

A photograph of a man and a woman looking at a laptop screen together. The man, on the left, is wearing a pink button-down shirt and has a slight smile. The woman, on the right, is wearing a red and blue patterned top and has a more serious expression. They appear to be in a home setting, with a wooden cabinet visible in the background.

A UNIFIED VIEW

Bridge the Gap Between Behavioral and Physical Health

A solution for tribal communities,
now and going forward

nextgen[®]
healthcare

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Introduction

Tribal health centers across the country face unique challenges when providing integrated behavioral and physical health services amid COVID-19. Stay-at-home orders and social distancing have led to gaps in care, isolation, job loss, and virus-related anxiety and depression. Providers should know what strategies and solutions are available so they can meet patient needs and manage care effectively, now and going forward.

This E-book will examine:

- Factors that contribute to an ongoing rise in mental illness
- How an opioid and substance abuse problem complicates care efforts
- Why healthcare management struggles to respond
- The need for solutions that offer better visibility into a patient's entire care continuum

TRIBAL HEALTHCARE'S ONGOING CRISIS

Disparities and challenges

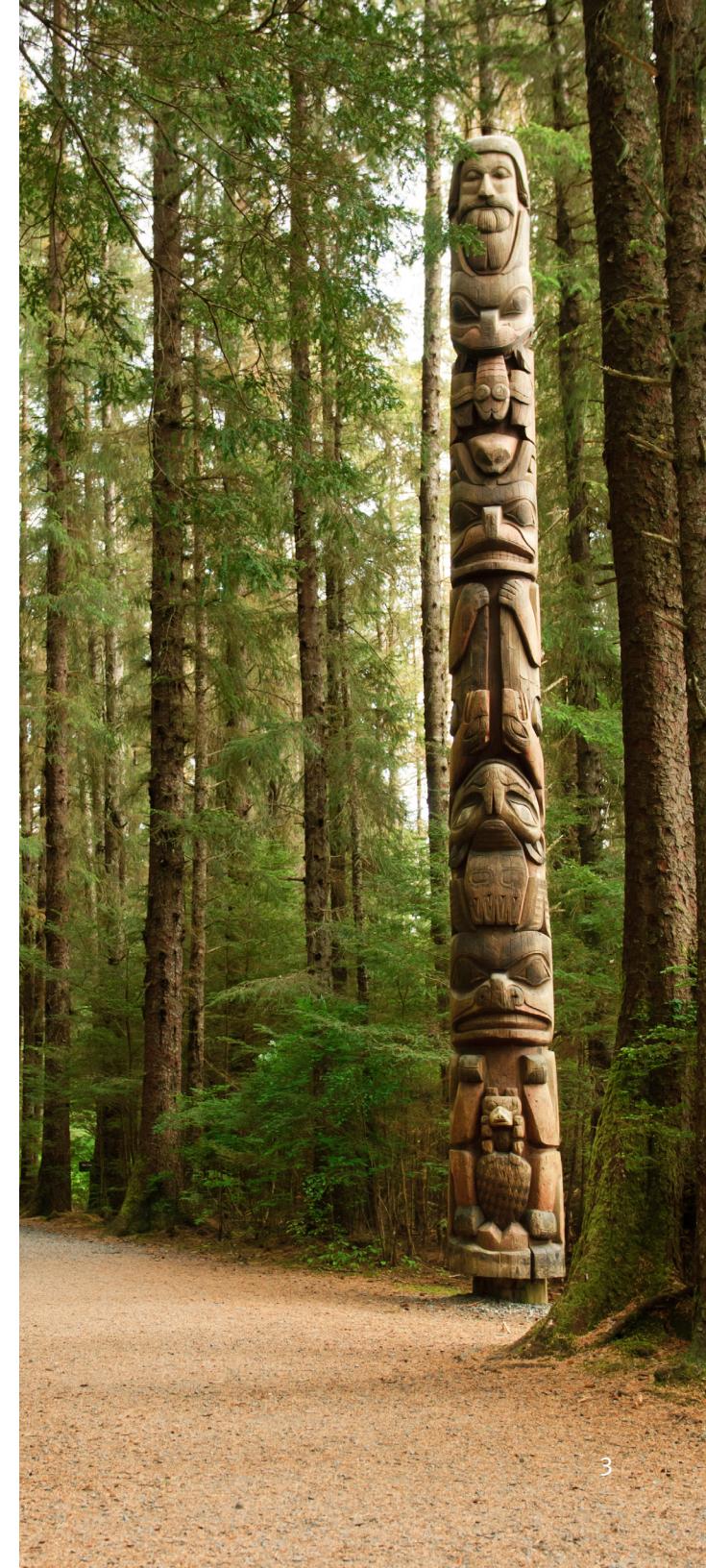
American Indians and Alaska Natives (AI/AN) report experiencing psychological distress 2.5 times more than the general population over a 30-day period.¹ Data also reveals significantly higher rates of cancer, diabetes, trauma, mental and substance use disorders, and accidental injury among AI/AN populations compared to the rest of the U.S.² And a 2018 report by the Centers for Disease Control and Prevention (CDC) revealed the suicide rates for Native American women and men have been increasing since 2003.³

