eHEALTH INITIATIVE
Real Solutions. Better Health.

National Council on Chronic Disease and Technology:

Mental Health and HIT in 2013

Wednesday, March 20, 2013

2:00 – 3:00 pm ET

Reminder

Please mute your line when not speaking

(6 to mute, *7 to unmute)*

Reminder

This call is being recorded

Agenda

- Welcome and introduction
- Roll call
- Overview of objectives
- Presentations: Mental Health, HIT, & HIE
- Discussion/Questions
- Next Steps

Co-Chair

The Council is chaired by:

– **Matthew Holland**
Executive Director
Government Services
WebMD

Overview

- In 2013, the Council will explore how health IT can improve the management and care of chronic conditions.

- In follow-up to the work and research of eHI workgroups on heart disease, cancer, and diabetes in 2012, the Council will expand the scope of focus on chronic disease to include other issues such as mental health, COPD, asthma, and aging

- Bi-monthly meetings will serve to identify best practices and case studies, and discuss critical emerging issues

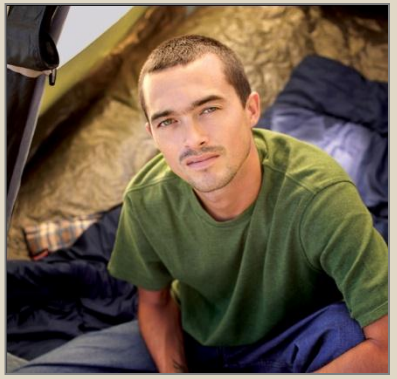
Workplan

- Unless otherwise notified, the Council will convene on the third Wednesday of every **other** month from 2:00-3:00pm EST

- Issue briefs will be released following each call and incorporated into a compilation to be published at the end of year

Please mute your line when not speaking (* 6 to mute, *7 to unmute)

Michael R. Lardiere, LCSW
Vice President HIT & Strategic Development
National Council for Behavioral Health



Today…

- **Federal Healthcare reform – particularly *delivery system redesign and payment reform***
- **Current *focus on integrated care*** – mental health, substance use and primary care
- Preparing specialty behavioral health for a ***future in healthcare***

Healthcare Policy…

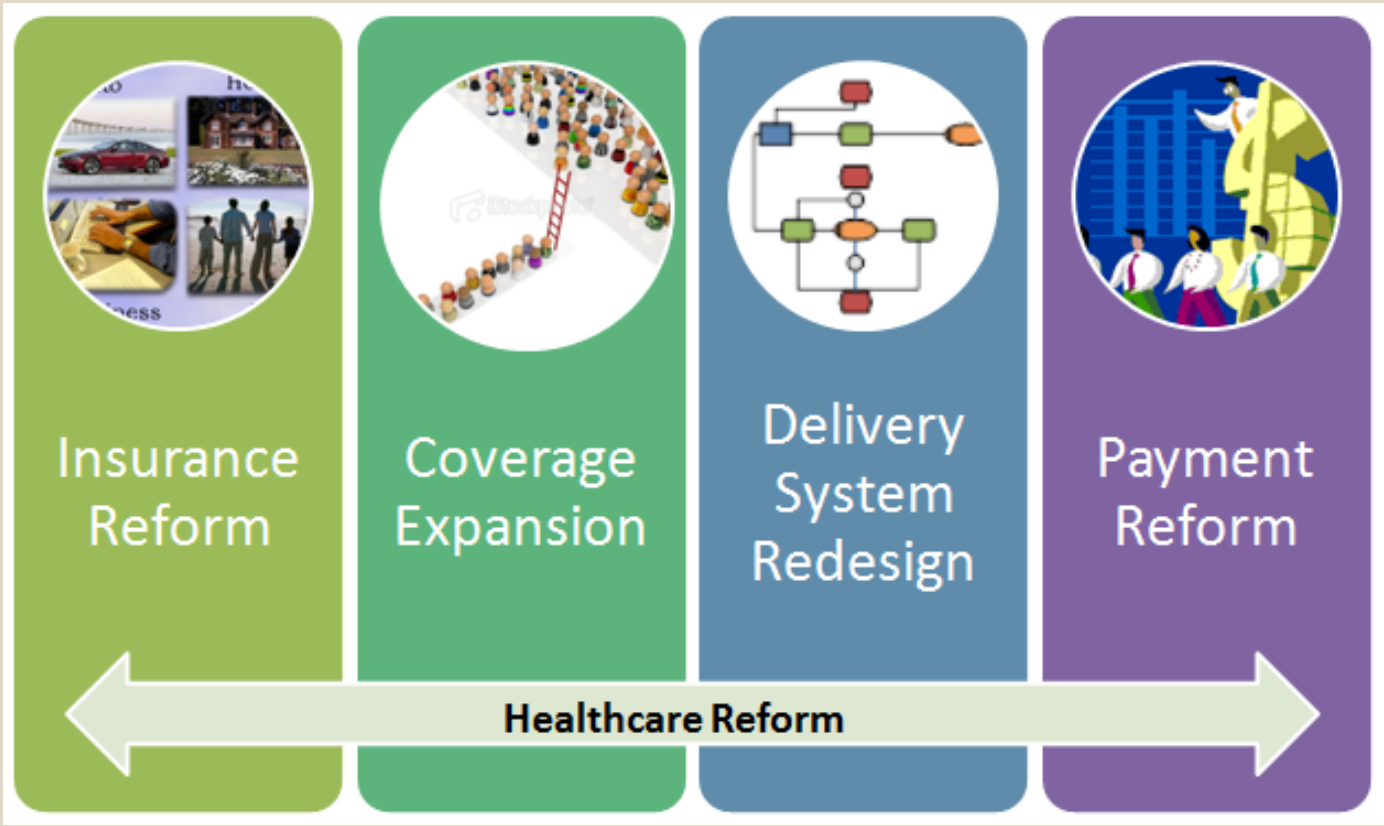
- **Health reform rollout:** challenges & opportunities
  - Medicaid Expansion- new rule*
  - Exchanges and Essential Benefits
  - Parity regulations**
- Rapid expansion of **Medicaid managed care**
- **Health homes** and **ACOs**
- **Dual-eligible** planning and implementation
- Move to **case rates, bundled payments, capitation – risk**

*Demise of the **Grand Bargain:** debt ceiling extended 3 months beyond Feb; sequestration delay ends 3/1; 2013 CR ends 3/27*

ACA Implementation … *the states*

- **Healthcare is the single biggest category of government spending**
- Slowed but continued growth
- Ongoing issues with the sustainability of spending… **IOM report – 750 billion a year wasted – 30 cents on each dollar**
- **<u>States will expand Medicaid regardless of politics; and will continue "transforming"</u>**

The Affordable Care Act: Four Key Strategies



Atul Gawande: Testing, Testing

THE NEW YORKER

TESTING, TESTING

The health-care bill has no master plan for curbing costs. Is that a bad thing?

by Atul Gawande

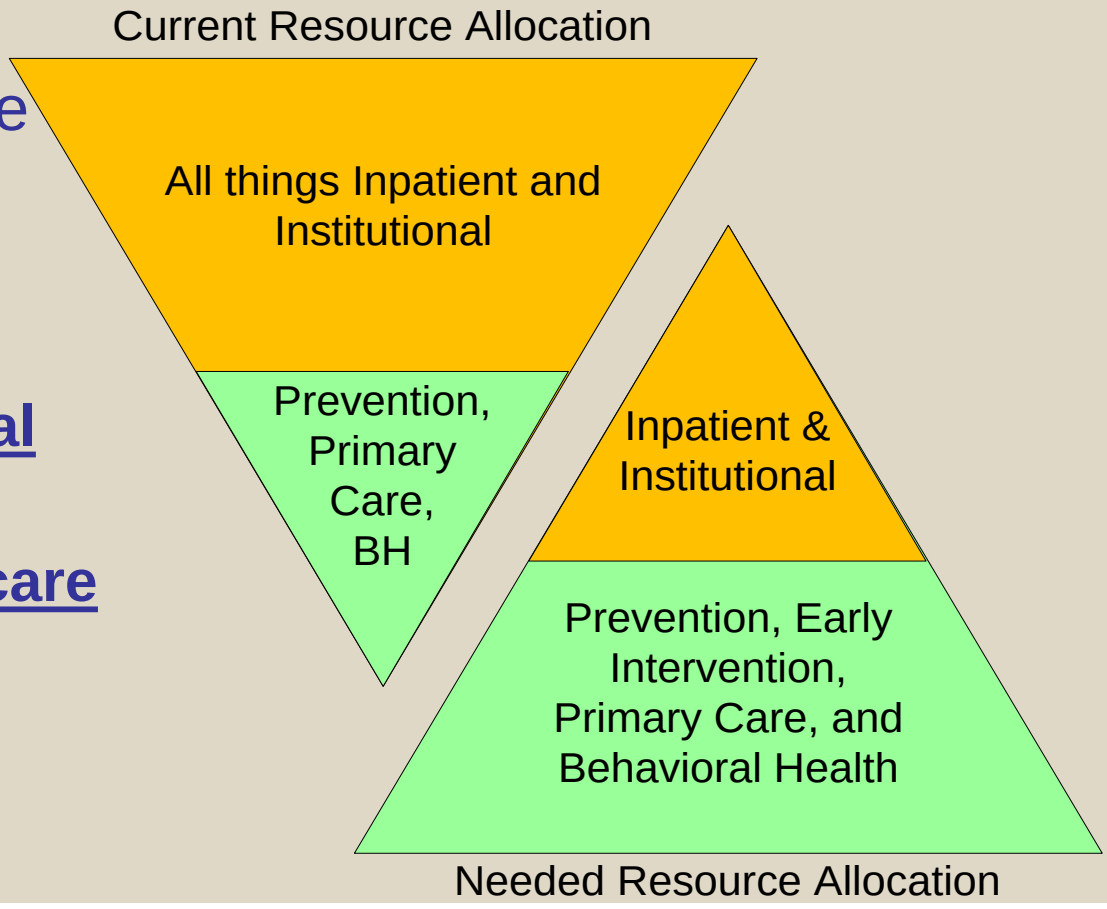
- Insurance Reform and Coverage Expansion are "technical fixes"
- Service Delivery Redesign and Payment Reform is now the focus … "bending the cost curve"

Healthcare Reform's Task: Inverting the Triangle

It's all about Inverting the Resource Allocation Triangle
so that:

- **Inpatient and Institutional Care are limited**
- **Chronic conditions are care coordinated**

And spending is slowed



Battle for Control is Underway

- Large legacy ~~hospital~~ healthcare systems in major acquisition mode to gain larger market share and build ACOs.
- Health Plans attempting to reinvent themselves and move horizontally and vertically through ecosystem.
- Non-hospital affiliated providers self-organizing the create IPAs and ACOs.
- New innovative players with innovative solutions are popping up.

WVP HEALTH AUTHORITY

UnitedHealthcare® Healing health care. Together.®

CERBERUS CAPITAL MANAGEMENT, L.P.

HUMANA. Guidance when you need it most

Qliance

For Behavioral Health Providers…

- A serenity prayer moment: God grant me the serenity to accept the things I cannot change; courage to change the things I can; and wisdom to know the difference.

Key Questions…

1. How does a BH provider make sense of a "parity" world?
2. Who should you and your colleagues should be building relationships with?
3. What strategies can you employ to navigate these waters?

