Presenters

Sharon Bari – Program and Curriculum Education Manager at NYeC
sbari@nyehealth.org

OK (Okechukwu) Ogbutor – Quality Improvement Specialist at NYeC
oogbutor@nyehealth.org
About NYeC

• New York eHealth Collaborative (NYeC, pronounced “nice”) is a non-profit organization, working in partnership with the New York State Department of Health as the designated entity to improve healthcare through health information exchange (HIE) across the state. NYeC leads the advancement of the Statewide Health Information Network for New York (SHIN-NY), which connects seven regional networks, or Qualified Entities (QEs), allowing participating healthcare professionals, with patient consent, to quickly access electronic health information and securely exchange data with any other participant in the state.

• Health Care Advisory Professional Services (HAPs) team assists providers in implementing technologies and processes to improve healthcare delivery in New York State.
Services Provided by NYeC

- HIT Webinar Series
- Office Hours
- Vendor Workgroups
- RHIO Toolkit
- Learning Management System
Learning Objectives of This Webinar

1. Describe the current healthcare landscape and the value of HIT for behavioral health providers.
2. Understand how Health IT (electronic health records and health information exchanges) improves patient care in a behavioral health setting.
3. Understand how electronic health records (EHRs) can be leveraged in healthcare integration.
4. Evaluate the use of Health IT in your own organization.
PAT Milestones Addressed In This Learning Collaborative

• TCPI Change Package – 2.4. Optimal Use of Health Information Technology (HIT)
  • Innovate for access (PAT Milestone 17)
• Other PAT Milestones affected by this work
  • Share information through technology (PAT Milestone 10)
  • Use technology supporting evidence (PAT Milestone 1)
  • Use technology for partnerships (PAT milestone 9)
  • Drive efficiency through technology (PAT Milestone 1, Milestone 18, Milestone 22)
Objective 1

1. Describe the current healthcare landscape and the value of HIT for behavioral health providers.
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# Health IT Landscape & Legislation

<table>
<thead>
<tr>
<th>Year</th>
<th>Events</th>
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| 2009 | • American Recovery and Reinvestment Act (ARRA)  
      • HITECH Act – Health Information Technology for Economic and Clinical Health |
| 2010 | • Medicare and Medicaid EHR Incentive programs - ONC Health IT Certification Program |
| 2015 | • The ONC Certification 2015 Edition supports diverse health IT systems and includes those applicable for behavioral health settings. |
| 2016 | • 21st Century Cures Act – Focus on improving the care of people with mental and substance use disorders  
    • New role of assistant secretary for mental health and substance use disorders.  
    • $1 billion spend on grants to support efforts to prevent and treat the consequences of opioid misuse and abuse. |
| 2018 | • The Cures Act calls for TEFCA “Trusted Exchange Framework and Common Agreement” in the draft stage. TEFCA establishes a “Qualified Health Information Networks” (QHINs) as a vehicle to help facilitate a standardized methodology for HIE inter-connectivity. |
Health Information Technology (HIT) are the electronic systems that health care professionals and patients use to store, share and analyze health information.
Benefits of Health Information Technology to Clients

- Patient Safety
- Care Coordination
- Communication
- Medication Management
- Patient Centered
- Address Health Disparities
- Privacy

Benefits of HIT to Clients
The Value of HIT Adoption at a HCBS Organization

This video illustrates the value of HIT in a practice that participated in the BHIT grant and went live on HIT with the help of NYeC.
Objective 2

1. Describe the current healthcare landscape and the value of HIT for behavioral health providers.

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Benefits of Electronic Health Records

- An Electronic Health Record (EHR) is more than a digital version of a patient’s paper chart.
  - EHRs are real – time, patient – centered records that make information available instantly and securely to authorized users. While an EHR does contain the medical and treatment histories of patients, an EHR system is built to go beyond standard clinical data collected in a provider’s office and can be inclusive of a broader view of a patient’s care.
  - Utilization of an EHR has a profound impact on care.
EHR Use Leads to Improved Patient Care

- Patient portals with online interaction for providers
- Electronic referrals allowing easier access to follow-up care
- Reliable point of care information and reminders notifying providers of important health interventions
- Convenience of e-prescriptions electronically sent to pharmacy
- Reduced need to fill out the same forms at each office visit
The patient portal provides a means of two-way (secure) communication between a provider and their patient.
EHR Use Fosters Increased Patient Participation

Ensure High Quality Care
• Providers can utilize their EHR to give patients as appropriate and accurate information about all of their medical evaluations.
• Providers can also follow-up information after an office visit or hospital stay, such as self-care instruction's, reminders for other follow-up care, and links to web resources.

