

# Health IT Advisory Council

April 21, 2022



# Agenda

Agenda Item	Time
Welcome & Call to Order	1:00 PM
Public Comment	1:05 PM
<b><u>Council Action</u></b> : Approval of Minutes: March 17, 2022	1:08 PM
Connie Update	1:13 PM
Connie Security, Privacy and Confidentiality Committee Status	1:25 PM
Behavioral Health Education Campaign Initial Roadmap	1:40 PM
<b><u>Council Action</u></b> : HIE Sustainability Support Workgroup Update	2:10 PM
Announcements & General Discussion	2:20 PM
<b><u>Council Action</u></b> : Wrap Up & Meeting Adjournment	2:25 PM

# Welcome and Call to Order

# Public Comment

(2 minutes per commenter)

# Approval of Meeting Minutes:

March 17, 2022

# Connie Update

Jenn Searls, Executive Director

Health IT Advisory Council

April 21, 2022



# Placeholder for Connie Update Slides

# Connie Security, Privacy and Confidentiality Committee Status

*Jenn Searls, Connie*



# Placeholder for Connie Security, Privacy and Confidentiality Slide(s)

# Behavioral Health Education Campaign Initial Roadmap

*Carol Robinson, CedarBridge Group*

# Implementing the Statewide Health Information Technology Plan



# Council's Top Priorities for 2022

1

Support behavioral health providers in the use of health IT

Address data privacy concerns and increase awareness through engagement campaign

2

Establish interoperability standards

Charter HITAC Standards Advisory Committee to make regulatory recommendations

3

Increase interagency data sharing

Establish Person-Centered Services Collaborative to develop common policies and standards

4

Optimize the value of Connie's HIE services

Support HIE services for public health use cases and evaluate sustainable funding approaches

**1**

**Support behavioral health providers in the use of health IT**

**Address data privacy concerns, increase awareness of Connie services, and define technology and training needs through a statewide engagement campaign**

**Engage**

Hold focus groups and town hall listening sessions

Include BH providers and patients/clients

Develop assistance program based on learnings from engagement

**Evaluate**

Support DMHAS' considerations of a hosted EHR and/or care coordination solution for BH providers

Support Connie's considerations of consent management options for BH data

Conduct analysis of financial incentive and assistance programs for the BH provider sector

**Educate**

Work with DMHAS and community organizations to address stigma around receiving BH care

Emphasize the value of integrated BH and primary care for better health outcomes

Ensure individual control over the use and sharing of BH data

**Execute  
(2023)**

Work with the CT General Assembly and seek other funding to create a BH provider assistance fund

Develop training and technical assistance program to support EHR and HIE onboarding

Develop audit resources for overseeing BH provider assistance program

**Small focus groups to hone the questions for regional town hall meetings**



**Regional town halls with BH providers and patients to address privacy concerns, and understand financial, training, and workflow needs**



**Plan for an assistance program for BH providers to increase adoption and use of EHRs and HIE services**



**Work with the Connecticut General Assembly and seek other funding for BH provider assistance program**



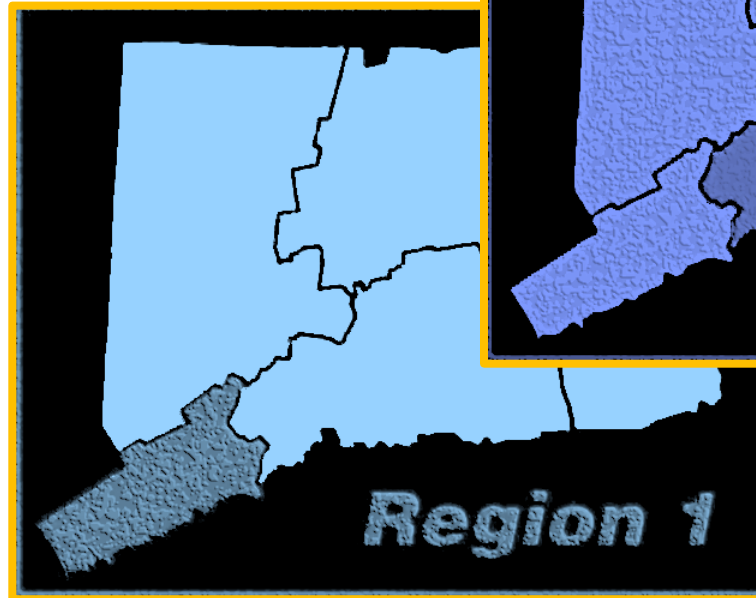
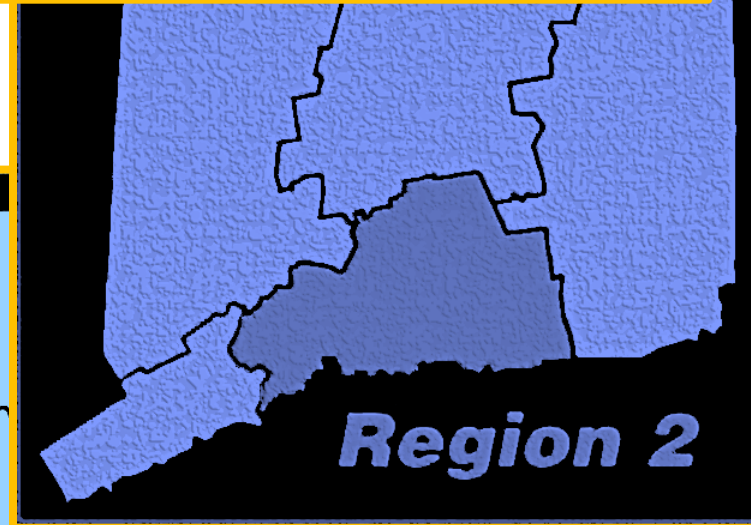
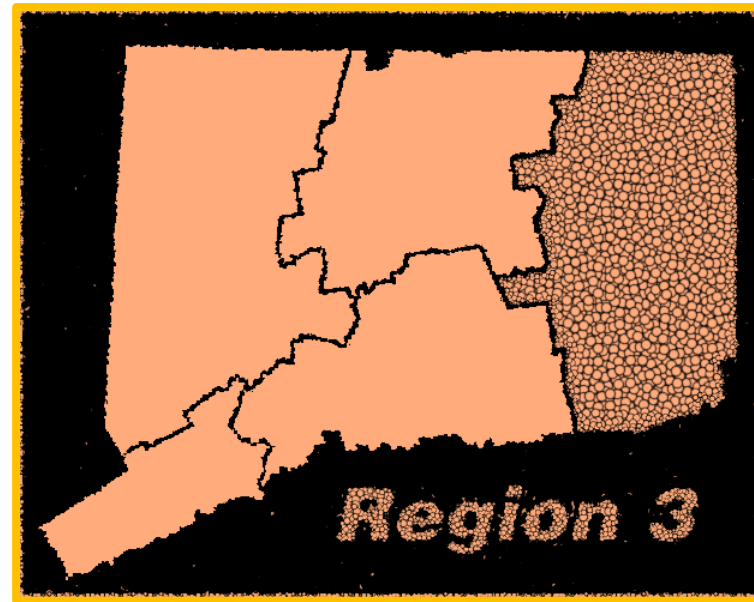
**Process**

