

General Overview of Project and Reason for State interest/goals for participating

Rhode Island Quality Institute (RIQI) and its community partners will extend ongoing health information exchange capabilities to Rhode Island behavioral health providers. These capabilities – which are part of Rhode Island’s Strategic and Operational Plan for Health Information Exchange – rely upon infrastructure, processes, workflows, and operations implemented via prior investments made by the State of Rhode Island, corporations, and the Federal Government (e.g. AHRQ grant, HIE Grant, Beacon program, Regional Extension Center Grant). The rollout of these capabilities to behavioral health, however, is currently unfunded; this CIHS subcontract will address this hurdle.

Integration of behavioral health providers into the health information exchange programs currently underway for primary care physicians and other clinical specialists in Rhode Island will be accomplished via four primary initiatives:

CurrentCare access: RIQI will roll out access to CurrentCare – the statewide Health Information Exchange – to RI’s behavioral health community. We will leverage the outreach, training, and education capabilities of RI’s Regional Extension Center. Using CurrentCare, behavioral health providers will be able to view clinical information about patients including lab results, medication histories, and EHR-based data collected via CCDs from physical health practices.

Use of Direct messaging: RIQI will help behavioral health providers establish Direct accounts and integrate the use of Direct into their workflows through RIQI’s existing Direct Adoption Program,. Direct the new national standard for secure email of PHI over the Internet, launched by the ONC and currently being rolled out to PCPs and Specialists in RI – provides a mechanism through which behavioral health and physical health providers will be able to share PHI about common patients on a point-to-point basis, during the care coordination process.

Data sharing with CurrentCare: RIQI will work with two targeted behavioral health vendors (Netsmart and Essentia, both identified in a prior “readiness assessment” of behavioral health EHRs) to enable their platforms for data sharing. We will match the existing standards-based interoperability model (e.g. leveraging Direct and CCDs) to automatically collect patient data from practice-based EHRs and then share the data with CurrentCare. Behavioral health sites that use these platforms will become CurrentCare data sharing partners (DSPs) so that behavioral health information is part of the longitudinal record for enrolled patients within the HIE, available to physical health providers and to other behavioral health providers during the course of treatment

Enrolling behavioral health patients in CurrentCare: Behavioral health sites will join over 200 existing “signup partners”, becoming sites where patients opt-in to participate in CurrentCare. From the date of enrollment, their healthcare data becomes available through the statewide HIE. For enrolled patients at behavioral health sites that become CurrentCare DSPs, their data will automatically be shared.

CMS Health Home sites in Rhode Island will be the initial targets for these interventions. The focus of the current efforts to establish data exchange between primary care physicians and behavioral health providers in Rhode Island has been the creation of a statewide HIE (CurrentCare) where patients' healthcare records are amassed regardless of provider and are accessible anytime to those involved with the care of a participating patient. Rolling out access to CurrentCare to behavioral health providers has always been part of the roadmap for the HIE, thereby giving them a longitudinal view of care delivered by physical health providers. Moreover, the ability to eventually collect information from behavioral health providers and share it through CurrentCare also was part of the roadmap. When RI developed and enacted legislation to set operating parameters and regulate the statewide HIE, language was included to specifically enable the collection and sharing of behavioral health data as part of the consent process.

Live since early 2011, CurrentCare presently collects results from the largest medical laboratories in the state, admission/discharge information from 9 hospitals, and EHR-based data from a growing list of practices. Through CurrentCare, a medications history for a patient can be generated showing all prescriptions dispensed in RI pharmacies. With this subcontract behavioral health practices will also be in the first tranche of CurrentCare users.

Managing the project to grant deliverables/outcomes

Viewer adoption

In March, 2012 no Community Mental Health Organizations (CMHOs) were using the CurrentCare Viewer; by November, 2012 nine CMHOs were using the CurrentCare Viewer. This is 100% of the targeted CMHOs in Rhode Island. Adoption of the viewer is being lead by behavioral health. CurrentCare's largest number of user accounts and sites are in the behavioral health community.

Barriers to implementation

Initial implementation went well, but after Viewer training, about 20% of the clinical staff has consistently used the system. Getting clinical staff participation closer to 100% has been a challenge.

