

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



Behavioral Health

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

Small County with CSU

State leader in AOT training

**Two case managers at homeless shelter
funded by MHSA and Medi-Cal**

Use of peers in 5150 assessments

House 137 people in permanent housing

Valued relationships with partner agencies

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

What's Up Wellness Checks

Promotoras

Creative contracting

Entering into Drug Medi-Cal ODS

One of two counties with peer-led respite center

SMART team

Bost House

Field-based services

One-stop center for families

Crisis Continuum of Care

Adult Drug Court

Adult Mental Health Court

**Youth Empowerment
Services "YES" Court**



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



EHR Incentive Programs
A program of the Centers for Medicare & Medicaid Services

- ▶ 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
 - ▶ HealthIntent Population Management
- ▶ Meaningful Use ending - Medicare Quality Payment Program (MACRA) beginning
 - ▶ NCBH not eligible for QPP/MACRA due to lack of Medicare billings

