Addendum to BH HIT Scan Report:
Behavioral Health HIT Workgroup Recommendations: Report to HITOC
December 6, 2018

Executive Summary

In response to a request from OHA's Health Information Technology Oversight Council (HITOC), OHA's Office of Health IT convened a Behavioral Health HIT Workgroup to provide input on the recommendations identified in the Behavioral Health HIT Scan conducted in 2017. The BH HIT Workgroup (Workgroup) met three times: in September, October, and November 2018. During this time, the Workgroup was asked to identify their priority needs, make recommendations for meeting those needs, and prioritize the recommendations for HITOC's consideration.

The Workgroup consisted of 11 representatives from a diverse set of behavioral health agencies. Members were highly engaged in the discussions, openly sharing their various perspectives. Though consensus was not required, the group largely agreed on both the list of recommendations and their prioritization. The list of priority recommendations is perhaps longer than expected but includes efforts and initiatives that (a) are higher and lower effort, (b) involve OHA, larger health systems, and/or other organizations, and (C) address HIT/HIE needs across the behavioral health system.

The top priority recommendations identified by the Workgroup to support the advancement of HIT/HIE within Oregon's behavioral health system include the following:

1	Support BH agencies without an EHR or with an insufficient EHR to adopt an EHR, including: • Develop a list of preferred EHR vendors to help support the EHR adoption/upgrade decision making process* • Promote hospital/health systems' support for behavioral health EHR adoption/ upgrade *Note: Workgroup strongly supports financial support/incentives for BH agencies as well – federal and state incentives are proposed but not initiated*
2	Continue existing work on HIE, and bolster with additional strategies, including: • Encourage larger organizations/hospitals/health systems to connect and contribute patient data to an HIE (e.g., Community Health Record) • Connect HIT systems to lower the effort required to access patient information across organizations (e.g., fewer clicks)^ • Information sharing guidance/support related to privacy & security (e.g., 42 CFR Pt 2, HIPAA)*^ *Note: Workgroup strongly supports current work to provide access to HIE for BH providers, including PreManage and HIE Onboarding Program*
3	Support improved understanding of HIT/HIE, including: • 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*^
4	Modernize state reporting systems to allow for improved interoperability with EHRs/HIE and data reporting back to agencies^

*These recommendations were identified as foundational to other efforts to support HIT/HIE among BH.
^There is OHA work underway in these areas

Additional recommendations identified by the Workgroup include:

5	Provide support for e-referrals
6	Define data better, including: • Universal data set • Universal data standards
7	Support BH providers around data analytics/business intelligence including technical assistance and trainings (as organizations are ready)

The complete Workgroup Recommendations Table is found at the end of this document. It includes the recommendation context (which describes what need is being addressed and/or the expected benefit/outcome/change) and suggested strategies for HITOC's consideration.

Given the critical input provided thus far, OHIT proposes to continue convening the BH HIT Workgroup on a quarterly basis in 2019. This group can be instrumental in providing input on HITOC/OHA's future work to address these recommendations. Additional details and a list of proposed topics are listed in the body of the report.

Behavioral Health HIT Workgroup Recommendations: Report to HITOC

Workgroup Background

The Health Information Technology Oversight Council (HITOC) is tasked with setting goals and developing a strategic health information technology plan for the state, as well as monitoring progress in achieving those goals and providing oversight for the implementation of the plan. HITOC is a committee of the Oregon Health Policy Board and works closely with the Office of Health Information Technology (OHIT) at the Oregon Health Authority to accomplish its work. Last year, OHIT conducted a Behavioral Health HIT Scan to gain a better understanding of the HIT/HIE landscape among behavioral health providers and organizations across the state, including their adoption and use of electronic health records (EHRs) and health information exchange (HIE) . The report included staff-generated recommendations (informed by the scan results) for supporting the advancement of health information technology and exchange within Oregon's behavioral health system. HITOC requested that OHIT convene a workgroup consisting of behavioral health subject matter experts to confirm and assist in prioritizing the needs and recommendations identified in the report.

Workgroup Objective

The high-level objectives of the Behavioral Health HIT Workgroup are to provide input and guidance on HIT/HIE initiatives and efforts impacting behavioral health in Oregon, and to provide strategic input to the Health Information Technology Oversight Council (HITOC) and Oregon Health Authority (OHA).

The workgroup is intended to be advisory and therefore is not asked to come to consensus or to make formal recommendations as a group.