CBOs

HUMANA
Guidance when you need it most

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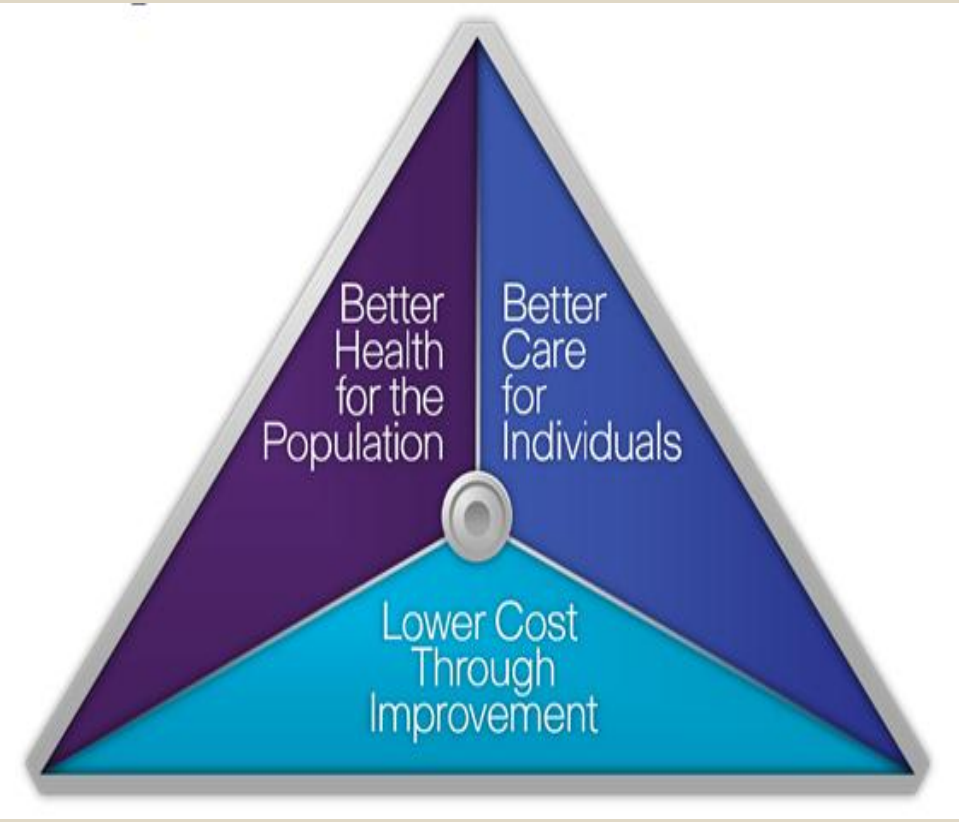
CAPITAL MANAGEMENT, L.P.

UnitedHealthcare
Healing health care. Together.

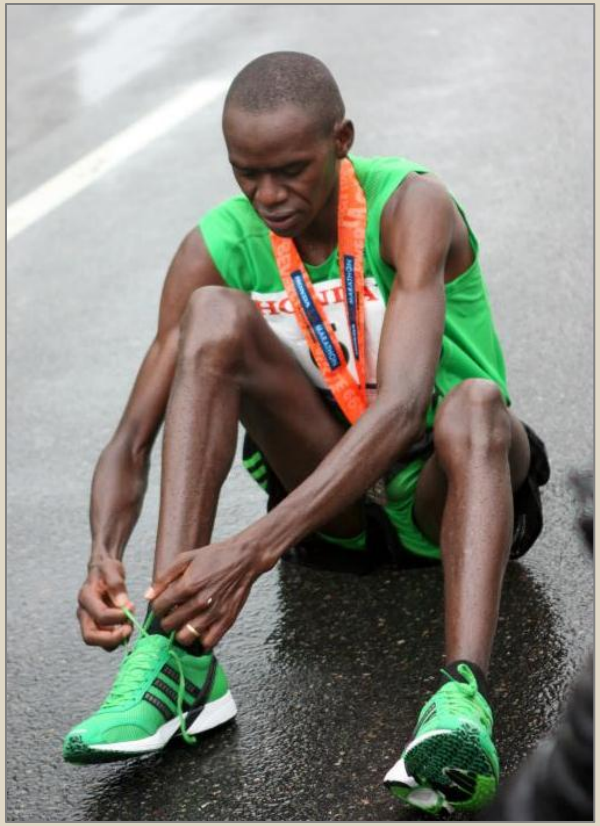
Can you survive and even thrive?

- Short answer: Yes
- A bit longer answer: You have to be able to demonstrate that you can help the payor or purchaser achieve the triple aim.
- With an emphasis on the lower cost aim.
- We are suggesting two strategies.

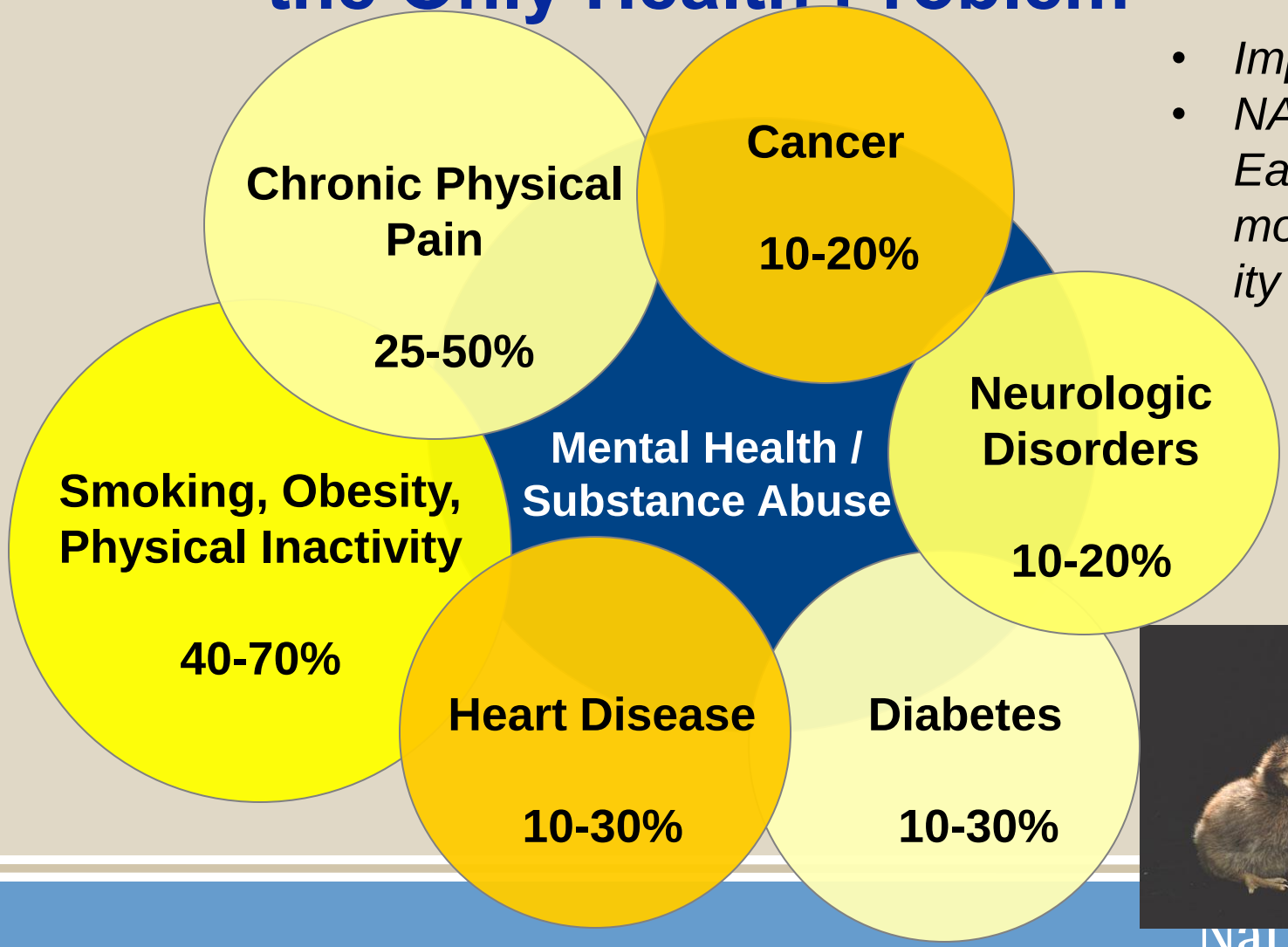


1. Understand the "new" healthcare

- Managed
- Bi-directional integration
- Population based care
- Consolidations/Joint Ventures



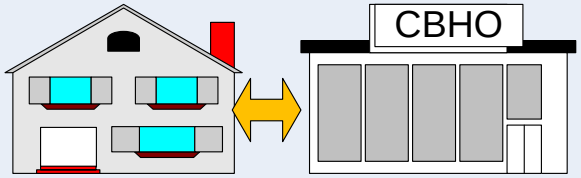
Mental Disorders Rarely the Only Health Problem



- *Impact Project*
- *NASMHPD Early mortality/Morbidity*

Bi-Directional Integration...

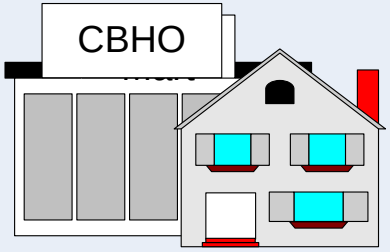
Clinical Design for Adults with Low to Moderate and Youth with Low to High BH Risk and Complexity



Primary Care Clinic with Behavioral Health Clinicians embedded, providing assessment, PCP consultation, care management and direct service

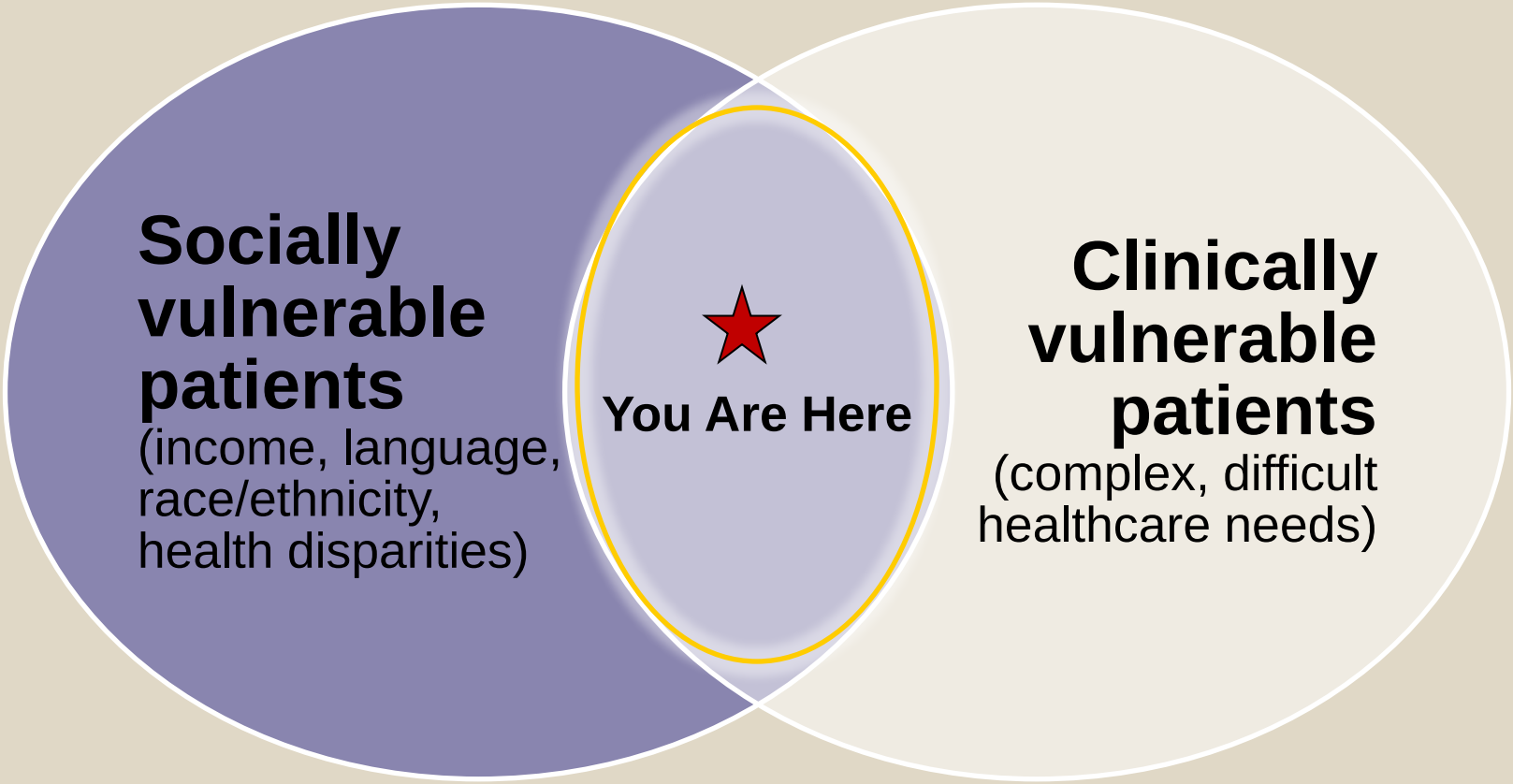
Partnership/ Linkage with Specialty CBHO for persons who need their care stepped up to address increased risk and complexity with ability to step back to Primary Care

