

Key Updates

Quality Improvement Activities

The ValueOptions® North Carolina Engagement Center (NCEC) Commercial Division 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 and exceeding standards set forth by oversight bodies such as NCQA and URAC. These clinical and service activities require your knowledge, leadership, input and cooperation.

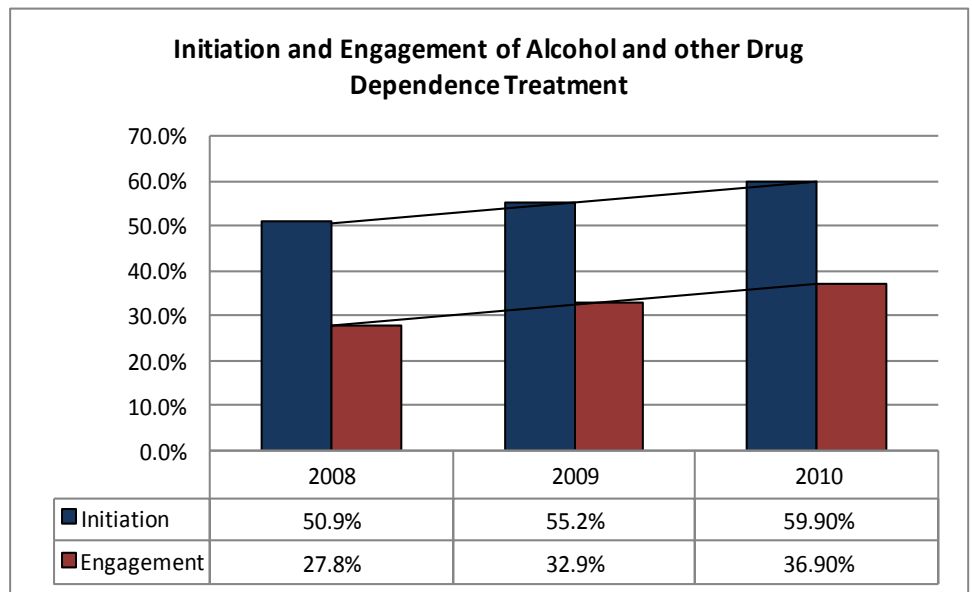
The following are key examples of quality improvement initiatives deemed essential by accreditation requirements and the needs identified by our providers and enrollees:

INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT

According to NCQA's **State of Health Care Quality 2010**, approximately 22.3 million Americans, 12 years and older, 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 and drug-related illness. 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 continuing 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_State_Local_Government.htm

If you have any questions or comments regarding our quality initiatives or would like a copy the 2011 North Carolina Service Provider Key Updates newsletter mailed to you, please call toll free at **866-719-6032**.



ACCREDITED
Health Utilization
Management
Case Management

Quality Improvement Activities– Cont.

PSYCHIATRIC EVALUATION FOR MAJOR DEPRESSIVE DISORDER: ENSURING COMPLIANCE WITH CLINICAL PRACTICE GUIDELINES

ValueOptions® adopted the American Psychiatric Association Clinical Practice Guidelines for Treatment of Patients with Major Depressive Disorder, Second Edition May 2005 and the Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors July 2006. The guidelines suggest that a thorough psychiatric evaluation, including physical health review, be conducted for all patients with a major depressive disorder diagnosis.

The goal of the program is to ensure that enrollees with a new diagnosis of a major depressive disorder received a psychiatric evaluation within 28, 56, and/or 84 days while engaged in outpatient behavioral health treatment with a non-prescribing practitioner, as delineated by the clinical practice guidelines for Major Depressive Disorder.

In February 2009, a practitioner survey explored the relationship of non-medical and medical practitioners in the treatment of Major Depressive Disorder was sent to practitioners in Virginia, Maryland, and Suffolk County, NY. An online survey tool, SurveyMonkey.com, was used to send the survey to 1,069 non-medical network practitioners who had seen at least one ValueOptions® member with moderate or severe depression during 2008. Surveys were also mailed to practitioners who were unable to access the survey tool. Of the 1,069, 36 percent (385) responded.

Most practitioners indicated they would recommend a psychiatric medication evaluation for all but mild depression. The percent

recommending such an evaluation ranged from 93% for severe depression to 69 percent for melancholic depression, with only 7 percent for mild depression. Almost all respondents received at least some referrals from both psychiatrists and primary care physicians (PCPs).

