Health IT and the Evolution of Primary Care and Behavioral Health Coordination: An organizational study of federally qualified health centers in Massachusetts

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Presenter Disclosure

- The following personal financial relationships with commercial interests relevant to this presentation in the past 12 months

“No relationships to disclose”
BACKGROUND

Meaningful Use in Federally Qualified Community Health Centers (CHCs)

- Medicaid EHR Incentive Program
  - Improve quality, safety, efficiency, and to reduce health care disparities\(^1\)
  - Increase in EHR adoption among CHCs\(^2\)
  - Most behavioral health providers not eligible for incentives (e.g., clinical social workers, psychologists)
- CHCs: Non-profit, community-based primary care providers
  - Section 330 grant funding and enhanced Medicaid reimbursement
  - Located in high-need area
  - Governed by a community board
  - Provide comprehensive primary care to all, regardless of ability to pay

Research Questions

In CHCs with different behavioral health care delivery models (i.e., coordinated, co-located, integrated):

- How do CHC providers “meaningfully use” EHR systems to coordinate primary care and behavioral health services?

- What are the barriers and facilitators to “meaningfully use” EHRs to coordinate care, exchange information, and engage patients? How do these differ by care delivery model?
METHODS

Comparative Case Study: Site Selection Matrix

<table>
<thead>
<tr>
<th></th>
<th>MU Stage 1 Attestation</th>
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<tbody>
<tr>
<td><strong>Care Delivery Model</strong></td>
<td>No Stage 1 MU</td>
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<tr>
<td><strong>Coordination/Co-location</strong></td>
<td>Site I: Co-located/no MU</td>
</tr>
<tr>
<td><strong>Some Integration</strong></td>
<td>Site III: Integrated/no MU</td>
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Data collection: Semi-structured interviews with CHC primary care, behavioral health providers, and staff (n=38) at four CHCs
STUDY FINDINGS

Comparative case study

CHC providers are using EHRs to coordinate primary care and behavioral health

- “Live” shared care plans
- Referral and “tasking” features in EHRs
- “Warm hand-off” and system tracking
- PCP use of clinical decision support for routine screening (e.g., depression, substance use)
- Team-based care—shared records for embedded behavioral health providers on primary care teams

I want my peers to also recognize that there can be greater job satisfaction, patients feel better cared for, and necessary care is delivered more quickly and efficiently when we use the EHR effectively to share information. So I push clinicians frequently to stretch outside their usual behavioral health therapy mindsets and explore the accessible medical areas of the EHR.

~Behavioral Health Director
But significant barriers remain to “meaningful” EHR use, particularly for behavioral health

- Inadequate planning & CHC resources, including productivity reduction for implementation
- Organizational climate
- Patient engagement? Visit summaries/patient portals
- Lack of well-designed electronic tools to document screening and assessments
- Lack of clinical decision support or behavioral health
- More resistance from behavioral health providers

EHR Systems not designed for behavioral health providers or coordination

- EHR System Designer-user gap
  - Technical system limitations
  - EHRs designed for medical practice and many behavioral health departments use paper
  - Standard data capture not useful for clinical notes, screenings, assessments
  - Significant “tailoring” of systems to meet needs

Our behavioral health department is a “black box.” We don’t really interface too much with behavioral health because they don’t use an EHR. We do have monthly meetings to go over cases, but these are mainly for problem cases. Not the day-to-day management. Information gets back from our behavioral health department through faxing or nurses.

~Primary Care Provider
Information sharing with community BH providers is a significant challenge

- Lack of EHR system interoperability with hospitals and community providers
- Prevalence of paper records (no incentive $ for most behavioral health providers!)
- One-way information stream for referrals
- Limited information coming back to PCPs, psychologist, and clinical social workers
- Prevailing culture and privacy concerns about information sharing for behavioral health patients

When I send a patient to a provider outside our system, I document in the plan that the patient was referred. I might send a release of information form with them, but I usually don’t get anything back. I find out largely through the patient what happens.

~Primary Care Provider

Variation in EHR use by delivery model

<table>
<thead>
<tr>
<th>Care Delivery Model</th>
<th>Evidence of “Meaningful” EHR Use</th>
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<tr>
<td>Coordination/Co-location</td>
<td>Challenges Remain—</td>
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<tr>
<td></td>
<td>- One-way information exchange</td>
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<td>- No formal electronic collaboration</td>
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<td>- Clinical decision support for screening only</td>
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<td>- Culture of not sharing clinical notes</td>
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<td>- Patient engagement with EHRs is very basic</td>
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<td>Partial-Full Integration</td>
<td>More evidence of “meaningful” EHR use—</td>
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<tr>
<td>of Behavioral Health &amp; Primary</td>
<td>- Automated referrals/tracking</td>
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<tr>
<td>Care</td>
<td>- “Live” shared care plans</td>
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<td></td>
<td>- Warm hand-off/electronic referrals</td>
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<td></td>
<td>- Clinical decision support for screening only</td>
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<td></td>
<td>- Few barriers to medical record sharing</td>
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DISCUSSION & POLICY IMPLICATIONS

Public and private infrastructure investment necessary

- State and federal gov’t incentives, private sector improvements, and/or payment reform
- Standards for data capture and reporting
- “Meaningful” clinical decision support for behavioral health management, screening, & coordination
- Infrastructure for secure and reliable information exchange across systems
- Innovation to engage patients in care management
Chicken or the Egg…

- Behavioral Health System Challenges
  - Lack of capital investment
  - Historically siloed services
  - Relatively low reimbursement rates for behavioral health, safety-net providers

- EHR System Limitations
  - Features not designed for behavioral health
  - Lack of system interoperability

- Federal MU policy excludes most behavioral health providers in CHCs

Policy Implications: Next Steps

- Federal/state investment in CHC-oriented networks (e.g., HRSA, CMS, Primary Care Associations)
- Investments for CHC behavioral health departments/providers and community providers
- Technical assistance implementation of evidence-based models of care delivery in CHCs (e.g., coordination, co-location, integration)
- Clarification of regulatory barriers, record integration, provider training
- Compliment delivery reform initiatives (e.g., PCMH)
Thank you

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