Clinical Design for Adults with Moderate to High BH Risk and Complexity



Community Behavioral Healthcare Organization with an **embedded Primary Care Medical Clinic** with ability to address the full range of primary healthcare needs of persons with moderate to high behavioral health risk and complexity

Our niche: caring for complex, costly patients



Health Affairs: VA Lewis, et al. "The Promise and Peril of Accountable Care for Vulnerable Populations: A Framework for Overcoming Obstacles." 2012.

Advocacy …

- **ACA – Behavioral Organizations as Health Homes** - mental illness & substance Use Disorder eligible chronic illness for Medicaid health homes (state plan option); and BHOs eligible providers
- **ACA - 50 m. behavioral-primary care integration grants**

Medicaid Health Home - States to Date….

- 7 States with approved State Plans:
  - Missouri (2) – Behavioral Health/Primary Care
  - Rhode Island (2) – adults/children with SMI
  - New York – chronic behavioral/physical health
  - North Carolina - chronic behavioral and physical health
  - Oregon - chronic behavioral/ physical health
  - Iowa - chronic behavioral and physical health
  - Ohio – children/adults with SED and SMI

4 states await approval: Alabama, Wisconsin, NY*, Washington; and 12 states drafting

Behavioral Health Homes: Core Clinical Features

Bi-Directional Integration…

Technical Assistance

SAMHSA-HRSA
Center for Integrated Health Solutions

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE
SAMHSA
HRSA

- NYS G-TAC -
- Ohio TTC
- Consultation to governments' and organizations' plans to incorporate mental health and addictions treatment into their health homes programs

93 ACA - PBHCI "Integration" Grantees

- Fordham-Tremont Community Mental Health Center
- International Center for The Disabled
- Institute for Community Living, Inc.
- New York Psychotherapy and Counseling Center
- Postgraduate Center for Mental Health

Excellence in Mental Health Act (S. 264)

- Establishes minimum service package and criteria for Federally Qualified Behavioral Health Centers (FQBHCs), designed to serve those with mental and addiction disorders.

- Improves Medicaid reimbursement

Senator Debbie Stabenow, author of the 2010 Excellence in MH Act

Possible future…

- 70-80% of Behavioral Health Disorders will be served in primary care clinic settings, with number of one-stops growing
- Community Behavioral Health Organizations will need to:
  - Be part of other organization's one stop
  - Create their own one stops
  - Have staff working at different types of satellite clinics
  - Have staff working on community-based teams

Become a Behavioral Health Center of Excellence

- a.k.a. Being seen as the Mayo Clinic of Behavioral Health
- Care is standardized and data driven

What is a Behavioral Health Center of Excellence?

1 - Assertive Community Treatment
- Staff to Consumer Ratio 1 to 12 / Consumer receives minimum 9 hours of service per month on average over four month period.

2 - Intensive Case Management
- Staff to Consumer Ratio 1 to 22 / Consumer receives minimum 4 hours of service per month on average over four month period.

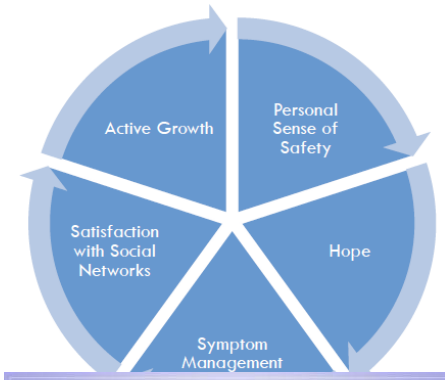
3 - Intensive Outpatient
- Staff to Consumer Ratio 1 to 40 / Consumer receives minimum 2 hours of service per month on average over four month period.

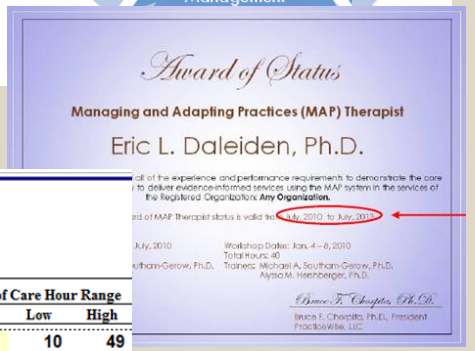
4 - Outpatient
- Staff to Consumer Ratio 1 to 80 / Consumers at this level typically have fewer visits than people in more intensive services.

5 - Psychiatry Only

What is your case mix?

	Clinician 1	Clinician 2	Clinician 3	Clinician 4
Level 1	100%	0%	34%	0%
Level 2	0%	100%	33%	0%
Level 3	0%	0%	33%	100%
Total	100%	100%	100%	100%





Child - Modes 10 and 15

	LOCUS Level 0	LOCUS Level 1	LOCUS Level 2	LOCUS Level 3	LOCUS Level 4	LOCUS Level 5	LOCUS Level 6	Totals
Clients	54	315	513	514	333	256	17	2,002
Client Ratios	3%	16%	26%	26%	17%	13%	1%	100%
Target Hours	6.0	6.0	25.0	60.0	150.0	150.0	150.0	N/A
Actual Median Hours	2.5	11.3	20.2	22.6	38.2	42.2	48.2	22.2
Low Hours	0.2	0.2	0.2	0.1	0.3	0.3	1.0	0.1
Average Hours	10.7	19.7	28.7	36.8	67.8	69.2	113.2	49.4
High Hours	73.4	187.9	239.5	373.2	856.4	468.7	630.9	856.4

Agency XYZ
Clinician Caseload Report

Level 1 Clients: 1
Level 2 Clients: 2
Level 3 Clients: 1

	Client Name	Client ID	Level of Care	Auth. Start Date	Auth. End Date	Level of Care Hour Range Plan	Low	High
1	Bob Jones	111111	2	7/1/2012	7/1/2013	18	10	49
2	Beth John	111111	1	8/1/2012	8/1/2013	4	1	9
3	Bill Jack	111111	2	8/15/2012	8/15/2013	18	10	49
4	Louis Wise	222222	3	1/1/2012	12/31/2012	58	50	100
5						-	-	-
32						-	-	-
33						-	-	-
Total						98	71	207

A Behavioral Health Center of Excellence

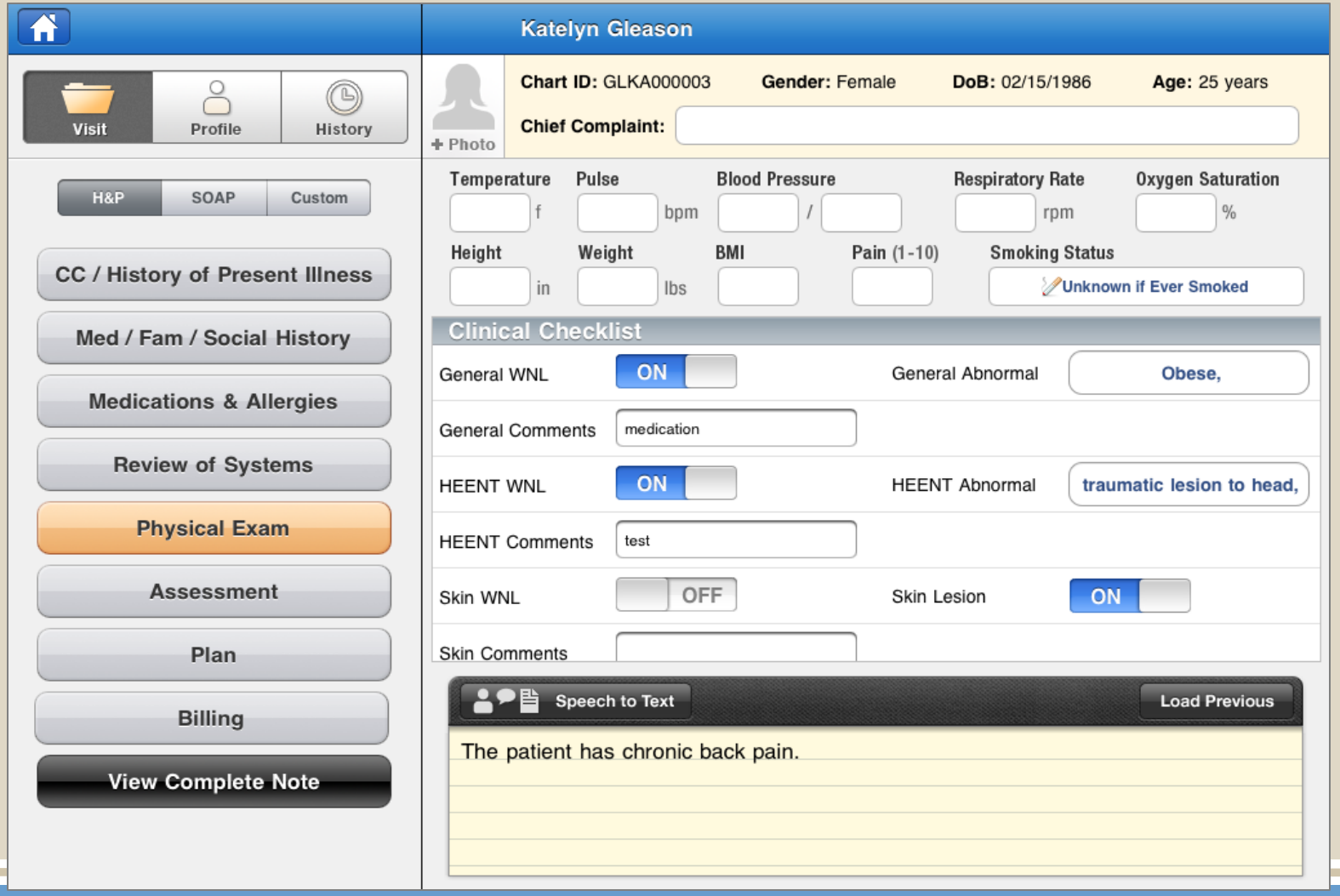
- **Education and Early Intervention:** Community Education
- **Rapid Access/Open Access:** "Be there when I need you."
- **World Class Customer Service:** Think Nordstrom, Amazon, Apple, Costco, Southwest Airlines
- **Treat to Target:** Team-based care using consumer goals to drive planning and rapid-cycle adjustments if plans don't work
- **Effective Care Models:** Evidence informed care for whole person, right-sized caseloads, and ample training/ supervision
- **Wellness, Resilience and Recovery:** Strengths-based, self management, low dropout rates, shorter lengths of stay
- **Measurable Outcomes**: Prepare for Transparency

Treat To Target…

What is Treat to Target?

