

# Behavioral Health

## Why is the Health Information Exchange (HIE) important for behavioral health?

The behavioral health clients and their care providers often experience frustration because information is distributed across fragmented records. The HIE provides a single, comprehensive patient view and enables the integration of behavioral health data with the rest of the patient's medical information.

Access to behavioral health and physical health information will provide the following:

- Comprehensive view of the patient's health to fully engage the client at each encounter
- Timely access to patient data to help care teams better understand potential barriers to medication/treatment adherence and/or more appropriately prescribe controlled substances
- Reduction in health risks and identify adverse side-effects related to behavioral health medication, which may have more drug-to-drug interactions and can lead to physical health side effects
- Support to the entire healthcare team
- Utilization of behavior health data within the HIE to improve care coordination across the healthcare continuum giving access to more complete patient information history to address specific patient needs
- Connection to appropriate care services for chronic illness sufferers, including depression, for holistic patient care
- Satisfaction score improvements and health outcomes
- Timely access to medical history, help keeping those in substance abuse treatment on the right track and improve recovery
- Real-time access to clients receiving pain management services

## How will the BSCC HIE benefit Behavioral Health organizations?

The use of EHRs and HIE among behavioral health and physical care teams can spur the bi-directional exchange of critical health data which can improve knowledge sharing and health care outcomes for individuals. The ongoing need for care coordination among behavioral and physical health care coordination becomes much more efficient with electronic exchange of health information.

- Patients with depression and bipolar disorder, respectively, averaged 8.4 and 14 days of outpatient behavioral care per year; 60 percent and 54 percent of these visits, respectively, were missing from their primary care provider's EHRs because they occurred offsite
- EHRs missed 89 percent of acute psychiatric services
- Care Coordination failures increase costs by \$25 billion to \$45 billion annually
- Severe Mental Illness (SMI) and Substance Use Disorders (SUD) increased diagnoses demonstrate the need for efficient care coordination

This project is funded in whole or in part under a Contract with the Montana Department of Public Health and Human Services. The statements herein do not necessarily reflect the opinion of the Department.



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## How does this impact Montanans?

Nearly 64,000 Montana adults struggle with SUD. Alcohol is the most commonly abused substance in Montana, but use of illicit drugs like marijuana, cocaine, heroin, and methamphetamines continue to be a concern. Opioids are the leading cause of drug overdose deaths in Montana, accounting for 44 percent of all drug overdose deaths. 43,000 Montanans aged 12 years and older were estimated to misuse opioid medication in 2015-2016. The BSCC HIE solution and services ensure providers have up to date and accurate patient information to treat patients quickly and appropriately.

## How do I know my client's information will be secure with the HIE?

All client information is encrypted, stored securely, and handled confidentially meeting HIPAA standards. The HIE utilizes a single sign-on authentication service and Trusted Exchange Framework to thoroughly verify a user's identity. Patient data access is tracked and audited in accordance with regulatory requirements.

## What types of information can be shared to allow for collaboration with the HIE?

- Medication lists – poly pharmacy, opioid and benzodiazepine prescribing, Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) and medication contraindication, refill rates
- Prescription Drug Monitoring Program (PDMP) – Opioid prescribing from multiple providers
- Medication Assisted Therapy (MAT)
- Provider referrals tracking, communication
- Dementia & depression treatment in Long Term Care
- Treatment centers & shelters
- Homeless shelters
- Admissions & discharges from hospitals and ERs
- Chronic disease and comorbidities
- Social Determinants of Health (SDOH) data collection
- Advocacy for family members

For more information, visit [mtbscc.org](http://mtbscc.org), call us at (406) 422-1078, or email [information@mtbscc.org](mailto:information@mtbscc.org).



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