In addition to these observations, a recent study by the CDC reported that of 23 selected states, “the cumulative incidence of laboratory-confirmed COVID-19 cases among AI/AN was 3.5 times that of non-Hispanic whites.”⁴

These findings and similar statistics illustrate the significant challenges tribal communities face. Issues surrounding severe poverty impact lives from birth through old age, only increasing vulnerability to behavioral and physical health problems.

“Persisting racial inequity and historical trauma have contributed to disparities in health and socioeconomic factors between AI/AN and white populations that have adversely affected tribal communities.”⁵

– Centers for Disease Control and Prevention



Factors that contribute to a rise in mental illness include:

- An increase in overall US population, therefore, an increase in the US patient population
- Population aging, which introduces physical health factors that can compound symptoms and complications of mental illness
- Expanding awareness and understanding of serious mental illness in youth, which results in a new influx of patients at an earlier age
- Stay-at-home orders, social distancing measures, and pandemic anxiety
- Extreme poverty, substance abuse, violence, lower educational attainment, and unemployment

The opioid crisis complicates mental health efforts

In addition to a rise in mental illness, the American Indian/Alaska Native communities face an opioid crisis that has escalated at startling rates. Between 2016 and 2017, American Indians and Alaska Natives suffered from the highest percentage rate increase in opioid prescription deaths, and the second highest increase in opioid-related deaths.⁶ Therefore, opioid misuse has implications for both behavioral and physical health.

“Those with mental illness and substance abuse disorders pre-pandemic, and those newly affected, will likely require mental health and substance use services.”⁷

Source: Kaiser Family Foundation





Dental and other health needs suffer

Typically, those struggling with mental illness and/or opioid abuse aren't able to care for themselves optimally. They often suffer from dental problems and other ailments in tandem with their core mental illness and/or substance dependency. Additionally, individuals living with serious mental illness face a higher risk of having chronic medical conditions.⁸

Research reveals that social isolation and loneliness are consistently linked to cardiovascular disease and poor mental health.⁹

HEALTHCARE MANAGEMENT STRUGGLES TO RESPOND

Tribal healthcare practices and clinics face new complexities and more patients

In addition to the dramatic uptick in both behavioral illnesses and opioid abuse, tribal healthcare providers must also contend with an increase in patients, a worsening clinician shortage, and stringent reporting requirements in an effort to meet a high standard of care.

More choices for patients, more patients for you

Patients seeking care now have multiple choices, including telemedicine, outmigration services, home care, and online services and tools. With this increased access to care and coverage, patients are bringing the challenges of mental illness directly to health centers across the country at higher volumes.

Increasing regulatory scrutiny

Requirements for reporting in healthcare have grown more demanding over time, and older EHR systems aren't flexible enough to keep up. This makes the reporting necessary for funding and reimbursement remarkably cumbersome.

