



# **June Provider Summits Summary Findings Illinois Behavioral Health Integration Project (BHIP)**

**ILHIE BHIP UPDATE  
FRIDAY, AUGUST 17, 2012**

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# The Summits...

2

- Targeted mental health and substance use treatment providers;
- Hosted large –format focus groups and individual surveys;
- Offered focused dialogue on key questions affecting the policy environment.

## **Five summits conducted in four weeks:**

Rockford – June 7<sup>th</sup>  
Chicago – June 14<sup>th</sup>  
Chicago 2 – June 20<sup>th</sup>

Springfield – June 26<sup>th</sup>  
Carterville – June 27<sup>th</sup>

# The role of the provider in the Summit

3

- Recommend policy changes and participate in the development of a new policy framework

Because they are:

- Experts in service delivery and state policy
- Advocates for clients
- Sources of health information and data

# Hypothesis

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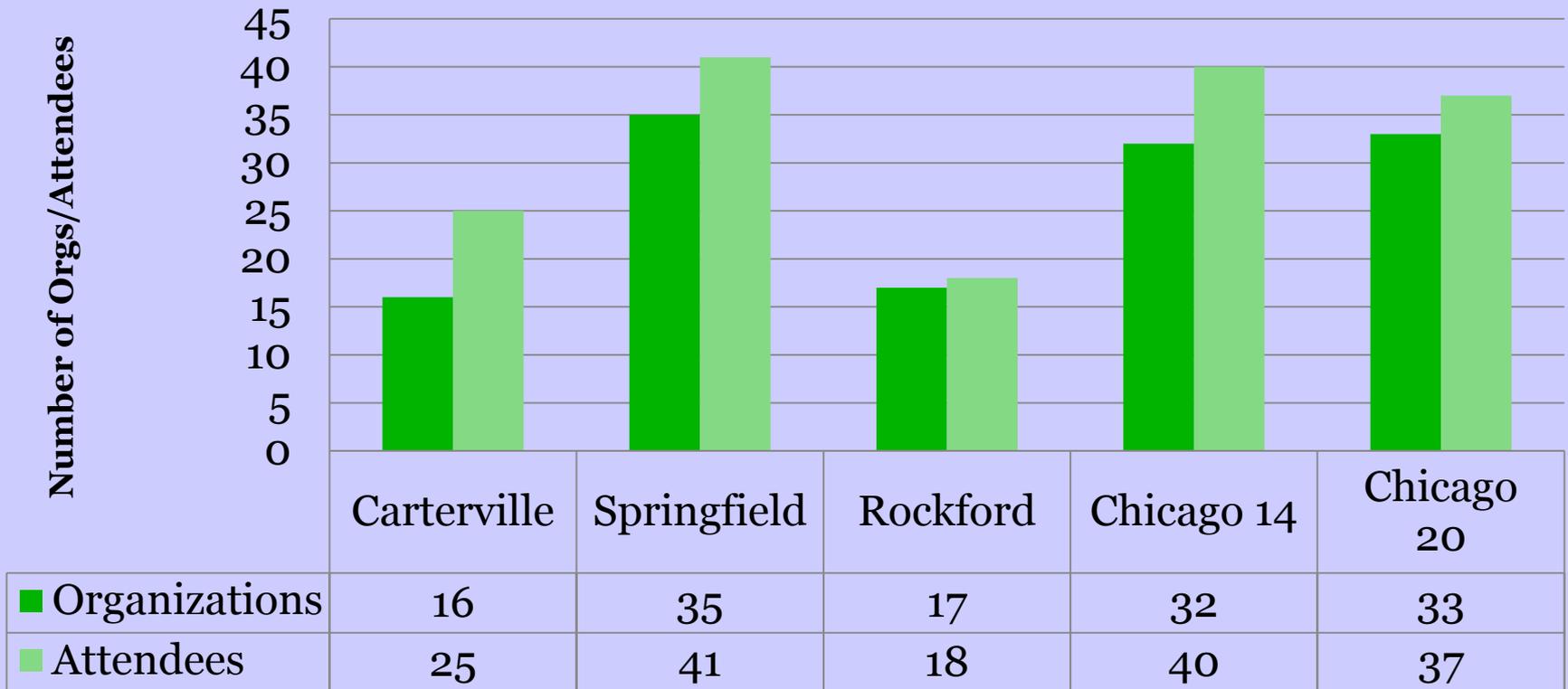
Behavioral health providers, specifically mental health and substance use treatment organizations...

1. Are much less likely to utilize EHR systems; and
2. Prefer stringent consent environments required by 42 CFR Part 2 and IMHDDCA.

# Nice Turn-Out!

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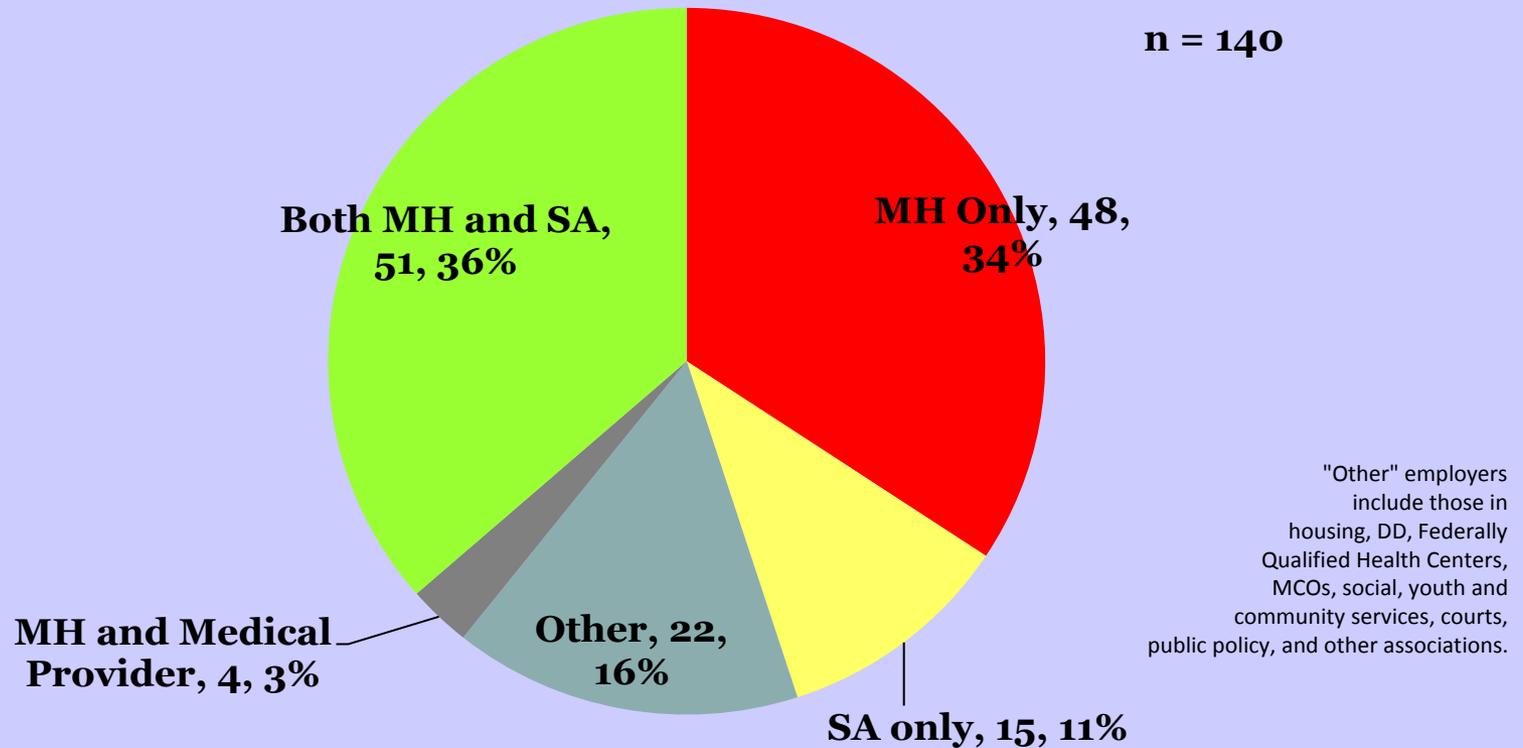
## Unique Organizations and Attendees at BHIP Summits