## **Goals**

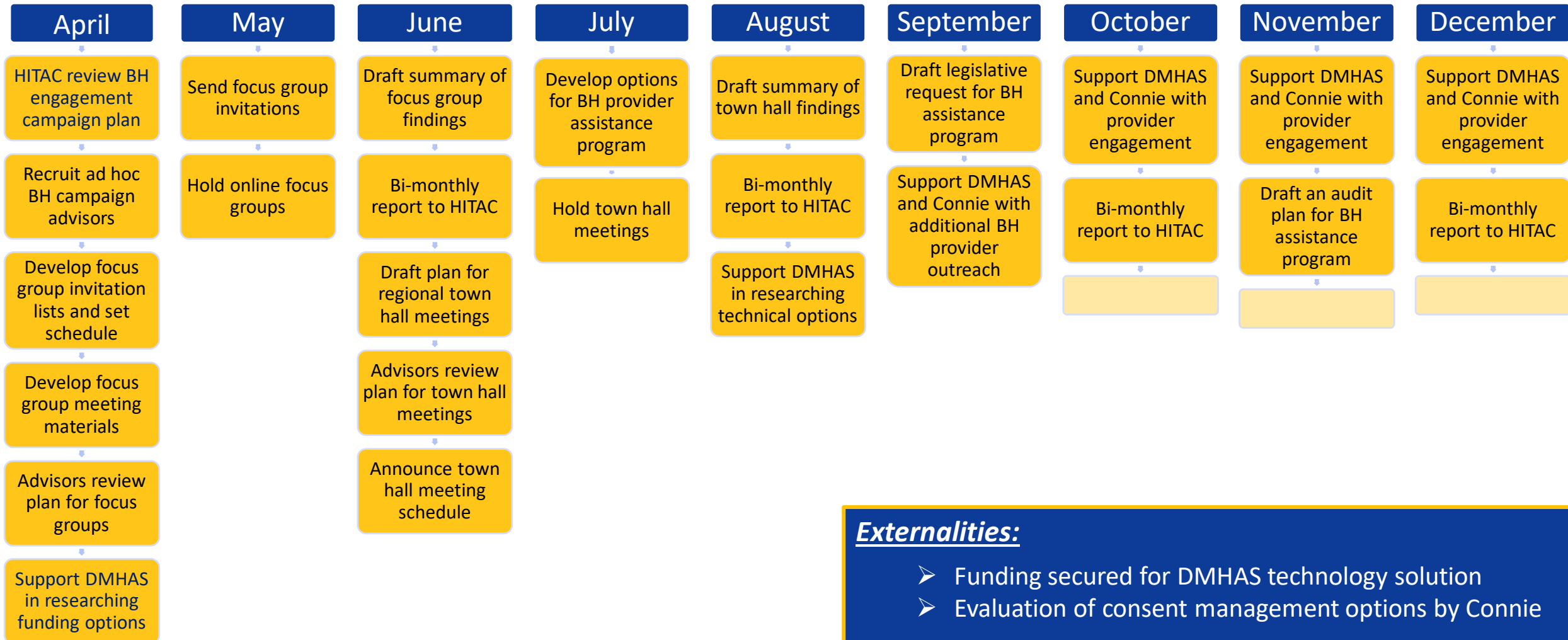
**Improve individual and population health outcomes through the integration of mental and physical healthcare services, with more complete information for treatment while privacy choices of individuals are honored.**

**Behavioral health engagement campaign activities will leverage Connecticut's Local Mental Health Regions.**

**Participants will include Behavioral Health providers who responded to the 2021 eScan survey.**



# Draft Workplan for Behavior Health Provider Engagement Campaign



**Externalities:**

- Funding secured for DMHAS technology solution
- Evaluation of consent management options by Connie



# Implementing the Statewide Health Information Technology Plan

Phase One: Support Behavioral Health Providers in the Use of Health IT



CedarBridge Group®



# Health IT Advisory Council's Top Priorities for 2022

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**Support behavioral health providers in the use of health IT**

