November 2, 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

Dear Chairman Wyden and Ranking Member Crapo,

Netsmart appreciates the opportunity to provide perspectives on the value of integrated care technology in behavioral health in response to your September 22, 2021 invitation for input on solutions to increase integration and access to care.

Netsmart is the nation's largest healthcare information technology partner for behavioral health, human services, and post-acute care providers. Based in Overland Park, Kansas, we design, build, and deliver electronic health records (EHRs), population health management, analytics and telehealth solutions and services for more than 30,000 clients nationwide. Our platform provides accurate, up-to-date information that is easily accessible to care team members in mental health, substance use treatment, home health, senior living, and social services.

The nationwide Netsmart cloud-based network and direct messaging services bridge our clients to the broader healthcare ecosystem, including health systems and physician networks for referrals and coordinated care; 1,300 lab companies; more than 40 Health Information Exchanges (HIEs); and more than 670,000 care providers. We also connect to 2,800 hospitals and 50,000 clinics through Carequality, the national-level, consensus-built, common interoperability framework to enable exchange between and among health data sharing networks.

Netsmart is a founder and live implementer of Carequality and serves on its Advisory Committee. We are also a founding member of the Behavioral Health Information Technology (BHIT) Coalition, a broad spectrum of organizations dedicated to advancing public policy initiatives that tap the full potential of technology in the delivery of coordinated, integrated services for mental health and substance use treatment.

Our nearly 2,400 associates work collaboratively with our more than 680,000 users across the U.S. to improve the quality of life for millions of persons each day.

Importance of Integrated Care in Behavioral Health
True integrated care means treating the "whole person" with comprehensive, multidisciplinary services systematically combined to provide the best possible outcomes. This need is especially evident for persons with behavioral health issues, including severe mental illness (SMI) and substance use disorders (SUD).

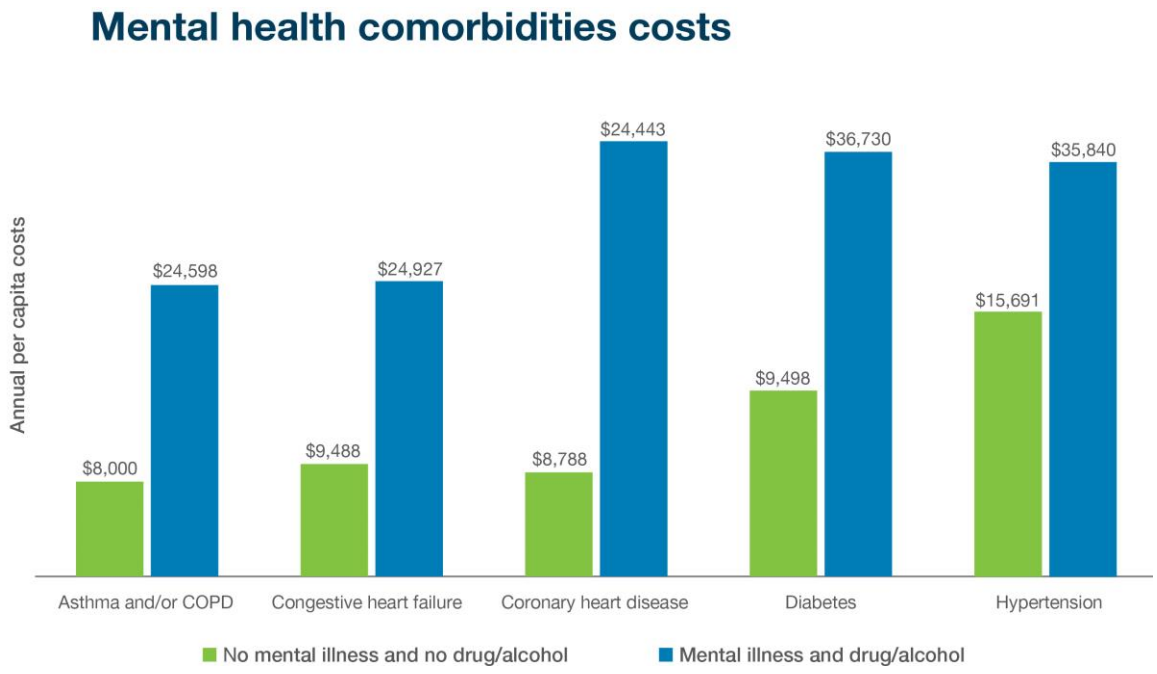
www.ntst.com
11100 Nall Avenue
Overland Park, KS 66211
800.842.1973