# Target Audience in Attendance

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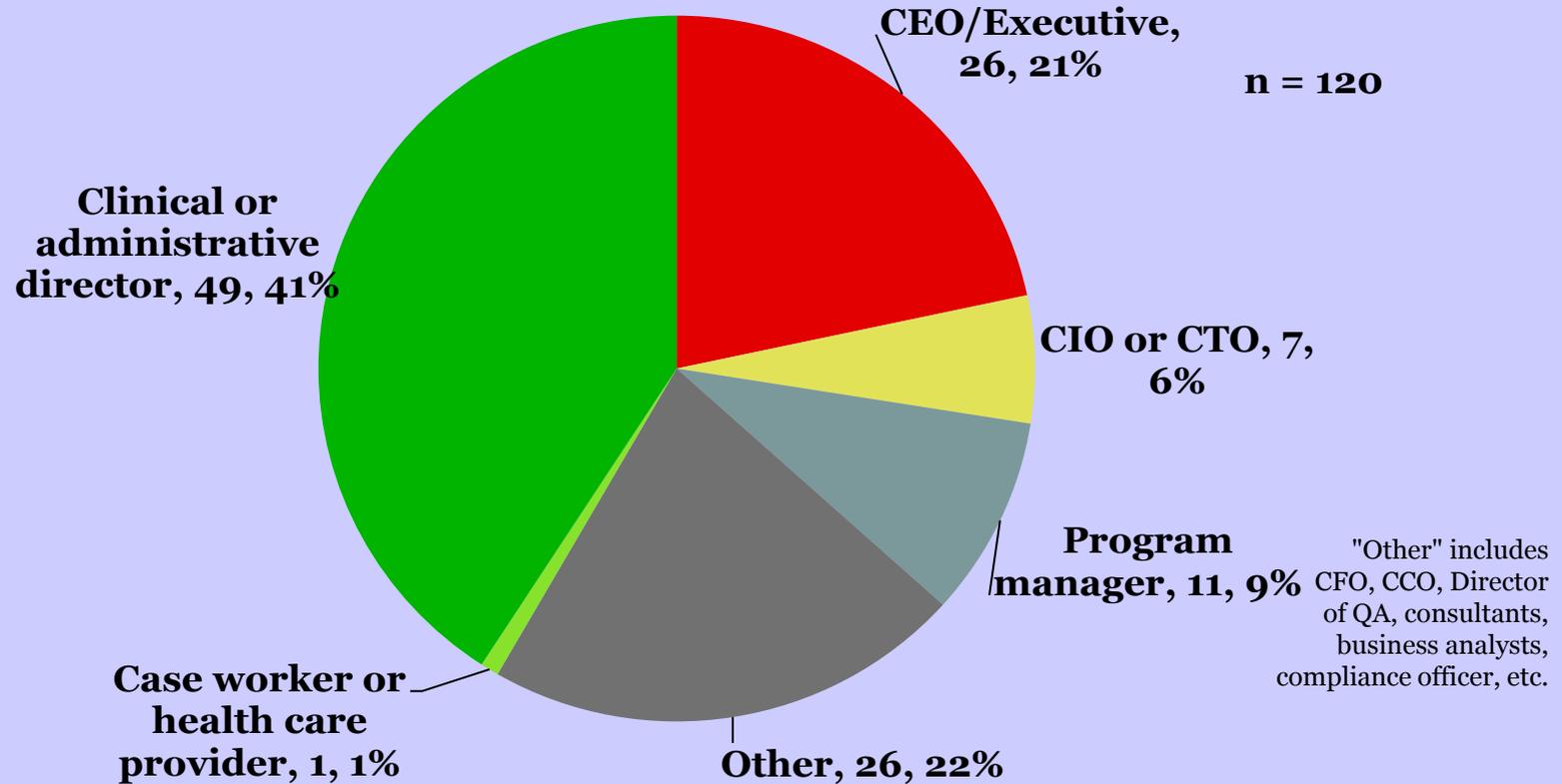
## All Summit Attendees - Employer Organization Type



