NEWS RELEASE

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Health IT Safety Leaders Address Changes Needed to Improve Integration of Behavioral Health and Primary Care

*ECRI's Partnership for Health IT Patient Safety and the Electronic Health Record Association
release five safe practice recommendations*

PLYMOUTH MEETING, PA and CHICAGO, IL—New research by a collaborative of national health IT safety experts reinforces the urgent need for technology changes to enable safe integration of behavioral health and primary care. Integration between these two healthcare specialties offers important opportunities to improve patient care, says ECRI, the nation's most trusted voice in healthcare.

ECRI's *Partnership for Health IT Patient Safety,* a multi-stakeholder collaborative that sets priorities in health IT safety, worked together with the Electronic Health Record Association (EHRA) to understand the technology challenges with behavioral health and primary care integration. Their just-released white paper, Optimizing Health IT for Safe Integration of Behavioral Health and Primary Care, provides specific recommendations to develop and implement health IT to support and enhance such integration.

"The uncertainties of COVID-19, limited patient and provider resources, and the increased use of telehealth visits during the current pandemic highlight the urgency of integrating behavioral health treatment with primary care," says Marcus Schabacker, MD, PhD, president and chief executive officer, ECRI. "It is important to ensure that patients with behavioral health needs do not fall through the cracks."

An estimated 50% of behavioral health conditions go undiagnosed. Patients with depression, substance abuse disorder, and anxiety are frequently seen first by primary care providers. Effective treatment for these conditions benefits from the integration of behavioral health and primary care. Studies identified in the white paper indicate that when tools for screening for behavioral health issues are embedded in the electronic health record (EHR), screening rates increase, leading to identification of patients with behavioral health needs.

"The integrated health care model recognizes that both medical and behavioral health factors are important parts of a person's overall health," says workgroup co-chair David Bucciferro, vice chair of EHRA. "Our workgroup's focus was ensuring that all clinicians have the information they need to make informed decisions in the treatment of the individuals they serve. Our recommendations identify where developers can enhance technology in the near term (one to three years) to address the bifurcation of health information into primary care and behavioral health. By creating technology to allow for the real-time exchange and integration of data, we can ensure that clinicians of all disciplines have a complete picture of their patients."

Some of the challenges the workgroup addressed included (1) using consistent terminology standards for documentation, (2) incorporating and integrating screening tools, (3) segregating behavioral health records from other medical records due to

regulatory requirements and patient and provider privacy preferences, and (4) eliminating barriers to effectively sharing information among clinicians.

During its deliberations, the joint workgroup drew on the expertise of its members and external subject matter experts, an analysis of pertinent patient safety data from ECRI and the Institute for Safe Medication Practices PSO, and an evidence-based literature review. The workgroup formulated the following five safe practice recommendations, accompanied by practical strategies, focusing on health IT's role in three areas: screening, documentation, and sharing of information.

1. Ensure that validated, clinically accepted behavioral health screening tools are integrated, easily accessible, and readily available in the EHR
2. Enable triggers for clinical decision support associated with screening tools to integrate behavioral health and primary care
3. Optimize documentation to support integration of behavioral health and primary care
4. Enable information sharing across care environments and with patient portals, secure messaging, and Health Information Exchanges
5. Enable EHRs to segment patient information for exchange consistent with organizational policies, patient requests, and state and federal laws and regulations

"While technology cannot solve every issue, its development and implementation has the potential to better facilitate the integration of behavioral health and primary care," says workgroup co-chair Patricia Giuffrida, MSN, RN, CPHIMS, senior patient safety and health IT safety analyst, ECRI.

ECRI and EHRA previously collaborated on a Safer Opioid Prescribing workgroup. ECRI's *Partnership for Health IT Patient Safety,* funded in part with financial support from The Gordon and Betty Moore Foundation, was founded in 2013 and wrapped up in December 2020. All of the *Partnership's* findings and safe practice recommendations and toolkits are available on ECRI's website and at www.hitsafety.org.

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About EHRA | The EHR Association's nearly 30 member companies serve the vast majority of hospitals, post-acute, specialty-specific, and ambulatory healthcare providers using EHRs across the United States. Our focus is on collaborative efforts to accelerate health information and technology adoption, assist member companies with regulatory compliance, advance information exchange between interoperable systems, and improve the quality and efficiency of patient care through the use of technology. Visit www.ehra.org and follow @EHRAssociation.