Implementing Health Information Exchange in the Behavioral Health Community

Perspectives for State Agencies and HIE Organizations

Webinar
December 5, 2012

To ask a question during the webinar --

1) Post a question at any time in the Chat Box
2) Live Q&A will be held at the end of the webinar
Session Overview

Gain a brief overview of industry and government influences shaping the direction and requirements for HIE in the Behavioral Health setting

This session --

- Discusses the Meaningful Use program
- Identifies gaps, challenges and solutions to engage BH in HIE
- Provide information on current demonstration projects and programs for HIE in BH
- Provides practical tools and resources for implementing HIE in BH
Speakers

• Michael R. Lardiere, LCSW
  Vice President Health Information Technology & Strategic Development
  MikeL@thenationalcouncil.org

• Maureen Boyle, SAMHSA
  Maureen.Boyle@samhsa.hhs.gov

• Kathryn Wetherby, SAMHSA
  Kathryn.Wetherby@samhsa.hhs.gov
The Changing Healthcare System

- Moving from procedure and episodic based payment to payment based on health outcomes

- The Affordable Care Act
  - Accountable Care Organizations
  - Other Shared Savings Models
  - Patient Centered Medical Homes
  - Health Homes
  - Wellness Approach to Care vs. Episodic Disease Approach
The Changing Healthcare System

- HITECH
- Incentives for the Use of Electronic Health Records
  - Physicians
  - Hospitals
- Care Coordination
- Home Monitoring
The Changing Healthcare System

- System will not work unless Behavioral Health is included

![Graph showing cost comparison between 'Cost without' and 'Cost with Mental Illness' for various conditions: Cancer, CHF, Diabetes, COPD, Asthma. The y-axis represents cost in thousands, ranging from 0 to 20,000. The graph indicates a downward trend in cost when mental illness is included for all conditions, with the greatest reduction seen in Cancer.]
The Changing Healthcare System

- More Mental Health
- More Substance Use Disorders
  - Will be Treated in Primary Care
- More Primary Care Services will be provided in
  - Mental Health &
  - Substance Use Treatment Facilities
- Requires different Facility Design
Meaningful Use

Stage 1 (2011-)
- Store Coded and Structured information in the EHR
- Limited inclusion of BH

Stage 2 (2014-)
- Focus on Data Exchange and Coordinated Care
- Inclusion of BH clinical quality measures for primary care audience

Stage 3 (2016-)
Proposed
- Focus on Improved Outcomes and Reduced Costs shown through robust clinical quality measures
Goal - Information Securely Follows Patients Whenever and Wherever They Seek Care

Find patient information to support unplanned care

QUERY-BASED EXCHANGE

Send and receive patient information to support care coordination

DIRECTED

Patients aggregate use and share their own information

CONSUMER-MEDIATED EXCHANGE

MULTIPLE MODELS
ONC’s Approach

• Interoperability is a *journey*, not a destination

• Leverage *government as a platform* for innovation to create conditions of interoperability

• Health information exchange is *not one-size-fits-all*

• Multiple approaches will exist *side-by-side*

• Build in *incremental steps* – “don’t let the perfect be the enemy of the good”
ONC’s Role - Reduce Cost and Increase Trust and Value To Mobilize Exchange

**COST**

- **Standards**: identify and urge adoption of scalable, highly adoptable standards that solve core interoperability issues for full portfolio of exchange options
- **Market**: Encourage business practices and policies that allow information to follow patients to support patient care
- **HIE Program**: Jump start needed services and policies

**VALUE**

- Payment reforms
- Meaningful Use
- Interoperability and wide-scale adoption

**TRUST**

- Identify and urge adoption of policies needed for trusted information exchange

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Exchange Priorities in 2012 - Driving Forward on Multiple Fronts

- More rigorous exchange requirements in Stage 2 to support better care coordination
- Standards building blocks are in place, with clear priorities to address missing pieces in 2012
- NwHIN Governance increases trust and reduces the need for one-to-one negotiations among exchange organizations
- State HIE Program jump starts needed services and policies
Proposed Stage Two Meaningful Use Exchange Requirements (summary)

• Provide summary of care document for more than 65% of transitions of care and referrals with 10% sent electronically (across vendor and provider boundaries)

• Patients can view, download or transmit their own health information

• Successful ongoing submission of information to public health agencies (immunizations, syndromic surveillance, ELR)
The first challenge was to make sure that information produced by every EHR was understandable by another clinician and could be incorporated into his EHR.

