

**Oregon Health Authority's comments on
SAMHSA's Behavioral Health IT Survey**
May 18, 2015

General Comment Summary:

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) and Center for Behavioral Health Statistics and Quality (CBHSQ) are proposing a survey to assess health information technology (HIT) adoption among SAMHSA grantees. Overall, the Oregon Health Authority's Office of Health Information Technology finds SAMHSA's Behavioral Health (BH) Information Technologies survey to be a worthwhile effort that is likely to yield useful information and insights into the extent to which HIT is being adopted and the ways in which SAMHSA grantees are utilizing HIT. Given the dearth of information regarding the implementation of HIT among BH providers, the information gathered via this survey will help shed light on a critical component of care coordination and integrated health care.

We agree with the chosen survey mode for data collection; that is, web-based with embedded skip logic. However, we believe the estimate of the burden is somewhat low and that respondents who do not skip items may take closer to 45-60 minutes to complete the survey. For example, survey participants may need to gather additional information from other sources before being able to appropriately respond.

We support the distribution of a Data Dictionary in order to ensure an accurate understanding and interpretation of the terms used in the survey. We are concerned, however that the document, in its current state, is not sufficiently user-friendly and does not adequately clarify the meaning of the various terms. In addition, the formatting of the document contributes to the ambiguity. Though we appreciate SAMHSA's effort to provide definitions and meanings directly from authoritative sources, this language is challenging to digest rendering the Data Dictionary only minimally useful. We strongly suggest that SAMHSA include definitions in lay person terms that are easily digestible as well as a link to the authoritative source for those interested.

About the Oregon Health Authority's Office of Health Information Technology:

The Oregon Health Authority's Office of Health Information Technology (OHIT) was established in 2011 as a part of the state's health agency to support the adoption of electronic health records, the secure exchange of health information, and supporting meaningful use initiatives in the state. OHIT is a resource for both state programs and other public and private users of health information, providing planning, coordination, policy analysis and the development of public/private partnerships to further health IT in Oregon. Health IT is a key part of Oregon's efforts to create a system of better health, better care and lower cost for all Oregonians.

Specific Comments

Below we have included specific comments regarding the proposed research questions, research domains, and specific survey questions. Per the 'Comment Request' our remarks focus on suggestions to 'enhance the quality, utility, and clarity of the information to be collected'. We have also included additional questions for consideration.

Note: For all questions that include a list of response options (e.g., check all that apply), we suggest that respondents be provided with an opportunity to add their own open-ended response.

Research Questions

SAMHSA Question	Oregon Health Authority Comment
2. How is HIT understood and used within SAMHSA-funded grants programs?	It is unclear what is meant by 'How is HIT understood'. How will this be measured and assessed?
3. What are the barriers of HIT use (e.g. cost, workforce) and facilitators (e.g. efficiency) of using HIT?	In addition to barriers and facilitators of HIT use, it may be worthwhile to inquire regarding the barriers and facilitators of HIT adoption and sustainability.
4. Is there any collaboration between different state and local agencies to provide coordinated care using HIT?	This research question could be worded as open-ended: What types of collaborations exist between state and local agencies to provide coordinated care using HIT?
Are there additional research questions to be considered?	
1. In addition to what is currently being implemented, what is the vision for future HIT initiatives and/or infrastructure? Future endeavors to build/expand HIT infrastructure might be helpful in informing SAMHSA's strategic plan or initiatives.	
2. To what extent does interoperability play a role in the use of HIT?	
3. How does HIT use (accessibility, dosage, engagement) vary between small practices and larger scale health systems or hospitals?	
4. To what extent has the SAMHSA-funded grant assisted the grantees with adopting, implementing, and/or upgrading their HIT capacity/infrastructure?	
5. What strategies are grantees pursuing to ensure sustainability post-SAMHSA grant funding?	
6. What type of support or technical assistance do grantees need to increase the adoption and/or use of HIT?	

