



ACCOMPLISHMENTS, FINDINGS & NEXT STEPS Illinois Behavioral Health Integration Project (BHIP)

CIHS-HIE LEARNING CONGRESS Friday, November 16, 2012

Presented by Illinois Office of Health Information Technology & ILHIE
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Presentation Overview

- State Structure – Before & During Grant
- Development of Behavioral Health Infrastructure
- ILHIE Data Security & Privacy Committee
- Challenges & Solutions
- Next Steps



State Structure Prior to Grant



State Structure During Grant



Steering Committee

- OHIT & ILHIE
- IDHS – Div. of Alcoholism & Substance Abuse; Div. of Mental Health
- IHFS – Medicaid
- Community Behavioral Healthcare Association of Illinois
- Illinois Alcoholism & Drug Dependence Association
- Illinois Association of Rehabilitation Facilities
- CHITREC
- IL-HITREC
- Popovits & Robinson, P.C.



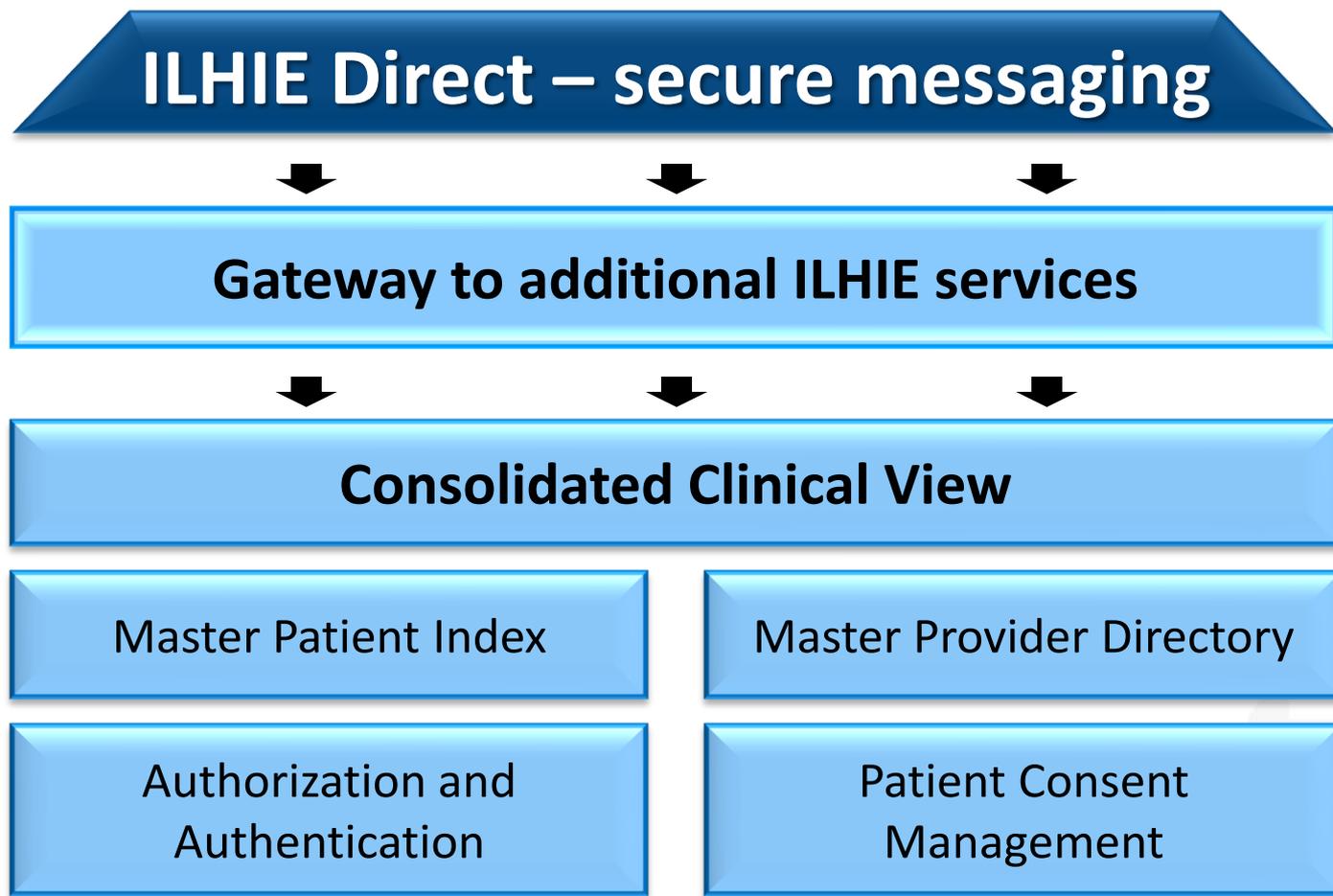
Development of the Behavioral Health Infrastructure

- ➡ **Outreach and engagement on HIE**
 - ➡ **Tools addressing HIE**
 - ➡ **IT solutions**
 - ➡ **Recommended policies**
- 2 statewide meetings; 5 provider and 4 consumer focus groups
 - Template consent forms, data sharing agreements and implementation protocols
 - Data architecture to capture behavioral health information
 - Proposed state legislation
 - Recommendations for federal changes

Development of the Behavioral Health Infrastructure (cont'd.)

- **Research of current capabilities**
- **Small funding pool for behavioral health providers**
- Capacity study of behavioral health providers
- Demonstration projects of electronic exchange





2012 – OHIT/ILHIE Activities

BHIP

Data Security & Privacy Committee

ILHIE

March – June

- Statewide Mtg
- BHO Survey
- Provider Focus Groups & Survey

- Statewide Mtg – Hearing #1

- ILHIE Direct
- Robust Services Development
- Alpha Partner Onboarding

July – Sept

- Testimony – DSPC
- Demo Projects & TOC Survey
- BHIP Prototype
- Consent Toolkit
- Stakeholder Mtgs

- Hearings #2 – 4
- Development & Recommendation
- ILHIE Consent Mgt Structure
- Stakeholder Mtgs

- Executive Director Selected

Oct – Nov

- Consumer Focus Groups
- State-State
- Statewide Mtg
- Stakeholder Mtgs

- Proposed Legislative Changes
- Stakeholder Mtgs

Today's Challenge: Data Exchange for Behavioral Health in Illinois



1. How can we support the exchange of behavioral health data?
2. How do the consent laws work in relation to query based services planned for in the robust HIE?
3. What capacity exists in the behavioral healthcare arena to engage in HIE?



Today's Challenge: Data Exchange for Behavioral Health in Illinois

State Mental Health Confidentiality Act

- HIE does not exist
- Consent duration
- Specifies recipients
- Requires a witness
- Prohibits:
 - A record locator service
 - Advance and blanket consent
 - Disclosure to a third party

42 CFR Part 2

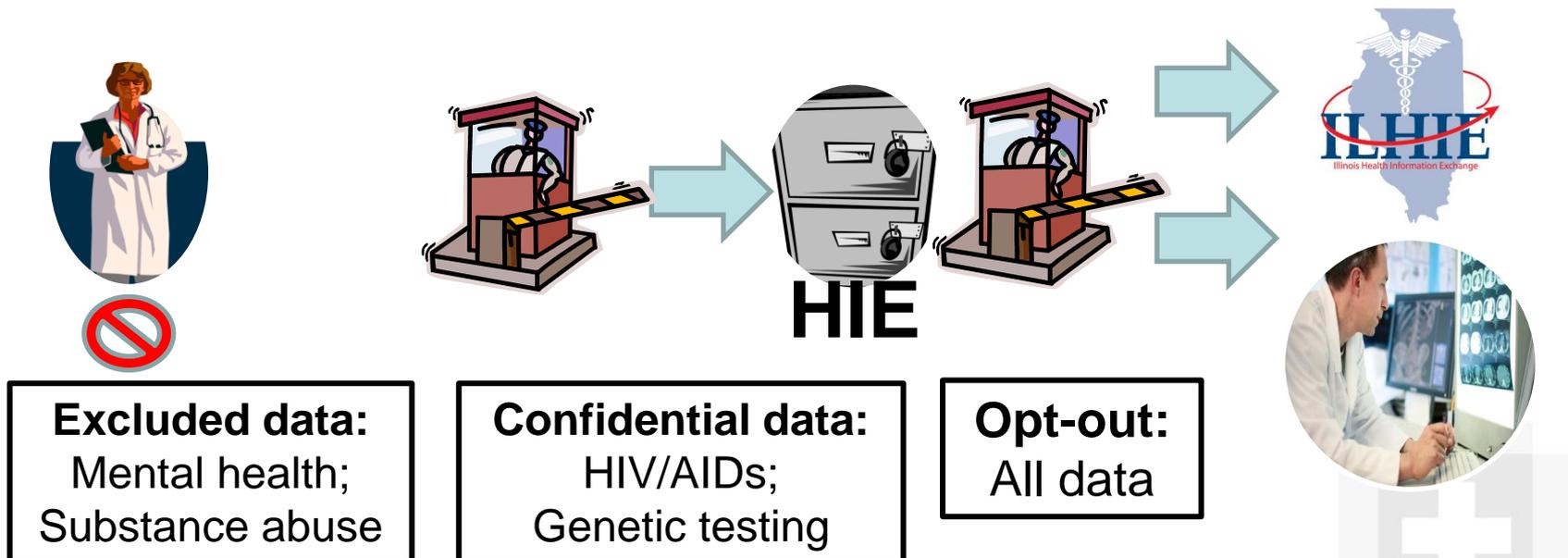
- Consent duration
- Specifies recipients
- Prohibits disclosure to a third party



MetroChicago-HIE Data Filters

“Excluded data”: mental health; substance abuse

“Highly Confidential data”: HIV/AIDS; genetic testing



How do providers and consumers view consent?

- » 2 statewide meetings
- » 4 provider surveys & 5 focus groups
- » 4 consumer focus groups

What is the technical capacity of providers?