Create An Avenue For Communication With Their Patients
• Providers can utilize their EHR to manage appointment schedules electronically and exchange emails with their patients.
• Quick and easy communication between patients and providers may help providers identify symptoms earlier and position providers to be more proactive by reaching out to patients.
• Providers can also disseminate information to their patients through patient portals tied into their EHR system.
EHR Use Prompts Improved Care Coordination

- Electronic Health Record (EHR) systems can decrease the fragmentation of care by improving care coordination patient’s care
  - For example, EHR alerts can be used to notify providers when a patient has been in the hospital, allowing them to proactively follow up with the patient.

- With EHRs, every provider can have the same accurate and up to date information about a patient. This is especially important with patients who are:
  - Seeing multiple specialists
  - Receiving treatment in emergency settings
  - Making Transitions between care settings.

- Better availability of patient information can reduce medical errors and unnecessary tests
Real-time alerts provide for enhanced care coordination and improved patient outcomes.
### Improved Diagnostic & Patient Outcomes

<table>
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<tr>
<th>Health Care Providers with access to complete and accurate information, have found that patients receive better medical care.</th>
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<tr>
<td>- Clinical Decision Support tools in behavioral health which are focused on diagnosis and treatment of depression have been found to be highly effective. (Ranallo, et. al. 2016)</td>
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<table>
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<tr>
<th>EHRs can reduce errors, improve patient safety and support better patient outcomes</th>
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<tr>
<td>- EHRs improve risk management by providing clinical alerts and reminders</td>
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<tr>
<td>- EHRs improve public health outcomes by identifying patients with specific risk factors or combination of risk factors and works with these patients to improve outcomes</td>
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The capability to follow up on lab orders in a real-time basis, greatly improves workflow processes, and reduces unnecessary testing.
Practice Efficiencies & Cost Savings

EHRs help improve practice management by increasing practice efficiencies and cost savings

- Reduced transcription costs
- Reduced chart pull, storage and re-filing costs
- Improved documentation and automated coding capabilities
- Reduced medical errors through better access to patient data and error prevention alerts
- Improved patient health/quality of care through better patient management and patient education

Impact on Revenue: Automating Clinical Documentation and Orders

- Enhanced ability to meet important regulation requirements through alerts that notify providers to complete key regulatory data elements
- Reduction of time and resources needed for manual charge entry resulting in more accurate billing and reduction in lost charges
- Reduction in charge lag days and vendor/insurance denials associated with late filling
EHRs and the ability to exchange health information electronically can help you provide higher quality and safer care for patients while creating tangible enhancements for your organization.
Objective 3

1. Describe the current healthcare landscape and the value of HIT for behavioral health providers.

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Behavioral Health and Primary Care Integration

- BH clients suffer from **under/delayed diagnosis and treatment** and **lack of coordinated care** between primary care and behavioral health providers.
- Many BH clients suffer from chronic co-morbid conditions for example diabetes and heart disease.
  - With greater integration and coordinated care - patients and their primary care providers incorporate behavioral health services and interventions that can create more seamless care.
Use of Health Information Technology for Behavioral Health Integration

Coordinated Care
- Team Based Care
- Referral Tracking
- Patient Centered
- Direct Messaging
- Alerts

Care Management
- Care Plans
- Transitions of Care
- Empanelment
- Population Health

Data Analytics
- Measure Tracking
- Reporting
- Quality Improvement

Care Transitions Network
for People with Serious Mental Illness
Care Coordination and Health Information Exchange
Sharing & Integration

• Move from limited information sharing and integration across settings to emphasis on use of technology to integrate care and share information

• Adoption of standards and develop interfaces for EHR Systems to connect and share data
  • E-Prescribing
  • Substance Abuse – Prescription Monitoring System
  • Practice Workflow Enhancement
  • Quality Improvement
  • Value Based Care
Value Based Care & Quality Measures

• Measurement and tracking quality improvement at an organization

• Value-based healthcare is a healthcare delivery model in which providers, including hospitals and physicians, are paid based on patient health outcomes

• Value-based care differs from a fee-for-service or capitated approach, in which providers are paid based on the amount of healthcare services they deliver.

