Appendix E: Summary of In-Depth Interviews Draft

Interview Summary Document Overview

This document is intended to be an Addendum to the *Behavioral Health HIT Report*. It follows the structure of the results, conclusions, and recommendations put forth in the report. This document provides an overview of the in-depth interview process and then narrative description of relevant interview themes and highlights. Tallies of themes and highlights are found throughout, some within relevant sections and others (that do not discretely fit into the identified needs) are included at the end of this document.

In-depth Interviews: Methodology and Respondent Characteristics

Based on information collected via survey, a sample of 22 agencies representing various agency characteristics was identified and invited to participate in a follow-up phone interview. The agencies had all self-identified in their survey response that they were willing to be contacted for a follow up interview. Further, staff selected agencies for interviews to ensure we had broad representation across various characteristics:

- Number of programs administered
- Geographic location(s)
- Population density of the geographic location(s) of the behavioral health program(s)
- Characteristics of population served (Native Americans and tribal, racially and ethnically diverse, justice-involved, children and youth vs. adults, etc.)
- Affiliated with/part of a larger organization that provides physical health services
- EHR implementation status, EHR vendor, EHR satisfaction, and duration of EHR use
- Willingness to engage with HIE

OHA was able to complete in-depth interviews with 12 agencies. Although the respondents represented a broad range of characteristics (see tables below), we were unsuccessful in interviewing an agency with no EHR.

Interviewees were exceptionally engaged, eager to discuss their experiences with HIT/HIE, often willing to spend additional time providing helpful and pertinent details about their agency's approach to and use of information technology tools. Much was learned through these conversations which helped deepen OHA's understanding of the challenges and needs faced by behavioral health agencies, providers, patients, and tribal governments. This rich contextual information supplemented the survey results and will help inform OHA's approach to supporting the transformation of the behavioral health system.

In-depth Interview Invitee/Interviewee Sample Characteristics:

Agency size	Agencies Invited	Agencies Participated
Small (1-5 Programs)	15	8
Medium (6-10 programs)	5	3
Large (11+ Programs)	2	1
Total	22	12

Population Density: Agency has Programs in:	Agencies Invited	Agencies Participated
Urban area(s) only	12	6
Rural area(s) only	10	7
Frontier area(s) only	4	2
Urban & Rural area(s)	3	2

Types of Programs Offered*	Agencies Invited	Agencies Participated
Outpatient A&D	18	10
Outpatient Mental Health	11	6
A&D Residential	3	1
Adult Mental Health Residential	6	4
Intensive Treatment Services	2	1

*Agencies can offer more than one type of program

Other Agency Characteristics	Agencies Invited	Agencies Participated
Tribal	4	3
Corrections	1	1
Provide Child Services	3	3
Equity-focused	3	1
Physical Health Affiliated	11	8
EHR in use	19	12
No EHR in use	3	0

Interview limitations. Interviewers used a semi-structured interview format to maximize the engagement and discussion of relevant topics. Inherent in this format is the fact that not all interviewees answered the same set of questions, discussed the same topics, or provided OHA with the same information. The interviewers encouraged discussion of HIT/HIE topics of greatest relevance and importance to each agency. Therefore, theme and highlights included in this summary represent the HIT/HIE topics that were most top-of-mind. That is to say, if an agency did not discuss a topic, it cannot be concluded that the topic is not relevant; it may or may not be.

Behavioral Health Agency In-depth Interviews: Themes and Highlights

The Themes and Highlights are organized into five sections; the first four mirror the Key Results in the *Behavioral Health HIT Report* (i.e., HIT/EHR, HIE, Privacy/Security, and Data Analytics/Reporting) and the last section includes other themes (e.g., Benefit of HIT to Clients, Telehealth, Sharing Best Practices/TA) that were raised in addition to the topics in the Key Results.

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.

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.

Three major themes emerged from the interviews related to HIT investments and EHRs. A first major theme of the interviews was that EHRs provide good value, especially when they handle billing functions and help agencies better understand workload, outcomes, and opportunities for improvement. All agencies expressed being fully committed to their EHR investment and showed a strong interest in

increasing use of HIT to provide better care and increase efficiency. However, they also communicated barriers and challenges to greater HIT investment and use.

