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QualityHealthNetwork.org
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Integration of Behavioral Health Information in Quality Health Network (QHN)

April 20, 2016

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Agenda

- Welcome and introductions: Jacque Jones
- Why is this important, QHN's perspective: Jacque Jones
- Project overview: David Hayden
- Mind Springs medical records consent process: Don Dunlap
- What providers can expect: Laura Head
- Upcoming Hot Topics Calls

Why is This Important?

Consider these statistics*:

- 45.6 million American adults (nearly 1 in 5) suffer from a mental illness
- 8.0 million Americans have a substance use disorder
- 29% of all people with a physical health condition also have a behavioral health condition; 68% of adults with a mental illness have at least one chronic medical condition.
- Those with serious mental illness are 3X more likely to have diabetes
- Those with serious mental illness have 3.5X higher rates of ED visits, 4X the rate of primary care visits, 5X the rate of specialist visits
- Average life expectancy for those with serious mental illness ranges from 13 to 30 years less than the rest of the population
- Mental illnesses are one of the five most costly conditions in the US

*Substance Abuse and Mental Health Services Administration (SAMHSA). Report: **The Current State of Sharing Behavioral Health Information in Health Information Exchanges**, September, 2014. www.integration.samhsa.gov

Supporting Quality Care

QHN Goal: Securely exchange behavioral health information and integrate into the patient longitudinal health record to improve the quality of care

- Lack of behavioral health information puts patients at risk - providers could prescribe treatment compromising safety or disrupting recovery
- Electronic access to behavioral health information supports care coordination efforts
- Helps providers get the “full picture” of patient’s care
- Understanding emotional/ behavioral disorders may effect adherence to treatment of physical disorders
- Emotional factors often exacerbate diseases such as: asthma and autoimmune diseases
- Behavioral health medications tend to have more drug-to-drug interactions

Project Background

- A shared vision to improve the community standard of care
- QHN Board authorized the expense, process/agreement changes and potential liability risk to pursue a QSO with MSH
  - eCommerce agreement changed for all participants
  - Policy updates
  - New community-wide consent and consent process developed
  - Extensive legal work
- New QHN HIE platform
  - Allows information to be associated to only authorized providers
  - Prohibition Notice “wrapper” consistent with 42 CFR Part 2 for all BH reports/notes either Pushed or Pulled via HIE, including information regarding re-disclosure

Integrating Behavioral Health into Quality Health Network (QHN)

A COLLABORATION BETWEEN MIND SPRINGS HEALTH AND QHN

David Hayden, LPC, CACIII, MBA VP of Quality & Compliance

Don Dunlap, Medical Records Director

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MIND SPRINGS health
Prevention. Care. Recovery.

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Mind Springs Health

Mind Springs Health (MSH) is a regional behavioral health organization providing services at 13 locations within a 23,000 square-mile Western Colorado service area. Subsidiaries include West Springs Psychiatric Hospital and Whole Health care coordination services.

Our mission is to provide access to quality mental health and substance abuse services, enhancing recovery and resilience in individuals, families and communities.

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The History

2007- 2011: A Vision to Improve the Community Standard of Care	2012: WSH Hospital Discharge Reports shared with Primary Providers via Fax	2014-2016: QHN and MSH agreed to a Joint Venture
• Increasing awareness and dissatisfaction with the lack of continuity between behavioral and physical health services • Western Slope PCP's, Hospitals and MSH began a conversation on how to share behavioral health info (focus on medications)	• Faxing created work-flow and security issues • Expense for BH provider (2-3 FTEs) • Expanded to outpatient psychiatry summaries in 2015	• Sharing of expense, process changes, and potential liability risk • Workflows developed and revised • Electronic forms, reports, and architecture retooled in respective MSH and QHN infrastructures

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The Challenges

42 CFR Part Two Rules

- No disclosure of substance use information without written authorization.
- Re-disclosure of substance use disorder information is prohibited

Stigma

- Patients are less comfortable sharing behavioral health information
- Disclosure of behavioral health information can cause actual harm

