

Cohort V State Grantee Health Information Technology Aggregate Report Summary

March 1, 2014–June 30, 2014



◆ SBIRT ◆

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1. Introduction

The Substance Abuse and Mental Health Services Administration (SAMHSA) State Cohort V Screening, Brief Intervention, and Referral to Treatment (SBIRT) Cooperative Agreement grantees have contractual expectations and dedicated resources to support SBIRT integration within electronic health records (EHRs) as part of a broader agenda to build health information technology (HIT) capacity. These efforts serve two purposes: (1) support State behavioral health agencies in developing strategies to address their information needs at this time of change in health care systems, and (2) guide the use of SBIRT funds supporting HIT infrastructure and strategies. This report summarizes HIT-related information for SAMHSA's State Cohort V SBIRT grantees. Information was extracted from quarterly reports for the period of March 1, 2014, through May 31, 2014, and from spring 2014 site visit reports. This report also provides a baseline that will help demonstrate grantees' HIT progress when periodically reassessed; serves as a vehicle to identify crosscutting issues that might be addressed through technical assistance; and documents solutions that may be of value to other State grantees.

2. Cohort V SBIRT State Grantee Information

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Ohio SBIRT

Ohio Department of Mental Health and Addiction Services

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3. Baseline Information at a Glance

Table 1 lists HIT-related progress indicators as noted in the SBIRT State Cohort V grantee quarterly reports (March 1, 2014–May 31, 2014) and the spring 2014 site visit reports.

Table 1. Grantee Progress Indicators

Progress Indicators	Totals
Electronic Health Records	
Total primary care sites as of May 31, 2014	31
Number of primary care sites with an EHR	27
Number of sites with a certified EHR	27
Number of sites without an EHR	4
Number of sites planning to adopt an EHR in the next year	UK
For sites using an EHR, how many collect client-level SBIRT data in the EHR?*	23
For sites using an EHR system, how many include clinical decision support for SBIRT delivery in the EHR?	23
Health Information Exchange (HIE)	
Number of primary care sites integrated with State HIE organization	7
Number of primary care sites not integrated with an HIE	24
Number of primary care sites planning to integrate with an HIE in the next year	8
Number of records electronically exchanged for clients served through this grant	UK
Number of records electronically exchanged via the State HIE for clients served through this grant	UK
Telehealth	
Number of provider sites providing telehealth services	4
Number of patients served through telehealth for SBIRT-related services	UK
Web Portals	
Number of sites that provide patients with access to a Web portal that includes information or tools related to SBIRT	0
Number of patients provided access to the Web portal	0
Number of patients accessing the Web portal at least once	0

*Grantees and practice sites describe differences in patient-level data recorded within EHRs.

Does the State have a functioning Statewide or regional Health Information Exchange?

State	Status
Ohio	Yes—Regional
New Mexico	No—HIE under (re)construction
New York	Yes—Regional
South Carolina	Yes
Vermont	Yes

Are SBIRT primary care sites participating in the Health Information Exchange?

State	Status
Ohio	Yes
New Mexico	No
New York	Yes—Partial (3 sites); grantee is currently transitioning to a single EHR system for the provider network
South Carolina	Yes—Partial
Vermont	Yes—All except three free clinics that do not have EHRs

Do SBIRT primary care sites have SBIRT integrated into their electronic health record system?

State	Status
Ohio	Yes
New Mexico	Yes—Partial
New York	Yes—Partial (3 sites); grantee is currently transitioning to a single EHR system for the provider network
South Carolina	Yes—All but one site (rural primary care site)
Vermont	Yes—All except three free clinics that do not have EHRs

Do behavioral health/substance abuse programs have certified electronic health records?

State	Status
Ohio	Yes—Partial; exact State capacity of behavioral health/substance abuse programs with EHRs is unknown. Upon recommendation of the site visit team, a provider survey has been initiated.
New Mexico	Yes—Limited; exact State capacity of behavioral health/substance abuse programs with EHRs is unknown. Site visit team recommended that the State determine exact status.
New York	Yes—Partial; exact State capacity of behavioral health/substance abuse programs with EHRs is unknown. Site visit team recommended that the State determine exact status.
South Carolina	Yes—As a result of a Statewide initiative, all publicly funded programs have an EHR system.
Vermont	Yes—The State reports that approximately 90% of programs have an EHR system. Exceptions are halfway houses, residential programs, and opioid/methadone programs.

Are behavioral health/substance abuse programs participating in the Health Information Exchange?

State	Status
Ohio	No—A pilot with one site will begin in year 2 of the grant
New Mexico	No
New York	Unknown
South Carolina	No—A pilot will begin in year 2 of the grant.
Vermont	One site is currently participating; more are expected in year 2. A 42CFR integration solution will greatly influence this outcome.

Is there electronic information exchange between primary care and behavioral health providers?

State	Status
Ohio	Yes—Via secure email
New Mexico	Unknown
New York	Unknown
South Carolina	Yes—Via secure email
Vermont	Yes—Via secure email

Does the State use automated/electronic systems for data collection?