Domains

SAMHSA Question	Oregon Health Authority Comment
2. Interoperability/health information exchange functionality	We suggest separating interoperability and health information exchange into discrete domains. Is Direct secure messaging included in the HIE functionality domain? If not, we recommend representing below as a separate domain.
Are there additional domains to consider exploring?	
1. Direct secure messaging (see comment above)	
2. Notification tools	

Survey Questions

Section 1 Grantee Program Information and Characteristics	
SAMHSA Question	Oregon Health Authority Comment
4) How engaged are the organization's leaders in planning and implementing the grant?	This may be challenging for the grantees to assess without further defining 'level of engagement'.
6) Are services provided within the grant-funded program eligible for reimbursement by	Consider a follow-up question that inquires about 'which services are eligible for reimbursement...'

any of these payer sources?	
Are there additional 'Grantee Program Information and Characteristics' survey questions to consider asking?	
1. If not known: How many patients are served by your practice or organization?	
2. If not known: Describe the demographics of the patient population served by the grantee program (including measures of age, ethnicity, gender).	
3. Are there other funding sources that the grantee has invested in the SAMHSA-funded project/initiative?	

Section 2 Grantee Program Information Technology Infrastructure	
SAMHSA Question	Oregon Health Authority Comment
2) Do the work-computers used by the grant-funded program staff share printers or access a shared location for storing electronic files and folders? (Commonly called an Intranet).	If yes to question 2: If working offsite, can grant-funded program staff access the intranet?
7) For each of the grant award program-level activities, please indicate the type of data collection instrument(s) program staff use to complete most of their day-to-day activities. (Please check only one answer per activity).	Unclear why this question only allows for the selection of only one answer per activity.
Are there additional 'Grantee Program Information Technology Infrastructure' survey questions to consider asking?	
1. What percentage of work is completed electronically (versus on paper)?	

Section 3 Certified Electronic Health Record Technology	
SAMHSA Question	Oregon Health Authority Comment
1) Do the grant-funded program staff who use a computer have access to a certified Electronic Health Record to complete activities?	<p>If no:</p> <ul style="list-style-type: none"> Please identify the top 2 factors that contribute to the lack of access to a certified EHR. <p>If yes:</p> <ul style="list-style-type: none"> Which one? How long has the EHR been in place? Was there a training program for staff?
4) Do the grant-funded program staff encourage patients to access their personal health information via the certified Electronic Health Record system "patient portal?"	<ul style="list-style-type: none"> Phrasing of this question may contribute to a (social desirability) response bias. This question may not be relevant in circumstances where patients do not have the means to access a patient portal (e.g., due to lack of portal availability and/or access to the necessary technology). It may, therefore, be relevant to determine whether program staff assess patients' access to a patient portal. Also, it may yield more meaningful information to ask 'for those patients who have the means to access a patient portal, what percentage of the time do program staff encourage

	<p>patients...’.</p> <ul style="list-style-type: none"> • It may be of value to inquire about the ways in which program staff encourage patients to access their PHR. • It may be of value to ascertain the availability of disease management tools and health information resources as well as the frequency with which staff encourage their use.
5) Do the grant-funded program staff use the certified Electronic Health Record to generate Patient Health Information Summaries ?	Will all grantees know what a Patient Health Information Summary is? Adding this term to the data dictionary would be helpful.
6) Do grant-funded program staff electronically exchange Patient Health Information Summaries among a network of providers in order to coordinate individual patient care?	Grant-funded program staff may electronically exchange PHISs with some provider types and not others. It may therefore be more informative to ask ‘With which provider types do grant-funded program staff electronically exchange PHISs (physical health, mental health, SUD)?’ and ‘What is the purpose of the information exchange (referrals, billing, etc.)?’. It may also be worthwhile to inquire about whether the information exchange is occurring across settings.
7) What method(s) are available to grant-funded program staff to electronically exchange patient health information? (Please check all that apply.)	We presume the list of methods includes Direct secure messaging.
8) Please indicate your use of certified Electronic Health Record technology to implement the processes in the table below:	We cannot assess this question without more information about the content of the table referred to in the question.
9) Please rate the significance of grant-funded program staff and patient barriers to adopting certified Electronic Health Record technology.	It seems this question is intending to inquire about ‘provider’ rather than ‘patient’ barriers.
10) Use the space below to add comments on the grant-funded program staff and patient barriers to adopting certified Electronic Health Record technology.	It seems this question is intending to inquire about ‘provider’ rather than ‘patient’ barriers.
Are there additional ‘Certified Electronic Health Record Technology’ survey questions to consider asking?	
1. Please use the space below to identify potential solutions for addressing the identified barriers. (What would be the most helpful solution to address these barriers?)	
2. What have been the most significant challenges with making workflow adjustments that were necessary to support the implementation of a certified EHR.	
3. What additional key functions does the certified EHR support (e.g., decision-support systems to improve compliance with best practices, computerized administration processes, electronic data storage)?	
Overall comments on Section 3: It is unclear why this section only inquires about ‘certified’ EHRs. It seems gathering this information for those using ‘not certified EHRs’ would also yield useful information.	