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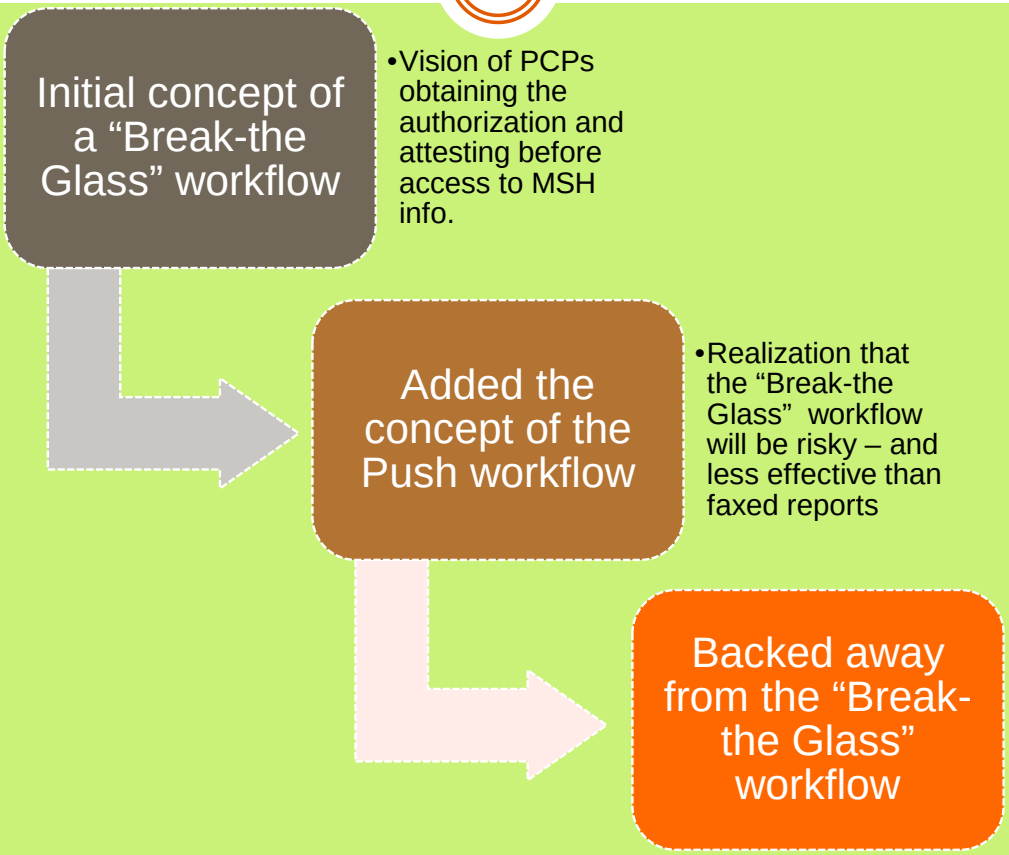
The Journey



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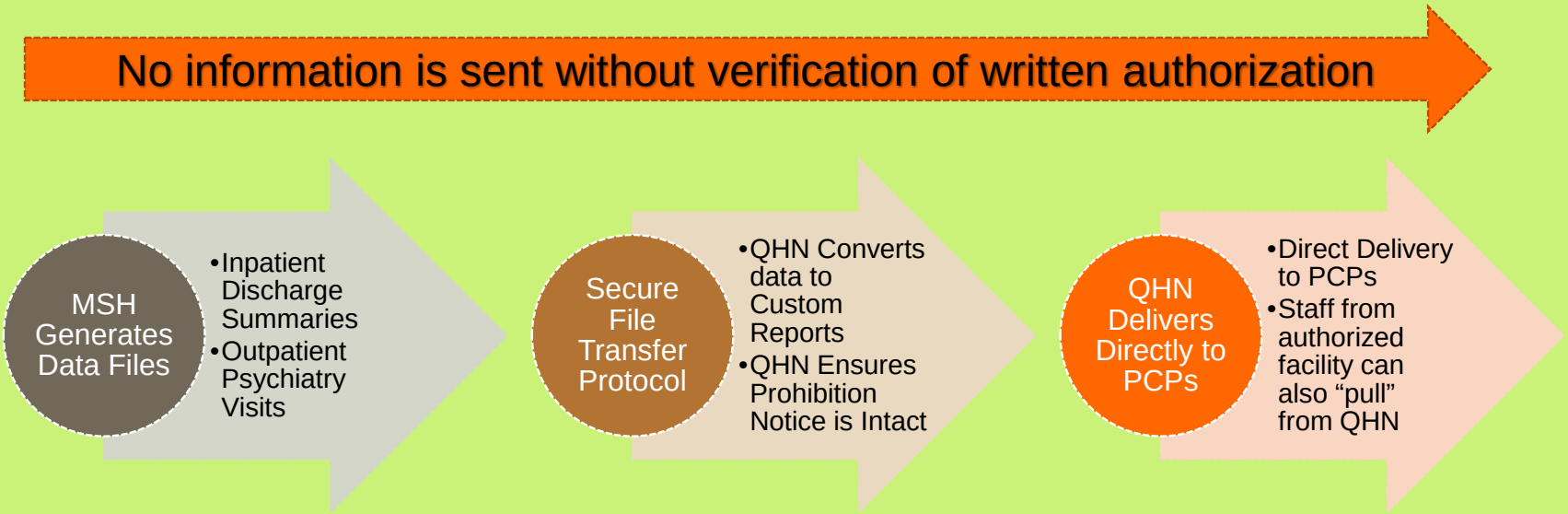
Current State (Push-Pull Workflow)



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Future Opportunities

Proposed changes to 42 CFR Part Two rules may allow more flexibility in some areas, and less in others.

