



The logo features a central white circle with a human silhouette, surrounded by six smaller circles containing icons: a cross, a heart, a water drop, a pill, a clipboard, and a brain. The text 'SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS' is positioned to the right of the icon cluster.

**SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS**

**Exchanging Patient Health
Information in the PBHCI Grant**

SAMHSA
Substance Abuse and Mental Health Services Administration

HRSA
Health Resources & Services Administration

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Four HIT-Centered Agenda Items

- #1. Understand** the PBHCI grant expectations
- #2. Assess** your program's "As Is" Condition
- #3. Plan** to meet expectations (phased plan)
- #4. Report BH progress** every quarter

(#1 – Understand Grant Expectations)

Who Needs to Meet HIT Grant Expectations?

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

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(#1 – Understand Grant Expectations)

Use Health Information Exchange (HIE)

- **BH Provider Communicates Electronically**
 - Among BH/PCP team members
 - Between BH/PCP and Patient
 - Between BH/PCP and Community

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(#1 – Understand Grant Expectations)

BH Provider “Develops and Demonstrates Abilities”

- Submit prescriptions electronically
- Receive lab results electronically
- Share “Continuity of Care Record” (CCR)
- Participate in Regional Extension Program

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(#1 – Understand Grant Expectations)

“Abilities” Workaround - ePrescribing

To “Submit prescriptions electronically” (non-prescribers)

- Maintain “Active Medications List” in BH EHR
- Maintain “Medications Allergies” List in BH EHR
- BH EHR Medications Updates > PCP

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(#1 – Understand Grant Expectations)

“Abilities” Workaround – Lab Results

To “Receive lab results electronically” (no interface)

- Manually enter into BH EHR
- Scan in as “Medical Document”

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(#1 – Understand Grant Expectations)

“Abilities” Workaround – Share CCR

To “Share a Continuity of Care Record”
(no access to state-based HIE)

- Obtain Secure Messaging Accounts
- Generate PHI Summary
- Transmit/Receive with PCP

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(#1 – Understand Grant Expectations)

**“Abilities” Workaround
“Regional Extension Centers (RECS)”**

“Participate in the Regional Extension Center”

- State-based TTA
- “Register” with State HIE
- Access State REC/HIE Resources
- Lobby to access PHI in HIE

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✓ **#1. Understand** grant expectations

- BH > Conducts Electronic HIE
- BH > Demonstrates “Abilities”
- BH > Meets grant HIT expectations

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Poll Question

Is your PBHCI Grant Program Using A 2014 Edition Certified EHR?

- Yes
- No
- Unsure

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#2 – Assess “As Is” Condition

BH Provider Three Essentials

- Stage 2 Certified EHR (2014 Edition)
- Patient Summaries
- “Direct” (eExchange) Secure Messaging

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#2 – Assess “As Is” Condition

2014 Edition Certified EHR

- Confirm current version with vendor
 - If 2014 Edition - good!
 - If not – plan for 10/01/2015?



#2 – Assess “As Is” Condition

CCR > Patient Summaries

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



#2 – Assess “As Is” Condition

“Direct” Secure Messaging Accounts

- State-based HIE
- Transmit directly from EHR
- Ultra secure
- Low cost

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✓ Assess “As Is” Condition

- 2014 Edition certified EHR (10/01/2015)
- CCR (Patient Summaries)
- Direct Secure Messaging Accounts

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Poll Question

Does your PBHCI Grant Program Have Access to a Direct Secure Messaging Account?

- Yes
- No
- Unsure

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#3 – Plan to Meet Expectations

Conduct Gap Analysis

Where the program is now ("As Is")

- No 2014 Edition EHR
- Not exchanging summaries
- No eExchange Secure Messaging Account

Where it needs to be ("To Be")

- BH leveraging 2014 Edition EHR
- BH generating patient summaries
- Summaries shared via eExchange

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#3 – Plan to Meet Expectations

