



Perceptions of Health Information Exchange by Behavioral Health Centers

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INTRODUCTION

- The electronic exchange of health information (HIE) provides many potential benefits for health care providers, payers, and consumers including improved quality of care, improved coordination of clinical care, and reduced costs (e-Health Initiative 2012; Richardson, Abramson & Kaushal, 2012).
- The focus on meaningful use and other incentive programs, however, has largely directed attention for HIE towards medical providers.
 - Thus, the level of participation by behavioral health providers is trailing behind that of medical care providers and there has been little attention on the perceptions, beliefs, and participation of behavioral health providers (Shank, 2012; Tipping, 2012).

INTRODUCTION

- The burden of behavioral health conditions (including mental illness and substance use disorders) in the United States is great (RTI, 2012).
- Mental health and physical health are closely connected.
- In addition, a large volume of behavioral health care is delivered in primary care settings (RTI, 2012).
- A need for better integration of care exists.
- Electronic health records and HIE can play a major role in integrating behavioral health and medical care (RTI, 2012; Tipping, 2012).
- Effective communication and information sharing is essential to improving the quality of care and bettering health of communities as well as individuals (CMS/ONC, 2013). Integrated mental health and primary medical health care improves overall health, reduces costs, prevents duplication and gaps in care and makes more efficient use of service providers (NAMI, 2013).

Methods

- A web-based survey was developed to obtain the perceptions and utilization of electronic health records and secure email exchange in mental health organizations in Florida
- The research sample, composed of approximately 110 Executive Directors of Mental Health Centers, was identified by the Florida Council for Community Mental Health (The Florida Council). Karen A. Koch, MSW, M.ED, Vice President of The Florida Council emailed a request to participate in the web-based survey on November 22, 2013.
 - Additional reminders with a request for participation and the URL link were sent to the sample over the following four weeks, and the survey was closed on January 3, 2014.
- The number of survey respondents in this analysis total 61 which is an approximate response rate of 56%.

Respondent Characteristics

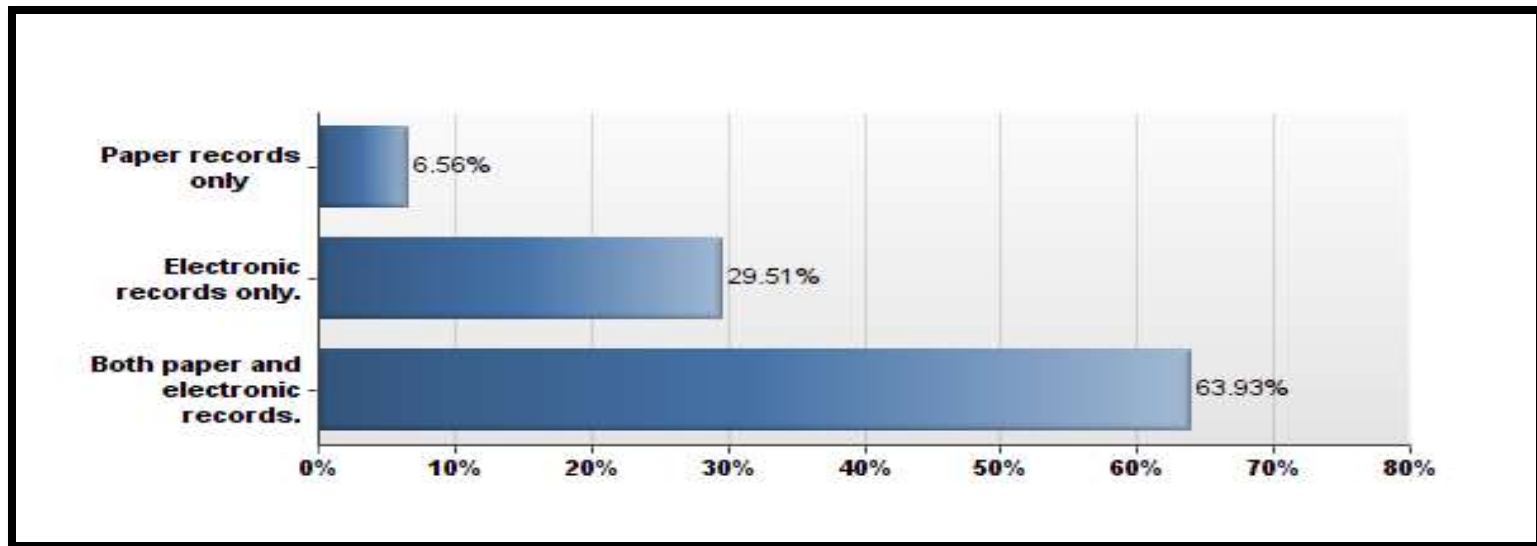
- Of the 61 respondents, only two did not characterize their practice as a Community Mental Health Center or Clinic.
- One respondent was employed by a hospital or health system and in the text box for “Other”, one respondent noted “Non-profit behavioral health (SA and MH)”.
- The vast majority of respondents (73%) were in Administrative/Management roles and, of these, 3% noted in the “Other” text box that they also provided clinical services.
- The remaining respondents noted that they provide services to clients (21%) or were in role of support staff (3%).
 - Inclusion of these categories suggests that some Executive Directors may have shared the link to allow another knowledgeable individual within the organization to respond. As the sample identified organizations, the responses are assumed to reflect those within a center and valid for that center.

