

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# SAMHSA's Investment in e-Systems Integration

Substance Abuse Mental Health Services Administration  
U.S. Department of Health & Human Services

Hilltop Institute Symposium: Information Follows the Person –Advancing LTSS Integrated e-Records  
UMBC, June 14, 2012



# Safety net E-Systems Integration?



1. Bust out of info silos; kill costly paperwork!
2. Collect personal, service level data once; use many times, effortlessly.
3. Build individual, longitudinal records
  - Needs
  - Services
  - Outcomes

# 2 Initial Challenges



1. Fiscal: Limited Public Funds for IT Investment
2. Privacy Protection Policy & Technology

# SAMHSA HIT Budget Overview



- A. **\$3B total grants & contracts for treatment related services in 2011**
- B. **Maybe up to 5% (\$150M) invested in IT by tx services grantees [we don't really know]**
- C. **+ \$65M (2% of \$3B) ) HIT-specific grants & contracts**
  - **\$3.2M (.1%) for OBHITA Contract: **Open Source** information models & software**

# Open Behavioral Health Information Technology Architecture (OBHITA)

- ❑ Standard Terminology
- ❑ S&I [Standards & Interoperability] Reference Implementation Guides
  - [Health Level 7 (HL7) & Office of National Coordinator (ONC)]
- ❑ Open source, Reference e-record Model [REM] System

# ONC Data Segmentation for Privacy (DS4P) Initiative

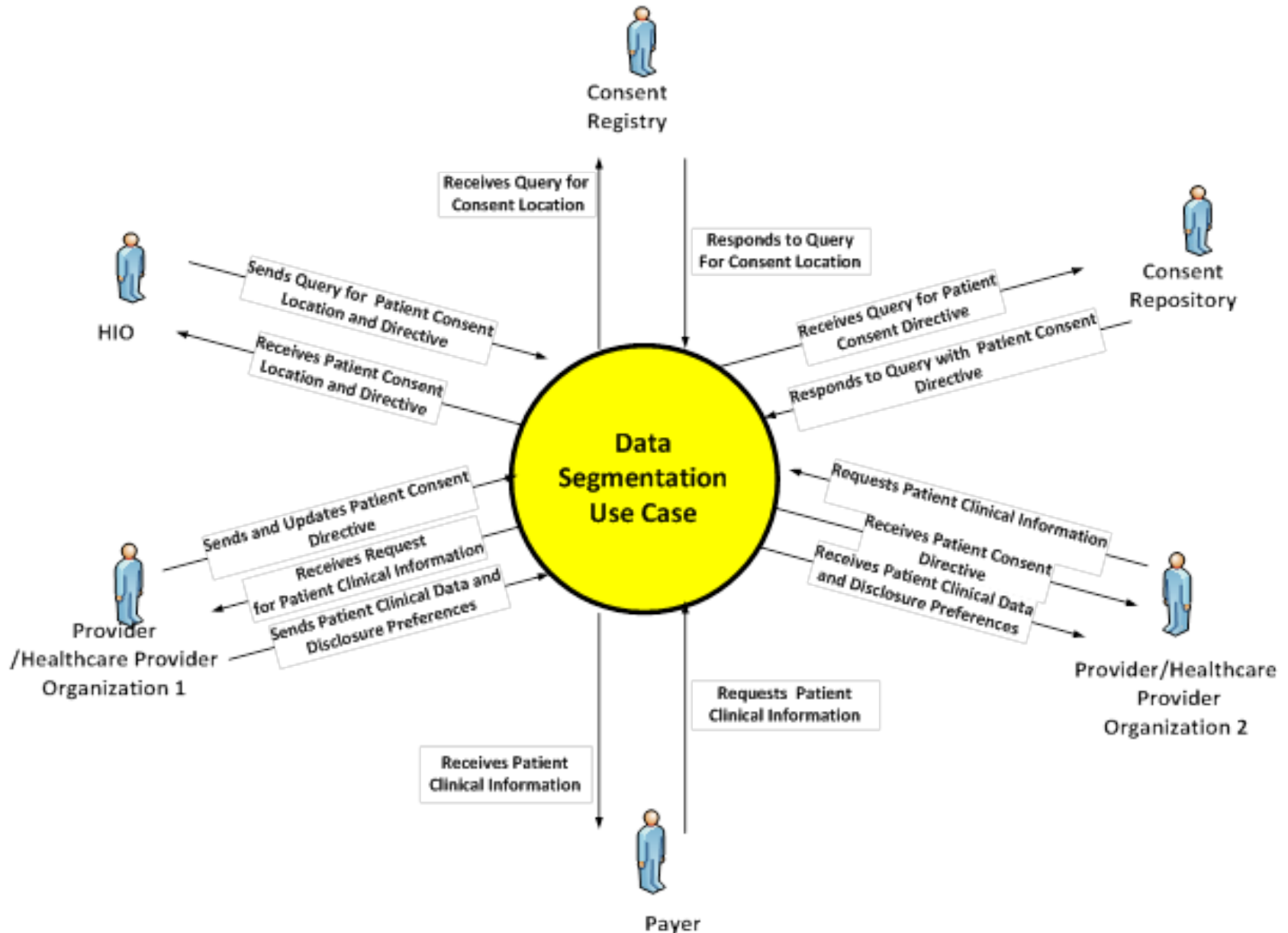


## Privacy Protection Requirements:

- SAMHSA's 42 CFR Part 2,
- VA's Title 38 USC Section 7332,
- Proposed Rule 45 CFR Part 164.522(a)(1)(iv)

Hands-Free Privacy Consent Mgt. !!

