Spring 2009 North Carolina Service Center

Provider Key Updates

Quality Improvement Activities

The 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 oversight bodies such Utilization Review Accreditation Commission (URAC). These clinical and service activities require your knowledge, leadership, input and cooperation.

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

Comprehensive Suicide Risk Assessment: Reducing the Risk of Completed Suicides

Andrea Bradford, MD

In a recent online survey of 102 inpatient psychiatric facilities in the ValueOptions® national network, organizations reported the use of suicide risk assessments:

- 64% screened for suicide risk on admission, but most did not use validated tools
- 45% reported using a tool to assess risk on discharge

A suicide risk assessment, which includes a clinical formulation of all of the risk factors predictive of a completed suicide, is recommended for all psychiatric inpatients at admission, at any point of significant clinical change during hospitalization, and at discharge. Suicides occur at a higher rate during hospitalization and in the two week period post hospitalization.

The ValueOptions® Comprehensive Suicide Risk Assessment for Prevention form is available for all providers and practitioners.

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. Providers and practitioners may access this form on the ValueOptions® Web site: http://www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm, or by calling 866-719-6032. Additional materials such as patient education booklets are also available.

The 2009 North Carolina Service Center Provider Key Updates newsletter is available in paper copy. Please call toll free at **866-719-6032** to have a paper copy mailed to you.

VALUEOPTIONS®

Quality Improvement Activities– Cont.

MAJOR DEPRESSIVE DISORDER PROVIDER PROFILE SURVEY

The North Carolina Service Center, Commercial Division surveyed 537 Commonwealth of Virginia non-medical practitioners/therapists who had seen at least one ValueOptions® member with moderate or severe depression during 2008. The purpose of the survey was to explore the relationship of non-medical and medical providers in the treatment of major depressive disorder.

Of the 537 therapists, 295 were contacted using an online survey tool, SurveyMonkey, and 242 using a mailed paper survey. An overall response rate of 42 percent was obtained.

Most therapists said they would recommend a psychiatric medication evaluation for all but mild depression. Almost all received at least some referrals from both psychiatrists and primary care physicians (PCP).

For referrals from psychiatrists, 73 percent of respondents reported that the psychiatrist had prescribed medication over 75 percent of the time. The rate of prescribing by PCPs was lower, with only 28 percent of respondents reporting that the PCP had prescribed over 75 percent of the time.

Feedback, especially on a regular basis, was more likely to be provided to psychiatrists than PCPs. Most therapists reported they were in an independent practice, and provided somewhat more regular feedback to psychiatrists than PCPs. Those who either worked for, or where supervised by, a psychiatrist provided far more feedback to the psychiatrist than to referring PCPs. The relatively small number of therapists who worked for PCPs provided approximately the same level of feedback to the PCP as to the referring psychiatrist.

The pattern for recommending a psychiatric exam, for those patients not referred by a psychiatrist, varied widely. Twenty percent reported that they recommended an exam over 75 percent of the time, while almost the same percent (18 percent) reported recommending one less than 25 percent of the time.

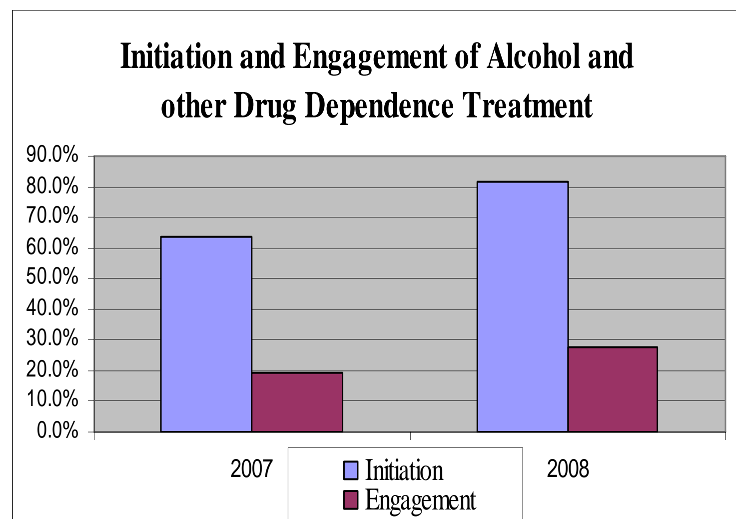
Individualized reports will be sent to providers who responded to the survey showing how their response compared to the aggregate.

INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT

According to NCQA's **State of Health Care Quality 2008**, nearly 1in 10 Americans 12 years and older were classified with dependence on, or abuse of, alcohol or illicit drugs. Although treatment rates increased in 2007, 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



Quality Improvement Activities– Cont.

