

Health Information Technology and Health Information Exchange Topical Area Meeting
Behavioral Health
August 23, 2006

Vision

- Seamless electronic health record that could go across setting providers (hospitals, communities)
 - Real time access
- Common standards among the stakeholders for exchange of information among parties
- Portable version of the electronic health record for providers without full computer capacity or access; home visits/clinics, etc.
- Medical Record on flash drive
 - Patient might feel more in control
 - Medical Record belongs to consumer
 - This poses a security issue
- Informed opt-out by patient
- Well established security protocols
 - Audit trails
 - Data release forms
 - Universally recognized across providers
- Emphasis on quality of care
- Assumption that providers do not know what to do with record/information they are receiving
- Alerts on personal health record for consumer
- More effective Telemedicine
- Connect home monitoring with providers
- Ability to get eligibility information/data
- Authorizations
- Access to behavioral health care history
- Case notes: where service was provided, when, what length of time, type of service
 - Not available to all providers
 - Input security to limit access
- Efficient use of time

Barriers to HIT Adoption

- Liability of providers that looked at or have access to electronic medical record
- Some information is electronic already
- Cost
 - Equipment, staff training, updates and maintenance, consultants, integration
 - Where will you get time to train staff?
 - 18% cost increase to maintain
 - ROI from value proposition
 - Clarify value proposition
- Turn-over
- Fear of effect on productivity
- Staff with appropriate knowledge; trouble shoot; day to day

- Resistance to use from staff
- Too many alerts
- Information overload
- Transition time period
- Increased liability
 - Malpractice
 - Workforce
- Information/data can be more easily copied
- Doctors not wanting to look at other information/diagnosis given by doctors
- Lack of incentives; what's in it for me?
- Lack of IT staffing/support
- Might be tied to private payers or cash basis
- Physicians/providers have electronic systems but still use paper
- No audit trail
 - Security for remote access
- System will be rebuilt over and over

Barriers to HIE

- Information pre-EHR
 - Paper is archived; bring in certain items
- Security
 - Appropriate release of information
 - Encryption (technique)
 - Universal
- Confidence of consumer
 - Willingness to share information with providers
- Re-release of information
 - Patient history that did not come from your facility
 - Paper world, record is property (business record) of the originating facility
 - How does this work electronically?
- How do you know where electronic information came from
- Ability to exchange information
 - Infrastructure to exchange information
 - Bandwidth
 - Access cost
 - Rural communities: access not reliable
- Who owns the data
- Disaster recovery issues
- What happens if central repository goes out
- What information should be re-released?
 - Federal law about re-release of information
- Uncertain standards
- How to identify the consumer?
- Fear of misuse by insurance company or employer, banks, and credit lenders
- Use of information for research purposes

- County run boards that fund everyone
 - Does exchange complicate or not work with these things

Policy Options to Address HIT adoption

- Cost
 - Pooled purchasing
 - Allow non-profits to have reserves for a tech budget
 - Money to maintain system
 - Financial incentives to change practices
 - Give more money
 - Not pay providers if they don't change
- Show reduce turn over through ROI value
- Statewide/regional credentialing process
- Culture of organization
 - Culture shift
- Training programs provide by organizations/government
- Provide/ education on how to do a workflow analysis
- Do concurrent documentation
 - Documentation with client at the end of session
- Laptop rent to own program for clinicians
 - So clinicians can learn how to use technology
- Create certification standards-government
- Liability protection options

Policy Options to address HIE

- Consumer will be requesting information to put in PHR
- Security
 - Thumb print for unique identifier
 - Retinal Scan
- Trusted party:
 - Regional: might add more layers
 - State Agency: inconclusive

Discussion of regional efforts in Cincinnati, Franklin County, Northeast Ohio, Dayton, Ohio University

Corrections: EHR of released inmates.