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Via email: www.healthit.gov

Micky Tripathi, Ph.D., M.P.P.
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services
330 C St SW
Floor 7
Washington, DC 20201

Attention: 2024-2030 Federal Health IT Strategic Plan Public Comment

Dear Dr. Tripathi:

Acadia Healthcare (Acadia) appreciates the opportunity to provide comments in response to the 2024-2030 Federal Health IT Strategic Plan. We appreciate the extensive proposals in the plan, along with the significant perspective offered by the Office of the National Coordinator for Health Information Technology (ONC). We have provided comments below on several key points we believe will impact patient care.

Acadia is the largest standalone provider of behavioral healthcare services in the United States with 260 locations and more than 11,000 beds across 38 states and Puerto Rico. We employ more than 23,000 passionate and dedicated employees to serve more than 75,000 patients daily. Our mission is to save and transform the lives of these patients, and thereby strengthen our communities. Through an energetic and team-oriented service delivery system that values input from employees, physicians, and all strategic alliances, we are providing evidence-based care that allows patients, including Medicare beneficiaries, to get the right treatment, and regain hope in a supportive, caring environment. We provide treatment across four major service lines: acute psychiatric hospitals, specialty residential for substance abuse and mental health issues, residential treatment centers focused on child and adolescent populations, and Comprehensive Treatment Centers for opioid use disorder. We also offer partial hospitalization programs (PHPs) and intensive outpatient programs (IOPs). We offer this uniquely comprehensive continuum of care in order to meet patients wherever they are in their treatment journey — and then continue to support them in an integrated way as their needs evolve.

Prior strategic plans have made multiple references to behavioral healthcare. However, this strategic plan only makes a single reference to behavioral healthcare. While we appreciate the single reference, we remain concerned it is inadequate when compared to the ongoing suicide and overdose crisis in the United States. Additionally, behavioral healthcare has long lagged medical and surgical providers in rates of electronic health record and electronic medical record adoption because of being excluded from the HITECH Act. Unless there are specific steps taken by ONC and others this second-class status for behavioral healthcare will continue. We recommend including in the strategic plan clear recommendations and concrete steps ONC will take to ensure accessibility to behavioral healthcare information technology at parity with other health information technology.



We appreciate ONC including references in the strategic plan to workforce needs. However, we are concerned that there are not clearer and concrete actions in the strategic plan that ONC intends to take. Workforce shortages in the behavioral healthcare field are widely cited, more longstanding and difficult to solve than other national workforce shortages. This has been compounded by wage growth and difficulty attracting and retaining staff post-pandemic. The well-documented staffing and personnel shortages have led to an increase in costs to recruit and retain qualified personnel. Data from Lightcast indicates that advertised wage rates across all hospital jobs jumped by 10.1% during 2023. With a growing gap between supply and demand for health care workers over the next decade, labor costs will likely continue to be an issue for hospitals. The increases in cost due to workforce dynamics are even more significant for facilities providing care for patients with mental health and substance use disorders. In some instances, hospital beds go unused despite increasing demand, due to the lack of sufficient staffing. In one state 20% of the psychiatric beds across the state are unused because of staffing shortages.<sup>2</sup> Beds being taken offline because of a workforce shortage are unique to psychiatric hospitals and occurring at a time when the psychiatric bed shortage has reached a crisis level.<sup>3</sup> ONC should be leveraging technology to help address the workforce shortage in behavioral healthcare.

We encourage ONC to be clearer about what they mean when they reference certain terms and focus more on what they intend to do regarding those terms. For example, consent is mentioned in passing but is not defined nor are ONCs objectives delineated. This is particularly important among substance use disorder treatment providers. ONC should better define how consent should be managed and implemented. This recommendation is also applicable to other terms such as patient engagement tools.

The healthcare industry is behind other industries in cyber security. Recent high-profile instances of cyber threats and hacks in the healthcare industry have made clear more needs to be done to prevent these instances. The industry must address this lagging and increase its level of collaboration. But more funding is also needed to make that collaboration possible. We encourage ONC to make this issue a larger focus of their strategic plan.

Thank you for considering Acadia's comments, and we look forward to continued opportunities for engagement with ONC on these critical issues. If you have any questions, please do not hesitate to contact us at (502) 797-1793 or <a href="mailto:Andrew.Lynch@acadiahealthcare.com">Andrew.Lynch@acadiahealthcare.com</a>.

Sincerely,

Christopher H. Hunter Chief Executive Officer

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Acadia Healthcare

<sup>&</sup>lt;sup>1</sup> Behavioral Health Workforce is a National Crisis: Immediate Policy Actions for States Health Management

Associates (HMA) https://www.healthmanagement.com/wp-content/uploads/HMA-NCMW-lssue-Brief-10-27-21.pdf

<sup>&</sup>lt;sup>2</sup> https://www.bostonglobe.com/2022/09/28/metro/staffing-shortages-keep-one-fifth-psychiatric-beds-out-commission/

<sup>&</sup>lt;sup>3</sup> https://www.psychiatry.org/psychiatrists/research/psychiatric-bed-crisis-report