



SOLUTIONS

Solutions in Behavioral Healthcare

Meaningful Use. What's in it for Behavioral Health?

There seems to be a lot of confusion about the new health care legislation coming out of Washington these days and how it will impact Behavioral Health. As is typical of government initiatives, the rules are heavy with abbreviations and confusing language. Here is a quick run down on Meaningful Use (MU):

Meaningful Use: The Centers for Medicare and Medicaid ([CMS](#)) will be offering incentive payments for providers that are using an electronic health record (EHR) as a way to promote greater EHR adoption by providers. In order to receive the incentive payments, a provider must be using an EHR in a “meaningful way”; hence, the term meaningful use. In short, using an EHR in a meaningful way means:

- Using a certified EHR. The certification process is just beginning. A certified EHR has to have certain functionality, such as e-prescribing.
- Exchanging data electronically
- Submitting clinical quality measures

Providers must also meet certain thresholds for encounters with Medicare or Medicaid insured consumers. CMS has set criteria and has given states the ability to modify these. For now providers must provide at least 30% of services to Medicaid.

These provisions are part of the Health Information Technology for Economic and Clinical Health Act (HITECH) enacted on Feb. 17, 2009. The Notice of Proposed Rule Making ([NPRM](#) – read: how this is all going to work) came out on July 14 and is open for public comment until September 13, 2010.

BH Not included. The big issue for Behavioral Health (BH) is that we were excluded from the incentive payments. So for now, only your psychiatrists (Medicare and Medicaid) and nurse practitioners (only Medicaid) are eligible for the payments. The Health Information Technology for Behavioral Health Services Act of 2010 ([H.R. 5040](#)) is a bill that has been introduced by Reps. Patrick Kennedy (D-RI) and Tim Murphy (R-PA) that would include other BH providers in the incentive program (behavioral or mental health professional, a substance abuse professional, a psychiatric hospital, a behavioral and mental health clinic, and a substance abuse treatment facility). The bill currently has the backing of 61 House law makers. Unless this Bill or a similar one passes, Behavioral Health providers will not see much, if any, of the Meaningful Use incentives.

How will BH EHR vendors get certified? To date, there has also not been consensus on what would constitute “meaningful use” in behavioral health care since not all of the current meaningful use criteria apply. The Certification Commission for Health Information Technology ([CCHIT](http://www.cchit.org)) is an organization that has been certifying BH systems prior to these rules. However, the American Recovery and Reinvestment Act (ARRA) criteria are different and is the standard for Meaningful Use. CCHIT has applied to be a certification vendor for ARRA along with many other organizations. Certification of vendors is scheduled to begin this summer.

Do we really need the money? In short, yes, we do. Although the goal is not to pay for an EHR, getting access to incentive payments may make it possible for BH providers to acquire an EHR. In addition, it is still unknown as to whether BH providers and the EHR's we adopt will be held to the meaningful use standards; my guess is we will be regardless of incentive payments.

So, for now, advocate for H.R. 5040 and keep an eye on future developments. A few good resources can be found at:

<http://www.massmed.org/newsletters>

<http://www.ihealthbeat.org/>

<http://www.cms.gov/EHRIncentivePrograms/>

The Software and Technology Vendor Association (SATVA) has a certification watch page on their web site: <http://www.satva.org/CCHITWatch.htm>

A good white paper on MU in BH can be found at:

<http://www.ntst.com/meaningfuluse/index.asp>

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