For example, data on the prevalence and severity of behavioral health conditions among general hospital inpatient admissions in New York state in 2014 showed that for New York City hospitals, two-thirds of adult discharges with major behavioral health conditions had at least two other forms of chronic diseases (such as heart disease, emphysema, and diabetes). Among other hospitalizations, 72% had two or more chronic diseases, and most had three or more.[i]

These patients are heavy utilizers of community hospital emergency rooms and are at high risk of readmission to both acute care hospitals and inpatient psychiatric facilities.

A study conducted in 2018 by Premier, Inc., a major national healthcare improvement company and alliance of more than 4,000 U.S. hospitals and health systems, found that patients experiencing opioid overdoses tracked to nearly $2 billion of annual hospital costs across 647 healthcare facilities, adding $11.3 billion in cost annually to the larger U.S. healthcare system.[ii]

The implications are serious, impacting millions of lives and adding significant costs to healthcare.[iii]



Behavioral health providers must work as equal, collaborative partners with acute care healthcare systems to provide integrated care.

EHRs and related integrated care technologies are the foundation of behavioral health provider engagement in the clinical management of these co-morbid medical/surgical chronic diseases. EHRs also generate significant data and detailed information on clinical outcomes resulting from the provision of behavioral health services.

Compelling Need for Behavioral Health Information Technology Funding

The ability of behavioral health providers to fully participate in and contribute direct value to a connected healthcare ecosystem is severely hampered by the massive disparity in resources and funding available to them compared with primary care health systems and providers.

A June 2016 *Health Affairs* article noted: “Despite this public health impact and inherent interconnection with general health, the application of health information technology (IT) in behavioral health has largely

lagged behind its application in general health care. One survey found that while 97% of U.S. hospitals and 74% of U.S. physicians have implemented interoperable electronic health records (EHRs), only 30% of behavioral health providers have implemented (these) systems.[iv]

Already resource-thin, behavioral health providers were, in effect, omitted from the more than $35 billion EHR Meaningful Use incentive funding program in 2010. This pattern of limited funding has continued since that time, including the allocation of less than 1% of the initial $175 billion in COVID-19 Provider Relief Fund dollars to behavioral health providers.[v]

Behavioral health providers are further challenged by the need to build services and technology around unfunded or underfunded initiatives and regulations such as upcoming launch of the 9-8-8 national crisis hotline and compliance with interoperability and information blocking regulations.

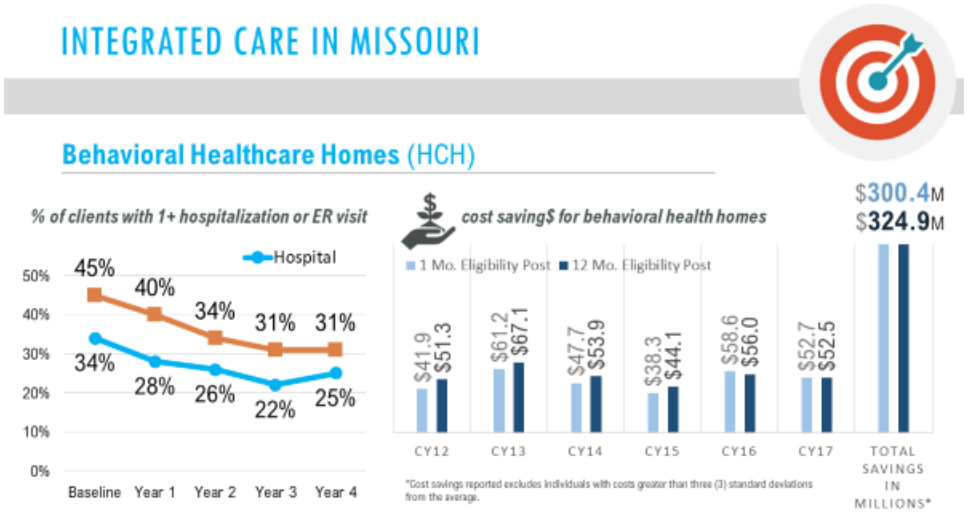
Leveraging the CMMI Behavioral Health Technology Financing Demonstration Program
Our recommendation: *Improve integration of mental health and addiction treatment with primary care and specialty medical services with Congressional financing of the Center for Medicare and Medicaid Innovation (CMMI) behavioral health EHR financing demonstration program.* This recommendation aligns directly with the request in your letter for "ideas for increasing integration, coordination and access to care."