- » 3 surveys



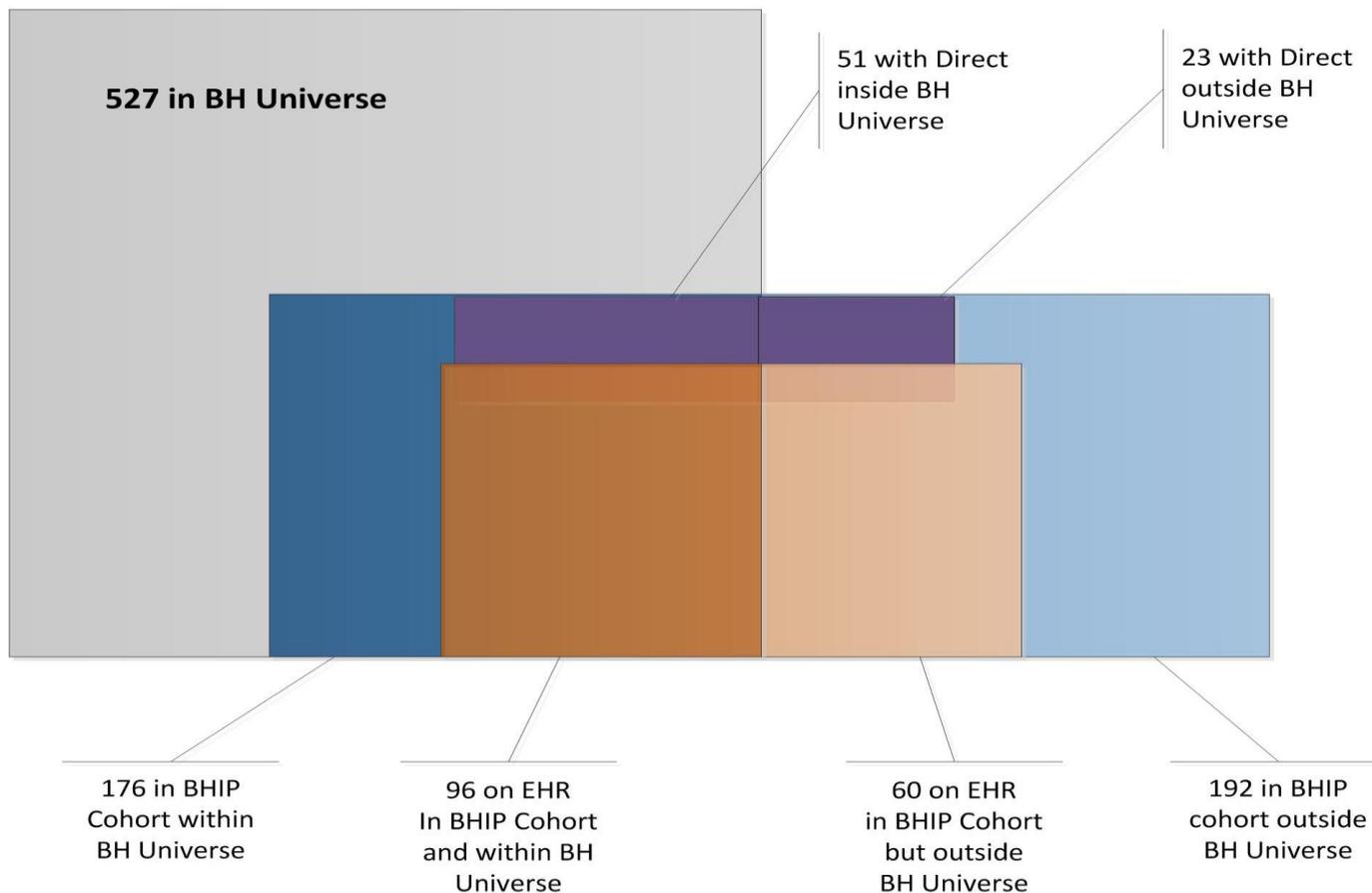
What we discovered...



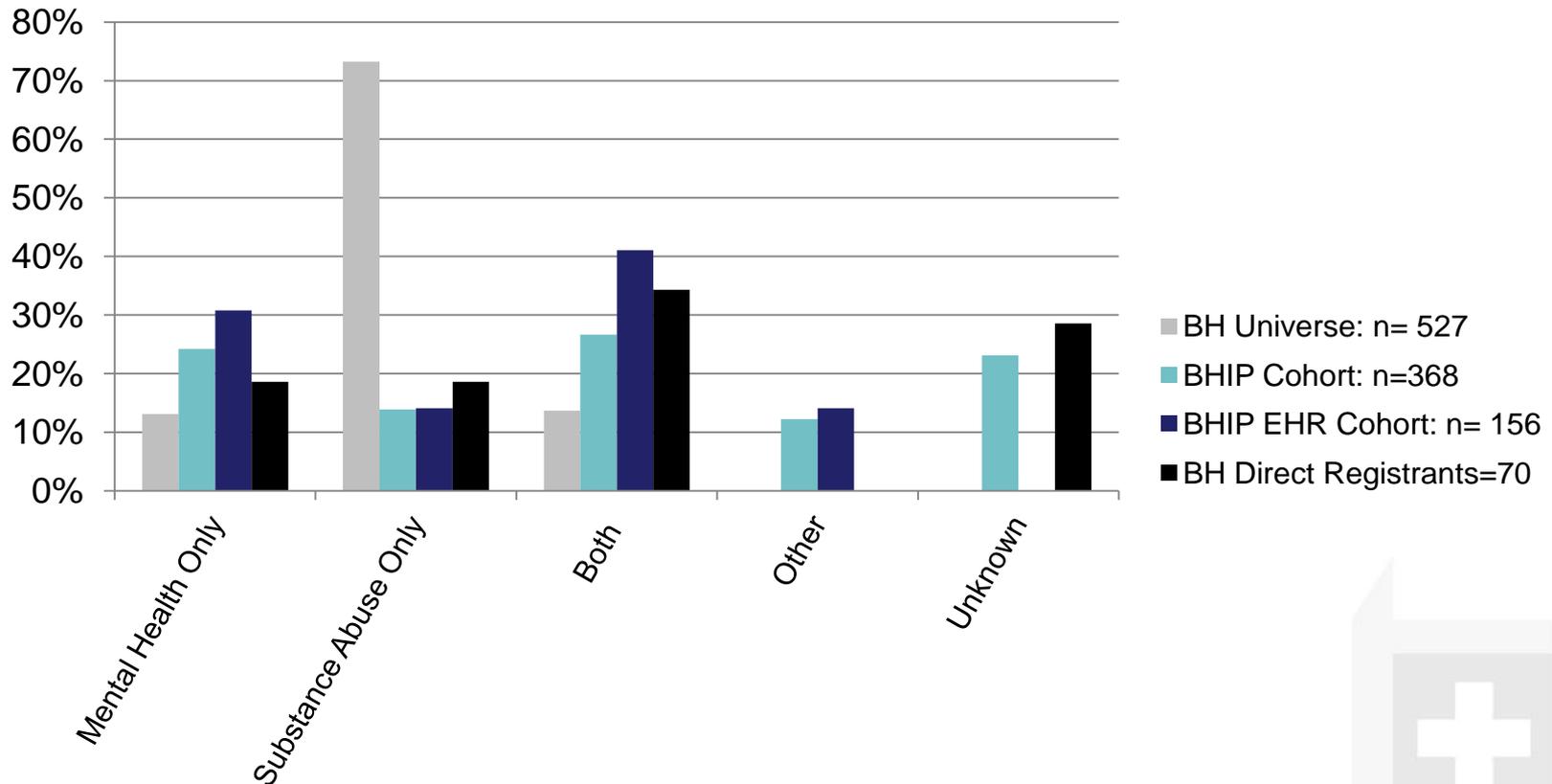
HIT Capacity: BHIP & State Licensed/Funded Organizations

Behavioral Health Organizations Engaged by BHIP

n = 368



HIT Capacity in the BHIP Cohort



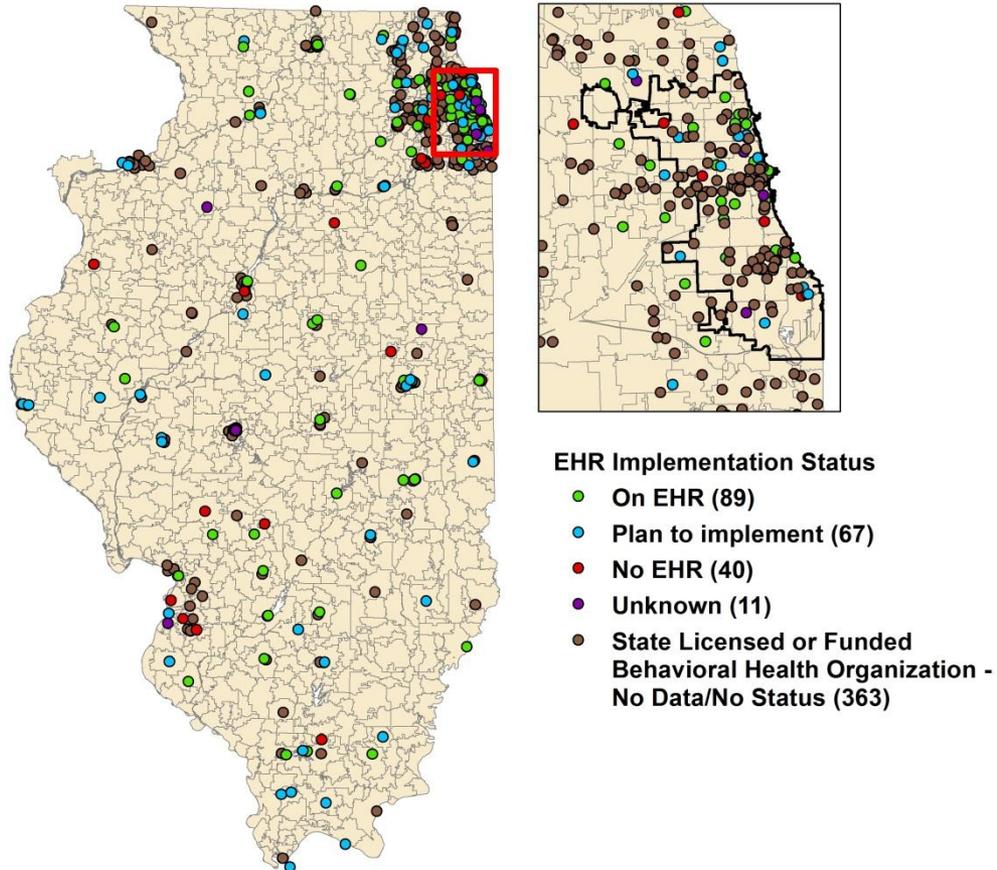
BH Universe defined as organizations licensed and funded by the Illinois Department of Human Services based on data from 2012



