



Key Updates

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Quality Improvement Activity

ValueOptions' Northeast Service Center (NESC) 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 the National Commission of Quality Assurance [NCQA] and the Utilization Review Accreditation Commission (URAC).

These clinical and service activities require your

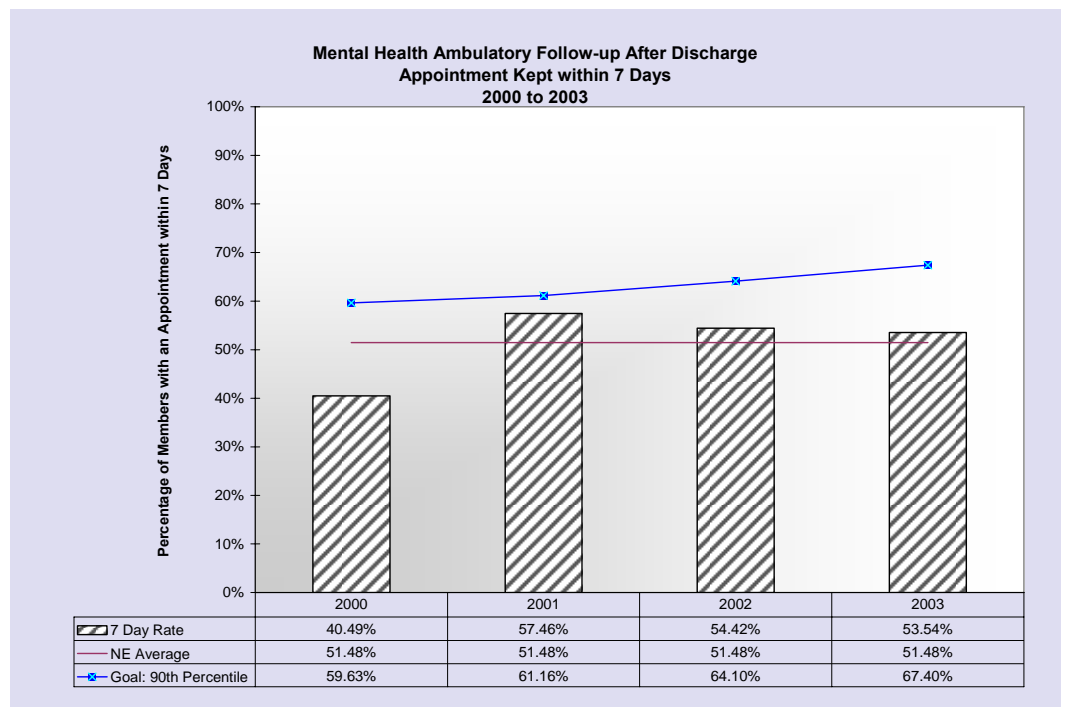
knowledge, leadership, input and cooperation.

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

Follow-up Care After Discharge From Acute Mental Health Hospitalization

The National Committee for Quality Assurance

(NCQA) reports in its State of Health Care Quality: 2004 reports significant improvements in many quality health measures; nevertheless, improvement in mental health domains has only been improving incrementally nationally since 1999.



Quality Improvement Activity - continue

Patients serviced by the NESC practitioners are faring better (53.54%) than average for the NE region of the USA (51.48%) in obtaining post-discharge services. There is still room for significant improvement and the NESC has set a goal of achieving NCQA's 90th percentile (67.4%).

In keeping with this objective and promoting quality health care for our enrollees, NESC engages in aggressive management of post-hospital appointments. The NESC works with the facilities to ensure that appointments are set-up prior to discharge is on-going. NESC clinical staff aims for "same day, next day" appointments as a first line of action. To ensure that appointments are kept, NESC may out reach to either the practitioner office or to the enrollee directly. Success in this endeavor requires ongoing collaboration between the NESC, the facility, the practitioner, and the enrollee/patient.

Coordinating Care Keeping the PCP and other Key Health Care Practitioners in the Loop

Standard: The exchange of clinical information between and among behavioral healthcare practitioners (BHP's) and

primary care practitioners (PCP's) is important to the success of patient outcomes.

When a patient has multiple providers, communication becomes essential to promote quality healthcare, ensure safe practice, and prevent potential medical errors or complications.

