



Key Updates

Newsletter Date

Volume 5, Issue 1



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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:

Mental Health Ambulatory Follow-up - After Acute Inpatient Care

Reported Rates Show Little Improvement

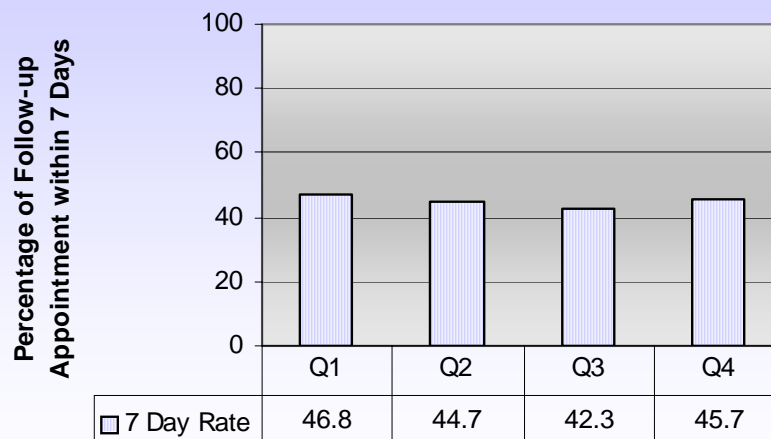
NCQA's 2005 State of Health Care Quality Report describes the collection of quality data among health plans,

including behavioral health effectiveness of care measures. 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://www.ncqa.org/Communications/News/SOHC_2005.htm)

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



Mental Health Ambulatory Follow-up After Discharge Appointment Kept within 7 Days



2005

Quality Improvement Activity - continue

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, NESC staff 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.

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
- Fax the discharge summary to the outpatient provider and the PCP
- 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

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 2005 HEDIS national mean is 20%.
- 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 2005 HEDIS national mean is 60.9%.
- 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 2005 HEDIS national mean is 44.3%.

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.

Source: 2005 State of Health Care Quality Report, www.ncqa.org

Quality Improvement Activity - continue

Clinical Documentation and Patient Safety

The issue of patient safety has received national attention and remains in the forefront of healthcare today. Organizations such as JCAHO and NCQA underscore the need for health care providers and managed care organizations to evaluate current practice and take action to improve performance.

ValueOptions Northeast Service Center conducts treatment record reviews annually. Documentation of safety practices is a component of this. While most practitioners score well, documentation related to several key areas has continued to decline over the last three years. Consider evaluating your own practice's performance in these areas:

Coordination of care with the PCP

Ensuring that patients have been evaluated medically is critical to good patient care. ValueOptions has developed forms to help you obtain your patient's authorization to share information with the Primary Care Physician and member education tip sheets explaining why this is important. Copies may be obtained by calling 1-800-322-4824 ext.2827.

Educational efforts over the last three years have not been effective in improving care coordination. Additional steps being taken to address this include:

- Making this a "must pass" element. Corrective action plans will be requested when evidence of coordination is not documented in the treatment record.
- 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.

