Health IT and the Evolution of Primary Care and Behavioral Health Coordination:

An organizational study of federally qualified health centers in Massachusetts

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Presenter Disclosure

- The following personal financial relationships with commercial interests relevant to this presentation in the past 12 months

  "No relationships to disclose"

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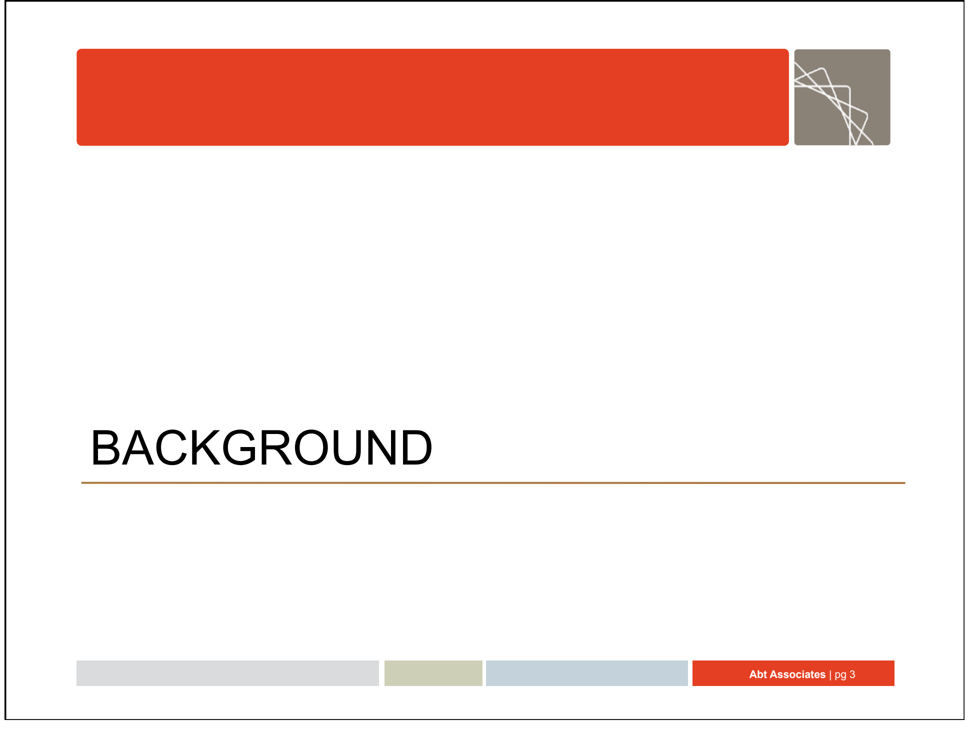

Meaningful Use in Federally Qualified Community Health Centers (CHCs)

- **Medicaid EHR Incentive Program**
  - Improve quality, safety, efficiency, and to reduce health care disparities[1]
  - Increase in EHR adoption among CHCs[2]
  - Most behavioral health providers **not** eligible for incentives (e.g., clinical social workers, psychologists)
- **CHCs:** Non-profit, community-based primary care providers
  - Section 330 grant funding and enhanced Medicaid reimbursement
  - Located in high-need area
  - Governed by a community board
  - Provide comprehensive primary care to all, regardless of ability to pay

[1]**Center for Medicare and Medicaid Services [CMS].** Eligible professional meaningful use table of contents core and menu set objectives, stage 1 (2013 definition). Baltimore, MD: U.S. Department of Health and Human Services; 2014 [cited 2014 Jul.]
[2]Jones EB, Furukawa MF. Adoption and use of electronic health records among federally qualified health centers grew substantially during 2010-12. Health Aff (Millwood). 2014;33(7):1254-61.