Next we needed a common approach to transport, allowing information to move from one point to another.

And it was clear that we needed more highly specified standards to support care transitions and lab results delivery.
Missing Components to Support Scalable Exchange

- **Directories** – standards and policies to make them consistent, reliable, findable and open to be queried

- **Certificate management and discovery** - common guidelines for establishing and managing digital certificates and making the public keys “findable”

- **Governance** - baseline set of standards and policies that will accelerate exchange by assuring trust and reducing the cost and burden of negotiations among exchange participants
Certification for Other Settings

• Nothing prohibits anyone from getting a technology certified to as many criteria as they wish even if the technology is not designed for or marketed to eligible providers

• Certification ensures that the technology is capable of sharing a C-CDA with other certified technologies and that it can both create and consume information in C-CDA


“We encourage EHR technology developers to certify EHR Modules to the transitions of care certification criteria (§ 170.314(b)(1) and (2)) as well as any other certification criteria that may make it more effective and efficient for EPs, EHs, and CAHs to electronically exchange health information with health care providers in other health care settings.”
The SAMHSA/HRSA Center for Integrated Health Solutions (CIHS)

Leading the Way on Integration
Center for Integrated Health Solutions (CIHS)

— The SAMHSA-HRSA CIHS is funded under a training and technical assistance cooperative agreement with SAMHSA

— Update on CIHS HIT Supplement
  • Individual Grantees
  • 5 state HIE Initiative
Data Collection & Performance Outcomes

Baseline Descriptive Information

- Personal/family history of: diabetes, hypertension, cardiovascular disease; substance use; tobacco use
- Medication history/current medication list, with dosages
- Social supports

Health Outcome Indicators (by individual)

- Weight/Height/Body Mass Index
- Blood pressure
- Blood glucose or HbA1C
- Lipid profile

Services Outcome Indicators

- The number of mental health consumers receiving primary care services
- The number of mental health consumers screened for: hypertension; obesity; diabetes; co-occurring substance use disorders; and tobacco product use
<table>
<thead>
<tr>
<th>Section H Indicator</th>
<th>Number of Valid Cases</th>
<th>At-risk at Baseline</th>
<th>At-risk at Second Interview</th>
<th>Outcome Improved</th>
<th>No Longer At-risk</th>
<th>Outcome Remained At-risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure - Systolic</td>
<td>5555</td>
<td>37.8%</td>
<td>35.9%</td>
<td>17.7%</td>
<td>16.0%</td>
<td>21.8%</td>
</tr>
<tr>
<td>Blood Pressure - Diastolic</td>
<td>5553</td>
<td>30.4%</td>
<td>27.5%</td>
<td>10.2%</td>
<td>15.5%</td>
<td>14.9%</td>
</tr>
<tr>
<td>Blood Pressure - Combined</td>
<td>5553</td>
<td>45.0%</td>
<td>43.2%</td>
<td>18.7%</td>
<td>17.0%</td>
<td>28.0%</td>
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<td>BMI</td>
<td>5223</td>
<td>79.0%</td>
<td>78.6%</td>
<td>45.9%</td>
<td>4.9%</td>
<td>74.1%</td>
</tr>
<tr>
<td>Waist Circumference</td>
<td>2536</td>
<td>64.9%</td>
<td>62.9%</td>
<td>41.0%</td>
<td>6.9%</td>
<td>58.0%</td>
</tr>
<tr>
<td>Breath CO</td>
<td>821</td>
<td>44.6%</td>
<td>40.9%</td>
<td>30.3%</td>
<td>10.6%</td>
<td>34.0%</td>
</tr>
<tr>
<td>Plasma Glucose (fasting)</td>
<td>1116</td>
<td>38.4%</td>
<td>38.9%</td>
<td>34.6%</td>
<td>9.9%</td>
<td>28.5%</td>
</tr>
<tr>
<td>HgbA1c</td>
<td>902</td>
<td>60.3%</td>
<td>55.2%</td>
<td>35.1%</td>
<td>8.6%</td>
<td>51.7%</td>
</tr>
<tr>
<td>HDL Cholesterol</td>
<td>2002</td>
<td>32.1%</td>
<td>32.9%</td>
<td>33.1%</td>
<td>6.5%</td>
<td>25.5%</td>
</tr>
<tr>
<td>LDL Cholesterol</td>
<td>1854</td>
<td>27.7%</td>
<td>24.5%</td>
<td>38.7%</td>
<td>10.8%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Tri-glycerides</td>
<td>2005</td>
<td>42.3%</td>
<td>41.6%</td>
<td>36.0%</td>
<td>10.3%</td>
<td>32.0%</td>
</tr>
</tbody>
</table>