INTENSIVE CASE MANAGEMENT PROGRAM

Intensive Case Management (ICM) is defined as a collaborative process for assessing, planning, implementing, coordinating, monitoring and evaluating options and services to meet an individual's behavioral health needs. Communications and available resources are used in conjunction with other strategies to achieve optimum member outcomes.

The ICM program includes proactive identification and outreach to members who may benefit from behavioral health services, as well as greater coordination between the medical and behavioral health delivery systems. The ICM Team evaluated the types of patients admitted for intensive case management and determined the criteria for admission should capture high-risk members. The criterion was established during 4th Quarter 2008, and targeted patients based on high-risk criterion or diagnostic categories.

Conditions identified with high-risk safety needs include those adults (18 years or older):

- Hospitalized with a major depressive disorder with a co-existing medical diagnosis defined as:
  - Diabetes
  - Asthma
  - Cardiac condition
- Frequent inpatient admissions (three or more in a 12-month period) by history. A patient is considered high-risk either because of the instability of the condition, requiring multiple admissions by history, or because the previous treatment plan was ineffective in managing and sustaining outpatient treatment.

The three modules include:

1. Fax information to the hospital Utilization Review nurse if member is still inpatient:
   - Fax cover page
   - Introduction to the SF12 (functional assessment tool)
   - SF 12 to be completed and faxed or mailed back to the ICM staff
2. Welcome Packet that is sent to members that have returned the SF12 and:
   - Introduction letter of the ICM program
   - Case Management Consent form
   - Authorization form
   - Case Management Members Rights & Responsibility
   - ValueOptions® member educational material
3. Additional education materials are sent to members around the time of the assessment and include:
   - Cover letter explaining the documents
   - Medication tracking sheet
   - Appointment tracking sheet
   - Healthy living tipsheet

MENTAL HEALTH AMBULATORY FOLLOW-UP AFTER ACUTE INPATIENT CARE

Reported Rates Show Little Improvement

NCQA's **State of** Health Care Quality 2008 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 likelihood of re-occurrence.

Unfortunately, nationwide results of post-discharge appointment rates following inpatient treatment for mental health illness have shown little improvement over the past five years.

The full report is available online at: http://www.ncqa.org/tabid/836/Default.aspx.

The ValueOptions® North Carolina Service Center (NCSC) clinical staff works with the facilities to ensure 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 enrollee directly. Success requires ongoing collaboration between the NCSC, facility, practitioner and enrollee/patient.

Quality Improvement Activities– Cont.

NETWORK-WIDE SAFETY INITIATIVE

The goal for promoting continuity and coordination of care among behavioral health practitioners and between the medical delivery system and behavioral health professionals who provide care to enrollees was set at 75 percent. Of the treatment records reviewed in 2008, 58.8 percent showed evidence of coordination of care with other practitioners. While performance was slightly improved from the preceding year, the goal was not met.

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 PCP.
- 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 about it.

What can facilities do for the patient upon discharge?

- Ensure the continuing care plan is complete, including the patient's first appointment at the next level of care
- Schedule the first appointment or two with the outpatient provider while the member is present — do not leave scheduling to the patient
- Fax the continuing care plan 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 assigned ValueOptions® care manager
- Educate the family on importance of the member keeping the discharge appointment

What can practitioners/ clinicians providing outpatient services do?

- Request a discharge summary and/or continuing care plan 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 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

VALUEOPTIONS®

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 its 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

ValueOptions® has adopted its Attention Deficit Hyperactivity Disorder (ADHD) guidelines from the American Academy of Child and Adolescent Psychiatry, and Generalized Anxiety Disorder from the Canadian Psychiatric Association.

ValueOptions® has developed clinical practice guidelines for:

- Co-occurring related disorders
- Opioid-related disorders
- Adult ADHD

Practice guidelines are available on the ValueOptions® Web site: http://www.ValueOptions.com/provider/handbooks/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 Web site: 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.

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® Web site at: http://www.ValueOptions.com/providers/Network/

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 accounting process for disclosures and internal/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.

VALUEOPTIONS®

TREATMENT RECORD DOCUMENTATION

The Quality Management Department of the ValueOptions® NorthCarolina Service Center conducts an annual audit of patient treatment records. This audit mirrors behavioral health best practice standards as a contractual obligation for all ValueOptions® providers.

These requirements are set forth in your provider contract and noted in the ValueOptions® Provider Handbook. ValueOptions® has adopted the treatment record documentation standards 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.

The treatment record review standards can be found in the ValueOptions® Provider Handbook and on the ValueOptions® Web site at: http://www.ValueOptions.com/providers/Handbook/PDFs/Forms/Clinical_Forms/Prov_Tx_Rec_Audit_Tool.pdf.

In 2008, 72 practitioner letters were sent requesting treatment records. Sixty-three practitioners returned three records each, for a total of 185 records returned.