Current rules for a valid consent require that the name or title of each recipient be identified.

The revision would allow more general disclosures to QHN, the patient's team of treating providers, and/or provider and payer entities.

The revision would require more specifics about what facility is releasing information, and the type of information to be released.

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What Providers Can Expect

Laura Head, Interface Project Manager, QHN

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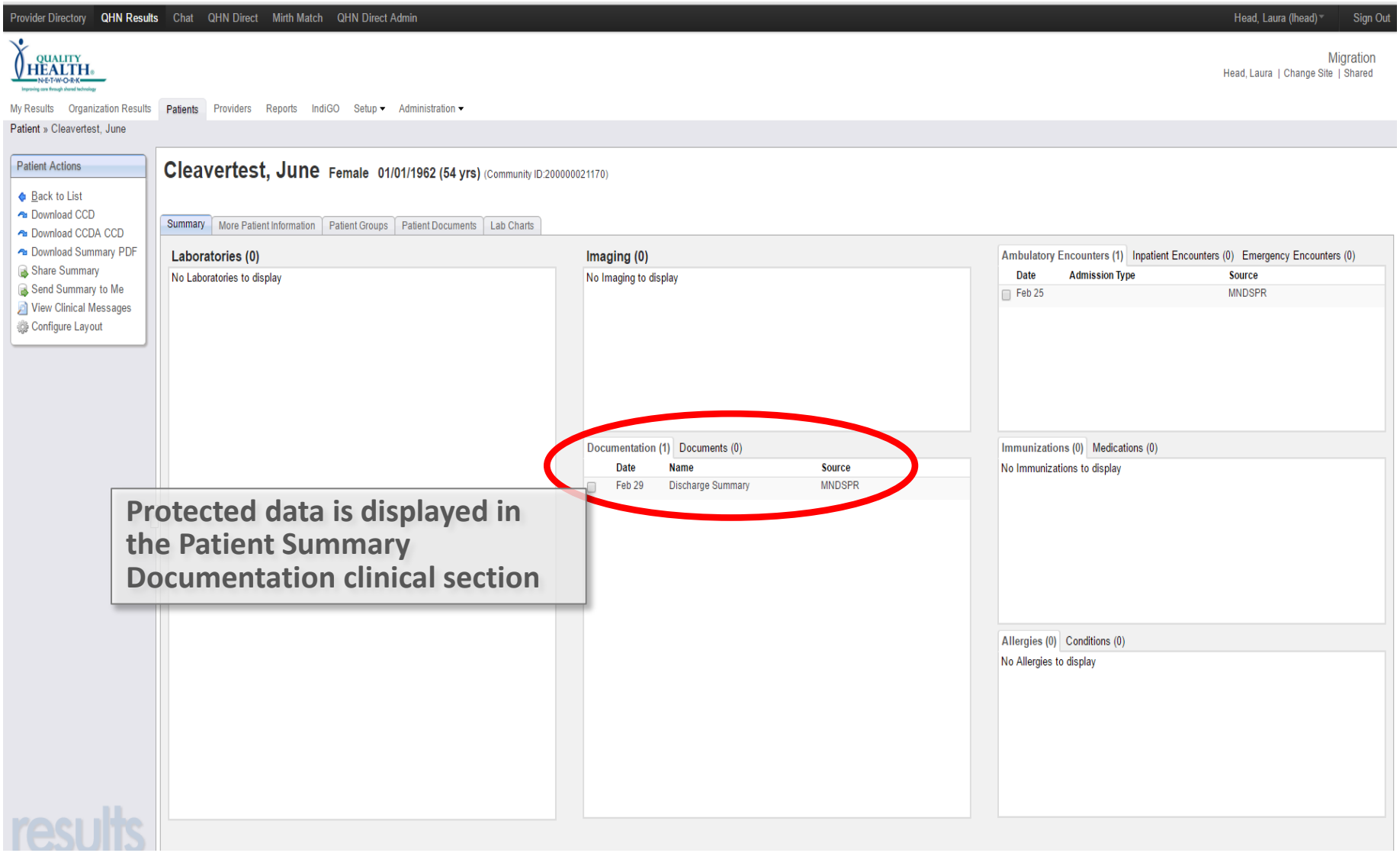
Clinical Care Reports from Mind Springs will be delivered as other results/reports are to your EHR

