

The Welligent logo features the word "welligent" in a lowercase, sans-serif font. The "w" is blue, and the "i" has a blue dot above it. The "e" is orange, and the "l" is blue. The "l" and "i" are connected. The "g" is blue, and the "e" is orange. The "n" is blue, and the "t" is blue. The background of the slide is a complex network diagram with various colored nodes (blue, orange, red, purple, grey) and connecting lines, creating a web-like structure.

Part of the **ContinuumCloud**

Interoperability and the Changing Behavioral Health Landscape

July 15, 2015

Interoperability and the Changing Behavioral Health Landscape

Executive Summary

Easily accessible medical and mental health information is essential to providing effective client and patient treatment that yields lasting results. In many cases, providing optimal client care requires the electronic exchange of data with other providers or participation in a Health Information Exchange (HIE), often referred to as interoperability. Healthcare interoperability involves the secure and timely exchange of data among clinicians, labs, hospitals, pharmacies and clients. Interoperable systems allow service providers to cross organizational boundaries in an effort to share information and enhance the quality of care delivered to patients and clients.

Currently, there is insufficient data exchange among behavioral, mental and physical healthcare providers. In an attempt to rectify this issue, federal initiatives and legislation are being employed to encourage the development of a more affordable, equitable and efficient healthcare landscape that utilizes reciprocal information exchange. Still, a multitude of challenges need to be addressed before behavioral healthcare providers can achieve mutually beneficial data exchange that is both real-time and fully comprehensive.

This white paper will discuss the current and future complexities of interoperability and its impact on the behavioral healthcare industry.

History and Development

Before the development of Electronic Health Records (EHRs), clinicians primarily used paper for documentation, billing and reporting. Paper documentation requires abundant office and storage space, sorting through unorganized records and deciphering illegible handwriting—all time-consuming and economically-straining practices. Paper billing requires printing, mailing and stamping every insurance claim; whereas electronic billing requires the simple click of a mouse. Many clinicians are still utilizing the same dated practices of previous generations and in doing so they face a variety of challenges. Some of these challenges include: higher transcription costs, increased need for storage, increased records management, less accurate reimbursement coding, increased medical errors due to less patient data access and lost time. Using paper records, as opposed to electronic, is also correlated to decreased patient health and quality of care due to poor disease management and lack of patient education.¹ Due to the shortcomings associated with paper health records, the United States government introduced legislation to encourage behavioral and physical healthcare professionals to adopt EHRs in their practices.

From Paper to Electronic Health Records



Paper documentation wastes the valuable time of clinicians, supervisors and front desk personnel



Save space and time through storing records in the cloud

Paper records occupy excessive space and are difficult to manage and organize



Electronic records create cleaner and better organized work spaces, which promote better staff morale



Reporting is an overwhelming and costly process when tracking client progress on paper



Both clinicians and clients can easily access health records from anywhere because data is stored in a private cloud

Paper billing is tedious, inefficient and slows the reimbursement process



Faster, more accurate documentation, billing and reporting saves money and encourages more efficient, less stressed staff



HITECH Background and Impact

The Health Information Technology for Economic and Clinical Health (HITECH) Act was enacted in February, 2009, and paved the way for the development of the Meaningful Use program. Under the Meaningful Use program, standards were developed for EHR systems and incentives became available for providers to adopt them. Eligible healthcare professionals were able to receive funds under Medicare and Medicaid programs. This monetary incentive jumpstarted EHR implementations for many healthcare providers throughout the country. It also encouraged EHR vendors to develop better technology to keep patients informed and engaged in their own health, while capturing structured data and allowing healthcare providers to improve communication and care coordination. Through both Federal and State initiatives, health IT has transformed the healthcare industry by providing various efficiency boosting functions such as: care quality management; long-term case management; client-centered and team-based care; enhanced health record access and continuity; robust evidence-based medicine and practice goals; and overall improved client health. According to the Center for Disease Control, only 17 percent of physicians

used an advanced EHR system in 2008. In 2011, approximately 39 percent of office-based providers and 35 percent of non-federal acute care hospitals had implemented some form of EHR.² By May 2013, more than 50 percent of eligible professionals demonstrated Meaningful Use and received incentive payments.³ While these numbers demonstrate a remarkable increase in EHR adoption over a five year period, many providers are still documenting on paper which impacts their ability to achieve interoperability and provide quality care.

Meaningful Use Program

Under the Meaningful Use program, providers are eligible to receive monetary reimbursements from the government for adopting health IT. Providers must demonstrate each of the three stages of Meaningful Use before proceeding to the subsequent stage.

