



The Office of the National Coordinator for
Health Information Technology

Behavioral Health Integration: Health IT Considerations

ONC SIM Resource Center Learning Event Webinar
March 29, 2016

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Conflicts of Interest

Terry Bequette

Has no real or apparent conflicts of interest to report.

Scott Rader

Has no real or apparent conflicts of interest to report.

Agenda

- Behavioral Health Integration – Key Points
- Behavioral Health Integration Framework Considerations
 - » Policy
 - » Technical
 - » Business Operations / Workflow
 - » Financial
- State Presentation
 - » New York Health Home Implementation
- Resources
- Identify Affinity Group Topics
 - » Listening Session Tomorrow
- Q&A
- Adjourn

Integration of Behavioral and Physical Health Services in Medicaid: Key Points

- Services for Physical Health (PH) and Behavioral Health (BH) (includes mental health (MH) and substance use disorders (SUD)) historically have been financed and delivered under separate systems. Health IT systems tend to be separate as well.
- Large number of beneficiaries with BH diagnosis and substantial associated costs → state Medicaid programs are looking for ways to improve care and reduce expenses.
- Integrating PH and BH shown to reduce fragmentation of services and promote care for adults with depression and anxiety disorders. Current evidence is limited for other instances. Data and information integration is needed.
- There is no one-size-fits-all model for BH integration. Efforts can encompass clinical, financial, and administrative domains.
- **Health IT is essential to supporting this integration, including local systems, information exchange, data and analytics (measures, aggregation, reports), and state-based systems for Medicaid enrollment and administration.**

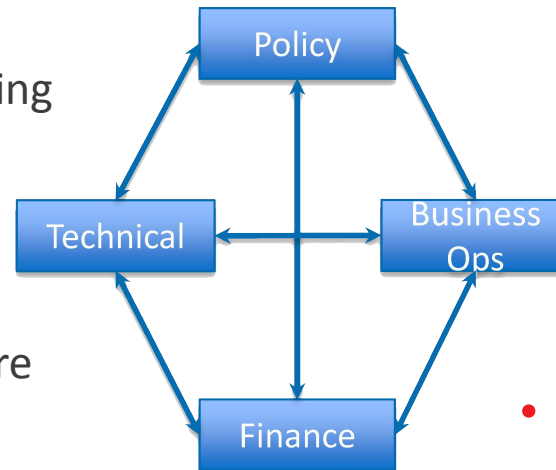
Behavioral Health Integration Framework Considerations

- **Policy**

- » Programs and models
- » Standards and certification as policy levers
- » Privacy and data sharing

- **Technical**

- » Health IT infrastructure modules
- » SAMHSA's work in BH-related Health IT



- **Business Operations: Workflow**

- » Global: administration, billing, TA, Quality measurement and reporting
- » Local: clinical, administration, billing, data access and sharing

- **Finance**

- » SPAs and Waivers; SIM; Medicaid/HITECH APDs
- » SMD 16-003 expansion of HIE-related funding to other providers

Policy: Programs and Models for PH and BH Integration

- SHADAC: Catalog of Medicaid Initiatives Focusing on Integrating Behavioral and Physical Health Care: Final Report (July 2015)
 - » Overarching models:
 - Accountable care Organizations (ACOs) – States can include BH services in ACO payments, or require ACOs to include BH providers or BH into quality and performance metrics.
 - Health Homes (Affordable Care Act Section 2703) – designed to ensure whole-person care, integrating primary, acute, and BH care as well as long-term services and supports and social and family supports.
 - Managed Care (through contracts with MCOs or BHOs) – many states have carved out BH services, but several states are planning or implementing carve in of BH services into their primary Medicaid Managed Care contracts.
 - **Movement from any current model to a new model of service delivery will require Health IT to support the transition and the implementation of new approaches.**

Tables in the Catalog list detailed information about each program

Clinical Integration

» Features

- Change focus from episodes to comprehensive approach
- Care delivery and accountability for outcomes and costs
- Promote patient referrals and follow-up
- Foster collaboration in decision making
- Connect beneficiaries to needed resources

» Components

- Care Coordination / Case Management*
- Colocation*
- Data Sharing*
- Agreements with external partners
- Screening and referral to treatment*
- Provider education and training

