Objectives

- Understand the role of partnerships in expanding the use of health information technology (IT) to improve the quality of care in Wisconsin behavioral health organizations.

- Examine the implications of a two-pronged approach to providing technical assistance and support to enhance partnerships.

- Explore using health IT and security risk assessments (SRA) as building blocks in quality improvement and expanded interoperability.

- Summarize the impact of the first year, lessons learned, and next steps.
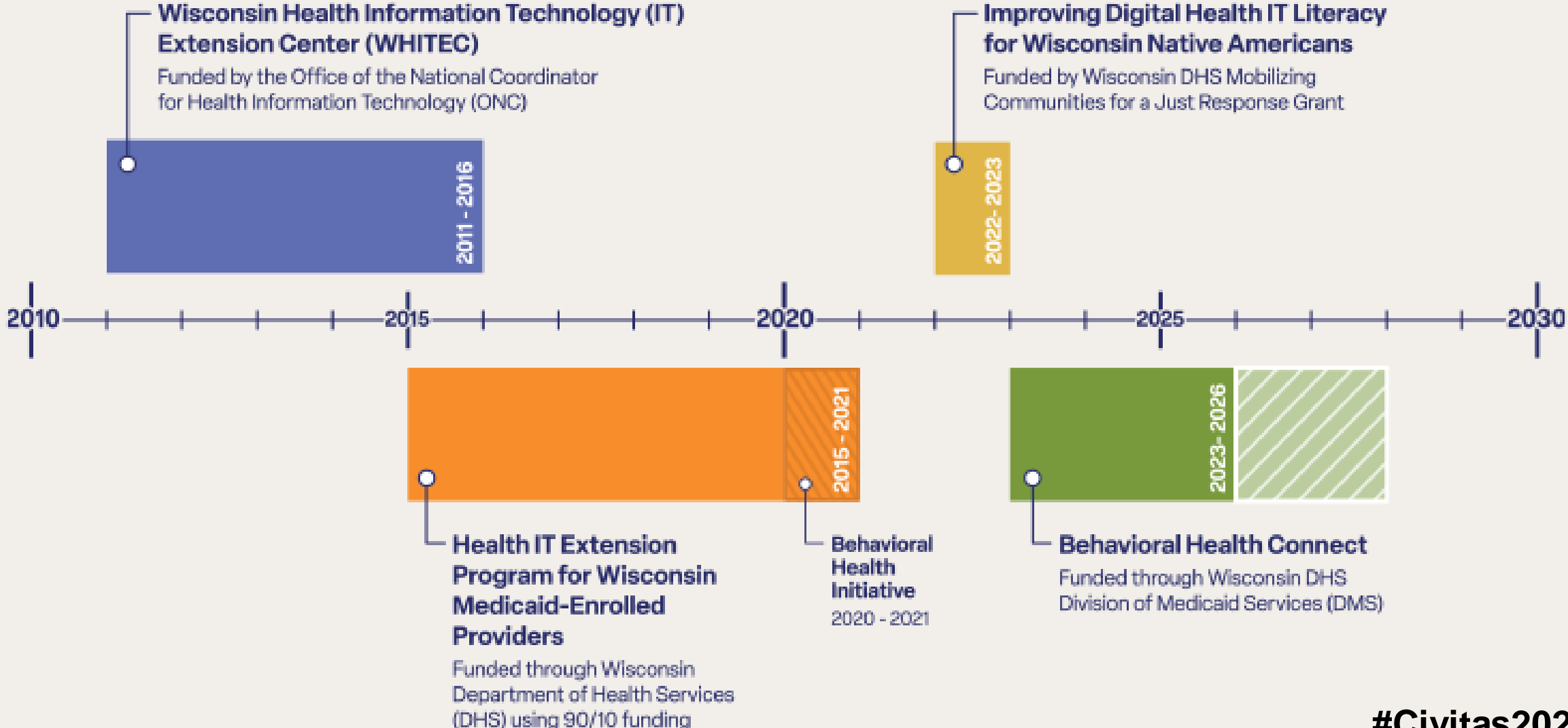
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Who is MetaStar?

- Independent, nonprofit healthcare quality improvement organization based in Madison, Wisconsin, with over 50 years of experience.

- Achieves impact by combining our long-standing reputation as a trusted advisor with evidence-based practices to drive improvement and accountability for quality healthcare.

- Collaborates with government agencies, health plans, and diverse influencers to enable healthcare professionals, community partners, and payers to drive positive changes in health and healthcare.

MetaStar's Quality Improvement (QI) Focus Areas:

- Chronic disease prevention and management
- Health equity
- Behavioral health (including substance use disorder (SUD))
- Health IT
- Practice facilitation
- Community and population health
- Patient safety

Promoting Interoperability Since 2011

Wisconsin Health Information Technology (IT) Extension Center (WHITEC)

Funded by the Office of the National Coordinator for Health Information Technology (ONC)

2011 – 2016

Improving Digital Health IT Literacy for Wisconsin Native Americans

Funded by Wisconsin DHS Mobilizing Communities for a Just Response Grant

2022- 2023

2010   2015   2020   2025   2030

2015 – 2021

2023– 2026

Health IT Extension Program for Wisconsin Medicaid-Enrolled Providers

Funded through Wisconsin Department of Health Services (DHS) using 90/10 funding

Behavioral Health Initiative

2020 - 2021

Behavioral Health Connect

Funded through Wisconsin DHS Division of Medicaid Services (DMS)

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Behavioral Health Initiative
Key Findings

Technical assistance makes a demonstratable difference:

- Improvement in completed SRAs.

- Plans to reduce faxing through interoperability.

- Better understanding of 42 CFR Part 2 consent and information blocking requirements.

Improving Quality of Care for Behavioral Health Through Health Information Technology

2024 | **CIVITAS** Networks for Health

MetaStar
GUIDING CHANGE IN HEALTH CARE SINCE 1973

BEHAVIORAL HEALTH
CONNECT
IMPLEMENT · OPTIMIZE · IMPROVE

Why Behavioral Health?

- Behavioral health (BH) was excluded from previous health IT improvement-focused incentive programs.

- A gap in the use of technology in psychiatric hospitals vs. hospitals in general.

- Certified Electronic Health Record Technology (CEHRT) is a critical tool for integrating medical and BH.
  - Meet minimum standards for data conformity and exchange.
  - Easier access to health information exchanges (HIE).

Why Medicaid Beneficiaries?

- Medicaid beneficiaries experience higher co-occurring physical and mental health conditions than their private-pay counterparts.