Notes:
1. This report is updated once every 24 hours, and includes all data entered as of the time it was last updated. Check the date and time at the top of this report to see when it was last updated.
2. Note, only selected programs/grants that have Outcome Measure's data will be displayed.
3. The number of valid cases for the perception of care domain applies to data collected at reassessment only.

CONFIDENTIAL
Overview of HIE Activity:
Informing Consent Management Issues
Under the Center for Integrated Health Solutions (CIHS)

- 5 States Selected

- IL
- KY
- ME
- OK
- RI
Challenges to Exchanging Behavioral Health Information

- State MH laws more stringent than HIPAA
  - Many health information privacy laws were written before the current digital world was conceptualized
  - Some states are considering adapting current laws to update them for the modern context
    - RI, ME, NC have made changes
    - IL is in process

- 42 CFR Part 2
  - Compliance difficult in an HIE environment
    - Not impossible
Privacy Regulations

- Not meant to prevent information sharing but to set the standards for how to share
- Federal laws are a baseline, states may adopt more strict regulations
- Most states have laws that are stricter than HIPPA, few have laws that are stricter than 42 CFR Part 2
- State laws vary widely, presenting challenges for developing unified policy solutions or solutions that work across states, also difficult for technology vendors to develop functionality
42 CFR Part 2

- Protects the confidentiality of Alcohol and Drug Abuse Treatment Records
- The purpose is to encourage patients to seek substance abuse treatment without fear that by doing so their privacy will be compromised.
- Applies to: Federally funded individual or entity that “holds itself out as providing, and provides, alcohol or drug abuse diagnosis, treatment or treatment referral”

42 CFR Part 2

- Patient consent must be obtained before sharing information from a substance abuse treatment facility that is subject to 42 CFR Part 2
  - Even acknowledging that an individual is (or was) a patient at a Part 2 facility is a breach of the regulations
  - The receiver is prohibited from making any further disclosure without written consent
Why is Confidentiality Important?

- Reduction of stigma
- Fostering trust
- Preserving privacy
- Encouraging help-seeking behavior
- Balance between a patient's legitimate desire to maintain privacy of sensitive information and permitting sharing of information that will improve treatment or public health or safety
Critical Privacy Questions

• Federal and state regulations provide the ground rules. But beyond the regulations some fundamental questions remain.
  – Who needs what information when?
  – Who determines who needs what information when?
  – What level of granular choice is best for the patient?
  – How should psychotherapy notes and other ultra-sensitive information be treated?
  – How should HIT systems be designed to allow patients to control disclosure and re-disclosure of sensitive information?
HIE Supplement

- Coordination with other Federal Programs & Initiatives
- Coordinating Activities with
  - HL7 Behavioral Health CCD Workgroup
  - ONC’s Standards and Interoperability Framework Transitions of Care Workgroup
  - ONC’s Standards and Interoperability Framework Data Segmentation Workgroup
  - ONCs State Health Policy Consortium Project (RTI Initiative) for behavioral health data sharing
    - AL, FL, KY, NE, NM, MI Plus other states
- Other states are also participating: CO; NY; UT
What will be Exchanged

- C32, CCR/CCD, CDA
- Clinical Element Data Dictionary
- http://wiki.siframework.org/Transitions+of+Care+Initiative+CEDD
Behavioral Health Specific Data Elements

- Confidentiality Code
- DSM Axis 1
- DSM Axis 2
- DSM Axis 3
- DSM Axis 4
- DSM Axis 5

- Environmental Factors
- GAF Score (Level of functioning)
- Homicidal Ideation
- Suicidal Ideation
- Treatment Referral

What other elements do behavioral health providers need to do our job??
Biggest Hurdle: 42 CFR Part 2 Consent Management “To Whom”

This is being worked on now!!

