



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

Practice Directorate

June 11, 2009

*Via E-Mail ([HealthIT-comments@hhs.gov](mailto:HealthIT-comments@hhs.gov))*

Office of the National Coordinator for Health Information Technology  
Attn: Health IT Extension Program Comments  
200 Independence Ave, SW.  
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Washington, DC 20201

RE: Comments of the American Psychological Association Regarding the  
Health Information Technology Extension Program

To the Office of the National Coordinator for Health Information Technology:

On behalf of the American Psychological Association (“APA”), I am submitting these comments in response to the Department of Health and Human Services’s (“HHS”) publication of its draft description of the program to establish regional centers to assist health care providers in adopting and using health information technology (“Draft Program Description”). (74 Fed. Reg. 25550). The APA is the largest association of psychologists world wide, with 150,000 members and affiliates engaged in the practice, research and teaching of psychology. In these comments, we request that HHS include psychological and other mental health provider associations among the groups who will be consulted regarding health information technology, specifically reach out to psychologists for inclusion in health information technology programs, and ensure meaningful education is provided to providers and consumers regarding privacy of health information contained in electronic health records.

## **I. Background**

The Draft Program Description sets forth goals and other implementation criteria related to the Health Information Technology (“HIT”) Extension Program that was created by Congress in its Health Information Technology for Economic and Clinical Health Act (“HITECH Act”), by adding section 3012(c) to the Public Health Service Act. This HIT Extension Program consists of two types of entities, a national research center (“HITRC”) and regional extension centers (“Regional Centers”). The major focus of their work will be to help providers select and implement certified electronic health records (“EHRs”).

APA’s comments on the Draft Program Description focus on three general areas: inclusion of mental health provider organizations, the need for specific outreach to psychologists, and privacy of electronic health records.

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## **II. Inclusion of Mental Health in Required Criteria and Preference Criteria for Identifying Qualified Applicants to Serve as Regional Centers**

The HITECH Act requires that HHS establish regional centers to assist providers in adopting and using HIT. The Draft Program Description sets forth criteria that applicants who apply for designation from HHS as a regional center must meet in order to be considered for such designation ("Required Criteria") and in order to receive preference for consideration ("Preference Criteria"). APA encourages HHS to include mental and behavioral health expertise in its consideration of these criteria, and to include specific language on this issue in the Preference Criteria, as discussed further below.

Expertise in mental, behavioral, and substance use treatment is a necessary component for achieving Regional Centers' goal of having practitioners adopt EHRs because a significant percentage of the nation's health care patients seek treatment in these areas, and that number is growing. Primary care physicians identify about 40 percent of their patients as needing some mental health treatment. (Behavioral Health in Primary Care: A Guide for Clinical Integration (Psychosocial Press, 1997)). Moreover, federally funded Community Mental Health Centers have seen an almost 45% increase in the number of mental health and substance use visits from 2001 to 2007. (2001-2007 Uniform Data System, Bureau of Primary Care, HRSA, DHHS. Table 5, Lines 20, 21, 22, Column C.)

The Required Criteria include in several areas the obligation that applicants demonstrate the ability to reach all the providers in their region, support cooperation among such providers, and furnish specialized expertise to such providers. Since mental, substance use and behavioral health providers play such a significant role in today's health care system, APA encourages HHS to ensure that all Regional Center applicants are carefully evaluated for their ability to reach out to and meet the unique needs of these providers and their patients.

The Preference Criteria focus on an applicant's ability to work with local stakeholders, such as universities, provider organizations, primary care associations, hospital organizations, and community health centers, among others. While APA applauds HHS for including a wide variety of entities who are integral players in the health care arena, we note that in the area of health care societies, the Preference Criteria specifically reference "medical" societies, but do not specifically reference psychological, mental health, or behavioral practitioner organizations. We encourage HHS to specifically incorporate into the Preference Criteria that preference will be given to applicants that demonstrate the ability to collaborate with mental and behavioral health care provider organizations. We propose the following language be added to the first criterion under Preference Criteria: "state or regional medical/*mental and behavioral health*/professional societies and other provider organizations." Adoption of this language would help ensure that this critical area of our health care system is fully integrated into the nation's HIT systems.

### III. Outreach to Psychologists by the HIT Extension Program

APA urges the Office of the National Coordinator for HIT (“ONC”), which is responsible for establishing the Regional Centers, to ensure that the HIT Extension Program makes specific efforts to reach psychologists a priority. Not only are psychologists specifically included in the HITECH Act by Congress, but as primary care providers in individual and small group practices, they fall squarely within the category of providers that the HITECH Act requires be given priority for assistance and education by the Regional Centers. Further, psychologists hold leadership roles in many large health care delivery systems and so will be in a position to guide such entities in the area of HIT and EHRs.

APA successfully urged Congress during consideration of the HITECH Act to ensure that psychologists would be eligible for funding and other provisions in the law that would promote adoption of HIT into their practices. Many of our member psychologists are in solo or small group practices with limited resources to implement HIT and to join the electronic medical records network in their community if they so choose. Many psychologists who are not in solo or small group practices, serve on the medical staffs of hundreds of hospitals and other health care delivery systems, supervise treatment teams and hold senior management positions at medical facilities. These psychologists will be called upon to serve as leaders in facility wide implementation of HIT, particularly with regard to mental, substance use, and behavioral patient records.

