

NEW YORK CITY SERVICE CENTER

Quality Corner – A note to our practitioners and providers that serve our EmblemHealth/GHI PPO members

The ValueOptions® New York City Service Center (NYC SC) is committed to being a center for excellence in developing and coordinating quality programs for members through our partnerships with you, our providers and practitioners. We are committed to meeting or exceeding standards set forth by oversight bodies such as NCQA and URAC. These clinical and service activities require your knowledge, leadership, input and cooperation.

The following are examples of quality improvement activities and preventive health programs that the NYC SC engaged in during 2010:

Mental Health Ambulatory Follow-Up After Acute Inpatient Care

Outcome data show that appropriate treatment and follow-up after inpatient psychiatric hospitalization can reduce the duration of disability and the likelihood of re-occurrence. The National Committee for Quality Assurance (NCQA) has established two measures to evaluate the extent to which health plan members receive this important follow-up treatment. These measures are:

- The percentage of members who received follow-up within 7 days of discharge
- The percentage of members who received follow-up within 30 days of discharge

The NYC SC believes that continuity and coordination of care within the behavioral health continuum is essential to the provision of quality behavioral health services. Accordingly, the NYC SC decided to measure compliance with the above standards through analysis of claim data. For the period January 1, 2009 – December 1, 2009, rates of compliance were:

7 day follow-up: 48.67%

30 day follow-up: 65.28%

The Quality Management/Utilization Management Committee of the NYC SC decided that interventions were needed to increase the follow-up rates. The following are some of the interventions that were developed and implemented:

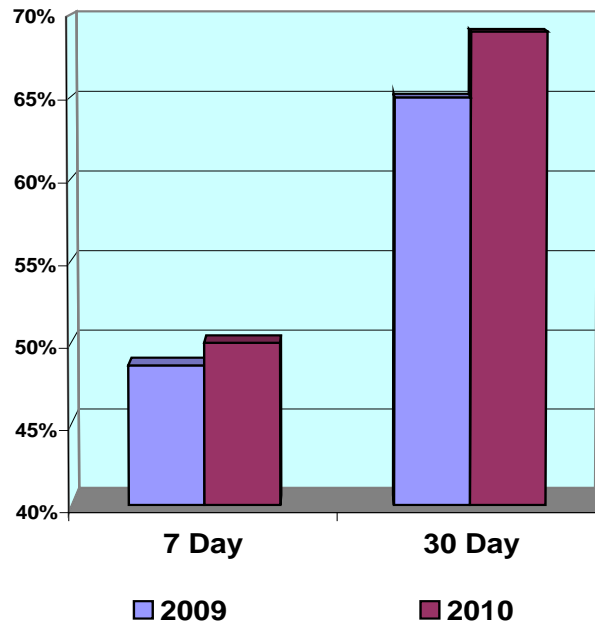
- NYC SC clinical staff works with inpatient facilities to ensure that arrangements are made for timely and appropriate follow-up care prior to members' discharge.
- NYC SC clinical staff calls members after their discharge from the hospital and prior to their scheduled follow-up appointment to encourage attendance and provide assistance in overcoming any identified barriers.

- Outreach letters are sent to members who could not be reached by telephone.
- The NYC SC Regional Medical Director meets regularly with ValueSelect Providers to reinforce the importance of scheduling follow-up care prior to discharge and review the facility’s performance on this metric.

The impact of these interventions was assessed by re-measurement of compliance rates for the period January 1, 2010 – December 1, 2010.

The findings indicated an improvement in both the 7 and 30 day rates, as illustrated in the chart below.

Comparison of 7 and 30 Day Mental Health Ambulatory Follow-up Rates After Acute Inpatient Care



Increasing the Rate of Psychiatric Evaluations for Members with a Diagnosis of Moderate or Severe Depression who are in Outpatient Treatment with a Non-Prescribing Practitioner

According to the National Institute of Mental Health, an estimated 17 million Americans suffer from depression during any one-year period. The State of Health Care Quality 2008 states that 1 in 7 Americans will suffer from Major Depressive Disorder (MDD) in their lifetime.

Of all adults whose behavioral healthcare was managed by the NYC SC during 2010 and who were served in an outpatient setting, 32.8% had a diagnosis of MDD.