# Decision-Makers Present

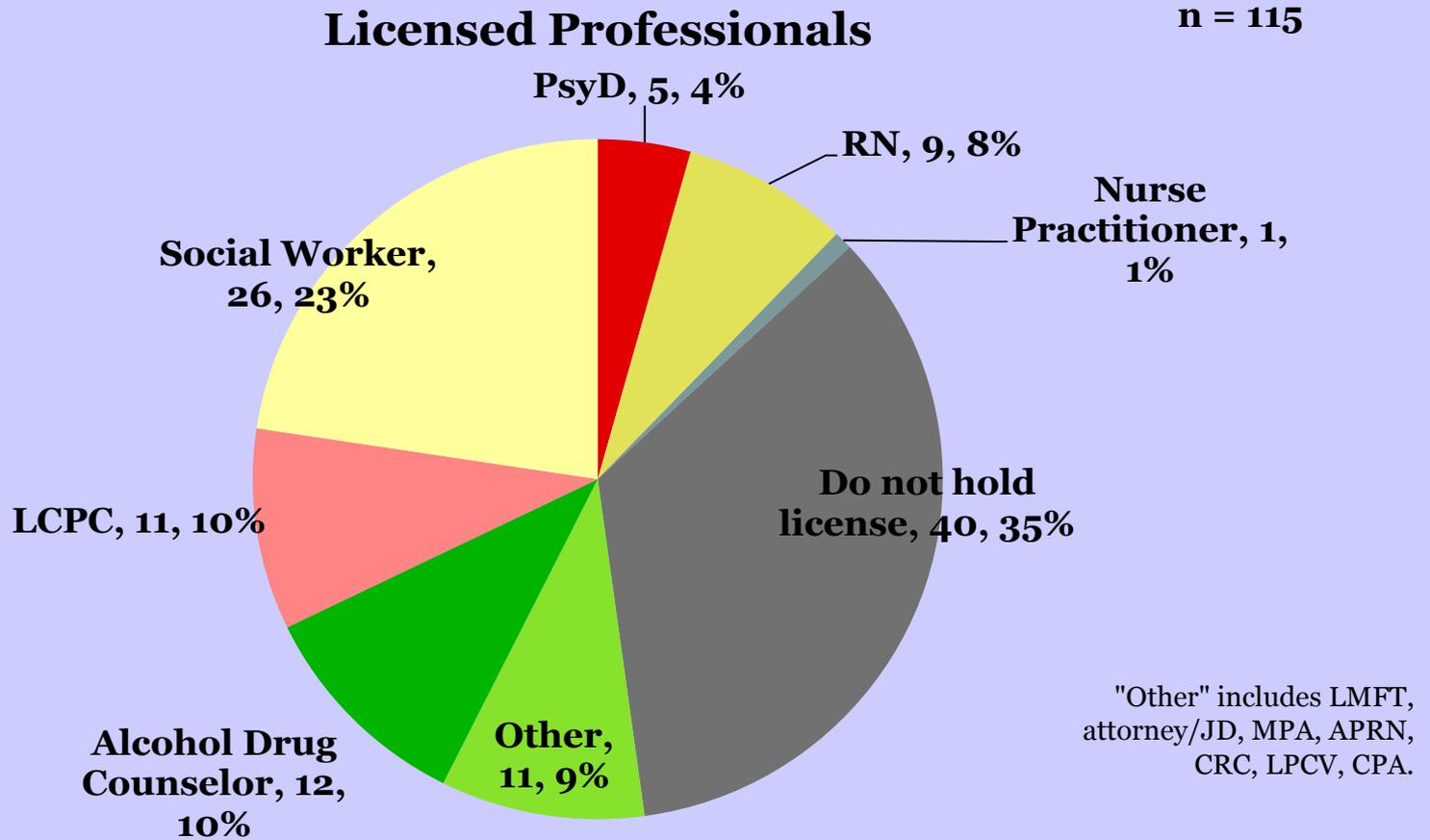
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## Job Titles/Categories of Participants



# Licensed in Behavioral Health Fields

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# Framing Questions & Intended Results

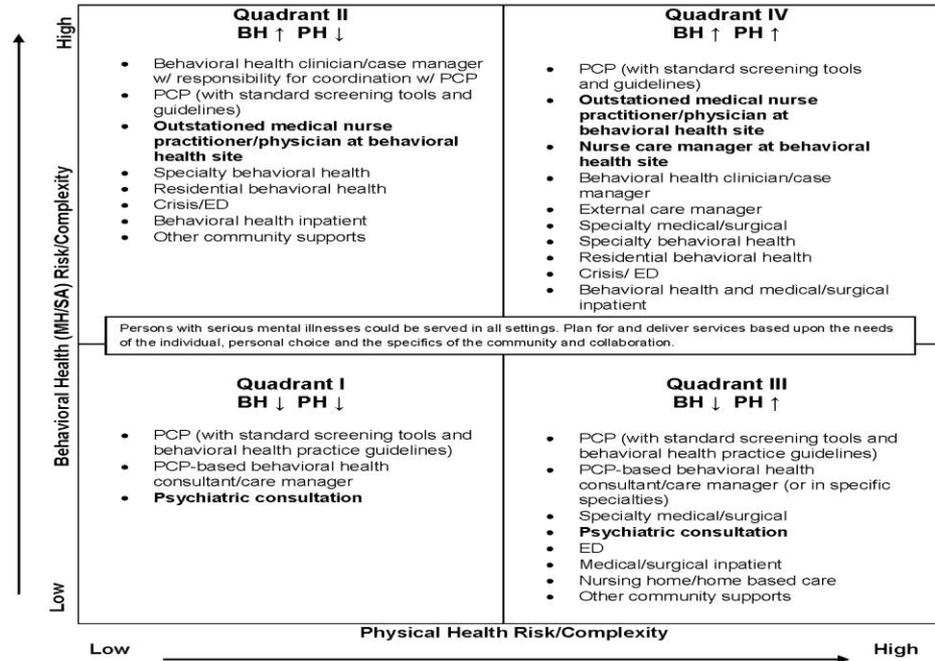
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1. Care Coordination/Collaboration: What does it look like now? And how should it look in the near future?
  - **Care coordination models:** Summary of service elements, complexity of population, exchange points
2. a) What is the critical patient information to share in a collaborative integrated environment? b) What restrictions, if any, should exist on this information?
  - **Patient information & restrictions:** List of critical info and info to be shared; list of restrictions
3. How should consumer/patient consent work?
  - **Consent model:** Summary of a consent model; consent worksheet identifies when captured and when consumer education occurs

# Four Quadrant Integration Model

10

## The Four Quadrant Clinical Integration Model\*



This Four Quadrant Clinical Integration Model captures conceptual elements of behavioral health and physical health risk and suggests major system elements that would be employed to meet the needs of each subset of population. Items in bold reflect additions specific to integrated care and the healthcare home. This model is for collaborative planning processes.