State	Status
Ohio	Yes—State-managed system
New Mexico	Yes—State uses contractor for data support
New York	Yes—State uses contractor for data support
South Carolina	Yes—State uses contractor for data support
Vermont	No—State is waiting on rollout of SAMHSA Common Data Platform

What other forms of health information technology are being utilized by the State?

State	Status
Ohio	<ul style="list-style-type: none"> ▶ SBIRT tablet application ▶ Statewide telehealth
New Mexico	Statewide telehealth—State currently utilizes telehealth for clinical and administrative supervision and consultation
New York	SBIRT tablet application is currently under construction
South Carolina	Web-based care coordination through a contractor
Vermont	<ul style="list-style-type: none"> ▶ Two current sites use telehealth to support care coordination ▶ State is planning to pilot a clinical application via text messaging in year 2 of the grant

Has the grantee completed a health information technology strategic plan?	
State	Status
Ohio	Yes
New Mexico	In progress
New York	In progress
South Carolina	In progress
Vermont	Yes
Has the grantee convened a policy steering committee workgroup to address health information technology issues?	
State	Status
Ohio	Yes
New Mexico	Unknown
New York	Yes
South Carolina	Yes
Vermont	Yes

4. Grantee Strategic Goals

Table 2 shows the status of strategic goals identified in grantee plans and documents.

Table 2. Grantee Strategic Goals

The SBIRT Program will participate in Statewide health information technology/electronic health record efforts.	
State	Status
Ohio	Yes
New Mexico	Yes
New York	Yes
South Carolina	Yes
Vermont	Yes
The SBIRT Program will incorporate SBIRT measures into clinical registries.	
State	Status
Ohio	Unknown
New Mexico	Unknown
New York	Yes
South Carolina	Unknown
Vermont	Yes

Medical and specialty behavioral health providers will exchange information to improve patient care.

State	Status
Ohio	Yes
New Mexico	Yes
New York	Yes
South Carolina	Yes
Vermont	Yes

The grantee will develop SBIRT measures to support State understanding of the clinical and financial benefits of SBIRT.

State	Status
Ohio	Yes
New Mexico	Unknown
New York	Yes
South Carolina	Yes
Vermont	Yes

5. Summary of SBIRT State Grantee Program Successes

- ▶ Most primary care sites are using a certified EHR.
- ▶ Grantees are actively engaged in State HIT planning.
- ▶ Grantees have convened workgroups to address HIT-related issues.
- ▶ Most practice sites with EHRs have integrated SBIRT information into their system.

6. Summary of SBIRT State Grantee Program Challenges

- ▶ Limited resources are available to build capacity within behavioral health care.
- ▶ Grantees describe significant variability for what SBIRT clinical data elements are entered into practice site EHRs.
- ▶ Limited resources are available to build capacity within “free clinics” and small rural clinics.
- ▶ There is limited knowledge of the current status of behavioral health provider organizations’ use of EHRs and the identified barriers to adoption.
- ▶ Grantees are in need of 42 CFR integration solutions for participation in HIEs.
- ▶ Grantees have not yet determined what SBIRT performance measures will be used in the HIE/clinical registry.

7. Considerations for Action

Based upon challenges reported by the SBIRT State grantees, table 3 outlines potential areas of technical assistance.

Table 3. Potential Areas of Technical Assistance

Potential Areas of Technical Assistance
<ul style="list-style-type: none">▶ Conducting a readiness assessment of behavioral health providers to determine baseline capacities.▶ Developing plans to guide SBIRT HIT efforts and to align designated SBIRT funding for purposes related to SBIRT expansion, integration with health care provider organizations, technology and information management, and use of data to support clinical and policy decisionmaking.▶ Working with the policy steering committee’s HIT workgroup to serve an advocacy function across systems for technology adoption, data integration, and data exchange between behavioral health and primary care providers.▶ Increasing use of telehealth and other capabilities to enhance client referrals and care coordination.▶ Supporting grantees in peer exchange to clarify core clinical data elements to be recorded in the EHR.

Appendix 1: Individual SBIRT State Grantee Health Information Technology Activities

New Mexico

- ▶ The New Mexico SBIRT implementation team is currently contracting with a local firm to have the SBIRT Healthy Lifeways initial screen, the brief intervention assessment forms, and the GPRA instrument available in electronic format for efficacy in the data collection process as well as for the future integration into the clinic partner's EHRs.
- ▶ The grantee has contracted and partnered with a local agency, Get It Together (GIT) dba Falling Colors Technology, to assist with electronic development of the screening tools to be made available to clients through laptops and tablets. GIT will also track all data entered through the system and will upload all GPRA information into the SAIS for the project.
- ▶ Behavioral health counselors and peer support workers at First Nations and Jemez Pueblo received training on their clinic's EHR system.
- ▶ The SBIRT clinical supervisor and Jemez Pueblo IT staff collaborated to incorporate and format all SBIRT clinical forms (progress notes, treatment plans) into the EHR system.