- Of the 63 practitioners reviewed, the average score was 94.6 percent.
- Three practitioners had scores that fell below the 80% standard.

Practitioners who scored below the threshold will be requested to submit action plans and flagged for participation in the 2009 treatment record review audit.

In reviewing the safety questions, 13 records reviewed did not provide documentation of a mental status examination, such as imminent risk of harm, suicidal ideation. One out of the 185 records submitted a suicide risk assessment screening tool. Records suggest that providers are not using a structured suicide risk screening tool.

In the 2009 Treatment Record Request, we will continue to include the Comprehensive Suicide Risk Assessment for Prevention form.

There will be new questions on safety, and structured screenings add to the treatment record audit tool.

MEMBERS RIGHTS & RESPONSIBILITIES

ValueOptions® is committed to respecting enrollee's rights and responsibilities

Enrollees have a right to:

- Receive information about the organization, services, practitioners and providers, and enrollees' rights and responsibilities.
- Be treated with respect and recognition of their dignity and right to privacy.
- Participate with practitioners in making decisions about their health care.
- A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Voice complaints or appeals about the organization or care it provides.
- Make recommendations regarding the organization's enrollees' rights and responsibilities policies.

Enrollees have a responsibility to:

- Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- Follow plans and instructions for care that they have agreed on with their practitioners.
- Understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

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

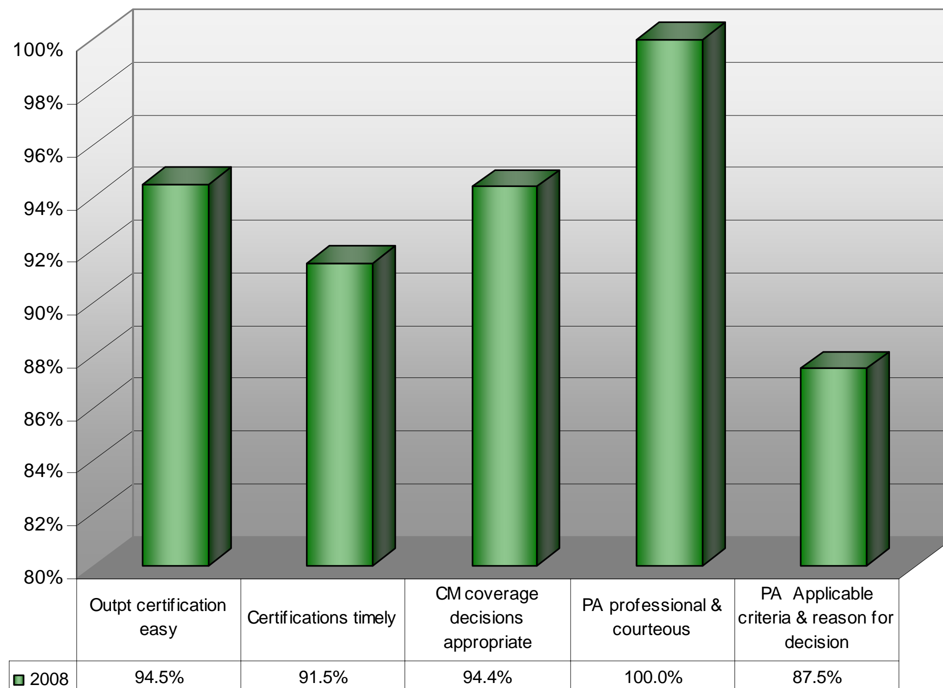
The survey results are used to identify opportunities for improvement.

Result from 2008, indicate that 95.3 percent of overall members were satisfied with ValueOptions® mental health services.

In 2008, 95.3 percent of overall providers were satisfied with ValueOptions® services.

If you have recommendations regarding improvement of the utilization management (UM) or appeal process, please call 866-719-6032.

Pertinent factors that contribute to provider satisfaction with the utilization management process are assessed annually to determine the variety of issues that have impacted providers and practitioners perception of the quality of service, with regard to the utilization management process. ValueOptions® evaluates provider satisfaction with UM process through various mechanisms, including provider surveys and comments generated, tracking and reviewing complaints, and soliciting qualitative feedback from stakeholders.



	Outpt certification easy	Certifications timely	CM coverage decisions appropriate	PA professional & courteous	PA Applicable criteria & reason for decision
2008	94.5%	91.5%	94.4%	100.0%	87.5%

VALUEOPTIONS®

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 adult and children/adolescent 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 call ASAM at 800-844-8948.

If you are in need of a provider handbook or would prefer the handbook on CD, please call the ValueOptions® Provider Relations department.

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.

Wait Time Standard

The North Carolina Service Center has established standards for participating practitioners and providers to ensure that 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 48 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.