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# Behavioral Health HIT/HIE Scan: Results by Population Density

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## Rural Health Conference

For questions, please contact:

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# Oregon's Focus on Behavioral Health

Improving the behavioral health system in Oregon is a priority for

- The Governor
- The Oregon Health Policy Board
- Oregon Health Authority
  - Behavioral Health Collaborative
  - CCO 2.0

HIT is a foundational component for the needed improvements, including care coordination and value-based payments.

# OHA Behavioral Health HIT/HIE Scan: Overview of Purpose and Scope

- Understand current status of HIT and HIE within Oregon's behavioral health system, including use, needs, and challenges
- Establish priorities for potential federal and state funding to support HIE
- Inform the State's HIT/HIE policies and strategies to best support behavioral health system needs

## Scan components

- Online survey
- In-depth interviews

# BH HIT/HIE Scan: Process Overview

## Online Survey

- Data collected between May 9<sup>th</sup> and July 25<sup>th</sup> 2017
- Survey sent to 275 agencies with at least one licensed program (represent 874 programs)
- Overall excellent engagement
  - Most survey completed thoroughly
  - Many wrote in 'other' responses
  - Over 75% of agencies agreed to be contacted for follow-up

## In-depth Interviews

- Agencies selected based on need to maximize the diversity and representativeness of the sample
- 22 agencies were invited to participate

# BH HIT/HIE Scan: Response Rate

## Survey

- 133 out of 275 agencies completed a survey (48%), including 6 Tribal organizations
- 522 programs represented out of 874 total (60%)

## In-Depth Interviews

- 12 out of 22 invited agencies participated in an in-depth interview, including 3 Tribal organizations

Draft Report was presented to the HIT Oversight Council  
December 2017 can be found on OHIT website:

[www.HealthIT.Oregon.gov](http://www.HealthIT.Oregon.gov)

# OHA Behavioral Health HIT/HIE Survey: Urban/Rural/Frontier Determination

- Facilities classified as urban/rural/frontier by ZIP code\*:
  - Urban: <10 miles from population center of 40,000+
  - Rural: >10 miles from population center of 40,000+
  - Frontier: counties with  $\leq 6$  people per square mile
- Agencies with multiple sites were given the designation of their most densely populated site
  - e.g., an agency with facilities in urban, rural, and frontier areas was designated as urban
- Of the 133 Survey participants: 5% Frontier, 27% Rural, and 68% Urban

\*Definitions by Oregon Office of Rural Health  
<https://www.ohsu.edu/xd/outreach/oregon-rural-health>

# Survey Response Demographics: Agency Size

Agency Size	Frontier		Rural		Urban	
	Responses	Response Rate	Responses	Response Rate	Responses	Response Rate
Single program	2	50%	17	40%	38	45%
Two program	0	-	7	54%	21	50%
Small (3-5)	2	100%	8	67%	15	48%
Medium (6-10)	1	50%	4	67%	9	53%
Large (11+)	1	100%	0	-	8	57%
<b>Total</b>	<b>6</b>	<b>67%</b>	<b>36</b>	<b>49%</b>	<b>91</b>	<b>48%</b>

Agency size is determined by a count of programs within the agency  
Program size is unknown and can vary greatly from program to program

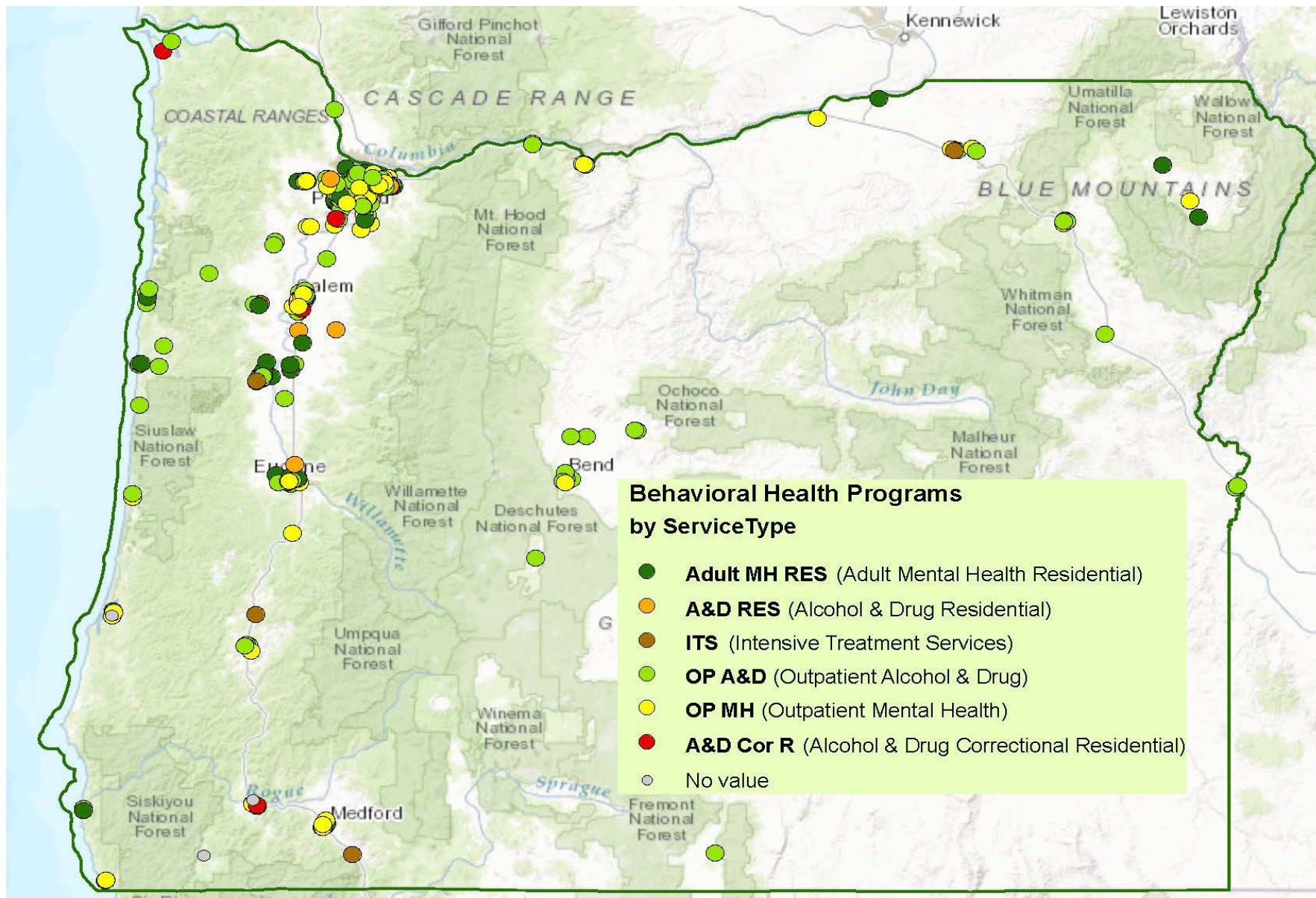
# Survey Response Demographics: Program Types

Program Type*	Frontier		Rural		Urban	
	Responses	Response Rate	Responses	Response Rate	Responses	Response Rate
Adult Mental Health Residential	5	83%	5	45%	91	77%
Alcohol/Drug Correction Residential	0	0%	2	50%	3	50%
Alcohol and Drug Residential	0	0%	5	42%	19	50%
Intensive Treatment Services	0	-	5	100%	10	50%
Outpatient Alcohol and Drug	11	92%	49	57%	135	52%
Outpatient Mental Health	10	71%	31	69%	141	61%
<b>Total</b>	<b>26</b>	<b>72%</b>	<b>97</b>	<b>60%</b>	<b>399</b>	<b>59%</b>

\*Number of each type of program represented in the survey results.



# Map of Programs Represented in Results



# Federal/State Program Participation and Other Priority Agencies

Program/Agency*	Frontier		Rural		Urban	
	Surveys Completed	Response Rate	Surveys Completed	Response Rate	Surveys Completed	Response Rate
<b>Assertive Community Treatment</b>	2	67%	10	71%	9	56%
<b>Behavioral Health Home</b>	0	N/A	2	100%	6	75%
<b>Certified Community Behavioral Health Clinic</b>	3	75%	3	75%	3	60%
<b>Community Mental Health Program</b>	4	80%	9	69%	7	58%
<b>Federally Qualified Health Center</b>	0	N/A	1	50%	7	50%
<b>Other Physical Health Affiliation</b>	1	100%	3	60%	7	47%
<b>Total</b>	<b>10</b>	<b>77%</b>	<b>28</b>	<b>70%</b>	<b>39</b>	<b>56%</b>

