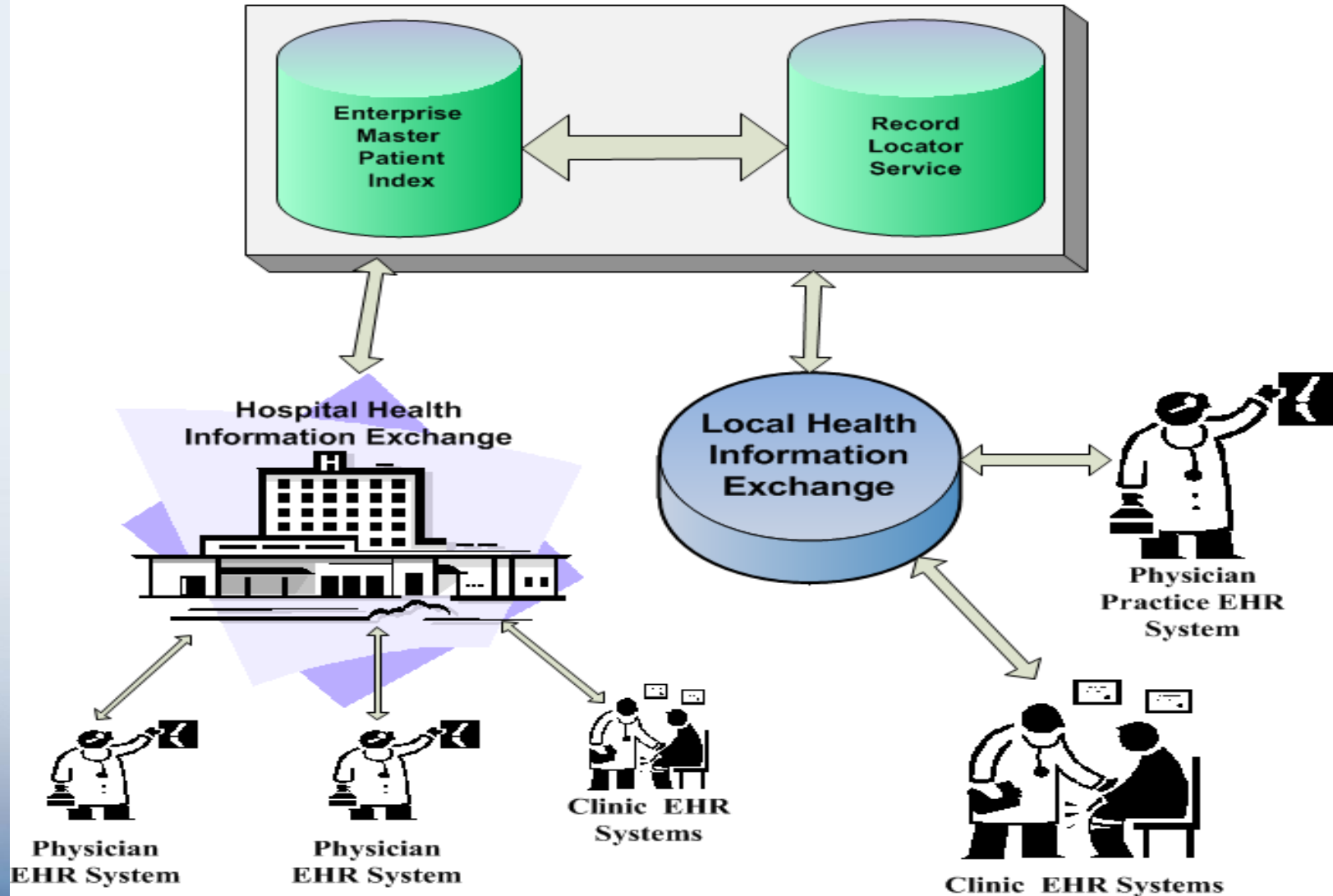
Why HIE?

