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# Behavioral Health HIT Workgroup Report to HITOC

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# Overview of BH HIT Workgroup Presentation

- Recap of 2017 BH HIT Scan conclusions and recommendations
- Review HITOC request of Workgroup
- Workgroup top recommendations, presented by workgroup members
  - HITOC questions, input, and discussion
- HITOC reflections on recommendations
- Future of Workgroup and HITOC involvement

# Behavioral Health HIT Scan Recap

2017 Behavioral Health HIT Scan included an online survey and 12 follow-up interviews

- About half of the agencies responded to the survey
- 76% reported having an EHR

Report conclusions:

1. Most behavioral health agencies could benefit from **additional HIT support.**
2. Behavioral health agencies **need HIE opportunities**, which are presently nascent and evolving.
3. Behavioral health stakeholders **need more support and clarity about privacy and security** of health information.
4. Behavioral health agencies could benefit from additional **resources and support for data analytics.**

# Behavioral Health HIT Scan

## Recommendations

1. Seek opportunities to provide **financial support** for adoption and effective use of robust EHRs and HIE participation
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.
3. Support agencies' opportunities for **collaboration and shared learning** with other behavioral health agencies
4. Ensure behavioral health agencies can take advantage of **statewide robust HIT/HIE** efforts
5. Seek opportunities to reduce reporting burden or otherwise provide **support for behavioral health agencies' reporting requirements.**

# HITOC Charge/BH HIT Workgroup Objective

HITOC requested additional input from behavioral health entities to help inform HIT/HIE priorities/workplan:

- Help translate results into actions
- Inform the prioritization of needs and recommendations
  - What are the most pressing problems to solve?
  - Where are there opportunities to make a difference?

## Workgroup Meeting Topics

- Meeting 1: Discussed and prioritized HIT/HIE needs
- Meeting 2: Reviewed/prioritized behavioral health HIT/HIE needs and identified recommendations
- Meeting 3: Rated recommendations

# BH HIT Workgroup Members

Workgroup is comprised of a variety of organizations that represent a range of agencies in Oregon’s BH landscape

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



# BH HIT Workgroup Report to HITOC

- Includes much of the information covered in this presentation
- Includes a summary table of the Workgroup's input
  - Recommendations
  - Context for each recommendation
  - Suggested approaches/strategies for HITOC's consideration
  - Urgency, impact, and effort ratings
  - Quotes and notes
- Workgroup felt strongly about identifying only 3-4 top recommendations to focus efforts on what is most needed by the BH system at this time

# BH HIT Workgroup Top Recommendations

- A. Support BH agencies without an EHR or with an insufficient EHR to adopt an EHR
- B. Continue existing work on HIE, and bolster with additional strategies
- C. Support improved understanding of HIT/HIE
- D. Modernize state reporting systems to allow for improved interoperability with EHRs/HIE and reporting data back to agencies

HITOC members encouraged to ask questions and/or discuss the recommendations as they are presented. Time for further reflection reserved at end of presentation.



# Kacy Burgess

## Clinical Information Systems Analyst Deschutes County Health Services

- Agency overview (e.g., number and types of programs/services, priority information trading partners)
- HIT/HIE in use
- Thoughts on advancing HIT/HIE within the behavioral health system

# BH HIT Workgroup Top Recommendations

A. Support BH agencies without an EHR or with an insufficient EHR to adopt an EHR

- Develop a list of preferred EHRs/EHR vendors to help support decision-making process\*
- Promote hospital/health systems' support for BH EHR adoption/upgrade

\*Identified as foundational to other efforts to support HIT/HIE among BH

# Craig Rusch

## Chief Information Officer

### Albertina Kerr

- Agency overview (e.g., number and types of programs/services, priority information trading partners)
- HIT/HIE in use
- Thoughts on advancing HIT/HIE within the behavioral health system

# BH HIT Workgroup Top Recommendations

B. Continue existing work on HIE, and bolster with additional strategies

- Encourage larger organizations to connect and contribute patient data to an HIE (e.g., Community Health Record)
- Connect HIT systems to lower barriers to accessing patient information across organizations^
- Provide guidance/support related to privacy and security (e.g., 42 CFR Part 2, HIPAA)\*^

\*Identified as foundational to other efforts to support HIT/HIE among BH

^There is OHA work underway in this area

# Jeremy Wood

## Chief Information Officer

### Central City Concern

- Agency overview (e.g., number and types of programs/services, priority information trading partners)
- HIT/HIE in use
- Thoughts on advancing HIT/HIE within the behavioral health system

# BH HIT Workgroup Top Recommendations

## C. Support improved understanding of HIT/HIE

- Provide HIT/HIE education\*
- Create shared learning opportunities across a variety of topic areas (e.g., EHR adoption and use, HIE connectivity and use, data analytics/business intelligence, privacy and security)
- Landscape assessment of EHRs/HIE\*^

