



Discharge Planning and Ambulatory Follow-up

United Behavioral Health Houston (UBH Houston) has been working to improve the discharge planning process in UBH network facilities. Our clinical quality improvement activity workgroup has developed guidelines for facilities staff and UBH Care Managers to help identify treatment gaps (educational, transportation, financial, support systems), and to formalize a discharge plan with input from the enrollee and family members. The plan would include:

- Identifying at least two warning signs that indicate the enrollee's condition is getting worse
- Determining triggers or precipitating events that resulted in enrollee being admitted to hospital
- Developing concrete, simple actions the enrollee and family members can follow when warning signs and/or triggers appear

We recommend that facilities communicate this discharge plan to the treating outpatient behavioral health clinicians and/or psychiatrists, as well as Primary Care Physicians, so they can help develop a relapse prevention plan. This plan would help decrease re-hospitalization rates and/or lengthen the time between hospitalizations for enrollees who are chronically ill, and increase the rate of ambulatory follow-up visits within seven and 30 days after inpatient discharge.



Improving Screening, Diagnosis and Treatment of Bipolar Disorder

UBH Houston has developed a Bipolar Disease Management Program to increase the number of enrollees who are routinely screened for mood disorders, and to improve the diagnosis and treatment of those who screen positive for possible bipolar disorder.

The Adult Mood Disorder Questionnaire and the Young Mania Questionnaire for children are two credible tools that may be helpful in screening for mood disorders. You may request these screening tools by calling a UBH Houston intake counselor at 1-800-552-9951.



Efforts to improve the diagnosis and treatment of bipolar disorder show an increased incidence of both. The percentage of hospitalized adults diagnosed with bipolar disorder expanded from 7.25% in 2002 to 10.8% in 2004. In the same two-year period, the percentage of adults diagnosed with bipolar disorder or major depressive disorder that received prescriptions for mood stabilizers and/or atypical anti-psychotics has increased from 60.53% to 63.7%.

In regards to enhancing treatment, Lithium has been proven in research studies to be an effective medication in the treatment of enrollees with suicidal ideations. The Bipolar Disease Management Program emphasizes the need for "rapid cyclers" and those with mixed bipolar states to be seen several times a week after hospitalization and during exacerbation of symptoms.

UBH Care Managers are available to collaborate with you on filling identified treatment gaps. Enrollee and family education addressing bipolar disorder, treatment options, relapse prevention, work and school issues, and medication is an important aspect of care. An excellent resource is the Depression and Bipolar Support Alliance Web site — www.dbsalliance.org — which has educational articles you may download and print for your patients.

HEDIS Antidepressant Medication Management Standards

UBH adopted the following best practice guidelines for adult enrollees newly diagnosed with depression who are prescribed antidepressant medications:

- The enrollee must have three outpatient visits within 12 weeks after the initial evaluation of depression and prescribing of antidepressant medication (must include one visit by a psychiatrist or prescribing MD)
- The enrollee needs to remain on an antidepressant medication for 84 days (12 weeks) during acute phase of treatment for depression and for 180 days during the continuation phase of treatment for a new episode of depression

Despite our increased efforts and collaboration with UnitedHealthcare of Texas in 2003 and 2004 to educate UBH network clinicians and Primary Care Physicians on these standards, the 2005 HEDIS scores decreased. Your assistance is needed for achieving improvement around antidepressant medication management. Please contact Marilyn Holnsteiner, Senior Quality Improvement Specialist, at 1-713-599-5527 or Marilyn_E_Holnsteiner@uhc.com.

Accessibility of Services

UBH Houston continually works to ensure enrollees receive timely and appropriate treatment. As a reminder, UBH Houston performance standards for appointment access are:

- In a life-threatening emergency, enrollees must be seen immediately
- In a non-life-threatening emergency, enrollees must be offered an appointment within six hours
- In an urgent situation, enrollees must be offered an appointment within 24 hours
- For routine calls, enrollees must be offered an appointment within 10 business days

UBH Houston frequently needs urgent appointments for our enrollees and encourages clinicians to keep UBH Houston aware of your urgent appointment availability.

We would also like to remind clinicians of the importance of keeping demographic and practice information up-to-date. You can quickly and easily change or update your information at www.ubhonline.com.

Inform Enrollees About Treatment Options

Since receiving the results of the ECHO Enrollee Satisfaction Survey in August 2004, UBH Houston has been working to improve enrollee satisfaction regarding being informed about treatment options.

In support of this goal, UBH Houston needs your help with providing enrollees with information about the different kinds of counseling or treatment available. Please remember to include information about community resources and self-help groups as a part of your treatment planning. Ubhonline® can connect you to the Web sites of professional organizations — such as the National Alliance for the Mentally Ill and the National Mental Health Association — that can help you find resources in your area. Simply visit the “Links” section of www.ubhonline.com, and select “Organization.”