Address data privacy concerns and increase awareness through engagement campaign

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Charter HITAC Standards Advisory Committee to make regulatory recommendations

3

**Increase interagency data sharing**

Establish Person-Centered Services Collaborative to develop common policies and standards

4

**Optimize the value of Connie's HIE services**

Support HIE services for public health use cases and evaluate sustainable funding approaches

Why  
behavioral health  
providers  
are a top priority in  
Connecticut's  
Statewide  
Health IT Plan



# Background

- ❑ Behavioral health treatment is not coordinated or integrated with treatment for physical health conditions
- ❑ Fragmentation of physical and mental health services impedes access and negatively impacts health outcomes in individuals suffering from comorbidities (i.e., depression and diabetes)
- ❑ Medicaid beneficiaries have higher rates of co-occurring substance use disorder (SUD), mental illness, and chronic conditions, compared privately insured peers
- ❑ Most behavioral health providers were left out of the HITECH Act's EHR incentive program for Medicaid and Medicare providers

## Barriers to Behavioral Health IT Adoption

- ❑ Investing in technology and training to use an EHR is cost prohibitive for many providers
- ❑ There is no industry standard for behavioral health IT
  - Segmenting SUD information within an EHR, while sharing the rest of a patient record, is challenging
  - Clinical tools and data fields within EHRs generally do not include mental health and SUD functions
- ❑ Behavioral health EHRs are necessary for behavioral health providers who work in integrated care settings

# Types of Licensed Behavioral Health Professionals

- **Psychiatrists**
- **Nurses**
- **Psychologists**
- **Primary Care Physicians**
- **Advanced Practitioners**
- **Marriage and Family Therapists**
- **Licensed Professional Counselors**
- **Nurse Educators**
- **Social Workers**
  - **Licensed Clinical Social Workers**
  - **Licensed Independent Social Workers**
- **School Guidance Counselors**
  - **Licensed Counselors**
  - **Licensed Professional Counselors**
  - **Licensed Mental Health Counselors**
  - **Licensed Clinical Alcohol and Drug Abuse Counselors**

# Federal Winds

# *Medicaid and CHIP Policy Advisory Commission*

## Draft Recommendations for Encouraging Health IT in Behavioral Health

Expected to be finalized in June 2022 Report to Congress

### **MACPAC Recommendation 1: Guidance to States on Using Medicaid Authorities for EHR Adoption**

*The Secretary of Health and Human Services should direct Center for Medicare and Medicaid Services (CMS), Substance Abuse and Mental Health Services Administration (SAMHSA), and Office of the National Coordinator for Health IT (ONC) to develop joint guidance on how states can use Medicaid authorities and other federal resources to promote behavioral health IT adoption and interoperability.*

### **Rationale: Guidance to States on Using Medicaid Authorities for EHR Adoption**

- States do not have a playbook for incentivizing EHR adoption for providers ineligible for the EHR incentive payment program
- Various Medicaid authorities can be used to support EHR adoption and promote information sharing via HIEs
- SAMHSA and ONC grant opportunities can be combined with Medicaid to support EHR technical assistance

### **Implications: Guidance to States on Using Medicaid Authorities for EHR Adoption**

- Federal spending:** No direct spending on Medicaid and CHIP
- States:** Creates a state option to run an EHR incentive payment program
- Beneficiaries:** Benefit from better coordination of care, which is correlated with better patient outcomes
- Plans and providers:** Greater funding for IT adoption efforts; better position to provide integrated care

## MACPAC Recommendation 2: Voluntary Standards for Behavioral Health IT

*The Secretary of Health and Human Services should direct Substance Abuse and Mental Health Services Administration (SAMHSA) and Office of the National Coordinator for Health IT (ONC) to jointly develop voluntary standards for behavioral health information technology.*

### Rationale: Voluntary Standards for Behavioral Health IT

- Creates an industry standard for behavioral health IT through a collaborative process with ONC, SAMHSA, and stakeholders
- Builds EHR technical specifications that conform with 42 CFR Part 2 and ONC Certified EHR Technology (CEHRT) requirements
- Provides a non-financial incentive for providers working in integrated settings
- Creates a glide-path towards mandatory behavioral health EHR functions when technology matures

### Implications: Voluntary Standards for Behavioral Health IT

- Federal spending:** This would have no direct effect on federal spending
- States:** Would support state efforts when establishing its own EHR incentive payment program and facilitate greater information sharing on state-run HIEs
- Beneficiaries:** Would have greater control over the type of SUD information that can be shared versus kept private from other providers
- Plans and providers:** In the near term, both would have technical specifications for behavioral health clinical and behavioral IT functions. In the long term, integration efforts would improve when functions are made mandatory