Interview Themes Aligning With Key Result 1: HIT/EHR	Total # agencies that mentioned theme (n=12)	Size			Population Density				Other	
		Small Agency (n=8)	Medium (n=3)	Large (n=1)	Frontier (n=2)	Rural (n=7)	Urban (n=6)	R/U Combo (n=2)	Tribal (n=3)	Physical Health combo (n=8)
THEME 1: EHRs Provide Good Value										
BH providers think EHRs provide good value	**11**	7	3	1	2	6	6	2	3	8
EHRs can make billing easier, which helps justify the cost	**3**	1	1	1		1	2			2
BH agencies without in-house IT staff struggle to keep up with HIT	**2**	2				1	1			

Note: Blue cells have 100% of respondents in that category

A second major theme was the challenge of the financial costs associated with their EHRs. In addition to the expected implementation and maintenance costs, many behavioral health agencies manage multiple grant- or contract-supported programs that require regular EHR modifications as program requirements for data tracking change, increasing maintenance costs. Behavioral health providers often cannot afford more robust EHRs, and smaller vendors may be less able/willing meet customization needs at an affordable cost. One agency reported that their vendor required a $1,000 payment, on top of an hourly fee, to merely provide a quote for needed customizations to meet grant requirements. A sub-theme emerged regarding agency approaches to dealing with the challenge of financial costs. A few agencies reported various informal efforts to manage EHR costs, like bulk purchases with other behavioral health agencies, "cloning" another agency's EHR instance (with vendor approval) and being an additional user for another agency's EHR.

Interview Themes Aligning With Key Result 1: HIT/EHR	Total # agencies that mentioned theme (n=12)	Size			Population Density				Other	
		Small Agency (n=8)	Medium (n=3)	Large (n=1)	Frontier (n=2)	Rural (n=7)	Urban (n=6)	R/U Combo (n=2)	Tribal (n=3)	Physical Health combo (n=8)
THEME 2: Financial Costs of EHRs are a Challenge										
Need financial support for EHR adoption and maintenance (including changes when program requirements change, which is driven by funders and laws/regulations); one noted problems faced by smaller counties with fewer resources, as opposed to more well-resourced counties	**3**	2	1			1	2			1

Interview Themes Aligning With Key Result 1: HIT/EHR	Total # agencies that mentioned theme (n=12)	Size			Population Density				Other	
		Small Agency (n=8)	Medium (n=3)	Large (n=1)	Frontier (n=2)	Rural (n=7)	Urban (n=6)	R/U Combo (n=2)	Tribal (n=3)	Physical Health combo (n=8)
Received EHR Incentive Program payments; agencies that have physical health programs may get indirect benefits	**4**	3	1		1	3	1	1	2	4
THEME 2a: Approaches Used to Manage Financial Costs										
BH providers have created/joined informal collaborations to fill gaps re financial support, TA re adoption/implementation, which have partially met their needs	**5**	2	2	1	1	2	2		1	4
Providers may share EHRs with other clinics to reduce costs	**2**	1	1		1	1	2	1		1
Non-financial resources needed for EHR adoption would be helpful. Respondents specifically mentioned: legal advice, discussions with clinicians, discussions with partners, discussions with peers who have adopted EHRs, tech support, IT staff, provider training, IT infrastructure, user communities for certain EHR products	**9**	5	3	1	2	5	3	1	3	8

Note: Blue cells have 100% of respondents in that category

The third major theme expressed related to the capabilities and the need to customize their EHRs to meet their needs – it is challenging for them to use an EHR "off the shelf". Behavioral health agencies support a diverse set of programs and services offered (e.g., mental health or substance use only versus both), requiring different EHR functionality for safeguarding protected information. Some agencies offer additional social service supports requiring the tracking and management of different data. Interviewees reported that many EHRs that offer functionalities of interest are designed for physical health entities that track different information, have different workflows, and require different reporting capabilities. Many interviewees discussed EHR limitations related to using stored information for reporting purposes. In addition, interviewees noted their practice management needs (e.g., the need to track administrative issues like caseload size and efficiency, show-up rates, and program-specific data elements required for grant or contract reporting) are not being sufficiently met by their IT systems.

"As much as we pay for it, plus our system support costs, I could hire another physician."

"A lot of what we do is customize it [our EHR] to fit a square peg in a round hole."

"We [clinicians with no technical background] need IT staff who speak our language."

IS YOUR EHR A SIGNIFICANT FINANCIAL BURDEN?

"It's a significant financial investment… I wouldn't call it a burden."

"Getting an EHR as comprehensive as we need is challenging…"

"If you want a system to function correctly, it needs a lot of maintenance… You need somebody with expertise… to be monitoring it and maintaining it."