Stage 1 of Meaningful Use was designed to improve the efficiency and quality of care delivery, while engaging patients and families in their healthcare and improving care coordination. This first phase outlined core objectives for mental health professionals including: computerized provider order entry; e-prescribing; reporting ambulatory clinical decision support; providing patients with electronic copies of their health information upon request; providing clinical summaries for patients for each office visit; drug-drug and drug-allergy interaction checks; recording demographics; maintaining active medication lists; maintaining up-to-date lists of current and active diagnoses; and protecting electronic health information.⁴

Stage 2, the current stage of Meaningful Use, introduced the critical role of HIE for meeting requirements. These more stringent Stage 2 requirements include: additional guidelines for e-prescribing; incorporation of structured laboratory results; and electronic transmission of patient care summaries in order to better support transitions of care across unaffiliated providers, settings and EHR systems.⁴ Stage 2 Meaningful Use requires participating providers to meet three consecutive years of Meaningful Use under Stage 1 before advancing to Stage 2. Providers who began Meaningful Use participation late are qualified to advance to Stage 2 after two years at Stage 1.⁵

Expectations for meeting Stage 3 criteria include having an HIE that is simplified and more patient-centered. Because of the complexities and overwhelming amount of information that must be measured and reported in Stages 1 and 2, Stage 3 Meaningful Use aims to be more streamlined and sustainable for future use. The main goal at this stage allows providers to strive for a total of eight objectives that should be met with some internal organization flexibility—compared to the twenty plus objectives in the first two stages.⁶ Healthcare providers will be able to report in Stage 3 in 2017, and will be required to do so in 2018, regardless of prior participation or current stage of Meaningful Use.

Interoperability Today

In 2014, there were as many as 280 HIEs in the United States that enabled the exchange of electronic health information, including 50 percent of the nation's hospitals.⁷ However, only between 20 and 30 percent of providers are using EHRs to communicate with other organizations.⁸ This HIE participation allows healthcare providers to make more well-informed decisions, avoid readmissions, avoid medical errors, improve diagnoses, decrease duplicate testing and improve overall care delivery. While there are undoubtedly many benefits to participating in an HIE, implementing an EHR and achieving interoperability proposes numerous challenges related to cost, standards, staff knowledge, training and technical requirements.

"Interoperability saves healthcare providers a tremendous amount of time and effort, while enabling them to make more well-informed decisions and improve care delivery."

Andy McCraw, President of Welligent

Challenges with Electronic Health Records

The decision to select or transition to a new EHR can be overwhelming for providers. That comes as no surprise when considering there were over 600 EHR vendors in 2013. However, that number is expected to decrease significantly by 2017, when Stage 3 Meaningful Use is mandatory, because most EHR vendors are not Meaningful Use certified by the Office of the National Coordinator for Health Information Technology (ONC-HIT).⁹ Once an EHR is selected and implemented, an agency can still be far from experiencing interoperability. Implementation periods can range from three months to several years of rollout phases, depending on the needs and size of the healthcare provider and the competency of the EHR vendor. Once an EHR is fully operational within an organization, achieving interoperability is still a challenge due to the lack of legal framework that facilitates data sharing, and the absence of a nationwide shared platform on which providers, EHR vendors and other organizations can securely exchange information.

As we look to the future, EHR vendors and healthcare providers alike must work toward a more mutually beneficial relationship that would enable more dedicated time for client care, and less time on documentation and data entry. One major issue organizations encounter when participating in HIEs is the lack of communication among various EHR vendors. Without information exchange among the different vendors, a client's information cannot be accessed by all of his or her healthcare providers, significantly impacting the level of care received.

Benefits of Interoperability

Some challenges may discourage healthcare providers from integrating interoperable EHR software, but interoperability and data exchange provide numerous benefits. Clinicians have immediate access to clinical information, medication and prescription history, as well as information collected by other healthcare providers. Improved and timely access to information allows for quicker and more informed treatment

decision-making. Additionally, clinicians are less likely to make errors in treatment planning and medication management when systems are interoperable. Lastly, interoperability provides more opportunities for cost-reduction through creating more efficient workflows within the agency. So when considering the time it takes to integrate a new EHR, it is important to note that the benefits following implementation include time-savings, long-term cost reduction and improved clinical treatment of clients and patients.

As mentioned previously, lack of communication among EHR vendors can sometimes complicate HIE. The Software and Technology Vendors' Association (SATVA) is an organization that encourages EHR vendors to work together to facilitate the delivery of more efficient and effective consumer services through the use of IT. Members of the organization meet several times each year and explore ways to support quality improvement and IT service delivery in the behavioral healthcare field—providing an environment for EHR vendors to collaborate on improving the industry as a whole.