It's easy to see why healthcare management struggles to keep pace with this evolving mix of patients, conditions, and organizational challenges. To achieve a holistic view of physical and behavioral wellbeing, integrated care is an imperative.

Fewer graduating clinicians

For the next five to eight years, the number of graduating clinicians is expected to be low, intensifying workforce shortages, driving up prices, and reducing patient access.



“In my 25 years of experience working with different medical companies, I've never seen another company that has addressed the FQHC and tribal requirements with as much respect as NextGen Healthcare.**”**

**Antonia Hayworth, Billing Supervisor
Greenville Rancheria**

INTEGRATED CARE CAN BRIDGE THE GAP

How to meet complex tribal healthcare challenges

A specialized EHR is central to the effective administration and reporting of health issues. Leading EHR solutions are configurable to the needs of your patient population. An EHR with a special focus on behavioral health support should include data collection for:

- A residential program
- A patient substance abuse program
- Group therapy
- Case management
- Medication-assisted treatment (MAT)

By leveraging integrated care with a configurable EHR, you can increase productivity, improve financial outcomes, ease information exchange, and enrich the patient experience. To make sure you're getting the 360-degree patient view integrative care affords—including behavioral, physical, and dental health data—ensure your EHR partner can answer “yes” to the questions in the next section.



11 questions for your EHR partner

① Does their solution provide a single patient record for medical, behavioral, and dental health?

Utilize a comprehensive, single database solution for integrated behavioral and physical health that's designed to help you see the big picture—so you can deliver better care and improve outcomes for your patients.

② Does their solution provide a single, integrated database between the EHR and practice management systems?

Best practices advise utilizing an integrated EHR and practice management solution that leverages a single database on a single server, saving you time and money.

③ Will they help scale your organization without nickel-and-diming you?

Find a partner with a solution that allows you to edit your own content, so you can scale your services without their help and easily add new service lines with in-house template editing.

④ Do they offer a population health solution to aggregate and analyze patient data from multiple sources for comprehensive care management?

A partner should offer a population health solution to better manage health, predict and prevent illness, and manage care transitions while reducing cost. Key features of a robust population health solution include risk stratification, leakage, claim data analysis and predictive modeling.

⑤ Can their solution be tailored to meet the specific needs of behavioral health clinicians and staff?

You'll need standards-based, behavioral health-specific blueprints and content to chart individual action plans and create master treatment plans.



⑥

Is their solution interoperable? Does it allow you to seamlessly and securely share protected patient information, even if they have a different EHR?

Tribal healthcare providers should be able to find connected providers and organizations on the network and compose and exchange a referral with clinical documents. You should be able to exchange data with any disparate system, from anywhere, for more collaborative care.

⑦

Does their solution easily capture both discrete information and free text—anywhere the community care is delivered?

Some solutions allow a provider to capture needed data with the stroke of a pen. That discrete data is then automatically transferred directly to the EHR solution. Ensure the one you choose has the capabilities you need.

⑧

Do they offer data analytics solutions?

For best outcomes, integrating health IT with data analytics functionality will help your tribal health center effectively manage population health and enhance preventive care.

⑨

Do they provide hosted solutions?

In-house servers and maintenance will drain your IT budget. Find a partner who will help host your software to free up your team's time so they can get back to patient care.

⑩

Do they offer revenue cycle management (RCM) services and solutions?

Improve financial performance, maximize opportunities to increase collections, correct operational inefficiencies, and elevate outcomes across the entire revenue cycle. Find a partner who has dedicated staff working for your revenue cycle to help your health center stay up-to-date and run smoothly.

⑪

Does their solution provide virtual visit capabilities integrated into your EHR and PM?

Virtual visits increase convenience for providers and patients. The integration with your EHR and practice management system ensures a smooth user experience tailored to your workflow.



Easily capture clinical notation and client intake information with a digital pen.

