



## Behavioral Health Extension of the CCD Feed

### Advisory Committee

June 25, 2012 5:00 – 6:30 pm

**In Attendance:** *James Pinel, Director of Child and Family Adult Services, Providence Center; via phone: Mike Rizzi, President and CEO, CODAC Behavioral Health; Bud Hodes, Moderator, RIQI; Victoria Thompson, RIQI, recorder*

## Meeting Notes

### Introduction and Welcome

### Goals of the Committee-Discussion

- Strategic goal: Identify additional Behavioral Health CCD fields.
  - Mr. Hodes discussed the two goals he sees for the committee. To provide input at a national level. At the national the c32 format is used. They will put in additional fields for Behavioral Health. It is half completed. It would be great if we could help guide it at the strategic level along with the five other states.
- Tactical Goal: Support Behavioral Health CCD fields being added to CurrentCare from Behavioral Health EHRs. We have a CCD we want to incorporate from Gateway to Providence Center into CurrentCare (into our HIE) what fields do we choose; we have some recommendations for example; a flag field and a consent field.
- What part two is looking for in a provider, Data sharing partner when they send what we can get from their EHR. Besides generic information. There could be more specific fields. Is it possible one that is defined? DSM IV Axis 1 thru 5. James wanted to know if we are including substance abuse diagnosis in Axis 1. Do we want to share this diagnosis? Mr.Hodes stated we are looking into what we can deliver by end of August.
- Mr. Rizzi stated he heard some concern regarding the response from SAMHASA Does a patient be made aware every time a new provider joins Mr. Hodes stated there are two pieces; consent for the enrollment into CurrentCare, and the consent at the Part 2 provider releasing the information. The “to whom” prompts concern. SAMSHSA has pushed back on the, to whom. In regards to the viewer, we are ahead of the other states like Illinois and California.
- Mr. Rizzi mentioned that tackling both Mental Health and Substance Abuse together is difficult, all agreed. However, then some sites would be excluding because they deal in both Mental Health and Substance Abuse, because they are a Part 2 Facility. Logistically it would be difficult

to pull out or exclude. Mr. Pinel stated their IT person is thinking we would remove Axis 1 substance abuse information in background that we can't send out because of 42 CFR. Mr. Rizzi stated his concern, said then the Primary Cares would find it difficult to make accurate decisions. Keeping in mind the tactical goal, no one yet is feeding Behavioral Health information into the CCD.

- Mr. Hodes mentioned that the Clinical Integration Committee is developing a one page form that both Behavioral Health and Primary Health could use. A one page form that is already in use is being looked at by our Analysts.
- Mr. Rizzi asked, "What about a waiver under 42 CFR addressing all the issues". Mr. Hodes explained the issues and that SAMHSA is taking the most conservative approach regarding the intent of the law. The direction has been, give as little as information to as few people as possible. Mr. Hodes explained medications and labs are coming from the facilities. Mr. Rizzi mentioned Methadone won't show up, because it is given in a clinic. A patient would have to disclose this information to a provider themselves. Mr. Rizzi stated Substance Abuse providers should encourage patients to enroll. Regarding enrolling user viewer and Provider Notification for these facilities like CODAC or other clinics they won't be sending Data Feeds yet, and information will not flow in yet, this maybe something down the road. We need to get two Community Mental Health organizations to get feeds by the end of the year.
- CCD Field Definition; next steps; Mr. Hodes will send out the form to this committee regarding what we have from Dr. Block and Dr. Puerini, and he will be getting more information from Gateway and Providence Center regarding what fields they will be looking for? Can they go forward with what fields we have, do they make sense? Do we need fields for DSM IV, or IDC- 9 codes? Discussion regarding DSM V codes that we will be coming out soon. In most cases they have eliminated some and added more axis. Mr. Pinel will get the dates and information to when the DSM V will be published and get back to the Committee.

#### **Chairperson Nominations**

- James Pinel of The Providence Center has agreed to be a Co Chair. Mr. Pinel will send an email to Liz Earls, and ask her for some committee recommendations. We would like more people from the Behavioral Health Community on the committee.

#### **Open Discussion**

- Meeting times were discussed; most of the members can meet during the day, meeting in one Month.