



Key Updates

*For Providers & Practitioners
Serving State Government Enrollees*

Newsletter Date
Volume 1, Issue 2

Individual Highlights:

Quality Improvement Activities	
■ Follow-up Care	
Quality Improvement Activities- Continued	2
■ Follow-up Care	
■ Coordination of Care	
Prevention Programs	3
Medication Safety in Children and Adolescents	4
Clinical Practice Guidelines	5
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	
Utilization Management	6
Treatment Record Standards	
Treatment Planning (book review)	7
Treatment Record Documentation	
Member & Provider Satisfaction	8
Confidentiality Guidelines for Busy Practice	9
Wait time Standards	
E-Mail Publication Resources	

Quality Improvement Activities

ValueOptions' North Carolina Service Center (NCSC) is committed to being a center for excellence in developing and coordinating quality programs for members through our partnerships with you, our providers. We are committed to meeting and exceeding standards set forth by our oversight bodies such as Utilization Review Accreditation Commission (URAC).

These clinical and service activities require your knowledge, leadership, input and cooperation.

The following are some key examples of quality improvement initiatives deemed essential by accreditation requirements and the needs identified by our providers and enrollees:

Mental Health Ambulatory Follow-up After Acute Inpatient Care

Reported Rates Show Little Improvement

NCQA's 2007 State of Health Care Quality Report describes the collection of quality data among health plans, including behavioral health effectiveness of care measures.

Outcomes data shows that appropriate treatment and follow-up after inpatient hospitalization can reduce the duration of disability and the likelihood of re-occurrence.

Unfortunately, nation-wide results of post-discharge follow-up appointment rates following inpatient treatment for mental health illness have shown little improvement over the past five years. (Full report available online: <http://web.ncqa.org/tab43/Default.aspx>)

The ValueOptions North Carolina Service Center (NCSC) clinical staff works with the facilities to ensure that appointments are set-up prior to discharge.

The goal of the clinical staff is for "same day, next day" appointments as a first line of action. To ensure that appointments are kept, NCSC staff may outreach to either the practitioner office or to the enrollee directly. Success in this endeavor requires ongoing collaboration between the NCSC, the facility, the practitioner, and the enrollee/patient.



Quality Improvement Activities - continued

What can facilities do for the patient upon discharge?

- Ensure the discharge plan is complete, including the patient's first appointment at the next level of care
- Schedule (with the member present) the first appointment (or two) with the outpatient provider. Do not leave scheduling to the patient
- Fax the discharge summary to the outpatient provider and the PCP
- Make certain the discharge review is faxed or phoned into ValueOptions on the day of discharge so appropriate follow up by ValueOptions can occur
- Call the ValueOptions care manager for questions and/or for assistance identifying a practitioner
- Coordinate discharge planning with the assigned ValueOptions Care Manager
- Educate the family on the importance of the member keeping the discharge appointment

What can practitioners/clinicians providing outpatient services do?

- Request a discharge summary from the hospital or facility
- Call the patient prior to the first appointment to confirm appointment date and time
- Schedule two appointments —the first appointment within 7 days of discharge
- Assess the patient thoroughly including items such as medication and appointment compliance
- Convey a sense of availability to the patient including an emergency contact number
- Keep alternate patient phone numbers or a phone number of a relative or friend in case of a missed appointment
- Reach out to the patient after any missed appointments
- Coordinate/communicate treatment with the psychiatrist, therapist, and PCP

Coordination of care with the PCP

Ensuring that patients have been evaluated medically is critical to good patient care. ValueOptions has initiated activities to help practices improve documentation in this area.

- Forms are available to help you obtain your patient's authorization to share information with the Primary Care Physician.
- Member education tip sheets explaining why this is important may be copied and used in your practice. Copies may be obtained by calling **866-719-6032**.

- Identification of best practices. If you or someone in your practice has been successful in your efforts to coordinate care with the PCP, we would like to hear from you.