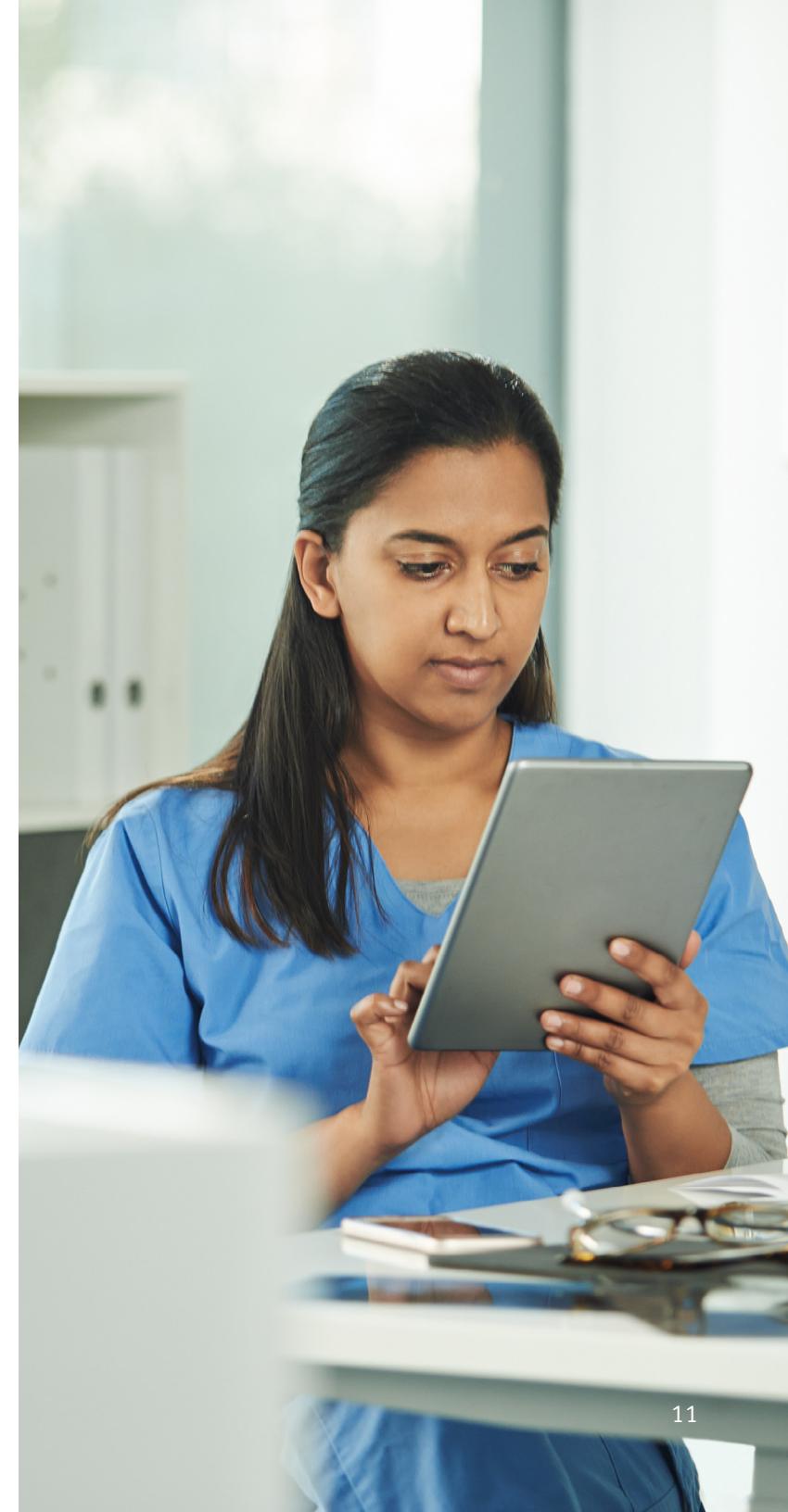
THE FIRST FULLY INTEGRATED CARE SOLUTION

NextGen Behavioral Health Suite

NextGen® Behavioral Health Suite unites traditionally disparate data—typically contained within separate medical, dental, and behavioral health records—into one record on a single platform. Clinicians can now have a comprehensive view of a patient's record and can share the information seamlessly and securely.

