October 8, 2021

The Honorable Michael Bennet  
U.S. Senate  
261 Russell Senate Building  
Washington, DC 20510

The Honorable John Cornyn  
U.S. Senate  
517 Hart Senate Office Building  
Washington, DC 20510

RE: A Bold Vision for America’s Mental Well-being

Dear Senator Bennet and Senator Cornyn:

On behalf of the Behavioral Health Information Technology (BHIT) Coalition, the undersigned member organizations applaud your continued dedication to address barriers to mental health and behavioral health care. We are submitting our comments below in reference to your solicitation for stakeholder feedback dated September 9, 2021, specifically in response to solutions for informing a forthcoming mental health package.

About the BHIT Coalition
Established in 2010, the Behavioral Health Information Technology (BHIT) Coalition is comprised of organizations dedicated to advancing public policy initiatives that tap the full potential of technology in the delivery of coordinated, integrated services and treatment for people with a history of mental illness and substance use. The BHIT Coalition believes in improved integrated, coordinated, and accessible care for individuals seeking mental health and substance use treatment. These improvements start with federal funding for behavioral health providers to establish a foundation of modern documentation and exchange of patient records through Electronic Health Records (EHRs).

High Level of Comorbidities in the SMI Population
Physical comorbidities are common in patients with behavioral health diagnoses. As of 2018, 44.1% of adults diagnosed with a mental disorder reported having a co-occurring physical health condition.¹ These co-occurring chronic diseases contribute to reduced life expectancies, with most

of the lost lifetime directly attributable to poor physical health. With psychiatric disorders already an indicator of a shortened life expectancy, the COVID-19 pandemic further exacerbated mortality rates as the risk of a virus-associated death was much greater for these patient populations.

Addressing physical and behavioral health through a whole-person approach of integration can improve overall patient outcomes, as well as reduce costs for payers and providers. Providers who are able to share information can avoid conflicting treatments and poor medication interactions, and share awareness of accurate, up-to-date, and complete information about patients.

**EHRs as a Care Coordination Solution**

The current American health care system does not support integrated primary and behavioral health care systems. The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 provided funding for medical/surgical acute care providers to adopt EHR technology – unfortunately, most behavioral health providers were not eligible to participate in this program. Due to this exclusion, mental health and substance use disorder treatment providers are still to this day far behind hospitals, physician practices, and specialty medical entities in adoption rates of EHR systems.

In the September 2021 Medicaid and CHIP Payment and Access Commission (MACPAC) public meeting, the Commission heard a panel discussion on difficulties in integrating care for behavioral health patients (slides provided for reference below). Despite the potential of EHR systems to improve the quality of data reporting and reduce cost expenditures, most behavioral health providers still greatly lag behind primary and acute care providers in EHR adoption rates. As of 2017, EHR technology was in use by 96% of general medicine and surgical hospitals. The same cannot be said of mental health facilities. From 2017-2018, just 49% of psychiatric hospitals used EHRs, with the majority of these systems lacking clinical capabilities and instead being utilized for billing and other administrative purposes. Moreover, due to a lack of federal financing, the MACPAC presentation demonstrates that the inability of behavioral health providers to exchange patient data with primary care physicians, hospitals, and related entities greatly inhibits the integration of care and blocks mental health and substance use disorder treatment facilities from seamlessly participating in a whole range of integrated care initiatives, including Health

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Information Exchanges (HIEs), Medicare Accountable Care Organizations (ACOs), Medicaid Health Homes, and shared savings of all kinds.

**Redesign the System**

EHRs provide a quick and effective way to coordinate care for those with co-occurring medical and mental health issues. The forthcoming mental health package presents the opportunity to support EHR adoption for the behavioral health providers who were left behind previously and thereby strengthen clinical integration of behavioral health services.

We specifically urge Congress finance the Center for Medicare and Medicaid Innovation (CMMI) demonstration program authorized in Section 6001 of the SUPPORT Act (P.L.115-271) to offer behavioral health information technology incentives to psychologists and clinical social workers as well as Community Mental Health Centers, outpatient addiction treatment providers, psychiatric hospitals, methadone clinics, and residential substance use treatment centers. Without these incentives, providers are unable to safely and adequately coordinate care for their patients.

