**Taxonomy Commission**

Meeting Minutes

January 17, 2019

3:00-5:00 pm

Date of meeting: Thursday, January 17, 2019

Start time: 3:05pm

End time: 5:06pm

Location: Michael Matta Conference Room, 11th Floor, One Ashburton Place, Boston, MA 02108

Members present:

* Lauren Peters – Executive Office of Health and Human Services (Chair)
* Matthew Veno -- Division of Insurance
* Deirdre Calvert, LICSW -- Column Health
* Kate Ginnis, MSW, MPH, MS -- Boston Children’s Hospital
* Scott Weiner, MD, MPH -- Brigham and Women’s Hospital
* Diana Deister, MD -- Boston Children’s Hospital
* Sarah Chiaramida, Esq. -- Mass. Association of Health Plans
* Ken Duckworth, MD -- Blue Cross Blue Shield of Mass.
* Claudia Rodriguez, MD -- Brigham and Women’s Hospital

Members absent:

* Kiame Mahaniah, MD -- Lynn Community Health Center
* Sarah Coughlin, LICSW, LADC-I -- National Association of Social Workers

**Proceedings**

Undersecretary Peters called the meeting to order at 3:05 pm.

Dr. Rodriguez, who was not present at the December 5th meeting, introduced herself to the group and described the scope of her work.

**Vote:** The Undersecretary introduced a motion to approve the December 5th minutes, which was seconded and unanimously approved.

**Vote:** The Undersecretary introduced a motion to allow for remote participation in future meetings of the commission, which was seconded and unanimously approved.

Undersecretary Peters reintroduced the commission’s first charge of devising a taxonomy of behavioral health clinician specialties, and presented working materials that the commission requested at the end of its last meeting. The materials used (see attached) were lists of specialty areas/areas of practice listed across three sources: the DSM-V, the Psychology Today “Therapist Finder” website, and the Draft Provider Information Change Form presented by Ms. Chiaramida at the Dec. 5 meeting. Common terms/areas across all three sources were grouped in categories for the commission’s review and discussion (e.g. Psychology Today lists “Adoption,” and the Draft Change Form lists “Adopting parents” and “adoptee;” these terms were grouped together, with their original sources shown, for the group to choose from or alter to describe this area of practice).

The commission agreed before beginning this process that the language from the Draft Change Form would be their “basis” for choosing the language of each group, that if that language made sense to the commission, they would default to using that as the taxonomy item. Undersecretary Peters emphasized the need for specificity of the language chosen for each practice area, in order to further the goal of “[providing] clear information for the patient seeking services.”

Dr. Deister arrived at 3:14pm.

The commission reviewed these groupings one by one and determined which, if any, of the language from each grouping would be added to the recommended taxonomy. The commission discussed whether or not certain phrases should be included as “reference” terms for some taxonomy items, as a patient may search for that term rather than the language chosen for the taxonomy(e.g., a patient seeking services for Bipolar Disorder may search “manic depressive”). It was agreed that reference terms would be included as an ancillary list to the recommended taxonomy, so that carriers may use them to develop more robust and user-friendly directories.

Undersecretary Peters outlined the work plan for future meetings of the commission: the next meeting will focus on completing the recommended taxonomy, as well as assembling a list of treatment modalities, and the following meeting will focus on developing a process for validating a behavioral health clinician’s specialty (the second charge of the commission).

Ms. Chiaramida brought up a conversation from the Dec. 5 meeting around inviting professional societies to present on their methods for credentialing providers. Undersecretary Peters noted that because of the commission’s limited timeline, it would instead move forward with collecting various credentialing systems from professional societies and DMH, and bring them in as models for discussion. Ms. Chiaramida agreed.

Undersecretary Peters discussed the February 9th report deadline, and reemphasized the need for this commission to “get this [report] right.” The commission discussed the possibility of submitting a letter to legislature requesting a reporting deadline extension in order to hold two or three more meetings before the report submission.

**Vote:** Dr. Duckworth introduced a motion for the commission to submit a request for a reporting deadline extension to March 31, 2019, which was seconded and unanimously approved.

**Vote:** The Undersecretary introduced a motion for the meeting to adjourn, which was seconded and unanimously approved.

The meeting was adjourned at 5:06 pm.