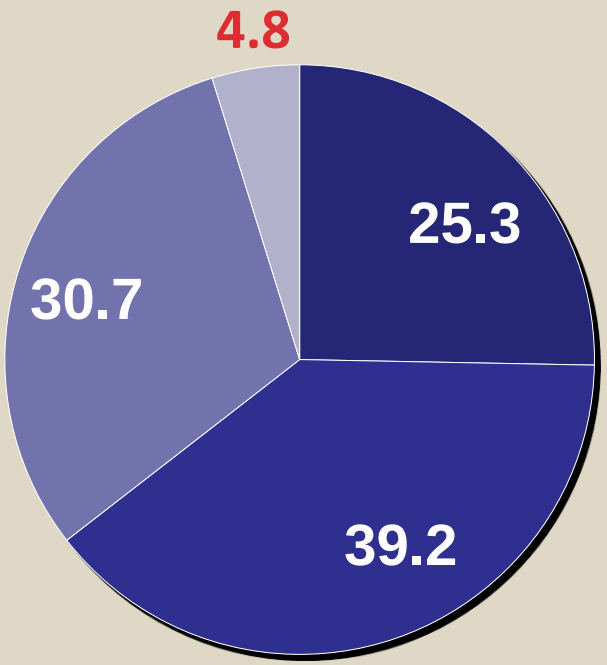
- Multi-disciplinary team
- Multi-dimensional assessment and diagnosis
- Evidence-Informed Care Plan - measurable targets; examples:
  - A1c blood test for diabetes
  - Lipid panel for cholesterol
  - Blood pressure for hypertension
  - PHQ-9 for Depression
  - MDQ (Mood Disorder Questionnaire) for bipolar disorder
  - DLA20 for serious mental illness
- Collaborative Self-Care Plan with measurable targets
- Frequent measurement (every visit for some!)
- If targets are not being met, CHANGE THE CARE PLANS

Using technology a must!



Does Your Organization Have an Electronic Health Record?

EHR use among National Council members (%)



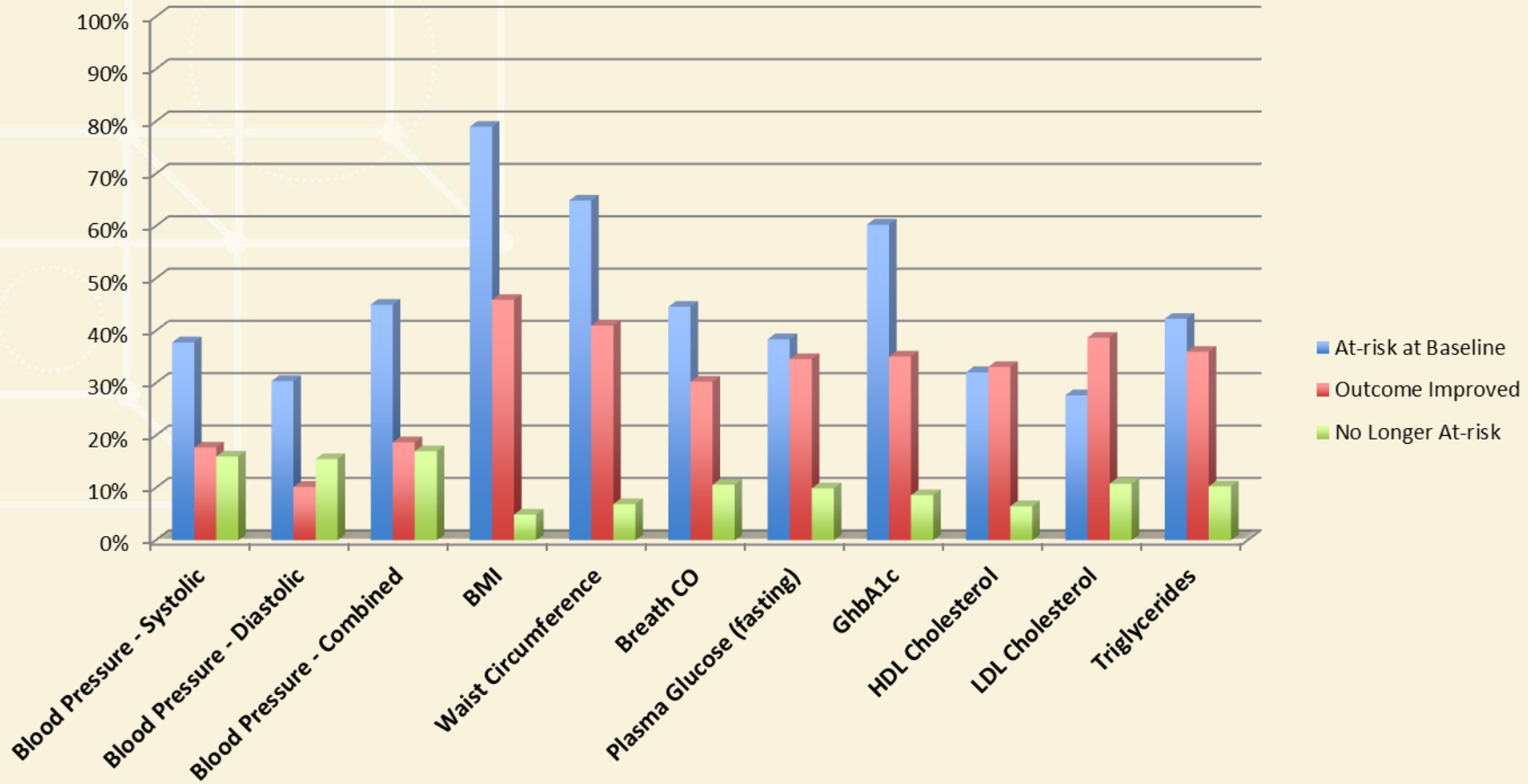
- Yes, all electronic, all sites. No paper charts.
- Yes, all electronic at some sites, paper or combo at others
- No, but we plan to implement
- No, and we have no plan to implement

Behavioral Health IT Act of 2011 (S. 539/HR. 6043)

- Extends federal health IT incentive payments to community mental health and addiction treatment facilities
- Currently 17 Senate co-sponsors and 8 House co-sponsors
- Similar House Bill H.R.introduced in June 2012

Senator Sheldon Whitehouse, author of the Behavioral Health IT Act

Change in Section H Indicators from Baseline to Most Recent Recording - Oct 11, 2012



HIE Supplement

Goals

- To develop infrastructure supporting the exchange of health information among behavioral health and physical health providers
- Development or adaptation of electronic health information exchange (HIE) systems to support the exchange
- Work through the challenges of exchanging 42 CFR data and implement a process to do so
- Identify the behavioral health data elements that should be part of the CCD

HIE Supplement

- States Awarded HIE Supplement Sub Awards
  - IL
  - KY
  - ME
  - OK
  - RI

Data Elements Recommended by the 5 States & Their Workgroups
What is Needed to Provide Better Quality Care?

Personal Information
- Guardian
- Emergency contact
- Crisis plan

Encounters
- Psych admission

Family History
- Marriage status
- Children

Functional Status
- Housing status
- Risk status for suicide/homicide
- History of Risk of Violence
- History of Risk of Suicide

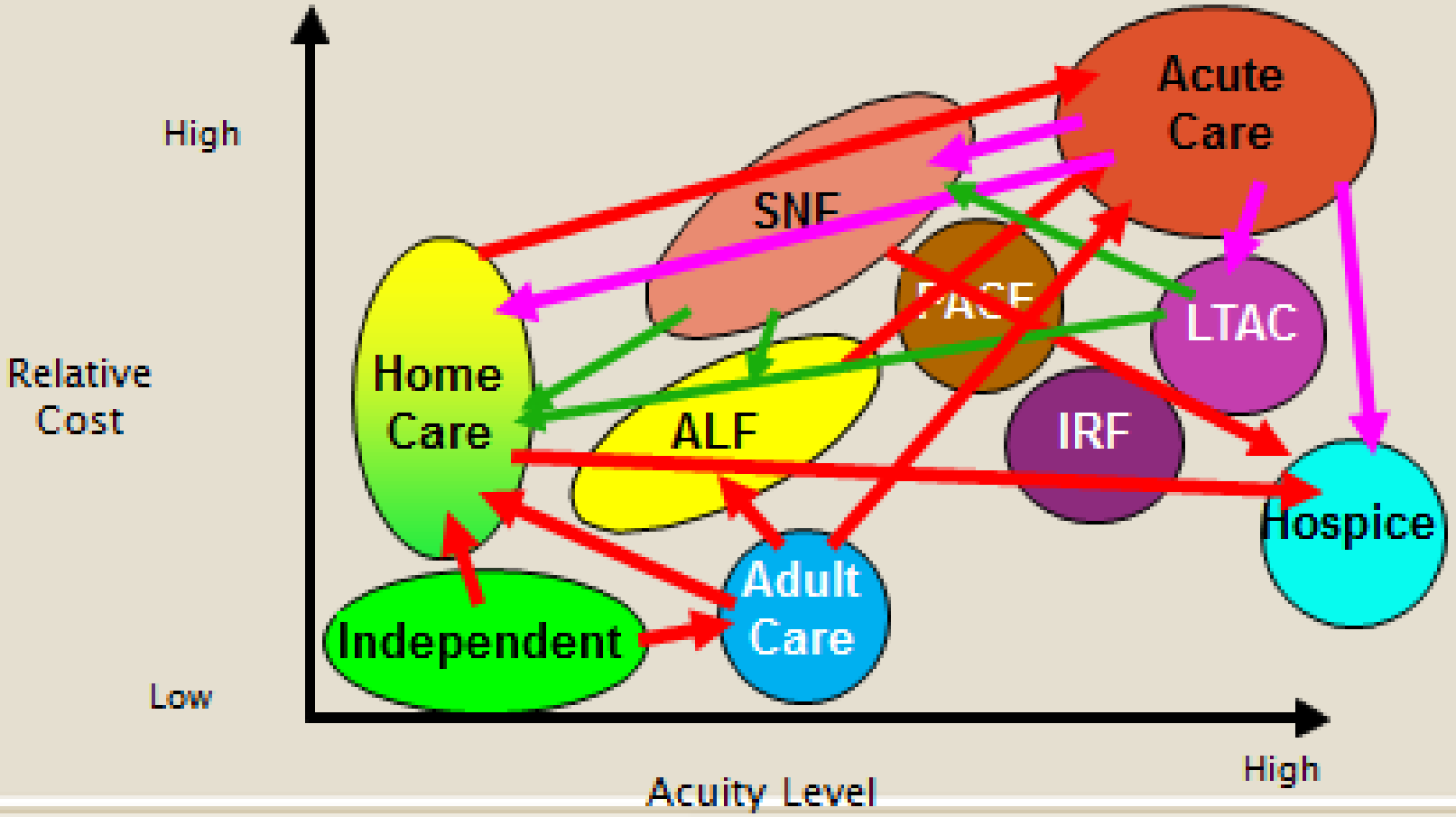
- **Social History**
  - Court orders
- **Medications**
  - Specialty of prescriber
  - History of psychiatric medications
  - Medication history
- **Advance Directives**
  - Behavioral Health Advance Directive
- **Insurance Status**
- **Plan of Care**
  - Treatment plan
- **DSM Diagnosis (all 5 Axis)**

What's Missing?

