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May 3, 2018

The Honorable Sheldon Whitehouse
United States Senate
530 Hart Senate Office Building
Washington, DC 20510

The Honorable Rob Portman
United States Senate
448 Russell Senate Office Building
Washington, DC 20510

The Honorable Lynn Jenkins
U.S. House of Representatives
1526 Longworth House Office Building
Washington, DC 20515

The Honorable Doris Matsui
U.S. House of Representatives
2311 Rayburn House Office Building
Washington, DC 20515

Dear Senator Whitehouse, Senator Portman, Representative Jenkins and Representative Matsui:

On behalf of the 34 member companies of the Electronic Health Record Association (EHRA), we are pleased to express our support for the Improving Access to Behavioral Health Information Technology Act (S 1732/HR 3331). We appreciate this opportunity to provide input on legislation, which would take important steps toward improving behavioral healthcare for persons with serious mental health and substance abuse disorders through health information and technology (IT).

EHRA members serve the vast majority of hospitals and ambulatory care organizations that use electronic health records (EHRs) and other health IT to deliver high quality, efficient care to their patients. The Association, established in 2004, operates on the premise that the rapid, widespread adoption of health IT has and will continue to help improve the quality of patient care as well as the productivity and sustainability of the healthcare system.

We offer our belief that this legislation should recognize three guiding principles:

1. Behavioral health providers have adopted EHRs and health IT more slowly than other providers in healthcare; they have never been incented or given the financial means to adopt health IT at the same pace as the remainder of the healthcare market. Behavioral health occupies a critical part of the healthcare delivery system and would benefit from standards-based, interoperable EHRs to, as HR 3331 states, “(use) such technology to improve the quality and coordination of care through the electronic exchange of health information.”

2. Any payment model that incentivizes the adoption of EHR technology by behavioral health providers should leverage pre-existing standards and avoid expanding the scope of certification. Requiring 2015 Certified EHR Technology (CEHRT) would help ensure behavioral health clinicians are using the same certified functionality as other providers in their communities, further promoting standards-based interoperability between care settings. The diverse EHR market can innovate and deliver the incremental or enhanced functionality that behavioral health providers desire for their specialties.
3. Incenting behavioral health providers to adopt EHR technology would assist in efforts to confront the opioid epidemic in their communities. For example, EHRs can facilitate clinicians leveraging their state's Prescription Drug Monitoring Program (PDMP). Also, they could review social determinants of care captured by other providers when treating patients for addiction, depression, or other mental health conditions caused by opioid abuse. That documentation could additionally be made available to other providers who treat patients who are challenged by addiction.

We suggest that Congress authorize CMS to issue sub-regulatory guidance on the Substance Abuse and Mental Health Administration's requirements for consent management. Providers are more likely to adopt standards-based interoperability when they know it is appropriate for them to exchange that information and have a clear path to managing patient consent across systems and clinical settings.

We see many hopeful signs of progress in the fight against opioid abuse, particularly in the improved awareness of the medical community and the public, and in states taking thoughtful and proactive steps in issuing and enforcing guidelines.

Information and technology, such as EHRs, information exchange solutions and PDMPs, are already playing a key role in addressing the opioid crisis. By facilitating secure information exchange and care coordination between providers, patients, and other healthcare stakeholders, health IT is one of the keys to reducing mortality and morbidity for those struggling with these disorders. To that end, EHRA recently formed an Opioid Crisis Task Force, which has begun looking into how EHRs can be part of the solution.

While we fully support this legislation, we do recommend caution in its implementation to ensure that it does not inadvertently impose additional and constraining certification criteria on EHRs--beyond those already included in 2015 certification standards. The original EHR incentive program is already so far along that changes at this point would lead to unintentional and disruptive consequences.

As it is, the current 2015 CEHRT will not see full implementation by the market until 2019. Moreover, this CEHRT edition offers behavioral health providers significant benefits with respect to psychosocial data and a broader picture of a patient's social determinants of care. Therefore, the 2015 edition is a reasonable starting point for behavioral health. The competitive EHR market can innovate to provide the functionality that behavioral health providers desire for their specific specialty.

True integrated care coordination requires that all healthcare providers can safely and efficiently exchange information, moving America closer to the goal of full healthcare interoperability. By extending federal incentives to adopt electronic health records technology to behavioral healthcare providers, S 1732 and HR 3331 would allow psychologists, community mental health centers, psychiatric hospitals, and others that specialize in treating addiction and mental health conditions to invest in technology to coordinate care with other medical professionals.

Thank you for your leadership in this important area. We look forward to continuing to work with Congress, CMS, ONC and other stakeholders to advance patient care coordination and outcomes through the best use of electronic health records.

Sincerely,



Sasha TerMaat
Chair, EHR Association
Epic



Cherie Holmes-Henry
Vice Chair, EHR Association
NextGen Healthcare

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Greenway Health



Rick Reeves, RPh
Evident

About the EHR Association

Established in 2004, the Electronic Health Record (EHR) Association is comprised of more than 30 companies that supply the vast majority of EHRs to physicians' practices and hospitals across the United States. The EHR Association operates on the premise that the rapid, widespread adoption of EHRs will help improve the quality of patient care as well as the productivity and sustainability of the healthcare system as a key enabler of healthcare transformation. The EHR Association and its members are committed to supporting safe healthcare delivery, fostering continued innovation, and operating with high integrity in the market for our users and their patients and families.

The EHR Association is a partner of HIMSS. For more information, visit www.ehra.org.