

# The 15th Annual National Behavioral Health Information Management Conference and Exposition

*Addressing the Needs of Mental Health,  
Alcohol, and Other Drug Programs*

**Preliminary Program**

**April 15–16, 2015**

Hyatt Regency Long Beach  
200 South Pine Avenue  
Long Beach, CA 90802



**CIBHS**

CALIFORNIA INSTITUTE FOR  
BEHAVIORAL HEALTH SOLUTIONS

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AND RESEARCH



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Mental Health Corporations of America  
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## WEDNESDAY, April 15, 2015

7:30 AM – 5:15 PM

REGISTRATION

7:30 AM – 10:00 AM

CONTINENTAL BREAKFAST AND EXHIBIT HALL OPEN

8:00 AM – 8:45 AM

PRODUCT DEMONSTRATION

9:00 AM – 9:45 AM

PRODUCT DEMONSTRATION

10:00 AM – 10:25 AM

CONFERENCE OVERVIEW

10:25 AM – 11:20 AM

GENERAL SESSION KEYNOTE

**The gradual evolution of standards essential to support interoperability, data sharing and electronic health information exchange (HIE)**

As widespread implementation of EHRs continue, the emphasis of pioneering work on health information technology standards is shifting to HIE. Presenters for this session will review some of the most essential standards for HIE, with a particular focus on content and form structure, vocabulary, and both transport and security protocols. Among the standards they will review are CCR, CCD, C-CDA structure and content for transitions of care. They will also explain the importance of data provenance standards to support data segmentation and prevent unconsented re-disclosures.

11:20 AM – 12:15 PM

GENERAL SESSION KEYNOTE

**Supporting HIE between primary care and specialty behavioral health providers: Common forms, client consents, and other inter-organizational arrangements**

As the Affordable Health Care Act prompts a strengthening of interconnections between primary care and behavioral health providers, they are increasing their exchange of client information. Presenters for this session will describe different types of health information exchanges by these providers to support care coordination. They will discuss various arrangements made between providers for streamlining these exchanges such as commonly structured electronic forms for communicating client data and client consent. The presenters will also explain some of the differences between medical and behavioral health EHRs that present challenges for interoperability describe some of the electronic interfaces developed to support information exchange between them.

**WEDNESDAY, April 15, 2015**

**12:15 PM – 2:00 PM**

**LUNCH, EXHIBIT HALL OPEN**

**1:00 PM – 1:45 PM**

**PRODUCT DEMONSTRATION**

**2:00 PM – 3:15 PM**

**CONCURRENT SESSIONS**

**The restructuring of public sector systems of care: Data sharing agreements between specialty behavioral health plans and physical health plans**

Health care reform catalyzing a dramatic restructuring of public health care delivery system. Presenters will explain how the restructuring has led to closer care coordination between county behavioral health and other public agencies and health plans. They will explain the consequent increase in data sharing between behavioral health and these other organizations, and the benefits and challenges that it presents. They will review the burgeoning types of data sharing agreements intended to define and facilitate the increased coordination of services, with examples from several counties. They will also describe some of the enhanced case management that has developed as a result of In particular, they will describe the enhanced case management across agencies that has emerged as a result of these agreements.

**Technology interface challenges between hospitals and other treatment settings in support of care coordination**

Among the highest risk challenges for systems of care are facilitating effective discharge transitions from acute care to outpatient treatment. For this reason, one of the few system-wide behavioral health measures with the most widespread national use is the time between discharge and first outpatient appointment. Presenters for this important session will review the types of data collection and analyses that must be conducted by the system of care to track this measure across treatment settings. They will evaluate the challenges to hospitals and outpatient settings in sharing information electronically for timely communication in service of their clients. The presenters will review steps being taken by hospitals and outpatient settings along with major payers and system of care managers to assure that the necessary consents, technological interfaces, and workflows are in place to streamline the information exchange needed to coordinate care.