The workgroup's immediate priority objective (for 2018 workgroup meetings) was to:

- Evaluate HITOC's BH Scan results and prioritize recommendations

Future scope for the workgroup includes providing input on planned OHA work to support BH (potential scope for 2019 workgroup meetings), including:

- Development of a potential BH EHR/HIT incentive program (contingent upon funding)
- HIE Onboarding Program, which will support onboarding of key Medicaid clinics, including behavioral health agencies, to community-based HIE
- Development of potential technical assistance for behavioral health agencies related to HIT (contingent upon funding)
- Behavioral health information sharing toolkit and other consent and privacy issues

Workgroup Membership

The BH HIT Workgroup is comprised of representatives from a variety of organizations with characteristics that represent the breadth of experiences in Oregon's behavioral health landscape. A guiding principle for panel composition is the inclusion of a broad representation of system types and organizational roles, including technical and operational (e.g., IT Managers, Executive Directors, Behavioral Health Program Managers) when possible. Members of the workgroup also represent both urban and rural areas within Oregon.

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 County Health Services
Jeremiah Elliott	Senior Administrative Services Manager	Marion County Health & Human Services
Ashley Furrer	Behavioral Health Data Analyst	PeaceHealth Medical Group
Denise Olson	Treatment Services Supervisor	Josephine County 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

Overview of Workgroup Meetings (2018)

Date	Topics	Outcomes
9/20/2018	• Workgroup context and purpose • Behavioral Health HIT Scan Results • Discussion and prioritization of most pressing HIT/HIE needs	List of priority HIT/HIE agency needs.
10/18/2018	• Review, clarify, discuss, and prioritize BH System Needs • Identify Recommendations	List of recommendations for meeting the identified needs.
11/15/2018	• HIE in Oregon o HITOC Vision for Statewide HIE o Network of Networks o HIT Commons o OHIT Behavioral Health-Related Efforts • BH HIT Workgroup Recommendations for HITOC • Future of Workgroup: Topics and meeting schedule	Prioritized list of recommendations.

Future of Workgroup

Building on the success of the BH HIT Workgroup's collaborative effort to prioritize the BH HIT Scan Report recommendations for HITOC, the Workgroup will continue to meet on a regular basis (e.g., quarterly) in 2019. As noted in the Workgroup Objective section above, the future scope for the workgroup includes providing input on planned OHA work to support BH including:

- Development of a potential BH EHR/HIT incentive program (contingent upon funding)
- HIE Onboarding Program, which will support onboarding of key Medicaid clinics, including behavioral health agencies, to community-based HIE
- Development of potential technical assistance for behavioral health agencies related to HIT (contingent upon funding)
- Behavioral health information sharing toolkit and other consent and privacy issues

In addition, the Workgroup may be tasked with reviewing and providing further input on the recommendations and proposed strategies/approaches presented in this report including:

- A method for sharing information on the actual BH EHR/HIT products in use in Oregon
- The development and dissemination of educational materials (including relevant HIT/HIE landscape information)
- Information dissemination to and further engagement with BH agencies (e.g., BH section on the OHIT website)
- Modernization of MOTS reporting
- Informing PDMP Integration efforts within behavioral health (e.g., value proposition, education/outreach opportunities)

Summary of BH HIT Workgroup Recommendations

The following table is the summation of the workgroup's individual rankings and group discussion of their proposed recommendations. The workgroup discussed their proposed recommendations as a group to develop overarching priorities and identify where recommendations were foundational or pre-cursors to other work. The resulting top priority recommendations (in the Executive Summary) resulted from the final group discussion more so than from the individual tallied rankings, however these rankings are provided below. Following the 3rd meeting of the workgroup, members were asked to review the groupings/final order of the recommendations via email. Some recommendations will require further fleshing out – as noted above, OHA staff recommend continuing to convene the workgroup in 2019 to help with this process.

Key to rankings:

- **Urgency rating:** Is the recommendation highly urgent (needed immediately) or a necessity, moderately important, or merely a 'nice to have' for improving HIT/HIE within BH?
- **Degree of Impact rating**: Would pursuing the recommendation likely to impact all/most, some, few stakeholders?
- **Level of Effort rating**: Would pursuing the recommendation require a lot, some, or minimal effort by OHA, BH stakeholders and/or others?