- Awareness of What is Possible Today
- Planning for What Will be Possible in the Future
- Recognize we are in a Transition Period

- Most systems currently don’t have the ability to give the patient granular choice (e.g. beyond sharing all or none of their data)
Predominant Challenge:

- Development of a 42 CFR Compliant Consent that is Computable in a HIE Environment
Our Approach:

- Build on What is Already Developed
- Coordinate with ONC & S&I Workgroups
- Coordinate with SAMHSA
- Ensure Legal Input
  - 3 of 5 HIEs have their legal experts regularly involved on the calls
- Identify current “Better Practices”
42 CFR Regs and SAMHSA FAQs 1 and 2 side by side as Consent developed

HIEs obtained input from their Behavioral Health Workgroups

HIEs invited their vendors to participate and comment as well

Everything in “Black” was reviewed and found acceptable by everyone

“Red” indicates problem areas not yet resolved (as of 6/29/12 still in process of determining a resolution)
A written consent to a disclosure under the Part 2 regulations must be in writing and include all of the following items (42 CFR § 2.31):

1) the specific name or general designation of the program or person permitted to make the disclosure;
2) the name or title of the individual or the name of the organization to which disclosure is to be made;
3) the name of the patient;
4) the purpose of the disclosure;
5) how much and what kind of information to be disclosed;
6) the signature of the patient and, when required for a patient who is a minor, the signature of a person authorized to give consent under § 2.14; or, when required for a patient who is incompetent or deceased, the signature of a person authorized to sign under § 2.15 in lieu of the patient;
7) the date on which the consent is signed;
8) a statement that the consent is subject to revocation at any time except to the extent that the program or person which is to make the disclosure has already acted in reliance on it. Acting in reliance includes the provision of treatment services in reliance on a valid consent to disclose information to a third party payer; and
9) the date, event or condition upon which the consent will expire if not revoked before. This date, event or condition must insure that the consent will last no longer than reasonably necessary to serve the purpose for which it is given.
PATIENT CONSENT AND AUTHORIZATION FORM FOR
DISCLOSURE OF CERTAIN HEALTH INFORMATION

***PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW***

Patient (name and information of person whose health information is being disclosed):

Name (First Middle Last): ____________________________________________________________

________________________Date of Birth (mm/dd/yyyy):__________________________

Address: ______________________________________________________________________City: ____________________________

__________ State: ______________ Zip: __________________________

You may use this form to allow your healthcare provider to access and use your health information. Your choice on whether to sign this form will not affect your ability to get medical treatment, payment for medical treatment, or health insurance enrollment or eligibility for benefits.

By signing this form, I voluntarily authorize access, use and disclosure of my:

Check all of the boxes to identify the information you authorize to disclose:

☐ Drug or alcohol abuse treatment information
☐ Mental health treatment information

www.integration.samhsa.gov
FROM WHOM: Specific name or general description of person(s) or organization(s) who I am authorizing to release my information under this form:

- All health care providers involved in my care.
- All programs in which the patient has been enrolled as an alcohol or drug abuse patient, or
- Any drug or alcohol treatment program or other health care provider, pharmacy or organization providing care coordination that is affiliated with the XYZ HIO

- Only these providers

<table>
<thead>
<tr>
<th>Person/Organization Name:</th>
<th>Phone:</th>
<th>Address:</th>
<th>Secure email address:</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
**TO WHOM:** Specific person(s) or organization(s) permitted to receive my information:
- To the HIE [Name]
- The HIE and any provider(s) involved in my care in the HIE as of today’s date ONLY
- The HIE and only these specific providers
- Only these specific providers
- The HIE and any current and future provider(s) involved in my care in the HIE