Community Referral and Care Coordination Tool (CRCCT)

Care Transitions

Bopping Around the Spectrum of Care




Physician-Led Patient-Centric Outcome-
Based grated Care
ACO
Medical Home
Referring
Hospital
Physician Office
Physician
Pharmacist
Patient
Patient Generated Data
Behavioral Health
Care Team
Longitudinal Health Record
Nurse Navigator
SNF/ALF
Home Health
Therapy
Laboratory
Imaging
Pharmacy
Hospice
DME

States Recommended that this wording in the "To whom" Section

- **The HIE and any current and future provider(s) involved in my care in the HIE**

Be interpreted as acceptable in the same way that:

"Provider of On Call Coverage" is acceptable as the "name or title of the individual or the name of the organization to which disclosure is to be made"

Legal Action Center *"Confidentiality and Communication: A Guide to the Federal Drug & Alcohol Confidentiality Law and HIPAA", pg. 40-41*

A Patient/Client/Consumer would know who a provider "involved in their care" is but would not really know who "Provider of On-Call coverage" is.

Two States

- KY and RI will begin to share mental health and substance level information across the state HIE
- ME and OK will share mental health information across the state HIE
- Will use Direct Secure Messaging for Substance Use
- IL will only use Direct Secure Messaging for both mental health and substance use information at this time due to state law which is more stringent than HIPAA

Need More States to Learn from the Five sub awardees and move the ball forward

2013 National Council Mental Health & Addictions Conference

Celebrating Our Legacy
50th Anniversary of the 1963 Community Mental Health Act

Awards of Excellence

3,500
ATTENDEES

April 8 – 10, 2013

Las Vegas, NV

Join a community of healthcare executives, mental health and addictions professionals, clinicians, advocates, policy makers, researchers, and technology leaders.

Who Do You Know?

1 in 5

9TH ANNUAL

National Council

HILL DAY

Sept. 16–17 2013, Washington, DC

www.TheNationalCouncil.org/HillDay

Join us in Washington, DC September 16-17, 2013!

Michael R. Lardiere, LCSW
MikeL@thenationalcouncil.org
Website:www.thenationalcouncil.org

eBHIN

Electronic Behavioral Health Information Network

BEHAVIORAL HEALTH HIE IMPLEMENTATION

NOTES FROM THE FIELD

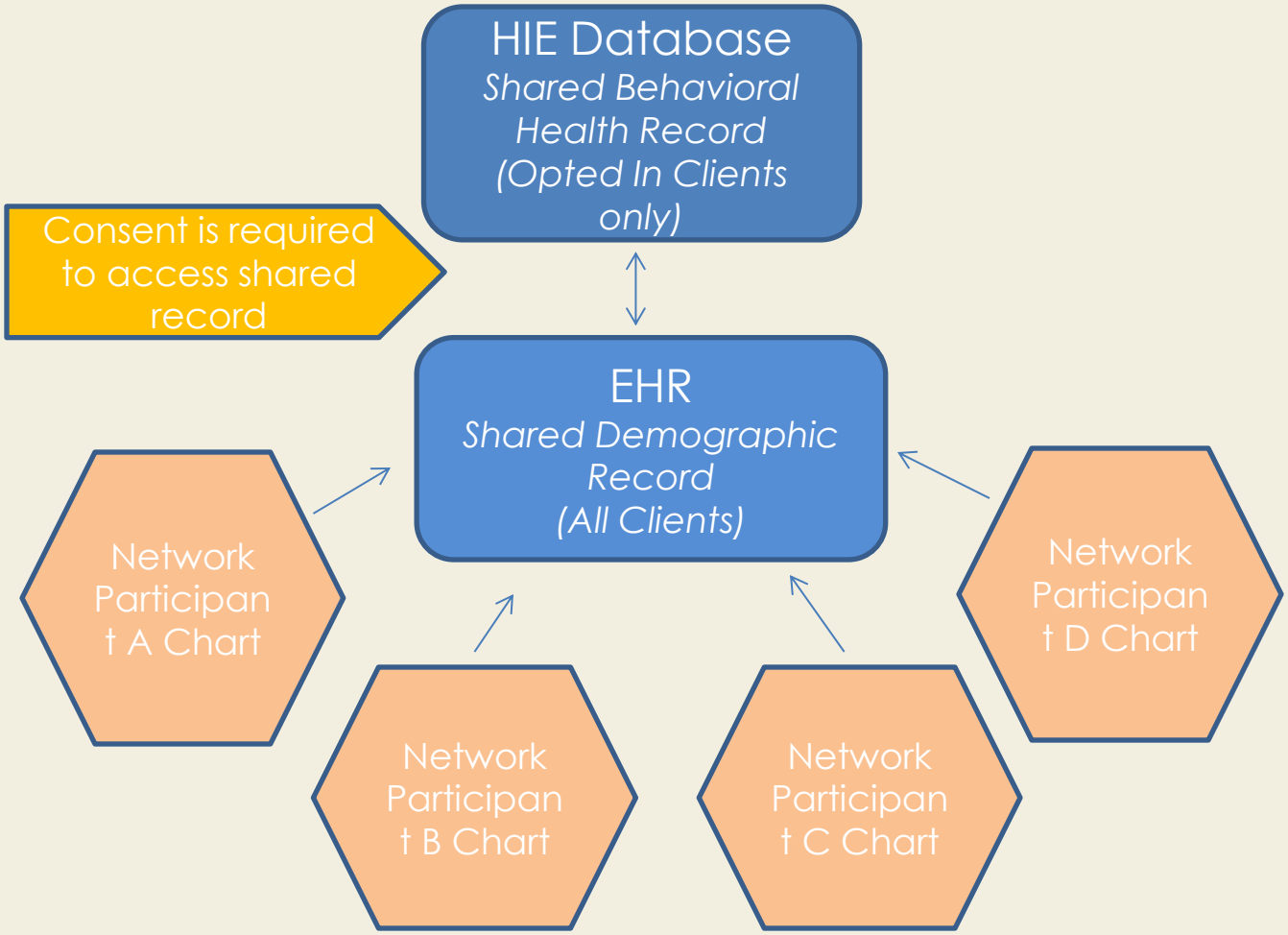
CLINICIAN PERSPECTIVES
AHRQ RESEARCH STUDY FINDINGS

Theme	Description	Benefits	Barriers
Client Safety and Quality of Care	Care is delivered so as to prevent harm and achieve positive outcomes.	100%	59%
Privacy and Security	Client information is only accessible to those with the need and right.	22%	100%
Delivery of Behavioral Health Services	Behavioral health organizations and providers operate in a time and cost efficient manner.	66%	97%

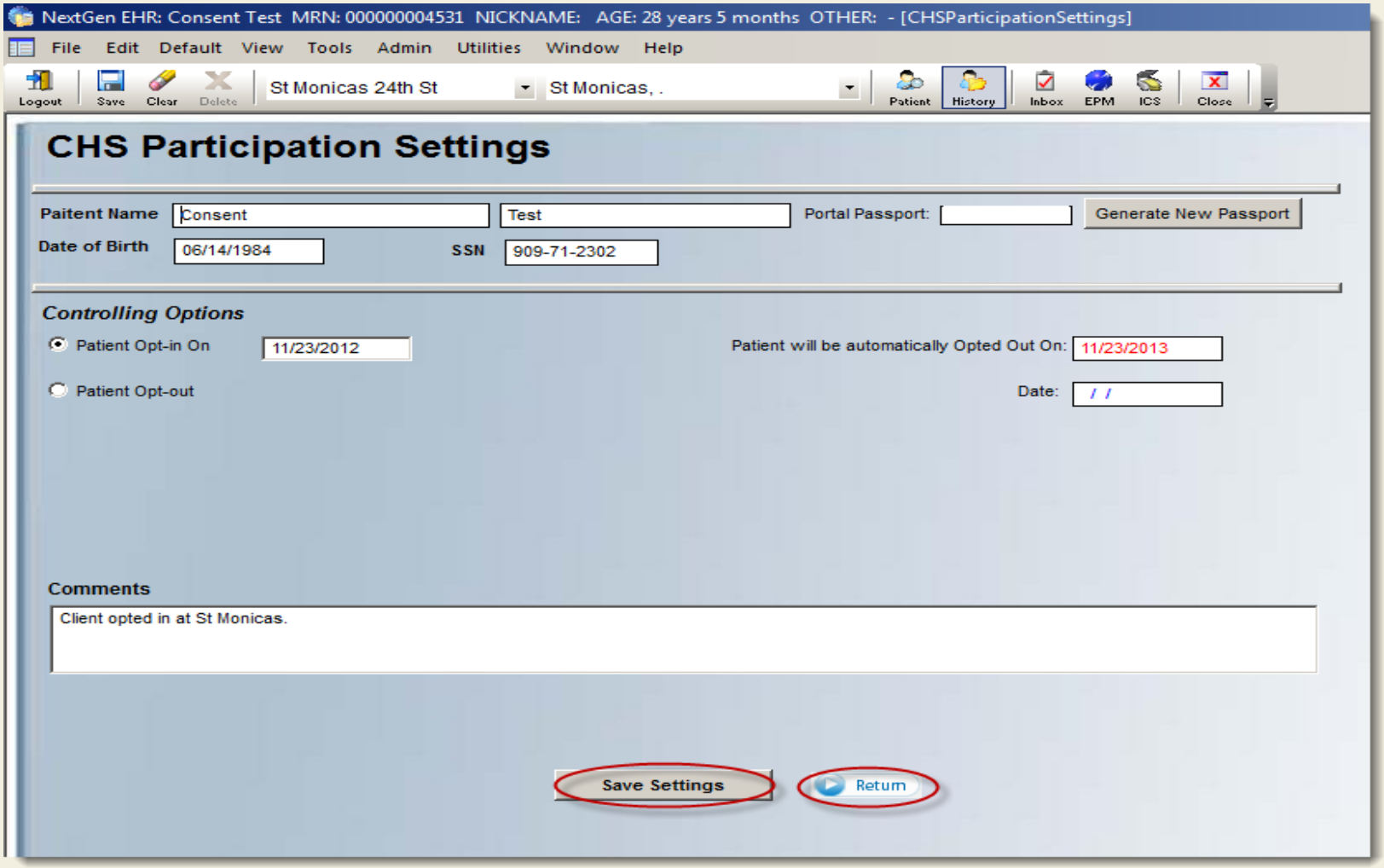
PRIVACY AND SECURITY INFRASTRUCTURE

- **42 CFR Part 2 Compliance addressed in 2 ways:**
  - **Technical Infrastructure**
    1) HIE Architecture
    2) Organizational MPI
    3) Opt-In Workflow
    4) Re-disclosure Notice Templates
  - **Organizational Infrastructure**
    1) Standardized Agreements & Forms
       a. Participation Agreement
       b. BAA/QSOA
       c. Consent for Release in an HIO/HIE
    2) Policies and Procedures
    3) Privacy and Security Policies

