Moving Towards Models of Success

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Disclaimer

- Please note this presentation is a compilation of experiences reported by multiple providers. I believe it represents issues related to interoperability that exists across the community mental health system. It is not specific to any one provider, county, and or any one electronic health record.

Has the Market Failed Providers and Patients

- 2009- ARRA/HITECH resulted in a 600% increase in the electronic health record marketplace overnight
  - patient privacy & providers acting in good faith both need to be protected
  - the administration needed a quick approach to develop standards & policies to allow for multiple systems to respond to unique provider needs
- Impact to Behavioral Health
  - Healthcare reform focused on physical health care standards
    Developing a payment system that rewards quality outcomes and stewardship of healthcare resources necessary for America to rein in its costs and improve the overall quality of the healthcare system.
  - Leaving the behavioral health industry extremely delayed…yet we are all moving forward in some way

How does not having interoperability /Integration play out in real life…

Consumer A
San Francisco County

What EHR is this? Where is that matrix I created? Oh yeah this EHR requires this VPN. Now, what is my user name and password? Let me refer to the matrix look through this list of 42 usernames and passwords…OK, my password is not working, who do I call for that…OK, now that I am logged in what is that I need to do and where do I go to do that?

Consumer D
San Joaquin County

Consumer B
LA County

Consumer E
Fresno County w/ MOU to Sacramento County

Dr. Jane Smith
Psychiatrist
(Providing Tele-Psychiatry Services)

Joe Jackson, L.C.S.W.
Residential Clinician

Consumer C
Nevada County

Consumer F
San Diego County

How can we provide better, more collaborative, and cost effective care to the consumer?

In health care, rapid access to original documentation is a game changer. If I can sit with a kid an look up on my computer that the blue medicine was Adderall that really helped him focus in school but was not continued by the new foster parent when he was moved, that gives me information I can use right there, in real time, to figure out with that kid what to do for him. Not only is this good care – *the kind of care anyone reading this document would want for themselves and their kids* – but is it potentially a therapeutic experience for a foster child. More often than not, whether it's about messages they got form their birth parents, the prospect of permanency, school changes, recreational activities, family visits, etc., the "system" says to them, "We care about you but can't help you quite yet. Just wait." The more we can say, "I hear you, I get it, let's do this for you now," the better. They deserve that."

~Mark Edelstein EMQFF

Impact on Patient Centered Care

- Consumers do not have access to a centralized record because components of the record are stored across various providers and payers.
- Coordination of care across counties, contract providers and between county and contract provider is difficult/impossible because treatment teams do not have access to the same information.

Cost Implications of Interoperability

- Electronic Health Record Interfaces
- Duplicate Data Entry
- No Financial Incentives