BHIP EHR Capacity: Geographic Diversity

EHR Implementation Status by Organization

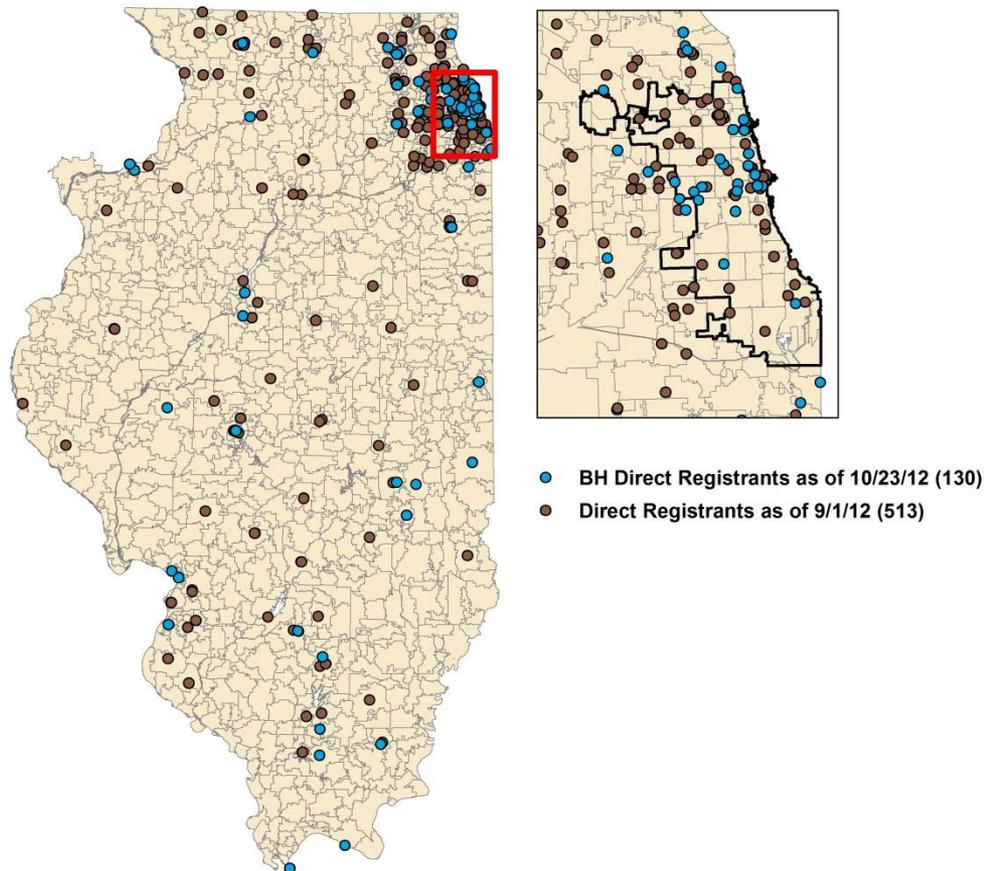
BHIP Cohort



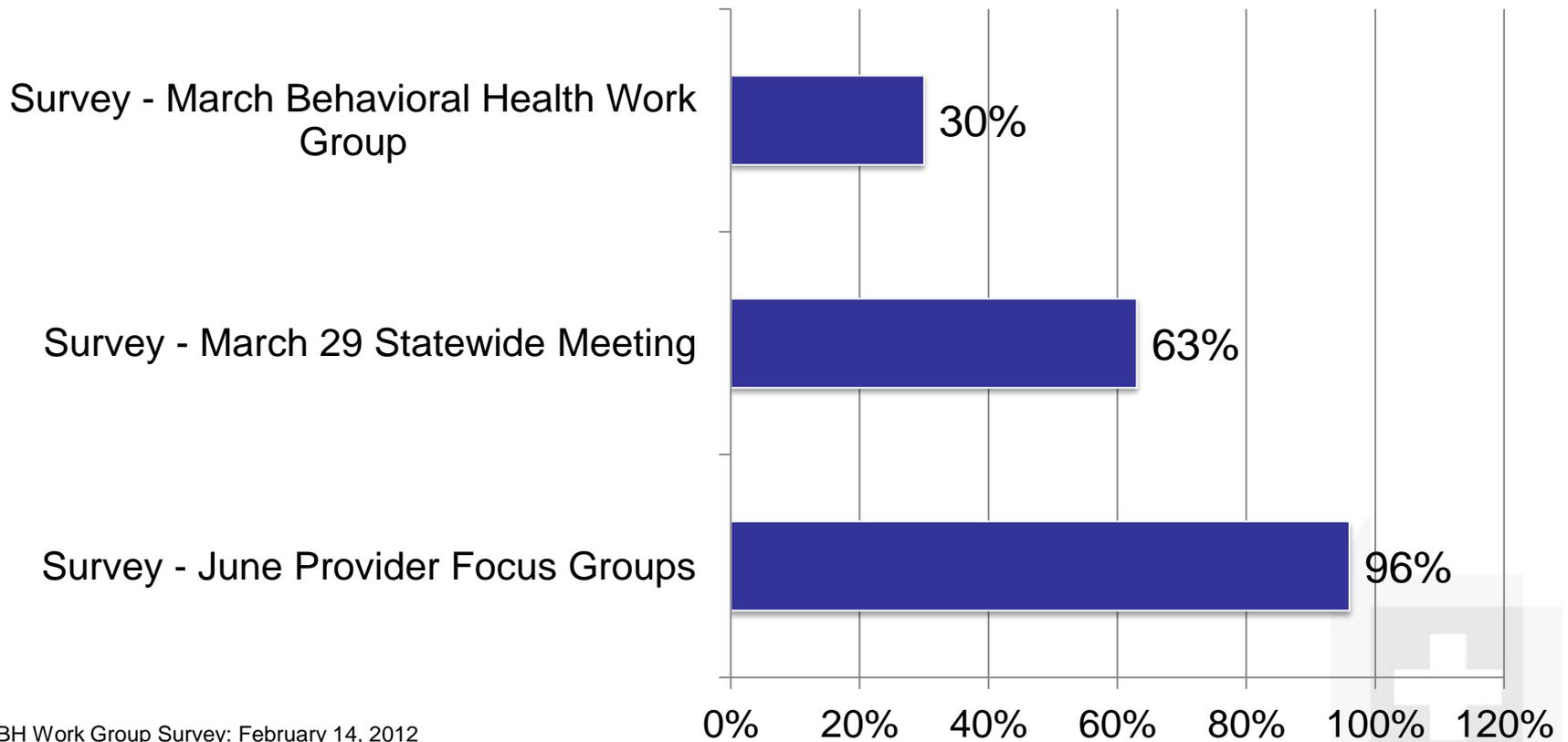
BHIP ILHIE Direct: Geographic Diversity

ILHIE Direct Registrants by Individual

BHIP Cohort



EHR Adoption - Existing & Implementing



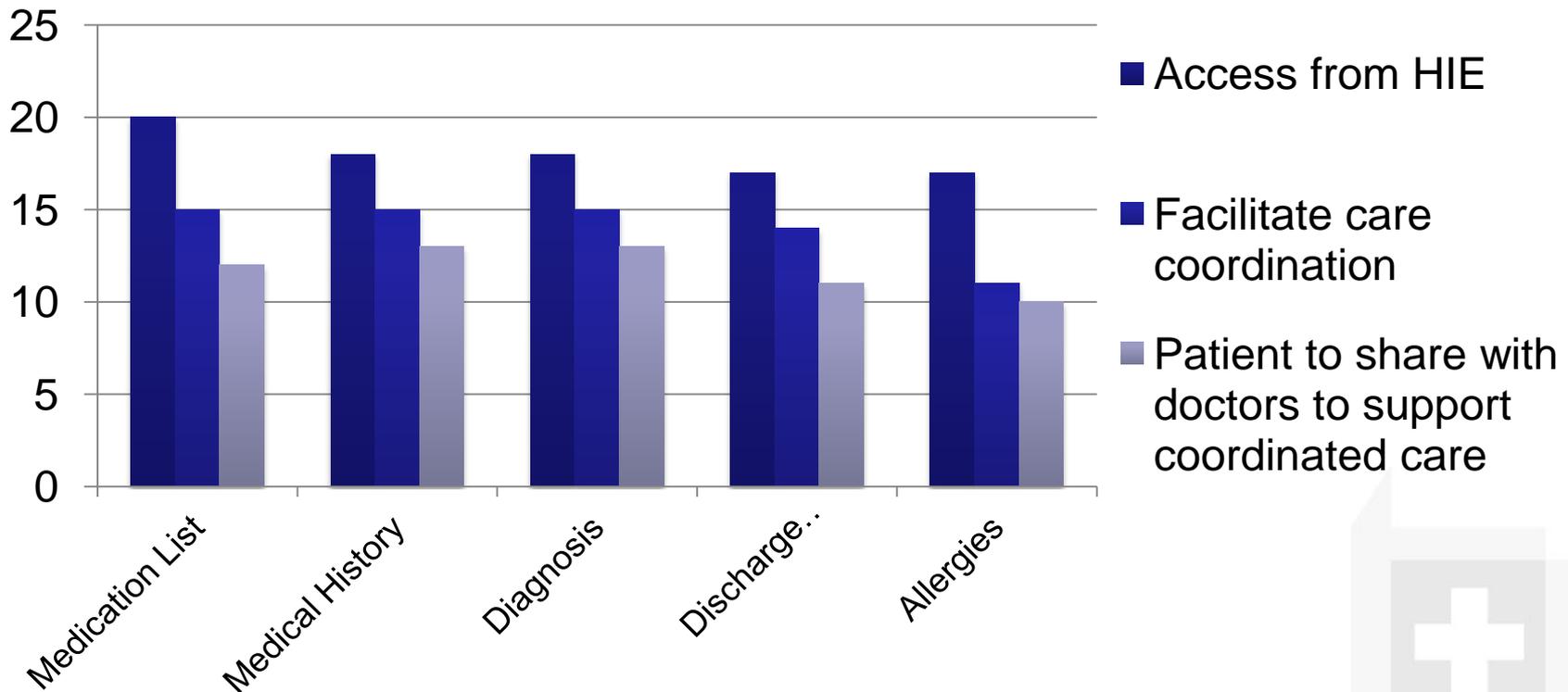
BH Work Group Survey: February 14, 2012

March 29th Survey: April 5, 2012

June Focus Groups: June 7, 14, 21, 26 & 27, 2012

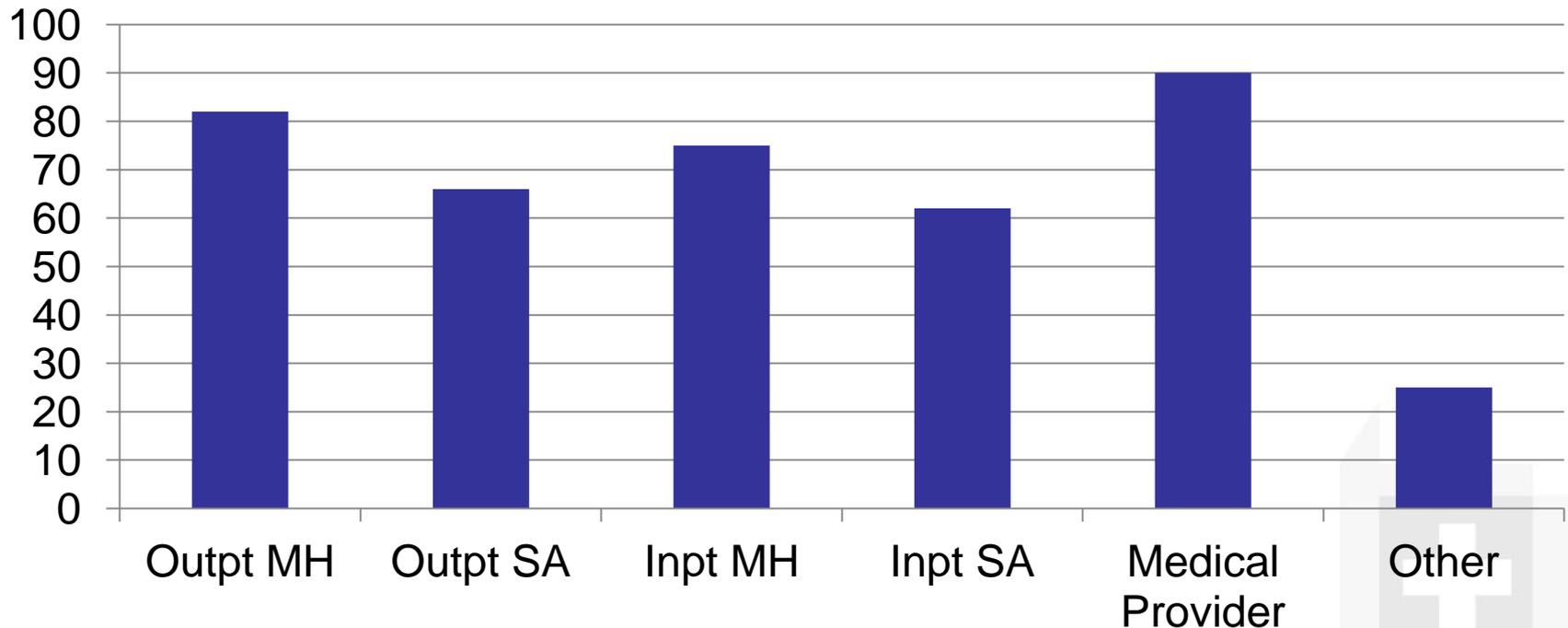
Behavioral Health Providers Value Health Data

Top 5 pieces of information considered important with exchange context



What types of organizations does your organization routinely share patient information with to facilitate care coordination?

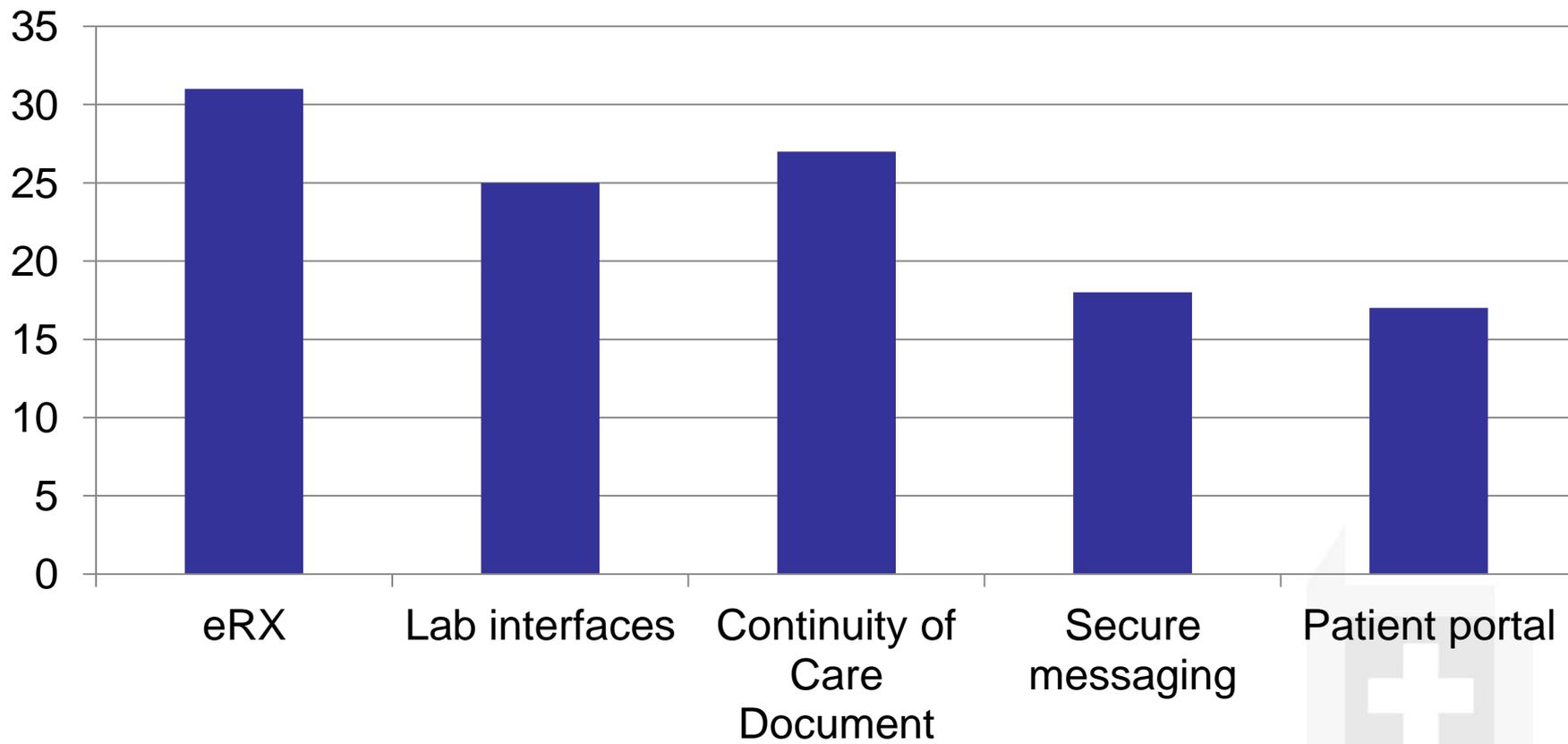
n = 110



Behavioral Health Providers Use EHR for Treatment

Support EHR functionalities

n = 120



What consumers are saying about...

Sharing behavioral health information with primary care:

- “I’m concerned when doctors try to prescribe a controlled substance when I have a substance use diagnosis. I may not be in a place of my recovery to say “ No”.
- “A history of drug addiction is like a health issue – like diabetes. The doctor needs to know for appropriate treatment.”

The importance of consent:

- “It’s important to have a choice.”
- “Consent gives you power over your records and your care.”

Concerns:

- Access to PHI by law enforcement, civil proceedings, employers

ILHIE Act: Protection of Patient Privacy & Security

- “The Authority shall establish minimum standards for accessing the ILHIE to ensure that the appropriate **security and privacy protections** apply to health information, consistent with applicable federal and State standards and laws.”
- Dec. 1, 2011: Formation by ILHIE Authority Board of Data Security and Privacy Committee

“The Committee’s role is to review, evaluate and recommend **ILHIE data privacy and security policies**, and to oversee the development of new ILHIE data privacy and security policy recommendations with appropriate collaboration with State of Illinois stakeholders, policy developers and implementers.”

ILHIE DSPC Deliberations

- Testimony of 30+ stakeholder representatives and members of the general public
