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BEHAVIORAL HEALTH UPDATE: February 2016
A Monthly Report for Members
of the American Hospital Association www.aha.org and the
National Association of Psychiatric Health Systems, www.naphs.org
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1. Final rule clarifying interaction of HIPAA and the National Instant Criminal Background Check system is effective February 5.
2. President's executive actions on gun control include a call for additional mental health funding.
3. Surgeon General commissions report on substance use, addiction, and health.
4. NCSL brief focuses on state efforts addressing depression.
5. New "Accountable Health Communities Model" will be the first-ever CMS Innovation Center pilot project to test improving patients' health by addressing social needs.
6. CDC: U.S. is experiencing "an epidemic of drug overdose deaths."
7. OCR issues materials on "Individuals' Right Under HIPAA to Access Their Health Information."
8. Recordings of two IPF quality reporting webinars now online.
9. Register with NHSN before March 4 to be ready to report influenza vaccine data for IPF quality reporting program.
10. IPF Hospital Compare preview reports available through February 14.
11. New podcast series: Resiliency in Disaster Behavioral Health.
12. National Quality Forum names Helen Darling interim president and CEO.
13. Free mobile apps available to help support behavioral health.

1. **FINAL RULE CLARIFYING INTERACTION OF HIPAA AND THE NATIONAL INSTANT CRIMINAL BACKGROUND CHECK SYSTEM IS EFFECTIVE FEBRUARY 5.** The Department of Health and Human Services' (HHS) Office of Civil Rights (OCR) last month announced a final rule on the "*Health Insurance Portability and Accountability Act* Privacy Rule and the National Instant Criminal Background Check System (NICS). The NICS is a national system maintained by the Federal Bureau of Investigation (FBI) to conduct background checks on persons who may be disqualified from receiving firearms based on federally prohibited categories or state law. The final rule states that "covered entities that order involuntary commitments or make other adjudications that subject individuals to the Federal mental health prohibitor, or that serve as repositories of the relevant data, are permitted to use or disclose the information needed for NICS reporting of such individuals either directly to the NICS or to a State repository of NICS data." In addition, the rule "specifically prohibits the disclosure of diagnostic or clinical information, from medical records or other sources, and any mental health information beyond the indication that the individual is subject to the Federal mental health prohibitor." Underlying diagnoses, treatment records, and other identifiable health information "are not provided to or maintained by the NICS," the rule states. The final rule is effective February 5.

2. **PRESIDENT'S EXECUTIVE ACTIONS ON GUN CONTROL INCLUDE A CALL FOR ADDITIONAL MENTAL HEALTH FUNDING.** In Executive Actions taken last month, President Barack Obama approved a variety of gun-control strategies. As part of that package, the President "is proposing a new $500 million investment to help engage individuals with serious mental illness in care, improve access to care by increasing service capacity and the behavioral health workforce, and ensure that behavioral health care systems work for everyone," according to a White House fact sheet. "This effort would increase access to mental health services to protect the health of children and communities, prevent suicide, and promote mental health as a top priority." Congress would have to

approve this increase in funding. The President plans to release his budget for the coming year on February 9.

3. **SURGEON GENERAL COMMISSIONS REPORT ON SUBSTANCE USE, ADDICTION, AND HEALTH.** The December 31 *Federal Register* includes a notice of the commission of the first-ever Surgeon General's Report on substance use, addiction, and health. The report is intended to present the state of the science and will examine the health effects of drug and alcohol misuse from the perspectives of prevention, treatment, recovery, neurobiology, and delivery of care. In a year-end update, the Surgeon General said he anticipates publication in 2016.

4. **NCSL BRIEF FOCUSES ON STATE EFFORTS ADDRESSING DEPRESSION.** States have taken specific actions to address depression and major depressive disorders, according to a legislative brief from the National Conference of State Legislatures (NCSL) titled Addressing Depression. Among the solutions state policymakers are working on are efforts to increase mental health training and screenings, integrate mental health and primary care, and expand services to underserved populations. Depression affects millions of Americans and costs the country more than $200 billion per year in treatment, lower worker productivity, and absenteeism.