- Medical and mental health care tends to be siloed, especially for Medicaid beneficiaries.

Reference: "Chapter 4: Integrating Clinical Care through Greater Use of Electronic Health Records for Behavioral Health," Medicaid and CHIP Payment and Access Commission, June 2021, https://www.macpac.gov/wp-content/uploads/2021/06/Chapter-4-Integrating-ClinicalCare-through-Greater-Use-of-Electronic-Health-Records-for-Behavioral-Health.pdf.

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Project Team

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What is Behavioral Health Connect?

- A no-cost technical assistance (TA) resource for Wisconsin (WI) Medicaid-enrolled BH providers and organizations.

- Funded by the WI Department of Health Services (DHS) Division of Medicaid Services (DMS) and implemented by MetaStar.

What is Behavioral Health Connect?
Continued

- Work with providers/agencies to increase health IT maturity:
  - EHR selection, implementation, and optimization assistance.
  - Provide education and materials related to using EHR technology to improve quality of care and HIE.
  - Education and support focused on using health IT to improve quality.
  - Annual facilitation of security risk assessments (SRA) and related training.
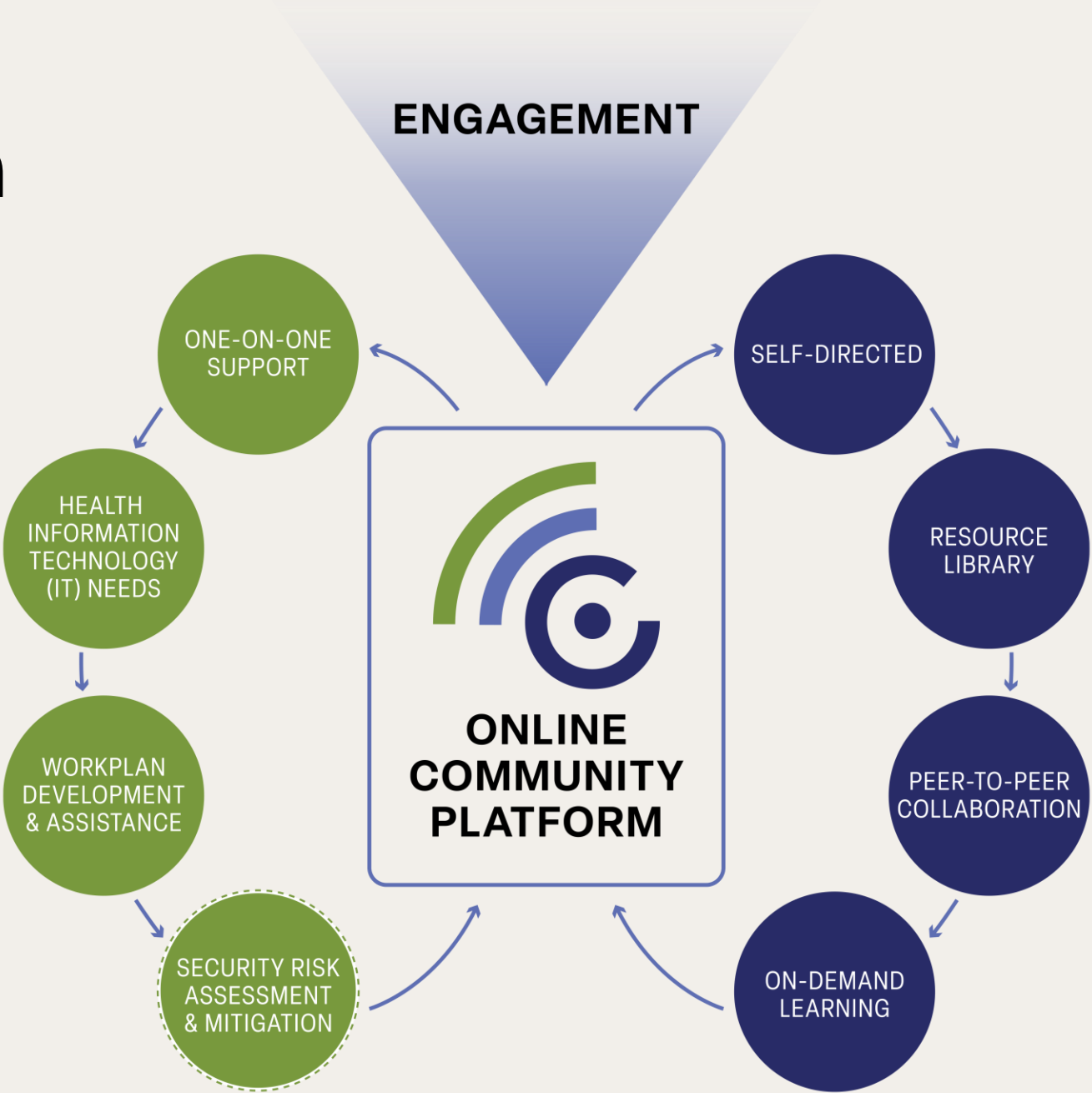
Partnerships Provide Fuel
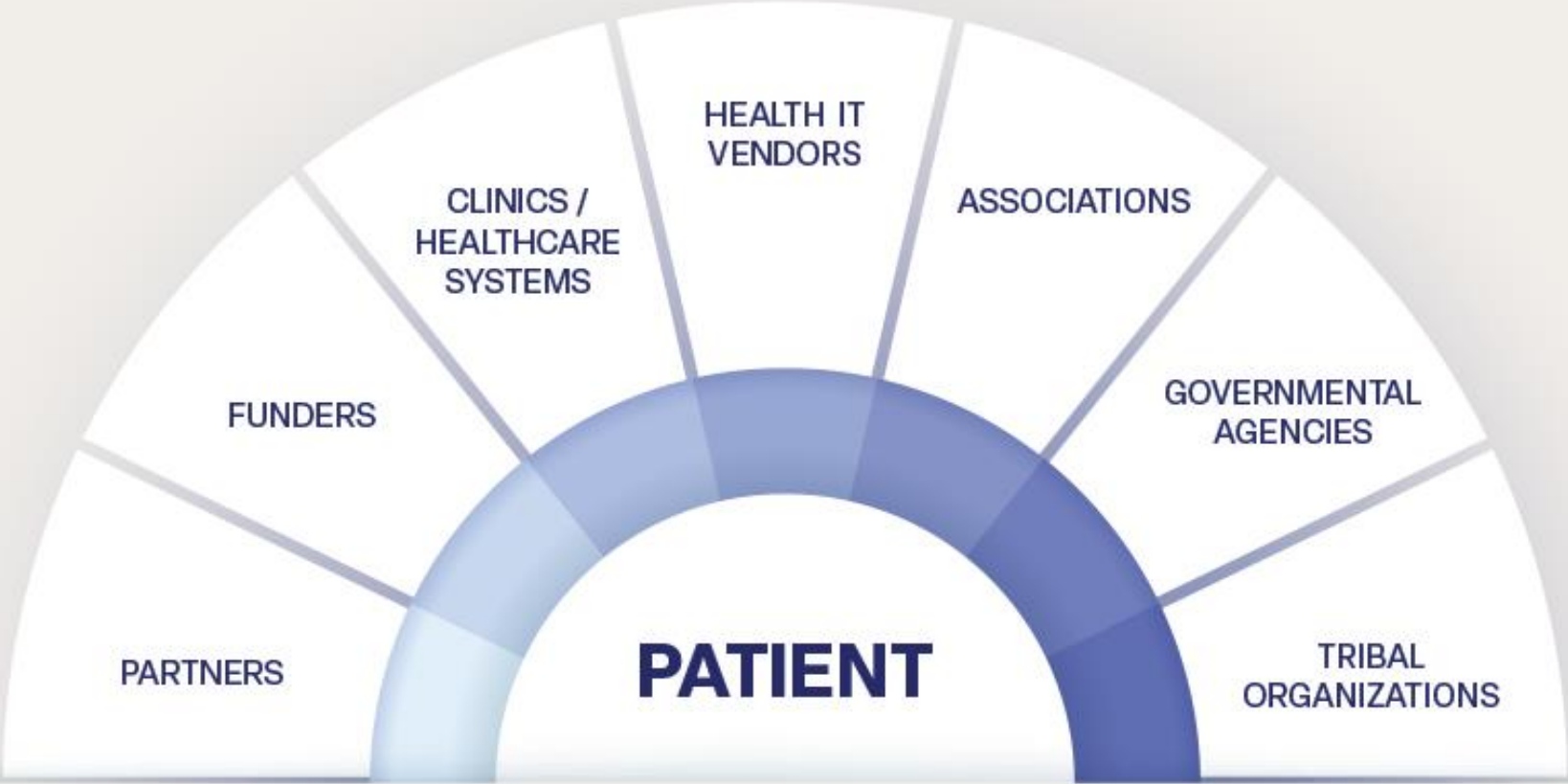
Benefits of a Two-pronged Approach

