



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Exchanging Patient Health Information in the PBHCI Grant

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PBHCI Health IT Agenda Items

- #1. **Recognize** key elements of HIT and how they impact your PBHCI grant
- #2 **Identify** protocols for sharing information across healthcare partners
- #3 **Understand** the PBHCI grant expectations
- #4 **Assess** the grant program for a health IT gap analysis
- #5 **Understand** how to complete the HIT section in your quarterly report

Key Elements of HIT

- Common Terminology

HIT = Health Information Technology

- *The use of technology to store, share and analyze health information*

HIM = Health Information Management

- *The practice of acquiring, analyzing and protecting digital and traditional medical information*

HIE = Health Information Exchange

- *The transmission of health-care related data across health care facilities and government agencies.*

Common Terminology

EHR / EMR - Electronic Health Record / Electronic Medical Record

- *A digital version of the healthcare recipient's medical chart. This version is accessed in "real time," and information is available instantly and securely to authorized users.*

MU - Meaningful Use Standards

- *A set of standards certifying electronic health records developed by CMS to improve patient care.*

Standards of Meaningful Use

Meaningful use is using certified electronic health record (EHR) technology to:

- Improve quality, safety, efficiency, and reduce health disparities
- Engage patients and family
- Improve care coordination, and population and public health
- Maintain privacy and security of patient health information

PBHCI Grantee Health IT Expectations

“SAMHSA expects the PBHCI grantees to Achieve Meaningful Use Standards as defined by CMS by the end of the grant period”

- Acquire 2014 or 2015 Edition Certified EHRs

PBHCI Grantee Health IT Expectations

“Submit 40% of prescriptions electronically”

PBHCI Grantee Health IT Expectations

“Receive structured lab results electronically”

PBHCI Grantee Health IT Expectations

“Share a standard continuity of care record between behavioral health and primary care partners”

For an originating entity, the minimum data required for meaningful use includes:

- 1) Allergies and other adverse reactions
- 2) Medications (including current meds)
 - Admission medications history
 - Medications administered
- 3) The problem list (diagnoses)
 - a. Active problems
 - b. History of past illness
 - c. Discharge diagnosis
- 4) Diagnostic results (i.e., labs, imaging, etc.)

Example of a Continuity of Care Record

- For Referrals (Transition of Care)
- For End of Visit (Clinical Summary)
- Medications
- Allergies
- Diagnoses
- Lab results

PATIENT
Natasha Romanova
 DOB 1928-01-01
 SEX Female

H (703) 555-1212
 M (202) 774-1673
 W (703) 555-1212
 E natasharomanovamc@gmail.com
 Seattle, WA 98101



FACILITY
Anthony Druid Practice
 T
 (703) 931-8811
 1122 Massachusetts Ave
 Cambridge, MA 02138

Referrals/Response Letter

To:
From: Anthony Druid MD
Sent: 08/17/2015
Subject: Patient Referral
Regarding: Natasha Romanova

GUARANTOR NAME

| Name | Phone |
|------------------|----------------|
| Natasha Romanova | (202) 774-1673 |

Diagnoses

| CODE | TYPE | START/STOP |
|--------|---|----------------|
| 796.2 | Elevated blood pressure reading without diagnosis of hypertension | n/a n/a |
| V15.82 | Personal history of tobacco use | n/a n/a |
| 272.4 | Hyperlipidemia | n/a n/a |
| 305.1 | Tobacco use disorder | 05/12/2015 n/a |

Active Medications for Natasha Romanova

| MEDICATION | SIG | START/STOP | ASSOCIATED DX |
|---|---|------------|---------------|
| Clonidine HCl 0.1 MG Oral Tablet - Clonidine HCl Tablet Tablet 0.1 MG | 1 tablet orally 2 times per day for 21 days | n/a - n/a | |
| Actoplus Met 15-500 MG Oral Tablet - Pioglitazone HCl-Metformin HCl Tablet Tablet 15-500 MG | | n/a - n/a | |
| MetFORMIN HCl 500 MG Oral Tablet - Metformin HCl Tablet Tablet 500 MG | | n/a - n/a | |