Rec Priority	Recommendation	Context (e.g., what need is it addressing?)	Suggested Approaches or Strategies (for HITOC's consideration)	Priority/ Urgency	Degree of Impact	Level of Effort	Workgroup Member Notes (e.g., additional strategies, more context, considerations)
1	Develop a list of preferred EHR vendors to help support the EHR adoption/ upgrade decision making process	Many behavioral health agencies face challenges with EHR selection, which is often a resource intensive process consuming significant amounts of staff time and money often resulting in disappointing results.	• Compile and make available a list of EHR vendors that are: ○ interoperable ('play better with others') ○ high functioning ○ HIE capable/connected ○ meet data standards ○ capture needed data ○ data analytic/reporting capabilities ○ affordable • Compile and make available a list of EHR vendor Comparison Tools available on the market/Web • Provide guidance on critical EHR functionality needed to support vision for healthcare system information sharing. • Provide an EHR assessment tool.	**5-H** **1-M** **4-L**	**3-H** **3-M** **2-L**	**2-H** **1-M** **6-L**	• **Foundational. Pursue prior to EHR adoption support/ efforts.** • *If agencies are to invest in an EHR, they need to know which ones are most useful*. • *What really may be helpful is if someone has determined if the systems meets meaningful use and such.* • Need to understand what we are/are not adopting. • Need information about EHR strengths and weaknesses. • Having basic information re: what is required (e.g., functionality, standards for HIE) would be helpful. • How to assess a vendor would be critical information (are there federal resources/efforts on this?).
2	Information sharing guidance/ support related to privacy and security (e.g., 42 CFR Pt 2, HIPAA)	Many misconceptions regarding what information can be shared, with who. Further clarity will encourage increased info sharing (MH, psychiatric, & SUD) and improve care coordination and patient care.	• TA/education • Legal assistance • HIEs may also need TA/legal assistance to ensure adequate protection of SUD info. • State to play a role in providing guidance and/or facilitating conversations to resolve issues/clarify regulations/law	**8-H** **2-M** **0-L**	**7-H** **3-M** **0-L**	**1-H** **4-M** **1-L**	• **Foundational for HIE adoption and use.** • *Essential*. • *Big priority*. • Important for major hosted EHRs with footprint in Oregon/Epic to allow episodic restriction to align with 42 CFR Part 2.

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3	Support BH agencies without an EHR or with an insufficient EHR to adopt an EHR	Need to get more BH agencies onto an EHR to increase the BH system's ability to share information and coordinate care. Many currently implemented EHRs inadequately support the information sharing, care coordination, and data analytic/reporting needs.	• Health systems could provide support, such as extending their EHR to BH agencies (e.g., Epic's Community Connect model) • Financial assistance (e.g., EHR Incentive Program for BH) • EHR selection assistance • TA for: staff training, workflows adjustments	**7- H 3-M 0-L**	**4-H 4-M 0-L**	**7-H 3-M 0-L**	• Need vendor list before pursuing adoption • *EHR selection needs to be done first, before adoption*. • This is about assistance to meet minimum requirements • *Getting everyone with the same technology capabilities would help equalize the system and ensure better care.*
4	Promote Hospital/Health Systems' support for behavioral health EHR adoption/ upgrade	Most BH agencies are either without an EHR or use an EHR that inadequately supports their info sharing and data analytic/reporting needs. Health Systems' support of BH EHR adoption/upgrade is mutually beneficial as it increases electronically available patient data (e.g. more complete health record) and promotes information sharing for improved care coordination.	• Showcase success stories in Oregon • OHA to collaborate with healthcare organizations (e.g., payers, HIEs, Health Systems already supporting BH) to document a business case for encourage investment in/supporting HIT/HIE progress within Oregon's BH system • Consider ways to incentivize/motivate Health Systems	**6-H 4-M 0-L**	**5-H 5-M 0-L**	**5-H 4-M 0-L**	• High priority recommendation. • *Most important for us*.

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5	Encourage larger organizations/ hospitals/ health systems to connect and contribute patient data to an HIE (e.g., Community Health Record)	Hospital/Health systems connecting to an HIE contributes to a tipping point, creating a value proposition for smaller agencies/organizations to follow suit.	• OHA to collaborate with healthcare organizations (e.g., HIEs, HIE-connected Health Systems) to document a business/ 'public good' case for encouraging HIE connectivity • Showcase the benefits of existing Health System connections	**7-H 3-M 0-L**	**8-H 2-M 0-L**	**7-H 3-M 0-L**	• *Other agencies will follow if the major hospitals contribute*. • *Top Priority*. • High priority for many Workgroup members.
6	Provide HIT/HIE education	Many misconceptions exist regarding EHR and HIE definitions, capabilities, and roles (e.g., using the same EHR vendor will result in access to another agency's information), contributing to confusion, frustration, and delayed/decreased HIT/HIE adoption.	• Further assess HIT/HIE education needs • Provide educational materials via various mean (e.g., website, webinar, etc.) • Make information about relevant non-OHA educational opportunities available • Continue disseminating information about OHA efforts and initiatives	**1-H 5-M 4-L**	**1-H 7-M 1-L**	**0-H 3-M 6-L**	• **Foundational.** • *Getting everyone on the same page will be important to having meaningful conversations going forward*.