## Bipartisan bill aims to create incentives for mental health providers to adopt electronic records, health IT systems

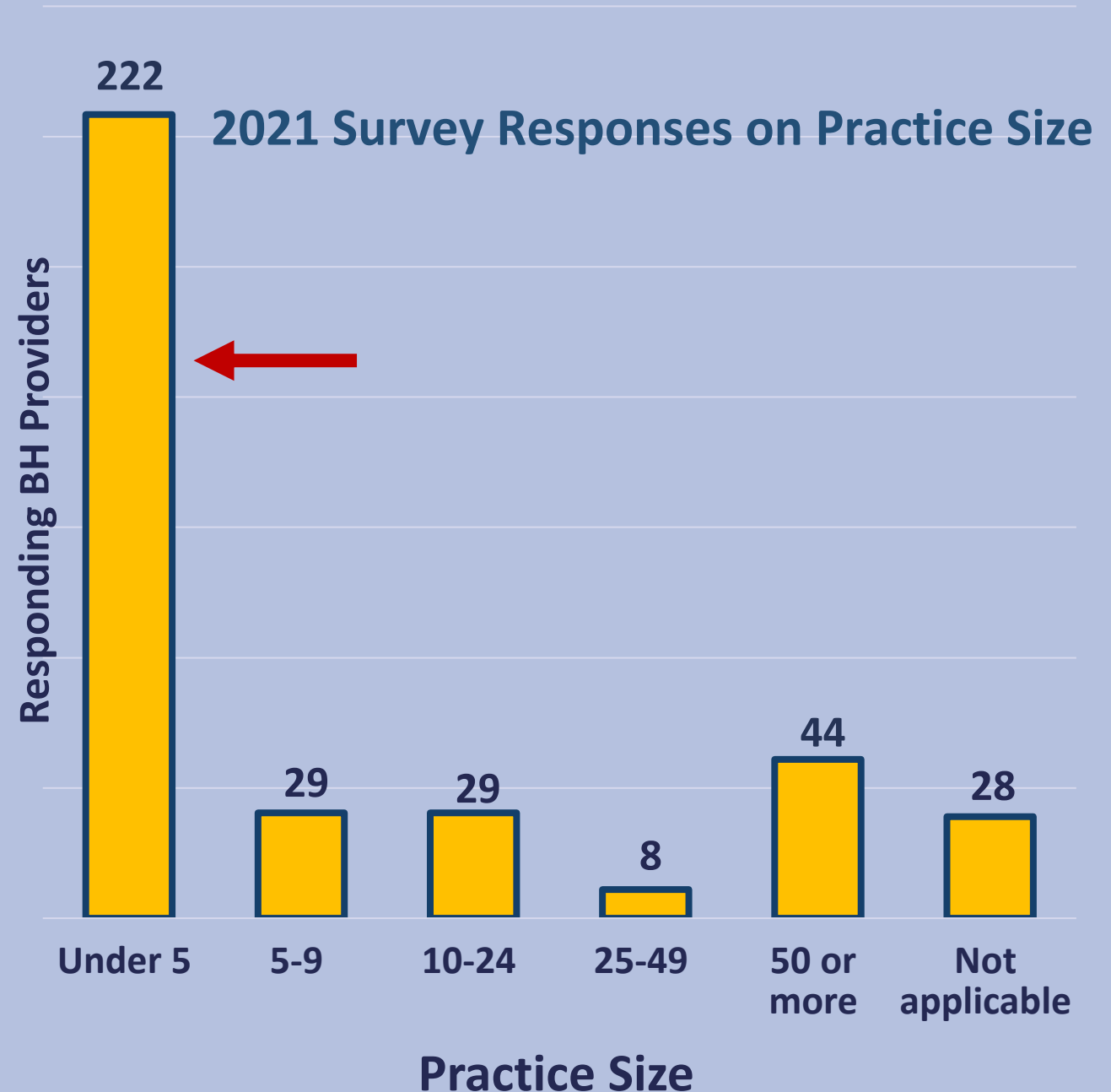
**Apr 13, 2022 05:00am**

- A new bipartisan bill introduced by Reps. Doris Matsui, D-California, and Markwayne Mullin, R-Oklahoma, aims to give targeted funding to providers and community mental health centers aimed at adopting health IT systems.
- The Behavioral Health Information Technology Now Act would provide \$250 million over three years to finance behavioral health IT adoption via the Center for Medicare and Medicaid Innovation (CMMI).

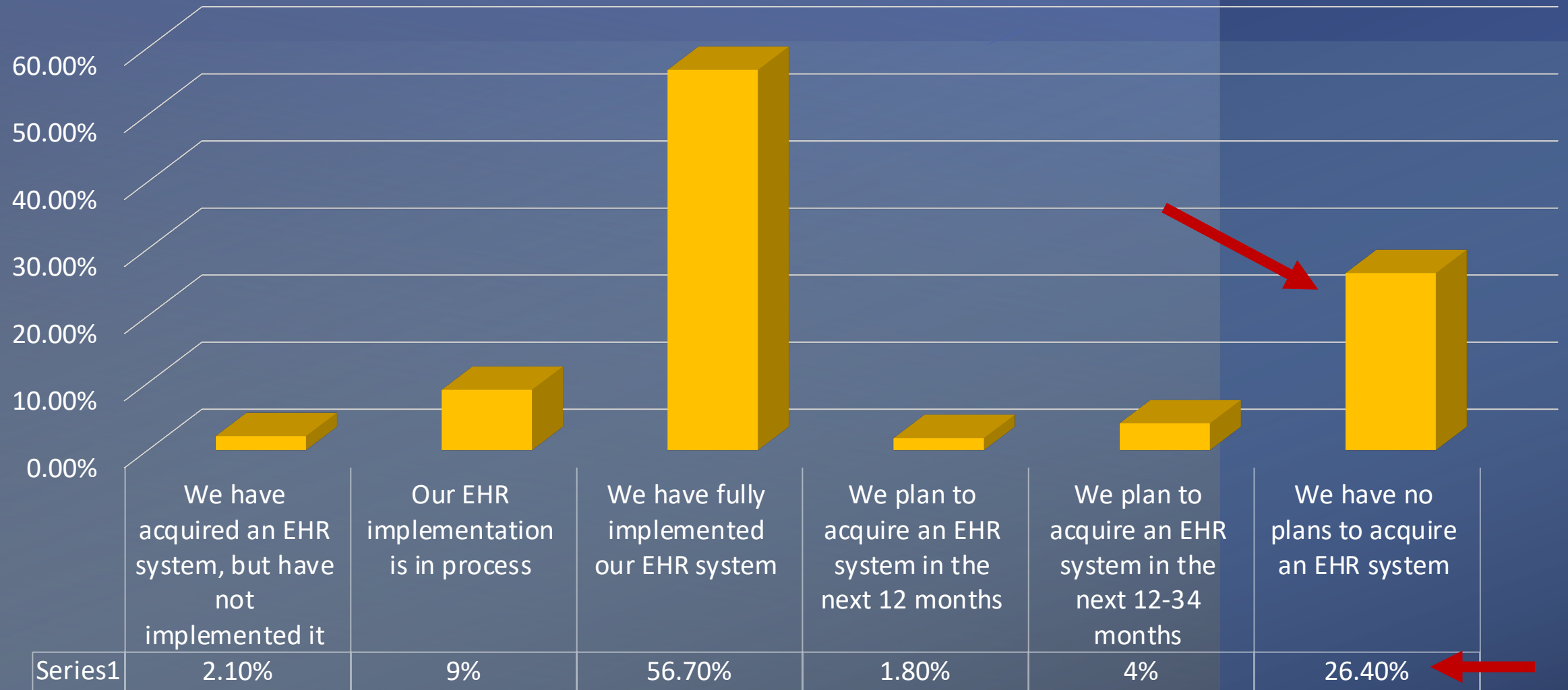
# Planning for Connecticut's Behavioral Health Providers