Therefore, the APA greatly appreciates that the HITECH Act includes psychologists as health care providers who would be eligible for the various funding, grant, loan and other initiatives that would help in the adoption of HIT. These include, for example—

- ONC’s offering of HIT technology to health care providers for a “nominal” fee under certain circumstances.
- State and Indian Tribe grant and loan programs to assist with health care provider adoption.
- Demonstration program grants for the development of academic curricula that integrate HIT into the clinical education of health care professionals, including for graduate programs in behavioral or mental health.

Though psychologists are also eligible for outreach under the HIT Extension Program, we would encourage ONC to prioritize outreach to psychologists in its implementation of this program. Our request is based primarily on two factors.

First, psychologists are central mental and behavioral health providers in communities throughout the country, often providing services where psychiatrists are not available. There are far more psychologists relative to psychiatrists throughout the nation (at a ratio of approximately 3 to 1). *HRSA State Health Workforce Profiles: Missouri*, U.S. Dep’t of Health & Human Services, Health Resources and Services Admin., Bureau of Health

Professions (2004). Psychologists are also more widely distributed throughout the country and more numerous in non-metropolitan statistical areas (at a ratio of 3 to 1). In addition, psychologists deliver essential and unique mental and behavioral health services to patients, such as psychological testing services, which are not provided by other mental health professionals.

Second, Regional Centers are required to prioritize direct assistance to individual or small group practices (or a consortium thereof) that primarily focus on primary care. Psychologists are essential providers of primary care, and the final rule should specifically prioritize psychologists for outreach based on this statutory priority. Psychologists play a vital role in primary care by treating and preventing a range of chronic illnesses, including depression, diabetes, cardiovascular disease, and cancer. Psychologists typically provide mental and behavioral health services individually or as part of coordinated care effort in some form with other providers. In many instances, a psychologist will address multiple chronic conditions. For example, patients with both diabetes and depression are more likely to experience diabetes complications than those without depression. Psychologists address these complications through psychotherapy and behavioral health interventions to help diabetic patients better manage their diet, level of exercise and medication regimens.

Not only do psychologists provide a number of primary care services, but they also provide those services in a variety of settings with physicians and other health care professionals, often serving as members of multidisciplinary treatment teams and taking a lead when a patient has a primary mental health or substance use diagnosis. These primary care settings include hospitals, health maintenance organizations and community agencies. It is important to note, however, that psychologists also provide services in their private practices as part of community networks that have evolved in various forms. As team members, psychologists provide patient-centered mental and behavioral health services, such as prevention, diagnosis, evaluation, assessment, treatment, and management services.

Because of their prominent role in primary care, their presence in all facets of the health care system, and their relative availability compared to psychiatrists, we urge ONC to prioritize outreach to psychologists under the HIT Extension Program. Failure to reach this critical provider group will significantly limit the inclusion of mental health records in the development of an integrated electronic record system to address patients' primary care needs.

#### **IV. Privacy Protection and Education**

APA encourages HHS to include the issue of privacy in its proposed goals for Regional Centers that are set forth in Section II of the Draft Program Description.

For nearly two decades APA has advocated for strong patient privacy and security standards as part of federal laws that address the transition from paper to electronic patient records in our health care system. We worked towards such standards as part of the Health Insurance Portability and Accountability Act ("HIPAA") Privacy and Security Rules, and we are pleased that the HITECH Act includes comprehensive privacy and security standards.

APA believes that for EHR to be accepted and widely used by health care practitioners, it is critical that consumers and practitioners have confidence that patient privacy will be protected in EHRs. The HIT Extension Program will be required to ensure that EHR systems maintain the balance between keeping health information private, especially information relating to mental health such as psychotherapy notes, while making sure that relevant information is available as needed to health care practitioners for health care decision-making purposes. Because this represents a significant issue for psychologists and other mental health care practitioners and their patients, we encourage HHS to incorporate the issue of privacy directly into one of the Draft Program Description's proposed goals for the Regional Centers or to create a fourth goal addressing this issue.

If HHS decides not to explicitly address privacy among the goals for the Regional Centers, we encourage ONC to interpret the goals as incorporating the privacy issues raised above. This would include ensuring that HIT is designed to protect the privacy of information in EHRs; that consumers and health care practitioners, especially mental health care practitioners, are educated about the effectiveness of HIT privacy and security provisions; and that such practitioners are educated regarding how to ensure the privacy of health information in EHRs. APA believes that special attention to the issue of privacy in HIT and, especially, education about privacy protections, will go a long way towards helping practitioners and consumers adopt and become effective users of EHRs.

## V. Conclusion

Thank you for your consideration of APA's comments to the Draft Program Description. Please feel free to contact Maureen Testoni of my staff if you have any questions or if we can be of assistance.

Very truly yours,



Katherine Nordal, Ph.D.  
Executive Director for Professional Practice