A Life in the Community for Everyone

SAMHSA

Substance Abuse and Mental Health Services Administration

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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

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Electronic Health Records

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HEALTH REFORM SUCCESS REQUIRES:

AN ELECTRONIC HEALTH RECORD THAT IS:

- ***IMPLEMENTED IN ALL CARE SETTINGS***
- ***IMPLEMENTED QUICKLY***
- ***AFFORDABLE***
- ***INTEROPERABLE***
- ***TRUSTED BY THE PUBLIC***
- ***DATA AND INFORMATION RICH***

Electronic Health Record

- Contains patient information
  - Demographics
  - Diagnosis
  - Medication
  - Treatment Plan
  - Case Management
  - Progress Notes
  - Encounters
  - Billing
  - Workflow

ELECTRONIC HEALTH RECORDS ENABLE:

- **STATES** TO CREATE BENEFIT EXCHANGES AND MANAGE CARE TO MEDICAID POPULATIONS
- **PUBLIC BENEFIT PLANS AND STATE MEDICAID PROGRAMS** TO DEVELOP INCREASED MEMBER ENROLLMENT PLANS AND CONTRACTS WITH HEALTH PROVIDERS IN ALL COMMUNITIES
- **PROVIDERS** TO BETTER PLAN SERVICE CAPACITY AND COST REQUIREMENTS AND IMPROVE CARE PROVISION.
- **COMMUNITIES** AND ALL LEVELS OF **GOVERNMENT** TO MONITOR PROGRESS AND MAKE CRITICAL ADJUSTMENTS

Data Interoperability

- Interoperable data must be structured
  - Machines cannot interpret unstructured data
  - Requires human intervention for interpretation
- Lack of interoperability places extra burden on staff
  - When information is exchanged through a PDF or other unstructured data exchange, a person must be involved
  - The receiving system cannot store data in the database for future use except as unstructured information

System Interoperability

- System interoperability requires semantic data integrity between systems.
- Data must be standardized having the same attribute (name) and attribute (value).
- Generally, EHR systems in the behavioral health field will be required to be updated and certified via one of three ONC authorized certification agencies.

Foundational Work
- Defining what functions an EHR should contain

- HL7 EHR-S Functional Model R1
- HL7 Functional Profile – Behavioral Health
- HL7 EHR-S Functional Model R2 (in development)
- NIEM semantic interoperability standards
- MITA
- CCHIT/NIST certification criteria
  - - Inpatient
  - - Ambulatory
  - - Behavioral Health

Foundational Data Standards
- Specifications to achieve data interoperability

- HL7 Reference Information Model
- HL7 Clinical Document Architecture
- HL7 Common Terminology Server 2
- NIEM semantic interoperability standards
- ONC Specified Standard Code Sets
  - SNOMED-CT - Systematized Nomenclature of Medicine--Clinical Terms
  - LOINC® - Logical Observation Identifiers Names and Codes
  - UCUM - The Unified Code for Units of Measure
  - ICD-9/10 - International Classification of Diseases
  - RxNorm - Provides normalized names for clinical drugs

Implications of the Affordable Care Act on Electronic Health Records

- **Linking Payment to Quality Outcomes**
  - EHR Must be able to Calculate Quality Measures
  - Two Stage 1 MU Quality Measures
    - NQF 004 alcohol initiation and NQF 105 depression management
  - Multiple Stage 2 MU Quality Measures
    - NQF 103 and 104 (depression)
    - NQF 112 (bi-polar)
    - PHQ-9 – depression screening

Implications of the Affordable Care Act on Electronic Health Records – continued

- **Encouraging Integrated Health Systems**
  - Accountable Care Organizations. Allows doctors to better coordinate patient care and improve the quality, help prevent disease and illness and reduce unnecessary hospital admissions.
  - Accountable Care Organizations will require EHR interoperability. *Effective January 1, 2012.*

Implications of the Affordable Care Act on Electronic Health Records – continued.

- **Reducing Paperwork and Administrative Costs**
  - Health care remains one of the few industries that relies on paper records
  - ACA institutes a series of changes to standardize billing and requires health plans to begin adopting and implementing rules for the secure, confidential, electronic exchange of health information
  - Using electronic health records will reduce paperwork and administrative burdens, cut costs, reduce medical errors and most importantly, improve the quality of care. *First regulation effective October 1, 2012.*

Implications of the Affordable Care Act on Electronic Health Records – continued

- **Understanding and Fighting Health Disparities**
  - ACA requires any ongoing or new Federal health program to collect and report racial, ethnic and language data
  - The Secretary of Health and Human Services will use this data to help identify and reduce disparities. *Effective March 2012.*

Affordable Care Act

Privacy & Security Policy Committee

- All entities involved in health information exchange should follow the full complement of fair information practices (FIPs) when handling personally identifiable health information.
  - Formulation of FIPs comes from the Office of the National Coordinator's *Nationwide Privacy and Security Framework for Electronic Exchange of Individually Identifiable Health Information.*

Affordable Care Act

Privacy & Security Policy Committee

- *Recommendation 5.1: C*onsumers should have:
  - Timely, electronic access to their eligibility and enrollment data in a format they can use and re-use;
  - Knowledge of how their eligibility and enrollment information will be used, including sharing across programs to facilitate additional enrollments, and to the extent practicable, control over such uses; and
  - The ability to request corrections and/or updates of such data.

Affordable Care Act

Privacy & Security Policy Committee

- *Recommendation 5.2: C*onsumer's ability to designate third party access should be as specific as feasible regarding authorization to data, access to functions, role permissions and ability to further designate third parties. If third party access is allowed, access should be:
  - Subject to the granting of separate authentication and/or login processes for third parties;
  - Tracked in immutable audit logs designating each specific third party access and major activities; and
  - Time-limited and easily revocable

Affordable Care Act

Privacy & Security Policy Committee

- Recommendation 5.3: The following safeguards are recommended for States administering health and human services programs:
  - Data should be encrypted
  - Automated eligibility systems should have the capability to:
    - Record actions related to the Personally Identifiable Information provided for determining eligibility
  - Enable a user to generate an audit log for a specific time period and to sort entries in the audit log

Implications for 42 CFR Part 2

- 42 CFR Part 2 is the statute that requires strict confidentiality of patient records for persons receiving alcohol and drug treatment services
  - Most disclosures require patient consent
  - Medical emergencies are exception
  - Confidentiality requirements
    - Patient Identity Protected
    - Cannot acknowledge patient except through consent

Helpful Links

- ACA Policy Committee Recommendations
  http://healthit.hhs.gov/portal/server.pt?open=512&mode=2&objID=3161
- SAMHSA Health Information Technology Strategic Initiative
  http://www.samhsa.gov/about/siDocs/healthIT.pdf
- Provisions of the Affordable Care Act by Year
  http://www.healthcare.gov/law/about/order/byyear.html
- Substance Abuse Confidentiality Regulations
  http://www.samhsa.gov/HealthPrivacy/