Our proposal for greater EHR adoption encourages better quality of care for patients and addresses the existing systemic weakness of excluding behavioral health from the whole person approach to integrating health care. We urge you to include incentives for adoption of behavioral health information technology in your forthcoming mental health package and supporting the investment in integrated care. Thank you again for the opportunity to provide comment on this important matter.

Sincerely,

Association for Behavioral Health and Wellness
The Jewish Federations of North America
National Alliance on Mental Illness
National Association of Counties
National Association of County Behavioral Health & Developmental Disability Directors
National Association for Behavioral Healthcare
National Association for Rural Mental Health
National Association of Social Workers
National Council for Mental Wellbeing
Netsmart
Incentives have helped increase adoption of electronic health records

As part of the HITECH Act in 2009, significant investments were made to incentivize electronic health record (EHR) adoption\(^1\)

$35B allocated for Medicaid and Medicare incentive programs encouraging hospitals and providers to adopt EHR systems\(^1\)

From the inception of the incentive programs in 2011 to 2015, EHR adoption increased 53 percentage points among U.S. non-federal acute care hospitals\(^3\)

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...yet adoption has been limited in behavioral health

Psychiatric hospitals lag behind other specialty hospitals in possession of Certified Electronic Health Record Technology\(^2\)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>General medicine and surgical</th>
<th>Rehabilitation</th>
<th>Children’s</th>
<th>Acute long term care</th>
<th>Psychiatric</th>
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<tbody>
<tr>
<td>Percentage</td>
<td>90%</td>
<td>80%</td>
<td>87%</td>
<td>59%</td>
<td>49%</td>
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Office-based physicians practicing psychiatry lag behind other specialty physicians in EHR adoption\(^4\)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Cardiology</th>
<th>Neurology</th>
<th>Orthopedic surgery</th>
<th>General surgery</th>
<th>General pediatrics</th>
<th>Pediatrics</th>
<th>Gynecology</th>
<th>Internal medicine</th>
<th>Other</th>
<th>Oncology</th>
<th>Dermatology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>65%</td>
<td>61%</td>
<td>62%</td>
<td>53%</td>
<td>39%</td>
<td>60%</td>
<td>73%</td>
<td>76%</td>
<td>70%</td>
<td>61%</td>
<td>70%</td>
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McKinsey & Company 5
EHR adoption among behavioral health providers remains low primarily due to four factors

Most behavioral health provider types (psychologists, social workers, marriage and family therapists, etc.) were ineligible for the federal incentive packages spurring adoption of EHR systems.

Behavioral health providers have less incentive to adopt EHRs as they are typically not included in health information exchanges, which often serve as a catalyst for EHR adoption among other providers.

Behavioral health providers are often unable to invest in the hardware, software, and training necessary for EHR adoption due to low operating margins.

Behavioral health providers are subject to data-sharing regulations beyond Certified Electronic Health Record Technology requirements and may face challenges implementing compliant systems.


Source: "Integrating Clinical Care through Greater Use of Electronic Health Records for Behavioral Health". NACFAC, June 2021
# Increasing adoption of CEHRT among behavioral health providers could have wide-reaching benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
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<tbody>
<tr>
<td>Increase clinical integration and achieve cost savings</td>
<td>EHR adoption and information sharing among providers may promote coordinated care and in turn improve population health and healthcare value, a component of which is reduced costs.</td>
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<tr>
<td>Enable participation in value-based payment</td>
<td>EHR adoption may facilitate the development of attribution models to realize the captured value of behavioral health care savings and enable participation in value-based payment.</td>
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<tr>
<td>Improve the quality of health reporting</td>
<td>As the behavioral health field moves towards measurement-based care, supportive EHR systems are essential to improve the quality and availability of health reporting, and potentially ease the burden of reporting to state agencies or Medicaid MCOs.</td>
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