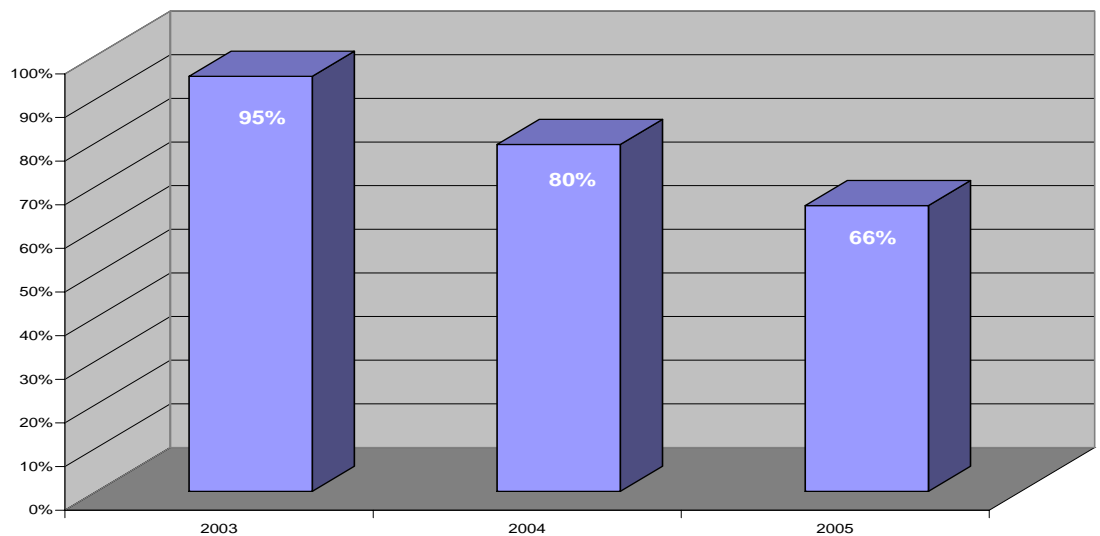
Allergies

With the rising National Media Coverage on Allergies related to peanuts and or eggs as a potential safety risk factor, it is beneficial for health care practitioners to include this information on the intake assessment forms. Sharing this information could avoid an adverse outcome. The allergy list should expand beyond the traditional medication list, and include environmental, foods and or herbal supplements as applicable. Allergy stickers are available by calling ValueOptions at 1-800-322-4824 ext.2827.

Safety/Risk Assessment for Patients with Major Depression.

When evaluating compliance with the clinical practice guideline for Major Depressive Disorders, overall compliance exceeded the threshold of 80%. Nevertheless, performance indicator # 34 - "*Mood symptoms and suicidality are assessed at every visit,*" has decreased over the past 2-3 years. ValueOptions has adopted the APA Major Depressive Disorder guidelines that offers guidance in this matter; these are available at http://psych.org/psych_pract/treatg/pg/prac_guide.cfm

Mood symptoms and suicidality are assessed at every visit



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 16% of the respondents screen positive for depression.

From 2004 Q4 to 2005 Q3, 7,623 invitations were sent to new mothers. Of these, 1,144 mothers completed and returned the Edinburgh Post Natal Depression Scale (15%). Outreach calls were made to 205 mothers who scored 10 or greater on the scale and to all who gave a positive response to item #10 (high risk trigger) (15.64%). Of those mothers who screened positive, 24.58% accepted a referral and 62.56% authorized disclosure of the results to PCP or OB.

Claims were examined to determine if appointments were made and kept. Of those mothers who accepted a referral 11.36% kept their appointment within a 7day to 2month follow-up period. An additional 2.2% of mothers kept their appointment within 4months. Although a direct

relationship between the outreach call and the 4-month appointments cannot be made, the clinical course of postpartum depression suggests that continuation of symptoms may have prompted the later willingness to receive treatment.



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

Attention Deficit/Hyperactivity Disorder (ADHD):

During 2005, the ValueOptions NESC has partner with the health plans in launching a secondary prevention program targeting six year 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 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 parents. From 2004 Q4 to 2005 Q3, 3683 the *Vanderbilt Parent Rating Scale* – short version were mailed to the parents of children identified as high risk. Of these, 383 parents completed and returned the Vanderbilt Scale (10.4%). Out of the 383 returned screens 77 children score positive (20.1%). 96.1% of these children who scored positive were referred to their pediatrician or family practitioner for an evaluation.

Support Offered to Pediatricians and Family Health Practitioners in Screening Children for ADHD age 6-12 years old

The American Academy of Pediatrics and the American Academy of Family Physicians concur that (ADHD) is experienced by 4 to 12 % of school age children. This common neurobehavioral disorder is chronic and left untreated, potentially leads

to development of other co-morbid conditions. At the very least, a child with untreated ADHD may not be able to achieve his or her full potential academically. The Center for Disease Control also identifies these children as "at-risk" for accidental injury secondary to the key symptoms of impulsivity and inattention.

