

Question Log from Reportable Conditions Webinar

Date: 01-07-2020

Q: Would individuals be reported who cut and state they are thinking about suicide?

No, because these individuals are indicating they are *thinking* about suicide and, as a result, are not a true attempt. They most likely do not require hospitalization and therefore would not need to be reported.

Q: Is there a list of ICD-10 diagnosis codes used to report these patients? If not, how do you know everyone is reporting the same data?

Yes, a list of ICD codes will be provided on the health department [website](#).

Q: Will we receive notification when electronic reporting will be mandatory?

Yes, there will be notification.

Q: Can a coroner report by death report?

For the non-infectious conditions, coroners can report via the death report so they are not duplicating their efforts for both reportable conditions and NVDRS. However, infectious diseases have different requirements based on the infectious nature of the disease. Refer to [the list](#) on which conditions can wait to be reported and those that must be reported immediately.

Q: Is there any diagnosis code-based method to report? Especially the non-infectious conditions.

Yes, a list of ICD codes will be provided to support code-based reporting. The goal is to have facilities work with the ND Department of Health and the Health Information Network, to determine facility level capabilities for code-based automated reporting. For more information about code-based reporting and your facilities option, email Tracy at dohstateepi@nd.gov.

Q: I am very confused about the overdose reporting of recreational substances. Being intoxicated is an overdose. Do you want to hear about every alcohol intoxicated person showing up at our ER?

Yes, if a patient is brought in for alcohol intoxication and is admitted for observation/hospitalization.

Q: If my treatment facility sends a client to the ER for a suicide attempt and they are admitted, who would report? Us? Hospital? Both? Thanks

Both should report. The ND Department of Health will de-duplicate cases.

Q: Can we have a list of congenital anomalies? The potential list of anomalies is very long, and clinician dependent. It means possibilities of statistical inaccuracies

Yes, the list of conditions is available, it is posted on the health department [website](#).

Q: Do we report suicide attempts, even if they are not hospitalized at our hospital, but are transferred to another facility?

Yes, if your person is not hospitalized at your hospital but is transferred for hospitalization, that person still needs to be reported.

Q: Are these clarifications for what needs to be reported (i.e. only overdoses/suicide attempts that are active and present to the ER) on your website? Also is there a way to know if someone else already reported so you don't get duplicate reports on any of these conditions (labs mandatory reporting/prescribers/etc). Thank you for doing this presentation.

Yes, our goal is to have all information posted to the website. Due to confidentiality laws, there is not a way for providers, labs, treatment centers, etc. to check and see if a patient has already been reported. This is why we use our electronic system to ensure de-duplication.

Q: Why do you need to know the name and employer for the suicide attempts?

Name of employer is used to look for trends among different occupations; name of employer is less important than the occupation itself. If you know the person is a waitress or engineer, but not the name of the company, that is okay.

Q: Do you expect the proper names of suicide attempts and overdoses?

Yes, a proper name is needed to ensure accurate reporting. However, if all a provider has is a nickname (i.e. Chuck, instead of Charles), we will take the nickname.

Q: Let's say a person self-reported an overdose from recreational drugs and said they were attempting suicide. Is that reportable?

In this case, if the patient does not need to be hospitalized or held for observation, then neither the overdose nor the suicide attempt needs to be reported.

Q: Do we report neonatal abstinence syndrome secondary to maternal antidepressants, or nicotine?

Yes, however, NAS is not associated with nicotine.

Q: Does 'hospitalization' for suicide or overdose include psychiatric admission or just acute inpatient admission?

Yes, any type of admission (including psychiatric, observation, etc.) would be considered "hospitalization."

Q: You are looking for these specific ICD-10 codes to be the primary diagnosis for these patients?

No, it does not have to be the primary diagnosis, because everyone fills out their medical records differently.

Q: We do get a lot of patients in for detox that are held overnight or longer. It is correct that you want all those patients to be reported?

Yes.

Q: Do we report neonatal abstinence syndrome that is not treated medically? Some of those babies are symptomatic but not treated medically.

Yes.

Q: When samples are sent to NPL then are reportable and require samples are these samples then forwarded from them?

Yes, Northern Plains Laboratory (NPL) forwards required samples to the North Dakota Department of Health Division of Microbiology.

Q: We have many alcohol-related overnight stays. Is hospitalization staying a few hours; past midnight; status change from observation to inpatient, this is loose definition.

Yes, any type of admission (including psychiatric, observation, etc.) would be considered "hospitalization."

Q: Are ER patients in an "observation" status considered reportable? For example, if they spend the night or at least 24 hours in a facility?

Yes, any type of admission (including psychiatric, observation, etc.) would be considered "hospitalization."

Q: What if fetal alcohol syndrome is suspected but not definite? It is, after all, a clinical diagnosis. It can be very difficult in the most fragile population, namely Native Americans?

We are relying on the expertise of the physicians. If they feel that the client meets the FAS definition, they should be reported.

Q: Does "hospitalized" for suicide attempt mean medical only; or include psych admit with no physical harm as well? Thank you.

Yes, any type of admission (including psychiatric, observation, etc.) would be considered "hospitalization."

Q: Does 42 CFR preclude mandatory reporting? I know you said HIPAA does not.

Practitioners should discuss the state reporting requirements with their respective legal counsel to ensure, if applicable, the disclosure requirements of 42 CFR Part 2 are met.

Q: Most heroin overdoses, which I assume is what you're trying to monitor, are held only 2-4 hours in the ER, if they opt to stay at all. It seems the hospitalization requirement undermines the data quality you're trying to obtain.

Thank you for the clarification, any type of admission (including psychiatric, observation, etc.) would be considered "hospitalization."

Q: Covered entities are required to limit the protected health information disclosed for public health purposes to the minimum amount necessary to accomplish the public health purpose. How does use of a name advance a "public health purpose"? Related question: a psychotherapist is entitled to retain and not disclose his psychotherapy notes. Do you contend these new rules are not in conflict with this provision of HIPAA insofar as you require provider to name the individual?

Yes, named reporting is covered under this law. We are not looking for therapy or treatment information so that information should not be reported.

Q: Couldn't date of birth be used to help with de-duplication?

It is used as a part of the de-duplication process, as there are people in North Dakota with the same birthday.

Q: But they wouldn't be coming to the ER at the same time.

This is correct, while this is not impossible, it is highly unlikely. However, we do know that many individuals are repeatedly being seen for multiple attempts and/or overdoses. Using only a birthday, we could not with certainty differentiate between people with multiple attempts and new people with the same birthday.

Q: Did the review by assistant AG have a written memorandum? Did it review potential conflicts with HIPAA?

Yes. As part of the rule making process, the Attorney General's office reviews the current statute, HIPAA and our legal authority. They provided a memo indicating the changes to reportable conditions were within our authority.

Q: This hour has left a lot of questions, when and where will we get answers?

Information will be posted to [the website](#) as it becomes available.

Q: Has there been discussions around having one point of treatment report vs having everyone report and de-duplicating via name?

No, this was not discussed at this time. No patient follows the same treatment path following an attempt or overdose, so there is no single area in which all patients converge for reporting.