- Work together to best support the organization.
  - Discussion and then resources on the community.
- Support organizations at a level they choose.
- Fluid movement between both approaches.
- Historical access to events.
- Data collection sources.
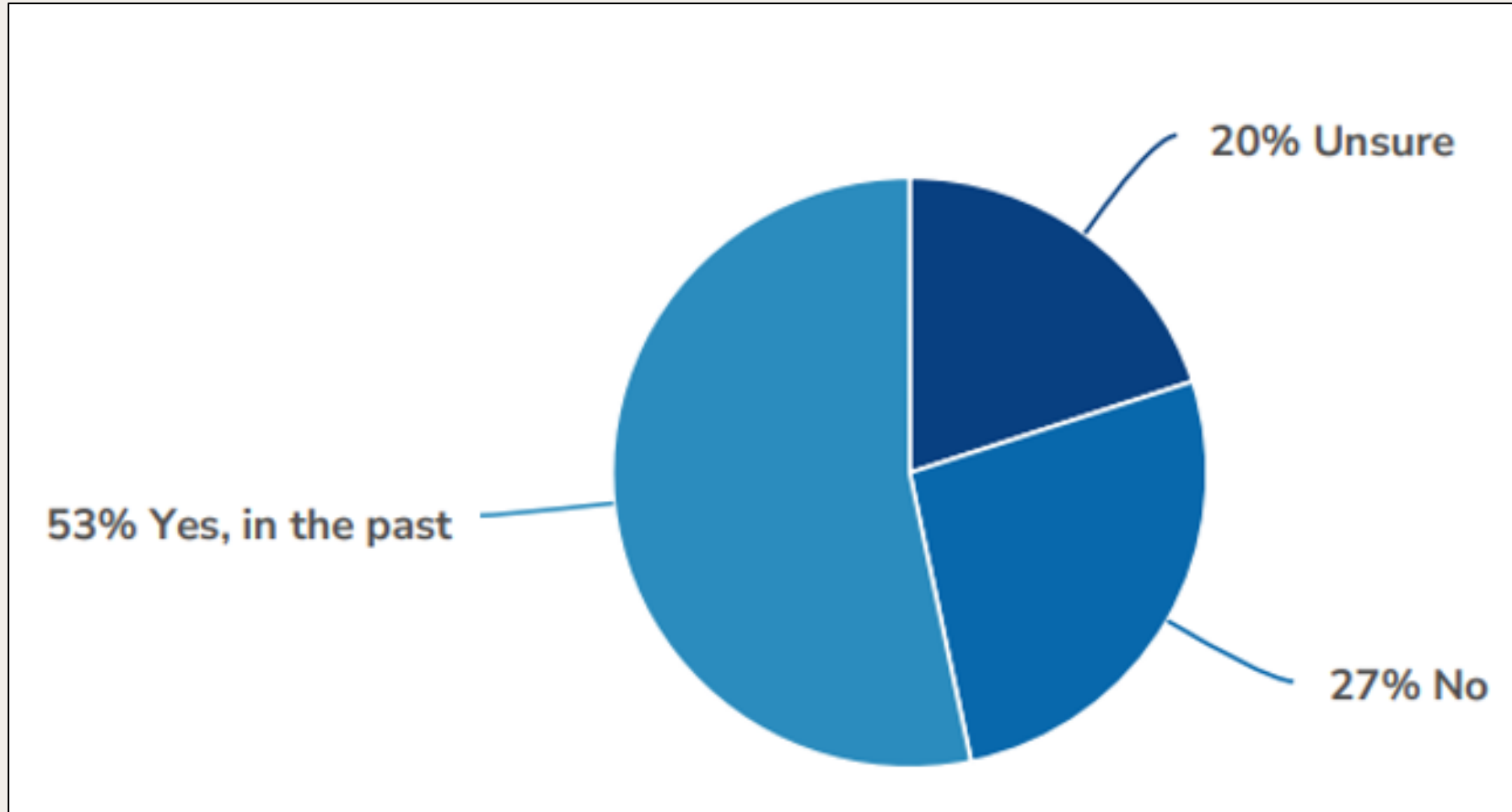- Enhanced partnership opportunities.

