

Network Notes

U.S. Behavioral Health Plan, California/United Behavioral Health-San Francisco Care Advocacy Center
News for UBH-Contracted Clinicians and Facilities

Spring 2008

Staying Healthy After Leaving the Hospital

U.S. Behavioral Health Plan, California/United Behavioral Health (USBHPC/UBH) is committed to working with network facilities and clinicians so that members receive timely follow-up care after discharge. We expect inpatient facilities to schedule or assist the member in scheduling an appointment with an outpatient practitioner (to occur within seven days of the discharge date) prior to the member's discharge. Our Care Advocates can be instrumental in assisting facilities and members in locating an outpatient practitioner who is able to provide timely appointments.

If you are treating a member discharged from an inpatient setting, regardless of diagnosis, USBHPC/UBH expects the member to be seen within seven days of discharge from the facility. If you cannot see the member within that time frame due to scheduling issues, the member should be seen no later than 30 days after discharge. A prompt appointment:

- facilitates stabilization
- supports maintenance of gains made during the hospitalization
- assists in early detection of post-hospitalization reactions or possible medication problems
- provides continuity of evaluation, education and treatment
- improves treatment outcomes including reducing the incidence of re-hospitalization

Interventions employed by USBHPC/UBH to improve performance include implementation of discharge management protocols, expanding contact with members and clinicians, and deployment of pop-up screens on staff computers reminding staff to check member demographic data (especially phone numbers).



Antidepressant Medication Management: Monitoring and Improving Treatment Compliance

While depression is the most common behavioral health condition affecting adults, it is also among the most treatable. The National Committee for Quality Assurance (NCQA) has established a set of measures to monitor treatment adequacy for patients with depression who are prescribed antidepressant medication. These measures, representing a minimal requirement, are based on established research and reflected in many treatment guidelines. Compliance is monitored as follows:

- The percentage of patients that receive three follow-up visits in the 12-week period after starting antidepressant medications (at least one of the follow-up visits needs to be with the prescribing clinician, but the other two can be with a therapist or counselor)

- The percentage of patients that stay on their antidepressant medication for at least three months
- The percentage of patients that stay on their antidepressant medication for at least six months

One of the major barriers to treating depression is patient noncompliance with the prescribing clinician's treatment recommendations. One way to increase patient compliance is with education at the beginning of the treatment episode. Patients should receive information related to the following key areas:

- How antidepressants and adjunctive medications work
- The risks and benefits of antidepressant treatment and the expectation of remission of symptoms
- How long the medications should be used
- Coping with side effects of the medication

Referrals from prescribing clinicians to therapists or counselors early in the treatment episode increases compliance with making three follow-up contacts in 12 weeks and also contributes to medication compliance. Research has shown that therapy, in addition to medications, produces the best clinical outcomes.¹

1. Arnow BA. Effectiveness of psychotherapy and combination treatment for chronic depression. *Journal of Clinical Psychology* 2003 August; 59(8): 893-905

Arean PA. Psychotherapy and combined psychotherapy/pharmacotherapy for late life depression. *Journal of Biological Psychiatry* 2002 August 1; 52(3): 293-303

The Altschuler LL, Cohen, L S; Moline, M L; Kahn, D A; Carpenter, D; Docherty, J P. Expert Consensus Guideline Series. Treatment of depression in women. *Postgraduate Medical Journal* 2001 March (Spec No), 1-107



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