- Efficiencies & quality of care improvements for physicians**:**
  - Faster delivery of results = quicker attention to patient problems
  - Keep Mental Health Centers ahead of curve in EHR adoption
  - Less time spent by staff looking for results = lower admin costs
  - Fewer missed results = fewer medical errors
  - Standard format for all results

- Value Components for Hospitals
  - Hospitals do not have to establish separate connections for physicians to log on to hospital information systems.
  - Hospitals do not have to develop and maintain interfaces from hospital to physician office to mental health center
  - Hospitals do not have to maintain as many fax servers and lines.

Challenges with HIE

- State regulations & requirements across various sections of statute (State Mental Health Programs, Substance Abuse Treatment etc.)

- Many behavioral health providers not eligible for Meaningful Use

- Small and financially vulnerable rural providers may tend to feel threatened by provider organizations large enough to have the resources necessary to be helpful.

- Tracking specified consent difficult in hub-and-spoke HIE

- Concerns about the privacy and confidentiality of patients' Mental Health information.

- Ability to identify patients reliably across multiple information systems.

- Financial incentives do not encourage information sharing.

- Who OWNS the data?

- How do we pay for this? Access to capital limited for behavioral healthcare providers.

Lessons Learned Thus Far

- Small hospitals have a difficult time providing even minimal time to efforts outside their immediate domain.

- The need to share information for care and respect patients' privacy is an ongoing challenge.

- Use of any system must be integral to the care process.

- Leadership and commitment are key.

HIT Today - Behavioral Health and Substance Abuse Providers

- Of 175 substance abuse treatment programs surveyed, 20 percent had no information systems, e-mail, or even voicemail.

- On average, information technology (IT) spending in behavioral health care and human services organizations represents 1.8 percent of total operating budgets—compared with 3.5 percent of the total operating budgets for general health care services.

- Fewer than half of behavioral health and human services providers possess fully implemented clinical electronic record systems.

- State and Territorial laws vary on the extent that providers can share medically sensitive information, such as HIV status and treatment for psychiatric conditions.

- A study of 56 mental health clinicians in an academic medical center revealed that their concerns about privacy and data security were significant and may contribute to the reluctance to adopt electronic records.

Source: SAMHSA Leading Change: A Plan for SAMHSA's Roles and Actions

H. Westley Clark, M.D., Director, Center for Substance Abuse Treatment

Patient Consent – Data Exchange

Opt In – obtain advance consent from consumers to include their health information in an HIE

Opt Out – patients are automatically considered part of the data exchange unless they request not to have their health information in an HIE

The Patient Consent Model is state specific.

Health Information Exchange Funding

- **HIEs have historically had significant challenges with sustainability due to funding.**
  - Options:
    - Federal / State Funding
      - Initial start-up costs covered
      - Feasibility of funds remaining available
    - Private Investors
      - Fiscal stability of investors is key
    - Insurance Payers
      - Strong concerns with use of collected data
    - Transaction or Subscription based
      - Dependent on provider acceptance and compliance

Frequently Asked Questions Applying the Substance Abuse Confidentiality Regulations to Health Information Exchange (HIE)

http://www.samhsa.gov/healthprivacy/docs/EHR-FAQs.pdf

Questions?

Original Content Developed for SAMHSA by

www.hcnetwork.org

www.southfloridarec.org

Our Footprint

- HCCN - Member Center CEOs serve as Board of Directors
- 41 member centers in 10 states (FL, HI, KS, MD, MO, NM, RI, TX, UT, WV)
- Approximately 800,000 patients