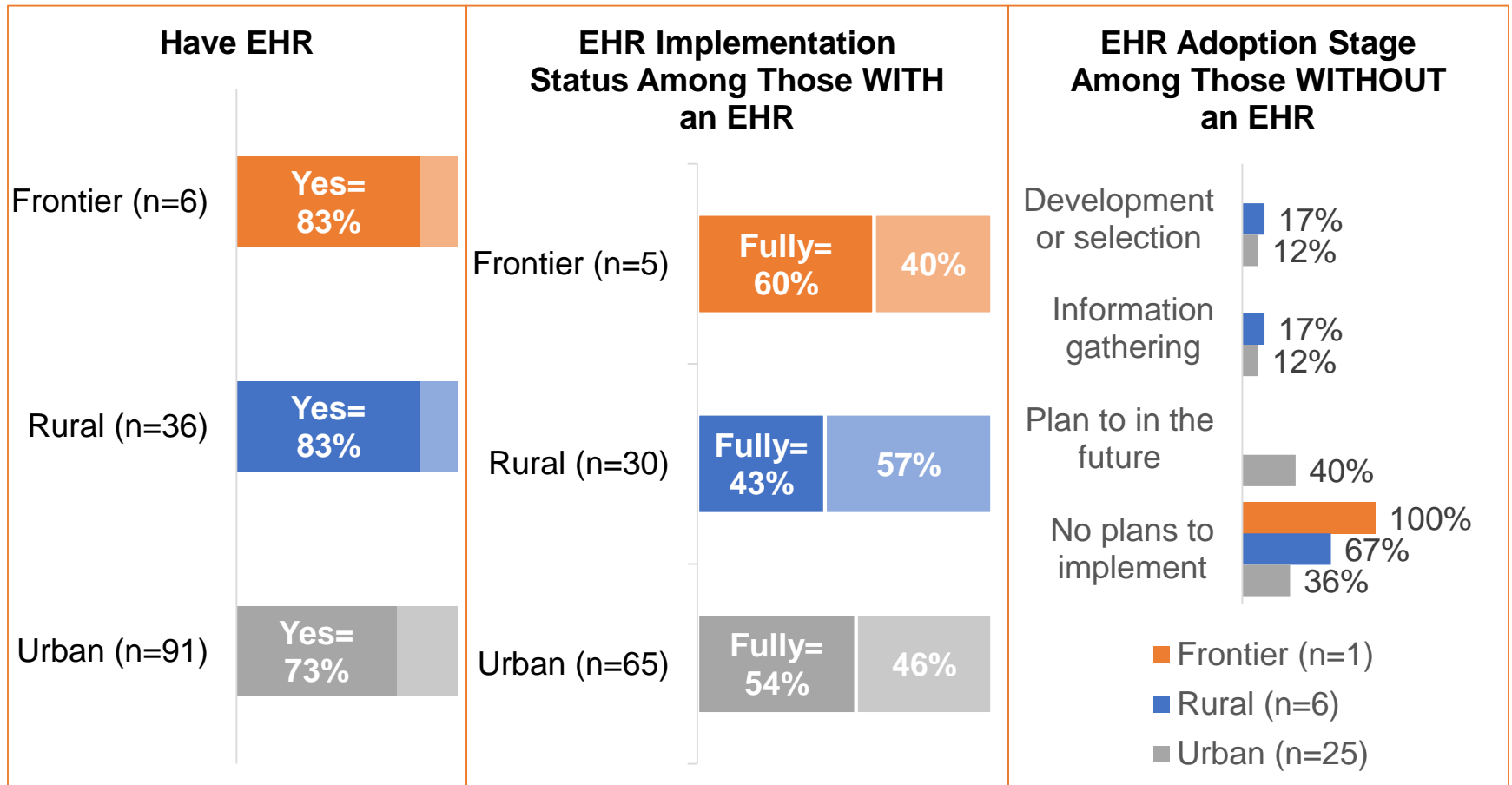
\*Agencies can fall under more than one category (e.g., CMHP and CCBHC).

# BH HIT Scan: Key Result 1

Key Result 1: Most behavioral health agencies are investing in HIT. However, the systems are often insufficient to adequately support the full spectrum of behavioral health's HIT/HIE needs.

- Result 1a. Nearly a quarter of agencies do not have an EHR; they tend to be smaller and face greater resource barriers.
- Result 1b. Behavioral health agencies are electronically capturing a broad array of information that is critical to care coordination and integrated care. However, many of the systems are unable to capture all needed data and/or lack critical capabilities for processing and meaningfully using stored information.

# Current EHR Use



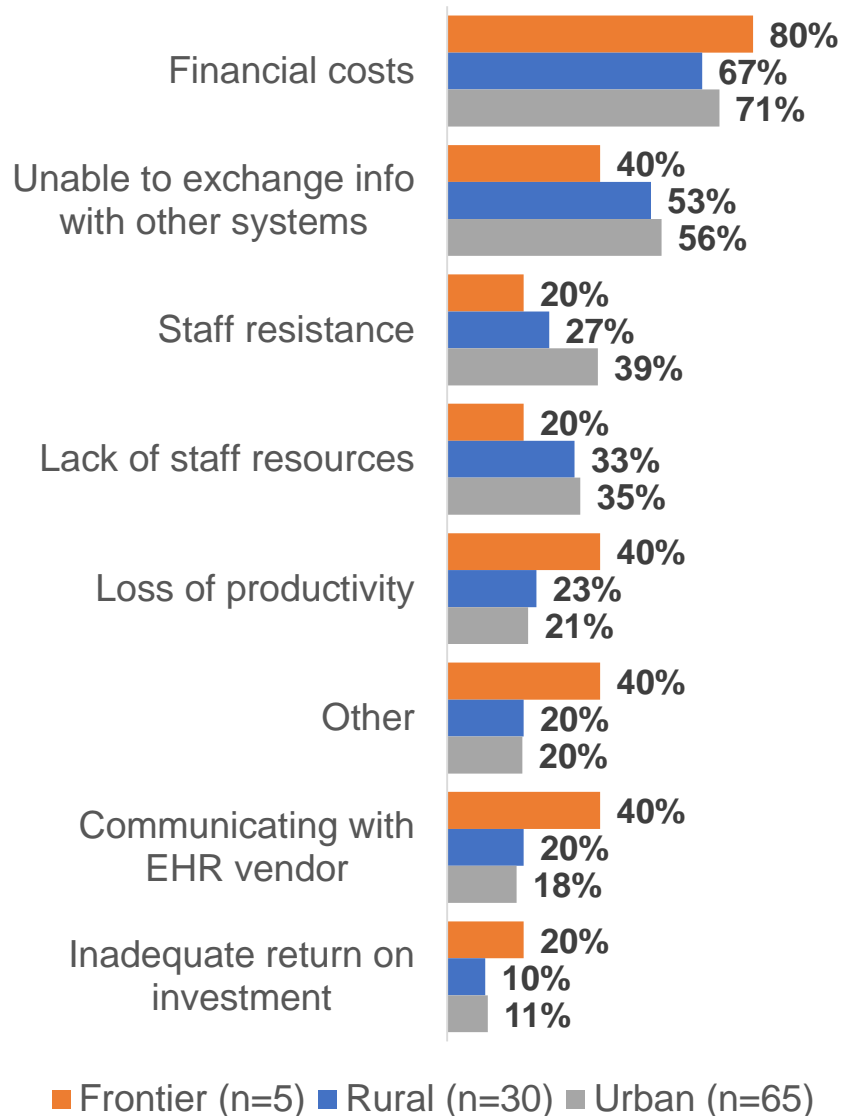
# Current EHR Use

Most agencies have implemented an EHR. Of those, about half have fully/partially implemented one.

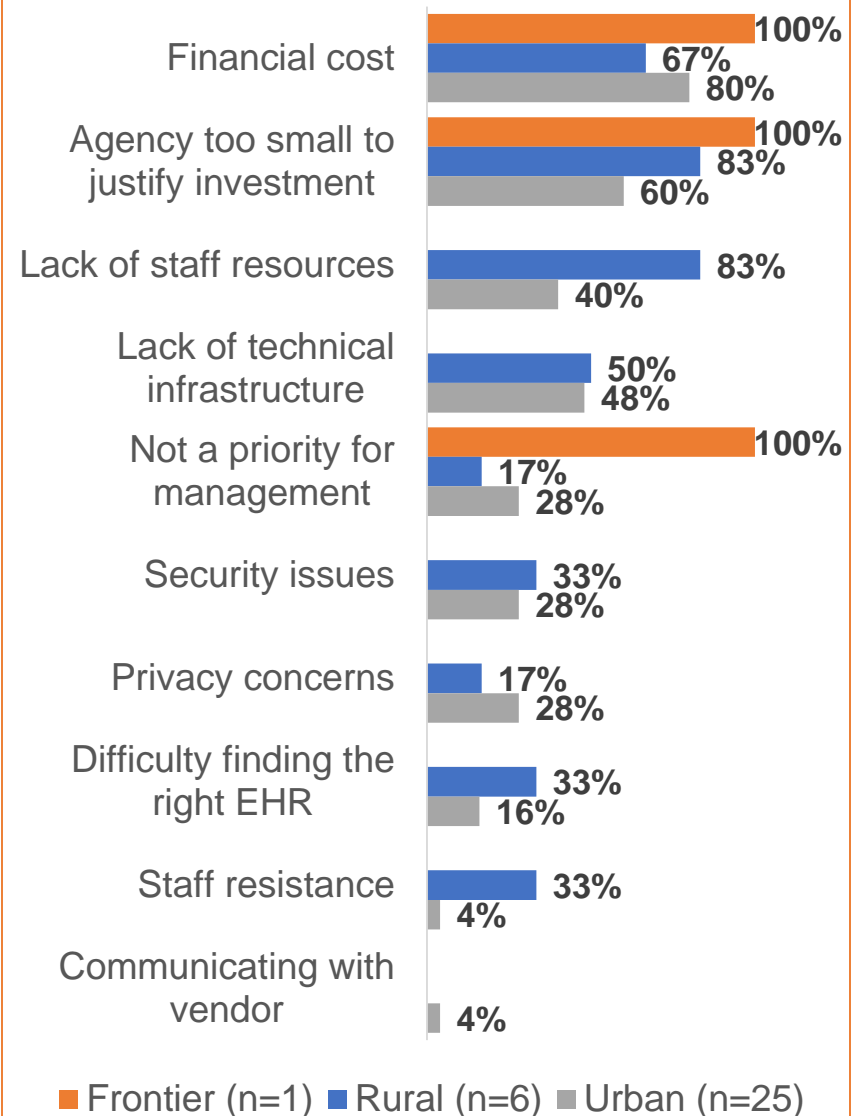
- Urban agencies have a lower EHR adoption rate
  - Theory is that urban areas have more smaller, stand-alone, independent agencies less likely to invest in an EHR
- More rural agencies have partially implemented an EHR
- For agencies without an EHR, urban agencies are most likely to have plans to implement.