 - All proceedings public
 - 4 sets of hearings (3/29, 5/3, 7/17, 7/28)
 - Input from health care services providers and consumers; 4 RHIOs; subject matter experts
 - 450+ pages of publicly- posted documents

hie.illinois.gov : Data Security and Privacy Committee



Data Security and Privacy Committee

[Committee Member List](#)

August 17, 2012

- [ILHIE Authority Data Security & Privacy Committee - August 17, 2012 Meeting Agenda](#)

August 13, 2012

- [ILHIE Authority Data Security & Privacy Committee - August 13, 2012 Meeting Agenda](#)

July 27, 2012

- [ILHIE Authority Data Security & Privacy Committee - July 27, 2012 Meeting Agenda](#)
- [Behavioral Health Report - BHIP Summit Preliminary Findings](#)
- [Substance Abuse Report](#)
- [Genetic Testing Report](#)
- [AIDS Confidentiality Act Report](#)

Working Papers

- [Obtaining and Maintaining Consent - Operational Considerations](#)
- [Consent Models - Empirical Evidence](#)
- [Options for Storing Electronic Consent](#)

Public Testimony

- [Dr. Tom Mikkelson, LincolnLand Health Information Exchange/Illinois Health Information Exchange Partners](#)
- [Dr. Fred Rachman, The Alliance of Chicago Community Health Services](#)
- [Esther Sciammarella, Chicago Hispanic Health Coalition](#)
- [Harry Rhodes, HIM Solutions - Testimony | PowerPoint Slides](#)
- [Ed Murphy, Central Illinois Health Information Exchange](#)

<http://www2.illinois.gov/HIE/Pages/DataSecurityandPrivacy.aspx>[8/22/2012 11:27:35 AM]

Report of Preliminary Findings & Recommendations

- 67-page report, including 5 exhibits
- 28 numbered Findings & Recommendations
 - Grouped into 20 categories

Core Commitment to Privacy and Security	Opt-Out Override/ Break-the-Glass
The Importance of Information Sharing	Continuation of “Opt-In” under Current Laws
The Role of HIT Technology	Administrative Burdens
National Interoperability	Barriers to HIE in Current Laws
Harmonizing Illinois Law	Future Segmentation of PHI
Meaningful Use Incentives	Data Security Protections and Assurance
Efficiency	Control of Data by Data Custodians
Public Health	Neutrality on Merits of Data Custodian Disclosure Restrictions
Balancing of Stakeholder Interests	Unique Patient Identifier
Enhancing Patient Protection: Opt-Out Policy	Next Steps