<table>
<thead>
<tr>
<th>Organization Name:</th>
<th>Phone:</th>
<th>Address:</th>
<th>Secure email address:</th>
</tr>
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<tbody>
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</tr>
<tr>
<td><strong>ONLY THESE INDIVIDUAL PROVIDERS</strong></td>
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</tr>
</tbody>
</table>

Most HIEs cannot manage only specific individual providers at this point in time.
**Amount and Kind of Information:** The information to be released may include but not be limited to: Laboratory, Medications, Medical Care & HIV/AIDS, Alcohol & Substance Abuse and Mental or Behavioral Health information
**PURPOSE:** The information shared will be used:

- To help with my Treatment and Care Coordination
- To assist the provider or organization to improve the way they conduct work
- To help Pay for my Treatment

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Treatment</th>
<th>Operations</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ONLY USE WHAT IS APPROPRIATE FOR THE HIE.</strong> SOME HIEs ONLY PROVIDE EXCHANGE FOR “TREATMENT”</td>
<td>Treatment</td>
<td>Operations</td>
<td>Payment</td>
</tr>
</tbody>
</table>
**EFFECTIVE PERIOD:** This authorization/consent/permission form will remain in effect until (enter date, event or condition upon which this authorization/consent expires): __________________________________________

OR

This authorization/consent/permission form will remain in effect for (X Year(s) or X Month(s)) from the date the form is signed.

OR

This authorization/consent/permission will remain in effect until such time as XYZ HIO ceases to exist.

If there is no date entered the consent will be valid for one year from the date this form is signed.

Best practice is to always ask for a date any date. Events are not computable e.g. how to tell when someone dies. HIE would never know
REVOKING MY PERMISSION: I can revoke my
permission at any time by giving written notice to the
person or organization named above in the “To
Whom” or “From Whom” sections ”except to the
extent the disclosure agreed to has been acted on.
In addition:

- I understand that an electronic copy of this form can be used to authorize the disclosure of the information described above.

- I understand that there are some circumstances in which this information may be redisclosed to other persons according to state or federal law.

- I understand that refusing to sign this form does not stop disclosure of my health information that is otherwise permitted by law without my specific authorization or permission.

- I have read all pages of this form and agree to the disclosures above from the types of sources listed.

“This HIE consent does not permit use of my protected health information in any criminal or civil investigation or proceeding against me without an express court order granting the disclosure unless otherwise permitted under state law.”
Signature of Patient or Patient’s Legal Representative
(mm/dd/yyyy)

Print Name of Legal Representative (if applicable)
Check one to describe the relationship of Legal Representative to Patient (if applicable):
- Parent of minor
- Guardian
- Other personal representative (explain: ________________________________)

NOTE: Under some state laws, minors must consent to the release of certain information. The law of the state from which the information is to be released determines whether a minor must consent to the release of the information. This form is invalid if modified. You are entitled to get a copy of this form after you sign it.
Issues/Challenges:

- Some HIEs cannot currently process only specific providers in the “To Whom” Section
  - Is “All or Nothing”
- Is “All or Nothing” for “Type and Amount” of Data
  - Data Segmentation is not available in all systems today to support Data Segmentation
- HIEs cannot currently process “Only providers in the HIE as of the date of signing the form”
  - Barriers due to technology, cost & operational issues for HIEs and providers
Possible Solutions:

- Use DIRECT only with a Provider Locator Service provided and supported by the HIE
- Can work in an HIE that is not storing any data and just providing the “pipes” e.g. IL HIE
- The Technology is rapidly developing and each of the five HIEs have identified possible solutions that may work in their unique infrastructure
- Other solutions are in development
Strategies for Increasing Patient Privacy

- Bring behavioral health data into the HIE but do not “render” it to the provider until the provider has attested with a second sign on that they have a treating relationship with the patient
  - 4 of the 5 HIEs do require this attestation
  - All have audit trail capabilities to track access
- Other solutions are in development
Each Data element will be tagged at the EHR level with data describing the actual data to be delivered

“Metadata”

Metadata will include attributes of the data to be shared in relation to consent e.g.

