

Behavioral Health IT Providers urge Senate Finance Committee for EHR interoperability and to include Mental Health and Addiction Providers in HITECH Act

PRESS RELEASE

FOR IMMEDIATE RELEASE:

INTEROPERABILITY AND ADDING MENTAL HEALTH AND ADDICTION PROVIDERS WILL IMPROVE HEALTH CARE RELATED DATA

WASHINGTON- AUGUST 12, 2014

WASHINGTON, DC- AUGUST 12, 2014 – The Behavioral Health Information Technology Coalition today responded to the Chairman Ron Wyden and Senator Charles Grassley’s July 12, 2014 letter, on behalf of the Senate Finance Committee, requesting policy ideas that will enhance the availability and utility of health care data, while maintaining and protecting patient privacy.

The Coalition responded to the Committee’s request by identifying two primary solutions: (1) Embrace the interoperability legislative language in S. 1871, the “SGR Repeal and Medicare Provider Payment Modernization Act” to define and implement interoperability in electronic health records; and (2) Adopt the Behavioral Health Information Technology Acts (S. 1517/S. 1685) introduced by Senator Sheldon Whitehouse (RI) and Senator Ron Portman (OH), to make psychiatric hospitals, Community Mental Health Centers, practicing psychologists, and outpatient/inpatient addiction providers eligible for meaningful use payments under the HITECH Act in order to fill the gap in integrated health care between behavioral health and the larger health care system.

During a recent congressional staff briefing co-sponsored by Senator Sheldon Whitehouse and Senator Rob Portman, Dr. Joseph Cvitkovic, Director of Behavioral Health Care at the Jefferson Hospital, part of the Allegheny Health Network in Pittsburgh, Pennsylvania, testified on behalf of the American Psychological Association: “We utilize HIT for scanning patient identification wrist- bands for medications, provision of a secure network to provide psychiatrists, psychologists, and other professionals with the capacity to connect to the medical record from a remote location to improve continuity of quality patient care. These technologies can enhance the connectivity between the inpatient and outpatient treatment services and reduces readmission rates and better assures recovery on an outpatient basis.”

“Community behavioral health providers serve a patient/consumer population with acute psychiatric care needs combined with co-occurring chronic diseases including diabetes, emphysema, COPD and cirrhosis. Increasingly, in order to communicate with primary care physicians, hospitals and medical specialists, we need Electronic Health Records (EHRs) in order to coordinate care,” said Chuck Ingoglia, Vice President for Public Policy and Practice Improvement at the National Council for Behavioral Health.

Behavioral Health IT services and interoperability has the potential to produce substantial savings to the health care system by reducing adverse drug-to-drug interactions and emergency room use for the more than 8 million Americans served in the public mental health system.

“Behavioral Health Information Technology is crucial to fully integrate community providers into this nation’s healthcare continuum. This technology saves much more than time and money – it saves lives,” said William Daroff, Senior Vice President for Public Policy and Director of the Washington office of The Jewish Federations of North America.

At this time, no fewer than five House and Senate bills have been introduced in the 113th Congress that add mental health and addiction providers to the HITECH Act. Virtually all of them have strong bipartisan support with co-sponsors spanning the ideological spectrum from the Congressional Black Caucus to the House Republican Doctors Caucus.

The Behavioral Health Information Technology Coalition is the unifying voice of America's mental health and IT providers comprised of organizations and companies such as American Psychological Association (APA), Centerstone, National Association of Counties, National Association of County Behavioral Health Directors, National Association of Psychiatric Health Systems, National Association of Social Workers, National Council for Community Behavioral Healthcare, The Jewish Federations of North America, Netsmart Technologies, National Association of State Alcohol and Drug Abuse Directors, Association for Behavioral Health and Wellness, amongst others.

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