According to the APA treatment guidelines for the Treatment of Patients with Major Depressive Disorder, Second Edition, 2005 and the Treatment of Patients with Major Depressive Disorder, Third Edition, 2010, patients with MDD symptoms should receive a diagnostic evaluation to detect other psychiatric or general medical conditions (APA, pp 9-10). Accordingly, the rate of psychiatric assessment is considered a patient safety indicator.

The NYC SC considers patient safety to be a primary focus of its benefit management processes. Therefore, the NYC SC Quality Management/Utilization Management Committee decided to evaluate practitioner compliance with this aspect of the APA treatment guideline.

A routine treatment record review was conducted on a random sample of high volume practitioners who treated GHI PPO members with a diagnosis of MDD (based on claims data) during the period July 1, 2009 – June 30, 2010. Results showed that only 14% of members in treatment with a therapist other than a psychiatrist had been referred for a psychiatric evaluation.

Additionally, the NYC SC analyzed claims for members who had initiated outpatient treatment for MDD with a therapist other than a psychiatrist to determine the percentage of members who received a psychiatric evaluation within three different periods of time. This baseline measure showed that:

- 16.2% of members had received a psychiatric evaluation within 28 days of the initiation of treatment
- 17.9% of members had received a psychiatric evaluation within 56 days of the initiation of treatment
- 18.5% of members had received a psychiatric evaluation within 84 days of the initiation of treatment

In an effort to increase these percentages, the NYC SC sent a mailing to practitioners whose members had not received a psychiatric evaluation within the periods of time specified above. The mailing included a letter explaining the importance of a psychiatric evaluation, an enclosure summarizing MDD Treatment Record Guideline Adherence Indicators and instructions on how to contact ValueOptions® for assistance in locating a network psychiatrist.

For assistance in making a referral please contact ValueOptions® at 800-692-2489. Clinical staff is available 24 hours a day/7 days per week. We are here to help.

More information on the MDD Practice Guideline, and other ValueOptions® Clinical Practice Guidelines can be found on our website:
<http://www.valueoptions.com/practitioners/handbooks/guidelines.htm>.

ValueOptions® clinical practice guidelines are adopted from recognized sources such as the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry. Development of the guidelines also involves professional literature review, clinicians considered specialists in their fields, and feedback from practitioners in the community.

Coordination of Care

Ensuring that patients have been evaluated medically is critical to good patient care. To enable you to share information with a primary care physician, ValueOptions® has on-line forms to obtain patient authorization to share information with the PCP. Member education tip sheets explaining why this is important are available for download and may be copied and used in your practice.

Preventive Health Programs

The NYC SC works closely with EmblemHealth/GHI to provide our members with preventive health programs that are designed to detect and treat possible behavioral health disorders or to reduce the possibility that symptoms become worse.

TeenScreen Primary Care Preventive Health Program:

The NYC SC, in collaboration with the National Center for Mental Health Check-ups at Columbia University and EmblemHealth/GHI, has developed a preventive health program aimed at the early identification and treatment of mental health disorders among the adolescent population of its membership. **Look for an increase in referrals!**

The TeenScreen Primary Care Preventive Health Program seeks to integrate routine mental health screening into adolescent primary care. The target population is adolescents between the ages of 11 and 18 years old.

How does it work?

Adolescent mental health screenings are conducted in a primary care setting during well-child/teen, sports physical and other routine visits. Primary Care Physicians who elect to enroll in the TeenScreen Program receive free tools and resources from the National Center for Mental Health Check-ups to assist them in providing mental health check-ups to their adolescent patients and, if indicated, refer the patient for behavioral health treatment.

The screen consists of a 35-item youth self report questionnaire that the child/teen completes in a private area of the PCP office. The screening questionnaire is scored by a nurse or technician and discussed with the patient by the PCP as part of the visit. A positive score triggers referral to a licensed, masters level Clinical Care Manager at ValueOptions® via a toll-free telephone number that can be accessed 24 hours a day, 7 days a week. The Clinical Care Manager will then conduct a further evaluation and provide referrals if warranted. The Clinical Care Manager will also be able to respond to an emergency and facilitate the member receiving the proper emergency care.

The screening tool utilized is The Pediatric Symptom Checklist (PSC-Y) which has been repeatedly validated and frequently recommended as the screening instrument of choice by various public health agencies and organizations. It can be completed and scored in 5 minutes.