Preventative Health Programs

Comprehensive Suicide Risk Assessment: Reducing The Risk Of Completed Suicides

Andrea Bradford, MD

A completed suicide is one of the most dreaded outcomes of the psychiatric illnesses treated in behavioral health. ValueOptions has identified the safety of members and quality of care and services, particularly for high risk behaviors such as suicide attempts, as an area in which additional materials, training and communication may positively impact outcomes. ValueOptions believes that improving the quality of suicide risk assessments will reduce the rate of completed suicides in members in treatment.

Research on this topic provides us with a number of both predictive and associated factors that are commonly present in cases where there is a completed suicide. Predictive factors, if present, they suggest that a completed suicide may occur, and associated factors means they may be present, but do not correlate with prediction of a potential completed suicide.

There is no algorithm or scoring tool which in and of itself can identify level of suicide risk in any consistent manner.

The identification of level of suicide risk is directly dependent on the clinical judgment of the clinician assessing the factors in the context of the person's current biopsychosocial climate and thoughtfully formulating a summary that identifies the potential risk of suicide.

In today's environment, with time pressure, production expectations, and competing requirements, it is a challenge to "see" all of the predictive and associated risk factors for completed suicide in the course of completing an assessment. The factors are scattered across multiple biopsychosocial planes, and the clinician with the final responsibility frequently is unable to examine all of the data in detail prior to making a decision regarding suicide risk. Additionally, documenting suicide risk has, over time, devolved to shorthand documentation of "no suicidal ideation or intent". Unfortunately, this shorthand does not take into account the many additional predictive and associated factors for completed suicide and does not allow a thoughtful clinical formulation with respect to consideration of all of those factors.

In addition to identifying and formulating risk based on all pertinent information, it is also useful to identify what interventions may modify risk of completed suicide. Many risk factors are not

modifiable, such as age, but many are potentially modifiable.

It is essential to quality clinical practice to ensure that modifiable risk factors are identified and that actions are put in place in the treatment planning process to attempt to decrease the risk of completed suicide.

ValueOptions has available for all providers and practitioners a form called the Comprehensive Suicide Risk Assessment for Prevention. This form includes the predictive risk factors for completed suicide in one easy to use assessment tool with space for the clinical documentation of both level of risk and recommended interventions for modifiable risk factors. This tool should be used to assess and reassess suicide risk whenever there is any suspicion that risk may be present. It is particularly useful for inpatient assessment and reassessment. (There is a higher rate of suicides in hospitalized patients and in the initial two weeks post hospitalization.) Providers and practitioners may access this form on the ValueOptions website at http://www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm or by calling 800-719-6032. Additional materials such as patient education booklets are also available.

Promoting Early Detection of Siblings with Attention-Deficit Hyperactivity Disorder

The Early Detection of Sibling Attention Deficit-Hyperactivity Prevention (ADHD) Program encourages practitioners to educate parents about the importance of screening siblings of children or adolescents who have an ADHD diagnosis.

Based on the American Academy of Child and Adolescent Psychiatry (AACAP) Practice Parameters for ADHD, the program recommends assessing family functioning when evaluating a child or adolescent.

The goal of the program is to promote early identification and treatment of siblings at risk to reduce the development of co-morbid conditions likely to develop with undetected and untreated ADHD.

Several tools are available for practitioners to use with parents when it is clinically appropriate. These include:

- AACAP Facts for Families #6
- Questions to Ask
- Safety Tips for Children with ADHD
- Tips for Parents of Children with ADHD
- Resource Guide

If you would like a copy of these educational materials, you may download them from the ValueOptions website at:

http://www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm

or call 800-719-6032 if you do not have web access to request a set.

Medication Safety in Children and Adolescents by Martin Glasser, MD

The most frequent use of psychiatric medications for children and adolescents is for the diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Depression. There are warnings that the FDA has published regarding the prescribing of medications for both of these diagnoses.