5. **NEW "ACCOUNTABLE HEALTH COMMUNITIES MODEL" WILL BE THE FIRST-EVER CMS INNOVATION CENTER PILOT PROJECT TO TEST IMPROVING PATIENTS' HEALTH BY ADDRESSING SOCIAL NEEDS.** The Department of Health and Human Services (HHS) recently announced a new funding opportunity of up to $157 million to test whether screening beneficiaries for health-related social needs and associated referrals to and navigation of community-based services will improve quality and affordability in Medicare and Medicaid. The five-year program, called the Accountable Health Communities (AHC) Model, is a Centers for Medicare and Medicaid Services (CMS) Innovation Center model that will support up to 44 bridge organizations, through cooperative agreements, which will deploy a common, comprehensive screening assessment for health-related social needs among all Medicare and Medicaid beneficiaries accessing care at participating clinical delivery sites. The model will test three scalable approaches to addressing health-related social needs and linking clinical and community services (community referral, community service navigation, and community service alignment). See https://innovation.cms.gov/initiatives/ahcm/ for background on the AHC Model and how to sign up for the AHC email listserv.

6. **CDC: U.S. IS EXPERIENCING "AN EPIDEMIC OF DRUG OVERDOSE DEATHS."** "More persons died from drug overdoses in the United States in 2014 than during any previous year on record," according to a December 18 *Morbidity and Mortality Weekly Report* early release report from the Centers for Disease Control and Prevention (CDC). According to Increases in Drug and Opioid Overdose Deaths — United States, 2000–2014, from 2000 to 2014 nearly half a million Americans have died from drug overdoses. In 2014, there were approximately one and a half times more drug overdose deaths in the United States than deaths from motor vehicle crashes. Opioids (primarily prescription pain relievers and heroin) are the main drugs associated with overdose deaths. In 2014, opioids were involved in 28,647 deaths, or 61% of all drug overdose deaths. The rate of opioid overdoses has tripled since 2000. "The 2014 data demonstrate that the United States' opioid overdose epidemic includes two distinct but interrelated trends: a 15-year increase in overdose deaths involving prescription opioid pain relievers and a recent surge in illicit opioid overdose deaths, driven largely by heroin," says the report.

7. **OCR ISSUES MATERIALS ON "INDIVIDUALS' RIGHT UNDER HIPAA TO ACCESS THEIR HEALTH INFORMATION."** The Health and Human Services (HHS) Office for Civil Rights (OCR) announced release of a fact sheet and the first in a series of topical Frequently Asked

Questions (FAQs) "to further clarify individuals' core right under HIPAA [the *Health Information Portability and Accountability Act* Privacy Act] to access and obtain a copy of their health information." The set of materials addresses the scope of information covered by HIPAA's access right, the very limited exceptions to this right, the form and format in which information is provided to individuals, the requirement to provide access to individuals in a timely manner, and the intersection of HIPAA's right of access with the requirements for patient access under the HITECH Act's Electronic Health Record (EHR) Incentive Program.

8. **RECORDINGS OF TWO IPF QUALITY REPORTING WEBINARS NOW ONLINE.** Go to the Quality Reporting Center's "Archived Events" at http://www.qualityreportingcenter.com/inpatient/ipf/events/ to download slides and recordings from the two most recent Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program webinars. Originally presented January 7, 2016, is a webinar titled "IPFQR Program Public Reporting and Fiscal Year 2016 Measure Results Review." This training summarizes the steps needed to access and review the April 2016 *Hospital Compare* Preview Report and provides an overview of the Fiscal Year 2016 Program measure results. A second webinar (originally presented January 21, 2016) is titled "Inpatient Psychiatric Facility Quality Reporting Program New Measures and Non-Measure Reporting—Part 2." This webinar reviews the specifications as well as keys to implementing and abstracting the measures pertaining to transition records and the Screening for Metabolic Disorders measure. Additionally, it addresses the reporting requirements for these new measures and non-measure data.

9. **REGISTER WITH NHSN BEFORE MARCH 4 TO BE READY TO REPORT INFLUENZA VACCINE DATA FOR IPF QUALITY REPORTING PROGRAM.** All facilities participating in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program must be registered with the National Healthcare Safety Network (NHSN) in order to submit "Influenza Vaccination among Healthcare Personnel" (HCP) measure data. The processing time for enrollment with the NHSN is approximately eight weeks. Failure to register with the NHSN prior to March 4, 2016, may jeopardize an IPF's ability to submit and verify submission of accurate HCP measure data prior to the Sunday, May 15, 2016, submission deadline. IPFs that do not complete NHSN enrollment and the HCP measure data submission prior to these deadlines may be subject to a two percentage point reduction in their Fiscal Year 2017 (FY17) annual payment update from the Centers for Medicare and Medicaid Services (CMS). It is time to initiate the registration process for your IPF with NHSN now, if you have not already done so. Details about the 5-Step NHSN Enrollment Process can be accessed at the following NHSN website hyperlinks for IPFs located within Acute Care Hospitals/Facilities (enroll) and Free-standing IPFs (enroll). Once the steps for NHSN enrollment are completed, you must set up your facility for IPF reporting by visiting the NHSN Setup page for Acute Care Hospitals/Facilities (setup) or Free-standing IPFs (setup). For more information about the NHSN enrollment process, adding an IPF to an existing acute care or critical access hospital account, or activating the HCP component, please review the April 16, 2015, IPFQR Program webinar information in the Quality Reporting Center's IPF Archived Events. Contact the NHSN Help Desk with any questions.

