network notes

United Behavioral Health — Chicago care management center news for clinicians

Training Programs for Treating Bipolar Disorder Available

UBH has adopted the American Psychiatric Association's (APA's) best practice guidelines for the treatment of Bipolar Disorder. Every year we monitor key components of these guidelines, and have identified an opportunity to enhance performance on the following measures:

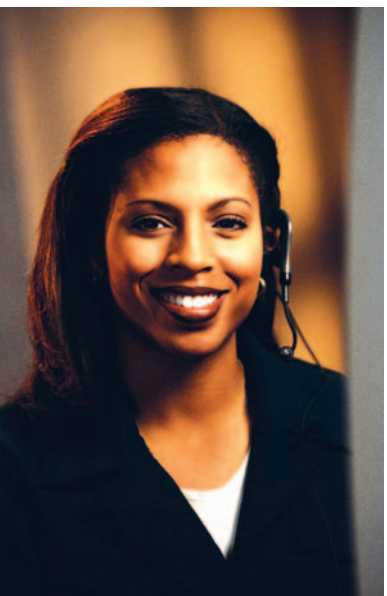
- Adequate Maintenance Treatment: Individuals with bipolar disorder should receive maintenance medication treatment for at least six months after an acute episode.
- Use of Psychotherapy in Addition to Pharmacotherapy: Individuals with bipolar disorder should receive psychotherapy in addition to pharmacotherapy in the six months following an acute episode.

To that end, UBH offers two home-study courses on the APA guidelines: the "UBH Study Guide for Bipolar Disorders," and the "Challenges of Bipolar Disorder: Recognition, Diagnosis, and Treatment" CD-ROM training by Michael Thase, MD. Both courses offer free continuing education credits upon completion. You can preview and order these training courses, as well as view the APA guidelines, at www.ubhonline.com. Select "education" from the "resource center" drop-down menu in the upper right corner of the home page, click the "Clinical Learning" link, then select "Bipolar Disorder." You can also order the trainings or APA guidelines by calling 1-888-697-3815 (select prompt 5).

Focus on Accessibility of Services

To help ensure enrollees receive timely and appropriate treatment, UBH Chicago has established the following performance standards for appointment access:

- 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 48 hours
- For routine calls, enrollees must be seen within 10 business days



UBH measures its performance in providing access to care. In 2004, UBH Chicago was pleased to have met our performance goals for life-threatening emergency care, as well as exceeded our performance goals for routine appointments. UBH Chicago is also happy to report that enrollee satisfaction in routine and urgent appointment access showed significant improvement due to interventions implemented by UBH. These actions enabled UBH Chicago to meet satisfaction standards for routine care.

Accessibility of Services continued on back >

Accessibility of Services continued from front >

We are implementing ways to improve our ability to meet the performance standards for urgent and non-life-threatening emergency care, including:

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

UBH Chicago has also 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 continually monitored on a quarterly and annual basis. In 2004, UBH exceeded our performance goal for abandoned calls. In the fourth quarter of 2004, UBH Chicago identified an opportunity to enhance our answering speed to accommodate a significant increase in membership. The actions we have taken included:

- Implementing a national intake queue for many health plan accounts
- Hiring additional intake coordinators
- Improving intake coordinator efficiency in handling calls

As a result, UBH Chicago met our performance goals by the end of the year.

UBH Chicago Network Meets Enrollee Needs

UBH strives to make sure that network mental health and substance abuse professionals are located within a reasonable distance from an enrollee's home or work. Each year, we review our network to see that we are meeting our enrollees' cultural, ethnic, racial, and language needs, and that there are enough clinicians close to where our enrollees live.

In 2004, the UBH Chicago network met our enrollees' cultural, ethnic, racial, and language preferences. The network also exceeded our standards regarding our enrollees' proximity to clinicians and facilities, as illustrated in the following chart.

Practitioner/ Facility	Standard	% Meeting Standard (Goal=90%)
Perscribing Practitioners	Urban (1 in 10 miles)	99.6%
	Suburban (1 in 20 miles)	99.1%
	Rural (1 in 45 miles)	98.5%
PhD/Masters-level Practitioners	Urban (1 in 10 miles)	99.9%
	Suburban (1 in 20 miles)	99.9%
	Rural (1 in 30 miles)	97.4%
Child/Adolescent Practitioners	Urban (1 in 10 miles)	100%
	Suburban (1 in 20 miles)	100%
	Rural (1 in 45 miles)	99.7%
Inpatient Facilities	Urban (1 in 15 miles)	97.1%
	Suburban (1 in 30 miles)	93.6%
	Rural (1 in 60 miles)	95.6%
Partial Hospital Programs	Urban (1 in 15 miles)	96.2%
	Suburban (1 in 30 miles)	94.5%
	Rural (1 in 60 miles)	95.3%
Intensive Outpatient Programs	Urban (1 in 15 miles)	97.1%
	Suburban (1 in 30 miles)	92.4%
	Rural (1 in 60 miles)	94.8%

In addition, the network also exceeded numeric standards in 2004 as shown below.

Practitioner/ Facility	Numeric Standard	UBH Performance
Perscribing Practitioners	0.5/1,000	10.1/1,000
PhD/Masters-level Practitioners	1.75/1,000	13.8/1,000
Child/Adolescent Practitioners	1.0/1,000	1.3/1,000
Inpatient Facilities	1.0/15,000	1.2/1,000
Partial Hospital Programs	1.0/20,000	7.7/1,000
Intensive Outpatient Programs	1.0/20,000	12.7/1,000

However, an analysis by health plan revealed a limited number of network inpatient facilities and partial hospital programs in southeastern Wisconsin. We are continuing to focus on recruitment possibilities in this area to improve the availability of these services for our enrollees.

United Behavioral Health