- Covering Priority Primary Care Providers (PPCP) in Miami-Dade, Broward, Monroe, Martin, Palm Beach, Indian River, Okeechobee, and St. Lucie Counties
- Provider Goal = 2,500
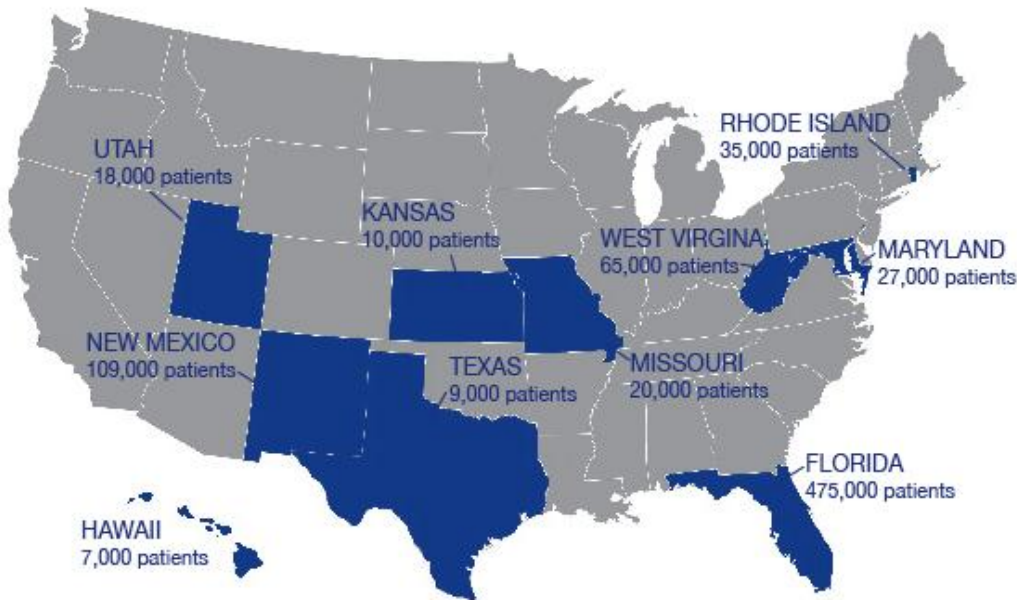
HCN Health Information Technology Services

- **Electronic Health Record**
  - Medical / Dental / Behavioral
  - Custom Provider Templates
  - School Based Dental
  - School Based Medical
  - Document Imagining
  - Voice Recognition
  - CCD

- **Network Administration**
  - Hosting Services
  - Back office / Email Support
  - Disaster Preparedness
  - Infrastructure Design (LAN/WAN)
  - Web Design/Mgmt

- **Implementations and Training**
  - Project/Change Management
  - Training and Staff Development
  - Best Practices Matrix
  - Reimbursement Coordination

- **Support Services**
  - 24hr Service Desk (Hardware/Software)
  - Project Management
  - Vendor Escalation
  - BETA Testing

- **Business Intelligence**
  - Meaningful Use Reporting
  - Clinical Reporting
  - Fiscal Reports (Black Book)
  - Web based Reporting Tools
  - Practice Management Support

HCNetwork.org®
Health Choice Network
INNOVATIVE HEALTH TECHNOLOGY SOLUTIONS

Headquartered in Portland, Oregon, OCHIN is a national non-profit collaborative, currently comprised of 42 organizations across seven states representing over 400 clinics and over 2,000 providers. With the ultimate goal of transforming health care in the United States, OCHIN provides integrated HIT software products and a wide variety of services, training and education to community health clinics, mental health services and small practices serving the medically underserved.

www.ochin.org

Who We Are

- 501c(3) Collaborative Health Center Controlled Network

- 51% of Board Members are Community Health Center Executives

- 42 member organizations, over 400 individual clinics & 2000 providers

- 1M patients, 2.140M Practice Management & 1.712M Electronic Health Record annual visits