**Transitioning to ICD-10 and DSM-5: How treatment organizations, EHR vendors, health plans, and others have mobilized to address the challenges**

All clinical diagnosing, charting and claiming is migrating from ICD-9 to ICD-10 and from DSM-4 to DSM-5. Presenters for this session will describe the nature of the changes in philosophy, content and coding. They will explain the magnitude of change for EHR software that vendors must reconfigure. They will also describe many of the changes for clinicians in how to diagnose and code, and for claiming and billing specialists in how to submit proper codes. Presenters will also advise on training procedures and on changes to quality assurance policies so that the training is implemented effectively.

## WEDNESDAY, April 15, 2015

2:00 PM – 3:15 PM

### CONCURRENT SESSIONS, *continued*

#### **Advanced stages of EHR implementation: Linking functions to streamline workflow and providing clinical decision support for quality improvement**

Once an organization has implemented the basic functionality of their EHR, possibilities emerge for more advanced functions. Presenters will describe how interconnections between scheduling, clinical, quality assurance and billing functions can streamline and improve workflows. They will explain technological supports for managing record privacy, including record segmentation and varied types of password access. The presenters will review various examples of clinical decision support prompts, including how the “golden thread” can be strengthened between assessments, treatment plans with guidelines for evidence-based practices, and progress notes. The presenters will evaluate what some organizations developed as best approaches to installing decision support prompts, and lessons learned from approaches that proved to be ineffective.

3:15 PM – 3:45 PM

### BREAK AND EXHIBIT HALL OPEN

3:45 PM – 5:00 PM

### GENERAL SESSION KEYNOTE

#### **Changes coming soon from California DHCS billing and reporting systems: What counties and providers need to know**

The Department of Health Care Services (DHCS) recently incorporated the separate state departments of Mental Health and of Alcohol and Drug Programs. This new integration creates opportunities for upgrading and integrating older IT systems for billing and other functions that guide and powerfully impact how counties and providers collect, organize, and report data to the state. Presenters will describe emerging DHCS’ plans for upgrading billing regulations and IT systems for MH and SUD treatment, including adjustments to Short-Doyle billing systems. They will highlight a special focus on MediCaid Information Technology Architecture (MITA) from both policy and technology perspectives that will create new standards for California counties and providers.

5:00 PM – 6:45 PM

### EXHIBITOR RECEPTION AND EXHIBIT HALL OPEN

5:30 PM – 6:15 PM

### PRODUCT DEMONSTRATION

## THURSDAY, April 16, 2015

7:30 AM – 3:30 PM

REGISTRATION

7:30 AM – 8:15 AM

CONTINENTAL BREAKFAST AND EXHIBIT HALL OPEN

7:30 AM – 8:15 AM

PRODUCT DEMONSTRATION

8:30 AM – 9:45 AM

GENERAL SESSION KEYNOTE

**One year later: A review of the dramatic changes from the Affordable Care Act (ACA) and their impact on information technology for behavioral healthcare services**

The ACA brought massive changes to the healthcare system, impacting millions of persons previously without health coverage and the organizations that serve them. Presenters will explain how the shift to Medicaid payment mechanisms increases the necessity for health information technology to more efficiently meet new documentation and claiming requirements. They will also review the increased emphasis on closer care coordination between providers, public agencies, and health plans that necessitates use of electronic health record systems and electronic health information exchange. They will forecast future trends from ACA including pay for performance that necessitates electronic information systems to support data entry and analysis.

9:45 AM – 10:45 AM

GENERAL SESSION KEYNOTE

**The implications of future changes to reimbursement models: How will it impact what we need from IT systems?**

Counties and provider organizations will need to manage care effectively in new ways as reimbursement models change from fee for service to case rate and capitation. Presenters for this session will envision these future changes, define the financial arrangements, and explain the rationale for their likely emergence. They will explain the changing information needs that executives will have to manage in this new environment, including a better understanding of client mix, assessing risk factors for high utilization, and data analytic tools. The presenters will explain the differences between encounter data and service data, and they will define the types of data most likely to be essential for managing in the anticipated future environment of new fiscal arrangements.

