Addressing Substance Use in AIMS Awardee Settings Part 2: Effective Use of EHR Systems in Substance Use Assessment and Treatment

June 20, 2018
SAMHSA-HRSA
Center for Integrated Health Solutions
Moderators

Jacob Bowling, Consultant, National Council for Behavioral Health

Roara Michael, MHA, Senior Associate
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Before we begin

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Today’s Speakers

**Tori Torgrimson, LCSW**
Behavioral Health Director, Family Health Services

**Dr. Anisha Abdul-Ali, DNP, MPH, RN**
Senior Director of Clinical Programs, OCHIN

**Shannon Mace, JD, MPH**
Senior Advisor, Public Health Law Consultant, National Council for Behavioral Health

**Lindsay Hasse, MBA**
HCCN Awards Director, OCHIN
Learning Objectives

• Understand substance use assessment and treatment best practices that can easily be integrated into routine health centers workflows, including MAT, SBIRT, care coordination (with external entities such as Methadone clinics), and referrals.

• Understand appropriate workflows for start-up and implementation of substance use assessment and treatment.

• Understand privacy and confidentiality regulations (such as 42 CFR Part 2) and identify strategies for compliance.

• Identify resources to access technical assistance in the areas of HIT, workflow development, and substance use assessment and treatment.
Health Resources & Services Administration (HRSA)

Overview

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged

- HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities

- Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care
## HRSA Funding (dollars in millions)

<table>
<thead>
<tr>
<th>HRSA Program</th>
<th>FY 2017 Enacted</th>
<th>FY 2018 Request</th>
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<tbody>
<tr>
<td>Primary Health Care</td>
<td>$5,002</td>
<td>$5,089</td>
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<tr>
<td>HIV/AIDS</td>
<td>$2,319</td>
<td>$2,260</td>
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<tr>
<td>Maternal and Child Health</td>
<td>$1,241</td>
<td>$1,200</td>
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<tr>
<td>Health Workforce</td>
<td>$1,202</td>
<td>$771</td>
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<td>Rural Health</td>
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<td>$74</td>
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<tr>
<td>Healthcare Systems</td>
<td>$104</td>
<td>$99</td>
</tr>
<tr>
<td>Family Planning*</td>
<td>$286</td>
<td>$99</td>
</tr>
<tr>
<td>Vaccine Injury Compensation</td>
<td>$8</td>
<td>$99</td>
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<tr>
<td>Program Management</td>
<td>$154</td>
<td>$152</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$10,472</strong></td>
<td><strong>$9,941</strong></td>
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*Administered by the HHS Office of the Assistant Secretary of Health, Office of Population Affairs.
Connect with HRSA

To learn more about our agency, visit www.HRSA.gov

Sign up for the HRSA eNews

FOLLOW US:
Tori Torgrimson, LCSW
Behavioral Health Director
Family Health Services
Family Health Services (FHS)

- FQHC
- South Central Idaho
- Primary Care Medical, Dental, Pharmacy, Counseling & Social Services
- Located in 7 Rural & Frontier Communities
Twin Falls Medical Clinic

Patient Population:
- 34% uninsured
- 32% Medicaid
- 21% Non-English or English 2nd language
- 70% 18 yrs (+)

- 6 PCP
- Pharmacy
- Behavioral Health Consultant
- Care Management
- Case Management

Grant Goal - Increase Integrated BH coverage & start substance use screenings
No Results

- Discussion with IBH Committee
- Update IT on goal, steps taken
- Pressure to meet grant goals

Process & Culture Change to Identify the Work Flow

Medical Director’s Choice for SBIRT
- Implementing SBIRT Workflow
- IT & Nursing Director participating in meetings
- Identifying PCP and Nursing Concerns
- Clarifying BHC Role and Support in process
NextGen (EHR) SBIRT Template

**SBIRT screening questions**
- **Patient declined SBIRT**

(Screening, Brief Intervention and Referral to Treatment)

- **How many times in the past year have you had 5 or more drinks in a day?**
  - None
  - 1 or more

Screening, Brief Intervention and Referral to Treatment (Audit)

- **How many times in the past year, have you used a recreational drug or used a prescription medication for nonmedical reasons?**
  - None
  - 5 or more

Drug Abuse Screening Tool (DAST)

Patient Health Questionnaire (PHQ-2)