DRUG ALLERGIES

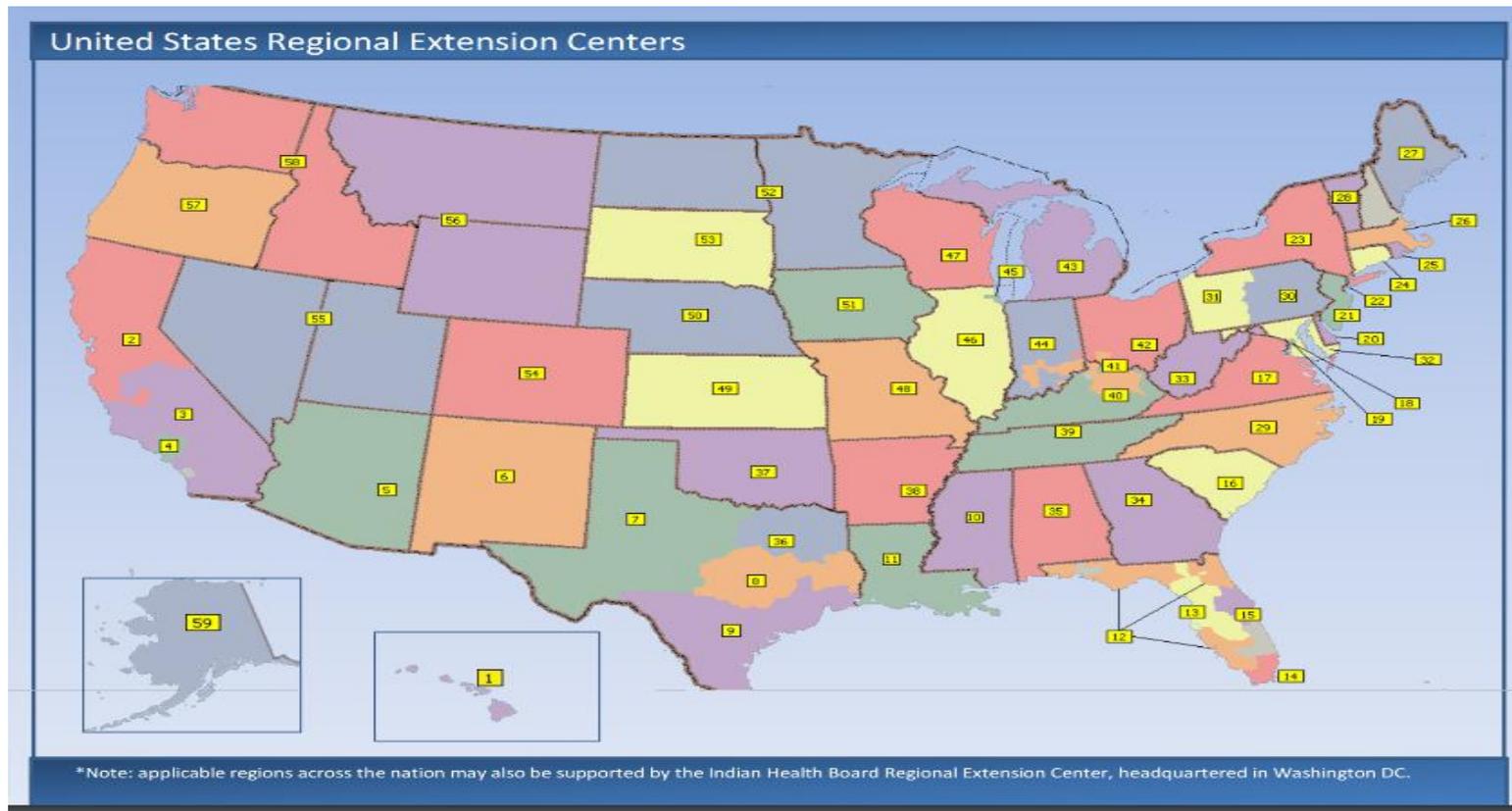
ONSET

There is no allergy history recorded for this patient

Sincerely,
 Anthony Druid MD
 08/17/2015
 Electronically signed by Anthony Druid MD

PBHCI Grantee Health IT Expectations

“Participate in Regional Extension Center Program”



#1 FAQ – My PCP partner meets the standards for Meaningful Use. Doesn't that meet the PBHCI grant health IT expectations?

No. The PCP is only one-half of the integrated care partnership. PBHCI enrollees would be receiving the benefits associated with Meaningful Use from the PCP, but not receiving these benefits from the BH partner.

Meaningful Use standards support more than integrated care. They ensure:

- Patient safety – reduced adverse drug events, reduced duplicative services.
- Quality of care – reduced health disparities and workflows oriented to clinical quality measures.
- Efficiency and effectiveness, demonstrated in financial utilization and clinical quality measures data and rewarded in performance-based systems of care.

