November 10, 2021

Chairman Ron Wyden
U.S. Senate
221 Dirksen Senate Office Building
Washington, D.C., 20510

Ranking Member Mike Crapo
U.S. Senate
239 Dirksen Senate Building
Washington, DC 20510

RE: Policy Proposals to Address Unmet Mental Health Needs

Dear Chairman Wyden and Ranking Member Crapo:

On behalf of the Behavioral Health Information Technology (BHIT) Coalition, the undersigned member organizations applaud your continued dedication to address barriers to mental health and behavioral health care. We are submitting our comments below in reference to the Senate Finance Committee's solicitation for stakeholder feedback dated September 22, 2021, specifically in response to solutions for increasing integration and access to care.

About the BHIT Coalition

Established in 2010, the Behavioral Health Information Technology (BHIT) Coalition is comprised of organizations dedicated to advancing public policy initiatives that tap the full potential of technology in the delivery of coordinated, integrated services and treatment for people with a history of mental illness and substance use. **The BHIT Coalition believes in improved integrated, coordinated, and accessible care for individuals seeking mental health and substance use treatment.** These improvements start with federal funding for behavioral health providers to establish a foundation of modern documentation and exchange of patient records through Electronic Health Records (EHRs).

High Level of Comorbidities in the SMI Population

Physical comorbidities are common in patients with behavioral health diagnoses. As of 2018, 44.1% of adults diagnosed with a mental disorder reported having a co-occurring physical health condition.[1]These co-occurring chronic diseases contribute to reduced life expectancies, with most of the lost lifetime directly attributable to poor physical health.[2] With psychiatric disorders already

[1] "Integrating Clinical Care through Greater Use of Electronic Health Records for Behavioral Health." *MACPAC*, Medicaid and CHIP Payment Access Commission, 23 June 2021, https://www.macpac.gov/publication/integrating-clinical-care-through-greater-use-of-electronic-health-records-for-behavioral-health/.

[2] Firth, J., et al. "The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness". The Lancet Psychiatry, 2019. 6: p. 675-712

an indicator of a shortened life expectancy, the COVID-19 pandemic further exacerbated mortality rates as the risk of a virus-associated death was much greater for these patient populations.[3]

Addressing physical and behavioral health through a whole-person approach of integration can improve overall patient outcomes, as well as reduce costs for payers and providers. Providers who are able to share information can avoid conflicting treatments and poor medication interactions, and share awareness of accurate, up-to-date, and complete information about patients.

EHRs as a Care Coordination Solution

The current American health care system does not support integrated primary and behavioral health care systems. The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 provided funding for medical/surgical acute care providers to adopt EHR technology – unfortunately, most behavioral health providers were not eligible to participate in this program. Due to this exclusion, mental health and substance use disorder treatment providers are still to this day far behind hospitals, physician practices, and specialty medical entities in adoption rates of EHR systems.

In the September 2021 Medicaid and CHIP Payment and Access Commission (MACPAC) public meeting, the Commission heard a panel discussion on difficulties in integrating care for behavioral health patients (slides provided for reference below). Despite the potential of EHR systems to improve the quality of data reporting and reduce cost expenditures, most behavioral health providers still greatly lag behind primary and acute care providers in EHR adoption rates. As of 2017, EHR technology was in use by 96% of general medicine and surgical hospitals. The same cannot be said of mental health facilities. From 2017-2018, just 49% of psychiatric hospitals used EHRs,[4] with the majority of these systems lacking clinical capabilities and instead being utilized for billing and other administrative purposes. Moreover, due to a lack of federal financing, the MACPAC presentation demonstrates that the inability of behavioral health providers to exchange patient data with primary care physicians, hospitals, and related entities greatly inhibits the integration of care and blocks mental health and substance use disorder treatment facilities from seamlessly participating in a whole range of integrated care initiatives, including Health Information Exchanges (HIEs), Medicare Accountable Care Organizations (ACOs), Medicaid Health Homes, and shared savings of all kinds.

[3] Li L, Li F, Fortunati F, Krystal JH. "Association of a Prior Psychiatric Diagnosis With Mortality Among Hospitalized Patients With Coronavirus Disease 2019 (COVID-19) Infection."*JAMA Netw Open.* 2020, 3(9):e2023282. doi:10.1001/jamanetworkopen.2020.23282

[4] "Percent of Specialty Hospitals That Possess Certified Health It." *Specialty Hospital EHR Adoption*, Office of the National Coordinator for Health Information Technology, Aug. 2019, https://dashboard.healthit.gov/quickstats/pages/specialty-hospital-ehr-adoption.php.

Improving the System

EHRs help improve coordination of care for those with co-occurring medical and mental health issues. The forthcoming mental health package presents the opportunity to support EHR adoption for the substance use disorder and mental health providers who were left behind previously and thereby strengthen clinical integration of behavioral health services.