**SBIRT SCREENING**

<table>
<thead>
<tr>
<th>SBIRT Screenings</th>
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<tbody>
<tr>
<td>Full Screen Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Positive SBIRT</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Negative SBIRT</td>
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</tr>
<tr>
<td>Intervention</td>
<td></td>
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<tr>
<td>Decline Intervention</td>
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<td></td>
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<tr>
<td>Refer Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Comments</td>
<td></td>
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</tbody>
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**Screenings**

<table>
<thead>
<tr>
<th>Date</th>
<th>Instrument</th>
<th>Score</th>
<th>Severity/Interpretation</th>
<th>Computed By</th>
<th>Comments</th>
<th>MDD Classified</th>
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**SBIRT Referrals**
SUD Workflows: Current and Implementation of New Workflows

- Integrated BH provides support for MAT process and PCPs providing Suboxone treatment
  - Referrals to SUD treatment
  - Referral to Methadone treatment
  - Care coordination
- i2i – more efficient with using data in the EHR
Hopes For the Future

- Integrated BH provides support for MAT process and PCPs providing Suboxone treatment
- Referral Coordination
- i2i – more efficient with using data in the EHR
Leveraging the Electronic Health Record (EHR) for Substance Abuse Treatment

Lindsey Haase, MBA
HCCN Awards Director

Anisha Abdul-Ali, DNP, MPH, RN
Sr. Director of Clinical Programs
Oregon Community Health Information Network
The OCHIN Mission

• OCHIN is a nonprofit health care innovation center designed to provide knowledge solutions that promote quality, affordable health care to all.

Our Strategy

• We provide innovative technology, research, and professional services to our customers and partners nationwide.
Health Center Controlled Network (HCCN) Support to Health Centers

- Adopt and implement ONC-certified electronic health record technology
- Enhance comprehensive, integrated data collection, analysis, and reporting including Uniform Data System (UDS) performance measures
- Meet the requirements of the Centers for Medicare & Medicaid Services (CMS) Electronic Health Records (EHR) Incentive Programs
- Improve clinical and operational quality to reduce health disparities and improve patient and population health outcomes through the use of health information technology
- Develop health information exchange (HIE) infrastructure to improve care coordination and manage population health, and
- Provide peer support for sharing data and best clinical and business practices.
Who Does OCHIN Serve?

OCHIN partners with 547 organizations:

• Located in 46 states
• With over 10,000 clinicians
• Serving over 37 Million patients

As of April 2018
Over 500 Organizations Nationwide and Growing

OCHIN Offerings
- **OCHIN Acuere**: 116 Organizations
- **OCHIN Billing**: 22 Organizations
- **OCHIN Broadband**: 183 Organizations
- **OCHIN Epic**: 96 Organizations
- **OCHIN NextGen**: 36 Organizations
- **OCHIN Research**: 32 Partners; 44 Clinics
- **OCHIN Services**: 398 Organizations

This map is a representation of the overall products and services provided to OCHIN members and their clinics. The numbers indicate the states in which member organizations are based, though they may also operate in additional states (represented with unnumbered circles). (April 2018)
The Population We Serve

- Has multiple chronic conditions
- Is largely women and children
- Is largely federally insured and uninsured

- 56% female
- 26% under 19

- 488,212 Obese
- 143,700 Diabetic
- 81,625 Obese & Diabetic

- 48% Medicaid
- 24% Uninsured
- 17% Private
- 9% Medicare
- 2% Other

Health Resources & Services Administration
Substance Abuse and Mental Health Services Administration
OCHIN Member Outcomes Are Improving

- +11.7% 62,200 children and adolescents counseled for nutrition
- +10% 5,800 toddlers fully immunized by their second birthday
- +9.2% 282,700 patients screened for BMI with appropriate follow-up
- +20% Improvement in MU HIE and Medication Reconciliation objectives

81% HCCN FQHCs PCMH-Recognized | 2,928 Providers Meeting MU Stage 2
$6.49M in HRSA Quality Awards to Members in 2017
Opioid Support Strategy

- Technical Enhancements
- Research
- Policy & Advocacy
- Partnerships and Innovation
Opioid Focus Area

- Treating Opioid Use Disorder
- Usability, Shared Best Practices
- Responsible Prescribing
Supporting Substance use Assessment and Treatment: EHR capabilities

- Substance use screening
  - Structured assessments
  - Morphine Equivalent Daily dose calculator