NextGen Behavioral Health Suite facilitates the delivery and administration of behavioral health services in a wide range of settings, including:

- Substance abuse and addiction management programs for alcohol, drugs, and opioids in residential treatment, detox, intensive outpatient services, partial hospitalization, and medically managed inpatient services
- Mental health services at inpatient psychiatric hospitals, psychological services, and psychiatric rehab services
- Family services for children, youth, adults, and families
- Individual and group therapy sessions
- Crisis intervention and risk assessment for suicide prevention, sexual assault, abuse, and other life crises
- Child services ranging from learning disabilities to moderate and serious mental illness
- Case management, including assessment, planning, and coordination of delivery of services to meet individual or family health needs
- Peer support programs that promote recovery through education, role modeling, and empowerment



Robust, comprehensive behavioral health content

NextGen Behavioral Health Suite supports the most common treatment services:

- Outpatient and residential mental health and substance abuse services
- ASAM assessment, including Continuum® Integration and CO-triage
- Opiate treatment program support
- Numerous screening tools and scales
- Methadone clinic support
- Targeted case management
- Peer support services
- Crisis mental health and behavioral health services
- Client-defined programs
- Robust behavioral health billing capabilities for residential, inpatient, and outpatient services
- Improved group scheduling functionality
- Out-of-the-box, behavioral health reports and CCBHC* quality measures
- Support for MRO environment

*Certified Community Behavioral Health Clinics



“ NextGen Behavioral Health Suite gives us a holistic picture of our patients’ complete health data in one place, so we are better equipped to **treat the whole person, not just one symptom or disease.**

Now that all this data resides in one integrated platform, we can spend more time caring for patients than requesting records or collecting history. ”

**Isaiah Nathaniel, CIO
Delaware Valley Community Health Inc.**



Improve care collaboration with seamless interoperability

With NextGen® Share, users can easily exchange clinical information with external entities, such as hospitals and health systems, state and government agencies, referral groups, labs, and pharmacies.

“NextGen Healthcare allows us to communicate with each other, share information, use analytics, and give patients access to information. It’s a shift in clinical care, all for the benefit of the patient.”

Joe Hromco, Psychologist and Director of Operations
Western Psychological and Counseling Services

DELIVER HIGH-QUALITY HEALTHCARE ANYTIME, ANYWHERE

VIRTUAL VISITS THAT INTEGRATE WITH YOUR EHR/PM

Virtual visits are critical to maintaining care continuity during the coronavirus pandemic. Beyond the crisis, patients will expect the convenience and autonomy they've experienced, and additional opportunities to engage with their providers.

A virtual visit solution that integrates with your EHR and PM optimizes your time and enhances efficiency and safety.

Connect with patients on any device and maintain productive engagements, whether patients see you in the office or via video. With an integrated solution, patients can schedule appointments, pay bills, and participate more actively in their health.

The COVID-19 crisis has changed the way healthcare is delivered. Integrated virtual visits provide a safe, effective alternative to the traditional in-office visit, especially for routine and follow-up appointments.

INTEGRATED VIRTUAL VISITS PROVIDE:

- In-visit features that enable a customized patient experience
- Screen sharing capabilities to pass documents, invite a third party or interpreter, and chat with your patient all within the virtual visit
- Simple, secure, no login required patient access
- Ability to test a device before a visit
- Customizable patient email and text reminders
- Clinical administrator workflow capabilities
- Transition calls to integrated virtual visits
- Patient payment collection process

BETTER STARTS HERE.

Contact us at 855-510-6398 or results@nextgen.com.

Choose a targeted solution from a strategic partner.

Partner with NextGen Healthcare and gain a comprehensive view of patient health for improved outcomes and better financial performance.