\*National Council for Community Behavioral Healthcare. *Behavioral Health/Primary Care Integration and the Person-Centered Healthcare Home.* ©2009

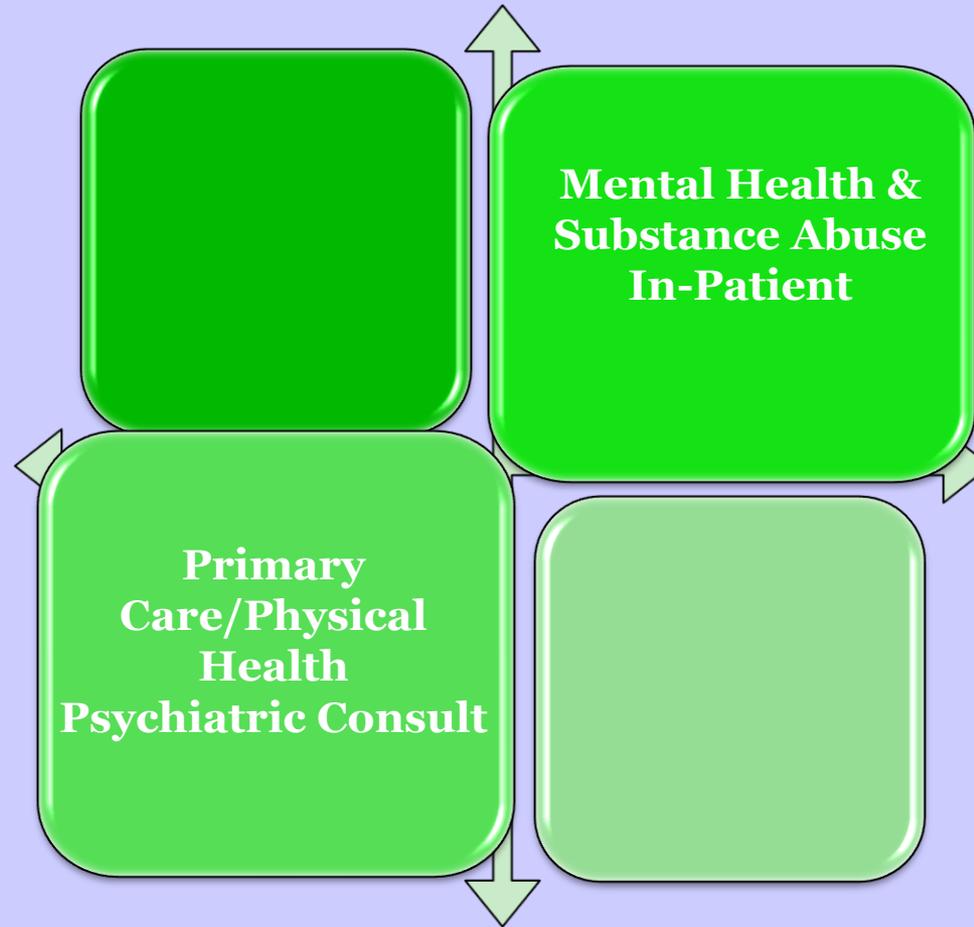
# Trend-Spotting: Core Services in Q2

11



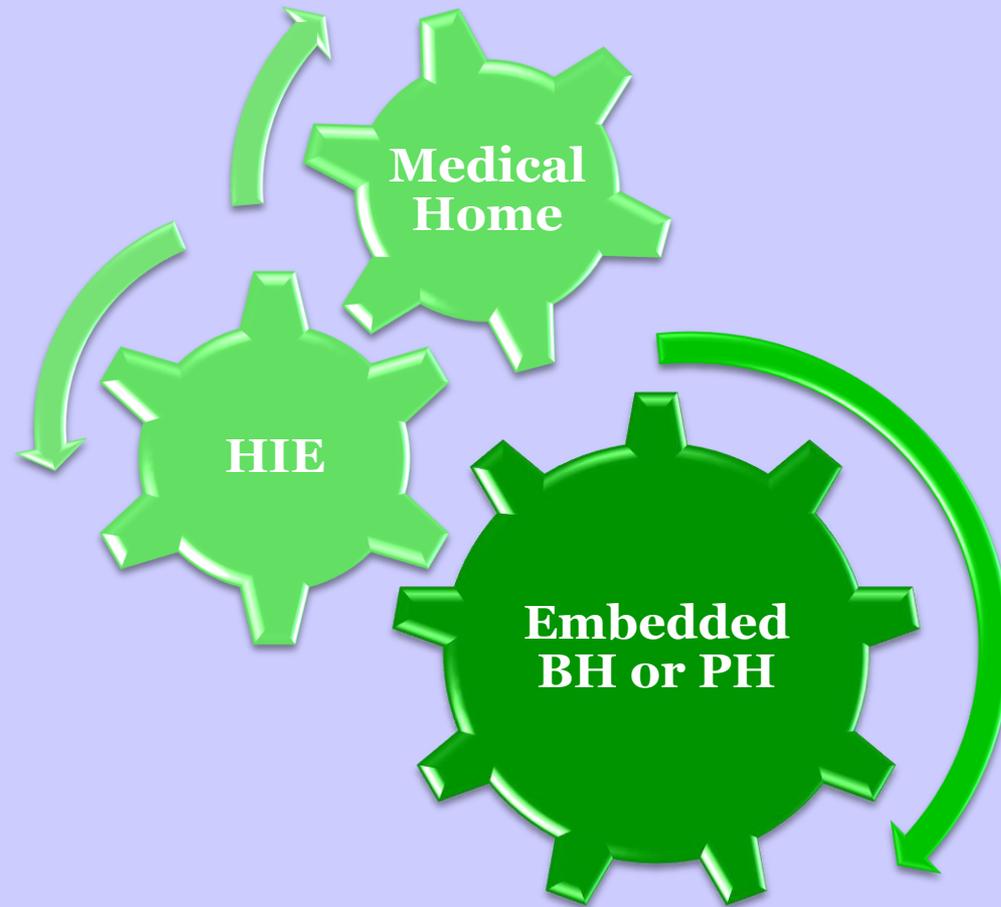
# Trend-Spotting: Referral in Q1 & 4

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# Anticipated Changes – 3yr Horizon

