Meadows Mental Health Policy Institute

December 7, 2023

The Honorable Bernie Sanders, Chair	The Honorable Bill Cassidy, M.D., Ranking Member
Senate Committee on Health, Education, Labor, and Pensions	Senate Committee on Health, Education, Labor, and Pensions
332 Dirksen Senate Office Building	455 Dirksen Senate Office Building
Washington, DC 20510	Washington, DC 20510

Submitted via email

RE: Inclusion of Behavioral Health Information Technology in SUPPORT Act Reauthorization

Dear Chair Sanders and Ranking Member Cassidy:

The Meadows Mental Health Policy Institute (Meadows Institute) and the undersigned partner organizations are committed to ensuring the inclusion of mental health data in electronic health records (EHRs) and the full execution of data interoperability to maximize the quality of behavioral health care. As your committee considers the SUPPORT Act Reauthorization in the coming weeks, we urge you to include the Behavioral Health Information Technology Coordination Act, S. 2688, in that legislation.

Independent and nonpartisan, the Meadows Institute works at the intersection of policy and programs to create equitable systemic changes so all people in Texas, the nation, and the world can obtain the health care they need. The Meadows Institute provides state and national leaders with data-driven, trusted policy and program guidance, and works to shift the focus of new investments toward early intervention for children and families, address the mental health crisis in our jails and emergency rooms, and help all people with mental health needs recover and be well.

The HITECH Act of 2009 provided significant funding for the adoption of EHRs within physical health settings, but it neglected to do the same for mental health and substance use disorder settings. Because behavioral health was left out of the HITECH Act, which has helped the rest of the health care system build its information technology infrastructure, interoperability for mental health and substance use disorders is lacking, especially in community health centers and local mental health authorities.[i] EHR systems can significantly improve the quality of data reporting and reduce cost expenditures, but most behavioral health providers still trail behind primary and acute care providers in EHR adoption rates. Without adequate funding or incentive payments, many behavioral health systems struggle to create the necessary technological systems to support the increasing need for mental health care and substance use disorder treatment, specifically measurement-based assessment and care to inform progress and impact.

Many outpatient and specialty mental health locations still rely on paper forms to collect measurement-based assessment data, a practice that is inefficient and makes it more difficult to see data in aggregate. Numerous EHR systems that do exist are not tailored for immediate data collection or streamlined analysis, a shortfall that hinders real-time and informed decision-making in patient care.

In many large health care settings, the data stored within the EHR, such as lab results, patient feedback, assessment scores, medical history, etc., connects and communicates in a coordinated way. However, outpatient and specialty mental health clinics frequently grapple with the issue of system integration, resulting in segmented patient information and potential care inconsistencies (Sheehan et al., 2017). Provided better interoperability, clinicians and care teams are more motivated to conduct and enter patient assessment data knowing that they will be able to revisit the progress in subsequent visits and monitor trends over time.

S. 2688 proposes authorizing an Office of the National Coordinator (ONC) grant program facilitating health IT incentives for a range of mental and behavioral health providers including psychiatric hospitals, psychiatrists and addiction medicine physicians, psychologists, social workers, Community Mental Health Centers, and substance use treatment providers. Currently, it is difficult, if not impossible, to integrate mental health services into primary care when behavioral health providers are still reliant on phones, faxes, email, and spreadsheets to exchange critical clinical patient data.

Further, the legislation acknowledges the clinical reality that individuals with schizophrenia, bipolar disorder, or major clinical depression face significantly higher odds of developing chronic bronchitis, emphysema, and COPD. Greater EHR adoption among behavioral health providers would address a systemic weakness that prevents these patients from receiving a whole person approach to care. Equipping behavioral health providers with health IT is crucial for effective coordination across both primary care and specialty medicine.

Thank you for your leadership in seeking reauthorization of the SUPPORT Act. The inclusion of S. 2688 would enhance the implementation and efficacy of behavioral health integration into primary care and specialty care settings, maximize the benefit of digital mental health therapeutics and technologies, increase access to quality behavioral health care, reduce spending, and save lives. Please contact John Snook at jsnook@mmhpi.org or (571) 331-5725 with any questions or to schedule a meeting to discuss this further.

Sincerely,

John Snook
Chief Policy Officer, Meadows Mental Health Policy Institute

Bend Health
DarioHealth
Digital Therapeutics Alliance
Going Digital: Behavioral Health Tech
GreyMatter Capital
Hazel Health
Headway
Hopelab
Inseparable
Manatee
NeuroFlow
Society for Digital Mental Health
Trayt Health
Vanna Health

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[i] *Near-Term Policy Solutions to Bolster the Youth Mental Health Workforce Through Digital Technology*. (2023). Meadows Mental Health Policy Institute.