Number of Years Providing Behavioral Health Services

- Seven (11%) indicated that their role did not include providing behavioral health services
- The average number of years in providing behavioral health services displays significant experience in the field. The modal response was 20-29 years (31% of respondents).
- An additional 16% reported more than 30 years and another 16% reported 15-19 years.
- Only 5% reported less than five years of experience in behavioral health.

PERCEPTION AND UTILIZATION OF EHR'S

- Nearly 30% of the respondents reported that they utilize electronic records only.
- An additional 64% reported that they use both paper and electronic records.
- Less than 7% of Florida respondents remain on paper records only.



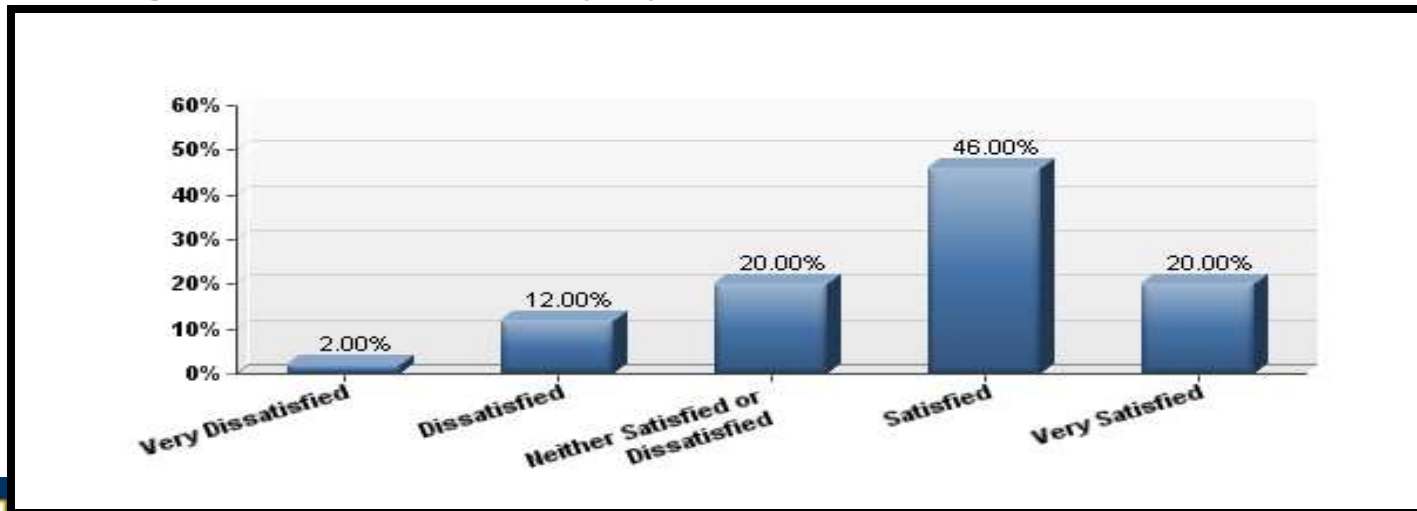
EHRs Length of Use

- Only 16% had EHRs for more than four years
- Of those organizations who reported electronic records only, 56% had been fully implemented less than 12 months
- The growth of EHR appears to be strong yet relatively recent.