In response to the cultural and linguistic needs of the ValueOptions® adolescent population, the tool is available in English, Spanish, French, Haitian-Creole and Brazilian-American Portuguese.

During January 1, 2009 – June 30, 2010, 4,991 adolescent members were screened. Of those screened, 9% had subsequent behavioral health utilization, which reflects the effectiveness of screening.

Antidepressant Medication Management Preventive Health Program (AMM):

The AMM Program is a tertiary preventive health program, designed to reduce impairment or disability following the development of a depressive disorder. To that end, the goal is to enable effective pharmacological treatment of depression by educating members (and their PCP, if applicable) about the importance of medication compliance.

How does it work?

Members with new antidepressant prescriptions, for a defined set of medications, are sent a letter from both the Medical Director of EmblemHealth/GHI and the Regional Medical Director of the NYC SC urging medication compliance and are provided with ValueOptions® contact information. Further, members who are non-compliant with renewing their prescriptions are sent a second letter. The second letter includes an educational tip sheet that addresses some of the more common reasons that people stop their medications and emphasizes the importance of medication compliance to treat their illness. Members are also urged to speak to their doctor before stopping any medication and they are provided, again, with ValueOptions® contact information. Primary Care Physicians (PCPs) or other prescribers are sent letters informing them of members that have been prescribed medications, but have not filled the prescriptions.

This program provides additional information to members about their psychotropic medications and encourages members to follow the recommendations set by their doctors. Members also receive additional support and information they may not have obtained upon receiving their prescription.

Member and Provider Satisfaction

On an annual basis, Fact Finders, Inc. conducts member and provider satisfaction surveys on behalf of ValueOptions® NYC SC. The surveys are administered telephonically via questionnaires developed by Fact Finders, Inc., in consultation with ValueOptions®.

Data is collected and analyzed on key components such as perceived service quality, access and availability, and satisfaction with the utilization management process.

Results from the 2010 surveys indicate that:

- 93.9% of EmblemHealth/GHI PPO members are satisfied with ValueOptions® services
- 91.7% of providers are satisfied with ValueOptions® services

Appointment Timeliness Standards

Reminder: ValueOptions® has established standards for participating practitioners and providers to ensure that our members can obtain the care they need within a timeframe appropriate to the urgency of their clinical need.

It is important that all practitioners adhere to the standards below. If you are not able to meet the standard, you should refer the patient to the NYC SC clinical referral line at 800-692-2489 where ValueOptions® staff can offer more options.

- Emergencies (life-threatening): The member must be offered the opportunity to be seen immediately.
- Non-life-threatening emergencies: The member must be offered an appointment within six hours of the request.
- Urgent: The member must be offered an appointment within 48 hours of the request.
- Routine: The member must be offered an appointment within 10 business days of the request.

Financial Incentives

ValueOptions® does not provide rewards or incentives, either financially or otherwise, to any individuals involved in conducting utilization review, for issuing denials of coverage or service, or inappropriately restricting care. Utilization-related decisions are based on the clinical needs of the members, benefit availability, and appropriateness of care. Objective, scientifically-based criteria and treatment guidelines, in the context of provider or member –supplied clinical information guide the decision-making process.

Treatment Record Documentation

The Quality Management Department of the New York City Service Center conducted an audit of patient treatment records. This audit mirrored behavioral health best practice standards as a contractual obligation for all ValueOptions® practitioners and providers.

These requirements are described in your provider contract and included in the ValueOptions® Provider Handbook. The treatment record documentation standards have been adopted to assure that records are maintained in an organized format which permits effective and confidential patient care and quality review. These standards facilitate

communication, coordination and continuity of care, and promote efficient and effective treatment.

As part of this audit, the NYC SC measured compliance with two clinical practice guidelines:

- 1) ValueOptions® has adopted the American Psychiatric Association Clinical Practice Guidelines for Treatment of Patients with Bipolar Disorder (BPD), Second Edition (June 2004): This included the adoption of the “Bipolar Disorder – APA Support – A Quick Reference Guide”
- 2) ValueOptions® has adopted the American Psychiatric Association Clinical Practice Guidelines for Treatment of Patients with Major Depressive Disorder, Second Edition (May 2005): This included the “Brief Version” of the MDD Guidelines

Note: ValueOptions® adopted the updated version of the APA Clinical Practice Guidelines for Treatment of Patients with Major Depressive Disorder, Third Edition (May 2010) in March 2011. The next NYC SC audit will be based on the revised guideline.