For referrals from psychiatrists, 76 percent of respondents reported that the psychiatrist had prescribed medication more than 75 percent of the time. The rate of prescribing by PCPs was somewhat lower, with only 31 percent of respondents reporting that the PCP had prescribed more than 75 percent of the time.

Feedback, especially on a regular basis, was more likely to be provided to psychiatrists than to PCPs. Most practitioners reported that they were in independent practice, and that they provided somewhat more regular feedback to psychiatrists.

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 practitioners 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-two percent reported that they recommended an exam more than 75 percent of the time, while almost the same percent (20 percent) reported recommending one less than 25 percent of the time.

TREATMENT RECORD DOCUMENTATION

The Quality Management Department of the ValueOptions® North Carolina Engagement 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 online at: <http://www.valueoptions.com/providers/Handbook.htm>

In 2010, 118 practitioner letters were sent requesting treatment records. One hundred-eleven practitioners returned three records each, for a total of 317 records returned.

- Of the 111 practitioners reviewed, the average score was 89.91 percent.
- Of the 111 practitioners reviewed, eight had scores that fell below the 80 percent standard.

Practitioners who scored below the threshold will be requested to submit action plans and may be asked to participate in the 2010 treatment record review audit.

In reviewing the safety questions, 30 records reviewed did not provide documentation of an assessment for imminent risk of harm, suicidal ideation. Only 24 out of the 317 records submitted a suicide risk assessment screening tool.

In reviewing the coordination of care questions, 167 out of the 317 records reviewed did not provide evidence in the record of coordination of care with the PCP and only 119 records reviewed provided a signed release of information to coordinate care.

ValueOptions® measures adherence to Clinical Practice Guidelines for Major Depression and Bipolar Disorders through audited treatment records.

Results for the 2010 record review showed that providers are not providing evidence suggesting a recent physical exam be obtained or the use of a quantitative instrument (ex. PHQ-9) for assessment and ongoing management of depression and bipolar.

The Agency for Healthcare Research and Quality National Guideline Clearinghouse (<http://www.guideline.gov/>) in their Guideline for Major Depression in Adults in Primary Care advocates use of “a standardized instrument to document depressive symptoms. Document baseline symptoms and severity to assist in evaluating future progress, including response and remission rates.” The primary objective of a standardized instrument such as the Beck Depression Inventory or PhQ-9 is to quantify and document future progress including response and remission rates.

The assessment, treatment, and follow-up of a member’s care are essential in the provision of continuous and appropriate health care services for members who access multiple practitioners for medical and/or behavioral purposes. The American Psychiatric Association Guideline for Treatment of Patients with Major Depressive Disorder, Third Edition states communication and coordination of treatment are essential. Optimal communication with other health care professionals can improve overall treatment by assuring that medical conditions and psychosocial issues are appropriately addressed. Good communication also decreases the risk that patients will receive inconsistent information about treatment options and risks and benefits. Furthermore, communication among clinicians improves vigilance against relapse, side effects, and risk to self or others.” (http://www.psychiatryonline.com/pracGuide/pracGuideChapToc_7.aspx)

Communication between treating providers should be paramount in the following circumstances:

- Members who are prescribed medications by their PCP and psychiatrist.
- PCPs who prescribe psychotropic medications.
- R/O thyroid disorders or other medical conditions in members with symptoms of depression. It is recommended that the patients have a complete physical examination that includes a full evaluation and appropriate laboratory studies.
- Members who have an underlying medical condition and are being prescribed psychotropic medication by their psychiatrist.
- Failure to improve.
- Sudden change in mental status.

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 program 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 of 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) who were:

- Hospitalized with a major depressive disorder with a co-existing medical diagnosis defined as Diabetes, Asthma or Cardiac condition
- Admitted frequently to an inpatient facility (three or more in a 12-month period) by history and/or other high risk condition. A patient is considered high-risk 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.
- Pregnant with active substance abuse
- Medically hospitalized with active substance abuse

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

MENTAL HEALTH AMBULATORY FOLLOW-UP AFTER ACUTE INPATIENT CARE

Reported Rates Show Little Improvement

NCQA's State of Health Care Quality 2010 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 during the past five years.