10:45 AM – 11:15 AM

BREAK AND EXHIBIT HALL OPEN

**THURSDAY, April 16, 2015**

**11:15 AM – 12:30 PM**

## **CONCURRENT SESSIONS**

### **Challenges and benefits of interagency data exchange with children's behavioral health services, child welfare and education**

Behavioral health services for youths and their families often require coordination with multiple agencies and systems of care including child welfare, education, juvenile justice, and foster care. Presenters will discuss how youth and family services necessitate exchange of information between disparate electronic information systems for effective care coordination and reporting. They will describe how Katie A and other regulatory initiatives further underscore the need for interconnecting information systems that support systems of care for youths and families.

### **The future of 42 CFR.2 regulations for protecting the privacy of substance use-related client data: What new interpretations for the electronic era may be coming?**

In response to demand from many stakeholders, the Substance Abuse and Mental Health Services Administration is taking a further, in-depth review of the applicability of 42CFR.2 regulations in the evolving electronic environment. Presenters for this session will summarize the controversies engendered by the increased use of electronic health information exchange, particularly the difficult balance needed between encouraging HIE in support of care coordination between providers and protecting privacy when client consent is not forthcoming. They will describe how the emergence of HIE organizations and the closer coordination of behavioral health services with primary care have complicated these challenges. They will review the changes in interpretation of the regulation that SAMHSA has already made during the past few years, and new ones being considered.

### **How managers can use technological advances to streamline electronic data entry, analysis and meaningful reports to support quality management efforts**

Health care reform, prison reform and other transformational policy changes are placing increased emphasis on data-driven performance and outcomes. In this session presenters will review how the widespread use of EHRs in diverse settings is making it easier to enter original data electronically, thus obviating the need for translation from paper to computers. They will review new advances in technology that make it easier to analyze data and provide the results as meaningful information in visual formats that are easy to understand, use and further analyze. The presenters will evaluate the extent to which EHRs have built in these capabilities, and when it is useful to deploy separate data analytic software as an adjunct. They will explain how analytic software can make it easier for managers to perform data analyses directly, and when it is most opportune to rely upon staff data analysts to assist in the processes of data analysis and report interpretation.

**THURSDAY, April 16, 2015**

**11:15 AM – 12:30 PM**

**CONCURRENT SESSIONS, continued**

**EHRs for integrated behavioral health in primary care settings: special features to support care coordination within the team**

Increasingly behavioral health services are being integrated into primary care as an integral part of the team. In this session presenters will review organizational models that integrate primary medical care with mental health and substance use disorder treatment; discuss health information technologies that support integration; and explain the factors that facilitate and complicate the use of HIT to support integrated care. Presenters will also discuss the tradeoffs of record segmentation and provide examples of primary care settings that maintain a separate behavioral health record from the physical health record, and those that maintain a unified patient record.

**12:30 PM – 2:00 PM**

**LUNCH AND EXHIBIT HALL OPEN**

**1:00 PM – 1:45 PM**

**PRODUCT DEMONSTRATION**

**1:45 PM – 2:00 PM**

**BREAK**

**2:00 PM – 3:15 PM**

**CONCURRENT SESSIONS**

**Facilitating client information exchange between behavioral health and criminal justice systems**

Prison reform is returning thousands of offenders to counties now faced with responsibilities for addressing their mental health and substance use problems. This is prompting a positive effort to enhance and coordinate re-entry services among multiple local service systems including criminal justice, physical and behavioral health care, employment and housing. Exchange of information between these systems is vital, but diverse databases and privacy and security guidelines make for challenges. This session will highlight these challenges and provide examples of how some counties and states developed innovative solutions.

**Advances in technologies for HIE: A dynamic evolution of functionality for EHRs and HIE organizations**

The increased focus on electronic exchange of health information requires advances in HIE technologies and their rapid implementation. Presenters for this session will include representatives of leading behavioral health and medical EHR vendors, along with a leading expert in technology innovations to support HIE. They will describe methods for data sharing already in use such as Direct, FTPs, digital signature tools, and others. They will overview the current status of HIE mechanisms in EHRs, including technological-facilitated privacy and security protections, and the extent to which electronic HIE through the EHR is commonly used. Presenters will describe the range of mobile technologies useful to staff in the field for varying functions and how those technologies receive and transmit information helpful to staff working with clients. They will then envision the future of HIE-related technologies, the development work being done to get there, and some examples of innovative implementations already underway.

