

NetworkNotes

U.S. Behavioral Health Plan, California (USBHPC) News for Clinicians and Facilities

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Motivational Interviewing

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The patient who does not follow-through with treatment recommendations, even when agreed upon in session, is a common and frustrating experience encountered in private practice. This absence of follow-through can lead to adverse clinical consequences, lack of improvement, and even treatment discontinuance. Evaluation of varying attempts to improve compliance has found that patient-centered approaches are the most successful. Motivational interviewing (MI) is one such approach to increase treatment adherence and patient retention, as well as result in improved outcomes.

Motivational interviewing was developed by Miller and Rollnick¹ to reduce high dropout rates they identified in patients with problem drinking. They observed that, at times, patients stated that they wanted to quit drinking, yet were not consistent with that goal at other times. This ambivalence was identified as a key ingredient in keeping patients from completing treatment. Motivational interviewing addresses patient ambivalence toward treatment and improves motivation. Even brief MI led to decreased drinking, in comparison to longer-term treatments such as Alcoholics Anonymous and cognitive-behavioral therapy.

In essence, MI views patient ambivalence as central to defining behavioral change goals and

facilitating behavioral changes. As an example: A patient may routinely not complete a weekly behavior log between psychotherapy sessions. In this case, the provider recognizes that this resistance may be a signal to make adjustments in his or her strategies in order to increase patient cooperation in treatment. Within a collaborative patient-clinician relationship, a combination of MI strategies can be adjusted to explore change, including obstacles to that change, or to develop and implement another approach that works better for the patient.

The concept of resistance in MI is related to the motivation of the patient. Each patient is an individual and each

has particular reasons for his or her resistance to change and lack of follow through. Motivation can be thought of as a changeable and varying state, rather than as a stable trait. In addition, the level of motivation will vary depending on the behavior being targeted. A patient might be highly motivated to go to work but not motivated to monitor his diabetes. Therefore, the provider must work with the patient to identify specific behavioral targets. Often, a patient will have a myriad of physical and mental health concerns that can be addressed. For example, imagine a patient with diabetes who has poor nutrition, lack of exercise, cigarette and alcohol use along with depressed mood. The



practitioner must work with the patient to determine which targets would be most beneficial for immediate focus and which concerns can be examined at a later time.

Four general principles are behind MI: (1) Express Empathy; (2) Develop Discrepancy; (3) Support Self-Efficacy; and (4) Roll with Resistance. Though these may appear simple, each principle reflects a variety of practitioner behaviors aimed at reducing patient ambivalence.

Regarding empathy, the practitioner must express a positive attitude toward the patient, even when the patient falls short in following through. As we know, this can be difficult. Expressing positive regard is in line with the approach of Carl Rogers, in which the provider responds supportively while reflecting what's going on with the patient as positively and as accurately as is possible.

The provider must develop discrepancy; that is, learn to recognize the difference between the patient's present behavior and the patient's underlying values. Listening carefully to what the patient is saying and

not saying, in combination with empathic communication, helps create a supportive patient-clinician environment conducive to change. For example, a diabetic patient who says that, on one hand, he wants to manage his glycemic index, yet on the other hand continues to consume ice cream and soft drinks every day, should be assessed for his underlying attitudes toward health and nutrition. This assessment can reveal some cues for motivating this patient toward consistent behavioral change.

To support self-efficacy, the practitioner must verbalize confidence in the patient's ability to change. A statement such as "You know you can do it. I know you can do it. We will work together to improve your health, using your motivation and my experience" might be helpful here, because this shows the patient that the provider is supportive. Other statement examples are reflected in Table 1 below.

Finally, the practitioner rolls with resistance by using reflective listening to avoid arguing with the patient and effectively dealing with the patient's resistance. In this way, the practitioner avoids the patient

becoming entrenched in the resistance and running the risk of discontinuing the treatment altogether. The goal is to verbalize support without engaging in arguments, even when realizing that the patient doesn't want to follow through for various reasons.

