

BIPARTISAN POLICY CENTER REPORT SEEKS TO BRING MENTAL HEALTH CARE & ADDICTION TREATMENT INTO THE 21ST CENTURY

PRESS RELEASE

FOR IMMEDIATE RELEASE:

BEHAVIORAL HEALTH IT CHANGES WILL HELP INTEGRATE BEHAVIORAL HEALTH INTO PRIMARY CARE

Washington, DC – MARCH 31, 2021 – Today, the Bipartisan Policy Center (BPC) released a landmark report making a series of recommendations to achieve better integration between mental health care and addiction treatment and the primary care system.

The Behavioral Health Information Technology (BHIT) Coalition applauds the BPC for urging Congress to support health information technology incentives for front line behavioral health clinicians. “The exclusion of behavioral health providers from HITECH has led many to settle into a workflow absent of technology, with insufficient funding...” The BPC, a bipartisan think tank whose policy solutions are informed by former elected and appointed officials, business and labor leaders, academics and advocates who represent both sides of the political spectrum, specifically recommended that Congress finance the Center for Medicare and Medicaid Innovation (CMMI) demonstration program authorized in the SUPPORT Act (P.L. 115-271) that offer behavioral health IT incentives to psychologists and clinical social workers as well as Community Mental Health Centers, psychiatric hospitals and residential treatment centers.

“We will never achieve integration of physical health and mental health for the significant number of Americans who have co-morbidities unless we provide adequate resources for behavioral health providers to adopt the technology needed to share clinical data with medical/surgical providers,” said Kevin Scalia, Executive Vice President of Netsmart, a longtime coalition member.

“Community behavioral health organizations often serve people with acute mental health care needs combined with co-occurring chronic diseases including diabetes, emphysema, COPD and cirrhosis. Integrated care is a necessity – and in order to effectively coordinate between primary care physicians, hospitals and medical specialists, we need support to be able to implement Electronic Health Records (EHRs),” said Chuck Ingolia, National Council for Behavioral Health President and CEO.

“COVID-19 has highlighted disparities in our health care system including higher rates of mortality among people of color and individuals with low-incomes who suffer with mental health and addiction disorders; communicating effectively with physicians and hospitals on behalf our clients is now more important than ever,” said Sarah Christa Butts, MSW, Director of Public Policy, National Association of Social Workers.

“Broader use of EHRs is critical for improving coordination among the different levels of behavioral healthcare, including inpatient, residential, and outpatient providers of mental health and addiction treatment,” said Shawn Coughlin, president and CEO at the National Association for Behavioral Healthcare. “The lack of federal funding to help behavioral healthcare providers implement health

information technology has contributed significantly to relatively lower EHR use by these providers compared with other healthcare providers.”

Through administrative action undertaken by the Department of Health and the Human Services, the coronavirus pandemic has revolutionized access to mental health and addiction treatment through the use of telemedicine. A similar sea change is required to bring behavioral health care into the 21st Century via health IT.

The Behavioral Health Information Technology Coalition is the unifying voice of America’s mental health and IT providers comprised of organizations and companies such as American Psychological Association (APA), Association for Behavioral Health and Wellness, Centerstone, The Jewish Federations of North America, Mental Health America, National Alliance on Mental Illness, National Association for Behavioral Healthcare, National Association of Counties, National Association of County Behavioral Health & Developmental Disability Directors (NACBHDD), National Association of Social Workers, National Association of State Alcohol and Drug Abuse Directors, National Council for Behavioral Health, Netsmart, amongst others.

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