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

The ValueOptions[®] North Carolina Engagement Center (NCEC) 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, NCEC staff may reach out to either the practitioner office or enrollee directly. Success requires ongoing collaboration between the NCEC, 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 2010, 42 percent showed evidence of coordination of care with other practitioners. While performance was slightly lower from the preceding year, the goal continues not to be 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 the importance of the members 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, by 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.

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:

- Assessing and treating suicidal behaviors
- Bipolar disorder
- Eating disorders
- Major depression
- Panic disorder
- Schizophrenia
- Stress and posttraumatic stress disorder
- Substance abuse disorders
- Suicidal Behaviors

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:

- Adult ADHD
- Autism Spectrum Disorder
- Co-occurring related disorders
- Opioid-related disorders

ValueOptions® has adopted Opioid Related Disorders TIP 43 guidelines from SAMHSA.

The North Carolina Engagement Center, Commercial Division also adopted Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction TIP 40 from SAMHSA.

Practice guidelines are available on the ValueOptions® website:

http://www.valueoptions.com/providers/Handbook/treatment_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/MainMenu/PsychiatricPractice/PracticeGuidelines_1.aspx

If you do not have Web access, please call APA customer service line access at 800-368-5777.

Copies of the AACAP guideline on ADHD can be downloaded from:

<http://www.aacap.org/cs/ADHD.ResourceCenter#clinicalresources>

Copies of the Opioid Related Disorders Tip 43 guideline and Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction TIP 40 can be downloaded from <http://store.samhsa.gov/product/QGCT43>
Please call **202-966-7300, x137** if you do not have Web access.

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/Privacy.htm>

Preventative Health Programs

Promoting Early Detection of Alcohol Used by Youth

The American Academy of Pediatrics (AAP) published a Policy Statement Alcohol Use by Youth and Adolescents: A Pediatric Concern (Pediatrics Published online April 12, 2010 www.pediatrics.org.) The AAP notes that alcohol use continues to be a major problem from preadolescents through early adulthood. In addition to the well known safety issues, recent neuroscience research points to deleterious effects of alcohol on adolescent brain development.

Recommendations in the Policy Statement include:

1. Provide Anticipatory Guidance and Preventive Care
2. Screen for Use
3. Provide brief intervention when clinically indicated
4. Refer for treatment

ValueOptions® supports the recommendations of the AAP and recommends anticipatory guidance during therapy visits with middle school children. In addition, screening of 14 to 18 year olds is highly recommended. The AAP notes that the CRAFFT questionnaire is highly reliable in 14-to-18 year olds.

Copies may be downloaded from the ValueOptions® website http://www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm

This version of the CRAFFT, developed by the Center for Adolescent Substance Abuse Research (CeASAR) at Children's Hospital is used with permission from CeASAR and the Massachusetts Partnership. It is designed for self administration by the adolescent while in the waiting room.

A score of two or more "yes" answers suggests a significant problem, abuse, or dependence, but is not sufficient to make a diagnosis. A clinical evaluation is indicated.

ValueOptions® has a toll-free PCP Consultation Line for Pediatricians and Family Practice staffed by board certified psychiatrists call **(877) 241-5575** from 9 a.m. to 5 p.m. This service includes consultation regarding substance abuse assessment and treatment.

Alcohol Prevention During Pregnancy

MedStar Family Choice and ValueOptions® are collaborating on an initiative to increase screening of pregnant women for alcohol use during pregnancy. The pattern of alcohol use among pregnant women remains unchanged based on research published by the US Centers for Disease Control and Prevention (CDC) when comparing rates between 1991 and 2005.

A brochure from the CDC entitled **Think Before You Drink** will be enclosed in mailings to pregnant women along with other prenatal materials. The pamphlet provides education regarding the effects of alcohol on the baby and provides information should the woman need assistance to stop drinking. The pamphlet is available in English and Spanish.

ValueOptions® recommends that practitioners consider using the T-ACE (T=tolerance, A= annoyed, C= cut down, E=eye opener) screening tool developed by R. J. Sokol, MD. This four-item questionnaire is based on the CAGE, but was developed specifically for prenatal use. It takes about one minute to complete and provides validated screening for risk-drinking.