The OCHIN Collaborative
CALIFORNIA • OREGON • WASHINGTON • OHIO • ALASKA • NORTH CAROLINA • WISCONSIN
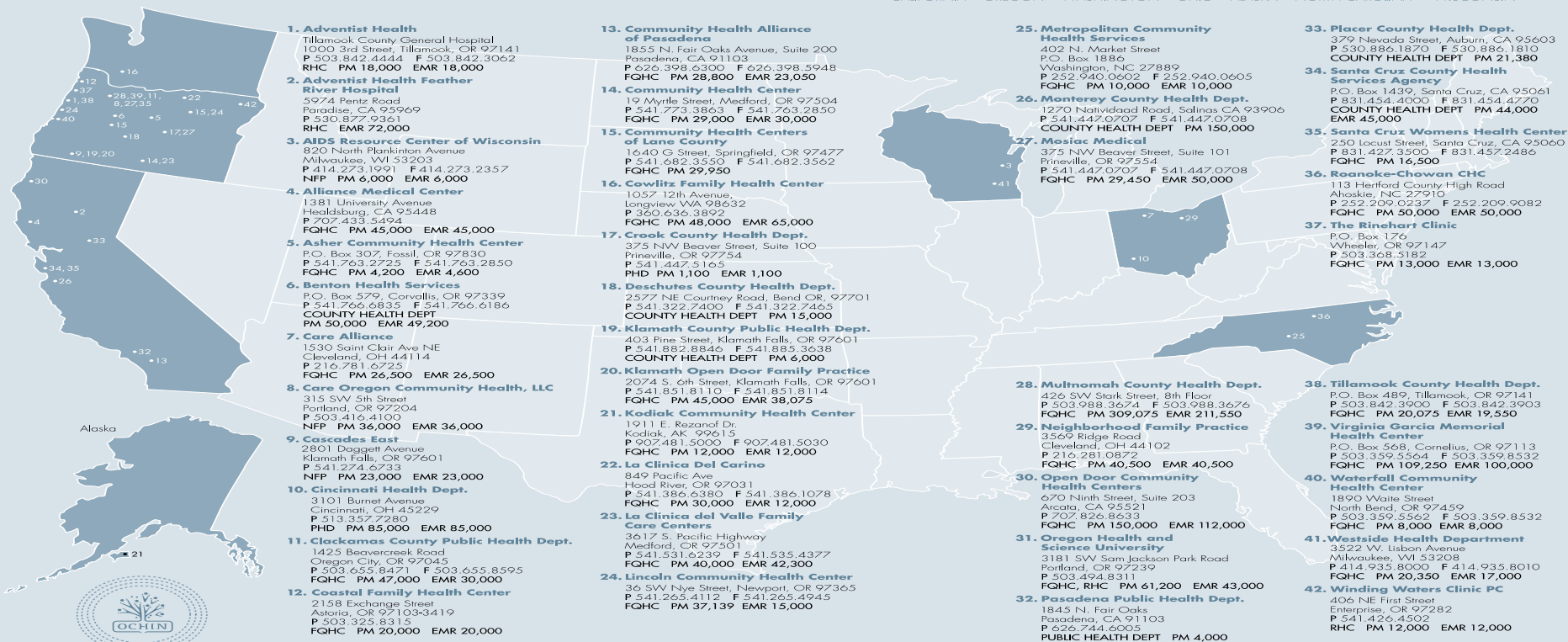
1. Adventist Health
Tillamook County General Hospital
1000 3rd Street, Tillamook, OR 97141
P 503.842.4444   F 503.842.3062
RHC   PM 18,000   EMR 18,000

2. Adventist Health Feather River Hospital
5974 Pentz Road
Paradise, CA 95969
P 530.877.9361
RHC   EMR 72,000

3. AIDS Resource Center of Wisconsin
820 North Plankinton Avenue
Milwaukee, WI 53203
P 414.273.1991   F 414.273.2357
NFP   PM 6,000   EMR 6,000

