USCDI+ Behavioral Health Update

Lori Haberman

Infrastructure Branch

Office of Standards, Certification, and Analysis

ASTP

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1. SAMHSA / ASTP Behavioral Health Information Technology (BHIT) Initiative

2. USCDI+BH

3. Next Steps

SAMHSA/ASTP Behavioral Health Information Technology (BHIT) Initiative

Purpose

- The Substance Abuse and Mental Health Services Administration (SAMHSA) and the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP) seek to advance health information technology in behavioral health care settings.

Developing USCDI+ for Behavioral Health

- ASTP will identify and pilot a set of behavioral health-specific data elements with SAMHSA grantees that will: (i) be coordinated via a new United States Core Data for Interoperability+ (USCDI+) domain for behavioral health, and (ii) improve effectiveness and reduce costs of data capture, use, and exchange for behavioral health providers.

Publishing a Behavioral Health Informational Resource

- This will support those who wish to use USCDI+BH by providing specific details helpful for implementation, such as information on the use of health IT to address behavioral health priorities, support improved workflows, and provide technical information regarding integration across behavioral health care settings.

Providing Technical Assistance

- ASTP will provide technical assistance to SAMHSA grantee pilot participants that will inform implementation of health IT in support of improved capacity at the state and local level for substance use and mental health treatment and recovery support services.

- **HIGHLIGHTS**

  - Over $20 million in SAMHSA funding over 42 months

  - SAMHSA/ASTP partnership

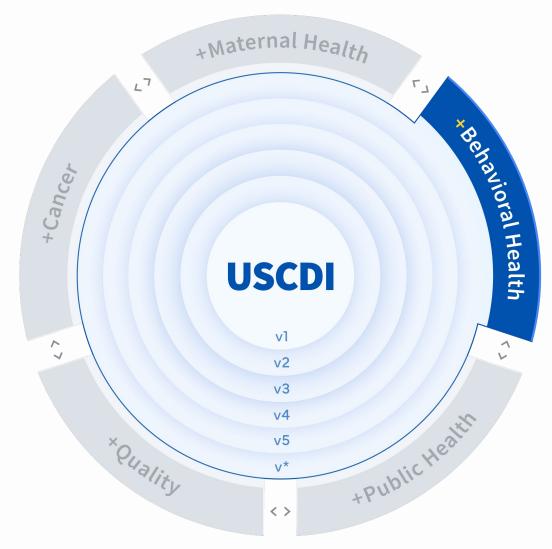 - Supports health IT for behavioral health and substance abuse care

SAMHSA
Substance Abuse and Mental Health Services Administration

ASTP Assistant Secretary for Technology Policy

What Data is Essential to Behavioral Health?

- Common Assessment Tools in BH

- Data Elements that Impact Clinical Decision-Making and Outcomes

- Social Determinants of Health/Health-Related Social Needs

- Common Co-Occurring Physical Health Conditions

- Trauma-Informed Care, Criminal Justice, Polypharmacy, and Recovery

USCDI+BH

- Capture the data needs for BH reporting that fall outside the scope of USCDI to support streamlined development and reporting of integrated BH data.

- Identify opportunities for policy alignment around BH reporting and integrated care across HHS agencies.

- Support SAMHSA's Data Strategy to modernize BH reporting and improve interoperability across the care continuum.

USCDI+BH Accomplishments

- Published the Draft V0.1 Data Element List on the USCDI+ platform for public comment with 60-day comment period on March 12, 2024.
  - ‣ The public comment period concluded on May 12th
  - ‣ Team worked to synthesize and analyze public comments

- Created Draft v0.2 Data Element List
  - ‣ Prioritized data maturity, alignment in USCDI+ domains

- Created Draft v0.3 Data Element List
  - ‣ Dispositioning sessions between contractor and ASTP June/July 2024

- Published Draft US Behavioral Health Profiles Implementation Guide based on Comprehensive Care User Story
  - ‣ Tested during September 2024 HL7 Connectathon Testing

US Behavioral Health Profiles Implementation Guide
0.1.0 - CI Build

IG Home   Background   User Story   Technical Artifacts   Downloads

Table of Contents > Home Page

US Behavioral Health Profiles Implementation Guide, published by . This guide is not an authorized publication; it is the continuous build for version 0.1.0 built by the FHIR (HL7® FHIR® Standard) CI Build. This version is based on the current content of https://github.com/HL7/us-behavioral-health-profiles/ and changes regularly. See the Directory of published versions

1 Home Page

Official URL: http://hl7.org/fhir/us/bhp/ImplementationGuide/hl7.fhir.us.bhp	*Version*: 0.1.0
Active as of 2024-09-16	*Computable Name*: USBehavioralHealthProfiles

1.1 Introduction

The United States Core Data for Interoperability (USCDI) Plus Behavioral Health (BH) dataset (also referred to as USCDI+ BH) aims to enhance the exchange and interoperability of behavioral health information across healthcare systems in the United States. Building on the USCDI foundation, this dataset addresses the unique needs and challenges associated with behavioral health data. It is designed to facilitate behavioral health integration with other healthcare services, support better clinical decision-making, and improve patient outcomes.

1.2 Background

Behavioral health, encompassing mental health and substance use disorders, is a critical component of overall health and well-being. The increasing prevalence of these disorders necessitates robust information technology (IT) systems to support efficient and effective care. However, the fragmentation of behavioral health information has historically hindered the ability of healthcare providers to deliver comprehensive, coordinated care. In addition, behavioral health providers often lag in adopting health IT due to factors such as ineligibility for incentive programs and the complexity of documenting behavioral health encounters. These factors and others complicate the sharing of behavioral health data, impeding care coordination and integration of behavioral health with other health settings.

- Introduction
- Background
- Scope and Usage
- Overview of Implementation Guide
- Audience
- How to Read This Implementation Guide
- Limitations and Challenges
- Dependencies on Other IGs
- Authors and Project Team
- Acknowledgements

Next Steps

ASTP

Better health enabled by data

Future USCDI+BH Data Set Evolution

- Refine data elements by use case
  - ‣ Comprehensive Care
  - ‣ Reporting

- Develop Draft [USCDI+BH Data Set](#) v1.0 and publish with public comment period

- Refine Behavioral Health FHIR IG

Pilot Program

Summary

- Coordinate the SAMHSA Block Grant grantees and subgrantees to test, evaluate, and refine the USCDI+BH data set standard.
  - Pilot participants will collect and exchange USCDI+BH data.

Questions and Discussion