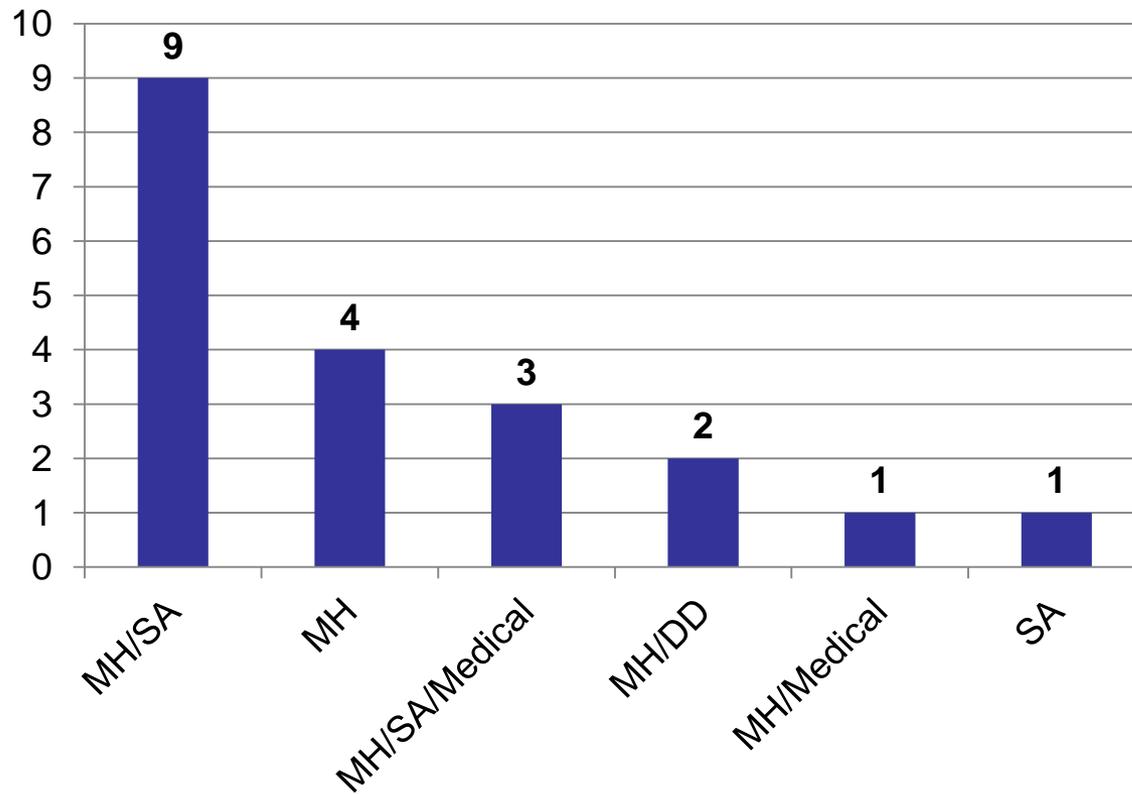
5 Key Preliminary Findings & Recommendations

1. Multi-staged approach to implementation of ILHIE and the privacy & security policies which current technology enables
2. Harmonization of IL law with Federal law (e.g. HIPAA); amend IL laws
 - Reduce IL law uncertainty
 - Look to Federal law leadership to facilitate national HIE inter-operability
3. Encourage flow of PHI into HIE for HIE purposes, but provide patient privacy protection with patients being given “opt-out” choice for HIE participation
4. Since PHI segmentation is currently not technically practical, launch the ILHIE with an “all-data-in or all-data-out” patient choice, but as technology matures, introduce more granular patient choices for what PHI patients wish to share with whom
5. Adopt measures to build provider and patient trust in the ILHIE

How are behavioral health providers transitioning care?



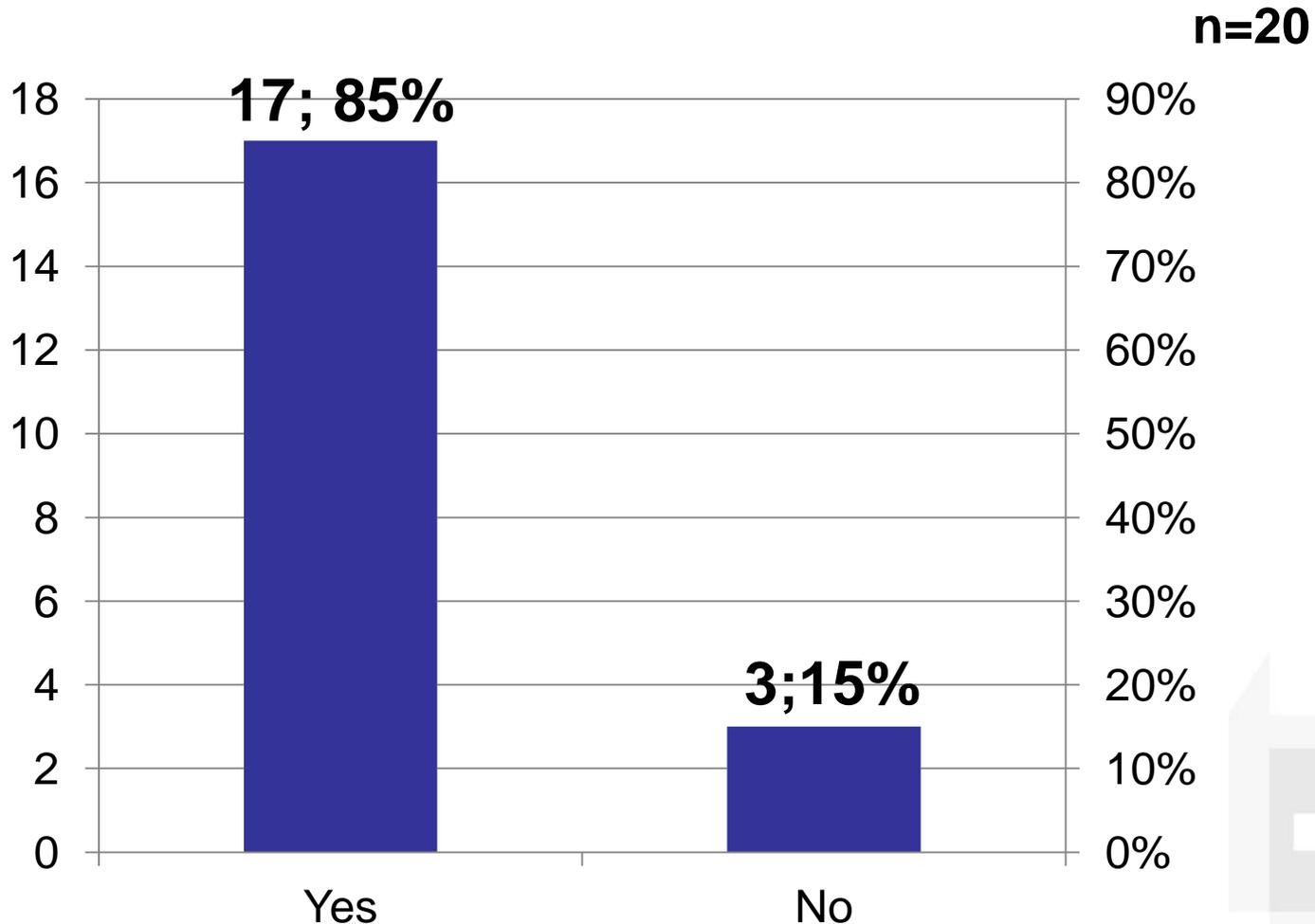
LOI Survey Respondents – Organization Type