Who is the PBHCI Grantee?

- Primary care partner? **X NO!**
- Community Behavioral Health Center? **✓ YES!**

Addressing Obstacles to “Achieving Meaningful Use Standards”

- Seek technical assistance/training from CIHS for readiness to adopt certified EHRs
- Consult SAMHSA-approved “workarounds” to “developing and demonstrating” abilities

SAMHSA-Approved Workaround for “Submit at least 40% of prescriptions electronically”

Barrier addressed: some grantees do not have staff who write prescriptions

- Maintain “Active Medications List”
- Maintain “Medications Allergies” List
- Update all changes in primary care and behavioral health prescriptions so information is always up to date.

SAMHSA-Approved Workaround for “Receive structured lab results electronically”

Barriers addressed: lab interface not available or not affordable

- Manually enter clinical lab test results as structured data in BH EHR (preferred)

OR

- Scan in as “Medical Document”

SAMHSA-Approved Workaround for “Share a standard continuity of care record (CCR)”

Addresses barrier: State regulatory barrier for participating in state-based health information exchange

- Obtain Direct Secure Messaging Accounts
 - Generate Patient Summary Reports
 - Transmit/Receive with PBHCI Primary Care Partner

SAMHSA-Approved Workaround for - Participate in the Regional Extension Center Program”

Addresses barrier that REC does not work with behavioral health providers, or REC fee is prohibitive (check with GPO)

- State-based health IT Technical Assistance
- “Register” with State HIE
- Tap State REC/HIE Resources
- Access PBHCI-enrolled patients health information

We have covered grant expectations.....

- PBHCI grantee meets health IT grant expectations
- PBHCI grantee achieves Meaningful Use standards
 - Acquire 2014 or 2015 Edition Certified EHRs
 - Demonstrated abilities indicate standard has been met

Poll Question

Is your PBHCI Grant Program Using a 2014 or 2015 Edition Certified EHR?

- Yes
- No
- Unsure

Poll Question

Does the PBHCI Grant Program Have Access to a Direct Secure Messaging Account AND/OR state-based HIE?

- Yes
- No
- Unsure

Poll Question

Do you participate in your state's Regional Extension Center (REC) program?

- Yes
- No
- Unsure
- Not applicable – REC not an option in my state

Conduct Gap Analysis for Phased Implementation

| Phase 1 | Phase 2 | Phase 3 | Phase 4 |
|---|---|---|---|
| Getting Ready | Beginner | Intermediate | Expectations met |
| Understand and begin to achieve Meaningful Use Standard in a paper-based environment. Develop comprehensive plan to adopt and implement cert EHRs | Initiate comprehensive plan to adopt EHRs and implement in PBHCl program that ensures EHRs meets requirements | Fully implemented cert EHRs for grant program clinical and practice management workflows. Implementing workflows to “demonstrate ability” to meet standards | All PBHCl grant program staff are fully leveraging EHRs capacities to achieve Meaningful Use Standards, abilities part of day-to-day clinical and practice management workflows |

Decide What Phase Your Grant Program Is In Now

| PHASED APPROACH TO MEETING PBHCI GRANTEE HEALTH IT GRANT EXPECTATIONS | | | | |
|---|--|--|---|---|
| Grant Expectation | Phase 1 Getting Ready | Phase 2 Beginner | Phase 3 Intermediate | Phase 4 Expectations Met |
| <i>Achieve meaningful use standard (begins with using a certified EHR)</i> | Business case Readiness assessment Systems requirements Product selection | Initiate adoption of new or updating current certified EHR to 2014 or 2015 Editions, ensuring product meets program requirements | Certified EHR fully implemented, training underway for PBHCI staff to use certified EHR in grant program clinical, practice management workflows | All PBHCI grant staff are fully leveraging the certified EHR capacities to achieve Meaningful Use standards in PBHCI grant program (no workaround) |
| <i>Submit 40% of prescriptions electronically</i> | Paper-based clinical workflows include meeting standards for active Medication List and Medications Allergies List | Implementing <u>ePrescribing</u> workflows supported by vendor product | Paper-based medications workflows integrated with <u>ePrescribing</u> workflows | 40% of PBHCI enrollee prescriptions are prescribed electronically in compliance with standard (or workaround implemented in EHR) |
| <i>Receive structured lab results electronically</i> | Paper-based workflows integrate PBHCI grant-program structured lab results with patient record and treatment | Receiving structured lab results supported by vendor product and by lab. All related costs identified and included | Paper-based lab result workflows integrated with electronic receipt of lab results | PBHCI enrollee lab tests results are received electronically (or workaround implemented in EHR) |
| <i>Share a standard continuity of care record between behavioral health and primary care partners</i> | Paper-based workflows include send/receive Transition of Care Summary for PBHCI patient referrals. Clinical Summary available at end of treatment encounters | Robust capacity to generate Transition of Care, Clinical Summaries confirmed. Costs re: participating in HIE via Direct or state-based system exchange identified and included | Certified EHR fully implemented, training underway for PBHCI staff to understand and use patient summary information in grant program enrollees HIE | Patient health information summaries are fully populated and use is incorporated into clinical and practice management workflows for all PBHCI enrollees (or workaround implemented in EHR) |
| <i>Participate in Regional Extension Center Program (REC)</i> | Grantee accesses online information on avenues for participating in HIE, learns participation requirements and costs | Registers with state HIE and acquires Direct Messaging account and/or access to state HIE patient health information | Certified EHR fully implemented, PHCI grant program staff understand how the EHR addresses patient safety and quality of care issues, and contributes to effectiveness and efficiency of PBHCI services | PBHCI grant program staff are using EHR to fully leverage state capacity to support health information exchange for grant program enrollees (or workaround is implemented) |