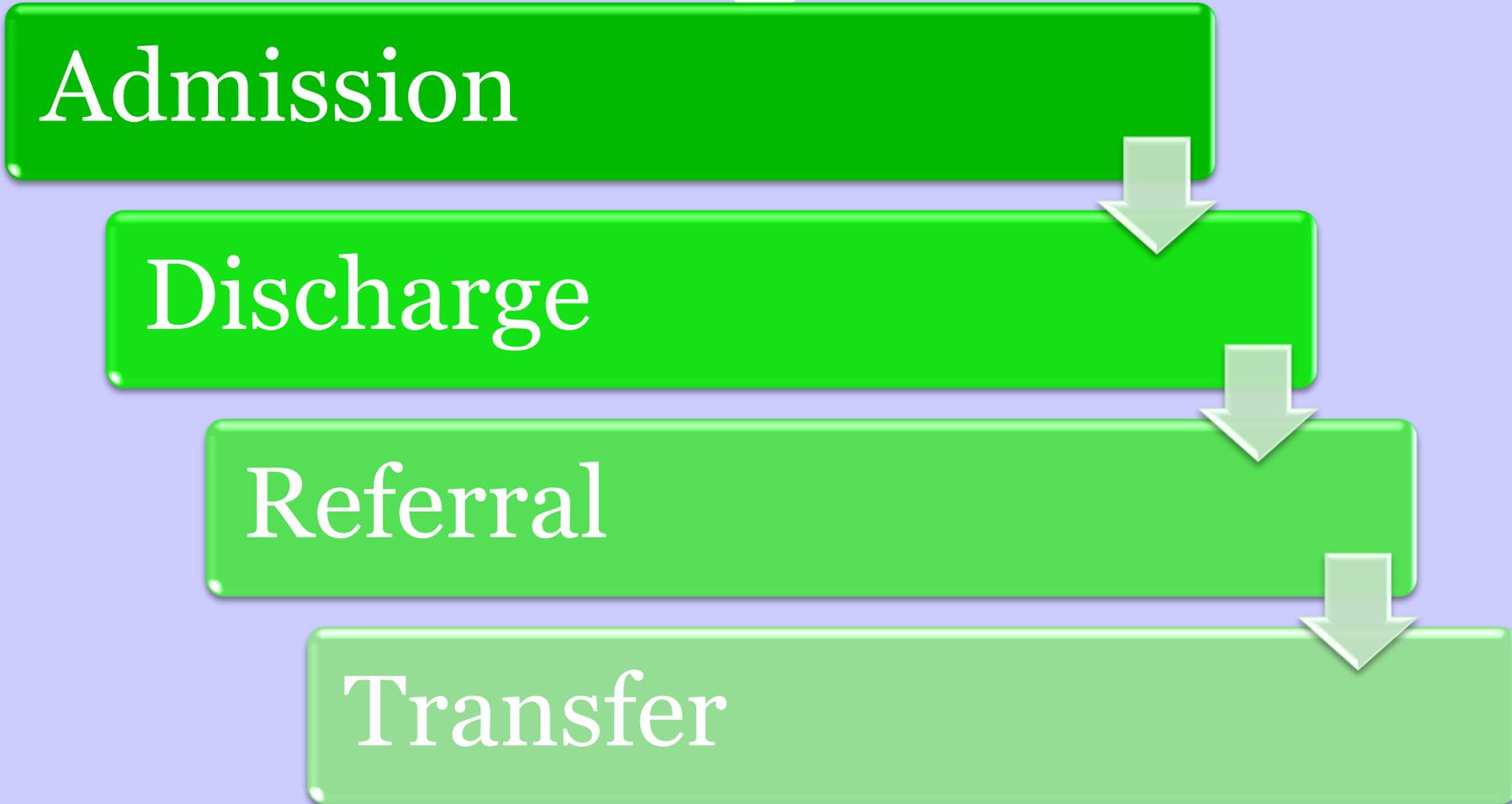
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# Exchange Points

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Admission



```
graph TD; A[Admission] --> B[Discharge]; B --> C[Referral]; C --> D[Transfer];
```