Specific verbal strategies have been identified within these principles for use in MI sessions. The practitioner creates a non-judgmental atmosphere using a communication style which encompasses these verbal and nonverbal strategies: open-ended questions, affirmations, reflective listening, and summary statements (also known as OARS). Open-ended, rather than close-ended questions function to increase involvement of a patient in discussion. For example, asking a patient "What is it that you like about being healthy?" will get a greater response and indication of underlying attitudes than "Did you take your medication this week?" Affirmation of positive aspects of a patient's progress helps the patient feel supported. An example of this might be a statement such as "You were incredibly busy this week; with all the chaos around your home, you

TABLE 1: Examples of verbalizations to patients showing confidence in their ability to change

| | |
|---------------------------------|---|
| EXPRESSING EMPATHY | "It's a tough situation for you, dealing with all these things." |
| DEVELOPING DISCREPANCY | "You enjoy eating those foods, yet you know they increase your chances of high blood sugar levels." |
| SUPPORTING SELF-EFFICACY | "One of the things you have going for you is that you are willing to work hard." |
| ROLLING WITH RESISTANCE | "Well, we all miss doing things here and there. How about this next week you complete this behavioral log?" |
| OPEN-ENDED QUESTIONS | "What keeps you taking your medication?" |
| AFFIRMATIONS | "Well done! You had so many things going on this week!" |
| REFLECTIVE LISTENING | "So I hear you saying that you want to take care of your diabetes, even though you feel tired a lot of the time, and that you will not eat more than 3 ice creams this week." |
| SUMMARY STATEMENTS | "So what we worked out this meeting is that you will track what you eat each meal on the behavioral log and will bring the log in next time, and that if you feel pressured to eat ice cream on Friday, you will talk with your mother to get her support." |

still managed to keep a very detailed behavior log. Well done! This helps us figure out what to do next and make some important changes.” Reflective listening varies from simple rephrasing of a patient’s statements to a more complicated explanation of the patient’s wants and needs. Summary statements are used to resolve patient ambivalence and to promote change.

Motivational interviewing (MI) can be used in medical and mental health settings to address a variety of conditions, including smoking cessation, weight loss, hypertension, asthma, and diabetes. A meta-analysis² of the literature (2005) from 72 published studies indicated a significant effect size for combined effect estimates for body mass index, total blood cholesterol, systolic blood pressure, blood-alcohol concentration, and ethanol content. This meta-analysis illustrates that MI can affect change in personal habits as well as medication adherence, even in encounters as brief as 15 minutes. No significant difference was found between provider profession (i.e., physician, psychologist, or other).

As we know, patients typically bring to the table a myriad of problems. It is important that practitioners recognize

how behavior and environment can influence patient non-adherence. One idea is to set goals using a harm-reduction perspective identified within sessions with the patient. With this approach, behaviors that are most harmful (such as not taking medications as prescribed for diabetes or not managing anger during interpersonal conflict) can be identified and addressed first, using the MI approach.

Motivational interviewing is patient-centered and relies on several easily implemented strategies. Involvement of patients in goal setting will likely increase the probability of effective patient-clinician relationships aimed at making, and continuing, change.

Sources for Further Reading

- 1 Miller, W.R. and Rollick, S. (2002). Facilitating Change. In W.R. Miller and S. Rollick’s (Eds.), *Motivational Interviewing: Preparing People for Change* (pp. 20-29). New York: Guilford Press.
- 2 Rubak S, Sanboek, A, Lauritzen, T., & Christensen, B. (2005). *Motivational Interviewing: A Systematic Review and Meta-Analysis*. *British Journal of General Practice*, 55, 305-312.

DMHC Routine Medical Survey Report Released

In August 2009, the California Department of Managed Health Care (DMHC) surveyed USBHPC during its triennial routine medical survey process. Based on the documentation reviewed, the DMHC identified no deficiencies that would have indicated an element of noncompliance with the requirements of the Knox-Keene Health Care Service Plan Act of 1975.

As a result, no corrective actions were required of the Plan. The Final Report of this survey was released to the public file on January 29, 2010. It may be viewed on the DMHC’s Web site at www.dmhc.ca.gov.

