

**OHA Behavioral Health Information Sharing Advisory Group**  
**2015 Provider Survey**  
**Summary and Analysis**

In February 2015, the Oregon Health Authority (OHA) Behavioral Health Information Sharing Advisory Group circulated a survey to providers throughout the state of Oregon. The survey aimed to help OHA understand the challenges and barriers that providers and Coordinated Care Organizations (CCOs) face when sharing patient health information, including behavioral health diagnoses and treatment.

The internal Advisory Group will use the responses from the survey to further develop a strategy to support integrated care and services and enable the sharing of behavioral health information between physical and behavioral health providers.

Additional information about the Behavioral Health Information Sharing Advisory Group is available at the following page: <http://www.oregon.gov/oha/amh/Pages/bh-information.aspx> or by contacting Veronica Guerra ([veronica.guerra@state.or.us](mailto:veronica.guerra@state.or.us)) or Stephanie Jarem ([stephanie.jarem@state.or.us](mailto:stephanie.jarem@state.or.us)).

### **Information on Survey Participants**

The online survey was distributed widely via CCOs, professional organizations, health systems, health information exchanges, and other interested parties. There were 138 responses; below is a highlight of the survey responders:

- 54% self-identified as a behavioral health provider (34% mental health provider, 13% substance abuse or addictions provider, and 7% mental health and substance abuse)
  - 13 % identified as a primary care provider, and 33% marked “other.”
- 71% practiced in an urban setting
- 76% are providers within a CCO network
- 63% practice in a behavioral health clinic or a primary care practice with integrated behavioral health care
- 91% exchange a patient’s personal health information with other providers in order to support service and care delivery, including care coordination and planning between providers

### **Barriers and challenges to exchanging patient health information**

Part of the survey was dedicated to understanding the particular issues that providers encounter when trying to share patient information electronically with other providers.

- Many providers still use non-electronic means to exchange patient health information.
  - 87% of providers still utilize fax machines, 91% use phone calls, 68% use secure email/online tool, and 9% share information verbally or in-person.
- Nearly half of participants are “rarely” or “never” able to exchange any type of patient information electronically (see Table 1).

**Table 1: Frequency of electronic information exchange by type of health data**

Question 2: How often are you able to exchange each type of patient information electronically?	Type of health diagnoses/ treatment			
	Physical health	Mental health	Substance abuse/addiction	Oral health
<b>Always</b> able to exchange electronically	9.4%	8.7%	3.6%	3.6%
<b>Sometimes</b> able to exchange electronically	29.7%	26.1%	12.3%	9.4%
<b>Rarely</b> able to exchange electronically	21.8%	26.8%	26.8%	12.3%
<b>Never</b> able to exchange electronically	24.6%	30.4%	43.5%	35.5%
<b>Unsure</b>	14.5%	8.0%	13.8%	39.1%

**Top three “major” barriers to electronically sharing behavioral health information among providers:<sup>12</sup>**

1. Confusion over compliance with state or federal laws (44%)
2. Concerns over privacy and confidentiality protection for the patient (38%)
3. State or federal laws prohibit the type of sharing that is needed/wanted (37%)

Other identified “major” barriers to electronically sharing behavioral health information included:

Internal technology systems don’t capture behavioral health data appropriately	33%
Concerns over liability if info shared is later shared inappropriately	31%
Unable to separate out behavioral health info when sharing patient records	28%
Lack of proper consent forms from the patient	25%

Survey participants were invited to identify additional barriers or to elaborate on the challenges faced when trying to share behavioral health information electronically. Participants shared additional technical, cultural, and legal barriers that they have encountered.

**Resources and Possible Solutions**

Majority of providers have not received any guidance or assistance on this issue (61%), and half of participants indicated that they do not have a reliable source of information or reference on this topic area. The survey identified a number of possible solutions, including some technological, legal, and educational ideas.

**Top three solutions or resources that would be “very helpful” to providers in addressing barriers to electronically sharing behavioral health information:<sup>3</sup>**

1. Improved technological solutions for easier sharing (75%)
2. Design of a model or universal consent form (64%)
3. Continued advocacy for federal action on changes to 42 CFR Part 2 requirements (54%)

<sup>1</sup> Behavioral health data includes mental health, substance abuse, and addictions health information.

<sup>2</sup> Other possible answer choices included “somewhat of a barrier,” “not a significant barrier,” and “N/A”

<sup>3</sup> Other possible answer choices included “somewhat helpful” and “not helpful”

Other solutions or resources that would be “very helpful” to providers included personalized assistance or support for your organization (39%), information on how others have tackled similar issues (39%), and an instructional webinar about applicable state/federal laws and common misconceptions (38%).

Survey participants were invited to identify additional solutions or to elaborate on available resources. Participants shared potential legal, technical assistance, and technological solutions.

## Analysis

This provider survey offered a brief and limited snapshot into the current issues, barriers, and solutions of electronic behavioral health information sharing. When interpreting the survey responses, there are a number of points that stand out.

- **Provider concerns are not specific to *electronic sharing*.**  
Nearly half of survey participants said that they are “rarely” or “never” able to electronically exchange any type of patient information. The three most significant barriers identified were related to concerns with compliance, privacy and confidentiality, and the restrictions in the law itself, unrelated to technological capacity. Additionally, there were consistent concerns that *other* providers were incorrectly sharing information. Providers and organizations need clarity on how, when, and with whom information can be shared, in an easily-digestible format. Everyone would benefit from clearer language and education on the subject.
- **Solutions must be inclusive.**  
Provider knowledge, health system capability, and the level of health information technology varies across the state. Any proposed solutions will need to be all-encompassing and include options for those that may not have robust technological systems or capacity.
- **Mismatch of barriers and solutions.**  
Overwhelmingly, survey participants indicated that improved technological solutions for easier sharing would be very helpful. This does not directly match up with the identified barriers, which focused on legal concerns and might necessitate further education. A clearer understanding of the specific technological needs is required. For example, one provider may simply need general access to electronic record keeping, while another may have specific difficulties, such as combining or separating mental health and addictions patient information within the EHR system.
- **Education is needed.**  
Some of the identified barriers (confusion over compliance) may be due to the actual restrictions in 42 CFR Part 2 that aim to protect the confidentiality of the patient. These restrictions are unlikely to change, and may continue to make information sharing an intricate and complex process that requires providers to become knowledgeable about the applicable state and federal laws.