Communication needs to occur at all levels:

- Between behavioral health therapists and/or psychiatrists
- Between behavioral health practitioners and the primary care physician.

How are we doing?

Results of our patient satisfaction survey indicated that coordination occurs between behavioral health therapists fairly often (73.6%). When members are asked if their therapist has discussed treatment with their personal physician, only a little more than one quarter (26.5%) believe that this has occurred. Audits of treatment records, however, find that coordination is occurring with the PCP more frequently than patients perceive, but still occurring less than half the time. Forty-seven percent of practitioners audited documented either coordination of care with the PCP or

declination of this coordination by the enrollee.

Rates have dropped sharply from audits in the previous year when three quarters of practitioners were documenting coordination with the PCP. Practitioner representatives on the Northeast Service Center Provider Advisory Committee hypothesize that the mandates of HIPAA may be inhibiting practitioners away from active coordination. While HIPAA has placed safeguards against unauthorized disclosure of personal information, the intent is to protect privacy, not interfere with needed coordination of care.

Communicating with the PCP

An important step toward improvement of behavioral healthcare is to ensure that members do not "slip through the cracks." Coordination of care addresses this issue especially at critical times in the treatment process. Key times for communicating with the patient's other care providers include:

- Initiation of treatment.
- Initiation or change in pharmacotherapy.
- Changes in health status
- Laboratory findings.

One way to ensure that the primary care physician receives copies of lab results is to encourage the patient to work through the PCP's office or to request that a copy of the result also be sent to the PCP.

ValueOptions has a form that is compliant with HIPAA regulations to help you document permission from your patient to coordinate care. If you would like a copy of this form for use in your office, please call the Quality Management Department and request the **Sample Practitioner Form Authorizing PHI Exchange**.



"People forget how fast you did a job-but they remember how well you did it".
~HOWARD W. NEWTON.

Quality Improvement Activity - continue

Acute Care Triage and Referral Team (ACT)

NCQA and the Industry have standards for access timeliness especially for patients in an urgent and emergent need. Certainly patients in a life threatening situation should be evaluated immediately in an Emergency Department.

However, patients in need of urgent or emergent non-life threatening intervention are frequently treated the same way. Primary Care and even Behavioral Health Providers do not have access to case management staff or coordination services to ensure a patient is treated appropriately and timely. Ultimately, any over-response or treatment especially in a Behavioral Health crisis can worsen a situation or start a cycle of crisis or dependence. Our goal is to get the patient the most appropriate intervention in the least restrictive environment.

If a Behavioral Health Practices does not have systems in place to handle patient emergencies in the office, they need to contact us for referral and case management assistance.

We will help the patient with a range of services appropriate to the need including but, not limited

to Partial/Day Care, Observation, Stabilization or intensive outpatient

The Answer: Utilize our Clinical Referral Hotline where Clinicians are available 24/7 who are experienced with case management and access assistance for your patient.

Anti-Depressant Medication Management

An estimated 32 million to 35 million adults in the United States will suffer from major depressive disorder in their lifetime. In a given year, about 19 million American Adults suffer from a depressive disorder or depression. The annual direct cost of depression care is estimated at 26 million dollars. There are three national HEDIS measures for Antidepressant Medication Management for which we strive to improve:

- Optimal contacts: the percentage of members who were diagnosed with a new episode of depression, treated with an antidepressant medication, and had at least three follow-up visits during the 12 week acute treatment phase. The 2004 HEDIS national mean is 20.3%.

- Acute Phase Treatment: the percentage of members who were diagnosed with a new episode of depression, treated with an antidepressant medication, and remained on the medication for the entire 12 week acute treatment phase. The 2004 HEDIS national mean is 60.7%.
- Continuation Phase Treatment: the percentage of members who were diagnosed with a new episode of depression, treated with an antidepressant medication, and remained on the medication for at least 6 months. The 2004 HEDIS national mean is 44.1%.

Anti-Depressant Medication Management Barriers and Actions

ValueOptions is working with our participating psychiatrists and MCO clients to improve antidepressant medication compliance. In one study, fewer than 30% of patients continued to take their medication for a full 6 months. The key problems that providers find is that patients:

- Often stop medication too soon. They may feel better and think they don't need it.