The practitioners selected for audit were chosen as part of a routine, random sample of high volume practitioners that provided treatment services to patients diagnosed with MDD or BPD during the period of July 1, 2009 – June 30, 2010.

The findings that follow are the result of the review of 269 treatment records from 75 practitioners.

Clinical Practice Guidelines Compliance

Individual Guidelines	2009-2010 Average Score
MDD	54%
Bipolar Disorder	78%

Consistent with ValueOptions® policy, the performance goal is 80% compliance. Since the average compliance score for both measures was below 80%, the NYC SC has identified treatment record documentation as an opportunity for improvement.

To self-assess your treatment records against ValueOptions® expectations, please see the “Documentation Check List” on the next page.

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Documentation Check List

- Members' name or ID number are located on each page of treatment record
- Members' address, employer or school name, home telephone number, work telephone number emergency contacts, marital status or legal status, appropriate consent forms, and guardianship information if relevant can be found in the chart
- Responsible/treating provider's name, professional degree, and relevant identification number are noted in the chart
- All entries in the treatment record are dated
- The treatment record is legible to someone other than the writer
- Medical conditions are listed, prominently identified, and revised as appropriate in the treatment record
- Presenting problems, along with relevant psychological and social conditions are documented in the treatment record
- Special status situations, such as imminent risk of harm, suicidal ideation, or elopement potential, are prominently noted documented and revised in the treatment record in compliance with the ValueOptions® written protocols
 - Utilization of Impairment Scale Risk Rating Guide
- Allergies, adverse reactions or no known allergies are clearly documented in the treatment record
- Comprehensive medical and psychiatric history is documented in the treatment record
 - Includes past and present use of cigarettes and alcohol, as well as illicit, prescribed, and over-the-counter drugs.
 - *N/A if the member is under the age of twelve*
- A full mental status evaluation is documented in the treatment
- DSM-IV/ICD9 diagnosis, consistent with the presenting problems, history, mental status examination, and/or other assessment data is documented in the treatment record
- Treatment plans are consistent with diagnoses and have both objective measurable goals and estimated time frames for goal attainment or problem resolution
- The focus of treatment interventions is consistent with the treatment plan goals and objective
- Each treatment record indicates what medications have been prescribed, the dosages of each, and the dates of initial prescription *or* refills
 - *For non-prescribing practitioners, each treatment record indicates what medications have been prescribed and the name of the prescriber*
 - *N/A is scored if medications are not prescribed*

- Informed consent for medication and the member's level of understanding is documented**
 - *N/A if medication is not prescribed or the practitioner being reviewed is not a prescriber (e.g., MSW, PhD)*
- When medication is prescribed, there is evidence of consistency among the signs and symptoms, diagnosis, and medication prescribed**
 - *N/A is scored if medication is not prescribed or the practitioner being reviewed is not a prescriber (e.g. MSW, PhD)*
- Progress notes describe member strengths and limitations in achieving treatment plan goals and objectives**
- Symptom consistent with DSM-IV/ICD9 diagnosis are documented at each visit with in the progress notes**
 - **Note increase, decrease, and or no improvement**
- Members who become homicidal, suicidal, or unable to conduct activities of daily living are promptly referred to the appropriate level of care**
 - *N/A is scored if the member is not homicidal, suicidal, or unable to conduct activities of daily living*
- The treatment record documents preventive services, as appropriate (e.g. relapse prevention, stress management, wellness programs, lifestyle changes, and referrals to community resources)**
- The treatment record documents dates of follow-up appointments or, as appropriate, a discharge plan**
- There is evidence that the clinical assessment is culturally relevant (i.e. addresses issues relevant to the member's race, religion, ethnicity, age, gender, sexual orientation, level of education, socio-economic level, etc.)**
- There is evidence that the treatment plan is culturally relevant. (i.e., addresses issues relevant to the member's race, religion, ethnicity, age, gender, sexual orientation, level of education, socio-economic level, etc.)**
- There is evidence in the record of coordination of care with the PCP or declination of this coordination by the member**
- The treatment record has evidence of continuity and coordination of care between behavioral healthcare institutions, ancillary providers and or consultants**
- The treatment record reflects evidence of coordination of care with other outpatient behavioral health practitioners**
- The record reflects evidence of coordination with the EAP if a referral was made.**