Then Create A Plan to Move to the Next Phase*

| | A | B | C |
|----|---|---|-------------------|
| 1 | | Phase 1 Getting Ready | Start Date |
| 2 | | Task 1 Achieve Meaningful Use Standards | Yr 1 |
| 3 | | Activity 1a. Develop business case proposal | |
| 4 | | 1a.1. Develop Scenario Analyses | |
| 5 | | 1a.2. Define and link each benefit to "cause" to "effect" | |
| 6 | | 1a.3. Identify Key Performance Indicators (KPIs) for each benefit | |
| 7 | | 1a.4. Assess economic risk of no investment | |
| 8 | | 1a.5. Align investment in health IT with strategic goals and objectives | |
| 9 | | Activity 1b. Conduct Readiness Assessment | |
| 10 | | 1b.1 Convene C-level project team | |
| 11 | | 1b.2 Assess organizational culture | |
| 12 | | 1b.3. Assess management and leadership | |
| 13 | | 1b.4. Assess operations | |
| 14 | | 1b.5. Assess information technology | |
| 15 | | Activity 1c. Identify system requirements | |
| 16 | | 1c.1. Prepare business process analysis | |
| 17 | | 1c.2. Diagram business processes using swim-lane analysis | |
| 18 | | 1c.3. Associate forms with workflows (input) | |
| 19 | | 1c.4 Associate workflows with output (reports, billing) | |
| 20 | | 1c.5 Identify the processes the technology must support | |
| 21 | | Activity 1d. Select a certified EHRS | |
| 22 | | 1d.1 List system requirements | |
| 23 | | 1d.2. Identify your EHRS business model (cloud-based or web-based) | |
| 24 | | 1d.3. Review EHRS vendors and products online (use BlackBook) | |
| 25 | | 1d.4 Narrow selection pool to 2-3 vendors and products | |
| 26 | | 1d.5. Use system requirements to evaluate and rate products | |

Poll Question

Will your grant program need additional technical assistance in understanding PBHCI grantee health IT expectations and how to meet them?

- Yes
- No
- Unsure

Reporting PBHCI Grant Health IT Progress

In response to question #3 in PBHCI quarterly report

3. Describe your efforts in meeting Meaningful Use Standards (this is for the CMHC or behavioral health entity, NOT the primary care organization/provider). Describe the activity and staff involved, program duration, and provide an estimate of the expenditures in direct costs for each of the following:

| Meaningful Use Stage 1 | Yes/No | Description of current efforts (including costs) |
|---|--------|--|
| Submit at least 40% of prescriptions electronically | | |
| Receive structured lab results electronically | | |
| Share a standard continuity of care record between BH providers & physical health providers | | |
| Participate in the regional extension center (REC) program (if applicable) | | |

Barriers and Technical Assistance Requests (if applicable)

- 1.
- 2.
- 3.

#4 –BH EHR progress in quarterly PBHCI reports

Summary

- Review FOA response for how the organization intended to meet health IT expectations
- Remember, PBHCI grant program staff need to meet the health IT expectations, NOT the PCP partner!
- Use a project plan and a phased approach
- Use Quarterly Report to identify CIHS health IT technical assistance and training needs

Questions? Concerns? Assistance?

