

Incorporating Mental Health & Addiction Providers into the Nation's Health IT System

The American Recovery and Reinvestment Act of 2009 (ARRA) provides over \$19 billion to incentivize medical providers to use health information technology (Health IT) to help foster the adoption and meaningful use of electronic health records and other Health IT. The ARRA authorizes the Centers for Medicare & Medicaid Services (CMS) to provide a reimbursement incentive for physician and hospital providers who are successful in becoming "meaningful users" of an electronic health record (EHR) and delineates future penalties for Medicare providers not meeting meaningful use requirements.

While psychiatrists and nurse practitioners providing addiction and mental health services within community behavioral health organizations (CBHOs) can access these incentive payments, all other providers who work within CBHOs cannot. As CBHOs typically have very few medical providers compared to the number of psychologists, social workers, and other clinical staff, this greatly limits the likelihood of CBHOs meaningfully utilizing Health IT.

In addition, while hospitals are eligible to receive facility payments under the Medicare and Medicaid incentive programs, **CBHOs are excluded from facility payments**, thus greatly limiting the likelihood of clients fully benefiting from the proven benefits of provider adoption of Health IT.

The Consequences

The implications of not comprehensively including CBHOs in the incentives program are serious. A 2006 SAMHSA study documents disproportionate physical morbidity and premature death among consumers served in the public mental health system, showing that these individuals die in their early fifties, primarily due to preventable medical conditions such as cardiovascular, pulmonary and infectious disease. Adequate funding for technology is critical to enabling mental health and addiction providers to implement systems that help them provide quality care, measure outcomes and enable continuity of care between primary care, mental health, and addiction services. Without this, community behavioral health providers:

- Cannot track health outcomes
- Cannot engage in cost-effective chronic disease prevention & recovery
- Cannot be held accountable for using best practices

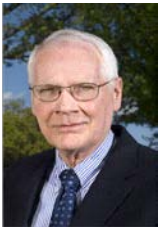
REQUEST: Please sign on as a co-sponsor to the Health Information Technology Extension for Behavioral Health Services Act of 2010 (HR 5040), which was introduced by Representative Patrick Kennedy. This legislation makes CBHOs eligible as organizations under the Hospital incentives, and adds psychologists and social workers to the list of eligible professionals to receive incentive payments for the meaningful use of Health IT.

For more information, please contact Chuck Ingolia, Vice President, Public Policy at the National Council (ChuckI@thenationalcouncil.org; 202-684-7457 ext. 249).

Leading Behavioral Health Experts Call for Change



"Community behavioral health organizations – the healthcare safety net for many individuals with addiction and mental health disorders around the country – must be comprehensively included in all federal health information technology initiatives. The addiction and mental health professionals that work within CBHOs strive to provide their clients with high-quality, efficient, and well-rounded care on a daily basis. The incorporation of Health IT into their daily practice is a vital component to achieve this goal." – Linda Rosenberg, MSW, President & CEO, National Council for Community Behavioral Healthcare



"Behavioral healthcare will not be a full participant in National Health Reform without actively implementing EHRs and PHRs. Representative Kennedy's proposed Bill is essential to help us take this step. NACBHDD fully supports Representative Kennedy's Bill. I hope that you will do so also." – Ron Manderschied, PhD, Executive Director, National Association of County Behavioral Health and Developmental Disability Directors



"Mental illnesses are prevalent, costly and highly comorbid with other medical conditions. Keeping behavioral health outside the mainstream of health care (including health information technology) is not only a dualistic anachronism; it hurts patients and families and wastes resources. Sharing of information (with patients' knowledge and consent) and coordination of care across the silos of mental, substance use and general health care is essential. Monitoring and improving the quality of behavioral health care is no less important than for general health care." – Testimony by Harold A. Pincus, M.D., Columbia University, New York-Presbyterian Hospital, RAND Corporation, to the Health IT Policy Committee on 10/27/2009.



"Health I.T. must come first in healthcare reform efforts – and it must be inclusive. When even one provider of care is restricted from accessing health information technologies, the financial and human costs greatly increase. We wouldn't dream of excluding oncologists or pediatricians from accessing Health I.T. incentives. Why are we excluding community mental health care providers? With their patients dying 25 years earlier than their peers, these providers most need the benefits of Health I.T." –Dennis P. Morrison, Ph.D., CEO, Centerstone Research Institute



"While data on suicide attempts, hospitalizations and drug overdose is crucial to proper treatment of mental illness and addictions, our center's current legal and funding issues regarding information technology make it difficult to gather this data. Currently, Information gathered in treatment sessions or doctor's visits must be extracted from the note and entered into a table. We currently use an electronic record that doesn't yet have a doctor page, so all of our physician notes are written by hand. If a patient has been hospitalized, there is no possibility of obtaining that information other than as a faxed evaluation or discharge summary. Again, that must be hand-entered into a data warehouse. This process is so labor intensive that we simply can't do it." -- A. Camis Milam, M.D., Chief Medical Officer, The Center for Health Care Services, San Antonio, TX.



"Sharing standardized information through electronic medical records allows for increased safety regarding the possible negative interaction of drugs in patients with multiple physical and emotional issues, while reducing overall costs to our healthcare delivery system. Every family in America is touched by an elderly parent with dementia, a teenager entangled in addiction or the growing diagnoses of autism and bipolar disorder. In each case, physical and mental health is inextricably intertwined and both the treatment plan and medications must be integrated as well. Not only will the incorporation of all data and treatment improve patient outcomes, it will lower costs as well." – Deborah Taylor Tate, former FCC Commissioner, former legal counsel for Governor Lamar Alexander, former Director of Vanderbilt Institute for Public Policy, Board member, Centerstone Community Mental Health Center, Nashville, TN