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD can be treated with stimulant medication or non-stimulant medication. The guidelines of the American Academy of Child and Adolescent Psychiatry for the treatment of ADHD (http://www.aacap.org/galleries/PracticeParameters/JAAC/AP_ADHD_2007.pdf) and the prescribing of stimulant medication (<http://aacap.org/galleries/PracticeParameters/StimMed.pdf>) offer the clinician specific indications for treatment and parameters regarding the types of interventions available for youth. A prerequisite to prescribing medications to youth is a complete physical examination. This is especially important with the FDA warning concerning the use of stimulants in youths who have cardiovascular disease. There are similar concerns regarding youths who may have a seizure disorder. Value Options supports the pharmacological and non-pharmacological interventions that are outlined in the AACAP parameters. The use of the non-stimulant medication for ADHD is a second tier intervention if the stimulant medication is not found to be effective.

Depression

Depression in youth can also be treated with a combination of pharmacological and non-pharmacological interventions. A complete physical examination must be completed prior to initiating pharmacological intervention.

The FDA, in October 2004, released a Black Box Warning regarding prescribing antidepressant medication to children and adolescents. The FDA suggested guidelines for the monitoring of suicidal ideation after an antidepressant medication was initiated. This prompted concern from professional organizations regarding the validity of the studies that the FDA cited and the impact upon the prescribing patterns of physicians to youths who required medication to augment their treatment of depression.

This was especially relevant to adolescents since suicide, prior to 2004, was the third highest cause for death in this population. Prior to the FDA Black Box Warning for using antidepressant medication, 80% of antidepressant medication was prescribed by Primary Care Physicians (PCPs). The prescribing practices of PCPs changed after the FDA Black Box Warning. Many studies documented a decrease in the use of these medications in youths. The reasons cited included how to monitor each patient following the FDA guidelines and the concern that the prescribing of these

medications may temporarily increase the risk of suicide.

The American Psychiatric Association and the AACAP (with endorsement of multiple other child advocacy organizations) published guidelines for parents and physicians regarding how to manage depressed youth (<http://www.parentsmedguide.com/parentsmedguide.pdf>) and (<http://www.parentsmedguide.com/physiciansmedguide.pdf>). These guidelines remain highly relevant in offering fully informed consent to the parents of youth and for physicians to utilize with their child and adolescent patients.

The Center for Disease Control released statistics on child and adolescent suicide on September 7, 2007. Their findings were that:

2004 suicide rates for males aged 15--19 years and females aged 10--14 years and 15--19 years diverged upward significantly from modeled trends during 1990--2004. For females in the two age groups, significant departures were observed for 2004 in suicides by hanging/suffocation and poisoning. The rate for suicide by hanging/suffocation among females aged 10--14 years more than doubled from 2003 to 2004, from 0.31 to 0.68 per 100,000 populations.

These trends raise concern about a possible change in the suicide rate

for youth, particularly females, 10 to 14 years of age. There are limitations to these reports. The data is several years old with trends suggested but not documented. The collection of cause of death with youth is hindered by non-accurate reporting of the cause of death but with strong suggestions that the actual data is under reported. We strongly encourage you as physicians to study the guidelines published by the AACAP and APA and to familiarize yourself with the suggestions for fully informed consent prior to the prescribing of medications. It is clear that the combination of cognitive behavioral therapy and psychopharmacological intervention for youth offers the best intervention for depression and the lowering of the suicide risk/rate. We encourage you to investigate the past psychiatric history, possible genetic loading, physical conditions and environmental issues (such as child abuse) that may be causing symptoms of depression. All children and adolescents must have a complete physical examination as part of the evaluation for depression. Children who meet the DSM IV-TR criteria for depression or dysthymia may benefit from the combination of psychopharmacological and psychotherapeutic interventions. We support the careful examination of the practice parameters for both ADHD and Depression to guide you in the treatment options available for you and the information to offer both the patient and their parents.

Clinical Practice Guidelines

ValueOptions Clinical Practice Guidelines are adopted from recognized sources such as professional behavioral health care organizations and professional literature. Development of the guidelines involves clinicians considered specialists in their respective fields as well as feedback from practitioners in the community.