- Care coordination
  - Opioid/Pain Management navigators
  - Pain management summary tool

- Referrals to specialty substance use disorder treatment
  - Population health dashboard
  - Care management navigator

- Analyzing patient data to target interventions
  - PDMP Integration
  - Population health (opioid) registries
Best Practices for Optimizing Clinical Workflow

Assess Current State
Understand your current process and role responsibilities

Validate Current State
Create a current state workflow and present to your organization for validation of steps and roles currently within your process

Recommend Future State
Consider improvements for meeting reporting requirements and improving efficiency

Improve Workflow
Determine an improvement and training plan to direct how to adopt the new workflow

Workflow Check-In
Check in regularly with your team to discuss your progress, barriers, and additional needs
Common Organizational Challenges

- Organizational staffing
  - Shortage of providers and RNs
- Organizational structure
  - Lack of integration
- System configuration and reporting
- Affordability of procedures and labs for patients
- Care denial
  - Urine screenings
  - Medication (Opioid) Agreements
Understanding the Regulatory Environment

Shannon Mace, JD, MPH
Public Health Law Consultant
National Council for Behavioral Health
Regulatory Factors affecting Information Exchange

- Federal laws and regulations
  - Health Insurance Portability and Accountability Act (HIPAA)
  - 42 CFR Part 2, Confidentiality of Substance Use Disorder Patient Records
- State laws and regulations
Confidentiality & Privacy Laws: The Ceiling and the Floor

State law = ceiling. Regulations can be more restrictive than federal law, but not less restrictive.

Federal law = floor. Regulations are the minimum requirements.
Overview

• Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2) is the federal regulation that governs the confidentiality of substance use disorder patient records including education, prevention, training, treatment, rehabilitation and research.

• 42 CFR Part 2 was recently updated on January 3, 2018 by the Substance Abuse and Mental Health Services Administration (SAMHSA).
State laws can be more restrictive than 42 CFR 2
Does 42 CFR Part 2 apply?

• 42 CFR Part 2 applies to substance use disorder (SUD) records that are maintained in connection with the performance of a federally-assisted Part 2 program.
• Organizations must determine if they are:
  • Federally-assisted (most meet this criteria); and
  • A Part 2 program (three categories and additional analyses)
• Most organizations meet the criteria for federally-assisted based on its broad definition that includes:
  • Receipt of federal funding/reimbursement (Medicaid, Medicare, federal grants).
    • Funding does not need to specifically be for SUD.
  • Tax exempt status (e.g., nonprofit status)
  • Carried out under federal license, certification, registration or authorization
    • Registration to dispense substances under the Controlled Substances Act
    • Certified as a provider under the Medicare program
    • Authorized to provide methadone medication-assisted treatment
Part 2 Program

• There are three categories for determining whether an organization is a Part 2 Program:
  • Individual or entity (other than general medical care facility) who holds itself out as providing and provides SUD diagnosis, treatment, or referral to treatment
  • A unit within a general medical facility that holds itself out as providing and provides SUD diagnosis, treatment, or referral for treatment
  • Medical personnel or other staff in a general medical facility whose primary function is the provision of SUD diagnosis, treatment or referral for treatment and who are identified as such providers
“Hold itself out”

• In determining whether a practice is a Part 2 program, organizations should assess the way it presents its services.
  • Would a reasonable person think the organization provides SUD services?
  • Does the organization receive funding for SUD services?
  • How does the organization describe its services in grant applications?
  • Are SUD services included on the website and in advertising?
Behavioral Health Services

QUICK FACTS:

- Nearly 20% of adults in Philadelphia have been diagnosed with a mental health condition, including depression, anxiety, and bipolar disorder. Many more go undiagnosed.
- Over three quarters of adults, both with mental health symptoms and without mental health symptoms, believe that treatment is effective in helping those with mental illness to live normal lives.
- In 2013 alone, over 40,000 people in the United States died related to self-harm/suicide.
- Nearly 3 in 10 women and 1 in 10 men in America have experienced rape, physical violence, and/or stalking by an intimate partner.

SPECTRUM OFFERS the following services to maintain good mental health

- Help with the stress of managing chronic health conditions including diabetes, high blood pressure, and pain
- Assistance with managing mood disorders such as depression and anxiety
- Support for recovery from substance use and referrals for additional help
- Help to quit smoking
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Clinic Services

North by Northeast Community Health Center is a non-profit organization providing welcoming, high-quality health care to uninsured and OHP-covered adults. Our focus is on serving as a primary care home for the African American community in Portland.