\*Identified as foundational to other efforts to support HIT/HIE among BH

^There is OHA work underway in this area

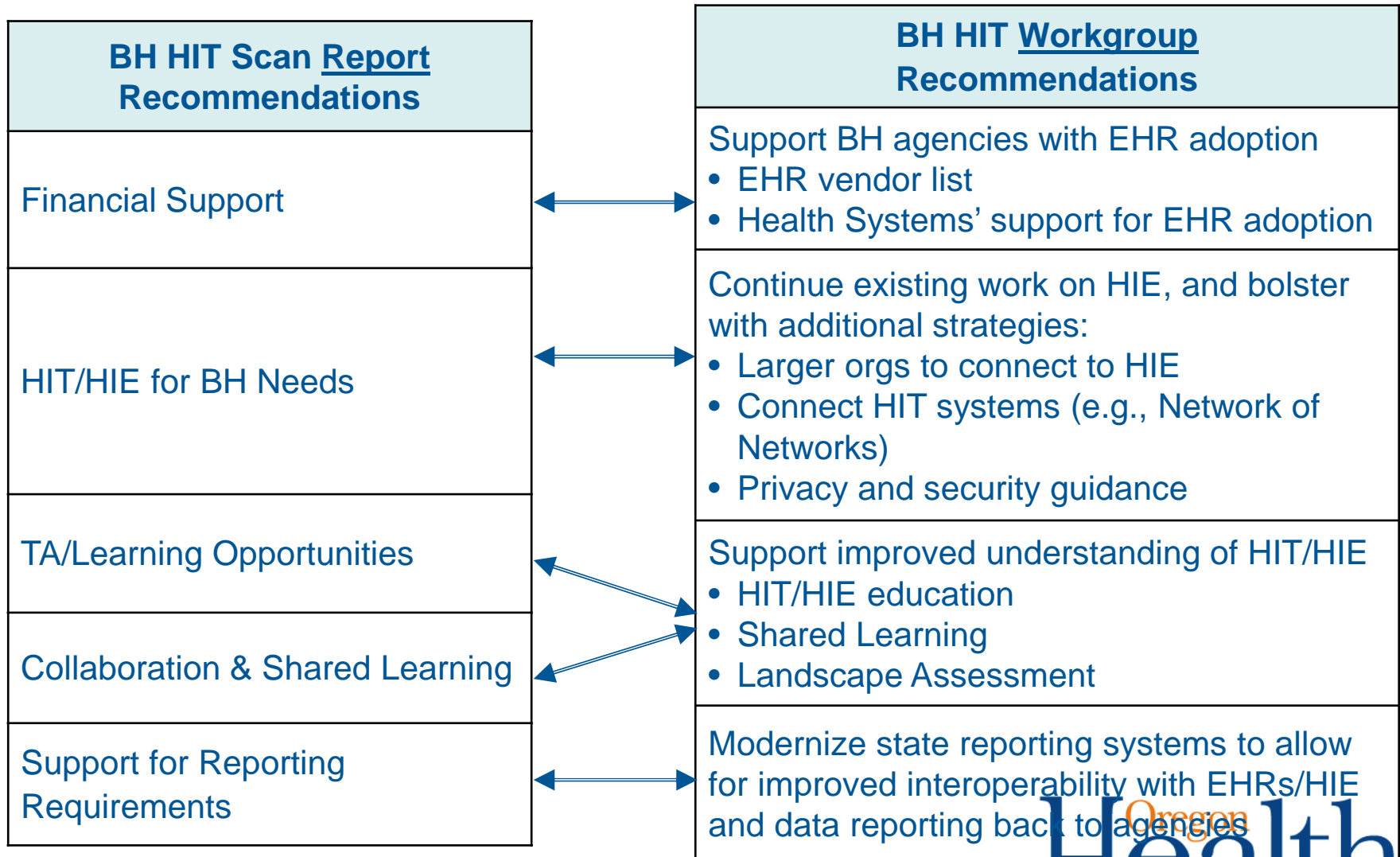
# BH HIT Workgroup Top Recommendations

D. Modernize state reporting systems to allow for improved interoperability with EHRs/HIE and reporting data back to agencies^

- Consider HIT standards implemented by EHRs/HIEs when modernizing their reporting system(s) to allow for/support full, bi-directional data sharing
- OHA to make collected data available in the form of meaningful reports

^There is OHA work underway in this area

# Alignment of Recommendations





# HITOC Input on Recommendations

HITOC requested additional input from behavioral health entities to help inform HIT/HIE priorities/workplan:

- 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?
- Do the Workgroup's recommendations address HITOC's request?
- HITOC reflections: Additional input? Concerns?
- Having reviewed the BH HIT Workgroup's recommendations, does this change any reactions to HITOC's workplan and areas of focus for 2019?

# Continuation of BH HIT Workgroup

- ❖ Develop high-level roadmap/workplan
- ❖ Provide ongoing input on OHIT BH efforts

Proposed topics include:

- Potential behavioral health EHR Incentive Programs
- Sharing information on implemented behavioral health HIT/HIE products in Oregon
- Information Sharing Toolkit review and input
- MOTS system modernization
- Ongoing landscape assessment needs and uses
- Educational materials development
- BH HIT Website (e.g., what information to include, etc)
- How to further connect with BH agencies

# Next Steps

## HITOC preferred level of involvement?

- Review high-level roadmap/workplan for pursuing Workgroup recommendations (i.e., what it might look like to move recommendations forward)
- Regular updates (e.g., within HITOC Program Updates document, presentations as needed)

## BH HIT Workgroup Charter

- Two changes needed
  - List of topics (update with revised list)
  - Meeting schedule
- Re-approval not required

# Questions? Comments?