

Mental Health Liaison Group

February 5, 2015

Office of National Coordinator for Health Information Technology (ONC)
Department of Health & Human Services
Attn: Acting Assistant Secretary for Health Karen B. DeSalvo
200 Independence Ave. SW Suite 729-D
Washington, D.C. 20201

RE: ONC Health IT Plan Is Inadequate To Meet the Needs of Americans with Mental Disorders

Dear Acting Assistant Secretary DeSalvo:

On behalf of the Mental Health Liaison Group (MHLG), a national coalition of behavioral health advocacy organizations representing consumer, family members, advocates professionals and providers, we are writing to submit an official comment to the recently proposed ONC Strategic Plan “Federal Health IT Strategic Plan 2015-2020”.

While the ONC Strategic Plan has laudable goals, it fails to meet the needs of Americans with mental disorders because it misunderstands the healthcare crisis they face. Research shows that **70% of the populations served by behavioral health providers and settings in the public mental health system have chronic, co-occurring medical surgical conditions that mandate quick and quality coordinated care.** According to federal government data for Medicaid SSDI recipients, **76.2%** of disabled Medicaid recipients with **asthma and/or COPD** also have severe mental disorders and comorbid addiction disorders; **73.7%** of disabled Medicaid recipients with **coronary heart disease** also have severe mental illnesses and comorbid addiction disorders; and **67.9%** of disabled Medicaid recipients with **diabetes** also have serious mental and substance use disorders.

MHLG is concerned with the fact that ONC’s Strategic Plan has an underlying assumption that behavioral health providers and settings have the resources to adopt electronic health records (EHRs). This assumption is related to achieving *Goal 1: Expansion of Health IT Adoption* and *Goal 3: Strengthening Health Care Delivery*).

This underlying assumption is incorrect. In comparison with primary care providers, behavioral health providers and settings have fewer resources to purchase and implement meaningful use EHRs than similarly situated health care providers. For example, a 2012 NCBH study of more than 500 community mental health and addiction treatment organizations across the nation found the following:

“Only 2% of community behavioral health organizations are able to meet MU [meaningful use] requirements—compare this to the 27% of Federally Qualified Health Centers and 20% of hospitals that have already met some level of MU requirements. The **most significant barrier** for the behavioral health sector was cost—**upfront financial costs and the costs of ongoing maintenance.**” *HIT Adoption and Readiness for Meaningful Use in Community Behavioral Health*, National Council for Behavioral Health 2012.

National organizations representing consumers, family members, advocates, professionals and providers
c/o Chuck Ingoglia, National Council for Behavioral Health at chucki@thenationalcouncil.org,
Laurel Stine, American Psychological Association at lstine@apa.org
and Debbie Plotnick, Mental Health America at dplotnick@mentalhealthamerica.org

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We strongly believe that to have the effective, interoperable exchange of health information, the ONC Strategic Plan should be altered to recommend that behavioral health care settings must receive meaningful use payments to afford EHRs and provide quality, coordinated care to patients.

More immediately, given the nature of the urgent crisis in the public mental health system, the MHLG urges ONC to use discretionary funds to expand funding for behavioral health providers and settings to address the high risk population identified above.

Sincerely,

Alliance for Children and Families
American Association for Marriage and Family Therapy
American Association of Pastoral Counselors
American Foundation for Suicide Prevention/SPAN USA
American Group Psychotherapy Association
American Mental Health Counselors Association
American Occupational Therapy Association
American Orthopsychiatric Association
American Psychoanalytic Association
American Psychological Association
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Association for Behavioral Health and Wellness
Clinical Social Work Association
Clinical Social Work Guild 49, OPEIU
Eating Disorders Coalition
Families USA
First Focus
Hume*
Jewish Federations of North America
Mental Health America
NAADAC, the Association for Addiction Professionals
National Alliance on Mental Illness

National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of Anorexia Nervosa and Associated Disorders- ANAD
National Association of Counties*
National Association of County Behavioral Health and Development Disability Directors
National Association of Psychiatric Health Systems
National Association of Social Workers
National Association of State Alcohol & Drug Abuse Directors
National Association of State Mental Health Program Directors
National Council for Behavioral Health
National Federation of Families for Children's Mental Health
National League for Nursing
No Health Without Mental Health- NHMH
Psychiatric Rehabilitation Association
Schizophrenia and Related Disorders Alliance of America
Tourette Syndrome Association
Treatment Communities of America

*Note that * represents MHLG Observers

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