ValueOptions has adopted clinical practice guidelines from the American Psychiatric Association for:

- Major Depression
- Bipolar Disorder
- Eating Disorders
- Stress and Posttraumatic Stress Disorder
- Assessing and Treating Suicidal Behaviors
- Panic Disorder
- Substance Abuse Disorders
- Schizophrenia

From the American Academy of Child and Adolescent Psychiatry

- Attention Deficit Hyperactivity Disorder (ADHD)

ValueOptions has adapted clinical practice guidelines from the Canadian Psychiatric Association for:

- Generalized Anxiety Disorder

ValueOptions has developed clinical practice guidelines for:

- Co-Occurring Related Disorders
- Opioid-Related Disorders
- ADHD for Adults

Practice Guidelines are available on the ValueOptions website: <http://www.valueoptions.com/provider/handbook/guidelines.htm>

If you would prefer a paper copy of any ValueOptions clinical practice guidelines, please call **866-719-6032**.

Copies of the APA guidelines can be downloaded from its website: http://www.psych.org/psych_pract/treatg/pg/prac_guide.cfm. Please call APA customer service line if you do not have web access at: 800-368-5777.

Copies of the AACAP guideline on ADHD can be downloaded from http://www.aacap.org/page_ww?section=Practice+Parameters&name=Practice+Parameters.

Please call 202.966.7300, x137 if you do not have web access.

INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT

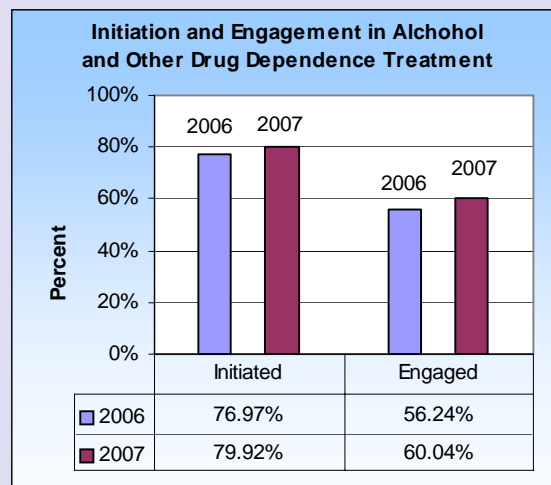
According to NCQA's *State of Health Care Quality 2007*, in 2004, more than 9 percent of all Americans were classified with dependence on or abuse of alcohol or illicit drugs.

Research supports the need for those with alcohol or other drug dependence to engage in ongoing treatment to prevent relapse. Those who complete treatment or receive more days of treatment typically show more improvements than those who leave care prematurely. The acute stage of treatment is associated with lasting improvements only with continued rehabilitative treatment.

To assist enrollees in beginning and continuing in necessary drug dependence treatment, ValueOptions has initiated a Quality Improvement Activity designed to identify members with alcohol or other drug disorders and assist them in initiating and engaging in treatment.

To download a copy of the alcohol baseline progress note sample forms, visit the link below:

http://www.valueoptions.com/providers/Network/NCSC_Government/Alcohol_Baseline_26_Follow-up_ProgressNotes.pdf



Learn More about Utilization Management Programs

ValueOptions strives to enhance the well-being of the people we serve. We see ourselves as an integral part of the communities in which we provide service and understand that many factors impact the state of a person's health. To best serve a given population, we seek to learn from and work with individuals in their communities in order to ensure relevant design of appropriate programs and services. As managers of the behavioral health benefits of millions of people, we are acutely aware of our responsibility to afford every opportunity for each individual to achieve optimal outcomes.

ValueOptions is proud of its focus on quality care and best practices. The primary responsibility of the utilization management staff is to guide and oversee the

provision of effective services in the least restrictive environment and to promote the well being of the members. We are committed to supporting individuals in becoming responsible participants in their treatment.

Decisions:

Utilization Management Clinicians are appropriately licensed behavioral health care professionals who, work cooperatively with practitioners and provider agencies to ensure member needs are met. Providers and practitioners are always afforded the opportunity to discuss and review any decision regarding inpatient admissions or other levels of care.