Interview Themes Aligning With Key Result 1: HIT/EHR	Total # agencies that mentioned theme (n=12)	Size			Population Density				Other	
		Small Agency (n=8)	Medium (n=3)	Large (n=1)	Frontier (n=2)	Rural (n=7)	Urban (n=6)	R/U Combo (n=2)	Tribal (n=3)	Physical Health combo (n=8)
THEME 3: EHR Customization Needs										
BH providers want to expand the functions of their EHRs	**11**	8	2	1	1	7	6	2	3	7
BH providers need EHRs that are more centered on BH needs (e.g., workflow, program-specific information tracking, and items like caseload management)	**3**	2		1		2	1		2	3
Many BH providers are non-profits and cannot afford the most robust EHRs. They must use smaller vendors, who may be less able to customize to BH needs.	**3**	2		1		2	1		1	2
Many BH providers are managing multiple grant-based programs with very specific information requirements. They need more EHR customization than physical health because each grant program can be different. Changing reporting requirements can make it very difficult to keep up.	**2**	1		1			2			1
BH providers feel they have been left behind of the push to adopt HIT, including funding opportunities and products designed around their needs	**2**	1		1		1	1			1
Some providers have outdated EHRs that are no longer meeting their needs	**2**	1	1			1	1		1	2
Some providers must do double entry to make use of EHRs	**2**	1		1			2			1

Interview Themes Aligning With Key Result 1: HIT/EHR	Total # agencies that mentioned theme (n=12)	Size			Population Density				Other	
		Small Agency (n=8)	Medium (n=3)	Large (n=1)	Frontier (n=2)	Rural (n=7)	Urban (n=6)	R/U Combo (n=2)	Tribal (n=3)	Physical Health combo (n=8)
Doing data tracking required for grants and CCOs would require 3 additional FTE if the EHR was unable to track it	**1**	1			1					1
Biggest challenges include the extraction of info out of the EHR for reporting, as well as setting up the EHR to capture the important information	**1**		1		1					1

Note: Blue cells have 100% of respondents in that category

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.

Conclusion 2: Behavioral health agencies need HIE opportunities, which are 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.

Two major themes emerged related to electronic health information exchange. The first was that there is a need for HIE tools to exchange information with range of trading partners, including those providing social determinants of health services and support. Every agency interviewed reported a need to exchange health data and most identified a range of at least four information trading partners (if not many more). This includes partners whose work affects the social determinants of health. All interviewees confirmed the finding that much of the information exchange is still done via fax. One said, "Our HIE is 'faxing'."

Another agency, with a relatively robust EHR, noted that the technical capabilities of the least technologically advanced trading partner tend to drive the method of exchange.

Multiple interviewees stated that the currently necessary reliance on faxing decreases speed and efficiency. Two interviewees also raised the issue of privacy concerns caused by faxing and paper document exchange.

A second major theme arose on the topic of health information exchange. Respondents weighed in on what resources and support are needed for the implementation and use of HIE. For example, there is a need for assistance to remove various barriers to electronically sharing and exchanging health information, including financial support and education.

"Paper has more opportunities [than EHRs] for breaches of privacy. Faxing is just as bad – you never know who is standing at the other end."

"I'm sort of amazed that we still do as much faxing as we do today, because it's such an old technology, but everyone asks for a fax."

Interview Themes Aligning With Key Result 2: HIE	Total # agencies that mentioned theme (n=12)	Size			Population Density				Other	
		Small Agency (n=8)	Medium (n=3)	Large (n=1)	Frontier (n=2)	Rural (n=7)	Urban (n=6)	R/U Combo (n=2)	Tribal (n=3)	Physical Health combo (n=8)
THEME 1: HIE Tools Needed to Exchange Information with Range of Trading Partners										
All agencies need to share information with outside trading partners	**12**	8	3		2	7	6	2	3	8
Most use fax as a primary means of information sharing (but may not be the only primary method of sharing)	**11**	8	2	1	2	7	6	2	3	7
Having the opportunity to communicate with SDOH partners is important for BH providers and so effective means for exchanging this info should be established/prioritized	**7**	6	1			4	2	1	3	4
Some providers had joined a regional HIE or were in process of joining; one said it was not helpful because their trading partners were not connected	**3**	2	1		1	1		1	1	2
BH Providers are interested in information about ED admissions	**3**	2		1		1	2		1	2
Have trading partners statewide	**2**	2				1		1	1	1
THEME 2: Support Needed for HIE Implementation and Use										
Most did not know much about HIE opportunities and wanted to learn more	**8**	6	1	1	1	3	2	2	2	4
Critical mass issue—even those that can use electronic means may not have trading partners who can do so	**2**	1		1	1		1			2
Need financial support for HIE adoption	**2**	1	1		1		1			2

