



BH Interoperability Conference
January 26-28, 2010
Mission Palms Hotel – Tempe, AZ

Conference Summary

The Behavioral Health (BH) Interoperability Conference was initiated to define data needs and supporting technology for including Behavioral Health information in a Continuity of Care Document (CCD). This enhanced CCD will support the exchange of relevant needed data among healthcare providers; including behavioral health, substance use and medical providers. It is a key term and major conduit within ARRA/HITECH, Meaningful Use and CCHIT Certification. It is the vehicle that will support interoperability.

SATVA invited representatives from MHCA, the National Council, the medical community, the addiction community and other stakeholders to learn about the CCD, discuss its content and relevance for healthcare delivery services as well as explore additions that would support a BH record.

The BH community and its software vendors have an unprecedented opportunity to lead the healthcare industry. A requirement exists for electronic health information exchange through an interoperable continuity of care document (CCD) yet an interoperable CCD is not currently in widespread use. SATVA recognized this opportunity and designed the conference to demonstrate the opportunity for industry provider leadership.

Patients served by multiple BH providers will experience profound improvements to service quality when BH providers can seamlessly and electronically exchange critical clinical information with each other. Just as important, patients mutually served by BH providers and physical health providers will experience the same improvements to service quality when BH providers and physical health providers can seamlessly and electronically exchange critical clinical information. Structured format interoperability is the first step to critical clinical information exchange.

SATVA and its partners (MHCA, the National Council) worked together at the BH Interoperability Conference to create a stepping stone to a fully adopted standard for a CCD that would include BH specific data elements. This “stepping stone” is the delivery of a draft standard for including BH specific information into the current CCD. SATVA is encouraging its members to include this BH capability in their development of the CCD. BH providers can then implement this CCD to exchange critical clinical information with each other and with physical healthcare providers as well.

It was recognized by all attendees that interoperability is technically feasible and demonstrable; the challenges are within the business and legal aspects of BH market. Patient consent, secondary releases of PHI, 42 CFR Part 2 and all the challenging topics being explored and debated elsewhere were recognized and agreed to be set aside during this initial conference. The focus was to clearly separate the technology and abilities of SATVA software vendors from the topics and issues that are better settled by HHS/SAMHSA and the BH community as they relate to these sensitive issues. Assuming this consent compliance allowed the conference attendees to focus discussion on the topic of the conference, i.e. the coordination and continuity of care among and between BH providers and between BH providers and the physical medical community.

The expected outcome of this initiative will be an Implementation Guide for the CCD that will support BH data elements. A Behavioral Health Implementation Guide for the CCD (BH CCD IG) will allow SATVA members to architect a pro forma standard to carry BH CCD data from center to center to hospital to PCP. Conference attendees immediately saw the value in such interoperability during the demonstration. It was apparent to all that the demonstration, the conference and the direction were needed and applauded by the attendees.