



Enrollee Satisfaction with UBH

The most recent enrollee satisfaction survey reviewed and analyzed by United Behavioral Health Philadelphia (UBH Philadelphia) for the UnitedHealthcare of New England adult commercial membership was completed late in 2004. UBH Philadelphia has used the results of the 2004 Experience of Care and Health Outcomes (ECHO™ 3.0H) Enrollee Satisfaction Survey to guide our quality improvement program throughout 2005.

Of the 1,825 commercial enrollees who were surveyed, 541 completed the survey. Overall, the enrollees surveyed were very satisfied with how well clinicians communicate. However, enrollees did not believe that they were well informed about treatment options related to self-help or support groups, such as consumer-run groups or 12-step programs. Enrollees also felt that they were not given information about different kinds of counseling or treatment options that are available.

UBH Philadelphia wants to remind all clinicians to provide information regarding other treatment options to enrollees as part of ongoing treatment. If you have any suggestions about how we might work to improve enrollee satisfaction, please call **1-800-842-1311** and ask to speak to the Quality Improvement (QI) Department.



Two Quality Initiatives

UBH Philadelphia has undertaken two initiatives that will have a positive impact on the care that enrollees receive.

Appointments Following Hospital Discharge

If you are treating an enrollee discharged from an inpatient setting, regardless of diagnosis, UBH expects the person to be seen within seven days of their discharge from that facility. If you cannot see the enrollee within that time frame due to scheduling issues, UBH expects the person to be seen no later than 30 days after discharge. From time to time, UBH staff will contact you to confirm that an enrollee kept an appointment with you. Please provide the requested information and help us measure the quality of this follow-up program.

Communication with Primary Care Physicians (PCPs)

UBH requires network facilities to pursue coordination of care with the enrollee's PCP, as well as any other treating medical or behavioral health clinicians. A signed release of information should be maintained in the clinical record. If a patient refuses to consent to the release of information, the refusal should be documented along with the reason. In either case, the education you provide regarding risks and benefits of coordinated care should also be noted.



If you have any suggestions about how to improve these initiatives, please contact the QI Department at **1-800-842-1311**.

Focus on Accessibility of Services

UBH maintains a diverse network in order to ensure all enrollees receive timely and appropriate treatment. UBH established the following standards for appointment access:

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| Emergent Life Threatening | The enrollee is at imminent risk of serious harm to self or others | Enrollees must be seen immediately |
| Emergent Non-Life Threatening | The enrollee is not at imminent risk of harm to self or others, but the enrollee's mental and physical condition warrants immediate care | Enrollees must be offered an appointment within six hours of the initial call |
| Urgent | The enrollee's mental and physical condition is not emergent, but could deteriorate should face-to-face intervention not occur in a timely manner | Enrollees must be offered an appointment within 24 hours |
| Non-Urgent/Routine | The enrollee is not at risk of harm to self or others and their condition will not deteriorate without immediate intervention | Enrollees must be seen within 10 business days (exception: Rhode Island enrollees must be seen within five days for routine treatment) |

UBH measures its performance in providing access to care. From January 2004 through March 2005, UBH Philadelphia was pleased to have met the performance goals for urgent and emergent treatment and exceed our performance goals for routine treatment in 10 days. However, we did not consistently meet the Rhode Island requirement for appointments within five days.

We are implementing ways to improve our ability to meet the access to treatment performance standards, including:

- Expanding our clinical network, with focused recruitment of prescribing RNs
- Educating enrollees and clinicians about our access standards
- Increasing the accuracy of our clinician database
- Continuous monitoring of clinician appointment availability

Ensuring Prompt Telephone Access

UBH has established the following telephone access standards to help ensure enrollees, clinicians and facilities receive prompt service:

- All calls will be answered by a live person within 30 seconds
- Less than 5% of callers will hang up prior to reaching a live voice

Telephone access is monitored on a quarterly and annual basis. Throughout the first three quarters of 2004, UBH exceeded our performance goal for average speed of answer and abandoned calls. In the fourth quarter of 2004, UBH Philadelphia identified an opportunity to enhance our answering speed. The actions taken included:

- Implementing a UnitedHealthcare of New England dedicated intake queue
- Hiring additional intake coordinators
- Improving intake coordinator efficiency in handling calls

As a result, UBH Philadelphia met our performance goals by the end of the year, and continued to meet them in 2005.

Quality Improvement Audits

The Clinical Network Services (CNS) department audits treatment charts from clinicians and facilities for quality improvement purposes. Thank you for submitting materials that we have requested throughout the year. During the first quarter of 2005, the audit team completed 422 audits. Most of these were routine quality audits. Twenty-four, or six percent, were quality of care audits involving 11 facilities and 13 clinicians. Clinicians or facilities that do not score over 85% on the audit are asked to respond to CNS with a corrective action plan. CNS schedules follow-up meetings and audits according to the audit score.

Joint Commission Accreditation

UBH Philadelphia has received notification that it has received full accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). As a result of this accreditation, JCAHO can conduct an onsite survey at anytime to assure that UBH is maintaining its accreditation standards. Additionally, the public is permitted to attend these surveys or to submit comments. UBH will post a 30-day notice of upcoming JCAHO surveys on the homepage of www.ubhonline.com, along with a notice document for you to print and post at your practice.