Improving the Uptake of Electronic Health Records by Behavioral Health Providers

Deciding on Recommendations

Medicaid and CHIP Payment and Access Commission

Aaron Pervin

Overview

- Background

- Challenges to EHR adoption
  - Lack of explicit CMS guidance
  - Lack of an industry standard for behavioral health IT

- Policy recommendations

- Next steps

Background

- Health IT can support care integration efforts through information sharing.

- Behavioral health providers were left out of previous efforts to incent electronic health record (EHR) adoption, limiting state progress on care integration.

- Commissioners agreed that Medicaid should play a role in financing EHR adoption and information sharing for behavioral health.

- Commissioners agreed that there should be quality standards developed for behavioral health EHRs and information technology (IT).

Barriers to EHR Adoption Among Behavioral Health Providers

- Investing in the software, hardware, and training to use an EHR is expensive for providers.

- Behavioral health providers often do not know what kind of product to purchase which meets their needs.
  - Principal challenge for providers is that health IT certification evaluates compliance with the Health Insurance Portability and Accountability Act (HIPAA) and not 42 CFR Part 2 (Part 2).
  - There is no health IT standard for Part 2 compliance.

Improving Clarity of Guidance on Financing

- Multiple authorities could be used to finance EHR adoption but states lack explicit guidance from the Centers for Medicare & Medicaid Services (CMS).

- Section 1115 demonstration authority could be used to support delivery system reforms, but states lack detail on how to use this authority to support health IT improvements for providers left out of meaningful use.

- Managed care organizations (MCOs) could support EHR adoption through directed payments, but only one state uses this authority.

- Medicaid Information Technology Architecture (MITA) could be used to support information sharing through health information exchange (HIE), but MITA guidance is out of date.

Creating Voluntary Standards

- Voluntary standards help providers purchase the right health IT product.

- Voluntary standards for IT have been created for other practice settings.

- Substance use disorder (SUD) consent management systems have been developed but need to be market tested.

- Voluntary standards could become mandatory for Medicaid providers when they are mature for widespread use.

Recommendation 1: Guidance to States on Using Medicaid Authorities for EHR Adoption

The Secretary of Health and Human Services should direct Center for Medicare and Medicaid Services (CMS), Substance Abuse and Mental Health Services Administration (SAMHSA), and Office of the National Coordinator for Health IT (ONC) to develop joint guidance on how states can use Medicaid authorities and other federal resources to promote behavioral health IT adoption and interoperability.

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Rationale: Guidance to States on Using Medicaid Authorities for EHR Adoption

- States do not have a playbook for incentivizing EHR adoption for providers that were ineligible for the EHR incentive payment program.

- Various Medicaid authorities can be used to support EHR adoption and promote information sharing via HIEs.

- SAMHSA and ONC grant opportunities could be combined with Medicaid to support EHR technical assistance.

Recommendation 2: Voluntary Standards for Behavioral Health IT

The Secretary of Health and Human Services should direct Substance Abuse and Mental Health Services Administration (SAMHSA) and Office of the National Coordinator for Health IT (ONC) to jointly develop voluntary standards for behavioral health information technology.

Rationale: Voluntary Standards for Behavioral Health IT

- There is no industry standard for behavioral health IT.
- EHR technical specifications should be developed by ONC, SAMHSA, and stakeholders for a product that conforms with Part 2 and ONC's certification requirements.
- Voluntary standards would provide a non-financial incentive for adoption.
- Behavioral health EHR functions could eventually be made mandatory when technology matures.

Next Steps

- Make decisions on recommendations at this meeting
- April 2022 meeting
  - Review draft chapter
  - Vote on any recommendation
- Publication of chapter in June 2022 report

Recommendations

1. The Secretary of Health and Human Services should direct CMS, ONC, and SAMHSA to develop joint guidance on how states can use Medicaid authorities and other federal resources to promote behavioral health IT adoption and interoperability.

2. The Secretary of Health and Human Services should direct SAMHSA and ONC to jointly develop voluntary standards for behavioral health information technology.

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