Interview Themes Aligning With Key Result 2: HIE	Total # agencies that mentioned theme (n=12)	Size			Population Density				Other	
		Small Agency (n=8)	Medium (n=3)	Large (n=1)	Frontier (n=2)	Rural (n=7)	Urban (n=6)	R/U Combo (n=2)	Tribal (n=3)	Physical Health combo (n=8)
Challenges for tribes around trust and data privacy with HIE participation (*this is not limited to tribes as it reflects a top reported concern regarding HIE participation; see survey results)	**1**	1				1			1	1

Note: Blue cells have 100% of respondents in that category

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

Many interviewees cited privacy and security concerns about sharing client information. Two major themes emerged related to Privacy and Security, including the need for (1) tools and technical capabilities and (2) information and guidance to ensure compliance with laws and regulations. Most agencies reported an awareness of and effort to manage information sharing according to known requirements. One fourth of the agencies reported that, even when the client signed a consent form, some clinicians remain unwilling to share relevant information. This limits their ability to share relevant information with the rest of the care team. Though one interviewee noted that their agency has a concern that patients might be less likely to seek substance use disorder treatment if their primary care provider could access that information, the majority of interviewees expressed the value and need for increased, less-restricted information flow to allow for improved care coordination.

Interview Themes Aligning With Key Result 3: Privacy and Security	Total # agencies that mentioned theme (n=12)	Size			Population Density				Other	
		Small Agency (n=8)	Medium (n=3)	Large (n=1)	Frontier (n=2)	Rural (n=7)	Urban (n=6)	R/U Combo (n=2)	Tribal (n=3)	Physical Health combo (n=8)
THEME 1: Tools and Capabilities are Needed to Manage Consent and Data Segregation										
Those with a variety of internal EHR users had some kind of internal controls (even if only need-to-know)	**8**	5	2	1	1	4	2	1	3	6
Agencies providing both physical and behavioral health services with a shared EHR allow behavioral health providers to see everything, but physical health cannot not automatically see behavioral health information	**4**	3	1		1	3			3	4
EHR includes protocols to keep 42 CFR protected information secure	**2**	2			1	1			1	2
Providers need financial resources (for EHR functionality) to deal with privacy issues	**1**	1						1		
THEME 2: Need for Information Sharing Guidance										
42 CFR Part 2 inhibits sharing with physical health	**3**	2		1		2	1		2	3
Want better information about 42 CFR Part 2 to train staff	**3**	1	1	1		1	2		1	3
Even when patients sign ROI, providers don't want to share info	**3**	2		1		2	1		2	3
Interested in seeing regulatory changes to Part 2	**2**	2				2			2	2
See faxing/paper records as a greater risk to privacy than EHR	**2**	2			1	1			1	2
Better privacy protection (because less paper floating around)	**2**	1		1	1		1			2
Some are learning more about the security requirements of being paperless/using mobile technology	**1**	1			1					1

Note: Blue cells have 100% of respondents in that category

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 analytics

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.

Though not a topic included in the survey, during stakeholder interviews, most agencies discussed their need for data analytic capabilities to compile information for reporting (not only to the state, but also for reporting to satisfy various grant requirements), help them manage their client needs, and assist with business management.

Interviewees discussed using various approaches to data analytics, all of which were reported as being critical. Some interview participants described working with their vendors to build additional data capture and reporting capacity to support their needs. One (larger) agency reported pursuing additional data analytic support beyond their EHR's capability, including a data warehouse and data analytics tool.

Interview Themes Aligning With Key Result 4: Data Analytics and Reporting	Total # agencies that mentioned theme (n=12)	Size			Population Density				Other	
		Small Agency (n=8)	Medium (n=3)	Large (n=1)	Frontier (n=2)	Rural (n=7)	Urban (n=6)	R/U Combo (n=2)	Tribal (n=3)	Physical Health combo (n=8)
EHRs are needed to support reporting	**8**	4	2	1	2	2	2	1	2	6
Access to data is a priority	**6**	3	2	1	1	1	2	2	1	4
EHRs are used for practice management (caseload size, clinician efficiency, patient show-up rates etc.)	**6**	4	1	1	1	1	2	2	1	4
Used or needed for patient care (tracking outcomes, identifying opportunities for better/more efficient care)	**5**	4		1	1	2	2	1	1	3
Agencies are creating own reports	**4**	3		1		1	2	1	1	2
BH providers need time/flexibility to adapt to reporting changes; updating the EHR requires lead time, and if there's not enough lead time, they are forced to track by hand, which drives up costs.	**3**	1	1	1	1		2			2

Note: Blue cells have 100% of respondents in that category

Additional In-depth Interview Themes and Highlights

In addition to the themes and highlights that align with the Key Results reported above, additional themes were raised as part of the In-depth Interviews.