# Challenges and Barriers to EHRs

## Challenges for those with EHR



## Barriers for those without EHR



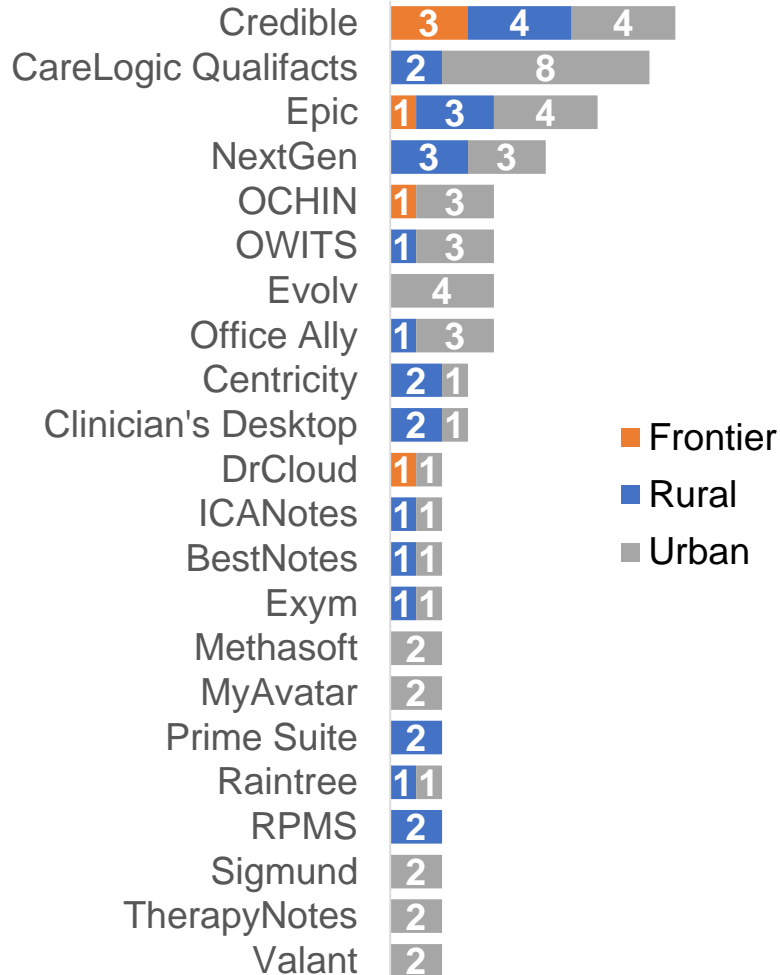
# Challenges and Barriers to EHRs

Top challenge/barrier for those with and without an EHR is financial costs. Additional...

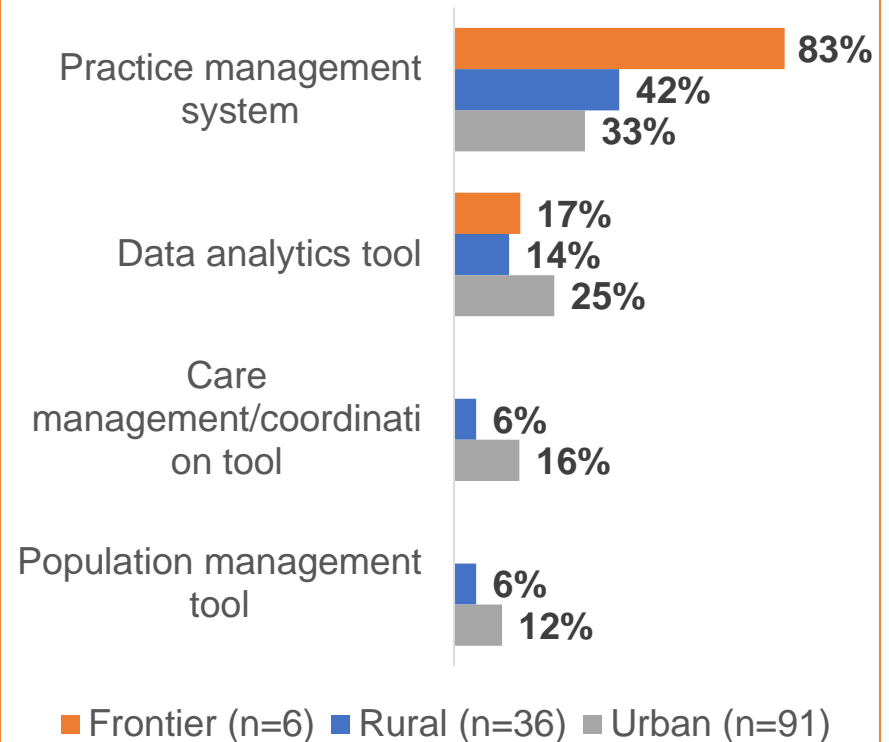
- Challenges for those with an EHR include:
  - Frontier: information exchange, communicating with EHR vendor, loss of productivity
  - Rural: information exchange, lack of staff resources
  - Urban: information exchange, staff resistance, lack of staff resources
- Barriers for those without an EHR include:
  - Frontier: Agency too small, not a priority for management
  - Rural: Agency too small, lack of staff resources, lack of technical infrastructure
  - Urban: Agency too small, lack of technical infrastructure, lack of staff resources

# Current EHR/Other HIT Use

## Top EHR Systems in Use\*



## Other IT Use





# EHR and Other IT Use

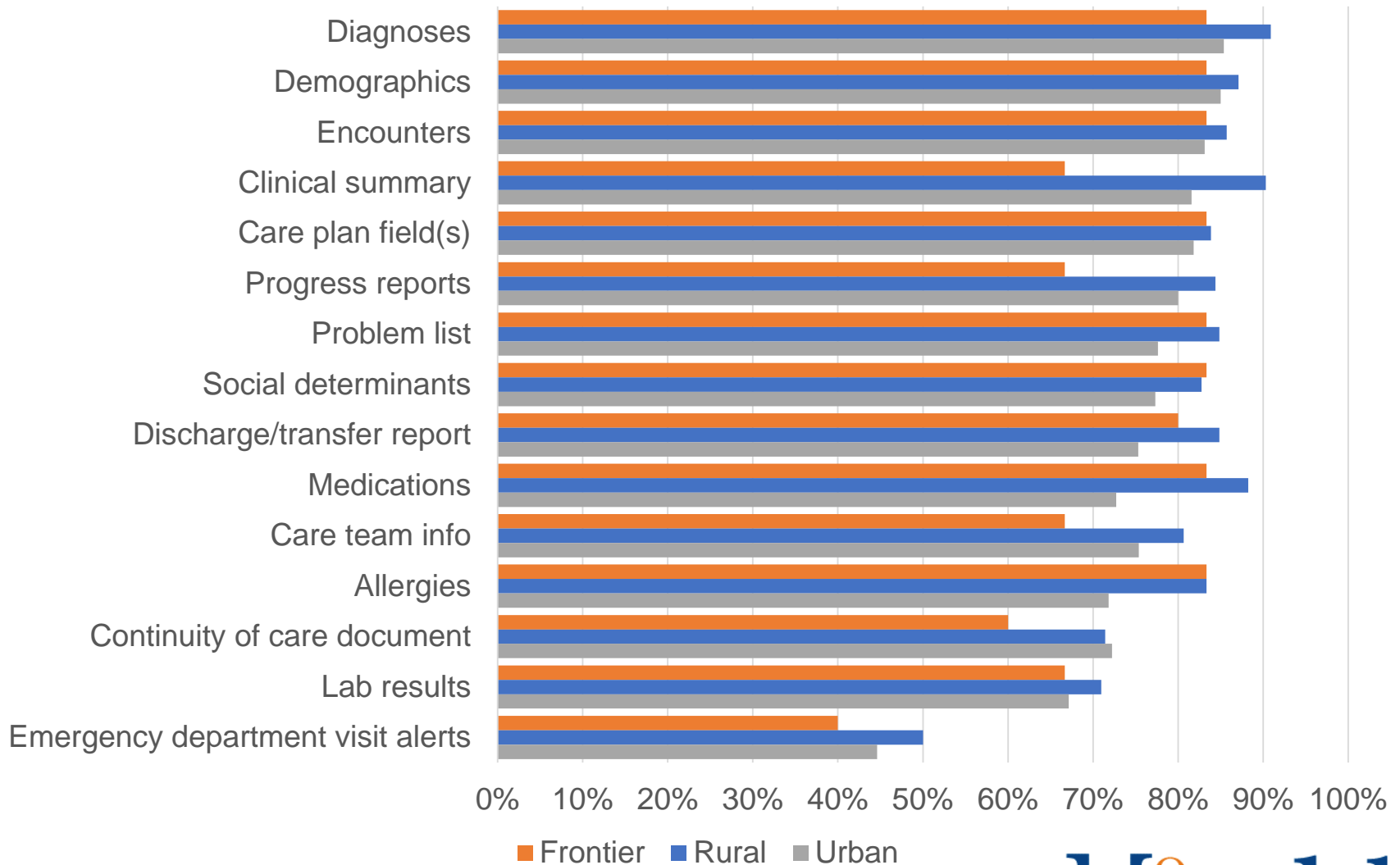
## EHR Use

- 22 different EHRs are in use by more than 1 agency
- Another 28 different EHRs are in use by only 1 agency

## Other IT

- Higher percentage of frontier agencies are using a practice management system.
- Higher percentage of urban agencies are using data analytics, care coordination/management, and/or population health tools.