***Health IT enables and supports most of the functional components necessary for clinical integration of PH and BH**

Policy Considerations: MACPAC Report

Levels of Integration in Medicaid

- System Integration – BH and PH integration achieved at the system level through changes in payment and administration
 - » Often led by state Medicaid agency through collaboration with payers and other state and federal agencies
 - » Efforts include blending multiple funding streams and consolidating agencies that administer behavioral health services
 - » Payment integration – multiple agencies involved in the financing and delivery of services, funded from multiple sources. Different programs may have separate provider networks, eligibility systems, and billing procedures and rates. This is an opportunity area, and **one that would require Health IT.**
 - » Integration of administration and oversight – historically state Medicaid and BH agencies served different populations treated by separate providers in isolated settings using different funding streams. Approaches include consolidating agencies, merging agencies under an umbrella organization, and improving collaboration. Again, **Health IT is required.**

Policy Considerations: MACPAC Report

Barriers to BH and PH Integration in Medicaid

- **Barriers to BH and PH Integration in Medicaid (targets for policy levers)**
 - » Billing policies and restrictions on same-day billing of BH and PH visits, or for more than one encounter per day
 - » Coverage of behavioral health services – considerable variation in coverage, with limitations on authority or dependence on other funders
 - » Institutions for mental diseases (IMD) exclusion – prohibits reimbursement for inpatient care provided to individuals over age 21 and under age 65 who are patients in an IMD
 - » Provider ability to bill Medicaid – states often limit the types of practitioners who can bill Medicaid for behavioral health services, limiting the ability of medical facilities to integrate these professionals into their care teams.
 - » Privacy and data sharing – federal and state rules preventing the exchange of health data create barriers to integrating care.
 - » Adoption and use of Health Information Technology by BH and PH providers (Health IT encompasses several infrastructure components)
 - » Other: temporary funding; Licensing requirements; Behavioral health workforce; Infrastructure capacity; Professional cultural and training barriers

Standards and Certification as Policy Levers: ONC Certification and Standards: 2015 Edition and Behavioral Health

- A more accessible ONC Health IT Certification Program supportive of:
 - » Diverse health IT systems, including but not limited to EHR technology (“Health IT Module” instead of “EHR Module”)
 - » Health IT across the care continuum, including Behavioral Health Provider settings
 - Optional criteria on psychosocial measures and data segmentation for privacy

Standards and Certification as Policy Levers: Social, Psychological, and Behavioral Health Data Collection

- 2015 Certification Edition Ability to Capture 8 Domains of Social, Psychological, and Behavioral Health Data
 - » Optional certification, includes the ability to record, change and access standardized questions and responses (a)(15) for:
 - Financial resource strain
 - Education level
 - Stress
 - Depression screening (PH02)
 - Physical Activity
 - Alcohol Use
 - Social Connection and Isolation
- State Implications
 - » States could require as part of state advance payment models, demos, grants, conditions of participation and/or pilots.
 - » Applicability across multiple populations and patient groups.
 - » Useful for care coordination or referral for services such as mental health, home care, etc.

Standards and Certification as Policy Levers: Behavioral Health & Data segmentation for Privacy (DS4P)

- 2015 Certification Edition Data Segmentation for Privacy – Ability to mark sections of exchange documents (CCDs) as private during sending and receiving.
- State Implications
 - » Option for States: Require as part of state advance payment models, demos, grants, conditions of participation and/or pilots.
 - » Applicability across multiple populations and patient groups.
 - » Useful for care coordination or referral for services such as mental health, home care, etc.
 - » Consistently listed as a high priority by consumer groups and APMs.