- Think it's not working. Perhaps it is the wrong medication, has not taken effect or has not yet been titrated to the level needed. Patients need to realize this is a long process.
- Experience side effects and stop the medication, either prematurely and/or do not go back to the doctor for an alternative drug.

Your support is a key to good medication management. Please talk with your patients about taking medication as prescribed and the need for follow-up visits.



"Quality begins on the inside... and then works its way out"

-- Bob Moawad.

Disease Management, Integration and Preventive Health

ValueOptions' Northeast Service Center (NESC) offers preventive health programs to health plan (HMO) enrollees and other subscribers who request prevention services.

Postpartum Depression

Postpartum Depression screening, detection, referral and preventive health program was launched in 2002 Q4 to our MCO clients' members. Participation in the program has increased and about 13% of the respondents screen positive for depression. NESC Clinical staff makes outreach calls to mothers who score positive. Yet, very few have accepted referrals or kept appointments with behavioral health practitioners. Beginning in 2004 Q4, mothers completing the Edinburgh Postnatal Depression Screen were also asked to authorize the release of any positive screen results to either the PCP or OB. One OB office manager notified the NESC quality staff that a member was contacted subsequent to the receipt of a patient's positive scores and arrangements made for treatment.

Another program enhancement was put into place with the change of threshold for a positive score from 12 to 10.

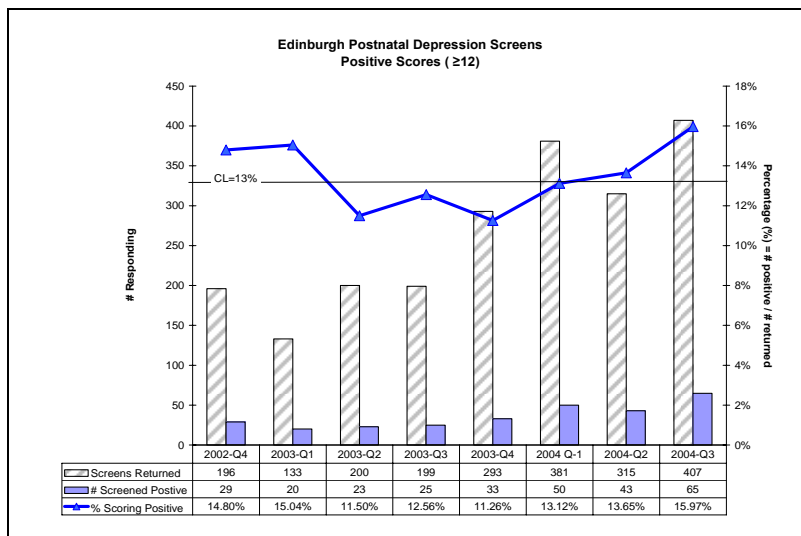
This was based on current literature. When any mother scores 10 or greater, or triggers the potential self harm question, additional educational materials are sent in addition to the outreach calls made by clinical staff.

stress. As public awareness and resources have grown, interest in the program has waned.

This summer, the NESC will partner with the health plans in launching a secondary prevention program targeting six year

positive results to the pediatrician or family practitioner for a medical evaluation.

Program interventions focus on coordinating care with the primary care practitioner and providing educational materials to the parent. When a screen is positive, educational materials are sent to the parent as well as the opportunity to participate in a parental stress module. Outreach calls are made by the clinical staff to offer support and education to the parents. The parent's role as care giver and life-time case manager is a central theme of the program.



Attention Deficit/Hyperactivity Disorder (ADHD):

During 2004, the ADHD prevention program targeted parents (members) of children diagnosed with ADHD offering a 30-page parenting and child management booklet as an adjunct to treatment. As a tertiary prevention effort, this program attempted to reduce the severity of ADHD symptoms and parental

old children who may be high risk for ADHD. The aim of early intervention and treatment is to minimize the potential development of co-morbid conditions such as conduct disorder, anxiety, and depression.

Parents of these children receive an invitation to participate along with a short version of the Vanderbilt Parent Behavior Evaluation Scale (VTBES). Parents are asked to authorize disclosure of



“Depression affects nearly 10% or about 20 million of the adult population.”

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 seasoned professionals who attend to the members' needs, working cooperatively with practitioners and provider agencies. Providers and practitioners are always afforded the opportunity to discuss and review any decision regarding inpatient admissions or other levels of care.