# Type of Data Captured Electronically



# Key Result 1: Conclusions and Needs

Conclusion 1: Most behavioral health agencies could benefit from additional HIT support.

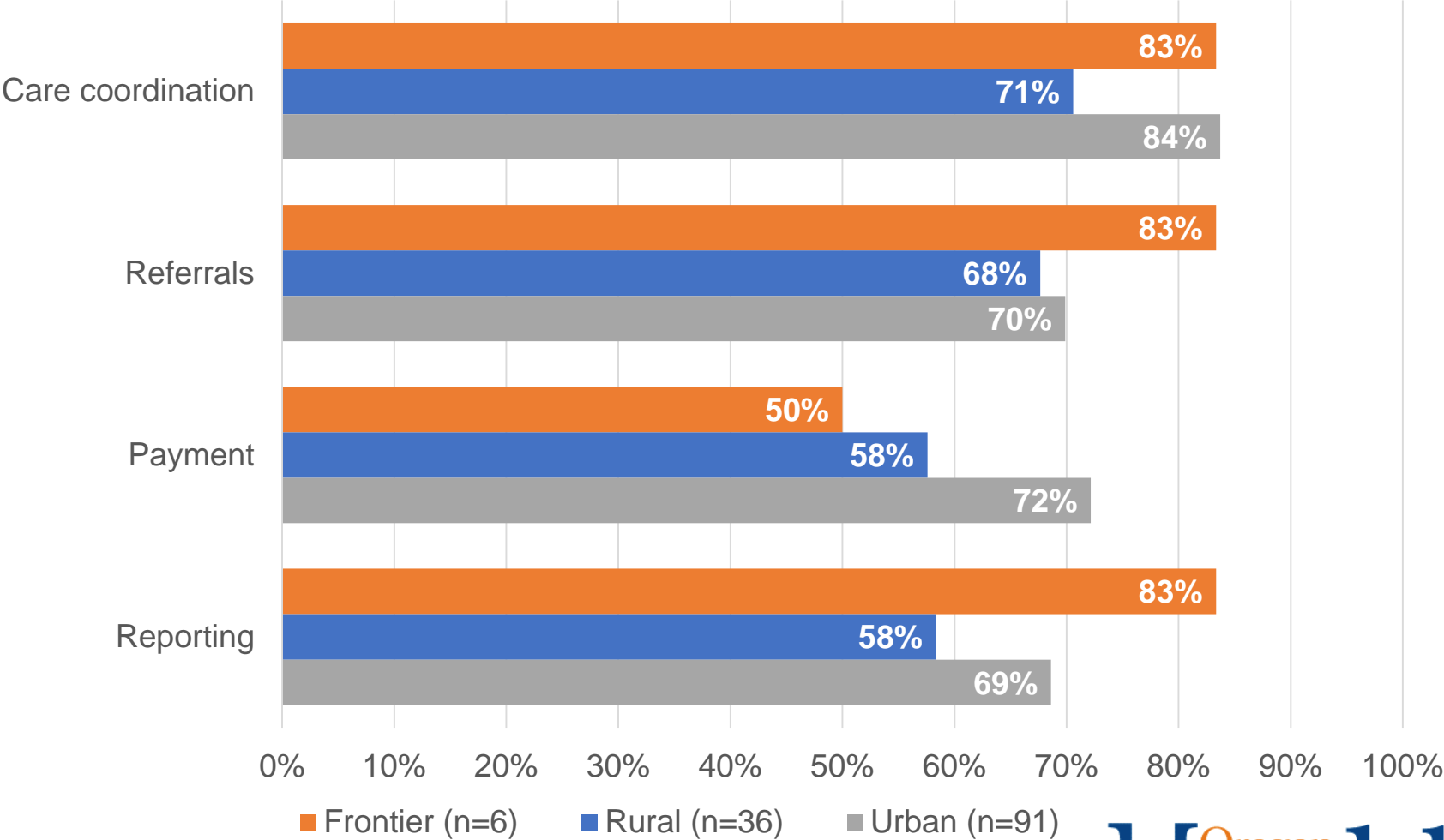
- Need 1a: Robust HIT tools available in the marketplace that serve behavioral health specific needs.
- Need 1b: Financial support and technical assistance for EHR adoption, implementation, maintenance, or upgrade.
- Need 1c: Opportunities for collaboration and shared learning around EHR adoption.

# BH HIT Scan: Key Result 2

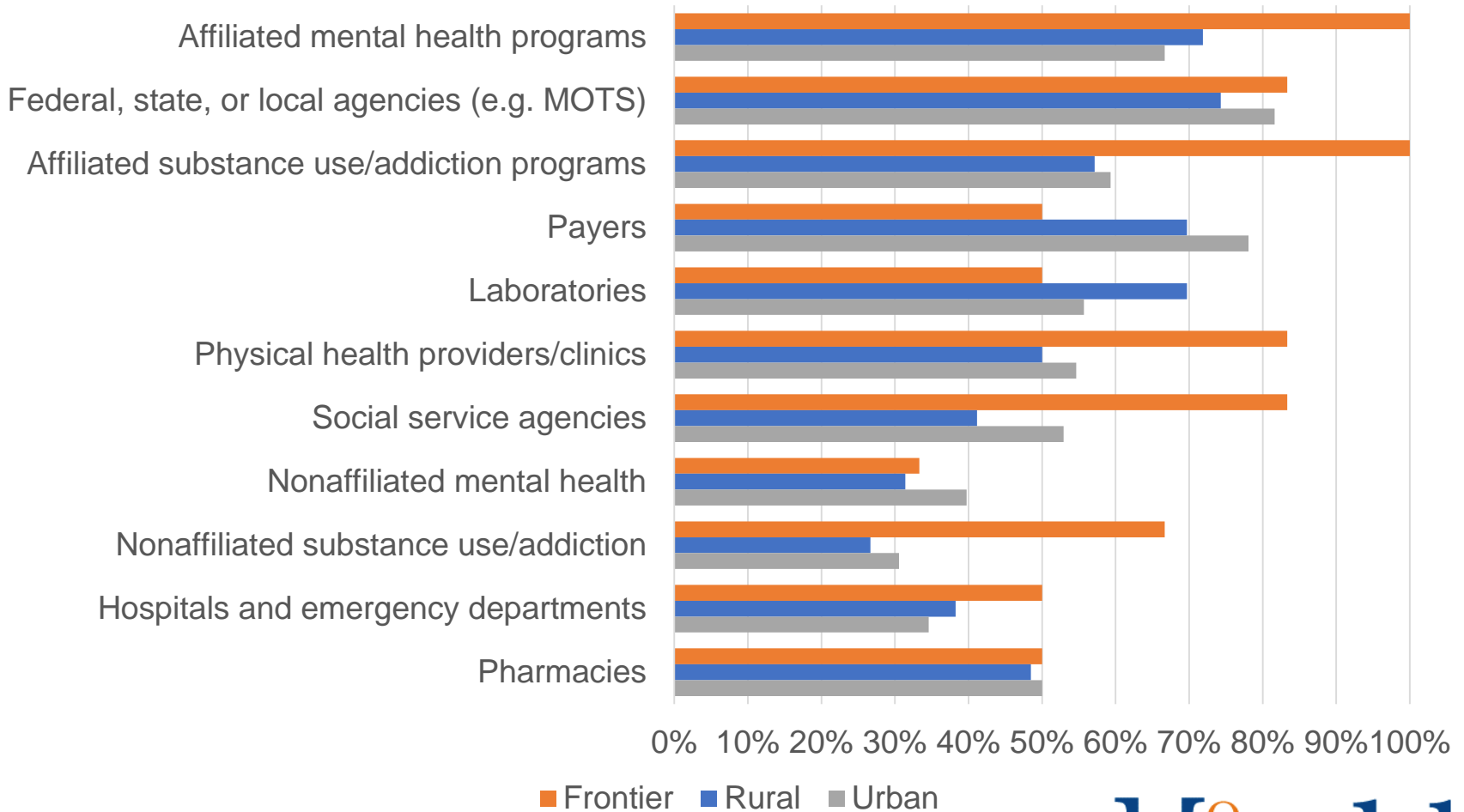
Key Result 2: Most behavioral health agencies have a need to exchange information with other entities however, few are doing so using modern electronic methods.

- Result 2a. Behavioral health agencies reported that all types of patient information is important for exchange.
- Result 2b. Behavioral health agencies are currently exchanging Information mostly via fax, paper, secure email, efax, and Direct secure messaging, influenced by the HIE capabilities of information trading partners.
- Result 2c. Almost all respondents reported an interest in expanding their ability to exchange information electronically with a wide array of trading partners.