We specifically urge Congress finance the Center for Medicare and Medicaid Innovation (CMMI) demonstration program authorized in Section 6001 of the SUPPORT Act (P.L.115-271) to offer behavioral health information technology incentives to psychologists and clinical social workers as well as Community Mental Health Centers, outpatient addiction treatment providers, psychiatric hospitals, opioid treatment programs or methadone clinics, and residential substance use treatment centers. These incentives help providers safely and adequately coordinate care for their patients.

Our proposal for greater EHR adoption encourages better quality of care for patients and addresses the existing systemic weakness of excluding behavioral health from the whole person approach to integrating health care. We urge you to include incentives for adoption of behavioral health information technology in any forthcoming mental health package and support the investment in integrated care. Thank you again for the opportunity to provide comment on this important matter.

Sincerely,

Association for Behavioral Health and Wellness

Centerstone

The Jewish Federations of North America

Mental Health America

National Alliance on Mental Illness

National Association of Counties

National Association of County Behavioral Health & Developmental Disability Directors

National Association of State Alcohol and Drug Abuse Directors, Inc.

National Association for Behavioral Healthcare

National Association for Rural Mental Health

National Association of Social Workers

National Council for Mental Wellbeing

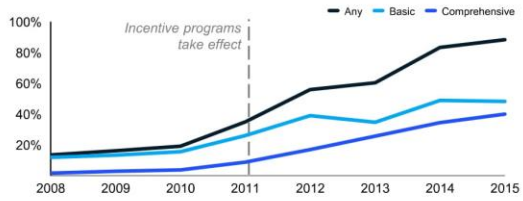
Netsmart

Incentives have helped increase adoption of electronic health records

As part of the HITECH Act in 2009, significant investments were made to incentivize electronic health record (EHR) adoption[1]

$35B allocated for Medicaid and Medicare incentive programs encouraging hospitals and providers to adopt EHR systems[1]

From the inception of the incentive programs in 2011 to 2015, EHR adoption increased 53 percentage points among U.S. non-federal acute care hospitals[2]

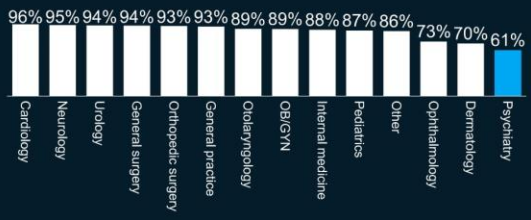


1. "Where Is HITECH's $35 Billion Dollar Investment Going?" Health Affairs Blog, March 4, 2015.
2. Henry, J., Pylypchuk, Y., Searcy T. & Patel V. "Adoption of Electronic Health Record Systems among U.S. Non-Federal Acute Care Hospitals: 2008-2015." ONC Data Brief, no.35. Office of the National Coordinator for Health Information Technology. May, 2016.

... yet adoption has been limited in behavioral health

Psychiatric hospitals lag behind other specialty hospitals in possession of Certified Electronic Health Record Technology[3]

Office-based physicians practicing psychiatry lag behind other specialty physicians in EHR adoption[4]



3. "Percent of Specialty Hospitals that Possess Certified Health IT." Office of the National Coordinator for Health Information Technology. August 2019.
4. Yang N, Hing E. Table of Electronic Health Record Adoption and Use among Office-based Physicians in the U.S., by Specialty: 2015. National Electronic Health Records Survey. 2017.

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EHR adoption among behavioral health providers remains low primarily due to four factors

- Most behavioral health provider types (psychologists, social workers, marriage and family therapists, etc.) were **ineligible for the federal incentive packages** spurring adoption of EHR systems[1]
- Behavioral health providers have less incentive to adopt EHRs as they are **typically not included in health information exchanges,** which often serve as a catalyst for EHR adoption among other providers
- Behavioral health providers are **often unable to invest in the hardware, software, and training necessary** for EHR adoption due to low operating margins
- Behavioral health providers are subject to **data-sharing regulations beyond Certified Electronic Health Record Technology requirements** and may face challenges implementing compliant systems

1. "EHRs in Behavioral Health – A Digital Future?", Social Work Today, 2013

Source: "Integrating Clinical Care through Greater Use of Electronic Health Records for Behavioral Health", MACPAC, June 2021

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Increasing adoption of CEHRT among behavioral health providers could have wide-reaching benefits[1]

Sources: "Integrating Clinical Care through Greater Use of Electronic Health Records for Behavioral Health", MACPAC, June 2021, "Behavioral Health Integration", SAMHSA

Increase clinical integration and achieve cost savings

EHR adoption and information sharing among providers may promote coordinated care and in turn improve population health and healthcare value, a component of which is reduced costs

Enable participation in value-based payment

EHR adoption may facilitate the development of attribution models to realize the captured value of behavioral health care savings and enable participation in value-based payment

Improve the quality of health reporting

As the behavioral health field moves towards measurement-based care, supportive EHR systems are essential to improve the quality and availability of health reporting, and potentially ease the burden of reporting to state agencies or Medicaid MCOs