

WITS and Electronic Health Records (EHR)

Idaho is in the process of implementing the Web Infrastructure for Treatment Services (WITS) System for the SUD Services Delivery System. There are currently 20 providers piloting the system. Training for all SUD providers is planned for Spring 2013, with full implementation by July 1, 2013. WITS will provide an electronic patient data system for Idaho's provider network and meet the federal electronic health care record requirements.

What is WITS?

WITS is an open-source, web-based clinical and administrative system for behavioral health providers. This system was designed to meet the growing needs of capturing patient treatment data and satisfying mandatory government reporting requirements for the planning, administration, and monitoring of Behavioral Health Treatment Programs. The system supports meaningful use electronic health record care coordination, and provides a full claims adjudication system.

- There are currently 26 states and five counties using or implementing WITS nationwide.
- This includes more than 2,634 providers and over 40,000 users in the WITS system.
- Close to 2 million clients are being served through the WITS system.

Why Idaho?

WITS was first introduced to the State of Idaho in 2007 when Senate Concurrent Resolution No. 109 directed the Idaho Supreme Court (ISC), Idaho Department of Corrections (IDOC), Idaho Department of Juvenile Corrections (IDJC), and Idaho Department of Health and Welfare (IDHW) to develop and adopt a standard statewide SUD assessment. The Global Appraisal of Individual Needs (GAIN) was chosen as a statewide assessment on February 28, 2007. Following this decision, the Office of Drug Policy contracted with FEi in September of 2007 for the development of an interface between WITS and the web-based assessment tool (GAIN-I) owned and operated by Chestnut Health Systems. Providers were trained on the WITS-GAIN interface in November of 2008.

The next step in the evolution of WITS occurred in June of 2008, in conjunction with the reporting requirements placed upon the State by the federal government. The State was and is required to collect and report Treatment Episode Data Set (TEDS) and National Outcome Measures (NOMS) to the federal government for substance abuse populations tied to federal funding. The Office of Drug Policy contracted FEi at that time to program WITS to collect the required data and/or map data fields from the GAIN-I to WITS. IDHW contracted with FEi to establish a mental health module in WITS to be used by adult mental health. This module was completed and implemented in October of 2009. IDHW further contracted with FEi in March of 2009 to program the extraction of the TEDS and NOMS data from WITS to be uploaded electronically to the federal government.

The next step for WITS occurred in October of 2010, when IDHW was awarded the ATR grant and started gathering requirements to build ATR data elements into WITS. The following year, IDHW contracted with FEi to resume work on the design, build and implementation of WITS for the standard SUD population. FEi also started a design and build for the IDHW children's mental health program. The children's mental health module of WITS was completed and implemented in June of 2011. The design and build of WITS for the standard SUD population was completed in November of 2011. WITS has evolved significantly in the last year. The first WITS pilot provider was brought on in April of 2012, followed closely by the inclusion of 19 additional pilot providers.

What next?

The ISC, IDOC, IDJC, and IDHW recognize the importance of Health Information Technology (HIT) and are invested in the successful implementation of HIT across the Substance Use Disorder (SUD) Provider Network.

For these reasons, the IDHW Division of Behavioral Health has invested, and will continue to invest, significant effort and resources to prepare WITS for the SUD network and all of its partnering agencies. Pilot providers continue to allocate their time and energy to utilize WITS and provide the valuable input necessary to enhance the WITS environment for the entire network. Unfortunately, we cannot accept providers into the pilot at this time but will solicit additional pilot providers at a later date. Following the pilot phase of WITS, the entire provider network will be trained in WITS in the Spring of 2013.

Starting in July 2013, all providers will be required to utilize WITS as their electronic health record and to track and submit claims for payment. At that time, the managed service contractor will maintain the adjudication process in WITS and providers will be paid based upon the submitted and accepted claims in WITS. The Division and partners are committed to standing by the provider network in completing this transition to WITS.

What is the cost of WITS for my agency to use?

WITS will be available for use by all state approved substance use disorder providers. There is no cost to use WITS other than your staff time for training, agency set-up and business transition. This is a significant cost savings to your agency because several studies estimate the cost of purchasing and installing an electronic health record ranges from \$15,000 to \$70,000 per substance use provider.

What can you expect as a WITS user?

- Web-based training
- Training manuals
- Reporting capabilities
- Standard reports
- Outcome measurement reporting
- IWUG (Idaho WITS User Group) membership
- Opportunity to have input on system changes

Please direct questions to the WITS Help Desk at 208-332-7316 or dbhwitshd@dhw.idaho.gov.

- Opportunity for meaningful use incentives

What is IWUG?

IWUG stands for the Idaho WITS User Group and consists of the users of the EHR. This group meets monthly via an online meeting tool. The purpose of the IWUG is to allow for an open-forum discussion on the use and maintenance of the WITS EHR and billing system.

Why now?

Federal health care reform will require electronic health records to be associated with all billing for Medicaid and Medicare services by 2014. Additionally, current State legacy systems have become antiquated and lack integration among internal systems, which adversely affects the ability to meet business needs, health information technology needs, and goals.

The Health Information Technology for Economic and Clinical Health Act (HITECH Act or "The Act") is part of the American Recovery and Reinvestment Act of 2009 (ARRA). ARRA contains incentives related to health care information technology in general (e.g., creation of a national health care infrastructure) and contains specific incentives designed to accelerate the adoption of electronic health record (EHR) systems among providers. This legislation also anticipates a massive expansion in the exchange of electronic protected health information (ePHI). The HITECH Act also widens the scope of privacy and security protections available under HIPAA, it increases the potential legal liability for non-compliance, and it provides for more enforcement.

Health care providers can qualify for Medicare and Medicaid EMR "meaningful use" payments under the HITECH Act. The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of HIT transition and instill the use of EHRs in meaningful ways to help our nation improve the quality, safety, and efficiency of patient health care.

The Medicaid EHR Incentive Program is a voluntary program established by Congress but administered individually by each State. Idaho Medicaid launched the incentive program on July 2, 2012. To find out more about this incentive program, visit the IDHW website at <http://healthandwelfare.idaho.gov>.

What if I have questions?

ISC, IDJC, IDOC, and IDHW are committed to the successful implementation of WITS across the SUD network. Please direct all questions to the WITS Help Desk at 208-332-7316 or dbhwitshd@dhw.idaho.gov.

WITS is the future for SUD patient data and billing in Idaho. The Division and partners will continue to communicate changes to the provider network and provide support for the upcoming changes.

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