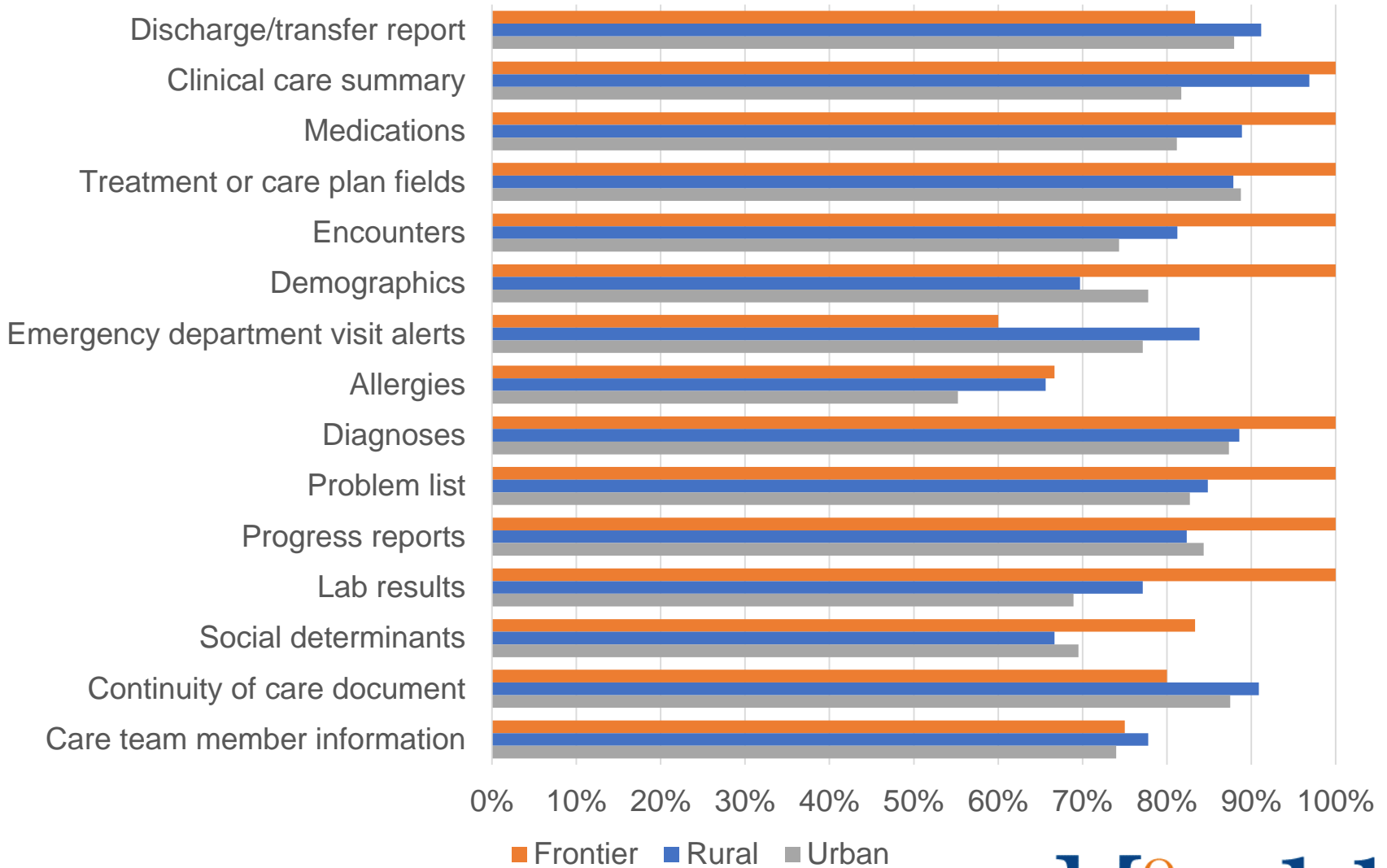
# Moderate/High Agency Data Sharing Need by Purpose



# Frequent Need to Share Data by Trading Partner



# Importance of Sharing Information by Type



# Information Sharing Need

## By purpose

- Consistently high need to share information for care coordination and referrals
  - Need for referrals and reporting is higher among frontier agencies

## By information trading partner

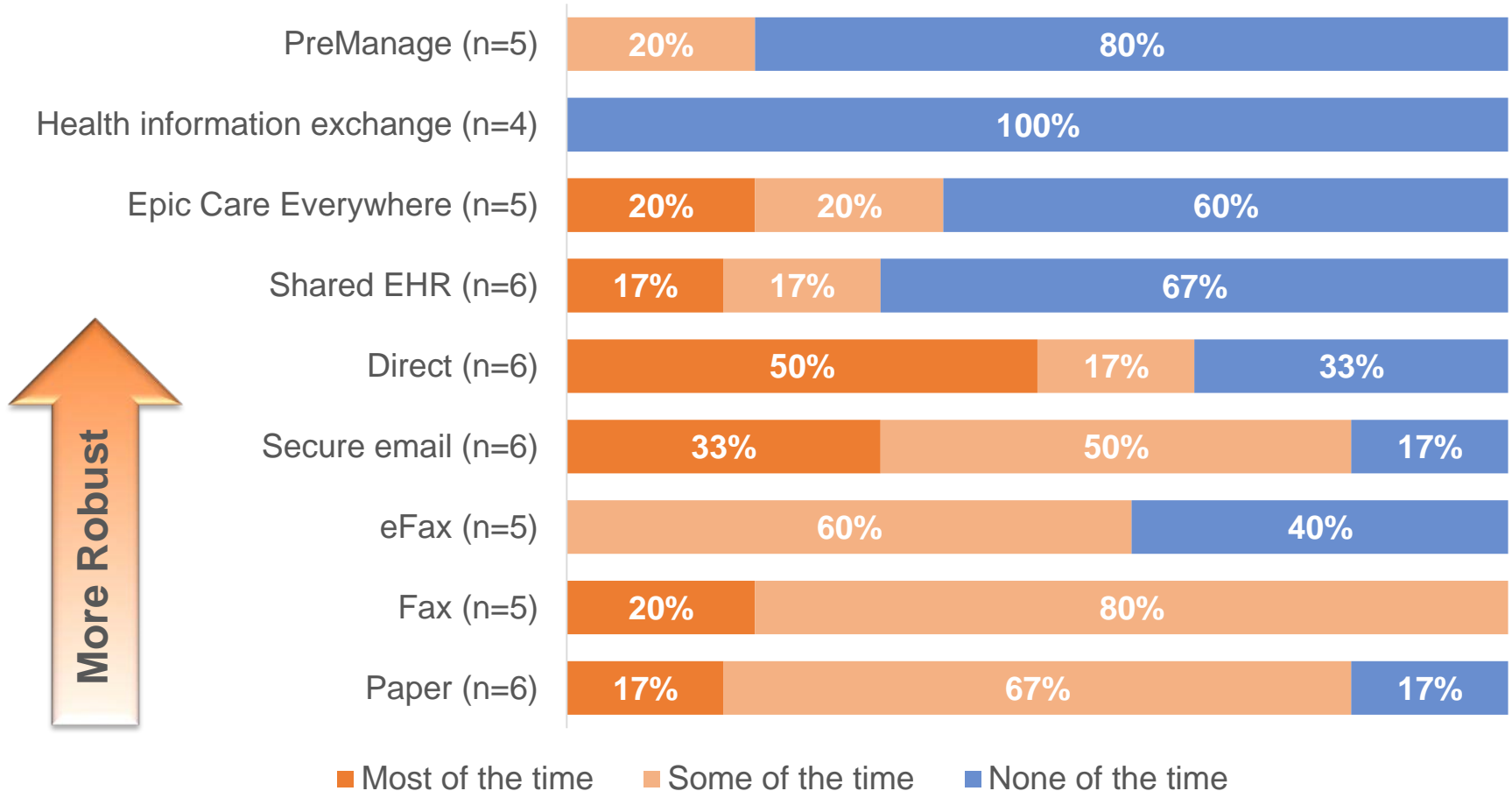
- Frontier agencies report a higher need to share information across trading partners
  - Could be because they operate in smaller, more comprehensive communities

