

Huffington Post: "Include Addiction and Mental Health Providers in Health IT"

By Chuck Igotlia

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## Include Addiction and Mental Health Providers in Health IT

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When Congress passed legislation in 2009 creating new Medicare and Medicaid incentive payments to encourage health care providers to use electronic health records, much of the health care community applauded. The Health Information Technology for Economic and Clinical Health (HITECH) Act, passed as part of the American Recovery and Reinvestment Act, was long overdue recognition of the importance of health IT in improving care for patients, while also reducing health care spending.

But amid much fanfare for the HITECH Act, a notable group of providers was left with little to cheer about. The nation's mental health and addiction treatment providers were excluded from the incentive payments. So while some providers continue to be offered financial incentives to use health IT to increase health care quality, reduce medical errors and better coordinate care, providers at psychiatric hospitals, mental health and addiction treatment facilities, and community mental health centers are being told to fend for themselves.

Earlier this year, Sen. Sheldon Whitehouse (D-RI) decided to take action to correct this glaring inequity. Whitehouse in March [introduced](#) the Behavioral Health Information Technology Act of 2011 to extend federal incentives for adopting health IT to mental health and addiction treatment providers and facilities. The bill includes a bipartisan group of nine senators as co-sponsors. The Behavioral Health Information Technology Act expands provisions in the HITECH Act in three important areas by:

- Clarifying the definition of "health care provider" in the HITECH Act to include mental health professionals, substance abuse professionals, psychiatric hospitals, community mental health centers, residential and outpatient mental health treatment facilities, and substance abuse treatment facilities;
- Adding these providers to the list of entities with priority for receiving direct assistance from regional extension centers to adopt, implement and use health IT; and
- Extending Medicare and Medicaid reimbursement for the meaningful use of EHRs to clinical psychologists and clinical social workers, as well as addiction and mental health treatment organizations.

While establishing an interoperable system of electronic health information is critical for coordinating the care of patients by all health care providers, the need among mental health and addiction treatment providers may be even more acute. Patients served by providers referenced in the Behavioral Health Information Technology Act are among the nation's most underserved

and overlooked populations. In addition to mental illness, they often have poor general health and multiple health disorders.

For example, a recent [study](#) by the Substance Abuse and Mental Health Services Administration points to a strikingly high rate of cancer, heart disease, diabetes and asthma among the more than six million Americans served by the public mental health system. Health IT is the bedrock of any effort to coordinate and integrate care for this population.

About 40 percent of people with mental health problems initially seek care in primary care settings, but studies consistently find that more than half of those with significant mental health conditions do not receive adequate mental health care. The average age of death in the public mental health system for patients with serious mental illnesses is 52. Much of this tragically short lifespan is due to the inadequate management of co-occurring health conditions.

Greater use of electronic health information has tremendous potential to change these dire outcomes and produce significant savings. A 2010 Avalere Health study found that the HITECH Act will save the federal government more than \$1.7 billion over 10 years by helping prevent adverse drug-to-drug interactions and averting emergency department visits and hospital admissions.

Fewer than half of behavioral health providers possess fully implemented clinical electronic health information systems. On average, health IT spending in behavioral health organizations represents just 1.8% of total operating budgets -- compared with 3.5% of total operating budgets for general health care services provider organizations.

If behavioral health providers cannot adopt health IT at a rate comparable with primary care facilities, hospitals and physicians, it soon will become impossible to provide clinical care coordination for this important patient population, which requires regular interaction between mental health and addiction providers, primary care physicians and specialty medical personnel.

The HITECH Act was a big step to promote widespread adoption of health IT by providers, but it will remain only a half measure until mental health and addiction providers are included.