SYSTEM ARCHITECTURE



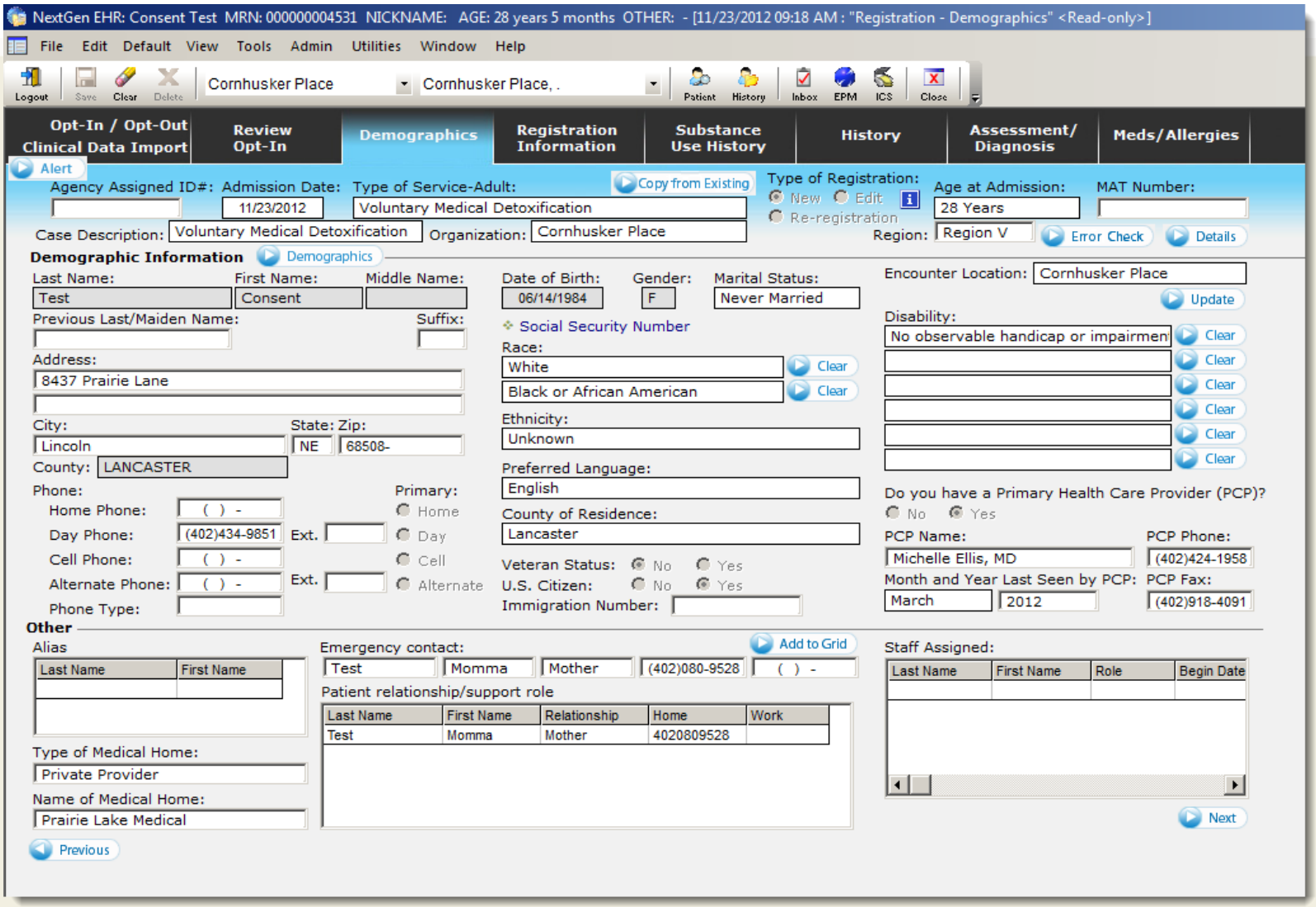
OPT- IN WORKFLOW



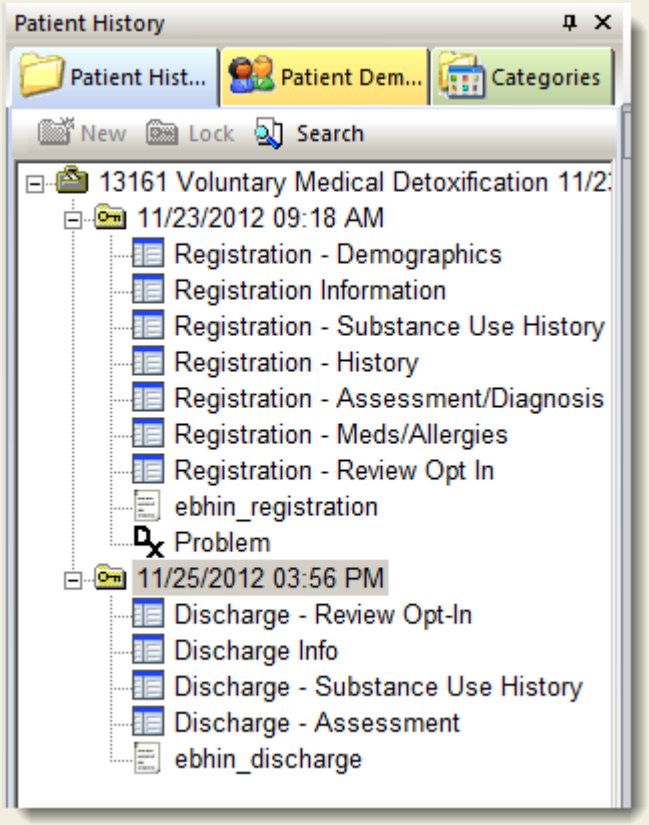
WHAT DATA IS SHARED?

- Demographic Information including: Name, DOB and SSN
- Emergency Contact Information
- Substance Abuse History Summary
- Diagnosis Information
- Insurance Information
- Trauma History Summary
- Current Medications and Allergies
- Employment Information
- Mental Health Board Disposition
- Living Situation and Social Supports
- Billing Information

BH WORKFLOW TEMPLATE

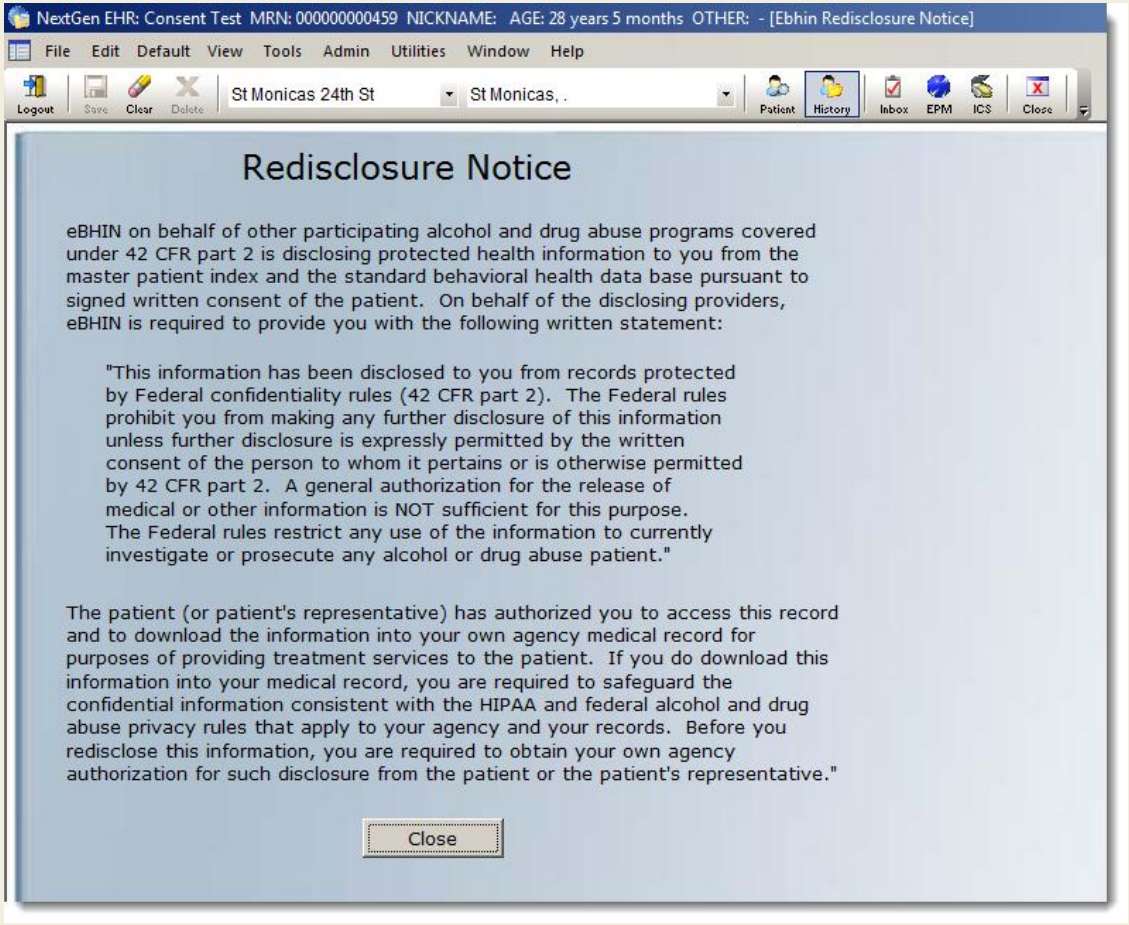


EHR DATABASE RECORDS

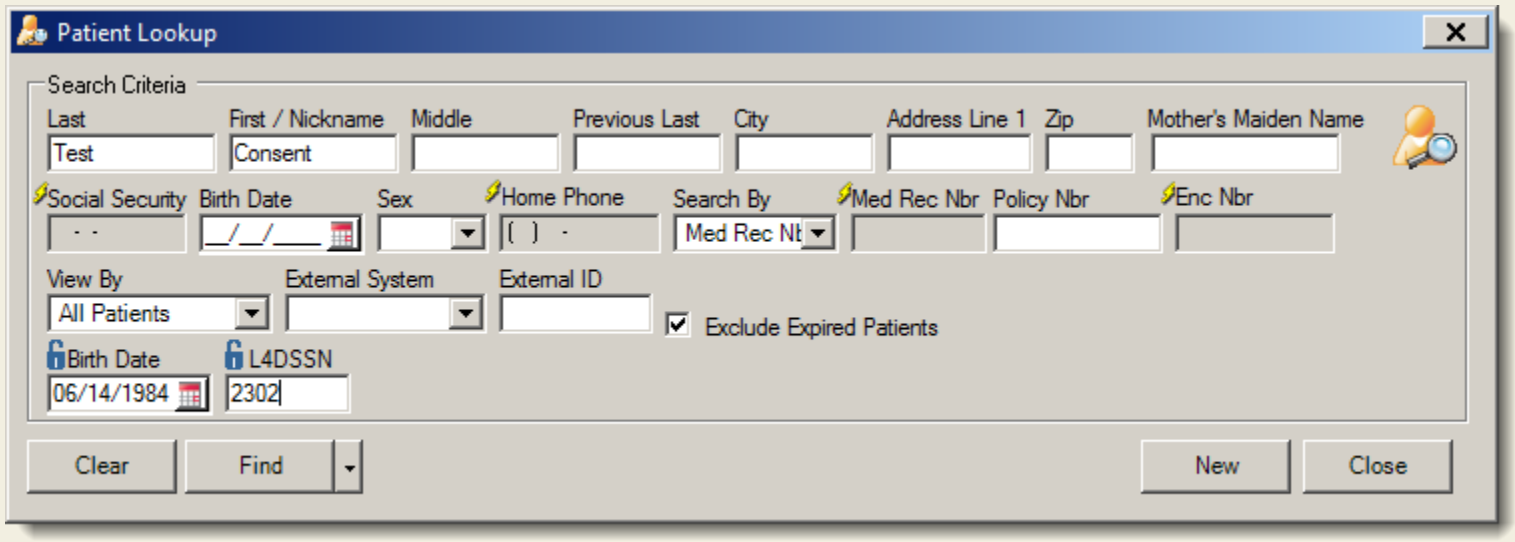


- Data entry through EHR Database allows individual records to be created

CFR 42 PART 2 COMPLIANCE



HIPAA COMPLIANT PATIENT LOOK-UP



PATIENT CHART

Cornhusker Place

the bridge
at Cornhusker Place
Safe passage from addiction to sober living

Redisclosure Notice

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 is 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 currently investigate or prosecute any alcohol or drug abuse patient.

