



## *Behavioral Healthcare Providers Need Modern Information Technology*



### **The Issue: Federal Investment Overdue**

Combating the behavioral health crisis in our nation requires a modern health information technology (HIT) system. Unfortunately, behavioral healthcare was excluded from broader HIT funding and is behind in widespread electronic health record use (EHR), despite the continued epidemic of suicides and overdose-related deaths. Absent this connectivity, most efforts to make systemic improvements in quality outcomes and service delivery will continue to exclude behavioral healthcare providers and their patients.

Sixteen years after Congress passed the *HITECH Act*, a federal investment in HIT is overdue and necessary to help our field catch up with the rest of the continuum of healthcare providers. A financial investment would assist behavioral healthcare providers in aligning with the current standards for interoperable communications and the exchange of health information.

Only with congressional support can our field be integrated with such partners for key functions such as joint case management, integration of behavioral and physical healthcare services, optimal patient placements, and patient-centric transition across settings.



### **Background**

**The *HITECH Act of 2009* excluded psychiatric hospitals and psychiatric units within larger healthcare systems.** As a result, the use of obsolete HIT the behavioral healthcare field continues to be the norm. Examples include:

Lack of Interoperability Hinders Participation in Policy Advances: Outdated IT reduces the field's ability to engage in recent initiatives by the Centers for Medicare and Medicaid that require modern interoperability, such as improved quality reporting of clinical outcomes, integration with other providers such as general acute-care hospitals and primary care providers, cross-setting patient transfers, electronic prior authorization, data requirements of federal and state health exchanges, and others.

Shortage of HIT Tools Reduces Capacity: Without modern HIT, providers are unable to make use of modern functions related to patient access, notifications, clinical decision support, care planning, data exchange, analytics, and reporting. The lack of capacity also can reduce the use of certain treatment tools such as telehealth. Further, without modern tools, behavioral health care providers are limited when measuring, evaluating, and reporting care outcomes.



## ***Behavioral Healthcare Providers Need Modern Information Technology***

Preparing for AI: Modernizing behavioral healthcare will include making use of artificial intelligence (AI) tools to reduce administrative burden, which appears to help with workforce retention. In addition, AI is being used to enhance therapy and medical notes accuracy as well as internal process improvement efforts. Lack of behavioral HIT hinders AI integration.



### **LEGISLATIVE REQUEST**

***To connect behavioral healthcare providers to the broader continuum of care, NABH calls for legislation to fund the purchase or upgrade of HIT and related support services - initially for freestanding psychiatric hospitals, and outpatient hospital services, then extended to other key behavioral healthcare providers in alignment with existing interoperability, data security and privacy standards. Specifically, the legislation should cover the cost of software and hardware purchases, network development and connectivity, and related employee training – commensurate with the scope of prior investment for doctors and hospitals.***

***To facilitate this process, the inventory of existing HIT technology and services per behavioral healthcare provider type should be conducted by the Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology (ONC), including the findings, provider settings, and policy recommendations established by The Office of the Assistant Secretary for Planning and Evaluation (ASPE) in its December 2024 report.***