

American Psychological Association

Testimony to the Certification and Adoption Workgroup of the HIT Policy Committee

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Thank you for inviting us to participate in this panel. The American Psychological Association believes that a voluntary, ONC-led health IT certification for behavioral health has the potential to improve care and care delivery within the practice setting for a variety of stakeholders—including providers, patients, and more. Presently, there is no guidance on which current, available, EHR products have features that would make them well-suited for behavioral health. While these products are available in the marketplace—and are being purchased by behavioral health providers—the systems' appropriateness for behavioral health settings are unclear to policymakers and the public. Guidance by the ONC through a certification process could serve to demonstrate these products' suitability for our members.

However, if the ONC were to go ahead with a voluntary certification process for behavioral health IT, this may lead to two separate certification processes for EHRs—one tailored to primary care and one to behavioral health—which could result in a further disconnect between these two entities. Given that the Affordable Care Act and other policy-driven initiatives are geared toward fostering increased integrated care within the US (for example, the Patient Centered Medical Home model), this would be undesirable.

Therefore, when considering whether such a certification process would be appropriate, it is important to examine current health information technology that exists for psychologists in practice. Presently, psychologists are using a patchwork of health IT resources in order to deliver care to their patients. Part of the reason as to why there is not widespread adoption of fully interoperable EHRs is because psychologists are not eligible for the meaningful use incentive payments under HITECH. Because of this exclusion, adoption of this technology is not cost-effective for solo practitioners or small groups. This has proven to be a formidable barrier in ushering psychologists across the threshold and into the HIT landscape.

On the other hand, there are some psychologists who do use fully-certified EHRs. These psychologists have identified two primary concerns: patient privacy and overall security of health IT. Seeking psychological services is still stigmatized, which leads to an increased sensitivity among psychologists to protect the confidentiality of the patient record.

Therefore, if the ONC were to lead a voluntary certification process for behavioral health EHRs, APA would recommend that additional guidance related to the inherent security/confidentiality and privacy concerns of HIT functionality be provided as a part of the certification process (for example, vendors would have to include a training module on privacy/security issues regarding their product as a part of their client training process). This could then be used to indicate to providers that the product meets all of the requisite standards for privacy and security as determined by HIPAA and 42CFR Part 2.

Additionally, voluntary certification could also serve to educate more behavioral health practitioners who are either confused or uninformed about the various levels and types of EHR functionality. Specifically, many current EHR vendors tout products that claim to be specifically designed to meet the needs of behavioral health professionals, but there is presently no specific guidance that helps practitioners in their decision-making.

How would existing EHR programs align with the voluntary certification process? APA believes that the answer to this question would depend upon the certification process itself. For example, if the certification process is too rigorous, we are concerned that EHR developers will decide that the costs of certification outweigh the benefits. Alternatively, if developers pass the cost of rigorous certification onto consumers, the higher prices will discourage psychologists—especially those in solo or small group practices— from using those products.

Voluntary certification could serve to align existing federal and state programs, but only if it is seen to work in conjunction with current certification programs rather than an additional expectation above and beyond what is already required.

Indeed, part of the challenge in aligning existing EHR standards with potentially new, behavioral health IT systems is that, presently, there is little behavioral health information exchanged between psychologists operating in solo and small group practices and other healthcare providers because there is a lack of true interoperability between various EHR systems. Hence, psychologists practicing outside of large healthcare networks often have little guidance in selecting an EHR that is truly interoperable with those used by other healthcare providers. A voluntary certification process might serve to allow psychologists to collaborate more effectively with primary care by selecting a system that is truly interoperable.

In conclusion, APA believes that a voluntary certification process for behavioral health IT could benefit psychologists in professional practice. Certification that both includes additional guidance about security/ confidentiality and dovetails with existing expectations so as to promote greater collaborative care is most needed. With the above considerations, APA has confidence that the ONC could successfully lead this initiative by leveraging the current technology pipeline in conjunction with maintaining a meaningful dialogue with input from the provider, vendor, and the IT communities. Thank you again for inviting us to participate in this panel. We are eager to see how ONC moves forward on this initiative.