ONE-ON-ONE SUPPORT

ONLINE COMMUNITY

= TRIBE

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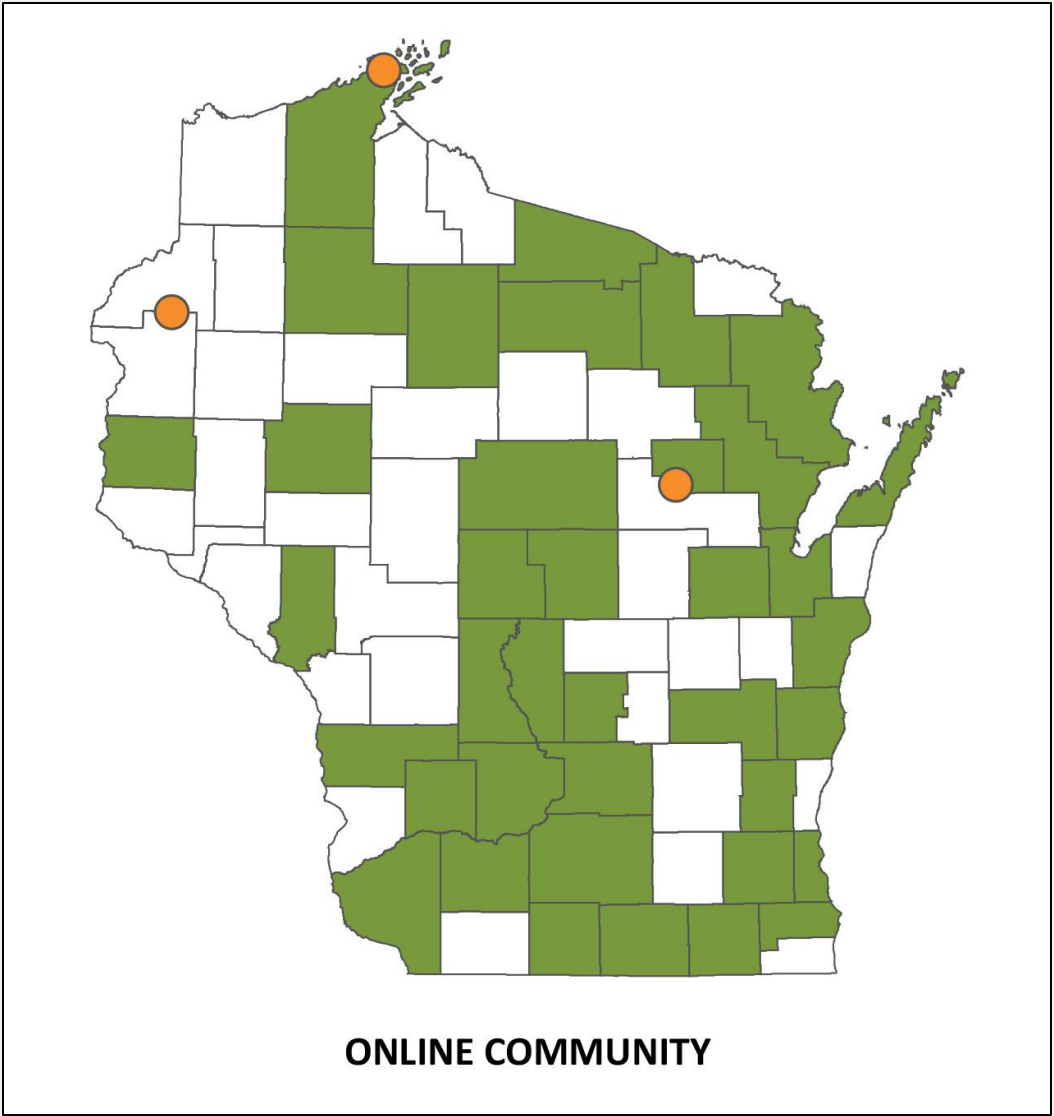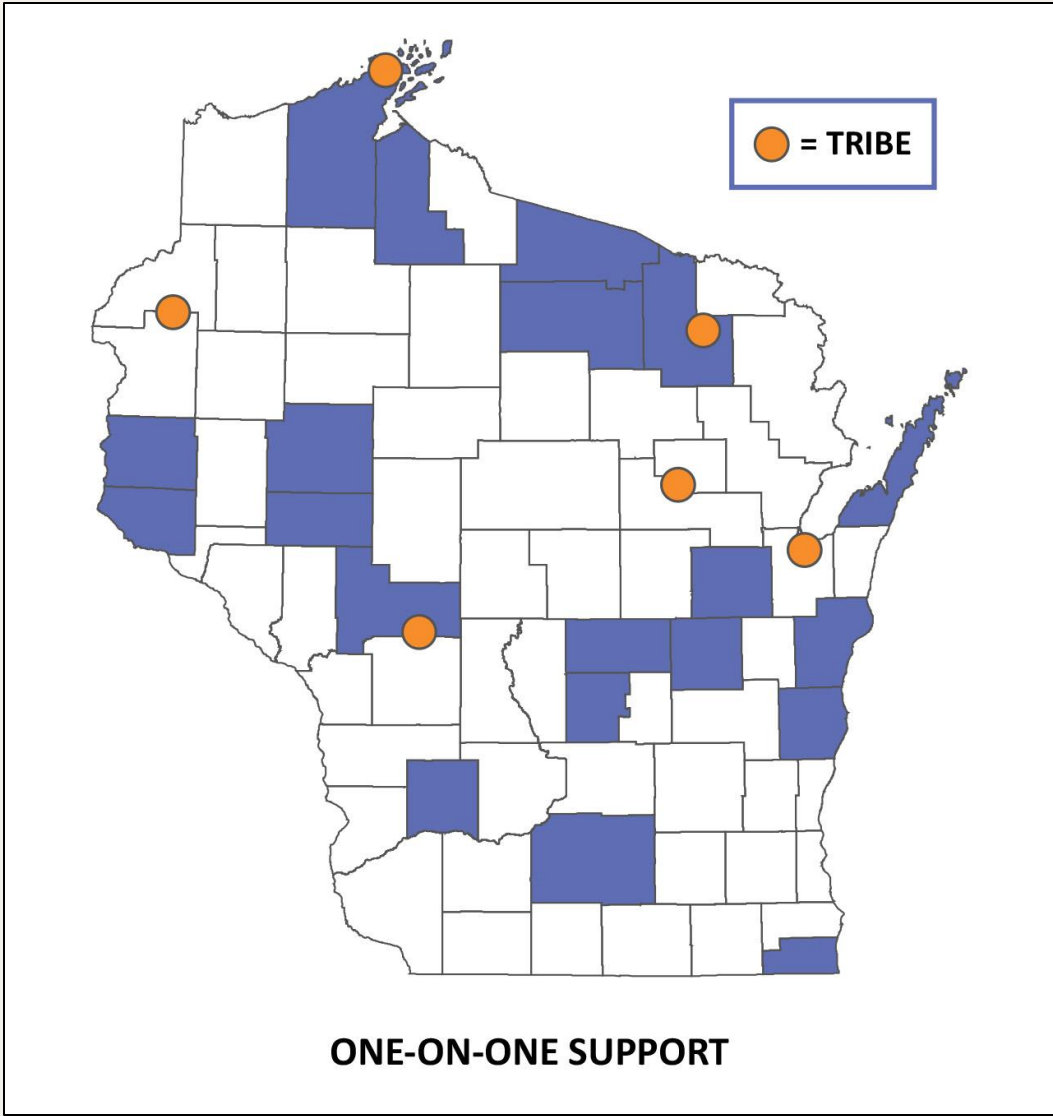
Building Blocks for QI