## Importance of sharing by information type

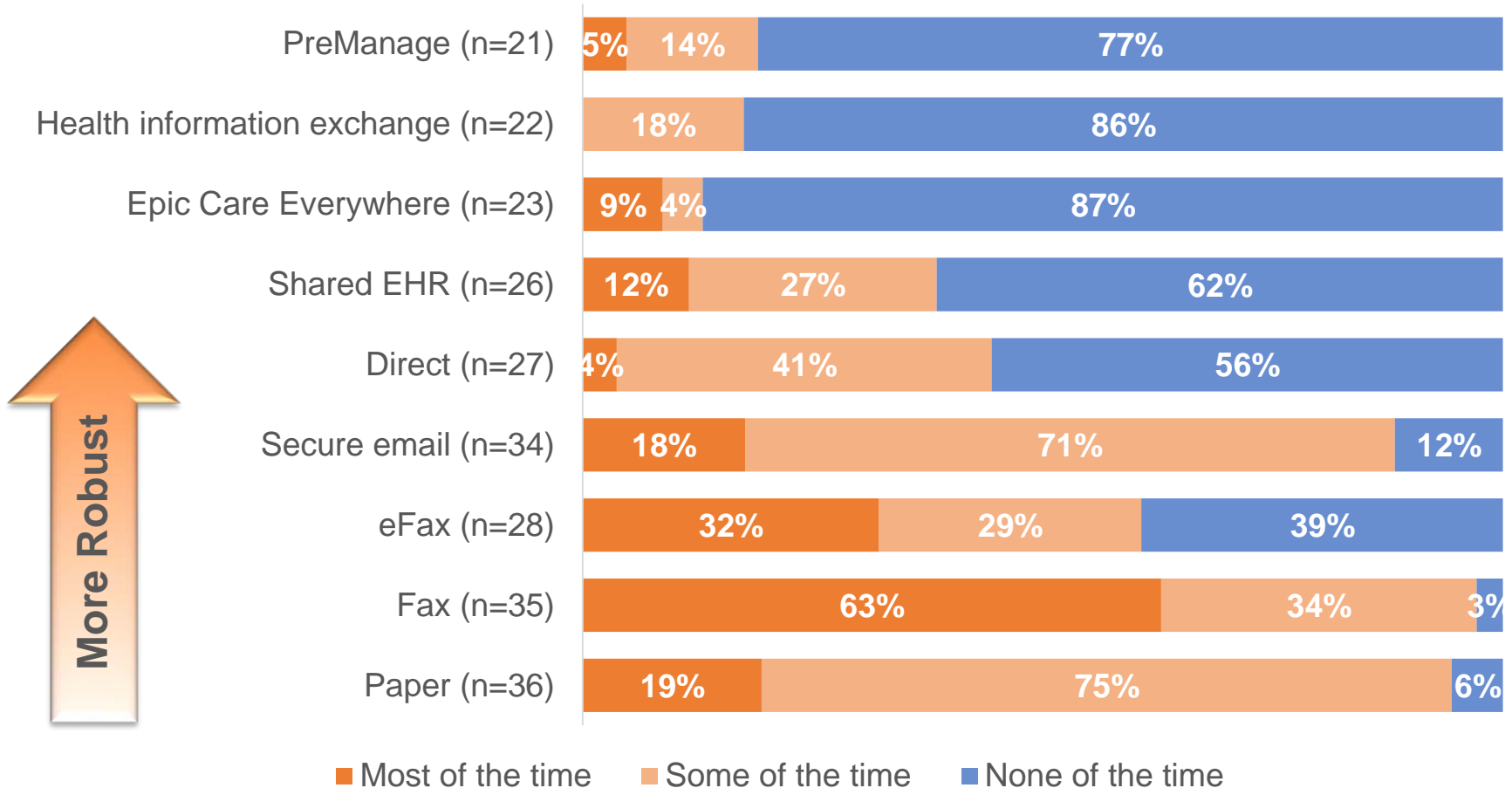
- Frontier agencies report that sharing information is more important across most types of information



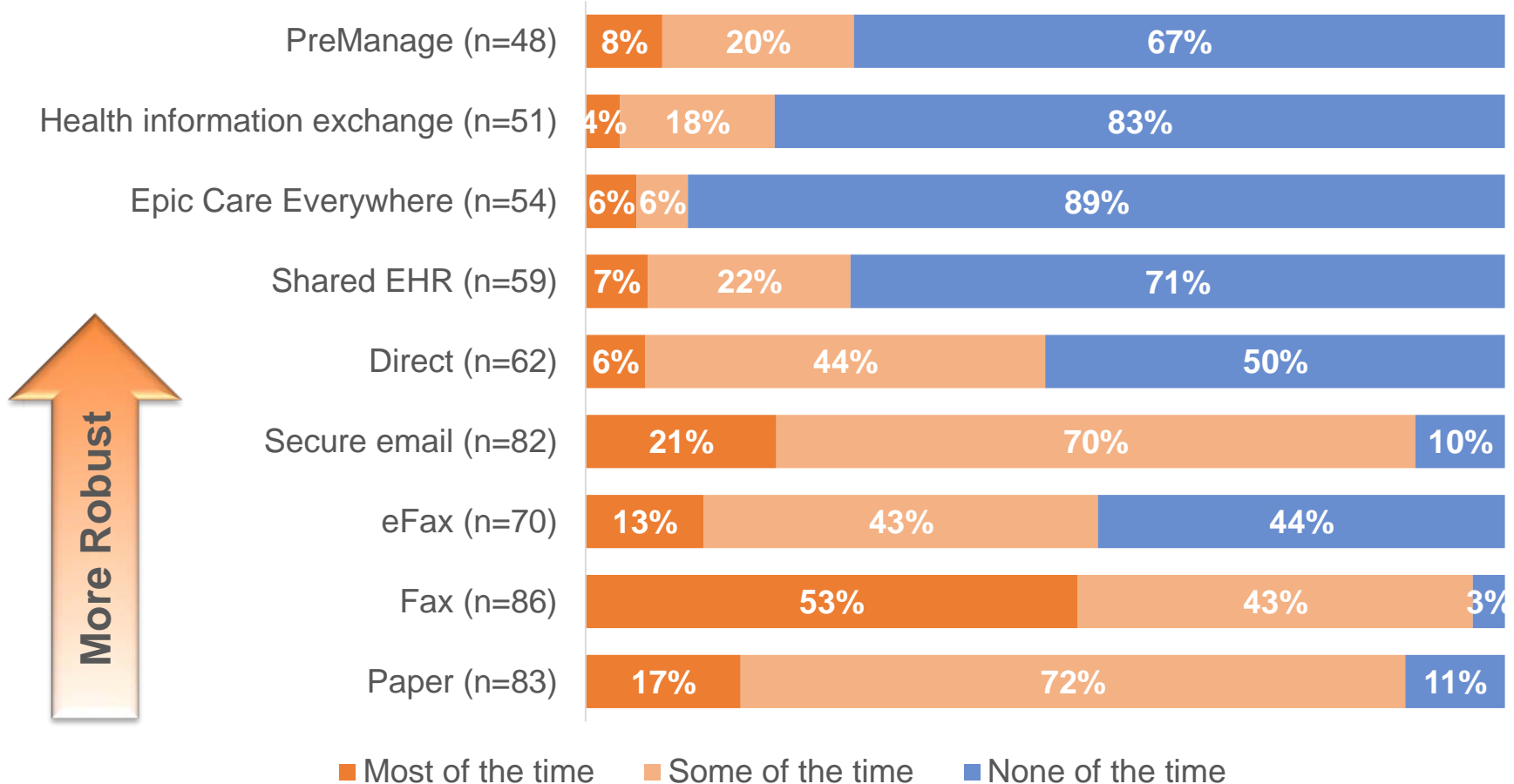
# Frequency of Methods Used for Information Exchange: Frontier



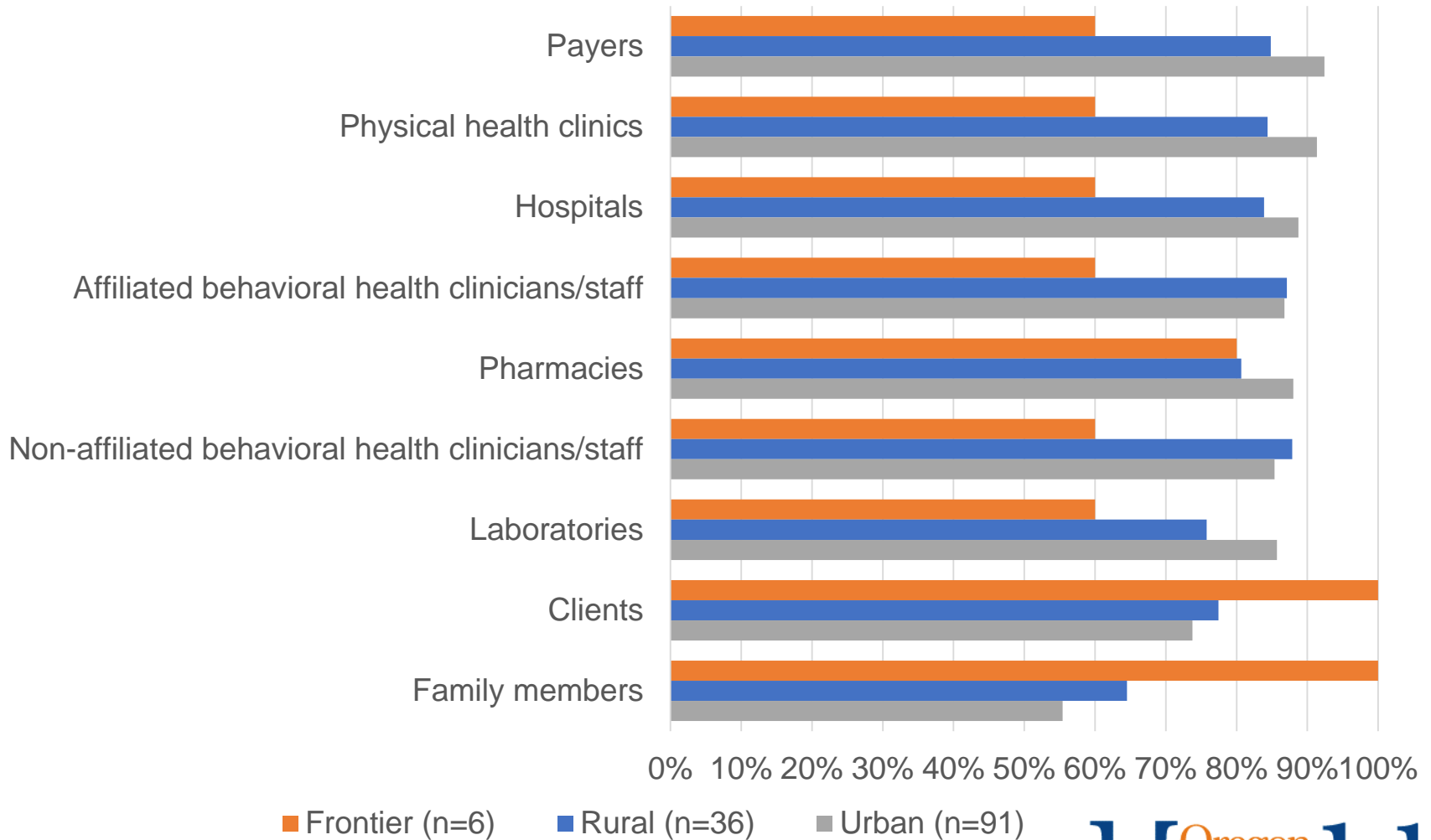
# Frequency of Methods Used for Information Exchange: Rural