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SAMHSA-HRSA's Standard Framework for Levels of Integrated Care

COORDINATED Key Element: Communication		CO-LOCATED Key Element: Physical Proximity		INTEGRATED Key Element: Practice Change	
Level 1 Minimal Collaboration	**Level 2 Basic Collaboration at a Distance**	**Level 3 Basic Collaboration Onsite**	**Level 4 Close Collaboration Onsite with Some System Integration**	**Level 5 Close Collaboration Approaching an Integrated Practice**	**Level 6 Full Collaboration in a Transformed/ Integrated Practice**
Behavioral health, primary care, and other health care providers work in					
Separate Facilities	Separate Facilities	Same facility not necessarily same offices	Same space within the same facility	Same space within the same facility; some shared space	Same space within the same facility; all practice space shared
Implications for Health Information Technology Use, Care Coordination, Information Exchange					
Separate Systems (All electronic or combination w paper records)	Separate Systems (All electronic or combination w paper records)	Separate Systems (All electronic or combination w paper records)	Some System Integration	Shared Electronic Record Systems	Integrated Electronic Record System and Care Plans
One way information sharing, if any	One way information sharing, if any	Some reciprocal information sharing; separate systems	Some reciprocal information sharing within same system	Information sharing, referrals, tasking in same system	Collaborative care plan, referrals, tasking in same system

Heath B, Wise Romero P, and Reynolds K. A Standard Framework for Levels of Integrated Healthcare. Washington, D.C.SAMHSA-HRSA Center for Integrated Health Solutions. March 2013.

Research Questions

In CHCs with different behavioral health care delivery models (i.e., coordinated, co-located, integrated):

- How do CHC providers "meaningfully use" EHR systems to coordinate primary care and behavioral health services?
- What are the barriers and facilitators to "meaningfully use" EHRs to coordinate care, exchange information, and engage patients? How do these differ by care delivery model?

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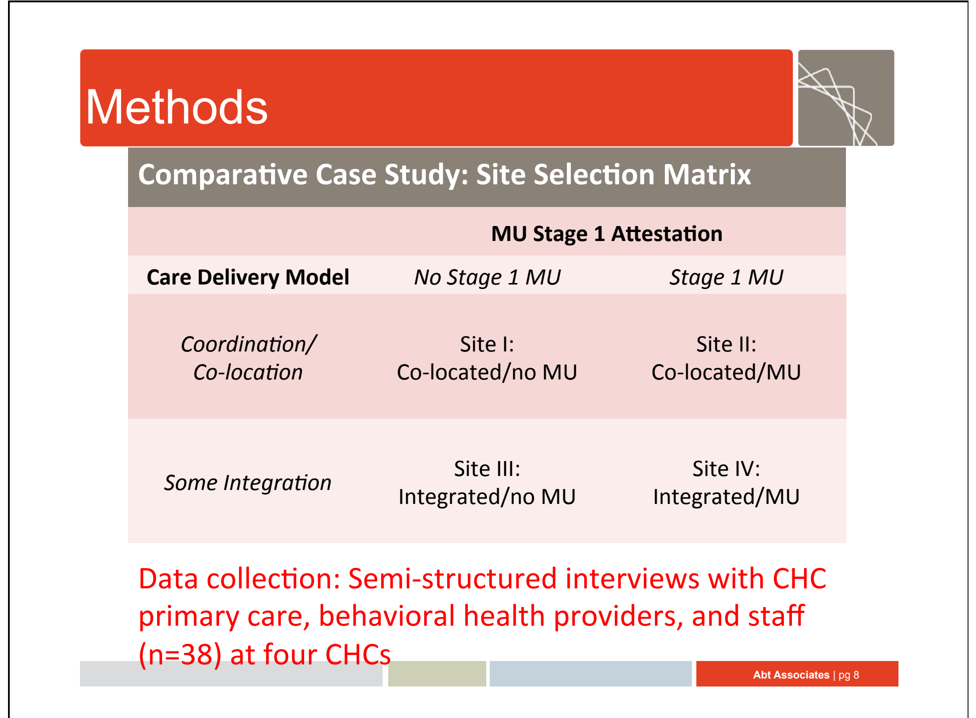