Early screening can contribute to "better risk identification, secondary prevention efforts, and improved pregnancy outcomes for offspring at risk from heavy prenatal alcohol exposure". (Sokol RJ, Martier SS, Ager JW: American Journal of Obstetrics/ Gynecology 1989 Apr, 160(4): 863-8). Research by Dr. Grace Chang, concludes that consistent screening followed, when indicated, by brief interventions with women and their partners can result in reduced drinking levels even with high levels of use. (2005)

A copy of the T-ACE may be downloaded from the ValueOptions® website. Please call **866-719-6032** for a printed copy, if you do not have web access. Or for any questions about these prevention projects.

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, coordination of care and referral services.

The NCEC is committed to understanding the needs of our enrollees and will make the necessary changes to the way our staff manages customer service to improve satisfaction.

The survey results are used to identify opportunities for improvement

Result from 2010, indicate that 95.6 percent of overall members were satisfied with ValueOptions® mental health services.

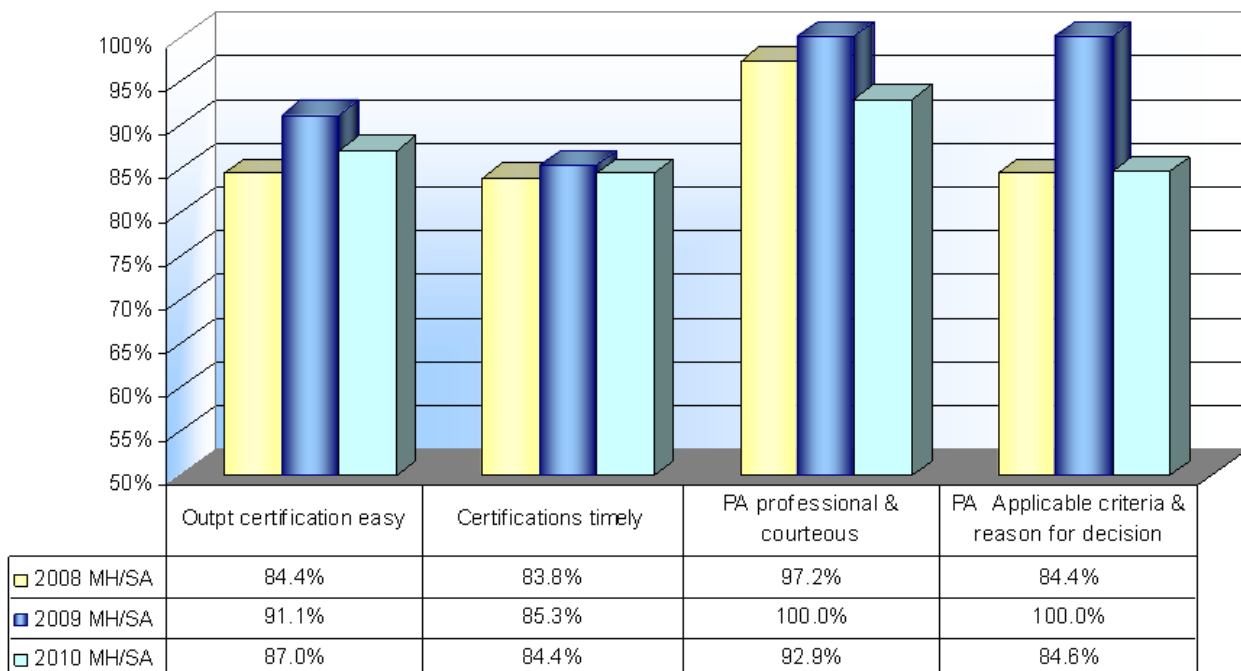
94.6 percent of overall providers were satisfied with ValueOptions® overall quality of services.

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.

**North Carolina Service Center
Provider Satisfaction with the UM Process**



Learn More about Utilization Management Programs

ValueOptions® strives to help people live their lives to the fullest potential. We see ourselves as an integral part of the communities in which we provide service, and we 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, please 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 website:

<http://www.asam.org/PatientPlacementCriteria.html>

or call ASAM at **800-844-8948**.

If you are in need of a provider handbook 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 Engagement 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 Engagement Center Clinical Referral Line where ValueOptions® staff can offer more options.

Members Rights and 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.
- Understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

Contact Us

**North Carolina Engagement Center
Quality Management**
866-719-6032

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

Provider Relations
1-800-235-3149

Web Resources

Treatment Guidelines
Provider Handbook
Treatment Record Standards
Claim Forms

Visit us at:
www.ValueOptions.com