# Frequency of Methods Used for Information Exchange: Urban

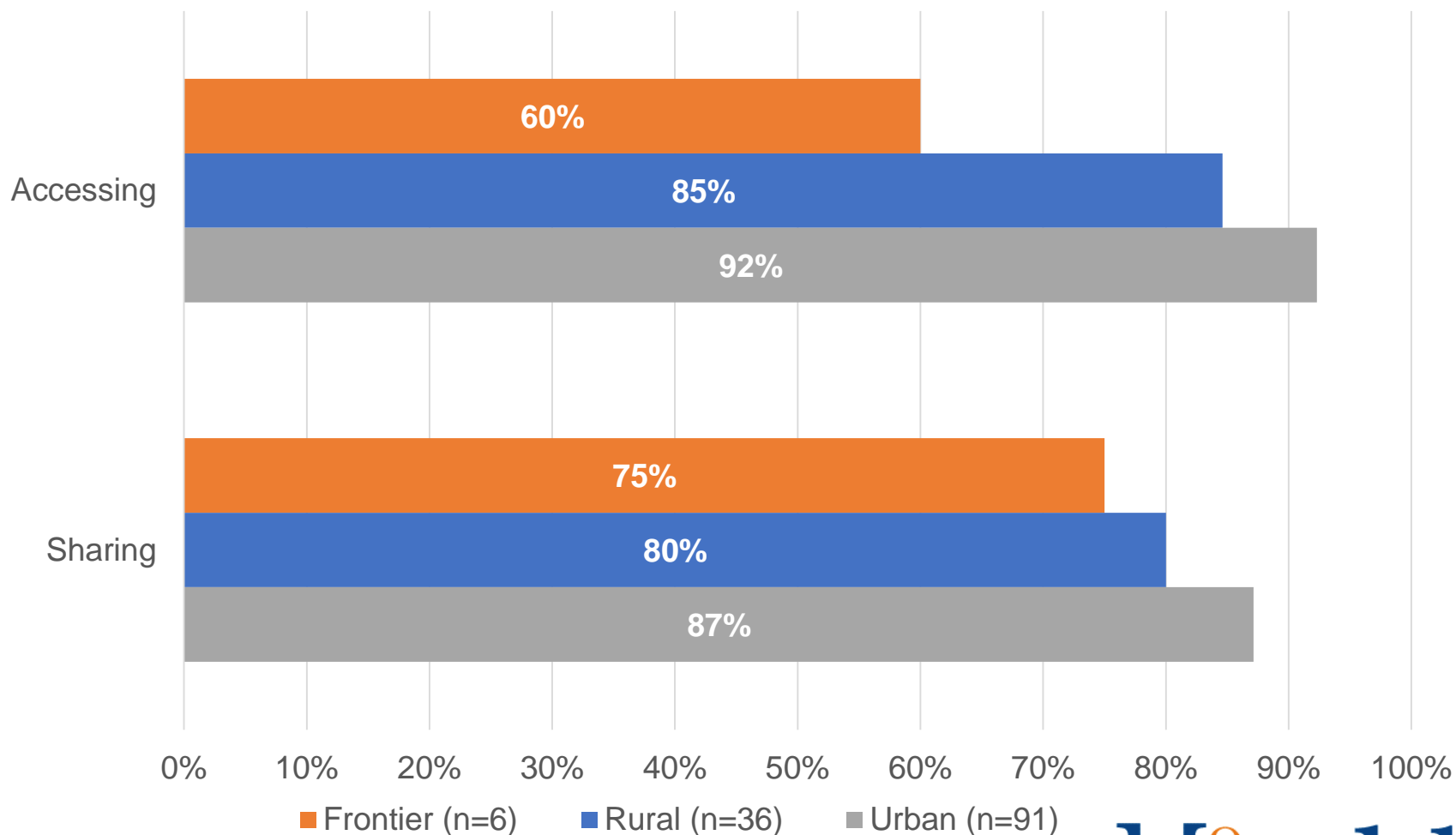


# Interest\* in Expanding Electronic Exchange Capabilities with Trading Partners



\*Percent answering “interested” or “very interested” vs. “not interested”

# Agency Interest\* in Accessing and Sharing Client Information Via an HIE



\*Percent answering "interested" vs. "not interested"

# Current Information Exchange Methods Being Used and Interest in Expanding Exchange Capabilities

## Current information exchange methods

- Fax, paper, and secure email are top methods
- Urban agencies use PreMange and HIE services at a higher rate

## Interest in expanding electronic exchange capabilities

- Overall high interest
- Frontier agencies report consistently lower interest
  - Could be due to current high rate of exchange and so lower need
- Frontier agencies report higher interest in making information available to clients and family members

## Interest in Accessing and Sharing Information Via an HIE

- Lower among frontier agencies
  - Could represents lower need

# Key Result 2: Conclusions and Needs

Conclusion 2: Behavioral health agencies need HIE opportunities, which are presently nascent and evolving.

- Need 2a: HIE tools that can serve behavioral health specific needs. This includes the ability to exchange information with priority information trading partners, including social determinants of health partners.
- Need 2b: Financial support and technical assistance for HIE participation.
- Need 2c: Robust HIT to support participation in health information exchange.

# BH HIT Scan: Key Result 3, Conclusion, and Needs

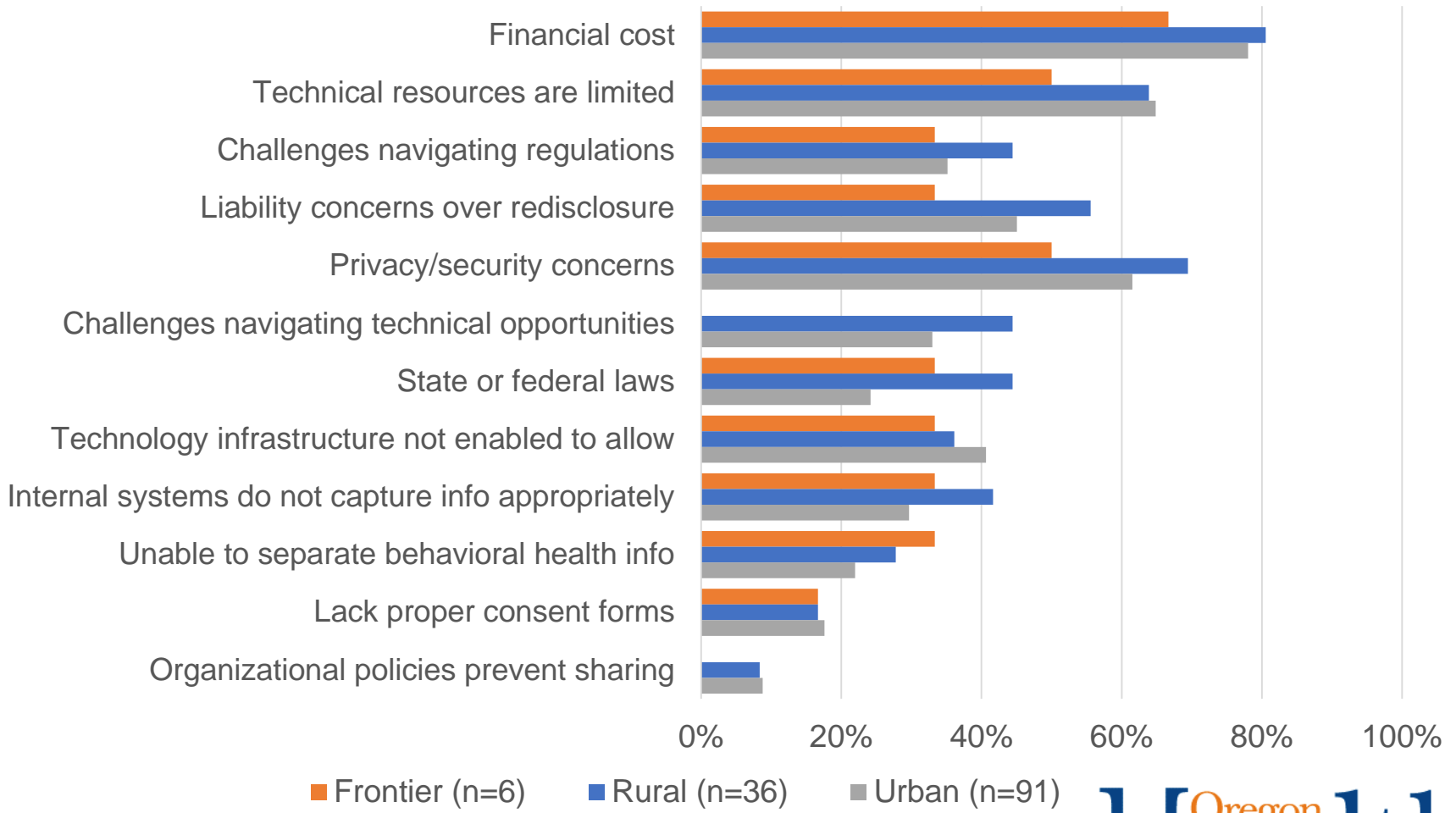
Key Result 3: In addition to resource barriers, privacy and security concerns are a top barrier to electronic information exchange.