Hours of Operation: Our office is open during business hours on weekdays from 9:00 am-5:00 pm. Medical providers are present by appointment. Please call us at (503) 287-4932 for information on how to become a North by Northeast patient and/or make an appointment.

Patients Served: Our primary focus is on serving the African American community. We serve adults who are eligible for or enrolled in the Oregon Health Plan, or who are uninsured.

Services We Provide: We provide basic primary care services and help our patients manage their health issues. This includes gynecologic examinations, treatment for minor illnesses and injuries, immunizations and ongoing care for chronic health problems like diabetes and high blood pressure. Laboratory testing and medications are provided off-site. Emergency room and hospital care is provided through an agreement with Legacy Emanuel Hospital.

Services We Do Not Provide: We are not able to provide: care for people under age 18, care for medical emergencies, surgery, treatment of chronic pain, pregnancy care, HIV care, dental care, drug treatment, alcohol treatment, disability exams, third party claims or worker compensation exams. Information about available resources will be provided for those needing services we do not provide.
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If 42 CFR Part 2 does not apply

• If organizations determine that 42 CFR Part 2 does not apply to them, they should document thoroughly the analysis they conducted and the reasoning that led them to this determination.

• Organizations should conduct applicability analyses regularly as funding streams and programs change (e.g., increased funds for treating opioid use disorder in primary care).
Even if your organization determines that it is not a Part 2 program, it must comply with requirements when receiving Part 2 records from another organization as a “lawful holder” of the records.
Exceptions

- Medical emergencies (disclosure must be documented)
- Communication within a Part 2 program with an entity that has direct control over the Part 2 program
- Communication with organizations where a valid Qualified Service Organization Agreement (QSOA) is in place
  - Similar to business associate (BA) agreements for HIPAA
- Mandated reporting requirements (e.g., child abuse and neglect)
- Crimes on Part 2 premises or against Part 2 personnel
• Organizations should read the regulations in their entirety to ensure compliance.

• Major compliance areas include:
  • Disclosure requirements
  • Patient notice
  • Records security
Thank you!
Mace.shannon@gmail.com
Questions?
Web-based Resources

- SAMHSA Fact Sheet, Does 42 CFR Part 2 apply to me?
- SAMHSA Fact Sheet, How do I disclose part 2 information?
- SAMHSA’s webpage on 42 CFR Part 2
- Substance Use Warmline (National Clinician Consultation Center)
- Additional screening and assessment tools, patient resources and prescribing resources via NIH
HRSA Access Increases in Mental Health and Substance Abuse Services (AIMS) Resource Page

FY 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) supplemental funding supports the expansion of access to mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse.

https://bphc.hrsa.gov/programopportunities/fundingopportunities/supplement/
SAMHSA's Providers’ Clinical Support System for Medication-assisted Treatment (PCSS-MAT)
Educates providers on the most effective medication-assisted treatments to serve patients in a variety of settings.
https://pcssmat.org/

Prescribers’ Clinical Support System for Opioid Therapies (PCSS-O)
A national training and mentoring project that provides a variety of no cost CME programs on the safe and effective prescribing of opioid medications in the treatment of pain and/or opioid addiction.
https://pcss-o.org/

SAMHSA Opioid Overdose Prevention Toolkit
This toolkit offers strategies to health care providers, communities, and local governments for developing practices and policies to help prevent opioid-related overdoses and deaths. Access reports for community members, prescribers, patients and families, and those recovering from opioid overdose.
https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/All-New-Products/SMA16-4742
WHO WE ARE

The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) is a national training and technical assistance center dedicated to the planning and development of integration of primary and behavioral health care for those with mental illness and/or substance use disorders and physical health conditions, whether seen in specialty mental health or primary care safety-net provider settings across the country.

CIHS is jointly funded by Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources Services Administration (HRSA), and is run by the National Council for Behavioral Health through the contract task order HHSS283201200031I/HHSS28342001T, Ref No. 283-12-3101.
Visit www.integration.samhsa.gov or e-mail integration@thenationalcouncil.org

Free consultation on any integration-related topic!
Thank You

SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

The mission of HRSA is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs.

integration.samhsa.gov