Pinpoint Your “As Is” Phase by Grant Requirement

Grant Expectation for BH PBHCl grantee	Phased approach for BH EHRs and meeting PBHCl HIE Related Grant Requirements				SAMHSA approved workaround to meet requirements
	Phase 1 Getting Ready	Phase 2 Beginner	Phase 3 Progressing	Phase 4 Intermediate (expectations met)	
Adopt electronic health information technology (EHR) to achieve Meaningful Use standards.	2011-2013 Edition EHR (No plans to update to 2014 Edition in near future).	2014 Edition EHR (Updating to or just transitioned)	2014 Edition EHR (use expanded)	2014 Edition EHR (use fully leveraged)	Must use at least a 2013-2013 Edition certified EHR with plan to transition to 2014 Edition.
Submit 40% of prescriptions electronically	All active BH scripts, patient reported medication allergies entered manually and/or via ePrescribing	All active BH and all primary care partner scripts, patient reported medication allergies, entered manually and/or via ePrescribing	All active BH and all primary care partner scripts, patient reported medication allergies, entered electronically as routine part of information exchange, and/or via ePrescribing	All active BH and all primary care partner scripts, patient reported medication allergies, updated electronically as routine part of exchanging patient information and/or via ePrescribing	Record active medications and medication allergies in EHR manually.
Receive structured lab results electronically	PBHCl grant health risk assessment indicator clinical lab test results entered manually into BH EHR as structured data OR included in record as Medical Document	PBHCl grant health risk assessment indicator clinical lab test results entered into BH EHR manually as structured data	PBHCl grant health risk assessment indicator clinical lab test results entered manually into BH EHR as structured data, AND/OR receiving lab results electronically	All clinical lab test results entered manually into BH EHR as structured data AND/OR receiving lab results electronically	Clinical lab test results are manually integrated with the rest of the data in the patient's BH electronic record as structured data.

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#3 – Plan to Meet Expectations

Sharing Continuity of Care Information

Share a standard Continuity of Care record between behavioral health and physical health providers.	<ol style="list-style-type: none"> 1) Minimum CCR data set populated in .pdf or image format. 2) Data set exchanged between PCP and BH on request using point-to-point secure messaging account (external to patient record). 3) Procedure to maintain information in BH EHR 4) PBHCl practice management and clinical workflows reflected in EHR and spreadsheets 5) Plan to transition from ICD-9 to ICD-10 codes by Oct 1. 	<ol style="list-style-type: none"> 1) Minimum CCR data set populated in .pdf or image format. 2) Data set exchanged between PCP and BH on request using point-to-point secure messaging account available via patient record. 3) Procedure to maintain current information in BH and also in PCP EHRs 4) PBHCl practice management and clinical workflows updated to leverage 2014 Edition capacities. 	<ol style="list-style-type: none"> 1) All available data in CCR data set populated in .pdf and also in electronic format. 2) Data set exchanged between PCP and BH on request using point-to-point secure messaging account available via patient record, and/or access to state based HIE. 3) Procedure to maintain current information in BH and in PCP EHRs current information in EHRs 4) PBHCl practice management and clinical workflows implemented using EHR, plan to transition remaining spreadsheet workflows in to EHRs 	<ol style="list-style-type: none"> 1) All available data in CCR data set populated in .pdf and computer readable, electronic format for exchange. 2) Data set exchanged between PCP and BH as a matter of routine, using point-to-point messaging and/or state-based HIE. 3) No special procedures necessary to update and maintain current information in both EHRs. 4) All PBHCl referrals, appointments reflected in BH EHR, patient information centralized and maintained in BH EHR, accessed and used routinely for care coordination 	<p>Data sets shared are Transition of Care Summary for referrals (accepting and receiving) and Clinical Summary for follow up re: patient BH and PCP encounters.</p> <p>PCP and BH providers should establish eExchange point-to-point secure messaging accounts.</p> <p>Patient summary docs are generated from EHRs.</p> <p>Patient summary docs including clinical encounter updates (clinical summaries) are transmitted / received using eExchange.</p> <p>BH EHR reflects the updated data.</p>
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About Participating in Regional Extension Center Programs (RECS)

- Two year initiative
- Provide EHR TTA to PCPs
- Many no longer operating
- Those left charge fees
- Access state-based HIE

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✓ **Plan** to Meet Expectations

- Conduct Gap Analysis
- Pinpoint Current Level
- Review Next Level
- Concrete Plan for Next Level

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Poll Question

Would you like additional technical assistance on creating a project plan?

- Yes
- No
- Unsure

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#4 –BH EHR progress in quarterly PBHCI reports

Reporting BH Provider Progress

- Last question in quarterly report
- BH progress in transition to next levels
 - PCP Meaningful Use? **X NO!**
 - BH Provider Meaningful Use? **✓ YES!**
 - BH Provider HIE? **✓ YES!**

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#4 –BH EHR progress in quarterly PBHCI reports

Summary

- ✓ **Report** BH Provider Progress
- Every quarterly report
- Focus on project plan
- BH provider progress
- Health Information Exchange

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Poll Question

Will you be able to report BH Provider progress over this quarter? (July-Aug-Sept 2015)

- Yes
- No
- Unsure

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Grant Expectations Summary

- Applies to BH provider, NOT PCP Partner
- Meet Standard for Meaningful Use
 - Use 2014 Edition certified EHR
 - Generate summary reports
 - Get Direct account
- HIE with providers, patients

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Questions? Concerns? Assistance?

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