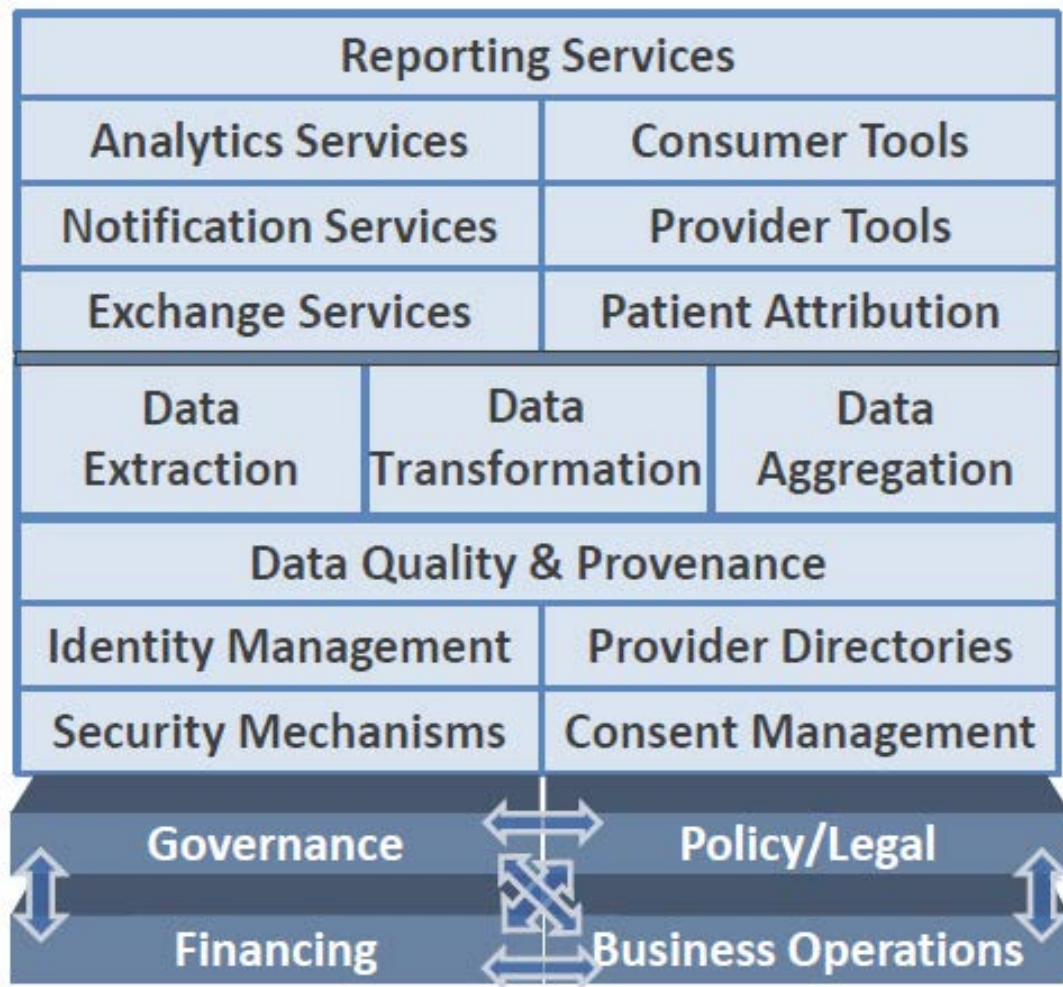
Standards and Certification as Policy Levers: Considerations for States to Leverage Certified Health IT for BH

- ONC certification can be referenced by State policies and programs.
- In 2018, ONC's 2015 Certification will be mandatory for providers in the EHR Incentive Program.
- ONC certification can be applied to health IT systems for other settings of care including behavioral health.
- The 2015 Certification rule includes optional certification criteria for care plans; data segmentation for privacy; and social, psychological, and behavioral health data collection
- The 2015 Certification rule includes transitions of care certification criterion, common clinical data set summary record, streamlined privacy and security requirements.
- State Medicaid and other agencies (alcohol and drug abuse; mental health program directors) can leverage certified health IT for BH