4. Alliance Medical Center
1381 University Avenue
Healdsburg, CA 95448
P 707.433.5494
FQHC   PM 45,000   EMR 45,000

5. Asher Community Health Center
P.O. Box 307, Fossil, OR 97830
P 541.763.2725   F 541.763.2850
FQHC   PM 4,200   EMR 4,600

6. Benton Health Services
P.O. Box 579, Corvallis, OR 97339
P 541.766.6835   F 541.766.6186
COUNTY HEALTH DEPT
PM 50,000   EMR 49,200

7. Care Alliance
1530 Saint Clair Ave NE
Cleveland, OH 44114
P 216.781.6725
FQHC   PM 26,500   EMR 26,500

8. Care Oregon Community Health, LLC
315 SW 5th Street
Portland, OR 97204
P 503.416.4100
NFP   PM 36,000   EMR 36,000

9. Cascades East
2801 Daggett Avenue
Klamath Falls, OR 97601
P 541.274.6733
NFP   PM 23,000   EMR 23,000

10. Cincinnati Health Dept.
3101 Burnet Avenue
Cincinnati, OH 45229
P 513.357.7280
PHD   PM 85,000   EMR 85,000

11. Clackamas County Public Health Dept.
1425 Beavercreek Road
Oregon City, OR 97045
P 503.655.8471   F 503.655.8595
FQHC   PM 47,000   EMR 30,000

12. Coastal Family Health Center
2158 Exchange Street
Astoria, OR 97103-3419
P 503.325.8315
FQHC   PM 20,000   EMR 20,000

13. Community Health Alliance of Pasadena
1855 N. Fair Oaks Avenue, Suite 200
Pasadena, CA 91103
P 626.398.6300   F 626.398.5948
FQHC   PM 28,800   EMR 23,050

14. Community Health Center
19 Myrtle Street, Medford, OR 97504
P 541.773.3863   F 541.763.2850
FQHC   PM 29,000   EMR 30,000

15. Community Health Centers of Lane County
1640 G Street, Springfield, OR 97477
P 541.682.3550   F 541.682.3562
FQHC   PM 29,950

16. Cowlitz Family Health Center
1057 12th Avenue,
Longview WA 98632
P 360.636.3892
FQHC   PM 48,000   EMR 65,000

17. Crook County Health Dept.
375 NW Beaver Street, Suite 100
Prineville, OR 97754
P 541.447.5165
PHD   PM 1,100   EMR 1,100

18. Deschutes County Health Dept.
2577 NE Courtney Road, Bend OR, 97701
P 541.322.7400   F 541.322.7465
COUNTY HEALTH DEPT   PM 15,000

19. Klamath County Public Health Dept.
403 Pine Street, Klamath Falls, OR 97601
P 541.882.8846   F 541.885.3638
COUNTY HEALTH DEPT   PM 6,000

20. Klamath Open Door Family Practice
2074 S. 6th Street, Klamath Falls, OR 97601
P 541.851.8110   F 541.851.8114
FQHC   PM 45,000   EMR 38,075

21. Kodiak Community Health Center
1911 E. Rezanof Dr.
Kodiak, AK 99615
P 907.481.5000   F 907.481.5030
FQHC   PM 12,000   EMR 12,000

22. La Clinica Del Carino
849 Pacific Ave
Hood River, OR 97031
P 541.386.6380   F 541.386.1078
FQHC   PM 30,000   EMR 12,000

23. La Clinica del Valle Family Care Centers
3617 S. Pacific Highway
Medford, OR 97501
P 541.531.6239   F 541.535.4377
FQHC   PM 29,000   EMR 42,300

24. Lincoln Community Health Center
36 SW Nye Street, Newport, OR, 97365
P 541.265.4112   F 541.265.4945
FQHC   PM 37,139   EMR 15,000

25. Metropolitan Community Health Services
402 N. Market Street
P.O. Box 1886
Washington, NC 27889
P 252.940.0602   F 252.940.0605
FQHC   PM 10,000   EMR 10,000