DISCHARGE DOCUMENT

Agency Assigned ID # :
Type of Service: Voluntary Medical Detoxification
Admission Date: 11/23/2012
Region: Region V

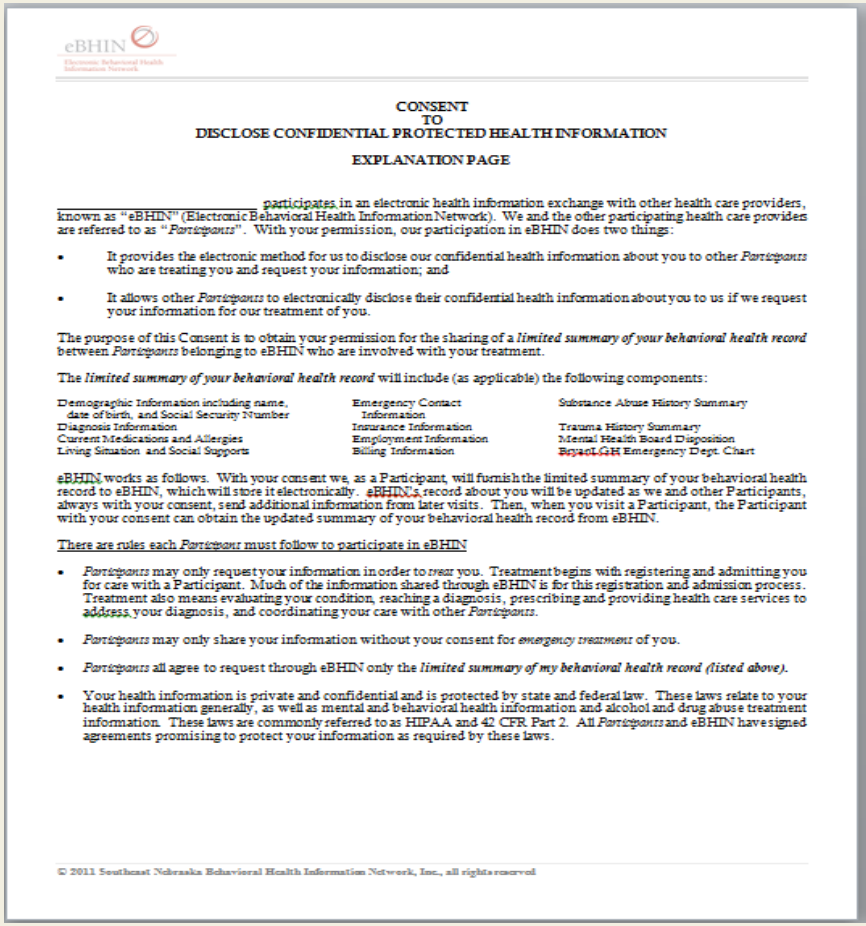
DEMOGRAPHIC INFORMATION:

Patient Name: Consent Test
Address: 8437 Prairie Lane
Lincoln, NE 68508-
Home Phone:
Day Phone: (402)434-9851
Primary Phone: day
Phone Type: Unknown

DISCHARGE INFORMATION:

Date of Discharge: 11/25/2012
Date of Last Contact: 11/25/2012
Discharge Status: Treatment Completed
Mental Health Board Disposition: No MHB Commitment
Destination at Discharge: SA Short Term Residential
Employment Status at Time of Discharge: Unemployed (Laid Off/Looking)
Living Situation at Time of Discharge: Residential Treatment
Education: The patient has completed 12th grade or GED
Social Supports at Time of Discharge: 8-15 times in past month (2 or 3 times per week)
Discharge Referral: SA Residential

CFR 42 PART 2 COMPLIANT HIE CONSENT



eBHIN
Electronic Behavioral Health Information Network

CONSENT
TO
DISCLOSE CONFIDENTIAL PROTECTED HEALTH INFORMATION

EXPLANATION PAGE

_____ participates in an electronic health information exchange with other health care providers, known as "eBHIN" (Electronic Behavioral Health Information Network). We and the other participating health care providers are referred to as "*Participants*". With your permission, our participation in eBHIN does two things:

- It provides the electronic method for us to disclose our confidential health information about you to other *Participants* who are treating you and request your information; and
- It allows other *Participants* to electronically disclose their confidential health information about you to us if we request your information for our treatment of you.

The purpose of this Consent is to obtain your permission for the sharing of a ***limited summary of your behavioral health record*** between *Participants* belonging to eBHIN who are involved with your treatment.

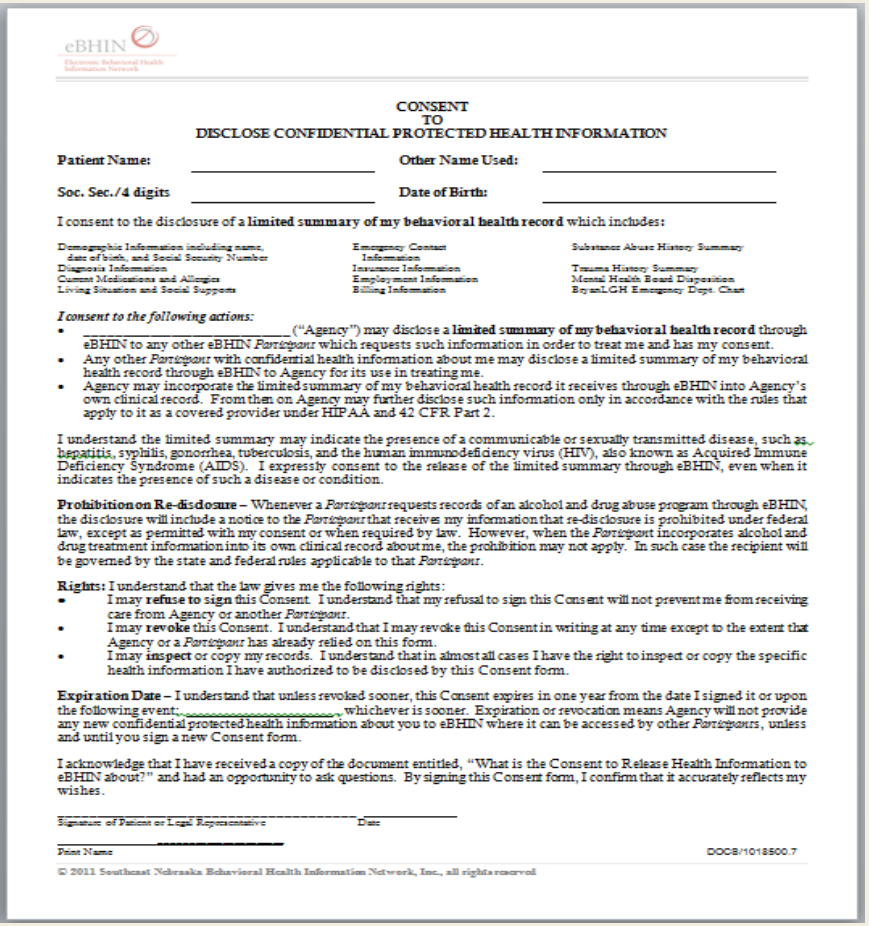
The ***limited summary of your behavioral health record*** will include (as applicable) the following components:

Demographic Information including name, date of birth, and Social Security Number	Emergency Contact Information	Substance Abuse History Summary
Diagnosis Information	Insurance Information	Trauma History Summary
Current Medications and Allergies	Employment Information	Mental Health Board Disposition
Living Situation and Social Supports	Billing Information	~~Bryan~~LGH Emergency Dept. Chart

eBHIN works as follows. With your consent we, as a Participant, will furnish the limited summary of your behavioral health record to eBHIN, which will store it electronically. eBHIN's record about you will be updated as we and other Participants, always with your consent, send additional information from later visits. Then, when you visit a Participant, the Participant with your consent can obtain the updated summary of your behavioral health record from eBHIN.

There are rules each *Participant* must follow to participate in eBHIN

- *Participants* may only request your information in order to *treat* you. Treatment begins with registering and admitting you for care with a Participant. Much of the information shared through eBHIN is for this registration and admission process. Treatment also means evaluating your condition, reaching a diagnosis, prescribing and providing health care services to address your diagnosis, and coordinating your care with other *Participants*.
- *Participants* may only share your information without your consent for *emergency treatment* of you.
- *Participants* all agree to request through eBHIN only the ***limited summary of my behavioral health record (listed above).***
- Your health information is private and confidential and is protected by state and federal law. These laws relate to your health information generally, as well as mental and behavioral health information and alcohol and drug abuse treatment information. These laws are commonly referred to as HIPAA and 42 CFR Part 2. All *Participants* and eBHIN have signed agreements promising to protect your information as required by these laws.



eBHIN
Electronic Behavioral Health Information Network

CONSENT
TO
DISCLOSE CONFIDENTIAL PROTECTED HEALTH INFORMATION

Patient Name: _____ **Other Name Used:** _____

Soc. Sec./4 digits _____ **Date of Birth:** _____

I consent to the disclosure of a **limited summary of my behavioral health record** which includes:

Demographic Information including name, date of birth, and Social Security Number	Emergency Contact Information	Substance Abuse History Summary
Diagnosis Information	Insurance Information	Trauma History Summary
Current Medications and Allergies	Employment Information	Mental Health Board Disposition
Living Situation and Social Supports	Billing Information	BryanLGH Emergency Dept. Chart

I consent to the following actions:

- _____ ("Agency") may disclose a **limited summary of my behavioral health record** through eBHIN to any other eBHIN *Participant* which requests such information in order to treat me and has my consent.
- Any other *Participant* with confidential health information about me may disclose a limited summary of my behavioral health record through eBHIN to Agency for its use in treating me.
- Agency may incorporate the limited summary of my behavioral health record it receives through eBHIN into Agency's own clinical record. From then on Agency may further disclose such information only in accordance with the rules that apply to it as a covered provider under HIPAA and 42 CFR Part 2.

I understand the limited summary may indicate the presence of a communicable or sexually transmitted disease, such as hepatitis, syphilis, gonorrhea, tuberculosis, and the human immunodeficiency virus (HIV), also known as Acquired Immune Deficiency Syndrome (AIDS). I expressly consent to the release of the limited summary through eBHIN, even when it indicates the presence of such a disease or condition.

Prohibition on Re-disclosure – Whenever a *Participant* requests records of an alcohol and drug abuse program through eBHIN, the disclosure will include a notice to the *Participant* that receives my information that re-disclosure is prohibited under federal law, except as permitted with my consent or when required by law. However, when the *Participant* incorporates alcohol and drug treatment information into its own clinical record about me, the prohibition may not apply. In such case the recipient will be governed by the state and federal rules applicable to that *Participant*.

Rights: I understand that the law gives me the following rights:

- I may **refuse to sign** this Consent. I understand that my refusal to sign this Consent will not prevent me from receiving care from Agency or another *Participant*.
- I may **revoke** this Consent. I understand that I may revoke this Consent in writing at any time except to the extent that Agency or a *Participant* has already relied on this form.
- I may **inspect** or copy my records. I understand that in almost all cases I have the right to inspect or copy the specific health information I have authorized to be disclosed by this Consent form.

Expiration Date – I understand that unless revoked sooner, this Consent expires in one year from the date I signed it or upon the following event: _____, whichever is sooner. Expiration or revocation means Agency will not provide any new confidential protected health information about you to eBHIN where it can be accessed by other *Participants*, unless and until you sign a new Consent form.