- Is “Restricted” or “Confidential” in nature
- Effective Date of consent
- Termination date of consent
- If not “all providers” which specific providers are allowed access etc.
S&I Framework

• Data Segmentation for Privacy
  – http://wiki.siframework.org/Data+Segmentation+for+Privacy

• Transitions of Care
  – http://wiki.siframework.org/Transitions+of+Care+%28ToC%29+Initiative

• Health eDecisions
  – http://wiki.siframework.org/Health+eDecisions+Homepage
HL7 Standards

• Health Level Seven (HL7) is an international standards development organization for interoperability of health information technology
  - Consensus based, community led

• Behavioral Health CCD Workgroup
RESOURCES
What The National Council is Doing

Guidelines on “what you need to know before you start”

Financing Options
Attractive Terms

Establish an accessible data base of HW & SW vendors used by and evaluated by members & Develop User Groups

NwHIN Connectivity
With Federal Government & Others

Training & Support
Multimedia Options, Post Implementation Support

Quality Center
National Data Warehouse
Benchmarking, & Reporting,

National data repository showing the value of behavioral health, best practices, advocacy etc.

Contact Center
Initial information on Hardware, Software, and connectivity

Provide members with objective, trusted information and advice on health information technology resources, vendors, evaluations, investments and operations

Vetered Consultant Referrals
Local Assessments, Contracting, Implementation

Establish relationships with limited number of IT experts including HCCNs

National Pricing
Govt Pricing or Better

National data repository showing the value of behavioral health, best practices, advocacy etc.

1 HCCNs
2 Consultants w/ Experience

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Guidelines on “what you need to know before you start”
42 CFR Part 2 FAQs

- To help providers in the behavioral health field better understand privacy issues related to Health IT, SAMHSA, in collaboration with ONC has created two sets of Frequently Asked Questions (FAQs).


- Series of webinars by the Legal Action Center on 42 CFR Part 2 http://www.lac.org/index.php/lac/webinar_archive
National Programs

• Join the CMS and ONC listserves

• Engage with SAMHSA’s HIT team
  – [SAMHSA.HIT@SAMHSA.HHS.gov](mailto:SAMHSA.HIT@SAMHSA.HHS.gov)
  – Join our bi-monthly calls federal behavioral health HIT initiatives
National Programs

• Join the National Quality Forum
  – http://www.qualityforum.org/Membership/Join_NQF.aspx

• Engage with SAMHSA’s HIT team
  – SAMHSA.HIT@SAMHSA.HHS.gov
  – Will be hosting bi-monthly calls to keep the behavioral health community up to date on federal HIT initiatives
Request for Comment – Weigh In! Possible MU Stage 3 Requirements

• HIT Policy Committee Requests Your Comments on Stage 3 MU Definitions –
  – Comments due January 14, 2013
  – Areas under consideration include: care plan, transitions of care, advanced directives, enhanced patient engagement, and others

• Participate in S&I Sponsored Webinars on the RFC
  – http://wiki.siframework.org/Longitudinal+Coordination+of+Care

• For more information go to:

• To Submit a Comment:
  – http://www.regulations.gov
Upcoming ASPE-Sponsored Webinars

• **All Audiences**
  
  *Information Exchange Activities for LTPAC and BH Communities*
  
  – December 4 | 12:30–1:45 p.m. ET

• **Providers and Affiliated Organizations**
  
  *Implementing HIE in the BH Community*
  
  – December 4 | 2:30–3:45 p.m. ET

  *Implementing HIE in the LTPAC Community*
  
  – December 12 | 1–2:15 p.m. ET

• **State and HIE Organizations**
  
  *Implementing HIE in the BH Community*
  
  – December 5 | 12 Noon–1:15 p.m. ET

  *Implementing HIE in the LTPAC Community*
  
  – December 14 | 11:30–12:45 p.m. ET

To Register: [https://www.ahimastore.org/ProductList.aspx?CategoryId=1324](https://www.ahimastore.org/ProductList.aspx?CategoryId=1324)
Conclusion

• Health IT has the potential to transform behavioral health care
• There are many immediate challenges to be overcome and significant room for innovation
• SAMHSA is encouraging wide collaboration between vendors, providers, patients, researchers, and our federal partners to realize the potential to improve patient care
• We hope you will join us
Thank you for attending.

QUESTIONS