26. Monterey County Health Dept.
1270 Natividaad Road, Salinas CA 93906
P 541.447.0707   F 541.447.0708
COUNTY HEALTH DEPT   PM 150,000

27. Mosiac Medical
375 NW Beaver Street, Suite 101
Prineville, OR 97554
P 541.447.0707   F 541.447.0708
FQHC   PM 29,450   EMR 50,000

28. Multnomah County Health Dept.
426 SW Stark Street, 8th Floor
P 503.988.3674   F 503.988.3676
FQHC   PM 309,075   EMR 211,550

29. Neighborhood Family Practice
3569 Ridge Road
Cleveland, OH 44102
P 216.281.0872
FQHC   PM 40,500   EMR 40,500

30. Open Door Community Health Centers
670 Ninth Street, Suite 203
Arcata, CA 95521
P 707.826.8633
FQHC   PM 150,000   EMR 112,000

31. Oregon Health and Science University
3181 SW Sam Jackson Park Road
Portland, OR 97239
P 503.494.8311
FQHC, RHC   PM 61,200   EMR 43,000

32. Pasadena Public Health Dept.
1845 N. Fair Oaks
Pasadena, CA 91103
P 626.744.6005
PUBLIC HEALTH DEPT   PM 4,000

33. Placer County Health Dept.
379 Nevada Street, Auburn, CA 95603
P 530.886.1870   F 530.886.1810
COUNTY HEALTH DEPT   PM 21,380

34. Santa Cruz County Health Services Agency
P.O. Box 1439, Santa Cruz, CA 95061
P 831.454.4000   F 831.454.4770
COUNTY HEALTH DEPT   PM 44,000
EMR 45,000

35. Santa Cruz Womens Health Center
250 Locust Street, Santa Cruz, CA 95060
P 831.427.3500   F 831.457.2486
FQHC   PM 16,500

36. Roanoke-Chowan CHC
113 Hertford County High Road
Ahoskie, NC 27910
P 252.209.0237   F 252.209.9082
FQHC   PM 50,000   EMR 50,000

37. The Rinehart Clinic
P.O. Box 176
Wheeler, OR 97147
P 503.368.5182
FQHC   PM 13,000   EMR 13,000

38. Tillamook County Health Dept.
P.O. Box 489, Tillamook, OR, 97141
P 503.842.3900   F 503.842.3903
FQHC   PM 20,075   EMR 19,550

39. Virginia Garcia Memorial Health Center
P.O. Box 568, Cornelius, OR 97113
P 503.359.5564   F 503.359.8532
FQHC   PM 109,250   EMR 100,000

40. Waterfall Community Health Center
1890 Waite Street
North Bend, OR 97459
P 503.359.5562   F 503.359.8532
FQHC   PM 8,000   EMR 8,000

41. Westside Health Department
3522 W. Lisbon Avenue
Milwaukee, WI 53208
P 414.935.8000   F 414.935.8010
FQHC   PM 20,350   EMR 17,000

42. Winding Waters Clinic PC
406 NE First Street
Enterprise, OR 97282
P 541.426.4502
RHC   PM 12,000   EMR 12,000

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- **Electronic Health Record**
  - ✓ Integrated community health record- medical, dental, behavioral health, school-based clinics
  - ✓ E-prescribing
  - ✓ Decision support tools
  - ✓ Case/care management tools
  - ✓ Integrated lab interfaces
  - ✓ Advanced role based security
  - ✓ Voice recognition
  - ✓ Reporting and benchmarking tools
  - ✓ Document management
  - ✓ Continuity of Care Record (CCD)
  - ✓ Patient Personal Health Record (PHR)

- **Implementation, Training and Products**
  - ✓ Project management
  - ✓ Information systems implementation
  - ✓ Network design
  - ✓ HIT integration & interoperability
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  - ✓ Web-based training modules