Plans and timeframes to address barriers

Revealed two primary concerns:

Complex Viewer Authentication Process: initial viewer account sign in was a two step process. First, a user gets an encrypted email that contains the Viewer account and password. The encrypted email needs to be opened by going to a secured web site. Then the user has to log into the Viewer using the account and password contained in the encrypted email. This caused confusion with clinical staff and resulted in failure to login, followed by password expiration, and finally no use of the Viewer. To address this issue the two step process was reduce to a one step. The accounts and passwords are now hand delivered during onsite training.
Solution: Streamlining of the user account process to make it easier to first login to the Viewer has helped adoption.

Lengthy Training Session: Initial Viewer training was 2 hours and CMHO feedback was the training was taking too much time out of staff's day.

Solution: A reduced training format was implemented that reduced the training time to 45 minutes. Also webinars are being introduced to add flexibility to training schedules and reduce training time. Relationship Managers from RIQI can deliver user accounts and passwords for webinar training sessions.

Participation and commitment to the overall program has been very good. All nine CMHOs and the Department of Behavioral Health Developmental Disabilities and Hospitals (BDDHA) are engaged in the program at a senior level. (Please see Appendix A documents 22 and 23)

Continuity of Care Document Development

Two CMHOs Gateway Healthcare and The Providence Center have projects to become data sharing partners. Business Requirements, Action/Issue list, and other artifacts were used as part of a project management methodology to manage the project.
 (Please see Appendix A documents 11, 16, and 24)

A major concern and project delay was making sure the data feed and CurrentCare viewing would be compliant with 42 CFR Part 2. A review of the issue on 8/7/12 with ONC, SAMHSA, and grant states at a Washington DC meeting was key to moving ahead with data sharing and data viewing of Part 2 facility data. SAMHSA's favorable response to the Rhode Island consent model and approach removed the final road block from moving ahead with Part 2 facilities' CCD consumption into the CurrentCare HIE.

Currently the Statement of Work is signed and work has started. The Viewer updates to accommodated 42 CFR Part 2 and the CCD data feeds are being targeted for completion in March 2013.

Barriers encountered

There has been difficulty in getting EHR vendors to upgrade their products to interface with CurrentCare. Additional cost to vendors to build CCD interfaces with CurrentCare has been an issue. Potential Data Sharing Partners have been resistant to implement the CCD compliant version of the EHR due to the cost of paying for the interface. An ongoing relationship with the CMHOs has been helpful in moving the CCD interfaces ahead.

Progress towards Behavioral Health Provider exchange using NWHIN DIRECT

No CMHO had Direct Messaging in place at the beginning of 2012 by the end of the year Direct Messaging has been adopted at 77% of the CMHOs and by over 90 other behavioral health providers in Rhode Island.

At one CMHO direct allowed for secure and easy exchange of Personal Health Information (PHI). Before the adoption of Direct Messaging staff would have to physically drive a jump drive with data on it from one location to another. Now this information can be sent easily and securely using Direct Messaging. The Kent Center Behavioral Health and Kent Ambulatory Care used Direct Messaging to coordinate care. Butler Hospital initiated a campaign to have its referral partners use Direct Messaging to coordinate care.
(Please see Appendix A documents 7, 14, and 19)

Barriers encountered

CHMOs have raised concerns about costs if they roll accounts out to all staff. By limiting accounts to Health Information Exchange staff and taking advantage of current centralized release of PHI workflow cost can be minimized.

Some CMHOs were resistant to adopting Direct. Working with BHDDH, Health Home Audit Standards were implemented requiring implementation of Viewer, Direct and CurrentCare enrollment. (Please see Appendix A document 13)

Expand enrollment

Enrollment of behavioral health clients into CurrentCare has been achieved through the use of general health practices enrollment and enrollment at CMHOs. Over 3500 behavioral health clients and over 280,000 general health clients have enrolled into CurrentCare. (Please see Appendix A documents 9 and 15)

Barriers encountered

The CMHOs in general did not have as high an enrollment rate as the general health practices with one exception Gateway HealthCare Hartford Ave. Overall enrollment has been achieved by using general health practices enrolling behavioral health clients. Gateway Healthcare achieved good enrollment numbers by an engaged leadership team and staff advocating for enrollment.