62% of surveyed providers reported **working independently** or in a practice with **fewer than five** providers.

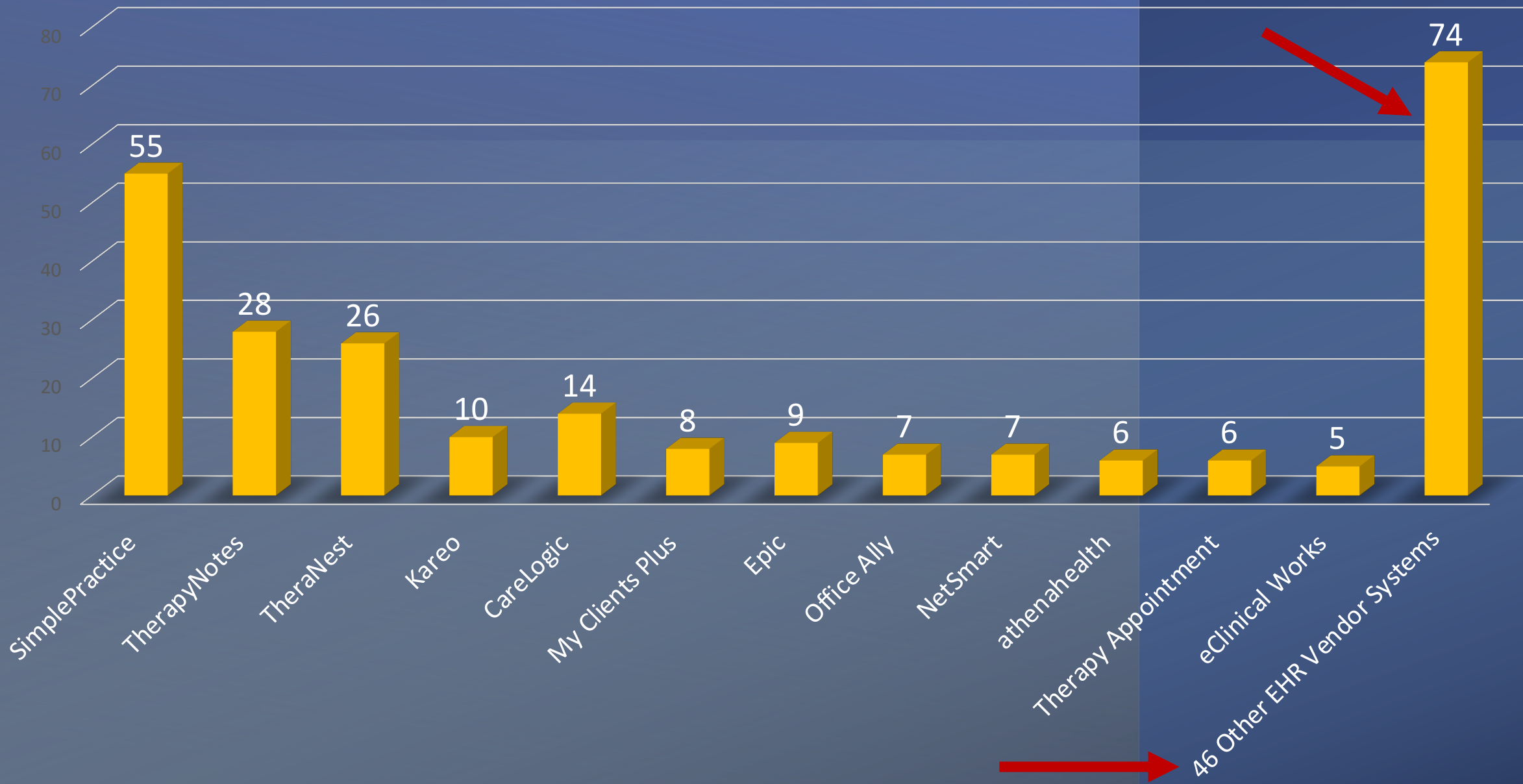
It is important to **support care coordination** between behavioral health and primary care providers with **health IT solutions** that even **the smallest practices can afford and manage.**