DAY 2



**THURSDAY, April 16, 2015**

**2:00 PM – 3:15 PM**

## **CONCURRENT SESSIONS, continued**

### **Meaningful Use: Incentives, standards, and aspirational goals**

The Meaningful Use initiative is focusing EHR implementation efforts on providing meaningful information, even for those who aren't eligible for the financial incentives. Presenters in this session will review the Meaningful Use standards and their associated incentives, especially for stages 2 and 3. They will discuss the relevance and implications of these standards for behavioral health organizations, and provide examples of how some organizations are implementing stages 2 and 3. They will include organizational implementation examples of how meaningful client outcomes and quality improvements were achieved.

### **Patient portals, personal health records (PHRs), smart phone apps and other mobile devices to promote engagement in care and enhance wellness and recovery**

A range of innovative technologies are now available to promote the engagement of clients and their family in the treatment process and their recovery journeys. Presenters will describe how patient portals through organized care systems enable client access to their own electronic health record information, to general health information and advice, and to scheduling and email communication with their health care providers. They will describe mobile apps for self - monitoring of moods, self-monitoring of physical health indicators (e.g. fit bits, basis watches), and reminder prompts related to individual care plans (e.g. GPS indicators for drug use risk areas and countering self-coping strategies). This session will also envision the dynamic future of these technologies through such new developments as the Internet of Things and Qualities of Self.

**3:30 PM**

## **CLOSING GENERAL SESSION**

### **Reducing the tower of Babel: The benefits and feasibility of standardizing a few Performance and outcome measures**

The increasing amount and diversity of required performance and outcome measures threatens to overwhelm the capacity of behavioral health providers to respond. Presenters in this session will overview the dilemma nationally, particularly as it pertains to providers contracted to multiple payers across multiple counties. They will describe initiatives in a few states and in other countries to consolidate these requirements into a single set that can be incorporated into all EHR software systems. They will describe how this approach can streamline data collection and reduce administrative costs for providers, and preserve resources for quality improvement efforts. They will also illustrate how this approach can lead to enhanced benchmarking and quality improvement efforts.

**4:30 PM**

## **CONFERENCE ADJOURNS**

# REGISTRATION INFORMATION

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*Addressing the Needs of Mental Health, Alcohol, and Other Drug Programs*

WEDNESDAY, APRIL 15 – THURSDAY, APRIL 16, 2015

Hyatt Regency Long Beach • 200 South Pine Avenue • Long Beach, CA 90802

### Learn from presentations that address:

- ▶ Implementing health information technology to address the opportunities and challenges of health care reform.
- ▶ Expanding electronic health information exchange to support care coordination across physical and behavioral health care.
- ▶ How to manage the ongoing implementation and improvement of your organization's EHR.
- ▶ Innovative mobile apps and other technologies to enhance client recovery and wellness.
- ▶ Innovative uses of information technologies for decision support and more effective quality management.
- ▶ Updates on national and statewide policy developments guiding health information exchange and data privacy and security.

Participate in discussions and network with your colleagues! Meet the major software companies serving mental health, alcohol, and other drug programs and evaluate their products - **all in one exhibit hall!**

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\$465.00 on or before Tuesday, March 31, 2015

\$495.00 after Tuesday, March 31, 2015

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CIBHS TAX ID # 68-0314970. Registration will be confirmed by email.

\* For every five registrations paid by the same organization, an additional registration will be given complimentary to that organization. Please contact the CIBHS conference department after you have registered at [conferences@cibhs.org](mailto:conferences@cibhs.org)

### HOTEL INFORMATION

Hyatt Regency Long Beach • \$120 Single or Double

200 South Pine Avenue • Long Beach, CA 90802

Please make guest room reservations directly with the hotel by calling (800) 233-1234 before Monday, March 23, 2015; request the group rate for CIBHS.

### CONTINUING EDUCATION: \$45.00

**Psychologists:** The California Institute for Behavioral Health Solutions (CIBHS) is approved by the American Psychological Association to sponsor continuing education for Psychologists. CIBHS maintains responsibility for this program and its content.



FOR ADDITIONAL INFORMATION, please call (916) 379-5345 or email [conferences@cibhs.org](mailto:conferences@cibhs.org)



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