Conclusion 3: Behavioral health stakeholders need more support and clarity about privacy and security of health information.

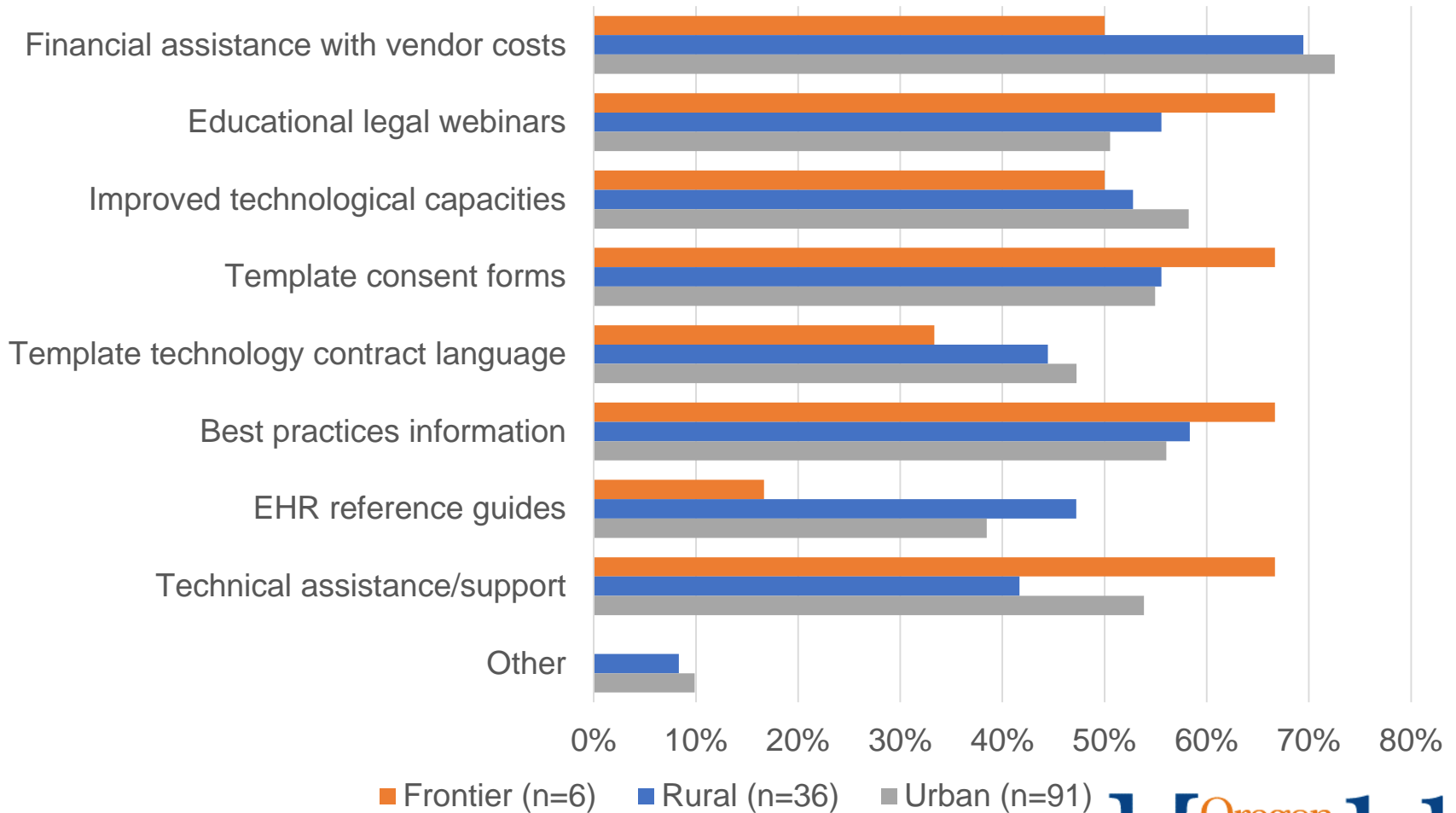
- Need 3a: Clear, consistent, reliable, actionable guidance about information sharing allowed under the law
- Need 3b: Appropriate consent management tools and data segregation capability integrated into HIT/HIE products



# Top Barriers to Electronic Information Sharing



# Resources to Help Improve Information Sharing Barriers



# Top Barriers To and Resources Needed For Information Sharing

Top barriers include:

- Cost and limited resources
- Privacy and security, liability concerns, navigating regulations
- Frontier agencies report lower rates of barriers
  - Could reflect their increased engagement in information sharing

Top resources needed include:

- Financial support
- Educational resources: technical assistance, webinars, templates, best practices
- Improved technical capabilities

# BH HIT Scan: Key Result 4, Conclusion, and Needs

Key Result 4: Data analytic tools and capabilities are a necessity for improved patient care, reporting, and practice management.

Conclusion 4: Behavioral health agencies could benefit from additional resources and support for data analytic

- Need 4a: Robust HIT and access to critical data to support data analytics and reporting.
- Need 4b: Data analytics tools and capabilities that meet behavioral health specific needs.
- Need 4c: Streamlined/consolidated reporting requirements where possible to decrease burden.s.

# BH HIT Scan: Recommendations and Strategies

1. Seek opportunities to provide **financial support** for adoption and effective use of robust EHRs and HIE participation that meet the needs of behavioral health agencies, clinicians, and patients.
  - EHR: Medicaid EHR Incentive Program
  - HIE: HIE Onboarding Program
2. Provide **technical assistance and learning opportunities** to support EHR adoption and effective use and HIE participation, as well as privacy and security needs, such as consent management.
  - BH Information Sharing Toolkit
  - Block Grant TA
  - Oregon Medicaid Meaningful Use Technical Assistance Program

# BH HIT Scan: Recommendations

3. Support agencies' opportunities for **collaboration and shared learning** with other behavioral health agencies around EHR adoption and effective use, HIE participation, and privacy and security issues.
  - Shared learning opportunities
  - CCBHC Demonstration Program
4. Ensure behavioral health agencies can take advantage of statewide **robust HIT/HIE** efforts, and that these efforts address needs of behavioral health agencies, clinicians, patients, and other stakeholders.
  - EDIE/PreManage
  - Prescription Drug Monitoring Program Gateway
  - HIE Network of Networks
  - HIT Commons

# BH HIT Scan: Recommendations

5. Seek opportunities to reduce reporting burden or otherwise provide **support for behavioral health agencies' reporting requirements.**
  - Clinical Quality Metrics Registry

## Additional Considerations

- Continue efforts to engage behavioral health agencies and conduct future environmental scan work.

# BH HIT Workgroup: HIT Oversight Council (HITOC) Charge

- In response to BH HIT Scan Report, HITOC requested additional input from behavioral health entities to help inform HIT/HIE strategies
- HITOC's ask of the Workgroup includes to:
  - Help translate results into actions
  - Inform the prioritization of the needs and recommendations
    - What are the most pressing problems to solve?
    - Where are there opportunities to make a difference?



# BH HIT Workgroup Charter

- Workgroup Objective: To provide input and guidance on HIT/HIE initiatives and efforts impacting behavioral health in Oregon, and to provide strategic input to the HITOC and Oregon Health Authority (OHA)
- Highest priority scope for 2018 includes reviewing the BH HIT Scan Report recommendations, and identify priorities, feasibility considerations, and key opportunities. This input on the will be presented to HITOC in late 2018.
- Workgroup may be convened on an ad-hoc basis beyond 2018 in order to provide input on initiatives impacting behavioral health.

# BH HIT Workgroup Members (as of Sep 2018)

Workgroup Members (in alphabetical order)		
Name	Title	Organization
<b>Mark Arcuri</b>	VP of Information Technology	Morrison Child and Family Services
<b>Kacy Burgess</b>	Clinical Information Systems Analyst	Deschutes County Health Services
<b>Jeremiah Elliott</b>	Senior Administrative Services Manager	Marion County Health & Human Services
<b>Ashley Furrer</b>	Behavioral Health Data Analyst	PeaceHealth Medical Group
<b>Denise Olson</b>	Treatment Services Supervisor	Josephine County Community Corrections
<b>Craig Rusch</b>	CIO	Albertina Kerr
<b>Steve Sanden</b>	Executive Director	Bay Area First Step
<b>Shelly Uhrig</b>	COO	Options For Southern Oregon, Inc.
<b>Juliana Wallace</b>	Director, Unity Services	Unity Center for Behavioral Health
<b>Jill Whiteford</b>	Director of Quality and Program Evaluation	Catholic Charities of Oregon
<b>Jeremy Wood</b>	CIO	Central City Concern

# Discussion and Questions

**Learn more about Oregon's HIT/HIE developments and  
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[www.HealthIT.Oregon.gov](http://www.HealthIT.Oregon.gov)

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OHA Office of HIT

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**Draft BH HIT Scan Report**

<https://www.oregon.gov/oha/HPA/OHIT/Resources/BH%20HIT%20Draft%20Report%2012-1-2017%20for%20HITOC%20Review.pdf>