Authorized in Sec. 6001 of the SUPPORT Act, this program…yet to be funded…is foundational to creating significant treatment synergies between behavioral health providers and the larger healthcare system.

Integrated Care is Successful
Congressional funding of the CMMI demonstration program would build upon ongoing success. The program would enable additional behavioral health providers to join the digital bridge linking behavioral health and primary care for the secure sharing of authorized patient health data for fully-informed diagnosis and treatment. Examples of successful programs ongoing include:

Missouri Coalition for Community Behavioral Healthcare
The Missouri Coalition oversees a system of 34 diverse and independent but interrelated behavioral health providers across the state. Coalition members leverage care management and population health management platforms that facilitate care coordination, interoperability, analytics, outcomes, and risk stratification.

Value:
--Significant decreases in hospitalizations
--Significant systemic cost savings



The results in the chart above reflects the success of the Health Home program model. This statewide value-based care management model further evolved as Missouri became one of eight demonstration states to participate in the Certified Community Behavioral Health Clinic (CCBHC) program. CCBHCs have increased access to mental health and addiction treatment, expanded capacity to address the opioid crisis and established innovative partnerships with law enforcement and hospitals to improve care and reduce recidivism and readmissions. In exchange, they receive Medicaid payments that cover the actual costs of providing these comprehensive services.

AltaPointe Health Systems (Alabama)
A person presents with a psychiatric emergency at an emergency department or other hospital setting. A behavioral health professional from AltaPointe triages and performs eligibility checking via a secure virtual consultation.

Value:
--Reduced the average wait time to secure a psychiatric consult from 24-72 hours to 28 minutes
--33% reduction in ED costs for individuals receiving a psychiatric consult.

COMTREA Health Center (Missouri)
A Federally-Qualified Health Center (FQHC) providing a variety of primary and behavioral health services, COMTREA utilizes a single EHR platform with an integrated chart incorporating both behavioral health and primary care services. In addition, clients have a single active medication list and problem list, though COMTREA enables the charts to be organized in a relevant manner for the providers.

Value:
--Streamlined care and service delivery
--Simplified workflows and processes
--Consolidated scheduling and chart management for billing and reporting

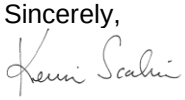
Mental Health Center of Denver (MHCD)
MHCD sought to streamline a time-consuming process of phone calls, faxes, and manual data entry to do medication reconciliation for consumers referred by health system partner Denver Health. View this 1-minute video for a snapshot of how MHCD used an integrated care connectivity solution and the Carequality network to transform their medication reconciliation workflow.

Value:
--Reduced medication reconciliation time from an average of 2.5 days to 6 minutes

Thank you for your interest in advancing behavioral health and integrated care. Your leadership for including funding for adoption of behavioral health information technology in the upcoming mental health package would be significant step toward helping better serve our nation's most vulnerable persons.

Please contact me if I can provide further information or additional perspective.

Sincerely,



Kevin Scalia
Executive Vice President
Netsmart
kscalia@ntst.com
516-241-2575

---

[i] *Updated Data on Prevalence and Severity of Behavioral Health Conditions among General Hospital Inpatients in New York State*, ArthurWebbGroup, December 2014.

[ii] "Opioid Overdoses Costing U.S. Hospitals an Estimated $11 Billion Annually." Premier, Inc. news release, January 3, 2019

[iii] Boyd, C., Clark, R., Leff, B., Richards, T., Weiss, C., Wolff, J. (August 2011), Clarifying Multimorbidity for Medicaid Programs to Improve Targeting and Delivering Clinical Services. Presented to SAMHSA, Rockville, MD

[iv] "Behavioral Health Information Technology: From Chaos To Clarity", by Piper A. Ranallo, Amy M. Kilbourne, Angela S. Whatley, and Harold Alan Pincus, 2016, *Health Affair*s, 35, No. 6, 1106-1113.

[v] "For months, he helped his son keep suicidal thoughts at bay. Then came the pandemic." Washington Post, November 23, 2020.