- Begin with completing a health IT assessment.
- Review results and develop a work plan.
- Complete action steps.

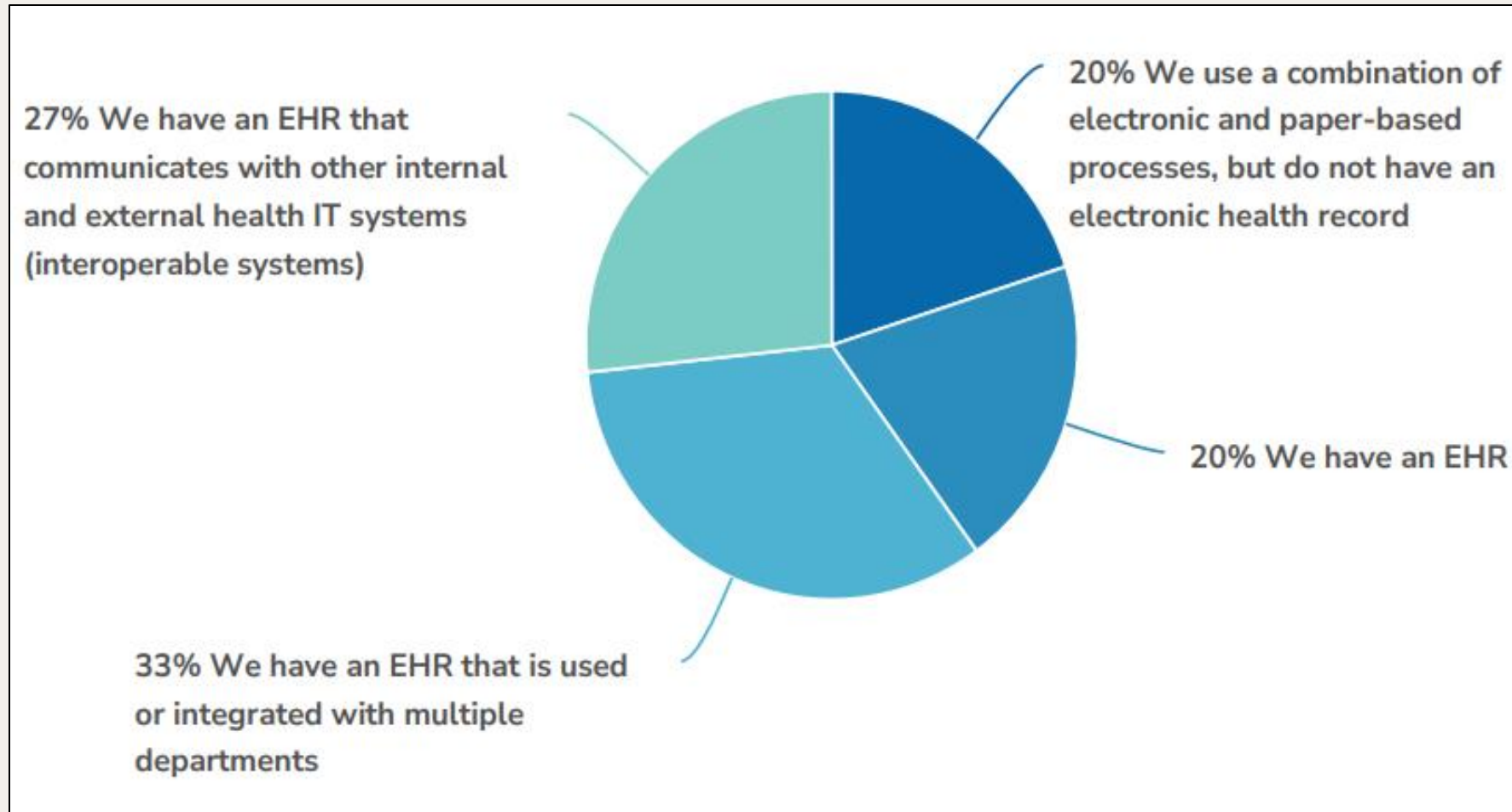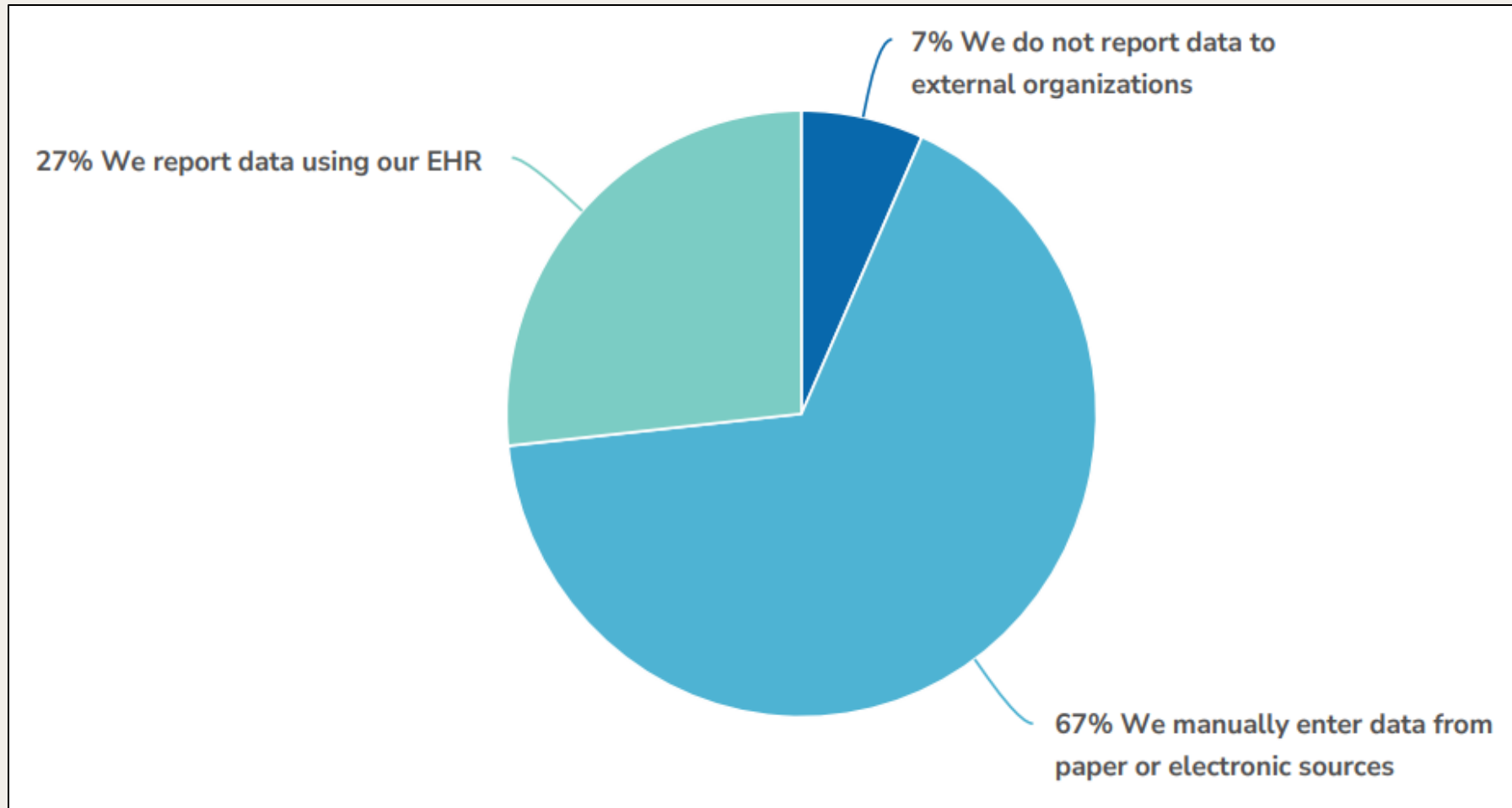# Has your organization completed an SRA?