BENEFITS AND BARRIERS TO THE IMPLEMENTATION OF EHR

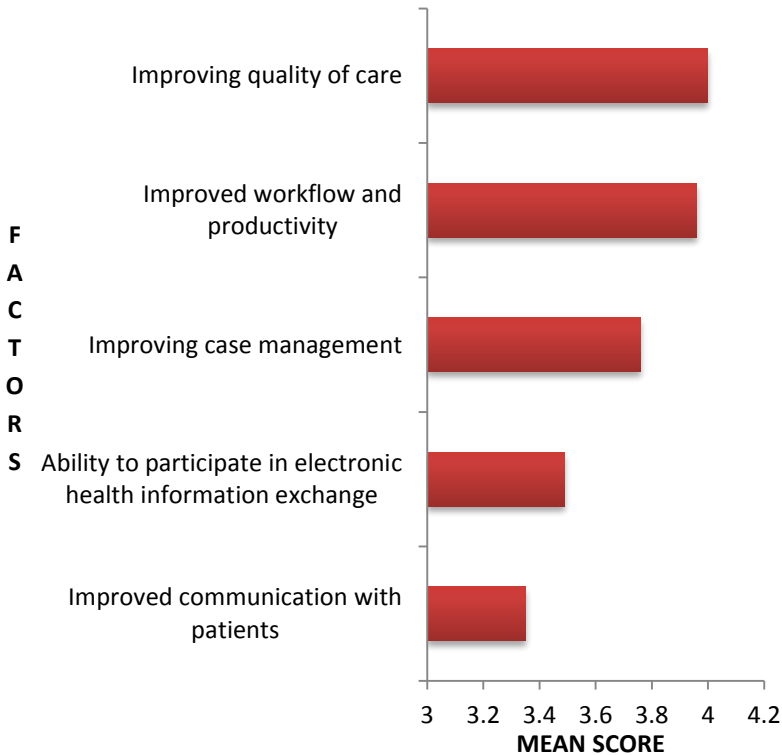
SATISFACTION WITH THE IMPLEMENTATION OF EHR'S

- Measured by a 5 point Likert scale, with
1 = Very Dissatisfied
5 = Very Satisfied
- The average satisfaction level reported was 3.7
- With EHRs only, the average was 3.88
- Using both EHRs and paper, the satisfaction level was 3.61.