Meetings with behavioral health providers to determine additional CCD data elements required to provide quality care.

A basic C32 CCD will be used with no additional behavioral health fields added for the initial data feeds from the two CMHOs. CCD Committee meetings were held and initial feedback has identified a few basic elements such as DSM IV axis.

Barriers to identifying additional CCD data elements

The goal of the project's CCD committee was to focus on having a CCD that would be ready for use by the end of 2012. The focus was not on identifying an expanded list of data elements.

Statewide meetings with Providers and/or Consumers

Comprehensive strategic communications to educate, engage and solicit feedback from the behavioral health provider community and its consumers has occurred thru out the project. Statewide Behavioral Health Integration Program (BHIP) sessions occurred on 3/20/12 and 8/22/12 providing updates on the BHIP program and engaging the behavioral health community. The kickoff meeting on 3/20/12 had 53 attendees from Rhode Island's CMHOs, Methadone Clinics, Massachusetts's HIE staff, Behavioral Health EHR vendors, and RIQI staff. On 8/22/12 the second statewide meeting was attended by 40 people with approximately 77% of the CMHOs in attendance. The director of BHDDH addressed the attendees and encouraged all to continue support of behavioral health integration with technology.

A Consent and Re-disclosure subcommittee has been actively engaged in addressing 42 CFR Part 2 considerations in framing a solution for data exchange between Behavioral Health and General Healthcare. This committee had members from the BHDDH, CMHOs, and RIQI. (Please see Appendix A document 17)

The State HIE Consumer Advisory committee has been updated on BHIP at their monthly meetings. The overall support and engagement of this committee was evident by their request for BHIP to be a part of their regular meetings.

Communication and Education to Providers and Consumers

Education on the Behavioral Health Integration Program (BHIP) occurred at the two BHIP Statewide session on 3/20/12 and 8/22/12. On 8/27/12 a presentation on BHIP was given to the North Carolina HIE. Training on CurrentCare enrollment and Viewer have been provided at all of the CMHOs starting in April and continuing into 2013. (Please see Appendix A documents 9, 20, 21, 22, and 23)

Policy and Forms Development

BHDDH Health Home audit required CMHOs to use Direct, CurrentCare Viewer, and enrollment in CurrentCare to be compliant with the audit. A standard state 42 CFR Part 2 consent form was advocated and adopted by BHDDH for all CMHOs. Standard Data Use Agreement (DUA) is used to ensure providers will comply with proper use of CurrentCare Viewer PHI. Data Sharing Partner (DSP) agreement is used with CMHOs that are providing data feeds. (Please see Appendix A documents 10, 11, 15, 18, and 19)

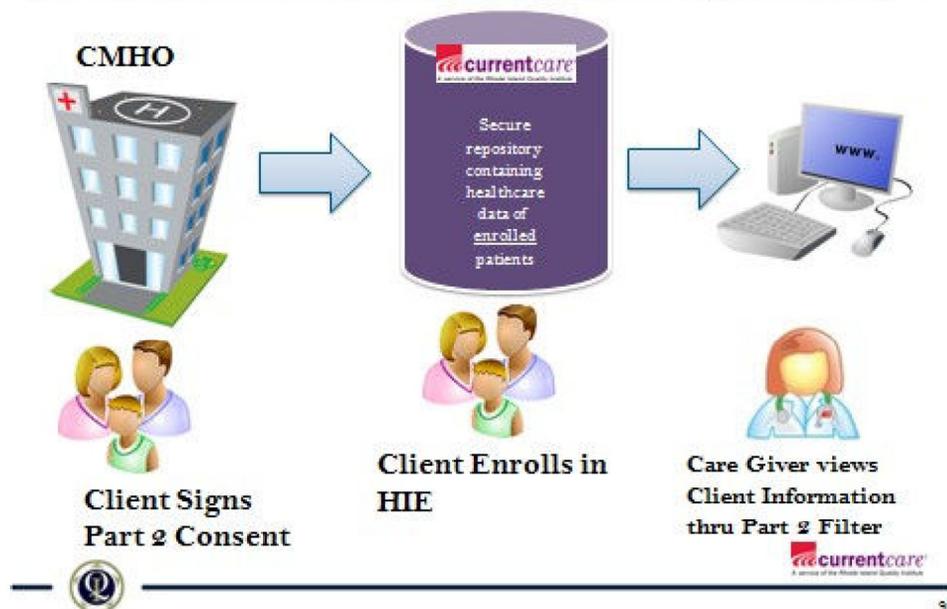
Coordination with National and State Partners