20% Unsure

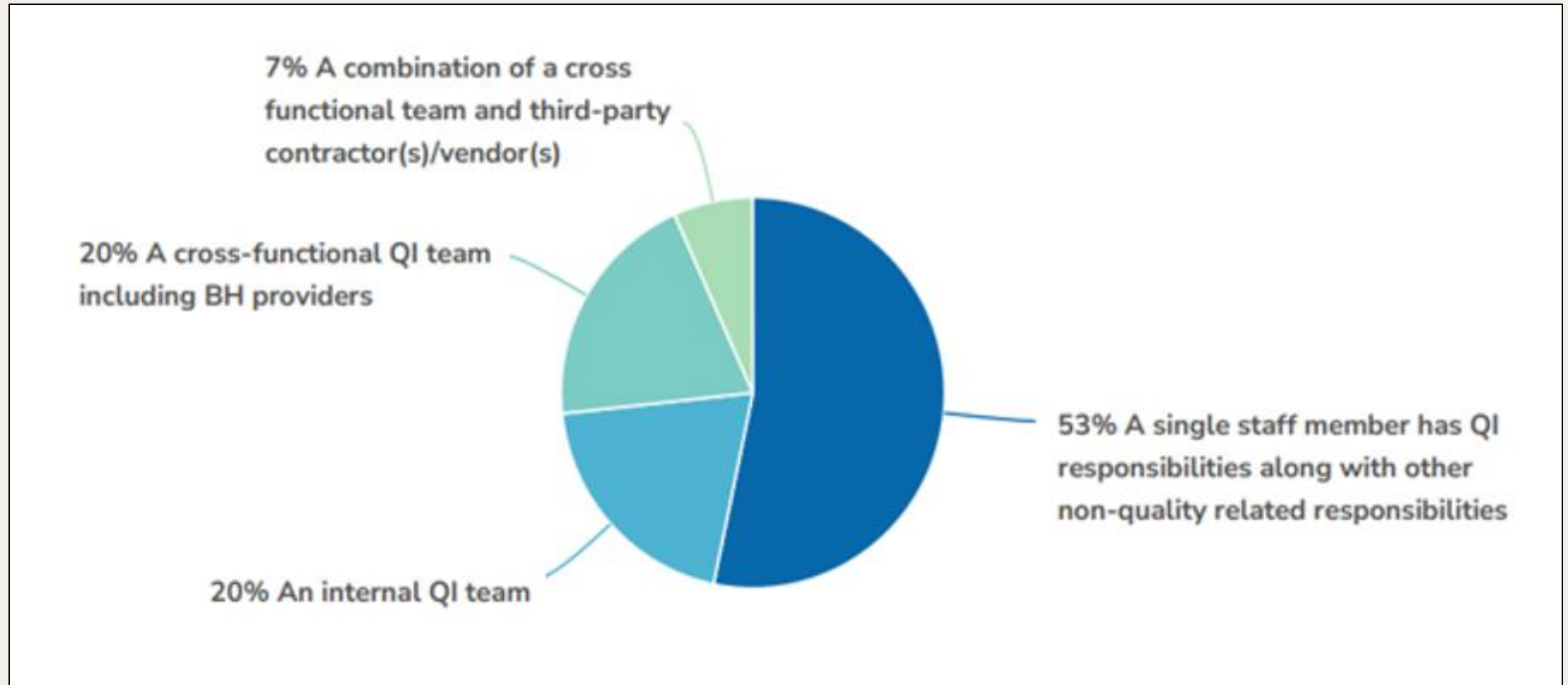53% Yes, in the past

27% No

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What best describes your organization's current record-keeping data management?

20% We use a combination of electronic and paper-based processes, but do not have an electronic health record

27% We have an EHR that communicates with other internal and external health IT systems (interoperable systems)

20% We have an EHR

33% We have an EHR that is used or integrated with multiple departments

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How does your organization compile data for reporting purposes?