n=20



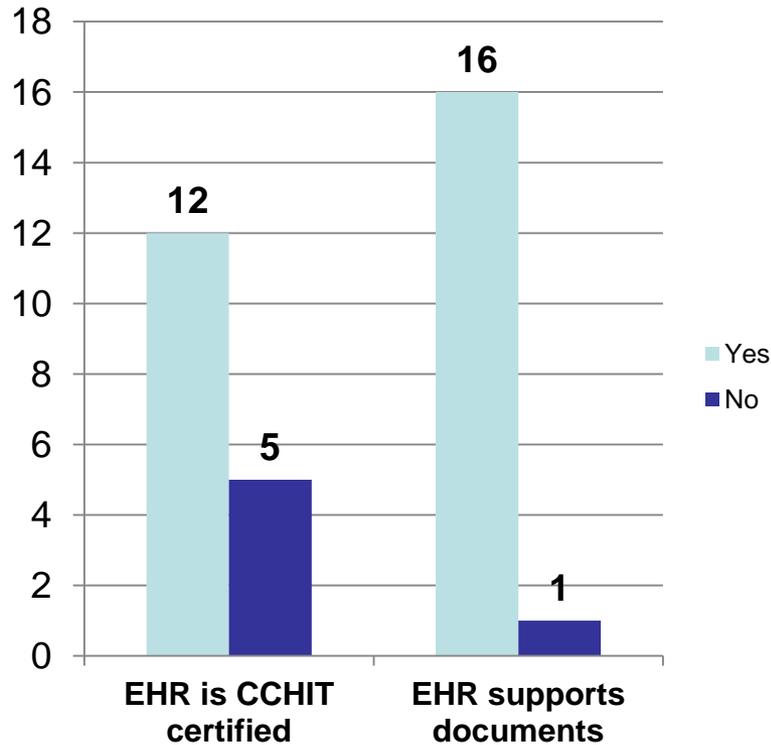
Sample Pool: EHR Adoption



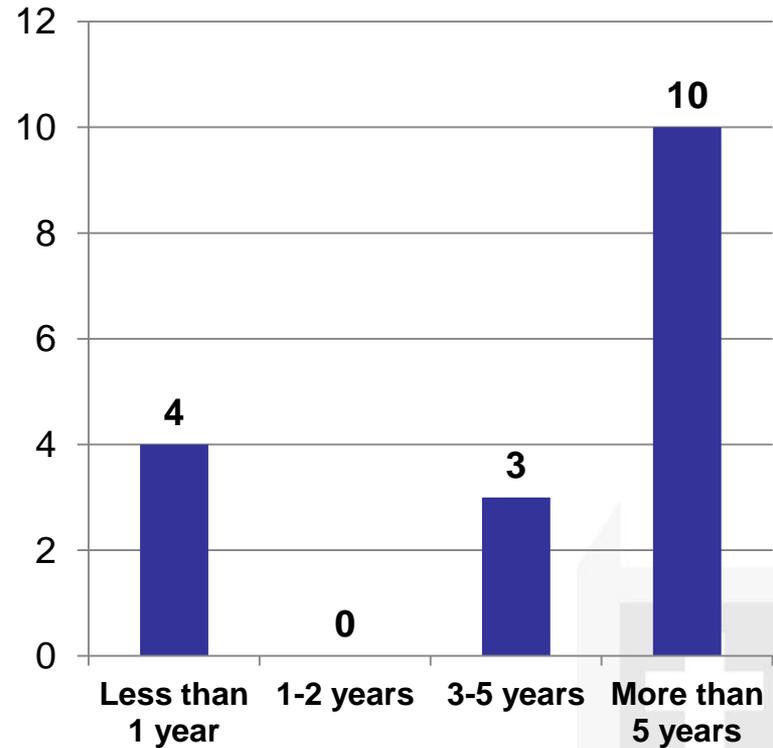
Sample Pool: EHR Familiarity

n=17

EHR Characteristics

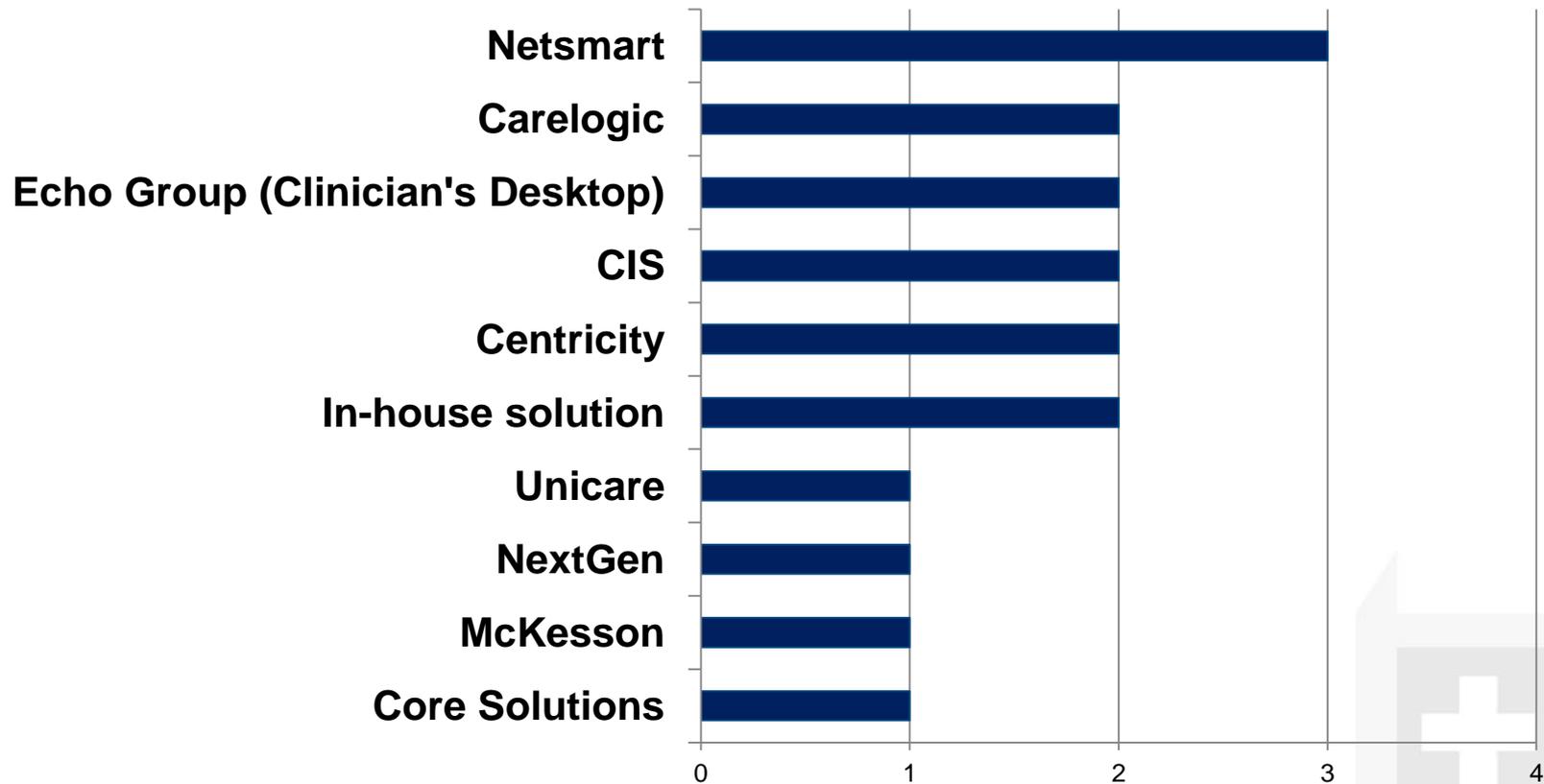


Years on EHR



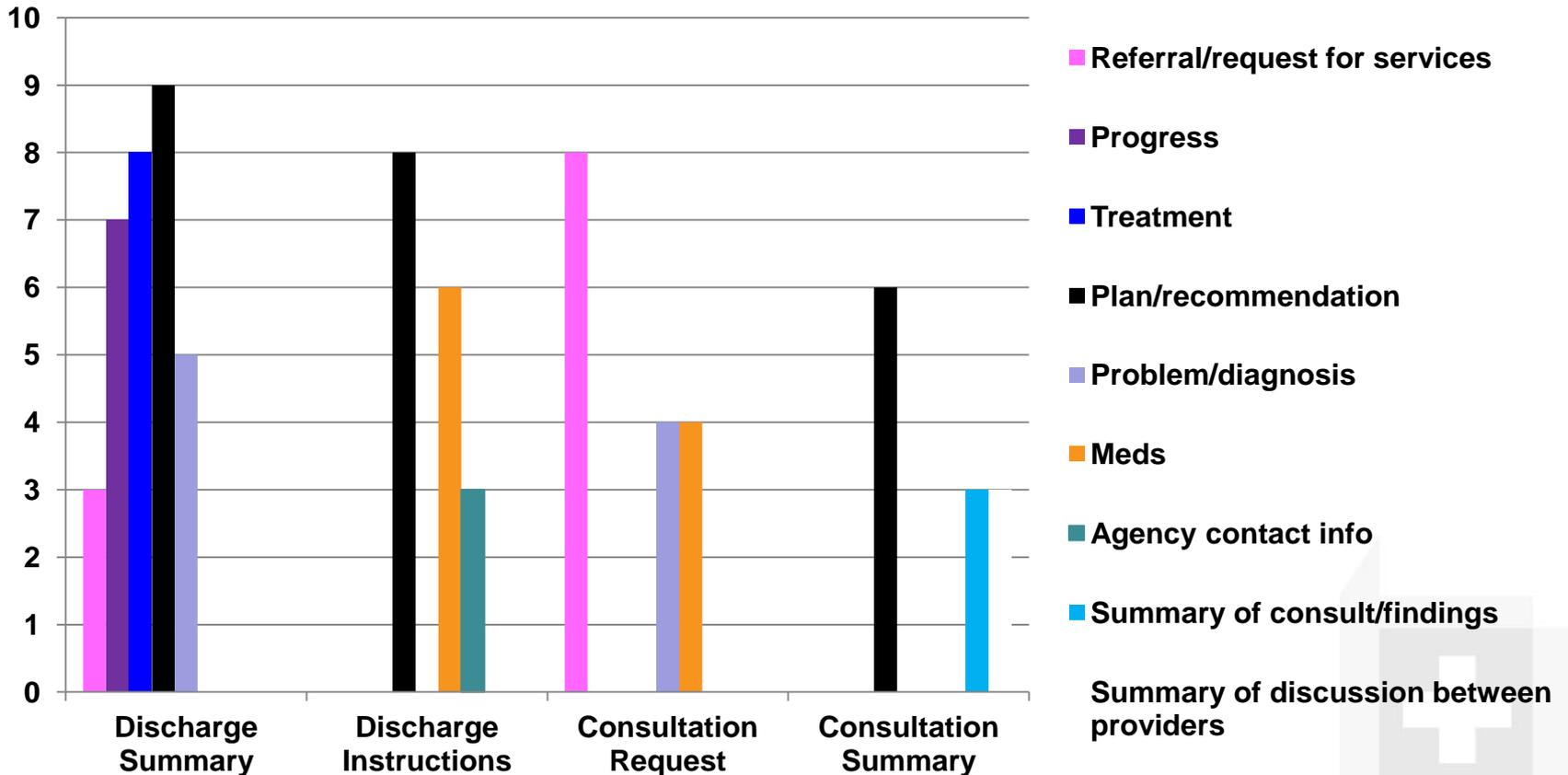
Sample Pool: EHR Vendors

n=17



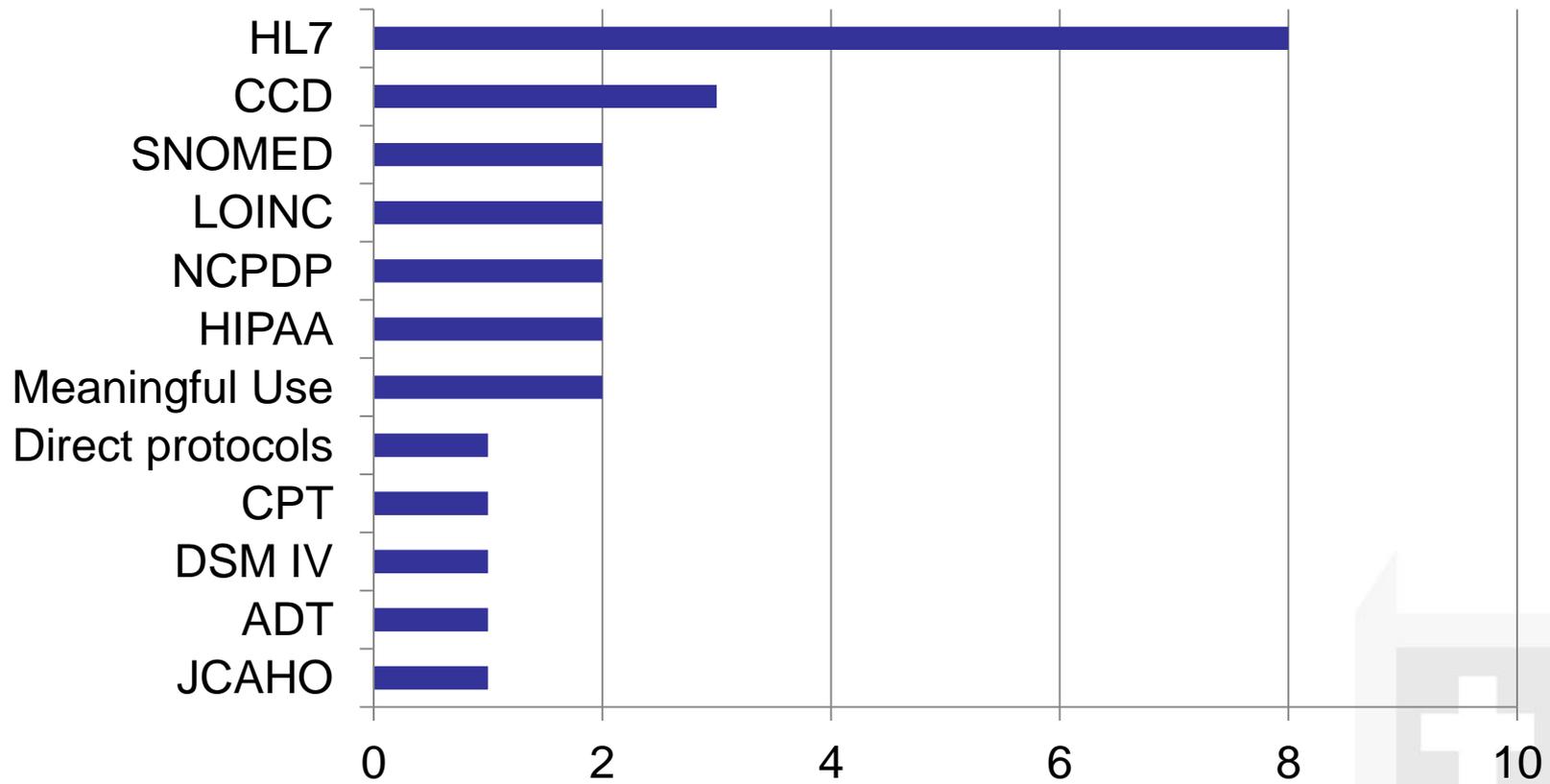
Sample Pool: Transition of Care

Elements most often mentioned in definitions



Sample Pool: Standards

What national data standards need to be adhered to for your project?



- ILHIE Direct
- Template Tool Kit
- Demonstration Projects
- Proposed Legislation
- BHIP Prototype – Transition of Care Webform



BHIP Toolkit for ILHIE Direct



BHIP Template Consent Toolkit for ILHIE Direct

The Behavioral Health Integration Project (BHIP) Template Consent Toolkit is designed to provide all health providers to obtain and manage patient consent, specifically as it relates to exchanging patient-point secure messaging. This template consent tool-kit for ILHIE Direct offers forms that can be used by providers in exchanging health information with healthcare partners.

The Toolkit consists of three main elements: A sample consent form, a notices of privacy practices consent guidelines of the Health Insurance Portability and Accountability Act (HIPAA), Public Health confidentiality law. Also included are some instructional materials to give you further guidance on using the Toolkit.

Please note that neither the sample consent form or the NPP are required for use, but rather are suggestions. See below for additional information and links to download the BHIP Toolkit documents.

<http://tinyurl.com/il-bhip-toolkit>

Contents

1. Template Consent Form
 - Instructions
 - Provider Script
2. Notice of Privacy Practices Insert
3. Comparison of Consent Laws



BHIP - Awarded Demonstration Projects September 2012



Geography	Lead Provider	Type of Provider	Project Description	Funded
Central Illinois: Springfield	Mental Health Centers of Central Illinois	MH/SA	Electronic exchange of data to reduce unnecessary use of the emergency room by the mentally ill and referral to appropriate care	\$ 45,100
Central Illinois: Peoria	Human Service Center	MH/SA	Strengthening the referral process for inpatient/outpatient services for Severely Mentally Ill population	\$ 45,000
Downstate: Carbondale & Carterville	The H Group	MH/DD/SA	Electronic exchange of data to reduce unnecessary use of the emergency room by the mentally ill and referral to appropriate care	\$ 44,300
Suburban Chicago: DuPage County	DuPage County Health Dept.	MH/SA	Integrate behavioral health and medical services to support Severely Mentally Ill individuals in community	\$ 39,600
Chicago	New Age Services	SA	Electronic exchange of labs and physicals for substance use treatment consumers	\$ 45,000
Metro Chicago	Lutheran Social Services of Illinois	MH/SA	Electronic exchange of data from inpatient to outpatient services for youth with harm to self/harm to others conditions; SASS population (Screening, Assessment and Supportive Services)	\$ 45,000
				\$ 264,000

Demonstration Project: New Age Services Corporation



Before

Event	Method	Time
1. Assessment at NASC	In person at NASC	Day 1
2. Refer for Medical Evaluation (M.E.)	Phone (paperwork sent with patients)	Day 1
3. Conduct M.E.	In Person at Caritas	Day 2, up to day 4
4. Confirmation of M.E.	Faxed to NASC	Same day as M.E.
5. Receipt of M.E. docs and lab results	Picked up at Caritas by NASC staff (Thursdays)	Variable, Day 3 earliest, up to Day 10. 90% within 7 days.

After

Event	Method	Time
1. Assessment at NASC	In person at NASC	Day 1
2. Refer for Medical Evaluation (M.E.)	Phone (paperwork sent via ILHIE Direct to Caritas)	Day 1