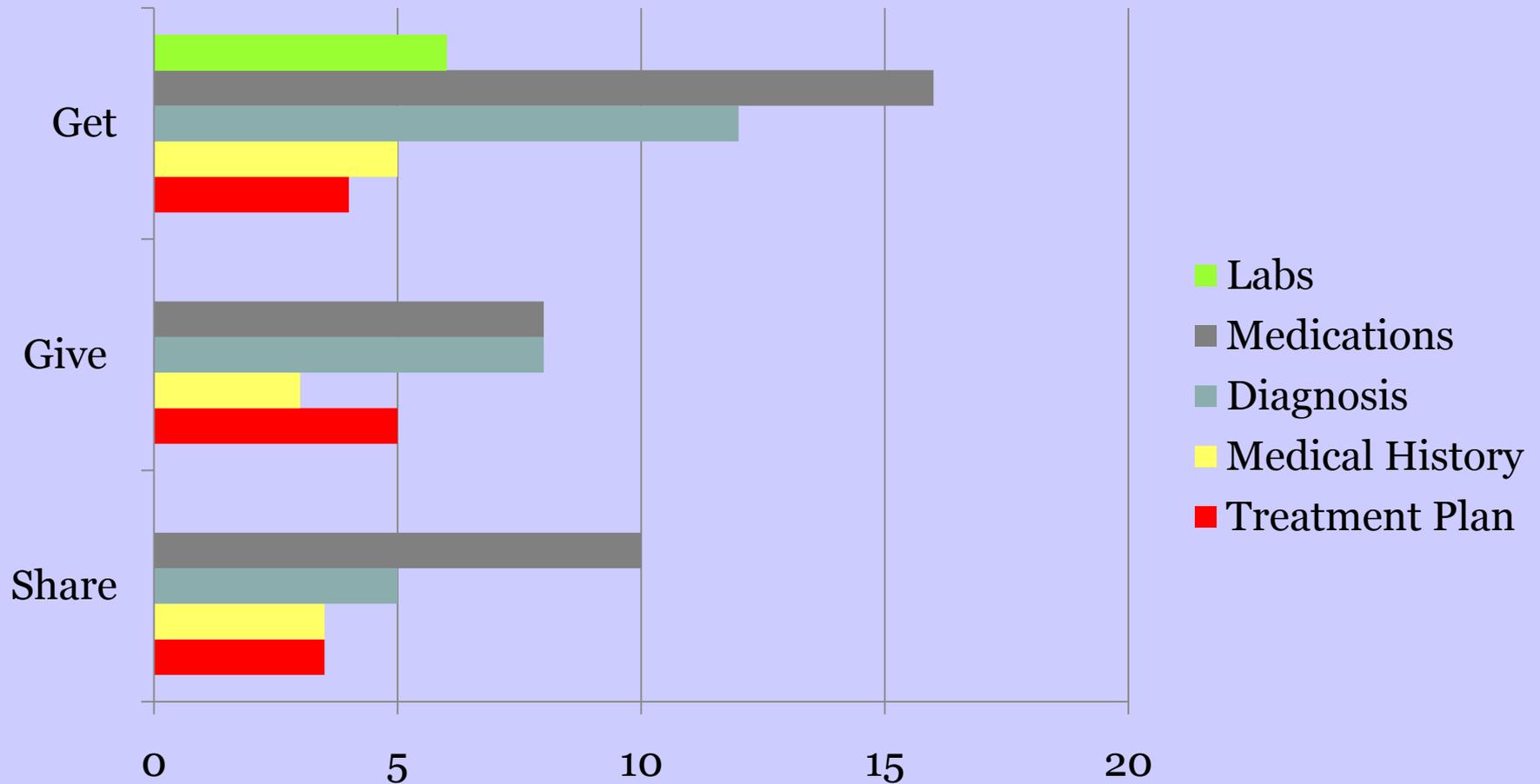
Discharge

Referral

Transfer

# Get-Give-Share Information

15



# Restrictions

16

## Data

- Therapy Notes
- HIV
- SA
- DV
- None at all

## Process

- Need to know
- For treatment purposes
- Granular

## Duration

- One year
- For treatment
- As long as necessary
- None at all

# Consent Models

17

## Current Law

- Need to know
- Time limited
- Granular

## Mixed Model

- One-year
- Blanket consent
- No witness
- Template forms

## Federal Standard

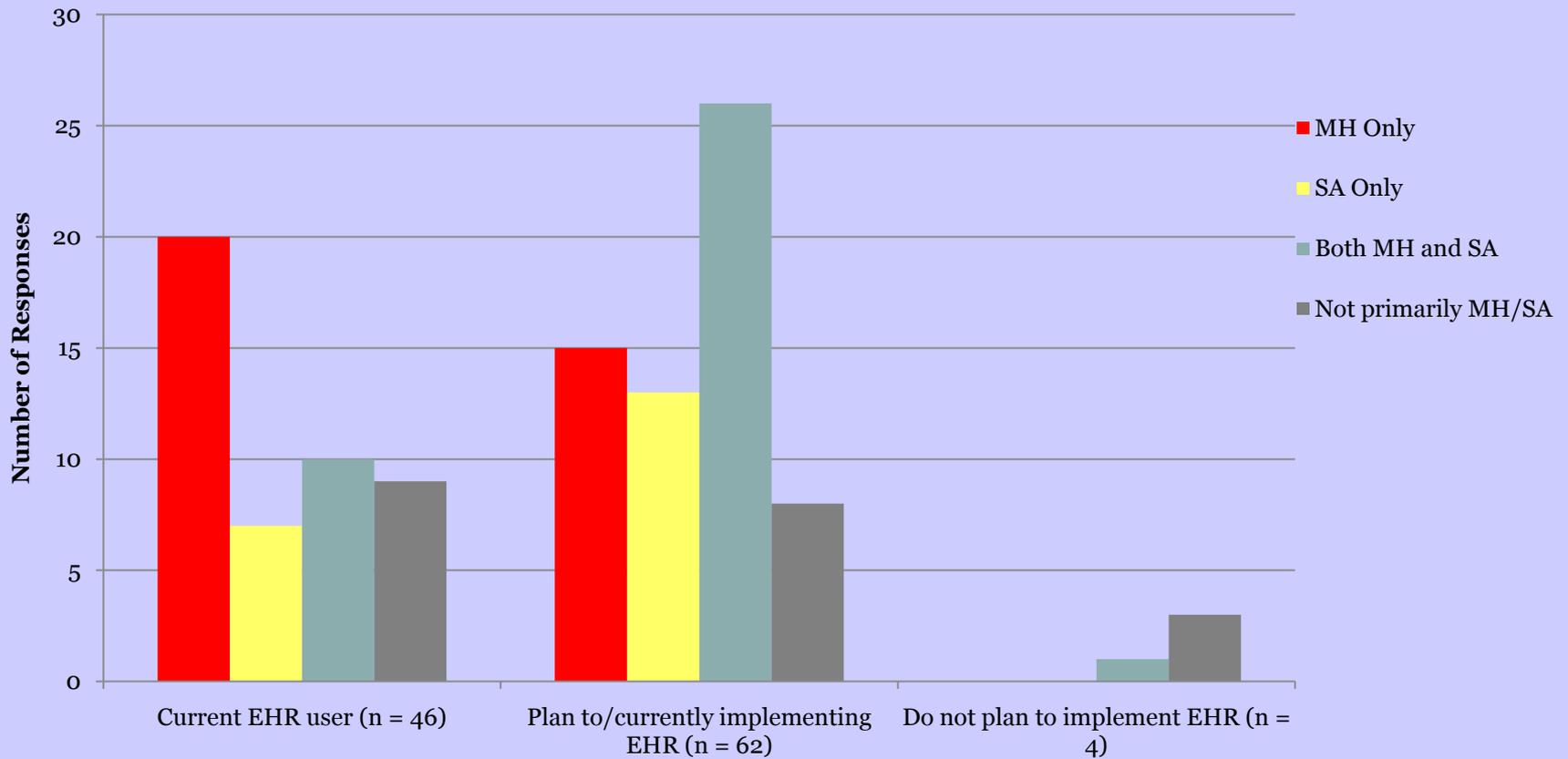
- Blanket for Treatment, Payment and Operations
- Global consent form