I acknowledge that I have received a copy of the document entitled, "What is the Consent to Release Health Information to eBHIN about?" and had an opportunity to ask questions. By signing this Consent form, I confirm that it accurately reflects my wishes.

_____ _____
Signature of Patient or Legal Representative Date

_____
Print Name

DOCS/1018500.7

BH DISPARATE OUTCOMES

The Epidemic of Premature Death in Older Persons with Serious Mental Illness

The average life expectancy in the US has steadily increased to 77.9 years (increasing by almost 5 years since the 90s alone)
At the same time……

Mentally ill die 25 years earlier, on average

By Marilyn Elias, USA TODAY

Adults with serious mental illness treated in public systems die about 25 years earlier than Americans overall, a gap that's widened since the early '90s when major mental disorders cut life spans by 10 to 15 years, according to a report due Monday.

For people with serious mental illness:
The average life expectancy is 53 yrs.
"50 is the New 75"

*An iatrogenic condition an inadvertent adverse effect or complication resulting from medical treatment – in this case psychotropic medications as one example

SYSTEMIC BEHAVIORAL HEALTH SERVICE DELIVERY PROBLEMS

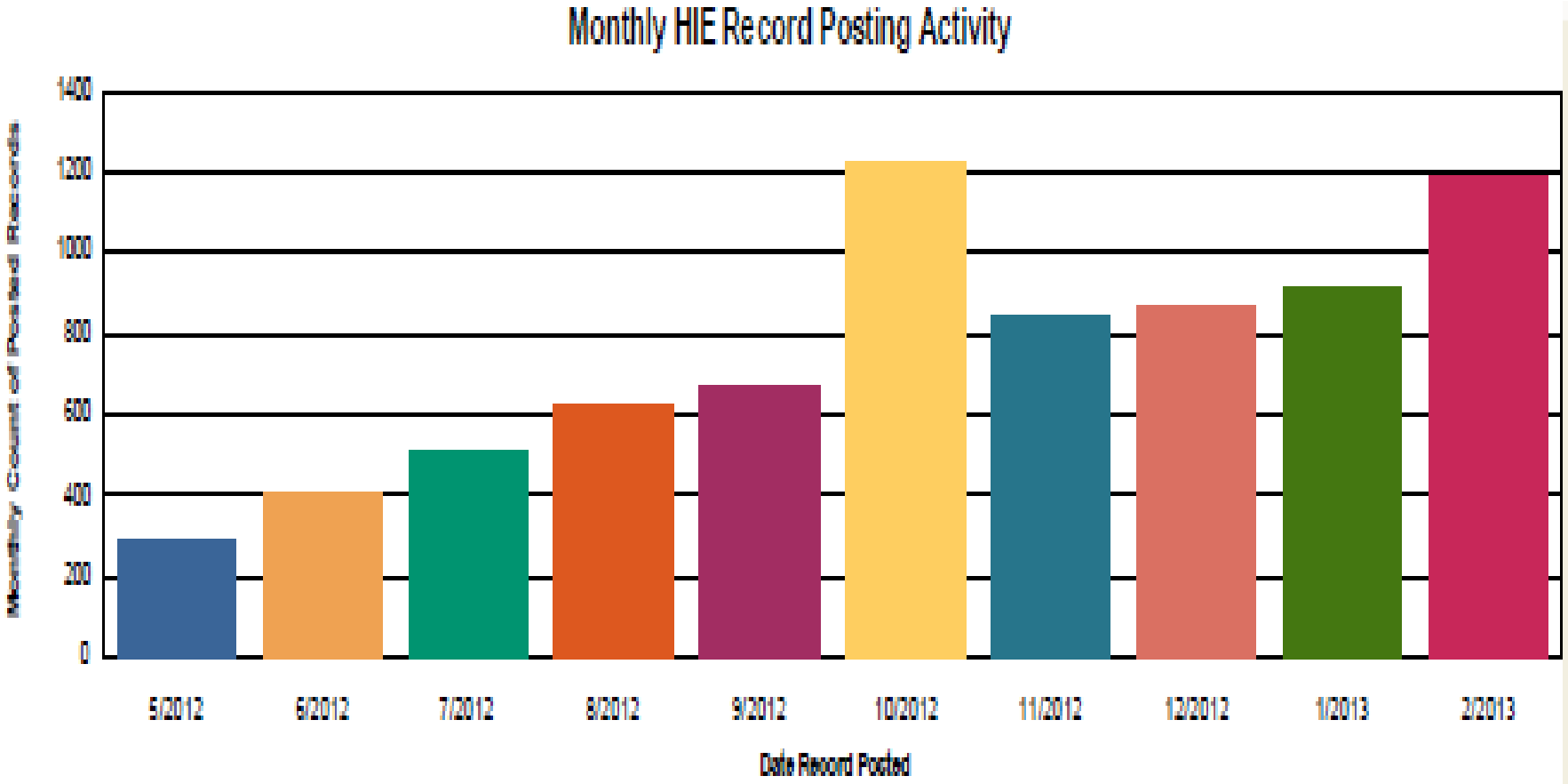
- Nature of BH illnesses characterized by episodic need for acute care
- Regular movement of patients from rural to urban areas to access acute care services
- Big disparities in technology capability between providers – hospital EMR's while most provider organizations paper based
- No organized system for referral of patients between treatment settings – follow-up inconsistent
- Duplication of testing services
- Time consumed in determining appropriate service level

HIE SYSTEM CAPABILITIES

Health Information Exchange:

- Shared Record Exchange across Treatment Settings
- Longitudinal Patient Records
- Closed Loop Referrals
- Wait List Management & Interim Services Tracking
- Medication Reconciliation
- Aggregate Reporting at Provider, Region and State Levels from Centralized Data Repository

HIE RECORDS POSTING



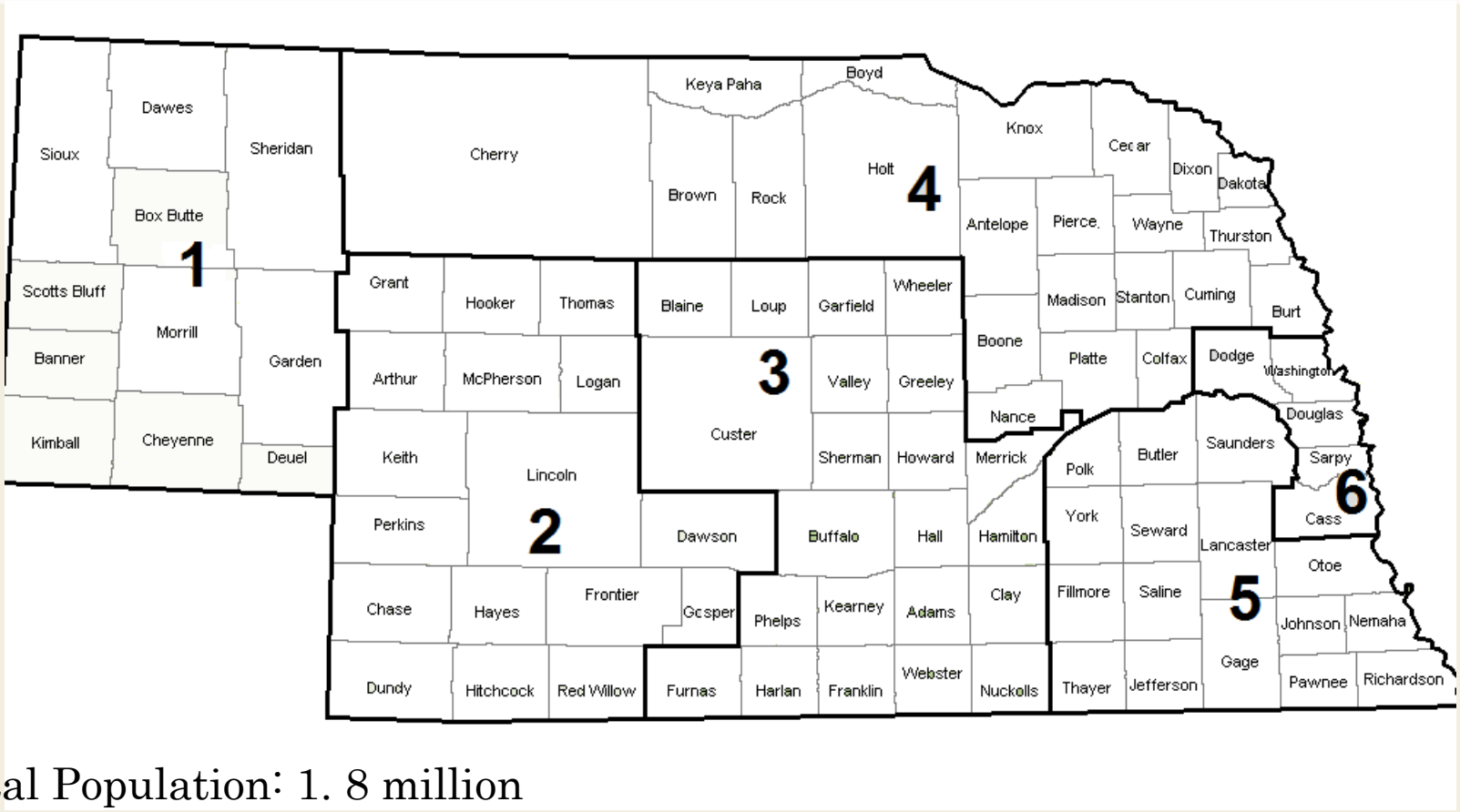
IMPROVED PROCESS MEASURES

- Enhanced care coordination and communication across treatment settings
- Economies of scale in equipment, network operations and applications – acquisition and administration
- Workflow efficiencies and service delivery standardization
- Enhanced data integrity and meaningful reporting
- Integration with physical healthcare to improve access
- Concurrent Documentation – improved patient engagement/retention
- Data analytics for performance improvement and quality assurance
- ***Improved patient outcomes!***

PREPARING FOR THE FUTURE

- HIE Data Capture and analytics will support better Transparency and Accountability
- Consolidated outcomes tracking and payment information will facilitate enhanced service bundling and population management efforts
- Support care coordination and joint ventures to adapt to the ACO market
- Expand data tracking and case management capabilities to include targeting of risk factors and wellness best practices
- Assist in management of the most complex and costly patient care

NEBRASKA FAST FACTS



Total Population: 1. 8 million

65% of population located in Lincoln and Omaha (Regions 5 & 6)

Balance of population spread throughout State

High percentage in west designated “Frontier”

SCALABILITY AND NETWORK EXPANSION

Will the Continuity of Care Document bring us to the point of interoperability???
How much do we invest waiting for the technology of the future?

eBHIN

Electronic Behavioral Health Information Network

Thanks for listening!

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Lincoln, NE 68508

General Discussion

- What are the implications of recent amendments to HIPAA on behavioral health?
- What are the major challenges and opportunities in 2013 around integrating behavioral health with other HIT efforts?
- How are mHealth and patient-reported outcomes changing the paradigm of behavioral care and surveillance?

Save the Date!

Gaylord Convention Center,
Washington DC
July 31-August 1st, 2013

More information available soon at
www.ehealthinitiative.org/2013-data-and-analytics-forum.html

Next Steps

- Slides from today's call will soon be available at: http://www.ehealthinitiative.org/issues/chronic-disease/chronic-disease-council-materials.html

- The next meeting will be on **Wednesday, May 16th between 2:00-3:00pm EST**

- In the meantime, please contact Jon Dimsdale at jdimsdale@ehealthinitiative.org with any comments and/or questions