3. Conduct M.E.	In Person at Caritas	Day 2, up to day 4
4. Receipt of M.E. Documents	Sent via ILHIE Direct to NASC	Same day as M.E.
5. Receipt of Lab Results	Sent via ILHIE Direct to NASC	One day post M.E.

Demonstration Project – Mental Health Centers of Central IL

Memorial Medical Center Emergency Department with the Psychiatric Response Team – MHCCI Staff

Psych Response Team will see over 5200 individuals over the course of a year, 2000 of which will be served at the MMC ED. Approximately 100 will be served during the projects initial timeline.

A new PRT note has been developed in CDT (replacing the hardcopy USARF note) which will allow electronic transmission of and tracking of data

Efficiency Gained

- ~~• FAX: 5 minutes~~
- ~~• Filing: 4 minutes (may take 3 weeks in total)~~
- Gathering Paperwork: 20 minutes
- ~~• Data Entry Time: 10 minutes~~
- ~~• Submitting Paperwork: 7 minutes~~
- Data Entry Time: 2 minutes
- ILHIE Time: 2 minutes
- **Total Time Saved:
24 minutes per case**



Modernizing the Illinois Mental Health Confidentiality Act

Status quo is not an option:

- Current consent process as written creates uncertainty and impedes coordination.
- Care coordination among behavioral health and medical providers must be fostered.
- Terms of disclosure and penalties for misuse of data must harmonize with HIPAA for impact.



Proposed Changes

- HIE exists in the Confidentiality Act for data exchange, administration and research purposes;
- Harmonize consent with HIPAA;
- Broaden scope of therapists' permitted disclosure to intra- and inter- agency teams;
- Replace the term “personal notes” with “psychotherapy notes” per HIPAA;
- Apply federal penalties that exist in HIPAA for data misuse

- Right now: consumers sign a consent form allowing mental health information to be shared with doctors
- After the changes: consumers will be able to...
 1. Choose to have all health information sent by the HIE (opt-out)
 2. If not, consumers can choose to have some information sent by fax/U.S. Mail
 3. Decline to share any information

- Description
- Consumer Consent
- Web Portal Functionality
- Recommended Web Browsers
- BHIP Web Form
- Create PDF
- Save PDF



BHIP Prototype for Demonstration Projects

OHIT has developed a Web Form that allows BHIP grantees to

- capture Transition of Care data and produce an OHIT designed document,
- in Portable Document Format (PDF),
- as a file residing in the OS file system.

This PDF file would then be attached to an ILHIE Direct secure email.

This Web Form is required to support the OHIT BHIP grant and will only be available during the grant period.

Consumer Consent

- Responsibility to secure consumer authorization/consent lies with grantees and partner organizations
- All providers that originate clinical mental health or substance use data to send to a receiving provider must obtain a patient release or consent
- Provider must request specific consent for re-disclosure of mental health data; no re-disclosure of substance use data
- Both the BHIP Web Form and the PDF carry a legal disclaimer regarding confidentiality

Web Portal Functionality

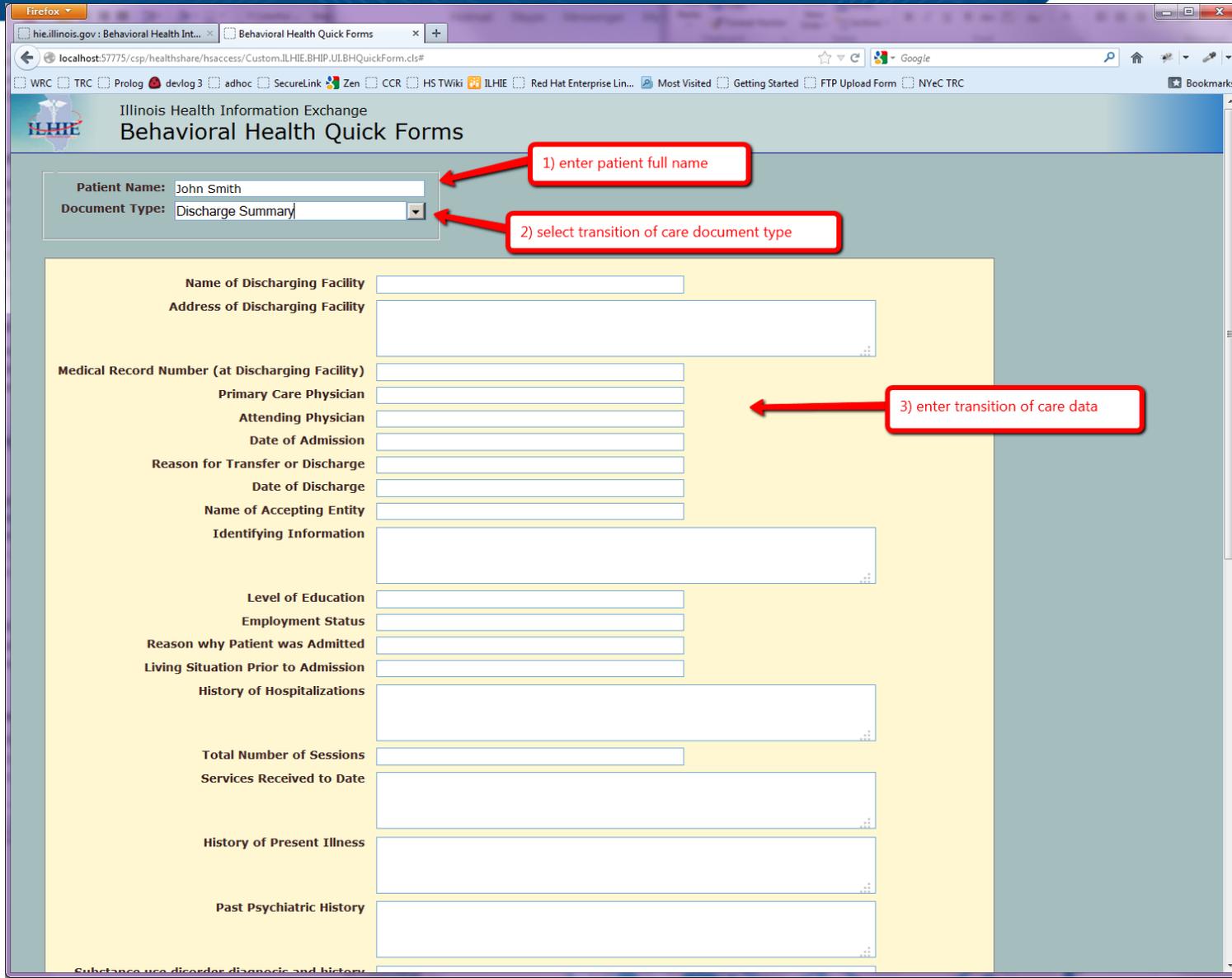
1. Enter Transition of Care data in the web form (pls. refer to Appendix A for screenshot)
2. Use “Create PDF” button in web form to produce and view the OHIT designed document (pls. refer to Appendix B for screenshot)
3. Review PDF and save file (pls. refer to Appendix C for screenshot)
4. In web browser, open ILHIE Direct Mail.
5. Login to ILHIE Direct Mail and compose a new secure email to selected recipient(s)
6. Attach PDF file saved to the new secure email and send email
7. Remove saved copy of PDF on user’s machine