New York

- ▶ All practice sites have EHRs that are certified by an ONC Authorized Certification Body. Products in use at the sites include EDIS, Allscripts EHR, and Allscripts ED Sunrise Emergency Care.
- ▶ The North Shore-LIJ Health System where the sites are located has partnered with the regional health information exchange (RHIO) called Healthix. The RHIOs in New York State continue to organize, and the grantee is currently determining how to integrate into them. North Shore LIJ is also building an internal HIE that will include all NYSBIRT project sites and other North Shore LIJ providers. Project staff have been working with the North Shore IT department to draft use cases for integrating SBIRT into the continuity of care document.
- ▶ Project partners are currently planning for additional HIT tools and innovations.
 - At the internal medicine site, an innovative tool called eCalcs (<http://www.galenhealthcare.com/products/services/products/ecalcs/>) is being integrated into the Allscripts EHR to support SBIRT prescreening conducted by frontline staff (e.g., medical assistants). This provides an easy solution to build prescreening into the workflow and integrate it into the EHR.

- Project partners are in the process of developing a tablet-based tool for use by health coaches and patients. This tool will allow health coaches to easily conduct full screening, show the patient personalized feedback, and provide interactive tools for a brief intervention. Grantee staff have created an algorithm for the screening and feedback tool for the health coaches and have been working with tablet designers and developers to create the screening input pages and some of the brief Intervention feedback pages. The first iteration of this product will be tested by health coaches in the next several months.
- Project partners have started developing a Web-based distance learning program for New York State health care practitioners to support SBIRT dissemination and sustainability. The grantee has been working with course developers and their partner, CPI, on developing two SBIRT modules. One will be a brief 8-minute SBIRT introductory module, which will include testimonials from New York State health care practitioners who conduct SBIRT services. It is meant to draw in health care practitioners and provide compelling information about SBIRT. The other will provide more indepth information on SBIRT as well as the screening process. This module is being designed to be interactive for the learner. The video shoot for the testimonials and screening demonstrations will be held in July. Additional modules for the rest of the SBIRT process will be developed in year 2 of the grant.
- ▶ The grantee has hired an IT manager to oversee the changes to the Electronic Medical Records (EMRs) to take some of the burden off of the North Shore-LIJ project manager, and continue to engage leadership at practice sites for their assistance in prioritizing SBIRT-related changes in the EMRs.
- ▶ As the NYSBIRT II project rolls out, progress will be reported to the Policy Advisory Committee (PAC) on integrating SBIRT components into the EHR as well as addressing HIE. Project staff will request guidance from the PAC as needed and assist with sustaining SBIRT both within and outside the project. In addition, a new HIT workgroup is being added to the PAC to oversee HIT efforts related to SBIRT. This group aims to support HIT-related goals of the project and will work to link the efforts of the grants care coordination technology committee with related efforts of the Office of Alcohol and Substance Abuse Services treatment provider networks throughout project regions.

Ohio

- ▶ Though the policy steering committee will have a role in EHRs and health exchanges, the care coordination and technology workgroup will address all electronic health care technology for the project as a whole.

South Carolina

- ▶ Effective December 2, 2013, CareScope software by CivicHealth is used by all sites for SBIRT data entry and monitoring independent of an EMR used by the health care sites. CareScope is not certified by an ONC-Authorized Certification Body. AOD treatment agencies will use Carelogic by Qualifacts regarding treatment records for patients referred for brief treatment and treatment.
- ▶ The single State Agency and Behavioral Health Services Association of South Carolina are currently exploring the means to begin onboarding of the State's county alcohol and drug abuse authorities to SCHIE, the State HIE. Many of the physical health practice sites are in the process of onboarding, and three FQHC sites in Horry County have completed the onboarding process.
- ▶ The SC SBIRT policy steering committee has suggested requesting technical assistance in HIT strategic planning to move forward with HIT onboarding, telehealth, and SBIRT integration in practice sites' EMRs. The grantee has requested technical assistance for the development of a HIT strategic plan and implementation of brief treatment at practice sites.

Vermont

- ▶ SBIRT Vermont spent significant time and energy developing the HIT strategic plan in consultation with the care coordination technology committee. This plan details many points of collaboration and connections across the Vermont technology landscape and five main goals that will increase SBIRT's capacity:
 - Collaborate with State HIT initiatives.
 - Incorporate SBIRT measures into the clinical registry and State HIE (VHIE).
 - Link medical provider and specialty behavioral health settings to facilitate the exchange of patient information to improve safety, coordination, and quality of health care.
 - Ensure HIT infrastructure changes include efficiency in SBIRT billing.
 - Utilize SBIRT measures in the VHIE to evaluate and inform the State's understanding of the positive clinical and financial benefits of SBIRT.
- ▶ SBIRT Vermont awarded each subrecipient a one-time \$16,000 grant for SBIRT-related improvements and integration into the practices' EHR. As detailed in the HIT strategic plan, the grantee is working with many other Vermont HIT stakeholders (Vermont Medicaid, Vermont Information Technology Leaders, Department of Vermont Health Access, Health Departments' Alcohol and Drug Abuse Program Quality Assurance, etc.) to understand, discuss, and move forward to integrate SBIRT sites' EMRs into VHIE.