Policy Considerations: Privacy and Data Sharing

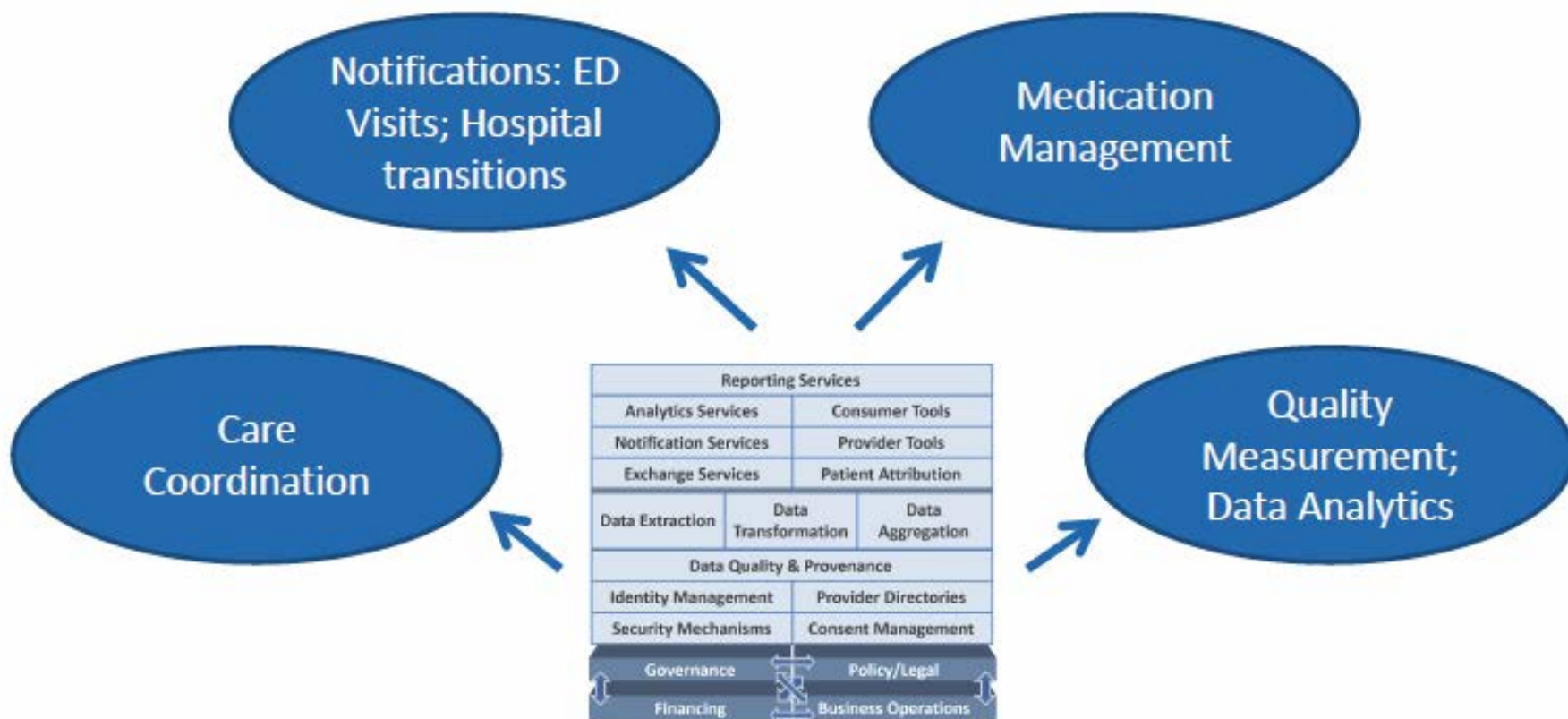
- Long standing area of concern as identified in MACPAC report
- State laws can be more restrictive than federal constraints
- Persistent confusion on the exact restrictions in federal rules
- See the ONC Blog Series: The Real HIPAA Supports Interoperability
 - » [Blog post 1: The Real HIPAA Supports Interoperability](#)
 - » [Blog post 2: Permitted Uses and Disclosures](#)
 - » [Blog post 3: Care Coordination, Care Planning, and Case Management Examples](#)
 - » [Blog post 4: Quality Assessment/Quality Improvement and Population-Based Activities Examples](#)
- Download the Fact Sheets (ONC and OCR):
 - » [Permitted Uses and Disclosures: Exchange for Health Care Operation \[PDF – 1.3 MB\]](#)
 - » [Permitted Uses and Disclosures: Exchange for Treatment \[PDF – 1.1 MB\]](#)

Health IT Considerations: the Health IT Stack of Infrastructure Modules



- **Some combination of these modules needed for all Health IT use cases**
- **Modules that take prominence in BH integration:**
 - » Policy/Legal
 - » Consent management
 - » ID management
 - » Exchange services
 - » Notification services
- **None are excluded in the BH integration use case**