If you would like to discuss an adverse decision, call 703-390-5920 and ask to

be scheduled with the Peer Advisor who rendered the decision.

Criteria:

ValueOptions utilizes internally developed behavioral health clinical criteria. The criteria are assessed and if necessary, revised, at least annually by the ValueOptions Corporate Executive Medical Management Committee. The criteria are available for your review in your provider handbook or on our web site at: <http://www.valueoptions.com/providers/Handbook.htm>

ValueOptions follows the criteria developed by the American Society of Addiction Medicine (ASAM) for treating adults and children/adolescents issues with substance abuse. If you do not already have a copy of the ASAM Criteria, you can order it by going to the

following Web site: <http://www.asam.org/ppc/ppc2.htm> or by calling ASAM at 1-800-844-8948.

If you are in need of a provider handbook or would prefer the handbook on a compact disc, please call the ValueOptions Provider Relations Department.

Financial Incentives:

ValueOptions in no way rewards or incentives, either financially or otherwise, 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 Standards

ValueOptions has adopted the treatment record documentation standards to help assure that records are maintained in an organized format, which permits effective and confidential patient care and quality review. These standards help

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

The treatment record review standards can be found in the ValueOptions Provider Handbook and

on the ValueOptions website at http://www.valueoptions.com/providers/Handbook/PDFs/Forms/Clinical_Forms/Prov_Tx_Rec_Audit_To_ol.pdf

ValueOptions is committed to maintaining the confidentiality of our members and follows federal and state guidelines for personal health records.

Treatment Planning (Book Review)

TREATMENT PLANNING FOR PERSON-CENTERED CARE:

The Road to Mental Health and Addiction Recovery

(Practical Resources for the Mental Health Professional)
by Neal Adams, MD, Ph.D. and Diane M. Grieder.
COPYRIGHT © 2005
ELSEVIER ACADEMIC PRESS, Burlington, MA.

Many clinicians find paper

work a “necessary evil” and scores in treatment planning during treatment record audits conducted in 2006 tend to reflect this less than enthusiastic attitude. About 90% of ValueOptions’ members surveyed indicate that they set goals with their therapist.

The usefulness of the treatment planning process is examined in detail by Adams and Grieder in their book, “Treatment Planning for

Person-Centered Care.” They put the concept of individualized treatment planning into language that captures the essence of active involvement with the patient. The authors help transform what is often perceived as irritating paperwork into a valuable tool by helping practitioners re-think the process of setting goals and conceptualize a plan that addresses the needs of the person.

On page 147, Adams and

Grieder walk the practitioner through using measurable objectives in defining the desired outcomes. Multiple sample documents are available in the index to provide further assistance as the practitioner considers objectives in the context of the level of care, discharge, or transition.

While treatment planning continues to be required by regulatory and accrediting bodies as well as managed care organizations, the ultimate goal is to improve patient outcomes through meaningful and thoughtful patient care.

Treatment Record Documentation

SPECIAL CONSIDERATIONS IN TREATMENT RECORD DOCUMENTATION FOR CHILDREN AND ADOLESCENTS

The American Academy of Child and Adolescent Psychiatry publishes Practice Parameters. These Practice Parameters, or clinical practice guidelines, can be downloaded from their website at http://www.aacap.org/cs/root/member_information/practice_information/practice_parameters/practice_parameters.

Some of the special topics covered include:

- Assessment of a Child and Adolescent
- ADHD (adopted by ValueOptions in 2007)
- Assessment of the Family

In the guidelines for **Assessment of a Child and Adolescent**, components that should be documented in a developmental

assessment are presented (pages 7 to 10). For therapists who are not physicians, some information regarding physical development and the most recent medical examination may be obtained by contacting the pediatrician.