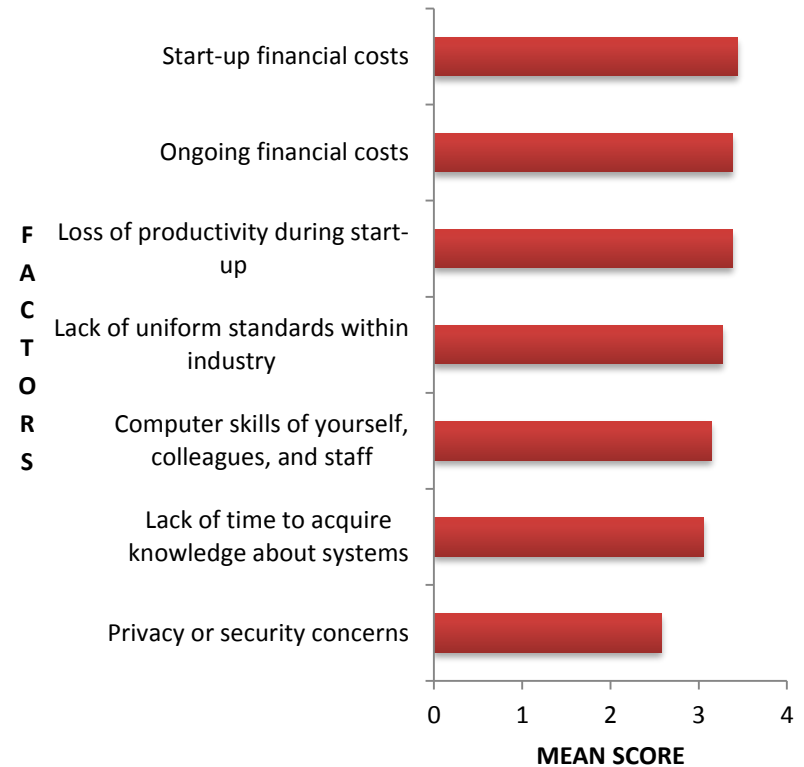


BENEFITS AND BARRIERS TO THE IMPLEMENTATION OF EMR

Average Rating for Agreement on Benefits of EHR



Average Rating for Agreement on Barriers of EHR



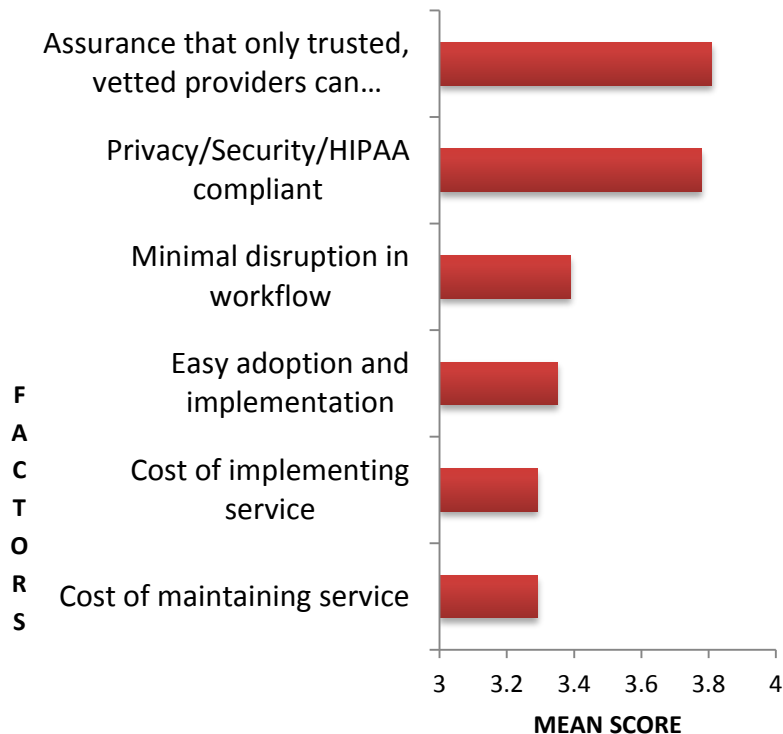
**PARTICIPATION IN SECURE EMAIL
EXCHANGE – AWARENESS AND LIKELINESS
OF PARTICIPATION IN FLORIDA’S DIRECT
SECURE MESSAGING (DSM)**

DSM Awareness

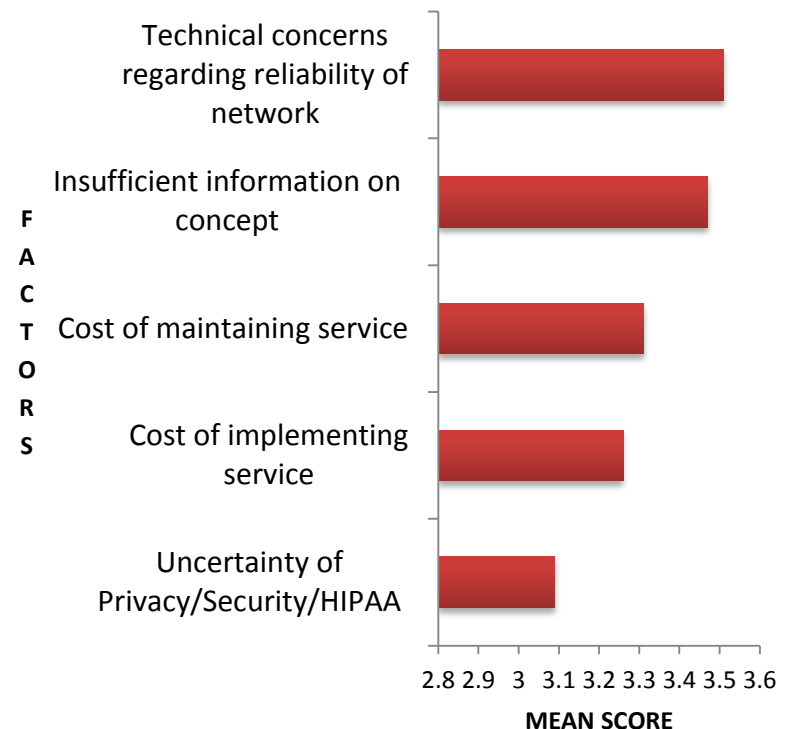
- Awareness that the State of Florida had launched an initiative to exchange health information through secure email (Direct Secure Messaging) was high.
- Nearly 63% were aware of DSM, however, only 9% (n=5) reported they currently participated in DSM
- The five DSM users were asked their level of satisfaction and all five indicated neutral

FACTORS THAT ENCOURAGE/DISCOURAGE THE ADOPTION OF DSM

Factors That Would Encourage The Adoption of DSM



Factors that would discourage the adoption of DSM



CONCLUSION

- The movement of Behavioral Health Providers in Florida towards adoption of EHRs and the use of secure (encrypted) email is strong.
- Awareness of Florida's statewide DSM system is high (63%); however, few are currently participating.
- Encouragingly, 31% of the respondents indicated they were likely to participate in DSM and 11% requested more information.
- The neutrality of responses in many categories may indicate a limited awareness of the statewide system rather than experience with the system. The positive in this neutrality is that negative perceptions and attitudes are not present.
- DSM has the potential to step in and provide a positive service and benefit to the healthcare providers.