Recommended Web Browsers

- Firefox 15.0.1
- Internet Explorer 9
- Google Chrome 21.0.1180.89



BHIP Web Form



Firefox

hie.illinois.gov: Behavioral Health Int... Behavioral Health Quick Forms

localhost:57775/csp/healthshare/hsaccess/Custom.ILHIE.BHIP.UJ.BHQuickForm.cls#

WRC TRC Prolog devlog 3 adhoc SecureLink Zen CCR HS TWiki ILHIE Red Hat Enterprise Lin... Most Visited Getting Started FTP Upload Form NYeC TRC

Illinois Health Information Exchange
Behavioral Health Quick Forms

Patient Name: John Smith

Document Type: Discharge Summary

1) enter patient full name

2) select transition of care document type

Name of Discharging Facility

Address of Discharging Facility

Medical Record Number (at Discharging Facility)

Primary Care Physician

3) enter transition of care data

Attending Physician

Date of Admission

Reason for Transfer or Discharge

Date of Discharge

Name of Accepting Entity

Identifying Information

Level of Education

Employment Status

Reason why Patient was Admitted

Living Situation Prior to Admission

History of Hospitalizations

Total Number of Sessions

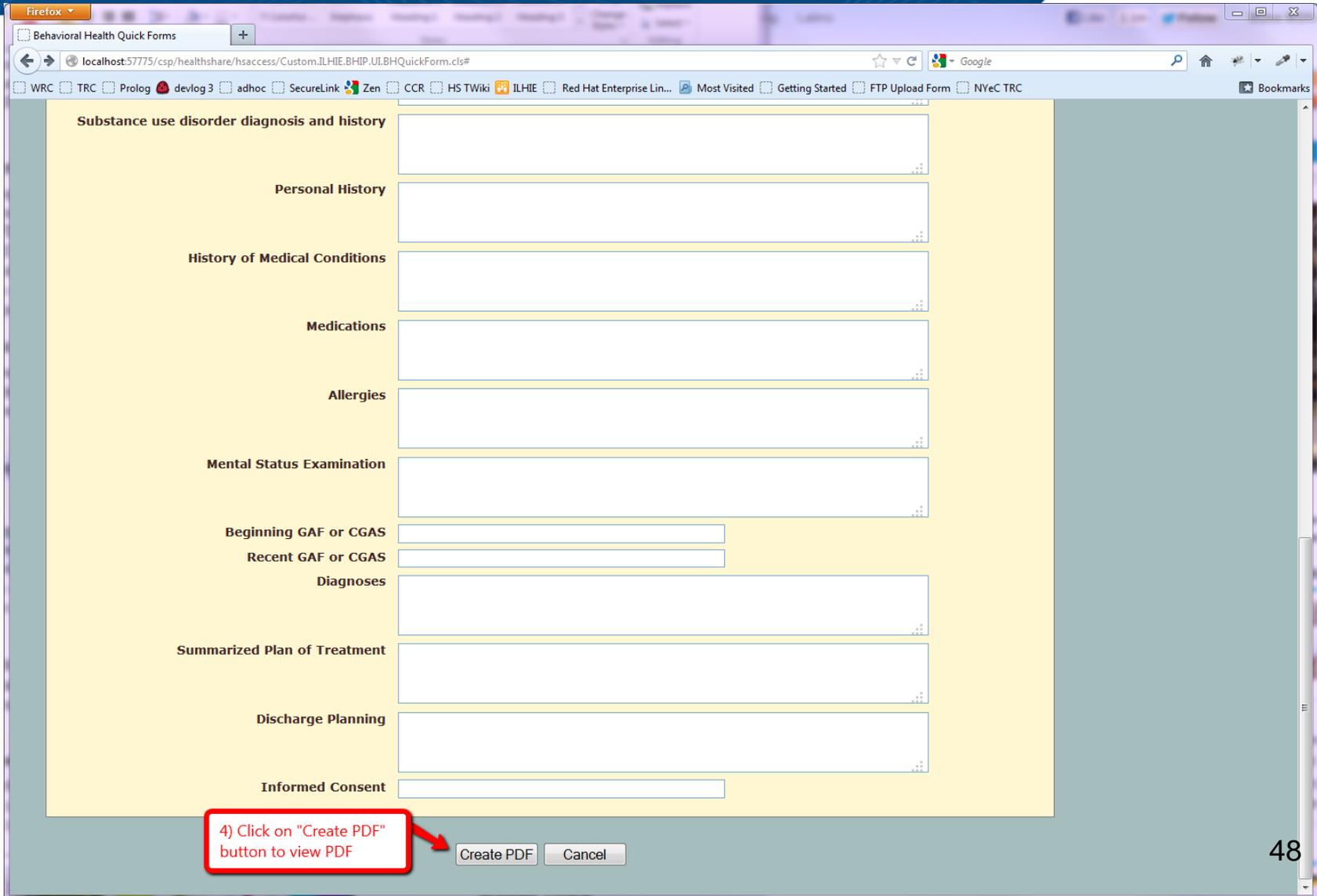
Services Received to Date

History of Present Illness

Past Psychiatric History

Substance use disorder diagnosis and history

Create PDF



Behavioral Health Quick Forms

localhost:57775/csp/healthshare/hsaccess/Custom.ILHIE.BHIP.UILBHQuickForm.cls#

WRC TRC Prolog devlog 3 adhoc SecureLink Zen CCR HS TWiki ILHIE Red Hat Enterprise Lin... Most Visited Getting Started FTP Upload Form NYeC TRC

Substance use disorder diagnosis and history

Personal History

History of Medical Conditions

Medications

Allergies

Mental Status Examination

Beginning GAF or CGAS

Recent GAF or CGAS

Diagnoses

Summarized Plan of Treatment

Discharge Planning

Informed Consent

4) Click on "Create PDF" button to view PDF

Create PDF Cancel

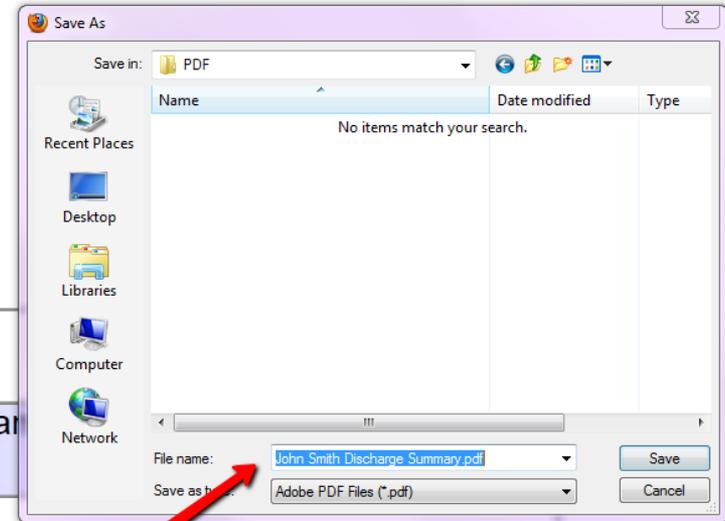
ILHIE Patient Behavioral Health Document

5) review PDF

Document Type: Discharge Summary
Patient Name: John Smith
Patient ILHIE EID:
Prepared By: ILHIE BHIP
Creation Time: 2012-09-17 10:33:26

Name of Discharging Facility:	MGH
Address of Discharging Facility:	111 Walnut Street, Cam
Medical Record Number (at Discharging Facility):	MGH103427
Primary Care Physician:	Elizabeth Hospital
Attending Physician:	Dr. Sam Simpson
Date of Admission:	2012-09-13

6) save PDF



7) select local directory and enter PDF file name

Next Steps

- Follow the guidance offered by ONC on standardizing HISP to HISP exchange, and EMR-ILHIE Direct-EMR exchange
- Identify appropriate standards in HL7 and other languages for the behavioral health C32
- Map process of exchange in XDM from EMR to ILHIE Direct then absorb in receiving EMR
- Wrap into the development of the robust HIE



ILHIE Behavioral Health Integration - Budget Initiatives

- Build additional capacity and infrastructure to make BH integration possible throughout the state
- Implement draft HL7 behavioral health CCD standards along with an XDR wrapper
- Integrate BH EMR
- Facilitate registration for ILHIE Direct

= \$740,000 over 2 years



Grant Compliance Metrics

Initiative	IPP Metrics
2 Statewide Meetings	Infrastructure – Organizational Change & Policy Development
5 Provider Focus Groups	<ul style="list-style-type: none"> • Prevention & MH – Knowledge/Attitudes/Beliefs • Infrastructure – Organizational Change & Policy Development
4 Provider Surveys	
4 Consumer Focus Groups	Prevention & MH – Knowledge/Attitudes/Beliefs
Stakeholder Meetings	Infrastructure – Organizational Change & Policy Development
State-State Learning	Infrastructure – Organizational Change & Policy Development
6 Demonstration Projects	Infrastructure – Organizational Change
Consent Toolkit	Infrastructure – Organizational Change & Policy Development
BHIP Prototype	Infrastructure – Organizational Change & Policy Development
Proposed Legislation	Infrastructure – Policy Development
Capacity Study	Infrastructure – Organizational Change

Thank you!



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