Please see the guidelines for a discussion on the various components of a developmental history and assessment including:

- Family and Peer Relations
- Physical development and medical history
- Emotional Development, Temperament, and Mental State
- Development of Conscience and Values
- Interests, Hobbies, Talents, and Avocations
- Prior Psychiatric Treatment History

In the **new ADHD Parameter**, specific treatment recommendations are made. **Recommendation 6** gives a thoughtful discussion regarding the components that should be included in a treatment plan for the patient with ADHD (page 11). The authors stress the importance of the plan including parental and child psychoeducation about ADHD and its various treatment options.

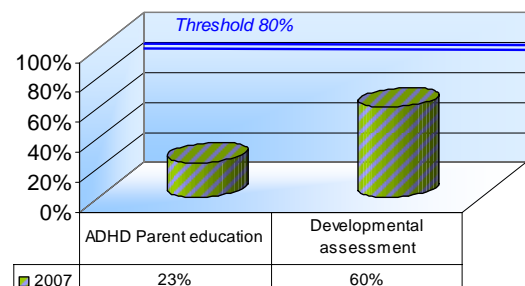
Specific treatment modalities and their efficacies are explored throughout the guidelines. For example,

Recommendation 10 states that medication alone may be sufficient if there is a robust response along with normative functioning in academic, family, and social functioning.

Recommendation 11 discusses the conditions in which there is an advantage to a combination of behavioral and pharmacological treatment.

For more information regarding ValueOptions’ standards for treatment record documentation please refer to your Provider Handbook.

2007 Treatment Record Review
Child & Adolescent Elements Not Meeting Threshold



Member & Provider Satisfaction

On an annual basis, Fact Finder's conducts Member and Provider Surveys on behalf of ValueOptions. Data is analyzed on key areas of Clinical and Administrative Services. Enrollee satisfaction is evaluated through:

- Enrollee surveys,
- Reviewing enrollee comments from surveys,

- Tracking and reviewing contents of the complaints and inquiries, and/or
- Soliciting qualitative feedback from stakeholders

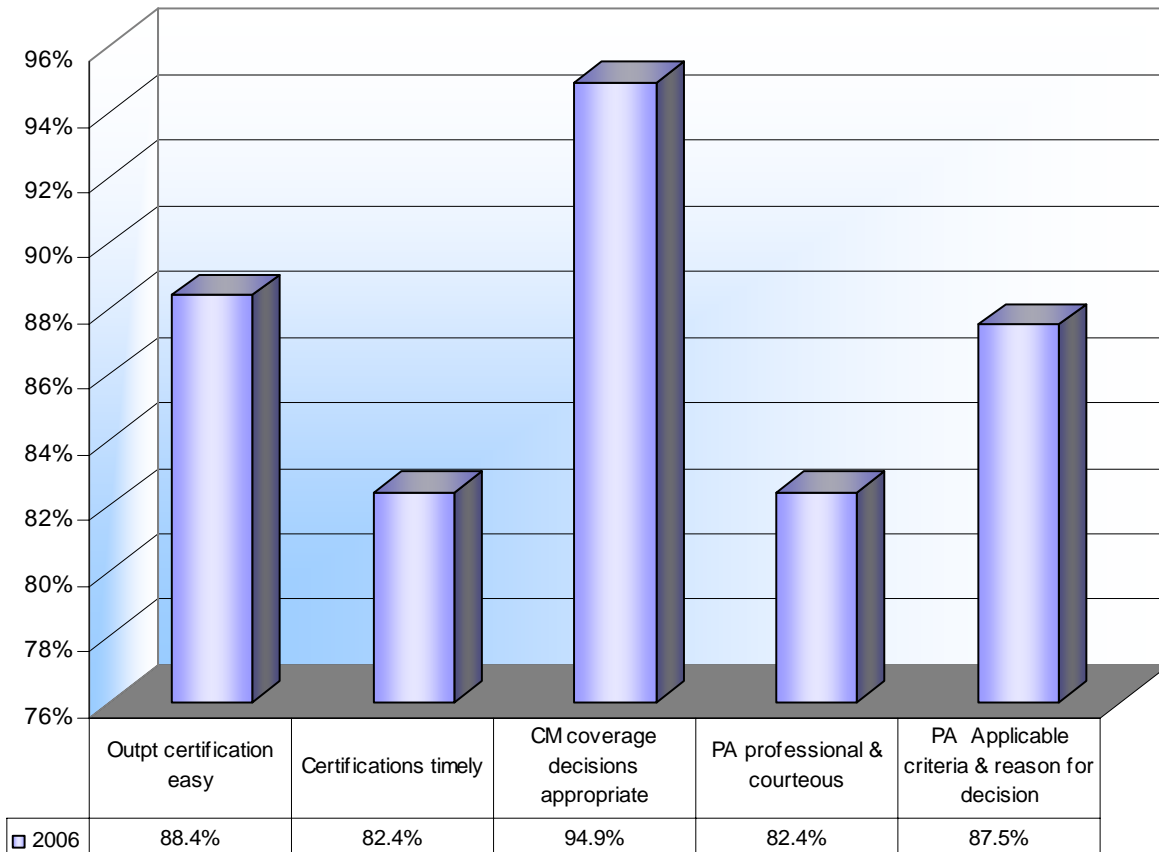
Enrollee survey data is assessed for opportunities to improve member satisfaction. Questions are asked about satisfaction in