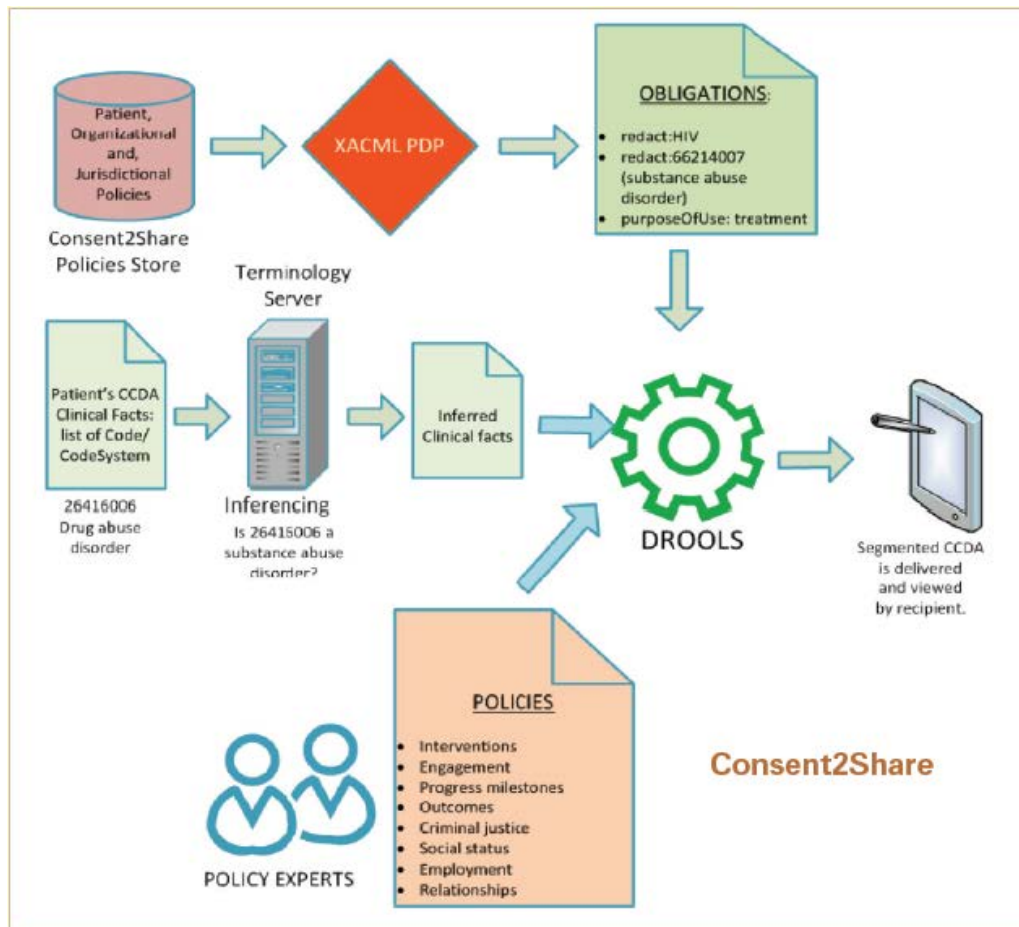
Health IT Considerations: Some Use Cases



Health IT Considerations: SAMHSA's Work in Health Information Technology

- SAMHSA works closely with ONC, CMMS, NIH and others to promote the use of HIT in behavioral health care settings.
- Goals are to advance HIT standards around privacy, consent, and interoperability for BH records, and to advance approaches to appropriately integrate BH data
 - » Primary Behavioral Health Care Integration (PBHCI) program – testing EHRs use for primary and behavioral health integration
 - » Open Behavioral Health Information Technology Architecture (OBHITA) – supported the development of HIT tools for behavioral health
 - » Consent2Share – data segmentation and consent management tool to support information exchange in compliance with health information privacy and confidentiality regulations
 - » Behavioral Health Information Technologies and Standards (BHITS) project

Consent2Share Technical Architecture



The Substance Abuse and Mental Health Services Administration (SAMHSA) has been working with the ONC on its Data Segmentation for Privacy (DS4P) Initiative. Through this initiative, federal and community stakeholders have developed standards and guidelines for enabling data segmentation and management of patient consent preferences. SAMHSA is using these standards to develop the application branded *Consent2Share*, an open source tool for consent management and data segmentation that is designed to integrate with existing Electronic Health Record (EHR) and Health Information Exchange (HIE) systems.

