The following resolution was referred to the Council by the House of Delegates. The resolution was forwarded to the MSSNY Addiction and Psychiatric Medicine Committee for further study and recommendation for the MSSNY Council’s consideration:

RESOLVED, that the Medical Society of the State of New York advocate for the development of a model for mental health documentation that would allow portions of the mental health and substance use disorder records to be available to other clinicians, and to include at least diagnoses, treatment plans, medication changes, and allergies.

At the 2018 House of Delegates, the reference committee agreed with the intent of the resolution and believed that there could be circumstances where aspects of a patient’s substance abuse treatment history could be relevant to another treating physician of the patient—such as medications that the patient is taking. There were also concerns regarding the on-going stigmatizations of patients who have undergone such treatment. At the 2018 HOD, the reference committee did recommend that this issue be addressed by either a task force or existing committee. After discussion on the floor, the HOD referred this resolution to the MSSNY Council which then referred it to the Addiction and Psychiatric Medicine Committee.

Roy Korn, MD, president of the Schoharie County Medical Society and representative of the Third and Fourth District, attended the January 18, 2019 meeting of the Committee on Addiction and Psychiatric Medicine Committee. Dr. Korn indicated to the committee members that in primary care over 40% of patients seen present with mental health issues. If these patients are seen by a mental health professional and notes are taken and medications adjusted, that those notes are embargoed and not visible to the primary care physician. Dr. Korn asked why those patient records are handled differently between mental health and primary care professionals. There was significant discussion by committee members and many committee members indicated that, in certain instances, physicians can “break the glass” to access patients’ mental health records, however, a physician must have a compelling reason to do so.

It was noted by MSSNY staff that Dr. Korn’s suggestion was under consideration by Congress when it was putting together an opioid abuse reform “package” last fall. However, Congress dropped that provisions after the AMA and other organizations expressed concerns about patient privacy. Given that there appear to be some instances when access is permitted, the committee members thought it was important for MSSNY to reach out to the state Office of Mental Health, OASAS and DOH to obtain a clear articulation of the circumstance under which a physician could obtain details relative to the treatment of their patient by a mental health professional. Committee members also suggested that, once MSSNY determines what is currently permitted, MSSNY should educate its members. There was also discussion about having the AMA Task Force on Opioids consider this issue as many of
The committee voted to forward to MSSNY Council a recommendation that addressed both these issues.

RECOMMENDATION: That MSSNY Council adopt the following amended substitute resolution in lieu of 2018 Resolution 63 to read as follows:

RESOLVED, That MSSNY correspond with the state Office of Mental Health, the Office of Alcoholism and Substance Abuse Services and the Department of Health to determine the mechanism for primary care physicians to access records of mental health and substance use disorders to afford those patients the best medical care; and be it further

RESOLVED, That MSSNY educate its members about what options are currently available to primary care physicians to view those records of patients suffering from mental health conditions and/or substance use disorders; and be it further

RESOLVED, That MSSNY transmit a copy of this resolution to the AMA and request that the AMA Task Force on Opioids work towards federal regulations that would allow seamless interaction to allow primary care physicians to be able to assess a patient’s mental health and/or substance use disorder record.

(FOR COUNCIL ACTION)