

NetworkNotes

United Behavioral Health-Atlanta Care Advocacy Center News for Network Clinicians and Facilities

Fall 2010

Antidepressant Medication Management: Improving Treatment Compliance

While depression is the most common behavioral health condition affecting adults, it is also the most treatable. The National Committee for Quality Assurance (NCQA) has established two measures to monitor medication compliance for patients with depression who are prescribed antidepressant medication. Compliance is monitored for the percentage of patients who stay on their antidepressant medication for at least three months and those that continue to stay on their antidepressant medication for at least six months.

One way to increase patient medication compliance is with education at the beginning of the treatment episode. Patients should receive information related to the following key areas:

- How antidepressants work
- Benefits of antidepressant treatment
- Expectations regarding the remission of symptoms
- How long the medications should be used
- Coping with side effects of the medication

Remind patients to:

- Speak to their health care professional often about the side effects of the medication.



- Tell their health professional about all current medical conditions and medications they are taking, including nonprescription drugs, herbs, and supplements to support assessment of potential drug interactions.
- Schedule regular follow-up appointments so their health care professional can monitor progress to determine whether a particular medication is working for them.
- Consider that they may need to try several different medications before finding the one that works best.
- Continue to take medication as prescribed for at least 6 months after they feel better in order to reduce the chances of feeling depressed again. Patients should understand that some people need to remain on medication for several months or years (maintenance therapy). Others need medication for the remainder of their lives, especially those who have had several episodes of major depression.

Treatment for Members with Addictions

Improving initiation and engagement in treatment for individuals who are diagnosed with chemical dependency helps reduce drug-related illnesses and deaths, overuse of health care services, and the staggering economic and interpersonal burdens associated with substance abuse.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET), established by the National Committee for Quality Assurance (NCQA), will track improvement in two rates over time:

- **Initiation of Treatment:** the percentage of adolescents and adults diagnosed with Alcohol and Other Drug (AOD) dependence that begin treatment either through an inpatient or outpatient admission

or emergency department visit and any other AOD service within 14 days.

- **Engagement in Treatment:** the percentage of patients who complete two AOD services within 30 days after treatment initiation.

To help your patients with AOD dependence, we recommend the following actions:

1. Every time a patient receives a primary or secondary diagnosis indicating abuse of alcohol or other drugs, schedule a follow-up visit within 14 days.
2. During the second visit, schedule two additional visits and/or schedule the patient to see a substance abuse treatment specialist within the next 14 days.

3. Following a hospital discharge for a patient with an AOD diagnosis, schedule two additional visits within 30 days.
4. Involvement of concerned others increases the rate of participation in treatment. Include family members and other people that the patient welcomes in support of their care and invite their help in intervening with the patient diagnosed with AOD dependence.
5. Always listen for and work with existing motivation in your patients

Follow-Up After Behavioral Health Hospitalization

UBH is committed to working with facilities and clinicians to ensure that UBH members receive timely follow-up care after discharge. We expect inpatient facilities to assist members in scheduling an appointment with an outpatient behavioral health clinician (to occur within seven (7) days of the member's discharge date) prior to the member's discharge. Our Care Advocates are instrumental in assisting facilities and members in locating an outpatient clinician who is able to provide timely appointments.

If you are treating a member who has been discharged from an inpatient setting, we expect the individual to be seen within seven days of that discharge regardless of the diagnosis.

A prompt appointment post-inpatient treatment:

- Promotes stabilization
- Increases the likelihood that gains made during the hospitalization will be maintained
- Supports detection of early post-hospitalization reactions or medication problems
- Facilitates continued assessment, education and treatment
- Improves treatment outcomes by reducing the occurrence of re-hospitalization

Our Inpatient Follow-Up Program is designed to support treatment compliance during the critical

transition between levels of care. A central component of this program is our outreach to clinicians to verify that recently hospitalized members have made aftercare appointments and that they were able to keep the appointments. As a network clinician with a signed agreement with UBH, you are able to release appointment information to us without violating Health Insurance Portability and Accountability Act (HIPAA) guidelines. Refer to your Participation Agreement for this information.

Your help in ensuring timely and adequate follow-up for members discharged from inpatient care is vital to facilitating therapeutic gains and successful outcomes.