7% We do not report data to external organizations

27% We report data using our EHR

67% We manually enter data from paper or electronic sources

In my organization, QI is managed by:

7% A combination of a cross functional team and third-party contractor(s)/vendor(s)

20% A cross-functional QI team including BH providers

53% A single staff member has QI responsibilities along with other non-quality related responsibilities

20% An internal QI team

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Does your organization leverage data and conduct analytics to improve patient outcomes?

7% Use data regularly to improve quality and track performance

27% Use data regularly to track performance but looking to do more

20% No - we have limited knowledge of how to use data to improve patient outcomes

13% Have limited capability to leverage electronic data or run reports, but do not conduct any analytic or QI activities

33% Have capability to leverage electronic data to run ad hoc reports, use limited data for patient outcomes

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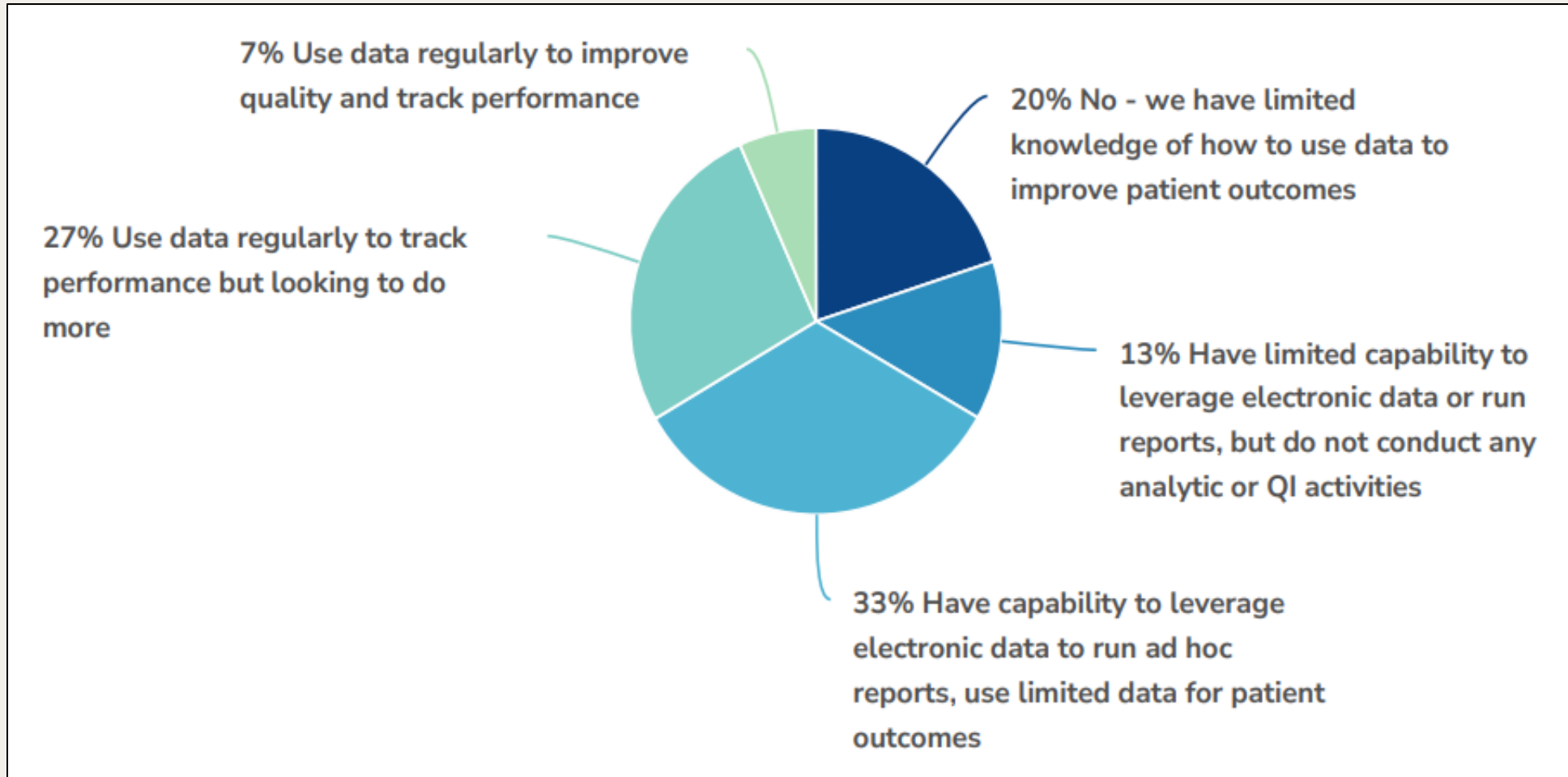
Patient Data Sharing

- Sending methods:
  o Fax - 80%
  o Secure email - 67%
  o Mail - 40%
  o State HIE (WISHIN) - 13%

- Receiving methods:
  o Fax - 86%
  o Secure email - 60%
  o Mail - 40%
  o State HIE - 26%

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Why Interoperability in BH?

- Improve patient care coordination.
  - Treat the whole person.
  - Patients are more involved in their own care.
- Continuity of care
  - Rule out physical causes first.

- Enhanced patient safety.
  - Medication reconciliation and reduced errors.
- Data for analytics.
- Reduce administrative burden.
 - No need to send or receive records.

Impact, Lessons Learned, and Next Steps

Feedback

"It's a great benefit to be able to discuss complex topics in health IT and privacy with others outside our organization and receive valuable feedback. This is a great service!"