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CHC providers are using EHRs to coordinate primary care and behavioral health

- "Live" shared care plans
- Referral and "tasking" features in EHRs
- "Warm hand-off" and system tracking
- PCP use of clinical decision support for routine screening (e.g., depression, substance use)
- Team-based care—shared records for embedded behavioral health providers on primary care teams

> *I want my peers to also recognize that there can be greater job satisfaction, patients feel better cared for, and necessary care is delivered more quickly and efficiently when we use the EHR effectively to share information. So I push clinicians frequently to stretch outside their usual behavioral health therapy mindsets and explore the accessible medical areas of the EHR.*
> ~Behavioral Health Director

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But significant barriers remain to "meaningful" EHR use, particularly for behavioral health

- Inadequate planning & CHC resources, including productivity reduction for implementation
- Organizational climate
- Patient engagement? Visit summaries/patient portals
- Lack of well-designed electronic tools to document screening and assessments
- Lack of clinical decision support or behavioral health
- More resistance from behavioral health providers

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EHR Systems not designed for behavioral health providers or coordination

- EHR System Designer-user gap
  - Technical system limitations
  - EHRs designed for medical practice and many behavioral health departments use paper
  - Standard data capture not useful for clinical notes, screenings, assessments
  - Significant "tailoring" of systems to meet needs

Our behavioral health department is a "black box." We don't really interface too much with behavioral health because they don't use an EHR. We do have monthly meetings to go over cases, but these are mainly for problem cases. Not the day-to-day management. Information gets back from our behavioral health department through faxing or nurses.
~Primary Care Provider

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Information sharing with community BH providers is a significant challenge

- Lack of EHR system interoperability with hospitals and community providers
- Prevalence of paper records (no incentive $ for most behavioral health providers!)
- One-way information stream for referrals
- Limited information coming back to PCPs, psychologist, and clinical social workers
- Prevailing culture and privacy concerns about information sharing for behavioral health patients

When I send a patient to a provider outside our system, I document in the plan that the patient was referred. I might send a release of information form with them, but I usually don't get anything back. I find out largely through the patient what happens.
~Primary Care Provider

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Variation in EHR use by delivery model

Care Delivery Model	Evidence of "Meaningful" EHR Use
Coordination/ Co-location	***Challenges Remain—*** • One-way information exchange • No formal electronic collaboration • Clinical decision support for screening only • Culture of not sharing clinical notes • Patient engagement with EHRs is very basic
Partial-Full Integration of Behavioral Health & Primary Care	***More evidence of "meaningful" EHR use—*** • Automated referrals/tracking • "Live" shared care plans • Warm hand-off/electronic referrals • Clinical decision support for screening only • Few barriers to medical record sharing • Patient engagement with EHRs is very basic

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Public and private infrastructure investment necessary

- State and federal gov't incentives, private sector improvements, and/or payment reform
- Standards for data capture and reporting
- "Meaningful" clinical decision support for behavioral health management, screening, & coordination
- Infrastructure for secure and reliable information exchange across systems
- Innovation to engage patients in care management

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Chicken or the Egg…

- Behavioral Health System Challenges
  - Lack of capital investment
  - Historically siloed services
  - Relatively low reimbursement rates for behavioral health, safety-net providers
- EHR System Limitations
  - Features not designed for behavioral health
  - Lack of system interoperability
- ***Federal MU policy excludes most behavioral health providers in CHCs***

Policy Implications: Next Steps

- Federal/state investment in CHC-oriented networks (e.g., HRSA, CMS, Primary Care Associations)
- Investments for CHC behavioral health departments/ providers and community providers
- Technical assistance implementation of evidence-based models of care delivery in CHCs (e.g., coordination, co-location, integration)
- Clarification of regulatory barriers, record integration, provider training
- Compliment delivery reform initiatives (e.g., PCMH)

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