In an effort to address these concerns, ValueOptions offers support to pediatricians and family practitioners in screening and treating these children. If a pediatrician or a Family Health Practitioner suspects ADHD in their patients, they can request that the parent complete a Vanderbilt Assessment Scale. The form includes parental authorization to release the results to their child's Doctor. ValueOptions will score the Vanderbilt Scale and send it back to the Pediatrician. When a returned scale indicates the possibility of ADHD, ValueOptions will send additional educational material to the parent. If you would like copies of the Vanderbilt Assessment scale, please call Carrie Turner at (800) 322-4824 ext. 2827.

In addition, ValueOptions Offers a toll free PCP consultation line. This line is staffed by ValueOptions' Board Certified Psychiatrists. The ValueOptions' psychiatrists are available to review the findings of your clinical evaluation with you and discuss treatment options.

Call toll-free at: (877) 241-5575, Monday through Friday 9:00 AM - 5:00 PM E.S.T

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.

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:

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/provider/handbooks/fo rms.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

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

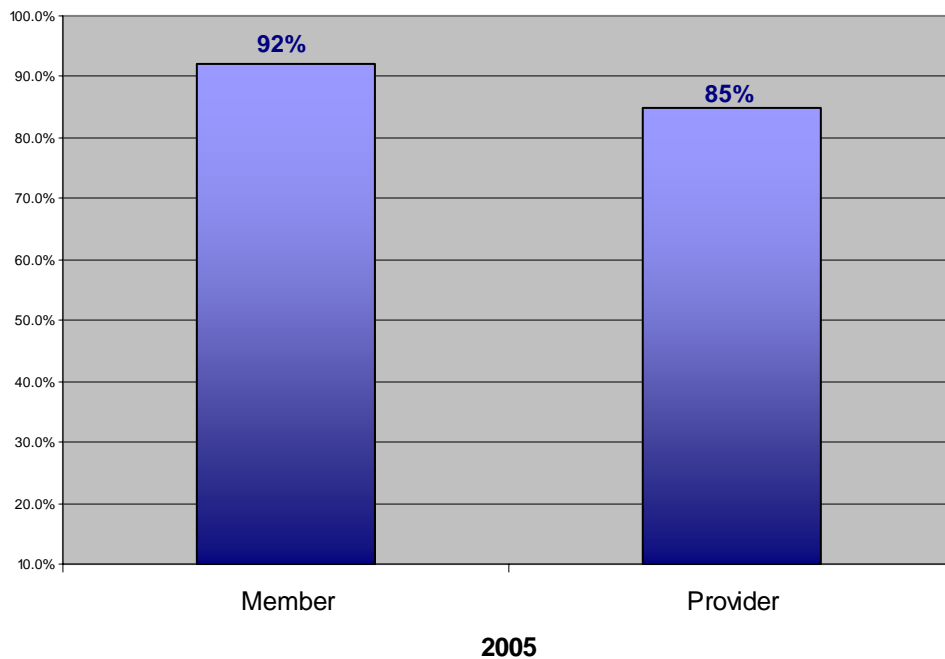
satisfaction. Questions are asked about satisfaction in the following areas:

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 NESI 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.

Overall Customer Satisfaction



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 clinical practice guidelines for:

- Major Depression (adopted APA)
- Schizophrenia (adopted APA)
- Attention Deficit Hyperactivity Disorder (ADHD)

- Bipolar Disorder (adopted APA)
- Co-Occurring Related Disorders
- Opioid-Related Disorders
- Eating Disorders (adopted APA)

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

If you would prefer a hard copy of one or all of these guidelines, please contact Carrie Turner, Quality Improvement Analyst, at 800-322-4824, extension 2827 or carrie.turner@valueoptions.com.

ValueOptions

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Troy, NY 12180

Important phone numbers

NESC Quality Management
1-800-322-4824
Ext.2114

**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.