1 “Health, United States, 2017: With Special Feature on Mortality,” National Center for Health Statistics, Hyattsville, MD, 2018, Table 46. <http://www.cdc.gov/nchs/data/hus/hus17.pdf> **2** “The National Tribal Behavioral Health Agenda,” Substance Abuse and Mental Health Services Administration (website), December 2016, <https://store.samhsa.gov/product/The-National-Tribal-Behavioral-Health-Agenda/PEP16-NTBH-AGENDA> **3** Leavitt RA, Ertl A, Sheats K, Petrosky E, Ivey-Stephenson A, Fowler KA. “Suicides Among American Indian/Alaska Natives — National Violent Death Reporting System, 18 States, 2003–2014,” MMWR Morb Mortal Wkly Rep 2018;67:237–242, DOI: <http://dx.doi.org/10.15585/mmwr.mm6708a1> external icon. **4** “CDC data show disproportionate COVID-19 impact in American Indian/Alaska Native populations,” Centers for Disease Control and Prevention (website), last reviewed August 19, 2020, <https://www.cdc.gov/media/releases/2020/p0819-covid-19-impact-american-indian-alaska-native.html> **5** “CDC data show disproportionate COVID-19 impact in American Indian/Alaska Native populations,” Centers for Disease Control and Prevention (website), last reviewed August 19, 2020, <https://www.cdc.gov/media/releases/2020/p0819-covid-19-impact-american-indian-alaska-native.html> **6** CTRS. FOR DISEASE CONTROL & PREVENTION, Drug and Opioid-Involved Overdose Deaths—United States, 2013–2017, 67 Morbidity & Mortality Weekly Report 1419, tbl.1 (Jan. 4, 2019), <https://www.cdc.gov/mmwr/volumes/67/wr/pdfs/mm675152e1-H.pdf> [<https://perma.cc/BMV7-9HDA>]. There is a high likelihood that the harm to native communities is even greater than reported due to undercounting of Indigenous populations in state mortality statistics. See CTRS. FOR DISEASE CONTROL & PREVENTION, Drug, Opioid-Involved, and Heroin-Involved Overdose Deaths Among American Indians and Alaska Natives—Washington, 1999–2015, 67 Morbidity & Mortality Weekly Report 1384 (Dec. 21, 2018), https://www.cdc.gov/mmwr/volumes/67/wr/mm6750a2.htm?s_cid=mm6750a2_w&c_cid=journal_search_promotion_2018 [<https://perma.cc/DXP8-JNQG>] (“During 2013–2015, total drug and opioid-involved overdose mortality rates for AI/AN were 2.7 times higher than those of whites in [the state of] Washington. Misclassification of AI/AN race in death certificates underestimated Washington AI/AN overdose mortality by approximately 40%.”). **7** Nirmita Panchal, Rabah Kamal, Kendal Orgera, Cynthia Cox, Rachel Garfield, Liz Hamel, Cailey Muñana, and Priya Chidambaram, “The Implications of COVID-19 for Mental Health and Substance Use,” Kaiser Family Foundation (KFF), April 21, 2020, <https://www.kff.org/health-reform/issue-brief/the-implications-of-covid-19-for-mental-health-and-sub-stance-use> **8** Colton, C.W. & Manderscheid, R.W. (2006). Congruencies in Increased Mortality Rates, Years of Potential Life Lost, and Causes of Death Among Public Mental Health Clients in Eight States. Preventing Chronic Disease: Public Health Research, Practice and Policy, 3 (2), 1-14. Retrieved January 16, 2015 from <http://www.ncbi.nlm.nih.gov.pmc/articles/PMC1563985> **9** N. Leigh-Hunt,D. Baggaley,K. Bash,V. Turner,S. Turnbull,N. Valtorta,W. Caan, “An overview of systemic reviews on the public health consequences of social isolation and loneliness,” Public Health, November 2017, <https://doi.org/10.1016/j.puhe.2017.07.035>”

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