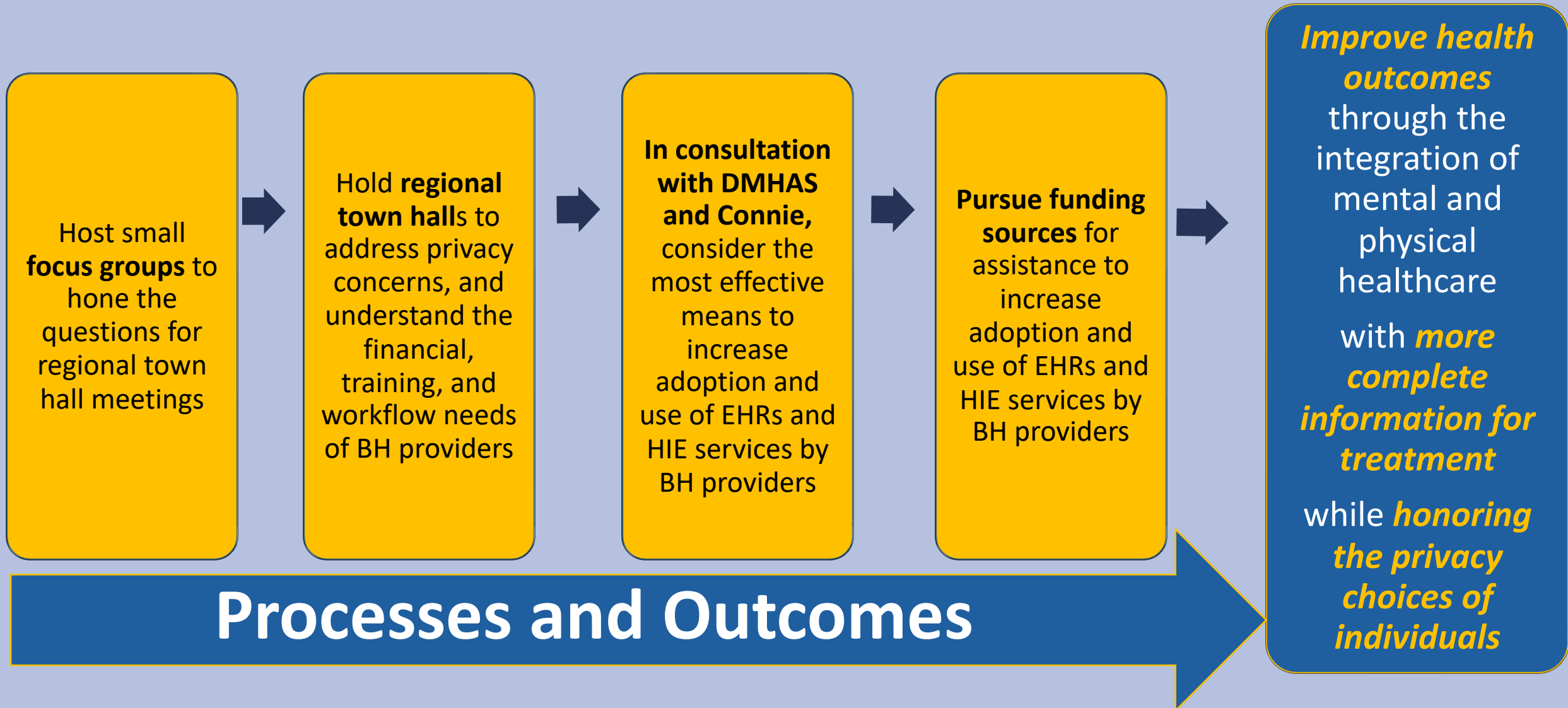
# More than a Quarter of Surveyed Providers Have Not Adopted an EHR