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  - ✓ Advisory and consulting services
  - ✓ Meaningful Use reporting tools
  - ✓ Clinical reporting tools
  - ✓ Specialty build for grant
  - ✓ Vendor escalation

- **Practice Based Research Network**
  - ✓ Safety Net clinical research & clinical collaboration opportunities

www.CHCAlliance.org

Health Center Controlled Network

Est. 1999

www.AdvanceHealthIT.org

Regional Extension Center

Est. 2010

Community Health Centers
**ALLIANCE**

"Meaningful" Users of EHR Since 2005

Core Health Information Technology Offerings

- **Practice Management System** *(including Practice Analytics)*

- **Electronic Health Records** *(240,000+ Patient Records)*
  - **ePrescribe**
  - **Lab Orders / Results**
  - **Specialty Provider Referrals**
  - **Quality Reporting**

- **Electronic Oral Health Records** *(including Digital Imaging)*

Professional Services

- **Project Management / Implementation Support**
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  - Workflow / Process Consideration
  - On-site Go-Live Choreography
- **Training**
  - Modalities matched to provider / end user needs, including classroom, coaching, and web-based tools
  - Competency exams
- **Report Writing / Administration**
  - Custom QA/QI, Peer Review, and Operations reporting
  - Meaningful Use – Workflows, Provider-level detail, and gap analysis
- **EHR Development / Enhancement**
  - Clinical Committee directed
  - Interface management to support HIE and other functionality to the provider desktop
- **Technical Assistance & Support**
  - Help Desk processes more than 7,000 requests annually; fewer than 5% escalated to vendors
  - 24x7 System Availability
- **Tier 1 Data Center Partner**
  - Server Redundancy
  - Privacy / Security Monitoring & Management
  - 24x7 Server Monitoring / Network Administration
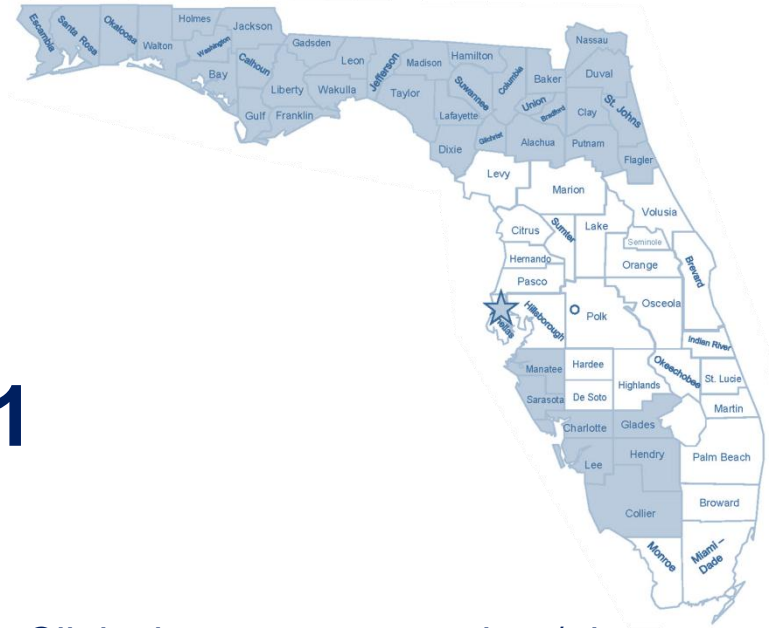
Service Area Counties: 41
Provider Goal: 2,026

- Education and Trusted Resource for Latest Information
- Best Practices Dissemination
- System selection assistance
- System implementation support
- Technical assistance
- Privacy and security best practices
- Workflow redesign

- Clinical outcomes reporting / data integrity
- Federal regulations navigation
- "Meaningful Use" education, application, and attainment
- Education and assistance in achieving eligibility for CMS EHR Adoption Incentive Program funding *(Designed to help overcome the financial barrier to EHR adoption)*