Benefits of HIT to Clients

Interviewees discussed various benefits of HIT to clients. Many of these themes are similar to those experienced by physical health providers. There is significant interest in providing clients with the means to electronic communicate with their agency's providers.

Additional Interview Themes: Benefits of HIT to Clients	Total # agencies that mentioned theme (n=12)	Size			Population Density				Other	
		Small Agency (n=8)	Medium (n=3)	Large (n=1)	Frontier (n=2)	Rural (n=7)	Urban (n=6)	R/U Combo (n=2)	Tribal (n=3)	Physical Health combo (n=8)
Many providers are interested in electronic communication with patients (text reminders, patient portal, etc.) but are not yet fully engaged	**8**	7	1		2	4	1	1	3	5
All providers said a significant portion of patient population can access at least some electronic communication (like text appointment reminders) via cell phone	**5**	4		1		3	2		2	3
Some have at least some electronic communication with patients now (occasional conventional email with informed consent, prescription refill portal with smartphone app, text reminders)	**4**	2	1	1		2	2		2	4
Better internal/external coordination of care	**3**	2	1				1	2		1
Two providers are doing collaborative therapy notes (therapist and client write the note together)	**2**	1	1		1			1		2
Less duplication of effort for patient	**1**	1					1			
Billing aspect of EHRs can take financial stress off clients	**1**	1				1				
Helps providers be more organized when caring for clients	**1**	1				1			1	1
Print patient education information directly from EHR and share with clients	**1**	1				1			1	1
Provide better continuity of care when there is high provider turnover	**1**			1			1			1

Note: Blue cells have 100% of respondents in that category

Telehealth

Some interviewees reported using telehealth, including telepsychiatry and teletherapy. One agency raised the concern that some providers are geographically isolated which can impact many aspects of technology use to support provision of care.

Additional Interview Themes: Telehealth	Total # agencies that mentioned theme (n=12)	Size			Population Density				Other	
		Small Agency (n=8)	Medium (n=3)	Large (n=1)	Frontier (n=2)	Rural (n=7)	Urban (n=6)	R/U Combo (n=2)	Tribal (n=3)	Physical Health combo (n=8)
BH providers are using telepsychiatry to help fill medication management gaps	**4**	3	1		1	1		2	1	3
BH providers are using teletherapy	**2**	1	1					2		1
Some BH providers are very isolated due to geography; broadband issues affects use of cloud-based EHRs, telepsychiatry, and phone access, and controlled substance prescriptions	**1**	1			1					1

Sharing Best Practices, TA, Communication

Interviewees expressed an interest in sharing best practices and increased communication about HIT/HIE successes and challenges. Also mentioned was an interest in greater visibility into the relevant HIT activities occurring at a state level as well as information collected by OHA.

Additional Interview Themes: Sharing Best Practices, TA, Communication	Total # agencies that mentioned theme (n=12)	Size			Population Density				Other	
		Small Agency (n=8)	Medium (n=3)	Large (n=1)	Frontier (n=2)	Rural (n=7)	Urban (n=6)	R/U Combo (n=2)	Tribal (n=3)	Physical Health combo (n=8)
BH providers need a way to share best practices with each other re EHR adoption/implementation	**4**	4				3	1		2	2
BH providers need TA re: EHR adoption (several mentioned not knowing what questions to ask)	**3**	2		1		1	2			1
BH providers need a way to share to share best practices with each other re HIE	**1**	1				1			1	1
Listserv/email group with whom to interact regarding challenges, successes, dissemination of info specific to BH HIT/HIE	**1**		1				1			1
Have statewide newsletter about what's happening in the state, who is connected to HIE, HIE successes, share best practices	**1**	1				1			1	1

Note: Blue cell has 100% of respondents in that category

Feedback to OHA

Interviewees provided OHA with feedback across various areas including MOTS, need/interest in increased/improved communication, concerns regarding duplicate reporting requests, and some confusion over state requirements.

Additional Interview Themes: Feedback to OHA	Total # agencies that mentioned theme (n=12)	Size			Population Density				Other	
		Small Agency (n=8)	Medium (n=3)	Large (n=1)	Frontier (n=2)	Rural (n=7)	Urban (n=6)	R/U Combo (n=2)	Tribal (n=3)	Physical Health combo (n=8)
MOTS has been a challenging system with which to successfully interface; some are doing double entry	**3**	1	2		1		1	1		2
Different state agencies require report of the same data	**1**		1					1		1
It can be a challenge for counties to collaborate due to different interpretation of state requirements.	**1**	1						1		
Many opportunities to improve communication and coordination between tribal clinics and state agencies	**1**	1				1			1	1