<http://wiki.siframework.org/SAMHSA+Consent2Share+Project>

- Medicaid program business operations / workflow considerations
 - » Administrative and billing – at the Medicaid state agency level:
 - Accommodate new provider types
 - New treatment and billing codes and guidelines
 - Procedures to be implemented by providers and MCOs
 - » Technical Assistance for Implementation – Provided by the Medicaid state agency to support changes:
 - Procedures, codes, guidelines
 - Value-based payment changes, as appropriate
 - Medicaid Innovation Accelerator Program will be providing TA to states on PH/MH integration
 - » Quality Measures and Analytics for Medicaid state agency to measure progress and outcomes
 - Determine quality measures to support the integration changes (stakeholder engagement)
 - Guidelines and training for data submission

- **Clinical workflow considerations**
 - » Care coordination and case management processes – location scenarios for primary care, behavioral health professional, and case manager
 - » Facility and infrastructure modifications and expansions
 - » Patient encounter processes and procedures – screening; assessment; collaboration and handoffs
- **Administration and billing considerations**
 - » These are the reciprocal elements to accommodate the global Medicaid program administration and billing considerations
- **Data access and sharing considerations**
 - » Consent management and privacy practices and procedures
 - » [ONC/SAMHSA Behavioral Health Data Exchange Consortium](#) (helpful white paper)
- **Health IT considerations**
 - » Access privileges across systems; single sign-on; interoperability; expanded license management
 - » HIT-enabled assessments; tele-psychiatric consults; virtual collaboration needs; Appropriate BH-related eQMs

Financial Considerations

- **Program Level – State Plan Amendment; 1115 Waiver**
 - » The state Medicaid agency, probably in collaboration with other agencies in and out of state government, determines a To-Be model for BH and PH integration. SPAs and Waivers are the mechanisms for negotiating changes to the Medicaid program.
 - » MMC Proposed Rule – states could make available incentive payments for the use of technology that supports interoperable HIE by network providers that were not eligible for EHR incentive payments under the HITECH Act.
 - » Expanded support for Medicaid Health Information Exchanges – SMD #16 -003
https://www.healthit.gov/sites/default/files/smd_presentation_for_learning_event_3-8-16.pdf
 - » SIM Grant for practice transformation TA; EHR adoption TA
- **Implementation Level**
 - » Care delivery end points – consider a combination of state-acquired funding and practice-level funding (HRSA grants; SAMHSA grants; Value-based payment incentives)
 - » Medicaid Eligible Professionals should not lose their last chance for EHR incentive payments; they are likely to be the ones doing behavioral health integration.

Scott Rader – HIT Project and Health Home Performance Manager, State of New York Department of Health

Scott joined the NYS Department of Health in June of 2015 as the HIT Project Manager for the NYS Health Homes program and later took on the additional role of Health Home Performance Manager. He coordinates HIT for all 31 Health Homes in New York State, making sure they are all in compliance with nine HIT standards that are in place for the Health Home Program. As the HH Performance Manager, Scott works with a team that has been tasked with implementing a performance and quality measures roadmap to help improve overall functionality for each of the designated Health Homes across the state. Prior to joining the NYS Department of Health, Scott had experience in professional and institutional billing IT and financial reporting at the Albany Medical Center.

ONC Assistance and Resources

- ONC has significant experience and resources in all aspects of Health IT, including standards and testing, policy development, privacy and data sharing, and implementation guidance.
- The ONC Resource Center can provide specific TA as requested by SIM states
- ONC Resources at HealthIT.gov
 - » Behavioral Health Data Exchange Consortium ONC State Health Policy Consortium Project Final Report:
https://www.healthit.gov/sites/default/files/bhdeconsortiumfinalreport_06182014_508_compliant.pdf
 - » This report was preceded by an Issues Brief:
https://www.healthit.gov/sites/default/files/bhandhit_issue_brief.pdf
 - » Behavioral Health Page (Policymaking, Regulation, and Strategy):
<https://www.healthit.gov/policy-researchers-implementers/behavioral-health>
 - » SIM Resource Center Page: <https://www.healthit.gov/providers-professionals/state-innovation-model-health-it-resource-center>
 - » Implementation Resources Page: <https://www.healthit.gov/providers-professionals/implementation-resources>