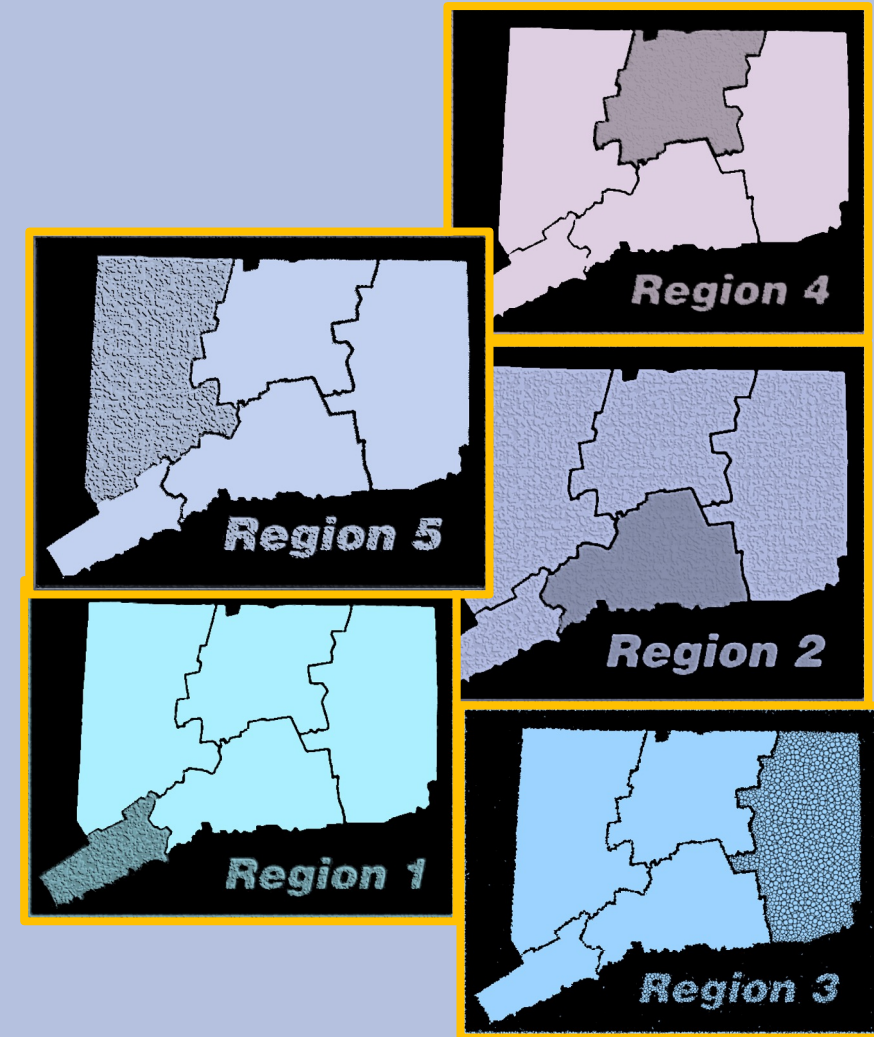
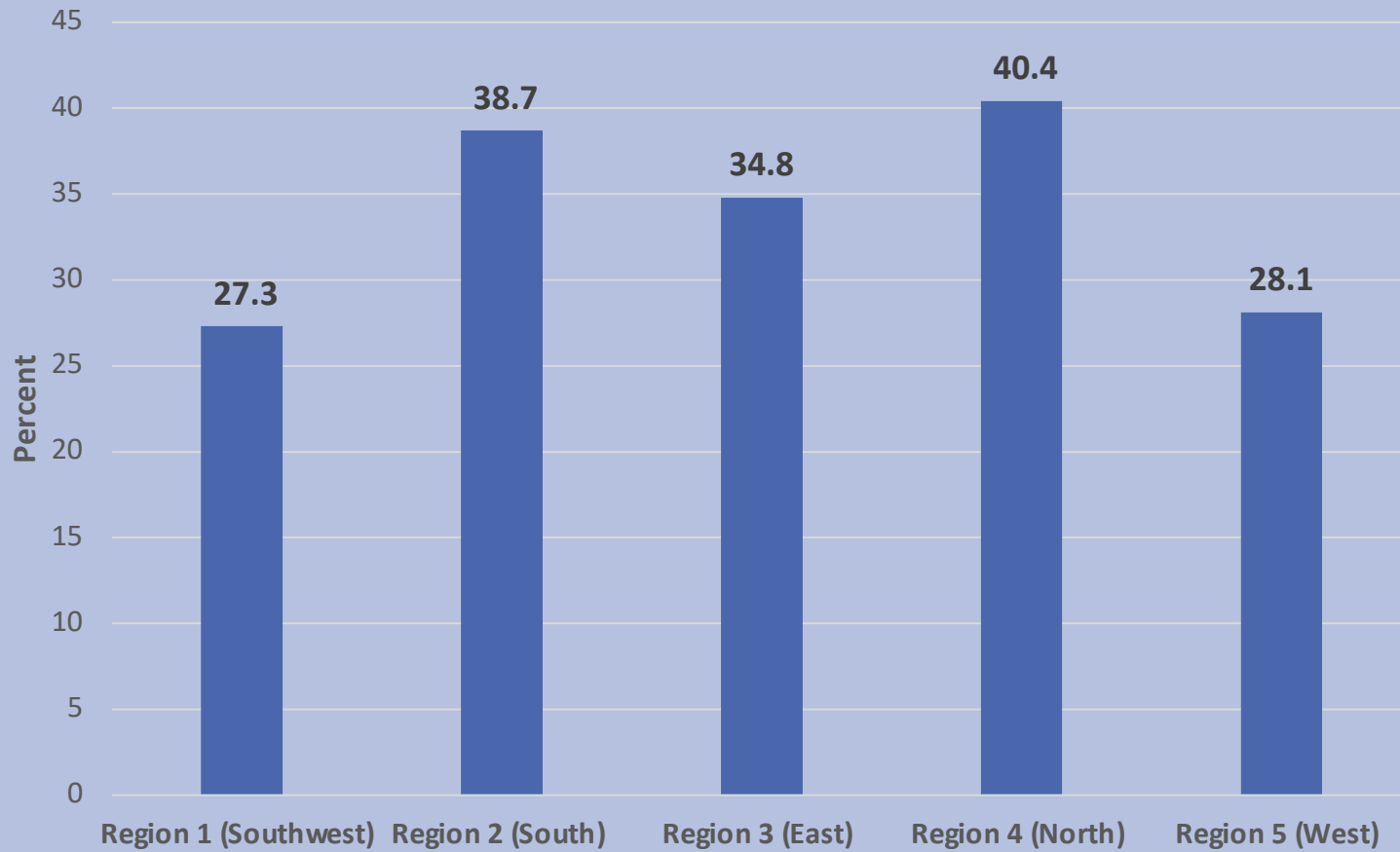
# 59 Different EHR Vendors Reported in Survey Responses



# Support Behavioral Health Providers Use of Health IT



# Leverage Connecticut's Local Mental Health Regions



**Distribution of 2021 Survey Responses by LMH Regions**

# Community Engagement Goals



**Understand data privacy concerns**



**Increase awareness of Connie services**



**Understand barriers to adoption**



**Understand training and technical assistance needs**



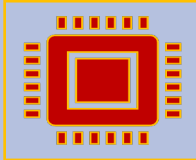
# Examples of Questions For Town Hall Discussions



Are you using an EHR to document client care?

