Challenges for Rural Areas in Meeting Increasing HIE Requirements

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Nevada County

- Population - just under 100,000
- Race
  - 93% White
  - 3% African American, Asian, American Indian, Alaska Native, Native Hawaiian and Pacific Islander
  - 3% Two or More Races
- Ethnicity
  - 85% Non-Hispanic or Latino
  - 10% Hispanic or Latino
  - 5% Unknown
- 958 square miles - Lies in the heart of the Sierra Nevada Mountains
- Bordered by
  - Sierra County to the north
  - Yuba County to the west
  - Placer County to the south
  - State of Nevada to the east
Nevada County Behavioral Health is in a small, rural, California county and is a leader in establishing new and innovative programs and services.
First County to implement Laura’s Law

Creative financing

State leader in AOT training

Use of peers in 5150 assessments

Valued relationships with partner agencies

What’s Up Wellness Checks

Entering into Drug Medi-Cal ODS

SMART team

One-stop center for families

Adult Drug Court

Small County with CSU

Two case managers at homeless shelter

funded by MHSA and Medi-Cal

House 137 people in permanent housing

Therapists stationed at homeless shelter, probation, schools, family resource centers

Creative contracting

One of two counties with peer-led respite center

Creative financing

Promotoras

Bost House

Field-based services

Crisis Continuum of Care

Adult Mental Health Court

Youth Empowerment Services “YES” Court

Alcoholics Anonymous
Questions to think about

- Do we have County Director buy-in for additional system costs?
- What are the additional staffing needs?
  - Additional Tech support
  - Additional Admin support
- Who are the other entities with whom we will exchange information?
  - Mental Health Treatment Providers
  - Substance Use Disorder Treatment Providers
  - Managed Care Organizations
  - Primary Care Physicians
  - In-patient Psychiatric Hospitals
Meaningful Use EHR Incentive Program

- 2012 - 2018
- Requirements
  - Ultra-Sensitive Exchange includes:
    - Patient Electronic Access - Patient Portal
    - Medication Reconciliation
    - Secure Messaging
    - Electronic Prescribing - Electronic Prescribing of Controlled Substances (EPCS)
    - Electronic Lab Exchange
    - Electronic Transitions of Care
Patient Electronic Access - Patient Portal

- **Challenges**
  - Lack of incentive for clients to use portal
  - Lack of computer access for mental health clients
  - Client must View, Download or Transmit their Clinical Summary within the portal

- **Solutions**
  - Incentive program changed to include clients who “opted-out” of portal registration
  - Trained Health Techs to export Clinical Summaries to the portal daily
  - Offered Computer Navigation Class to clients including portal registration
Medication Reconciliation

- **Challenges**
  - Doctors resistant to adding new steps to procedure
  - Staff resistant to scanning documents into EHR
  - Resource allocation

- **Solutions**
  - Trained staff to mark documents to be scanned
  - Trained Health Techs to scan documents
  - Dedicated a Health Tech to reconciling medications
Secure Messaging

- Challenges
  - Difficult to get enough clients registered on the portal to meet messaging minimums
  - Resource Allocation

- Solutions
  - Required each clinician to recruit one or two clients to register on the portal
  - Dedicated Health Tech sends out appointment reminders through Secure Messaging weekly
Electronic Prescribing of Controlled Substances (EPCS)

- Challenges
  - Activating tokens - and re-activating
  - Training doctors

- Solutions
  - Dedicated Kings View Contractor on-site to activate and trouble-shoot token issues
  - Kings View Contractor trained doctors
Electronic Lab Exchange

- **Challenges**
  - EHR was not able to exchange HL7 records with laboratories
  - Doctors resistant to typing lab orders into EHR

- **Solutions**
  - Doctors trained to enter minimum required lab order elements
  - Health Techs trained to scan lab results into EHR using Document Management
  - Meaningful Use program added exemption for counties that ordered less than 100 labs within the reporting period (90 days). Nevada County met this exemption
Electronic Transitions of Care

Challenges
- Hard to find partners who could exchange (In-patient Psych Hospitals)
- Technical difficulties with EHR
- Minimal data able to be exchanged electronically

Solutions
- Tested with local hospital
- Over time more rural organizations will begin using HIE
- Meaningful Use program added exemption for providers that transferred less than 100 clients within the reporting period (90 days). Nevada County met this exemption
Other Challenges

- Lack of current county-wide Health Information Exchange
- Nevada County moving to a new EHR
  - Considering Millennium
    - HealtheIntent Population Management
- Meaningful Use ending - Medicare Quality Payment Program (MACRA) beginning
  - NCBH not eligible for QPP/MACRA due to lack of Medicare billings