the following areas: Access to Care, Claims, Outcomes of Service, Hospital Services, Toll Free Number Services, Internet, Therapist Ratings and Experience, Coordination of Care, and Referral Services. The survey results are used to identify opportunities for improvement.

The NCSC is committed to understanding the needs of our enrollees and make the necessary changes in the way our staff manage customer service to improve satisfaction.

If you have recommendations regarding improvement of the UM or appeal process, please contact us at 866-719-6032.

Provider Satisfaction with the UM Process



ValueOptions

3800 Paramount Parkway,
Suite 300
Morrisville, NC 27560-6901

Important phone numbers

NCSC Quality Management
866-719-6032

**National Network
Providers Services
Department**
1-800-397-1630

Provider Relations
1-800-235-3149

E-mail us @

Quality Management
nesc.qualitymgmt@valueoptions.com

Preventive Health
nesc.prevention@valueoptions.com

E-mail Publication
troy.qualitymgmt@valueoptions.com

Web Resources

- Treatment Guidelines
- Provider Handbook
- Treatment Record Standards
- Claim Forms

See us at:

www.valueoptions.com

Confidentiality

ValueOptions has written policies regarding protected health information (PHI). These policies address disclosure of PHI, restrictions on use of PHI, the ability to amend PHI and the process for accounting for disclosures

and internal and external protection of oral, written and electronic information across the organization. To view the ValueOptions' Privacy Statement follow this link:

<http://www.valueoptions.com/privacypractices.htm>



(PHI) Personal Health Information

Guidelines for a busy practice

Practitioners can use the following guidelines to save time and notify patients of their availability so patients receive prompt care.

- Leave instructions on your answering machine greeting instructing callers what to do if they are experiencing an emergency
- Refer patients to ValueOptions Clinical Referral Line for additional participating clinicians
- Return patient calls promptly and notify

potentially new patients of your availability status.

- If appropriate, include a statement on your answering machine greeting that you are not currently accepting new patients

Wait time standards

The North Carolina Service Center has established standards for participating practitioners and providers to ensure ValueOptions' members can obtain the care they need within a reasonable time frame.

- **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 request.
- **Urgent:** The member must be offered an appointment within 24 hours of request.
- **Routine:** The member must be offered an

appointment within 10 business days of request.

It is important that all practitioners adhere to the above standards. If you are not able to meet the standard, you should refer the patient to the North Carolina Service Center Clinical Referral Line where ValueOptions' staff can offer more options.

Come Join our Electronic E-Mail Publication

Providers are asked to join our electronic e-mail publication

If you would like to be added to our e-pub distribution list with

important clinical, educational, and administrative updates please contact us at **866-719-6032** or by e-mail.

Your e-mail address will not be used to communicate patient information or utilization management decisions.