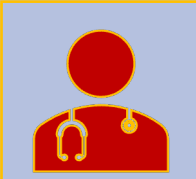
Are you using an EHR system to share information about client care?

?



Are you currently participating in HIE with Connie ? Are you considering it?

What would help alleviate your concerns and increase your interest in using HIE services?



How do you usually find out if a client is in crisis in an emergency department?

What types of information would be most helpful as you're providing client care?



Do you have opportunities to speak with your clients about the benefits of sharing information with other healthcare providers they're seeing?

Would you like more resources or training to help you with those conversations?



What would you like to see happen from these conversations?

Do you have ideas for policies, programs, technology, regulations?

What kinds of assistance would be most helpful?

# Strategies and Tactics

**Support behavioral health providers in the use of health IT**

## Engage

Hold focus groups and town hall listening sessions

Provide communication support for Connie and DMHAS

Involve other HHS agencies (DSS, DCF, DPH, etc.)

➤ **Address data privacy concerns**

## Educate

Learn more about barriers and needs for technology and training

Understand and discuss ways to address privacy concerns

Emphasize the value of care coordination

➤ **Increase awareness of Connie services**

## Evaluate

Support Connie in addressing privacy concerns

Analyze funding options to assist BH providers

Support DMHAS with technology planning and evaluation

➤ **Assess and define technology and training needs**

## Execute

Develop funding plan for provider assistance fund

Develop training and technical assistance programs

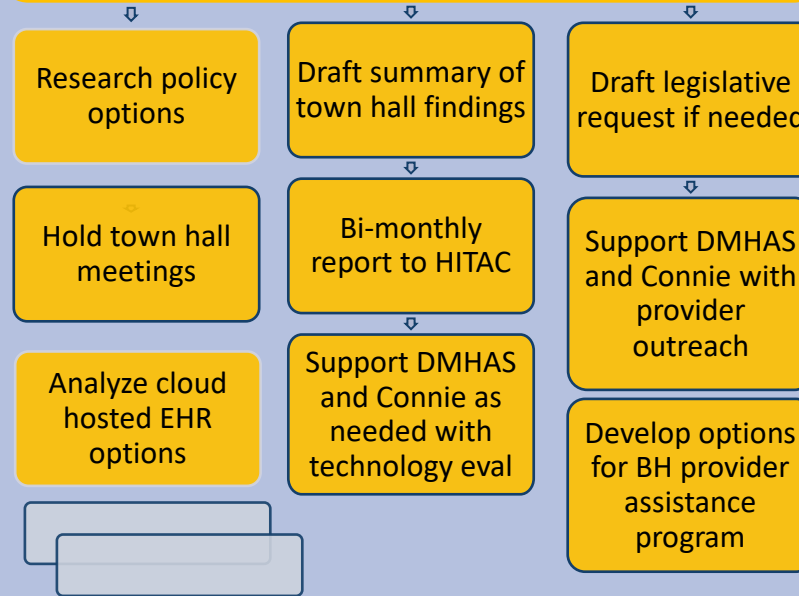
Measure adoption of EHR/HIE technology and impacts on care

# High-Level Workplan for Engagement Campaign and Provider Assistance Program Planning

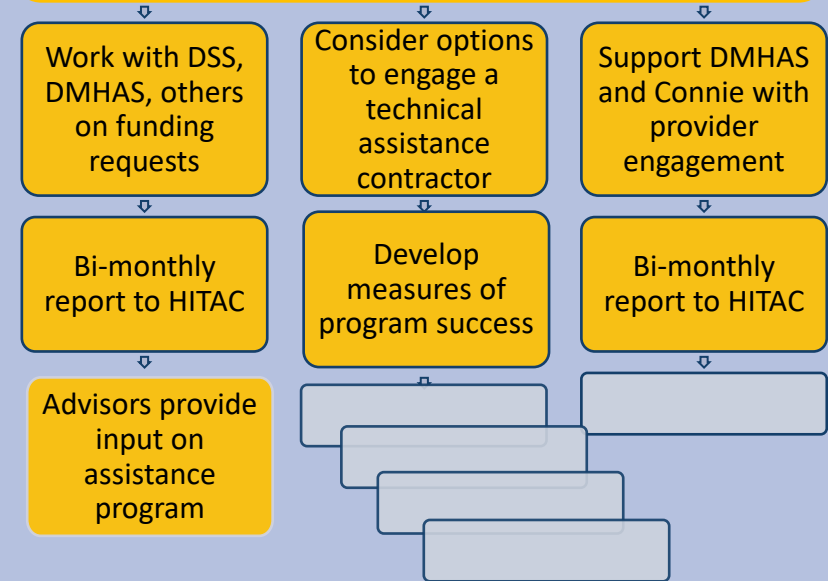
## 2022 - Q2



## 2022 - Q3



## 2022 - Q4



### Dependencies:

- Funding secured for provider incentives, technical assistance, and training
- Cloud EHR technology offered to ensure standards and economies of scale
- Trust is established and maintained in Connie to ensure data privacy and enable person-focused policies and services

# Health Information Exchange Sustainability Support Workgroup Update

*Sumit Sajnani, OHS HITO*

# Announcements & General Discussion

*Dr. Joe Quaranta, Council Members*

# Wrap Up and Meeting Adjournment

**Next Meeting Date:**  
May 19, 2022

# Contact Information

## OHS Contact for April 2022 HITAC Meeting

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<https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT-Advisory-Council>