# A Majority Familiar with EHR

18

## EHR Implementation Status

n = 112

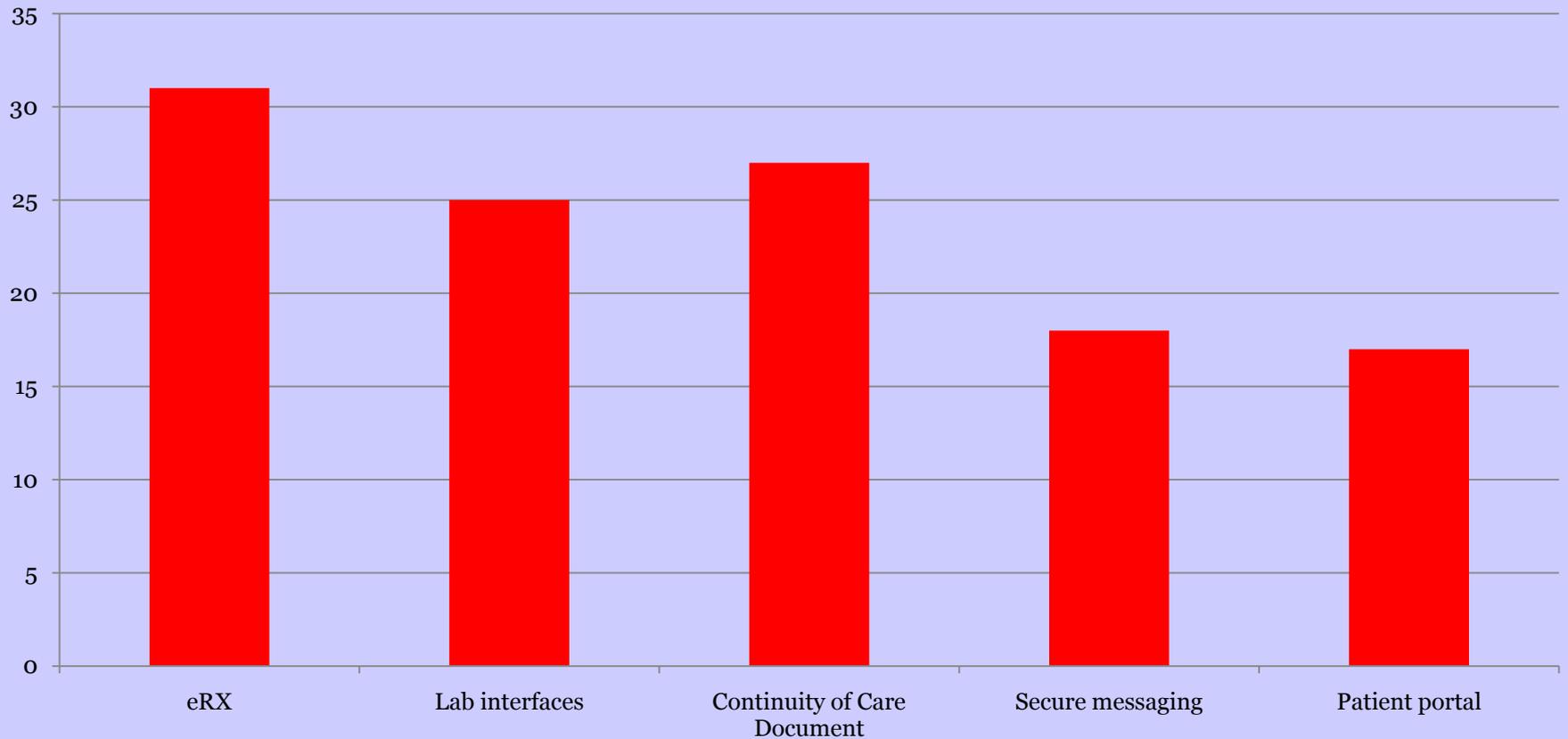


# Participants use EHR for treatment

19

## Support EHR functionalities

n = 120

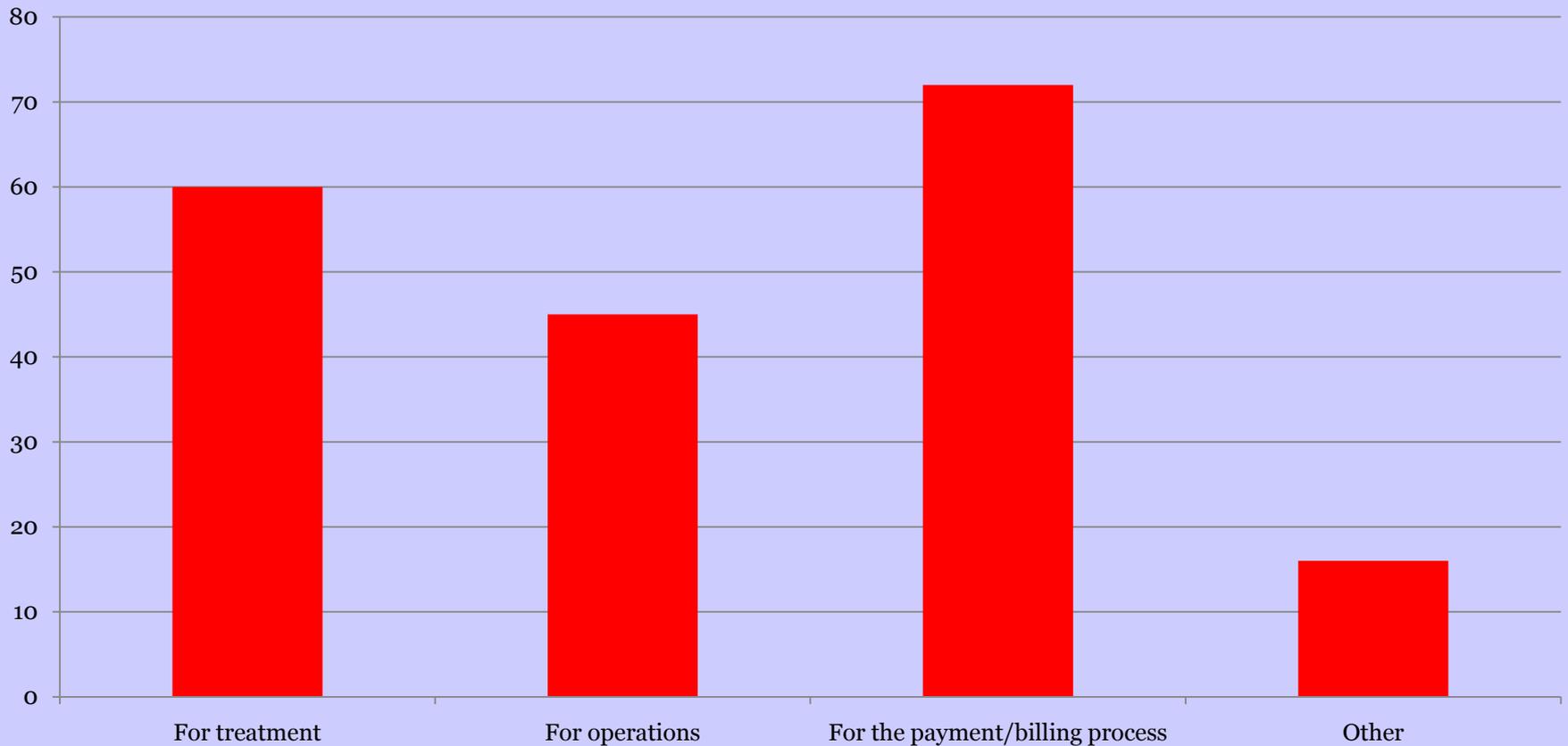


# For participants, EHR has significant role in billing

20

## Ways EHR or other HIT tools have been used

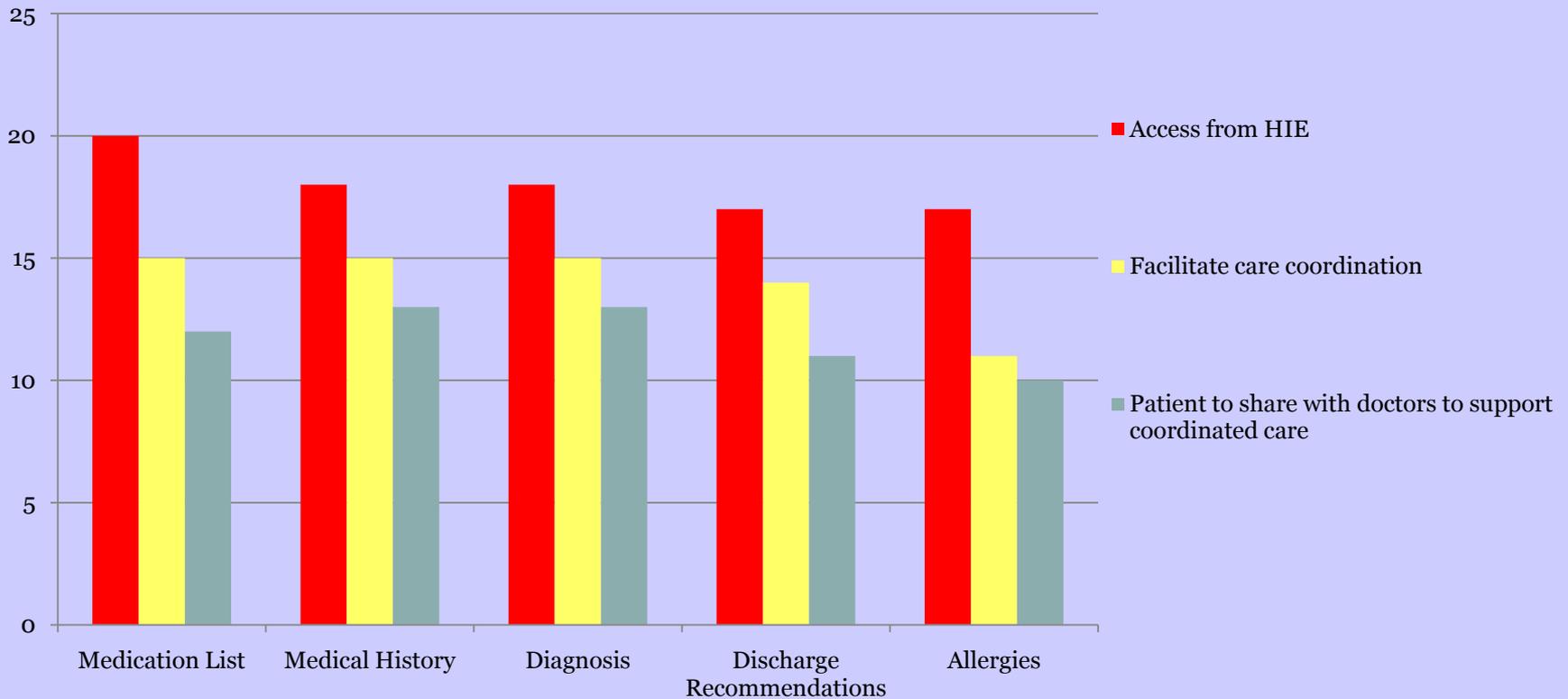
n = 120



# A Premium on Health Data

21

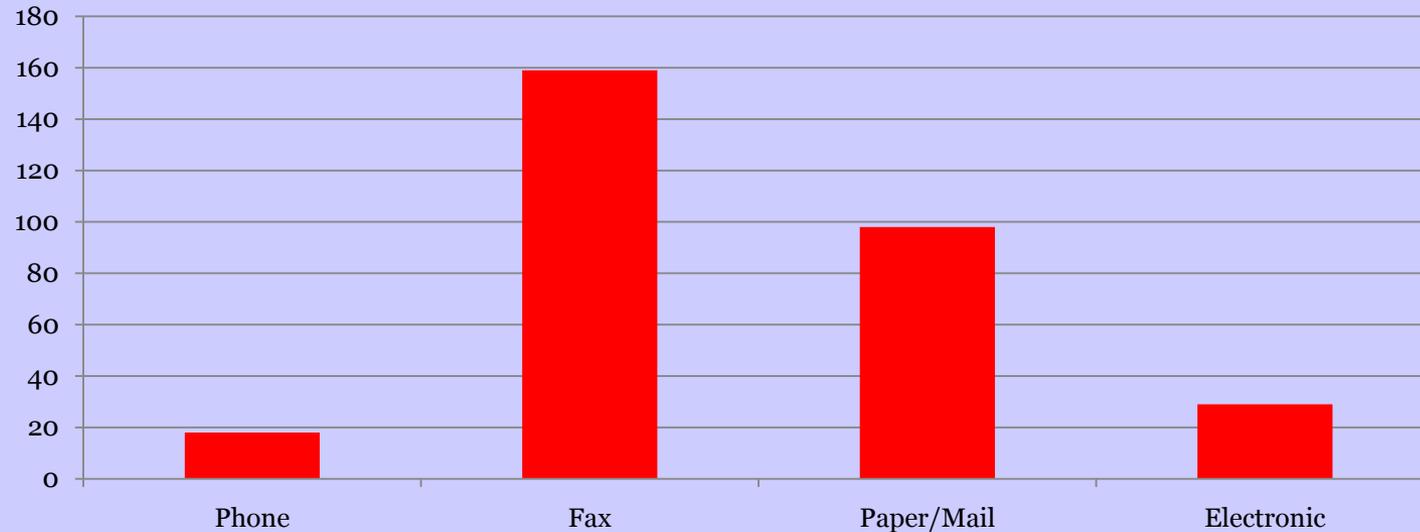
## Top 5 pieces of information considered important with exchange context



# Time to replace the fax!

22

**For the top 3 organizations with whom information is shared: Top 4 means of information exchange**



# Implications

- MH and SA providers know and are committed to HIT and the adoption of EHR systems.
- EHR usage is prevalent among attendees.
- Provider decision-makers are listening to this discussion.
- All providers value health data for their services to provide optimal care.
- Sharing data is another matter.
- Consent process should be embedded in treatment, and provider should educate consumer on privacy and security of health data.

# Implications (con't)

- Providers have little exposure to all three laws (e.g. HIPAA, 42CFR Part 2, IMHDDCA) governing consent and indicated interest in more education.
- Data driven services are at odds with restrictions, especially in light of co-morbidity rates.