The RI BHIP has collaborated with interested organizations at the state and national levels to provide a cross section of viewpoints. Among the valuable contributing network, we found working with SAMHSA; the national BHIP grant committee; attending monthly national calls; and national meetings particularly helpful in resolving key issues like 42 CFR Part 2 consent. The ONC Data Segmentation, Transition of Care and Longitudinal Care Record workgroups were great opportunities to learn and share. Exchanging ideas and information with other grant states helped all the states to move ahead with behavioral health integration.

Lesson Learned/"Recommended Practices"

The major lesson learned was in addressing the consent process and resolving the 42 CFR Part 2 issue. The consent process for sharing 42 CFR part 2 data is a two step process. Consent for the release of Part 2 information is captured at the CMHO Part 2 facility using the BHDDH standard release form. The part 2 data is then sent to CurrentCare (HIE) and received if the client is enrolled in CurrentCare using the CurrentCare enrollment form. CurrentCare shares all data with approved providers for Treatment and Care Coordination ONLY. Rhode Island is an opt in state.

Behavioral Health Information Sharing(Consent)



Workflow Issues Addressed

The enrollment and workflow project sub committees work together to improve the CurrentCare enrollment process. The current paper enrollment form has been incorporated into the electronic forms at the Providence Center a CMHO to make the enrollment process faster and more accurate for staff. (Please see Appendix A document 20)

IPP Indicators

IPP indicators: Infrastructure

- Policy Development
 - PD1 Policy Changes
 - CurrentCare implementing compliant processing and disclosure of alcohol & substance abuse treatment information
 - BHDDH implemented procedure and form for releasing information from CMHO to CurrentCare
 - BHDDH Health Home Audit Standards require implementation of Viewer, Direct and CurrentCare enrollment

(Please see Appendix A documents 13 and 17)

- - PD2 Organization Readiness
 - All CMHOs implemented their elements of the program
 - CurrentCare Viewer
 - Direct messaging
 - CurrentCare enrollment
 - Data sharing CMHO has client consent to send data to CurrentCare

- Workforce Development
 - WD1 Training Programs
 - RIQI prepared HIE Education Package
 - Consent Forms
 - CurrentCare Enrollment
 - CMHO 42 CFR Part 2 Consent
 - Legal Agreements: CMHO and RIQI
 - Data Use Agreement (CurrentCare Viewer)
 - Letter of Agreement (CurrentCare Enrollment Partner)
 - Data Sharing Partner Agreement
 - Rhode Island Trust Community Agreement (Direct)

(Please see Appendix A documents 9, 11, 15, 17,18, and 19)

- **IPP indicators: Infrastructure**
 - RIQI provides on-going training to CMHO staff
 - Enroll clients in CurrentCare
 - Use the Viewer, according to their role
- (Please see Appendix A documents 22 and 23)
- Workforce Development (cont.)
 - WD2 People Trained
 - Relevant staff at all CMHOs trained
 - CurrentCare enrollment
 - CurrentCare Viewer
- (Please see Appendix A documents 22 and 23)

- Organizational Change
 - OC1 Organizational Changes:
 - Kent Center: redesign workflow to accommodate Direct messaging
- Partnership/Collaboration
 - PC2 Organizations Collaborating
 - Kent Center Behavioral Health and Kent Ambulatory Care using Direct messaging to coordinate care
 - Butler Hospital initiated campaign to have its referral partners use Direct messaging to coordinate care
- Accountability
 - A3 Information System Links
 - CMHOs using CurrentCare to access medical health data
 - CMHOs adopting Direct messaging
 - Types/Targets of Practices
 - T1 Organizations which are implementing activities
- **IPP indicators: Infrastructure**
 - All (9) CMHOs at **32** sites: Viewer, Direct messaging, enrollment
 - Three CMHOs: data sharing with CurrentCare
 - One CMHO: electronic version of CurrentCare enrollment form
- **IPP indicators: Prevention & MH Promotion**
- Awareness
 - AW1 Exposure to clients
 - CMHOs intervening with clients to make them aware of the value of CurrentCare and encourage them to enroll
- (Please see Appendix A documents 20 and 21)