- **EHRs validated**
  - Allscripts Professional
  - Allscripts Enterprise
  - Athena
  - Amazing Charts
- **EHRs in process**
  - eClinicalWorks
- **EHRs in queue to be validated**
  - DigiChart
  - Centricity
  - Greenway
  - Practice Partners
  - Vitera


Provider Directory
QHN Results
Chat
QHN Direct
Mirth Match
QHN Direct Admin
Head, Laura (lhead)
Sign Out
Migration
Head, Laura | Change Site | Shared
My Results
Organization Results
Patients
Providers
Reports
IndiGO
Setup
Administration
Patient » Cleavertest, June
Patient Actions
Back to List
Download CCD
Download CCDA CCD
Download Summary PDF
Share Summary
Send Summary to Me
View Clinical Messages
Configure Layout
Cleavertest, June Female 01/01/1962 (54 yrs) (Community ID:200000021170)
Summary
More Patient Information
Patient Groups
Patient Documents
Lab Charts
Laboratories (0)
No Laboratories to display
Imaging (0)
No Imaging to display
Ambulatory Encounters (1)
Inpatient Encounters (0)
Emergency Encounters (0)
Date
Admission Type
Source
Feb 25
MNDSPR
Documentation (1)
Documents (0)
Date
Name
Source
Feb 29
Discharge Summary
MNDSPR
Immunizations (0)
Medications (0)
No Immunizations to display
Allergies (0)
Conditions (0)
No Allergies to display
Protected data is displayed in the Patient Summary Documentation clinical section

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Sample Clinical Care Report (CCR) from Mind Springs Health

Final Transcription from Mind Springs Health

Patient Demographics

Name: **Em, Auntie** Age: **99 year(s)** MRN or ID: **12345 [MNDSPR]**
Address: Date of Birth: Phone Number:
Gender: **Female**

Provider Information

Ordering: **Szvetecz, Frank** Copies to: **Oz, Wizard**

Visit Information

Patient Class: **Outpatient** Visit Number: **1234567**
Patient Location: **Mind Springs Health** Admitted Date: **04- Apr - 2016**
Reason for Visit: Discharge Date:

Result Information

Test: **Office Visit** Observation Date.
Priority: **ROUTINE** Reported Date:

Prohibition on Redisclosure 42 C.F.R. Â§ 2.32
This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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PSYCHIATRY CLINIC VISIT MEDICATION MANAGEMENT

Assessment
Patient is currently restabilized, experiencing only mild to moderate anxiety and depression, and making progress in regards to having more normal interactions and behaviors.

Plan
Seroquel 300 mg h.s., Rexulti 2 mg one q day, fluphenazine 5 mg one b.i.d., prazosin 2 mg one h.s., propranolol 20 mg one t.i.d., oxcarbazepine 300 mg q.a.m. and 300 mg two q.p.m., lithium 300 mg one b.i.d., Naltrexone 50 mg one b.i.d., Xanax 0.5 mg one q.a.m. at 7:30 a.m. and p.r.n. administration of Xanax 0.5 mg at the discretion of case manager, Jen Bronke or Jacob Carpenter, to be administered by nurse, Samantha Danka, at the outpatient Mind Springs Clinic. Patient to continue with individual therapy and return in three weeks.

Vitals
Time Taken: **4/4/2016 10:10:00 AM** AM B/P:120/82 HR:92 Wt:237.00 BMI:40.68

Examination
Patient is euthymic, cooperative, pleasant, with frequent smiling, emotionally stable, functional, and remained so for the entire session. There was no sign of any disorganized thinking, behavior, or mood states, nor was patient exhibiting any involuntary/abnormal motor or muscle activity. Session after her description of visiting Crisis was relatively light and patient was able to smile spontaneously several times during the session. Discussion focused on how laughter and humor could soothe patient from some of the stress issues she was experiencing. Patient was asked to bring in some humorous encounters or jokes at next session.

Data
Records reviewed of her Crisis intervention on 04/03/2016.

In Summary:

- HIPAA provides that anything other than a psychotherapy note can be shared with patient authorization.
- Substance Abuse Therapy Notes can be shared with patient authorization.
- Health Information Exchanges are an excellent way to facilitate clinical information sharing to improve care and care coordination.
- It takes time and trust relationship building - It’s easy to say the obstacles are too great, the focus must be on what's right for the patient to improve the standard of care.

Upcoming Hot Topics

- May, 2016 – No Hot Topics
- June 15, 2016:

  The Move to Value Based Payment Models & Quality Reporting 2016
  Devin Detwiler-Cunningham, Telligen