Please Note: UM decisions are based only on the appropriateness of care and service and

existence of coverage. ValueOptions does not specifically reward practitioners or other individuals for issuing denials of coverage or service.

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/provider/handbooks/criteria.htm>.

ValueOptions follows the criteria developed by the American Society of Addiction Medicine (ASAM) for treating adults

and children/adolescents 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:

Utilization Management decisions are based on the member's benefits and whether the care and service meets medical necessity criteria. There are no specific rewards for practitioners or other individuals whose responsibility it is to issue denials of coverage or service care. ValueOptions does not offer incentives to encourage underutilization.

Treatment Record Standards

ValueOptions has adopted the treatment record documentation standards set forth by the National Committee for Quality Assurance (NCQA). Treatment Record standards help assure 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/provider/handbooks/forms.htm> - click on Standard Treatment Record Review Form.

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

Member & Provider Satisfaction

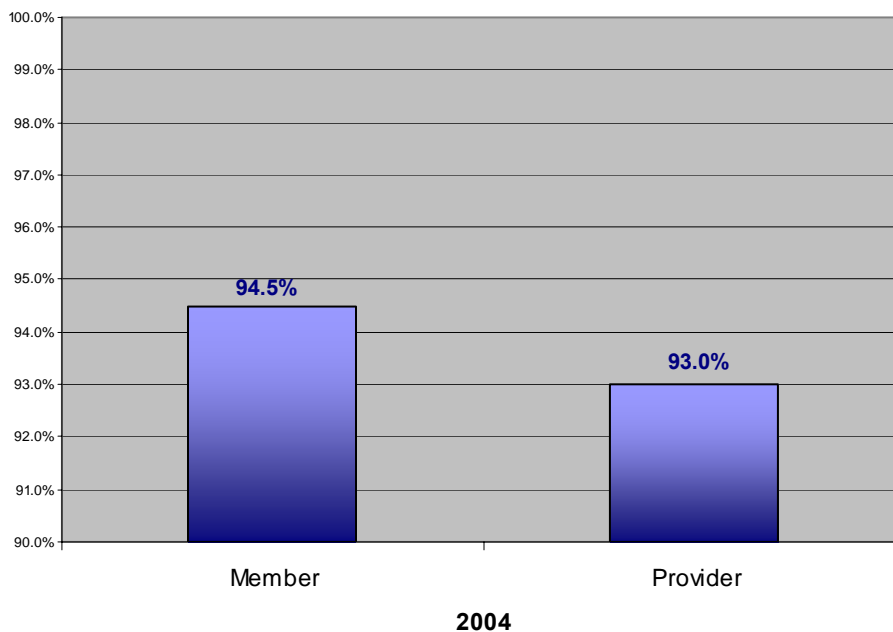
One of the biggest goals of the Northeast Service Center is to satisfy all our customers to the best of our ability. We do semi-annual member satisfaction surveys and annual provider

satisfaction surveys in order to keep high level oversight of the key processes. In addition, we analyze complaints, denials, inquiries and other forms of feedback to identify opportunities to

improve our overall satisfaction scores. It is also important to note that the Customer Service staff at both Northeast and the Latham Claims shop going through rigorous auditing to ensure that we can provide them with the

support and education needed to meet the customer's needs. The improvements included technical knowledge, software savvy and even the strengthening the softer, more interpersonal skills.

Overall Customer Satisfaction



Clinical Practice Guidelines

ValueOptions has adopted Clinical Practice Guidelines to help our practitioners and enrollees make decisions about appropriate health care. Guidelines are adopted from recognized sources such as professional behavioral health care

organizations or professional literature. Development involves clinicians considered to be specialists in their respective fields as well as feedback from practitioners in the community. Guidelines have been adopted for

Attention Deficit Hyperactivity Disorder (ADHD), Bipolar Disorder, Co-Occurring Mental Health and Substance Abuse Disorders, Eating Disorders, Major Depression - Single Episode, Opioid Related Disorders, and

Schizophrenia. The guidelines may be accessed at the following link:
<http://www.valueoptions.com/provider/handbooks/guidelines.htm>

ValueOptions

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Important phone numbers

NESC Quality Management
1-800-322-4824
Ext.2827

**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 Northeast 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 Northeast 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 1-800-322-4824 ext.2827 or by e-mail.

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