# S&I DS4P Implementation Guide: Machines Talk to Machines





# SAMHSA/VA Collaboration



→ SAMHSA/VA/ONC DS4P Pilot Test:  
Access Control Service (ACS)

- Can marry to any data repository
- Can add any State & Local policy

→ Open source re-use: the key to  
ubiquitous privacy consents

# Safety Net 'NSO' Data Systems Integration



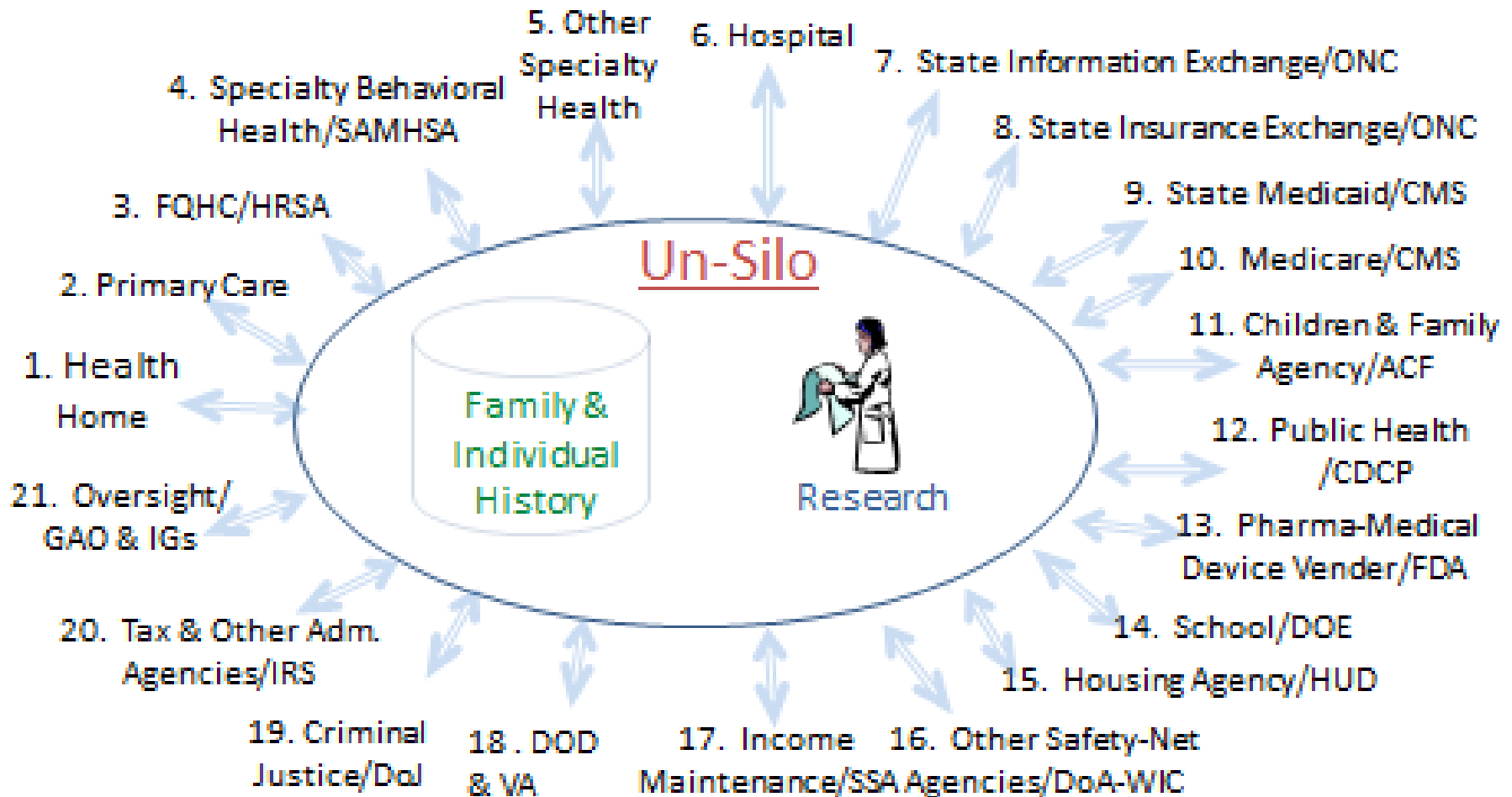
→ Can Maryland, Baltimore, or any large jurisdiction:

- ID & count every safety net person who needs specialty behavioral health treatment, by problem type?
- Detail the full scope of BH services delivered to each beneficiary?
- Measure BH treatment outcomes (beyond the self reports of service providers & beneficiaries)?

# State Health & Human Services Information Network

For Services Integration & Setting Budget Priorities

(Need, Utilization/Payment, & Outcome Data)



Information Context for Safety Net IT Investment

# Integrate Safety Net 'NSO' Data : 3 Key Steps



- **Standardize point-of-service terminology across all service silos!**
- **S&I IG guided clinical and all other administrative e-records.**
- **Cross reference need & outcome self-reports with related administrative data [e.g. actual arrests]**

# Standardize Point of Service Data!



- **Safety-net BH Domain Analysis Model passed HL7 May ballot**
- **Harmonization with National Data Standards**
  - ❖ **Health (SNOMED-CT, LOINC, and RxNorm)**
  - ❖ **National Information Exchange Model (NIEM)**

# Standard, Reference Implementation Guide(s)



## **Safety-net BH Information Implementation Guide**

- **HL7 September 2012 ballot**
- **ONC S&I Implementation Guides**

# A Pt.-of-Service Reference Implementation



## OBHITA: Reference e-record Model (REM)

- ✓ EHRs Meaningful Use (MU) Stage 1 Certified
- ✓ All standard data, inside & out
- ✓ State of the art, modular architecture
- ✓ ONC taking ownership as S&I Demonstration & Testing Platform