• Quality Measurement in Value-Based Care
  • Evidence based measures containing information related to
    • Health outcomes for the patient
    • Transitions of the patient across settings
    • Resources used to treat the patient
Example of Coordinated Care for a Health Home Client

Susan, a Staten Island Health Home member has bipolar disorder and suffers from diabetes.

After an accident, Susan is taken unconscious to the ER.

Upon admission, a critical event alert flows from the RHIO to the Health Home dashboard.

Susan’s care team including her Care Manager, Primary care doctor, psychiatrist and therapist are notified of the date, time and location of the hospital admission.

Within hours, Susan’s Care Manager speaks to the hospital physician and social worker.

A care plan is created to help Susan remain healthy and out of the hospital.

A joint discharge plan is created in collaboration with the care manager and the hospital.

Susan has returned home. All members of her care team have access to the relevant discharge summary information.
Objective 4

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Poll - EHR Selection

What was the key consideration in selecting the EHR at your organization?

a) Affordability
b) Functionality
c) Ease of Use
d) Vendor Reputation
e) Other
EHR Selection Criteria from Rest of State (ROS) BHIT Program

Why did you choose this EHR Vendor?

- Affordability: 43%
- Functionality: 59%
- Ease of Use: 32%
- Vendor Reputation: 19%
- Other: 19%
Use of Health IT in Your Organization

- Health Information & Data - Demographics
- Result Management - Tests
- Order Management – E - Prescribing
- Decision Support - Clinical Decision Support
- Electronic Communications and Connectivity – Direct Messaging
- Patient Support – Patient Portal/Education
- Administrative Processes – Practice Management/Billing
- Reporting – Data Analytics/Public Health Reporting Dashboards
- Case Management

Care Transitions Network

for People with Serious Mental Illness
Poll: EHR Module Usage

Which of the following EHR functionality would you like to incorporate more within your organization’s workflow?

a) Case Management
b) Result & Order Management (i.e. Tests and E - Prescribing)
c) Electronic Communications and Connectivity (i.e. – Direct Messaging, Patient Portal)
d) Administrative Processes (i.e. – Practice Management/Billing)
e) Reporting (i.e. – Data Analytics/Public Health Reporting/Dashboards)
Opportunities for PAT Movement

• TCPI Change Package – 2.4. Optimal Use of Health Information Technology (HIT)
  • Innovate for access (PAT Milestone 17)

• Other PAT Milestones affected by this work
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## Practice Assessment Tool (PAT)

| 17 | 2.4.1 | Practice uses technology to offer scheduling and communication options that improve patient access by including alternative visit types and electronic communication approaches. |

*Care Transitions Network for People with Serious Mental Illness*
Use Your EHR to Transition through the PAT Milestones!

<table>
<thead>
<tr>
<th>PAT Milestone 1 – Use Technology Supporting Evidence</th>
<th>PAT Milestone 10 – Share Information Through Technology</th>
<th>PAT Milestone 17 – Innovate for Access</th>
<th>PAT Milestone 18 – Drive Efficiency Through Technology</th>
<th>PAT Milestone 22 – Drive Efficiency Through Technology</th>
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<tbody>
<tr>
<td>• Sustained Improvement on Practice Identified Metrics</td>
<td>• Communication with Primary Care Provider and Care Team</td>
<td>• Multiple Forms of Alternative Visit Types &amp; Communication</td>
<td>• Sound Business Practices - Financial</td>
<td>• Sound Business Practices – Workflow Efficiencies &amp; Processes</td>
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</table>
A Practice Transformed Through The Use of Its EHR & HIE

Goal: To use the Health Information Exchange connection to better coordinate patient care with other providers

Intervention: EHR system exchanged key clinical information by migrating a new patient diagnosis or problem to a patient’s current problem list

- Reviewed updated Face sheet that provided a quick overview of the patients medical and surgical history, medications, medication allergies, and previous treating physicians
- New process mapped to perform additional recordkeeping to enhancing the quality of data

Results: The practice identified cost savings and improvements to operational efficiency