- Knowledge / Attitudes / Beliefs
 - NAB1 Improvement in knowledge, attitudes and beliefs
 - First Statewide Meeting raised awareness of CurrentCare and Direct in relation to integration of behavioral and medical health care
 - Second Statewide Meeting provided
 - Examples from practicing physicians of how CurrentCare and Direct are used
 - Message from head of BHDDH emphasizing the priority of this program
- Outreach
 - O1 Outreach to Individuals
 - RIQI provides brochures, enrollment forms and posters
 - RIQI enrollment partners encouraging patients to enroll in CurrentCare
- (Please see Appendix A documents 22 and 23)

Appendix A

Document Description

1. Clinical Integration of Behavioral and Primary Healthcare subcommittee minutes example
2. Behavioral Health Extension of the CCD Feed subcommittee minutes example
3. Clinical Integration of Behavioral Health and Primary Healthcare subcommittee agenda example
4. Behavioral Health subcommittee roster
5. Behavioral Health Extension of the CCD Feed subcommittee agenda example
6. Behavioral Health subcommittee minutes and agendas
7. Clinical Integration of Behavioral Health and Primary Healthcare subcommittee minutes example
8. Consent and Rediscovery subcommittee Agenda example
9. HIE CurrentCare Enrollment Form
10. HIE CurrentCare Policies
11. Data Sharing Partner-Provider Agreement between health provider and Rhode Island Quality Institute (RIQI)
12. Direct informational brochure
13. RI Department of Behavioral Health Developmental Disability and Hospitals (BHDDH) health home audit tool with HIE/Direct specific requirements
14. Direct Health Internet Service Provider vendor selection matrix
15. Enrollment subsidy form for Behavioral Health
16. Business Requirements for HIE to address 42 CFR part 2
17. BHDDH 42 CFR part 2 Consent Form

Document File Names

1. [6 18 12 Meeting Minutes Clinical Integration of Behavioral and General M...](#)
2. [6 25 12 Minutes Behavioral Health Extension of the CCD Feed.pdf](#)
3. [Agenda for 10 2 2012 Clinical Meeting of BH and PH.docx](#)
4. [BHIP Committee Rosters](#)
5. [B-HIP Extension of the CCD Feed Advisory Committee Agenda \(2\).docx](#)
6. [BHIP Sub-Committees](#)
7. [Clinical Integration Meeting on 5-8-12 with Paul Block's Notes.pdf](#)
8. [Consent and Rediscovery Agenda 11 2 2012 \(3\).pdf](#)
9. [CurrentCare Enrollment Form.pdf](#)
10. [CurrentCare Policies](#)
11. [Data Sharing Partner-Provider Agreement](#)
12. [Getting Started with Direct](#)
13. [Health Home Audit tool Final Draft 9-12-12.doc](#)
14. [HISP Selection Tool](#)
15. [Letter of Agreement - Behavioral Health](#)
16. [RIQI - CurrentCare Integration Business Requirements – Intersystems](#)
17. [RIQI Behavioral Health Authorization Form -FIRM DM-#14000448-v4](#)

Appendix A

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|--|---|
| 18. Agreement between provider and RIQI regarding use of HIE data being seen on HIE Viewer by provider | RIQI Data Use Agreement |
| 19. Rhode Island Trust Contract for Direct users | RITC Participation Agreement |
| 20. Informational brochure on the HIE | The CurrentCare Brochure.pdf |
| 21. The CurrentCare (HIE) Enrollment Brochure - Spanish Version | The CurrentCare Enrollment Brochure - Spanish Version.pdf |
| 22. HIE CurrentCare Viewer Training material | Viewer Training materials.zip |
| 23. HIE CurrentCare Viewer Training schedule | Viewer Training Schedule |
| 24. Action Item Spreadsheet | Prov Ctr - Essentia Action Item Spreadsheet - 11-6 |