- Providers concerned about funding cuts, managed care, and changes to prevailing practice culture (especially SA).
- For SA providers, concern centers on protecting against stigma and discrimination and whether consumer data will be accessed for civil or criminal law proceedings.

# Limitations

25

- Over 20 facilitators trained.
- Rockford became the de-facto beta test for the Summits.
- Data capture focused on systems analysis.
- Time constraints.

# Thank You!

26

**161 behavioral health professionals that spent  
the day with us at the Provider Summits**

# Thank You!

## Trade Associations & Staff

*Community Behavioral Healthcare Association of Illinois:* Marvin Lindsey & Terry Carmichael

*Illinois Alcoholism and Drug Dependence Association:* Sara Howe & Eric Foster

*Illinois Association of Rehabilitation Facilities:* Chris Burnett, Erin Laytham, Marisa Kirby

## Facilitators

Jim Hobbs	Jessica Dicken
Erin Laytham	Kim Darnstaedt
Marisa Kirby	Teresa Pickering
Cyrus Wynnnett	Kim Sanders
Chris Burnett	Marina Uk
Mike Ouska	Steve McCabe
Felicia Roberson	Danny Kopelson
Melanie Lindblade	Krysta Heaney
Bridget Kiely	Ola Oni-Fatoki
Shelly Sears	Peggy Johnson
Kathye Gorosh	

## Sites

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Harold Washington College  
Illinois Association for Rehabilitation Facilities  
John A. Logan College

## Production Team

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