Other Resources, including MACPAC / SHADAC, AHRQ, SAMHSA-HRSA

- MACPAC – Report to Congress on Medicaid and CHIP – Chapter 4: Integration of Behavioral and Physical Health Services in Medicaid <https://www.macpac.gov/wp-content/uploads/2015/06/Behavioral-Health-in-the-Medicaid-Program%E2%80%9494People-Use-and-Expenditures.pdf>
- SHADAC – Catalog of Medicaid Initiatives Focusing on Integrating Behavioral and Physical Health Care <https://www.macpac.gov/wp-content/uploads/2015/09/Catalog-of-Behavioral-and-Physical-Health-Integration-Initiatives.pdf>
- AHRQ – Behavioral Health Integration Academy <https://integrationacademy.ahrq.gov/>
 - » [A Guidebook of Professional Practices for Behavioral Health and Primary Care Integration: Observations from Exemplary Sites](#)
 - » [Lexicon for Behavioral Health and Primary Care Integration \(Lexicon\)](#)
 - » [AHRQ with U of Colorado: Integrating Your Practice Video: https://www.youtube.com/watch?v=Ohr8Xj1rhU](#)
 - » [AHRQ Case Studies Case Studies](#)
- SAMHSA-HRSA Center for Integrated Health Solutions - <http://www.integration.samhsa.gov/>
 - » Pages of resources and presentations on integrated care models, workforce, financing, operations and administration etc.
 - » [Advancing Behavioral Health Integration within NCOA Recognized Patient-Centered Medical Homes](#)
 - » [5. Meaningful Use Clinical Quality Measures and Behavioral Health](#)
 - » [Electronic Health Records Data Sharing Best Practices - http://www.integration.samhsa.gov/mai-coc-grantees-online-community/Integrating_EHR_COP_Webinar_Slides_Third_Session.pdf](#)
 - » [Current State of Sharing BH Information – http://www.integration.samhsa.gov/operations-administration/HIE_paper_FINAL.pdf](#)

A Few Potential Affinity Group Topics

- Open mike session(s) – state group conversations with no pre-set agenda or topics other than aspects of Behavioral Health Integration
- Deeper dive into any of the topics discussed today including the Health IT Infrastructure Modules, with applications to Behavioral Health Integration Use Cases
- Consent Management Approaches
- Other? We will hold a listening session tomorrow at 4pm to determine interest in proceeding with any affinity group conversations

Questions and Discussion



Next Steps and Adjourn

- Webinar will continue to be available
- Listening Session Wednesday March 30, 4:00pm ET



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**Department
of Health**

Office of
Health Insurance
Programs

New York State Health Home Program

Behavioral Health Integration Efforts

March 29, 2016

Health Home Program in New York

- Health Homes were implemented in New York on January 1, 2012
- HIT standards in NYS
 - » Nine standards total
 - » Four initial standards around Policy and Procedure
 - » Five final standards
 - » Available at:
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/health_info_technology.htm
- Statewide Health Information Network – New York (SHIN-NY)
 - » OQPS and NYeC
 - » RHIOs and QEs

DSRIP

- Delivery System Reform Incentive Payment (DSRIP) Program
- Connections between Health Homes and DSRIP PPS
- Medicaid Analytics Performance Portal (MAPP)
- Care Management HIT Platforms statewide

HARP/SNP & HCBS

- Health and Recover Plans (HARP) will manage care for Medicaid enrolled adults with significant behavioral health needs
- Individuals currently enrolled in HIV Special Needs Plans (HIV SNPs) meeting the serious mental illness (SMI) and substance use disorder (SUD) targeting criteria and risk factors for HARP will also be eligible to receive HCBS while enrolled in their HIV SNP
- Started in NYC October 2015 and rest of state will start in July 2016
- Members were passively enrolled starting in Fall 2015
- Members that are enrolled in a HARP will be assessed to see if they are eligible for Home and Community Bases Services (HCBS)
- HARP efforts and HIT
 - » Assessments
 - » Plan of Care sharing

Health Home Development Funds

- Part of New York State's 1115 Waiver
- Four authorized spending categories that were approved by CMS
 - » Member engagement and Health Home promotion
 - » Workforce training and re-training
 - » Clinical connectivity and HIT improvement
 - » Joint Governance and technical assistance
- PMPM rate add on payments through December 2016
- HIT uses across the state

Scott Rader

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