"The presenters offered a great overview of the services provided. We were able to develop an action plan that seems attainable and not overwhelming and got started right away with the health IT assessment. I also really like the idea of an online community."
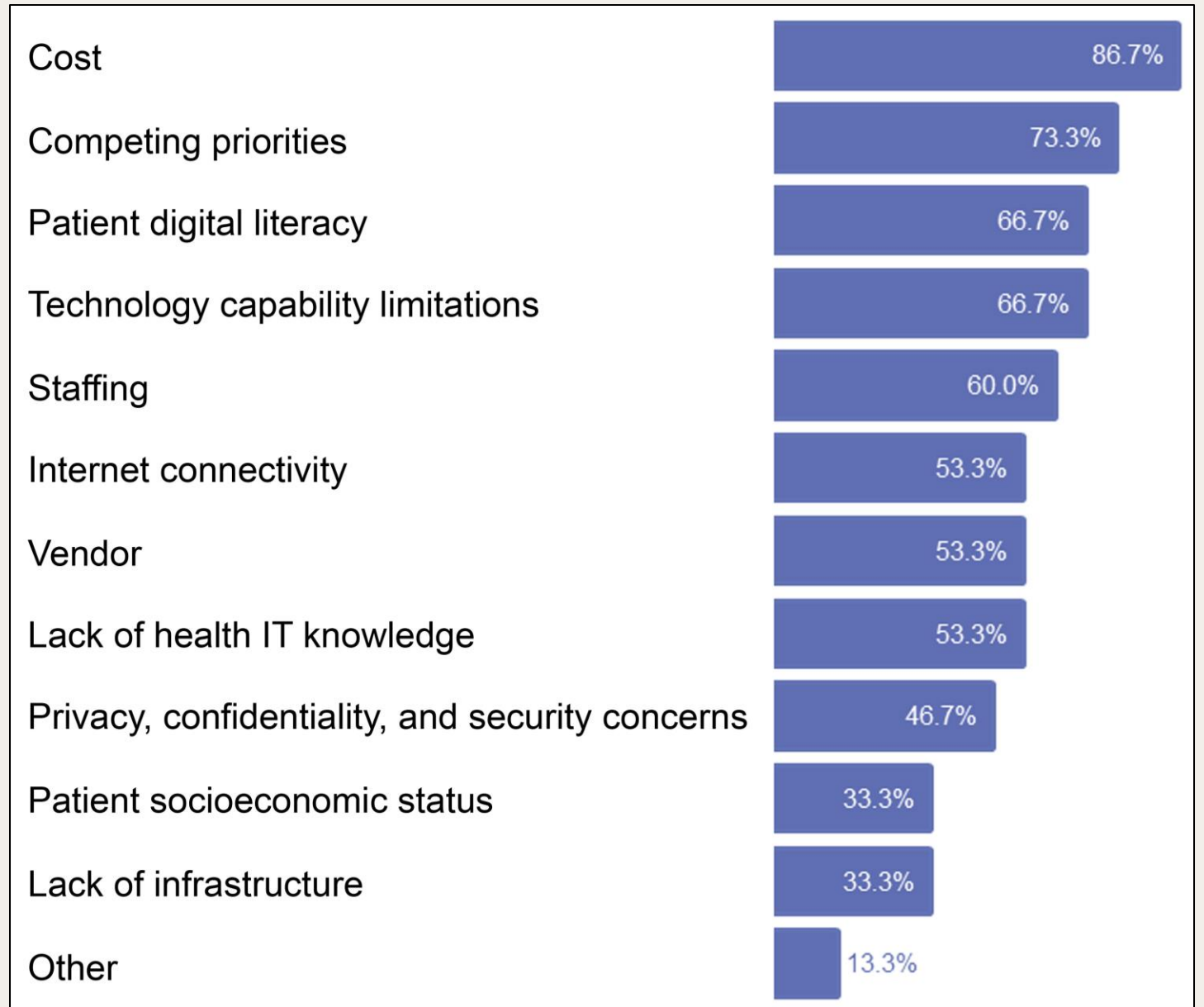

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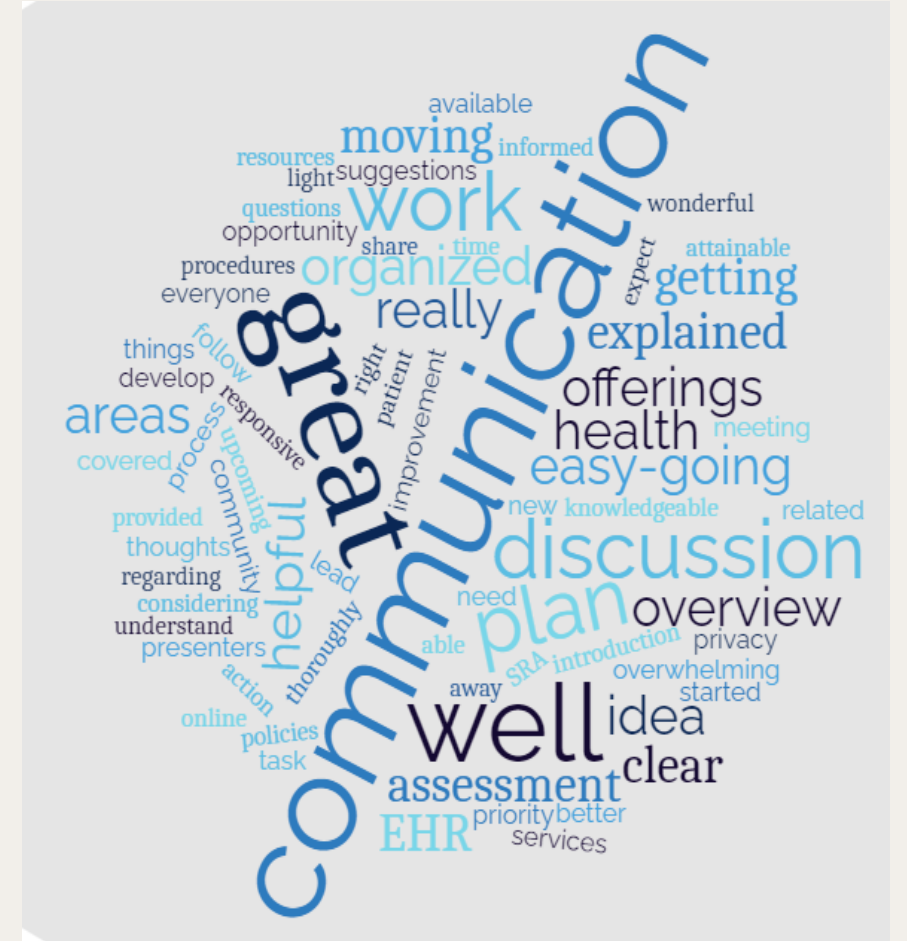
Top Areas for TA

- Privacy and Security
  - Security Risk Assessment.
  - HIPAA education and support.
- HIE and Interoperability
  - Benefits of interoperability.
  - Information blocking.
  - 42 CFR Part 2 – SUD record sharing.

Priorities Identified for Organizations from the Health IT Assessment

- Optimize current EHR or support implementation of a new EHR (already chosen or support finding one).
- Completing an SRA.

Next Steps

- Continue developing partnerships.
- Provide ongoing support to help partners meet their health IT and quality goals, enhancing outcomes for Medicaid beneficiaries.

QUESTIONS?

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CHECK OUT OUR AGENDA!

SCAN