According to HealthIT.gov, organizations that have integrated EHRs experience numerous benefits that were not experienced when using paper. Some of these benefits include: improved practice management through integrated scheduling that links appointments to progress notes, billing codes and claims; time savings through chart management, condition-specific queries and other valuable shortcuts; and enhanced communication with other clinicians, labs and insurance companies. EHR integration and subsequent interoperability provide a host of benefits for healthcare providers to consider.



Customer Case Study

Welligent has several customers currently experiencing system integrations with interoperability. One of these customers is Foothill Family Service in Pasadena, California. Foothill is interoperable with the Integrated Behavioral Health Information System (IBHIS). IBHIS is the Los Angeles County Department of Mental Health's comprehensive behavioral health system for clinical, administrative and financial information exchange that coordinates services for nearly 10 million individuals.

If a new client is found in IBHIS, Foothill clinicians are able to load available health information into the Welligent EHR and submit financial data to cross-check claims. Diagnosis information is also available in the HIE. Foothill is in the early stages of the IBHIS integration, and is currently receiving little clinical information about clients. However, according to Chris Howard, Foothill's IT and EHR Director, IBHIS is meeting Foothill's billing needs and reduces redundant data entry. The organization looks forward to receiving treatment history and other relevant clinical information to improve client care as IBHIS develops.

Risks of Not Utilizing Interoperability

Client and patient wellbeing can be compromised when providers do not participate in an HIE. When client record information is unavailable, providers may be forced to rerecord personal history, run redundant labs and assessments, prescribe ineffective medications and use treatment approaches that have proven unsuccessful with the client in the past. This preventable redundancy costs the client, provider and insurance company a tremendous amount of time and money. Additionally, healthcare reform calls for improvements in care delivery with respect to appropriate client and patient diagnosis, treatment and follow-up procedures. Without participation in an HIE, healthcare providers experience difficulties when striving to meet federal and state standards for expected quality of care.

Summary

Interoperability is a cornerstone of health reform initiatives and will continue to improve information access, clinical care and client wellness for both primary care and behavioral health. To keep pace with the ever-changing dynamics in healthcare, behavioral health agencies should consider a comprehensive EHR solution capable of exchanging data with other systems. While EHR vendors and healthcare providers have a long way to go before achieving full interoperability, technological advancements are occurring daily. EHR vendors nationwide recognize there is much competition in the industry and develop system enhancements based on the need of their customers and prospects. Behavioral health workers will always attempt to deliver quality care that is compassionate and respectful. Comprehensive EHRs and improved interoperability will provide the necessary tools to deliver such care more efficiently and effectively. In just two short years, meeting the requirements of Meaningful Use Stage 3 will be mandatory. Until then, vendors and providers must jointly promote interoperability to improve care and make its benefits a reality.

About Welligent

Welligent is a leading cloud-based EHR system that is both mobile and secure. Welligent has successfully implemented some of the largest, multi-state organizations in more than 30 states. Wherever you are, Welligent provides documentation, scheduling and medication and caseload management access from your desktop, tablet or smartphone. Welligent provides the software tools needed to manage all programs, services and payers from one, integrated system. Our interoperable software is fully configurable and includes features and options such as clinical records, treatment plan libraries, forms management, ePrescribing, electronic billing and dashboard reporting. Welligent supports agencies around the country in meeting the designated requirements for HIE and exceeding the expectations of its customers for performance standards. When opportunities for open and secure information exchange are presented, Welligent is ready to overcome regulatory obstacles, meet federal requirements and surpass expectations to support the best service delivery. With Welligent, Meaningful Use and interoperability are possible.

References

1. <http://www.healthit.gov/providers-professionals/medical-practice-efficiencies-cost-savings>
2. <http://www.healthit.gov/providers-professionals/faqs/how-many-providers-have-already-adopted-electronic-health-records>
3. <http://www.hhs.gov/news/press/2013pres/05/20130522a.html>
4. http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/MU_Stage1_ReqOverview.pdf
5. http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html?gclid=COqhhMikq8YCFZAvgQodgIkA-Q
6. <http://www.healthcareitnews.com/news/cms-lays-out-vision-stage-3-meaningful-use>
7. <https://innovations.ahrq.gov/perspectives/trends-health-information-exchanges>
8. <http://www.cio.com/article/2899140/healthcare/ehr-adoption-up-challenges-in-interoperability-and-meaningful-use-remain.html>
9. <http://www.fierceemr.com/story/3-reasons-most-ehr-vendors-will-be-out-business-2017/2013-07-17>