Section 4 Use of Telehealth	
SAMHSA Question	Oregon Health Authority Comment
3) What type of grant-funded program staff may provide these services using telehealth ? (Check all that apply.)	This is a valuable question, as the care coordination model encourages the provision of services by various staff, not just doctors and nurses.
6) What are the barriers to using telehealth within the grant-funded program? (Please check all that apply.)	This is an important question since the greater the insight into the barriers to telehealth use, the greater the likelihood of overcoming them.
Are there additional 'Use of Telehealth' survey questions to consider asking?	
1. How often do grant-funded program staff use telehealth to provide patient services?	
2. What are the benefits to implementing telehealth services (e.g., improvements in access or quality of care)?	
3. As some telehealth services/technologies are intended for patient use, it may be useful to inquire about the frequency of telehealth use by patients.	
4. Are telehealth services reimbursable? If so, which are more likely to be reimbursable across plans? For what percent of the patient population are telehealth services reimbursable?	
5. What is the grant-funded program's current vision for sustaining telehealth services?	
6. Are there organizations with whom the grant-funded program is partnering/collaborating to provide telehealth services? If so, what types of organizations?	

Section 5 Use of Mobile Technology	
SAMHSA Question	Oregon Health Authority Comment
1) Do the grant-funded program staff use mobile technology to provide patient services?	Given the important role mobile technology can play in supporting patient services and care, we are pleased to see an exploration of its use among SAMHSA grantees.
2) What types of mobile technology tools are used by the grant-funded project staff to support their day-to-day work activities? (Check all that apply.)	We suggest the inclusion of the following answer options to obtain information regarding the purpose of the tool being used: tools that monitor, track and provide data visualizations of health progress over time; tools that allow individuals to take clinical measurements at home and transmit to clinicians remotely; products that are not condition-specific, but focus on overall health and wellness, etc.
6) What are the barriers to using mobile technology tools within the grant-funded program? (Please check all that apply.)	This is an important question since the greater the insight into the barriers to mobile technology use, the greater the likelihood of overcoming them.
Are there additional 'Use of Mobile Technology' survey questions to consider asking?	
1. It would be useful to assess the relevance of mobile technology tools by asking program staff to estimate the percentage of the patient population who has access to a compatible mobile device.	
2. What are the facilitators of using mobile technology tools within the grant-funded program?	
3. What are the barriers and facilitators of mobile technology use by patients?	
4. What are the benefits of mobile technology tool use (e.g., improvements in access or quality of care)?	

Section 6 Social Media	
SAMHSA Question	Oregon Health Authority Comment

<p>2) In the table below, please identify the type of social media used by selecting the grant-funded program activities it supports. (Check all that apply for each activity.)</p>	<p>Perhaps the table included in the survey adequately clarifies the purpose of this question, however, without the table this question seems unclear. It appears to ask respondents to identify the type of social media used but then asks the respondent to select program activities supported by social media.</p>
<p>4) Does the grant-funded program enable technology-based services (i.e., services such as use of certified electronic health information technologies, telehealth, use of mobile technologies and social media) that would not be available without the grant infrastructure)?</p>	<p>It seems a follow-up question to determine the ways and the extent to which the grant-funded program has enabled technology-based services would be useful.</p>
<p>Are there additional 'Social Media' survey questions to consider asking?</p>	
<p>1. Approximately how much time a week do staff members spend supporting patients using social media?</p>	
<p>2. What are barriers/facilitators to grant-funded programs using social media? (Any legal or risk management concerns that discourage grantees from using social media?)</p>	
<p>3. What are the benefits of social media use (e.g., improvements in access or quality of care)?</p>	