10. **IPF HOSPITAL COMPARE PREVIEW REPORTS AVAILABLE THROUGH FEBRUARY 14.** The Centers for Medicare and Medicaid Services (CMS) makes Preview Reports available to providers through the *QualityNet Secure Portal* on a quarterly basis. Preview report for the April 2016 *Hospital Compare* release (which includes data for first quarter 2014 through fourth quarter 2014 discharges) will be available through February 14. To access the preview report, go https://www.qualitynet.org and select "Login" (under the *Log in to QualityNet Secure Portal* header). Enter and submit your *QualityNet* user ID, password, and security code. Read and accept the Terms and Conditions statement. Then select "Run Reports" (from the *My Reports* drop-down); "IPFQR" (from the *Report Program* drop-down); "Public Reporting – Preview Reports" (from the list in the *Report Category* drop-down); "View Reports" (where the selected report will display under *Report*

Name); "Public Reporting – Preview Reports" (under *Report Name*); the "Run Reports." View and download selected Preview Reports by selecting the "Search Reports" tab. A green check mark will display in the *Status* column when a report is complete. CMS highlights two important notes. First, the Follow-up after Hospitalization (FUH) for Mental Illness 7-day and 30-day measure results will be suppressed by CMS for the FY16 payment determination year. The measures will display "N/A(4)" on the preview report and "Not Available" with footnote 4 on *Hospital Compare*. Footnote 4 is "Data suppressed by CMS for one or more quarters." Second, state and national calculations HBIPS measures 2, 3, 6, and 7 are not displaying accurately on the preview report. The calculations will be corrected during the preview period and notification provided. At that time, you may elect to re-run your report; however, the facility data will not change. The IPF *Hospital Compare* Preview Report Quick Reference Guide document for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program is available in the News section at www.qualitynet.org. Direct questions to the IPFQR Program Support Team at 866-800-8765 (Monday–Friday, 8am–8pm Eastern, or at IPFQualityReporting@area-M.HCQIS.org.

11. **NEW PODCAST SERIES: RESILIENCY IN DISASTER BEHAVIORAL HEALTH.** In a new audio podcast series from the Disaster Technical Assistance Center (DTAC) of the Substance Abuse and Mental Health Services Administration (SAMHSA), behavioral health professionals and state coordinators discuss strategies for building resilience in individuals and the community before, during, and after a disaster. Disaster behavioral health coordinators can use this series for ideas to help build resilience in their own communities. Four episodes are currently available (and two more are planned). Episode 1 looks at "What Is Community Resilience?" Episode 2 addresses "Behavioral Health Reactions and Ways to Enhance Resilience." Episode 3 focuses on "Pre-Disaster Organizational Resilience." Episode 4 looks at "Resiliency Among First Responders." If you have questions for the speakers or would like to tell your own story of resilience after a disaster, contact SAMHSA DTAC at DTAC@samhsa.hhs.gov.

12. **NATIONAL QUALITY FORUM NAMES HELEN DARLING INTERIM PRESIDENT AND CEO.** The National Quality Forum (NQF) – of which NAPHS is a Provider Council member – has announced that Helen Darling has been named interim president and CEO. Formerly president and CEO of the National Business Group on Health, Ms. Darling will assume her new role in March. She will replace Christine Cassel, who previously announced she will be leaving NQF to join the leadership team designing a new Kaiser Permanente School of Medicine.

13. **FREE MOBILE APPS AVAILABLE TO HELP SUPPORT BEHAVIORAL HEALTH.** The Substance Abuse and Mental Health Services Administration (SAMHSA) offers a variety of free mobile apps to help in your efforts to promote positive behavioral health in your community. Go online for SAMHSA-developed resources on suicide prevention, bullying prevention, behavioral health following a disaster, and underage drinking prevention.

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