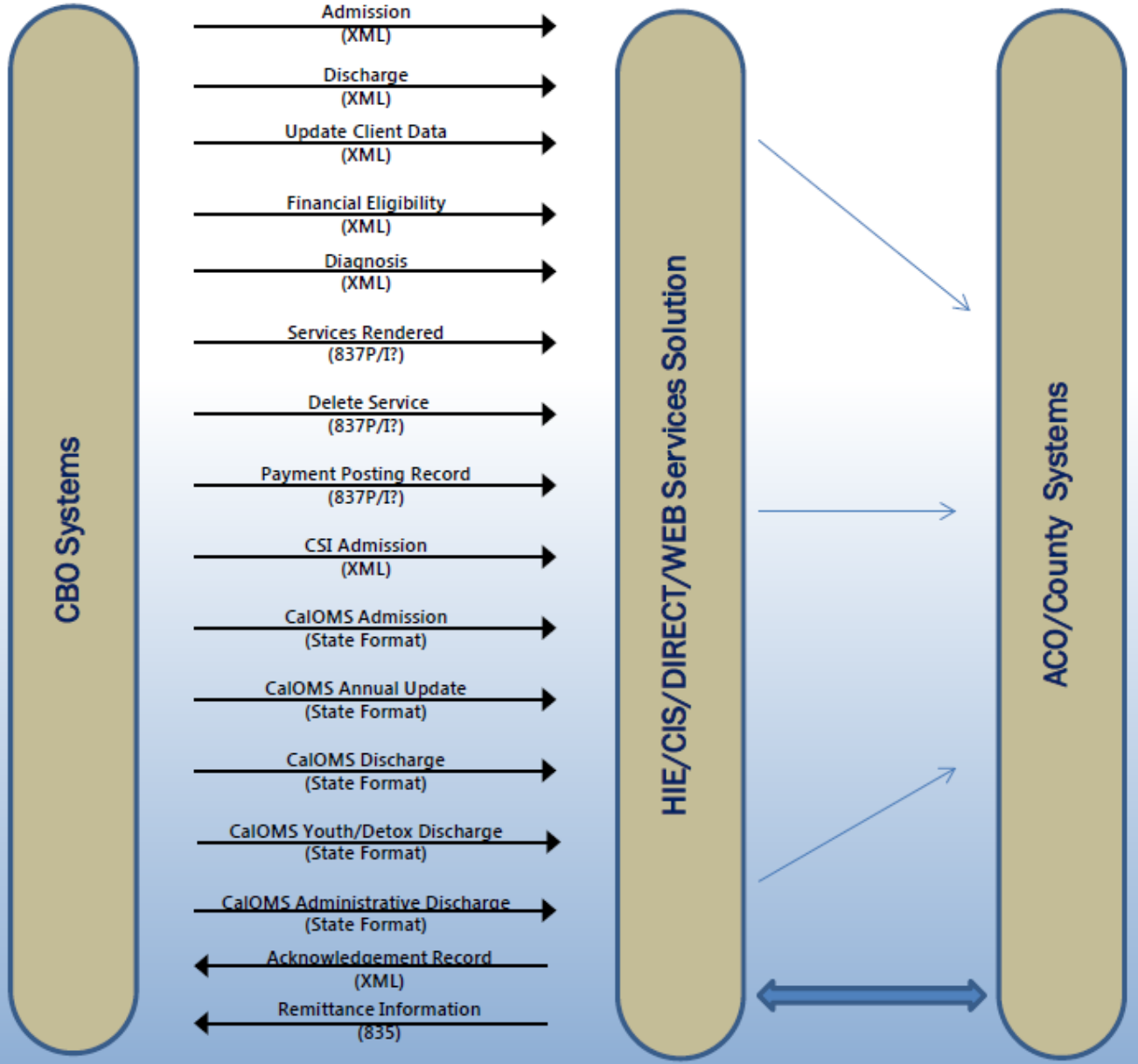
Implementation Impacts to Billing

Staff/Responsibility	Pre-EHR	Post-EHR
Billing related: • Entering billing into County System • Filing • Reconciling for end of month invoicing	80%	10%
Medi-Cal eligibility verification: • Run monthly Medi-Cal verifications • Entering Medi-Cal eligibility in County System/EHR	20%	60%
Maintenance of Medi-Cal eligibility and tracking of claims status: • Submit and track claims corrections spreadsheets • Update financial eligibility screen • Run claiming reports • Fix and track denied claims • Fix and track erroneous services associated with erroneous progress notes	<5%	180% (increased staff)

Governance of Interoperability

- Office of the National Coordinator (ONC) **Standards and Certification Regulations**
- California Office of Health Information Integrity (CalOHII)
- Meaningful Use 2
- CBCC (Community-Based Collaborative Care Workgroup)
- HL7 and MITA

The Right People, Teamwork, Collaboration, Commitment, and a Focus on Achievable Goals



Potential Model for Success

- Review the cause and effect impacts on our business needs as it relates to our current EHR initiatives
- Structure interoperability/integration framework where no single stakeholder is burdened with the whole responsibility
- Create a forum that will standardize the movement forward to Interoperability/Integration with all stakeholders represented
- Ensure SATVA has a key role in bearing this burden to establish industry standards regarding interoperability and integration for Behavioral Healthcare and Substance Abuse Organizations
- Create agreements to follow Federal Standards where they exist
- Create educational forums with regards to existing and upcoming Federal Standards
- Maximize the HIE opportunities in California
- Establish an effective communication system for information about interoperability/integration within the state

CCCMHA IT/FSC Committee

This presentation is created from resources provided to the CCCMHA IT/FSC Committee by Community Mental Health Agencies

For Questions contact

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