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7	Create shared learning opportunities across a variety of topic areas (e.g., EHR adoption and use, HIE connectivity and use, data analytics/ BI, privacy and security)	Agencies are acutely aware of the value of learning from others' successes and challenges (i.e., lessons learned). There is a strongly felt need to collaborate with other agencies to accelerate HIT/HIE progress across the BH system.	• Support shared learning by: ○ disseminating relevant HIT/HIE information ○ informing agencies of already existing opportunities ○ encouraging participation ○ convening and facilitating	**1-H** **6-M** **3-L**	**1-H** **8-M** **1-L**	**1-H** **6-M** **3-L**	• Agencies have had experiences with different platforms. Just getting a forum together would go a long way toward a discussion about EHR vendors. • Need information from other folks on the ground to share and learn about different platforms.
8	Modernize state reporting systems to allow for improved interoperability with EHRs/HIE and data reporting back to agencies	Most agencies face challenges when interacting with state reporting systems (e.g., MOTS) which causes a drain on resources. In addition, agencies would benefit from OHA-provided reports, based on required data submissions.	• 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	**8-H** **2-M** **0-L**	**6-H** **3-M** **0-L**	**6-H** **2-M** **1-L**	• Very high priority. • *We spend a significant amount of time reporting on MOTS data*. • Work is being done to modernize the MOTS- related systems. Team is gathering input to align with HIE efforts already underway.

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9	Connect HIT systems to lower the effort required to access patient information across organizations (e.g., fewer clicks)	Agencies often need to implement/connect to multiple systems to have access to needed patient information (e.g., EHR, PreMange, HIE) which makes accessing the information labor, time, and resource intensive.	• Continue pursuit of a Network of Networks that connects various HIT systems	**6-H 3-M 1-L**	**7-H 3-M 0-L**	**8-H 2-M 0-L**	• Find a way to connect systems to facilitate the sharing of information, with few(er) clicks. • High priority, impact, and efforts. • *We can continue to implement a multitude of systems, but until we connect/ integrate them or combine functionalities, provider utilization will remain low*. • EHR adoption among BH needs to come first; this seems like it is further down the road.
10	Landscape assessment of EHRs/HIE	Increased awareness of EHR adoption/HIE use by region could support creation of user groups, highlight gaps in adoption, regional HIE readiness, degree and type of already occurring info exchange.	• Support the gathering of EHR/HIE info to assist with adoption efforts, shared learning, information dissemination • Agencies/organizations to report on EHR/HIE use • OHA to collect, compile, and make EHR/HIE landscape information available	**2-H 5-M 2-L**	**3-H 3-M 3-L**	**0-H 5-M 4-L**	• **Foundational as it informs where we are relative to where we need to be.** • *Seems like this would be low hanging fruit.* • *It would be helpful to know what HIE vendors are available*. • *So much depends upon understanding the regional and statewide landscape*. • *The concept of user groups is great, but you need to be on the same system.*

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11	Provide support for e-referrals	Most referrals are received on paper via fax – significant time is spent scanning, processing, faxing. An effective e-referrals system is critical to improved care coordination and patient care.	• Assist with facilitating process to standardize behavioral health e-referrals. • Promote standardized process among all Oregon entities to support e-referrals across the healthcare continuum.	**3-H** **4-M** **3-L**	**5-H** **2-M** **3-L**	**3-H** **3-M** **2-L**	• *Important for coordination of care and reduced administrative costs.* • Need to electronically streamline process, which would save costs and facilitate care coordination. • Need a community standard for e-referrals (Epic users handle referrals via fax due to already established workflows). • Need hospitals to agree; not easy to get them to adopt. • Given the cultural and workflow shifts needed across the healthcare system to support broader use of e-referrals, this work is likely to be longer-term effort. • We need ROIs; can't have a referral without an ROI.
12	Define universal data set	The lack of a standard/ universal data set is the source of many HIE challenges. To define/ implement such a data set would allow for increased electronic information exchange to support patient care.	• Define, based on Federal/ State reporting requirements • Collaborate with HIEs to ensure consistency/feasibility • Convey to EHR vendors	**7-H** **2-M** **1-L**	**7-H** **2-M** **0-L**	**4-H** **2-M** **1-L**	

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13	Define universal data standards	An industry-wide standard of interfacing with different systems (allowing for bi-directional capability) would significantly improve the BH/healthcare system.	• Define based on federal standards • Develop consistency across departments/requirements	**5-H 4-M 1-L**	**6-H 3-M 0-L**	**5-H 2-M 1-L**	• *Would be wonderful but extremely difficult.* • Leverage federal efforts, where/when possible.
14	Support BH providers around data analytics/ business intelligence including technical assistance and trainings (as organizations are ready)	Many agencies lack knowledge and resources for data analytics and population health management (e.g., understand their populations' needs). Also need resources for data driven decision making to support the agency with reporting, financial management, forecasting, and productivity tracking	• Provide and/or support TA/training for data analytics/BI	**0-H 5-M 5-L**	**2-H 4-M 3-L**	**2-H 6-M 1-L**	• Lower priority. • *Agencies that most need this assistance won't have the staff necessary to carry it out*. • Since this supports individual agencies rather than the BH/ healthcare system, consider it lower priority.