- Decreased patient wait time for appointments from 2 weeks to 19 mins
- Reduced wait time on insurance billing from 19 days to 4 days
- Reduced duplicate testing by an average of $100 per patient
- EHR captured 334 missed appointments per year
- Reduced time spent on records management ($75,000 per year)
- Reduced time spent on billing ($140,000 per year)
### Thirteen Behavioral Heath Quality Measures

**HEDIS – Claims Based**

<table>
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<tr>
<th>#</th>
<th>Indicator</th>
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<tbody>
<tr>
<td>1</td>
<td>All-cause 30 day readmission rate following MH inpatient discharge</td>
</tr>
<tr>
<td>2</td>
<td>30-day MH re-admission</td>
</tr>
<tr>
<td>3</td>
<td>Follow-Up After Hospitalization for mental Illness. 7 Days</td>
</tr>
<tr>
<td>4</td>
<td>Follow-Up After Hospitalization for mental Illness. 30 Days</td>
</tr>
<tr>
<td>5</td>
<td>Adherence to antipsychotic medication (PDC) for people with schizophrenia (%)</td>
</tr>
<tr>
<td>6</td>
<td>Adherence to mood stabilizers for people with bipolar 1 disorder (%)</td>
</tr>
<tr>
<td>7</td>
<td>Use of antipsychotic drug Clozapine for schizophrenia</td>
</tr>
<tr>
<td>8</td>
<td>Use of antipsychotic long acting injectable (LAIs) for schizophrenia</td>
</tr>
<tr>
<td>9</td>
<td>Use of multiple concurrent antipsychotics</td>
</tr>
<tr>
<td>10</td>
<td>Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications (%)</td>
</tr>
<tr>
<td>11</td>
<td>LDL screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications (%)</td>
</tr>
<tr>
<td>12</td>
<td>14-day initiation and engagement of alcohol and other drug (ADD) dependence treatment (14 days)</td>
</tr>
<tr>
<td>13</td>
<td>30-day initiation and engagement of ADD dependence treatment</td>
</tr>
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Quadruple Aim of Health Care

Control Total Cost of Care → Improve Patient Satisfaction

Improve Provider Experience ↑ → Improve Health Outcomes ↓
Next Steps

- **Office Hours**
  - Receive personalized attention to address your Health Information Technology (HIT) Needs
    - Date: March 20, 2019
    - Session 1: 11am – 12pm
    - Session 2: 1pm – 2pm

- **Vendor Workgroup Launch**
  - Come collaborate with other organizations utilizing your EHR and learn best practices on how to optimize your system
    - Date: TBA

- **Second Webinar – invitation to follow!**
  - Electronic Health Records (EHR) Optimization & Workflow Redesign for Behavioral Health Providers
    - Date: April 30, 2019 at 12 - 1 PM

- **Send an email to CareTransitions@TheNationalCouncil.org to enroll!**
  - NYeC Learning Management System – A library of materials including tools, website links, and videos covered in the Learning Collaborative
  - Vendor Workgroups – Collaborate with other organizations utilizing your EHR
Sources and Resources

• Health and Human Services – The Office of the National Coordinator for Health Information Technology
  www.healthit.gov/

• Agency for Healthcare Research and Quality – National Resource Center on Health IT
  http://healthit.ahrq.gov/

• Markle Foundation – Health Information Technology Projects
  http://www.markle.org/markle_programs/healthcare/

• National Conference of State Legislatures – Health IT Program
  http://ncsl.org/Default.aspx?TabID=160&tabs=832,97,326#326

• SAMHSA - https://www.samhsa.gov/section-223/webinars
Terminology

- **Electronic Health Record (EHR):** An electronic record of health-related information on an individual that conforms to nationally recognized standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization.

- **Electronic Medical Record (EMR):** An electronic record of health-related information on an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff within one health care organization.

- **Health Information Exchange** is the electronic movement of health-related information among organizations according to nationally recognized standards.

- **Regional Health Information Organization (RHIO):** A health information organization that brings together health care stakeholders within a defined geographic area and governs health information exchange among them for the purpose of improving health and care in that community.

- [http://www.mentalhealthamerica.net/issues/health-information-technology](http://www.mentalhealthamerica.net/issues/health-information-technology)
Questions
Thank you!

www.CareTransitionsNetwork.org
CareTransitions@TheNationalCouncil.org

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