Enrollee Rights and Responsibilities

USBHPC requests that you display the Enrollee Rights and Responsibilities in your waiting room, or have some other means of documenting that these standards have been communicated to USBHPC, Blue Shield of California MHSA, and UBH enrollees. All enrollees benefit from reviewing these standards in the treatment setting.

You can find a copy of the [USBHPC Enrollee Rights and Responsibilities \(in English and Spanish\)](#), the [UBH Member Rights and Responsibilities](#), and the [Blue Shield of California Mental Health Service Administrator Enrollee Rights and Responsibilities in the Appendices](#) section of the USBHPC Network Manual at ubhonline (From “Guidelines/Policies” under the Quick Links on the home page). If you do not have Internet access and would like paper copies of these documents sent to you, please contact Network Management at 1-866-243-4044.

The Technology of Practice Management

Many clinicians are discovering that today's technology can help streamline the day-to-day management of running a practice. With the availability of practice portals, clinicians can create secure, HIPAA-compliant, custom-tailored Web sites that allow internet-based interactions with clients such as:

- Appointment scheduling and reminders
- Maps/directions to office
- Prescription refill requests
- Secure online questions from clients

- Links to client educational resources and support services

The 24/7 availability of the Internet is helping clinicians more effectively and efficiently manage their time. With the ability to customize a site, clinicians can pick and choose the features and services they want to include. Online appointment scheduling can be an especially beneficial tool for both clinicians and clients by virtually eliminating the need to play "telephone tag"

If you are interested in opening a practice portal, you can get an idea of the current products and services available, as well as obtain contact information for a variety of vendors, by searching the Internet.

Before opening a practice portal, be sure to discuss the matter with your legal representative to ensure that your site is in compliance with HIPAA regulations and other applicable state and federal laws.

California Language Assistance Program

The California Language Assistance Program (CA LAP) was implemented by USBHPC January of 2009 to meet requirements set forth in the regulations as promulgated by California Senate Bill 853 (SB 853). This Program offers language assistance services to enrollees with Limited English Proficiency (LEP).

CA LAP includes the following services at no charge to the enrollee or the provider:

- Information for enrollees and providers about the available language services
- Information for enrollees about bilingual clinicians through the online provider directory
- Oral interpretation services in the caller's language of choice via the Language Line, where certified interpreters are available to any enrollee who requires language assistance
- Oral interpretation of relevant written USBHPC English-version documents via the Language Line

- Written translation into threshold languages of relevant written USBHPC English-version documents, per the regulations

What Is Required of Clinicians And Facilities?

- Post a one-page notice in your waiting room/facility of the availability of language assistance. *Notice can be found at ubhonline in the [USBHPC Network Manual](#) (Appendices section).*
- Make available to enrollees, upon request, a pre-translated version of the California Department of Managed Health Care (DMHC) grievance process and Independent Medical Review (IMR) application and instructions. *Providers may access the DMHC grievance instructions and an IMR application on the (DMHC) Web site at www.dmhc.ca.gov or at ubhonline in the [USBHPC Network Manual](#) (Appendices section).*
- If language assistance is required, contact USBHPC at the number provided on the back of the enrollee's ID card for access to the Language Line to provide telephonic oral interpretation

- Offer any LEP enrollee free interpretation services through USBHPC even when accompanied by a family member or friend who is able to interpret
- Document the acceptance or declining of interpreter services in the enrollee's chart

USBHPC monitors provider compliance with the CA LAP through site visits and treatment record reviews.

For additional information and resources visit [CA LAP](#), posted at ubhonline (select "Admin Resources" then California Language Assistance Program).

To access language assistance services for an identified LEP enrollee, USBHPC staff will connect you and the enrollee with the interpretation services vendor where certified interpreters are available to provide telephonic interpretation services.

For Blue Shield of California enrollees:
(877) 263-8827

For Non-Blue Shield of California enrollees:
(866) 374-6060

Enrollee Grievance Process

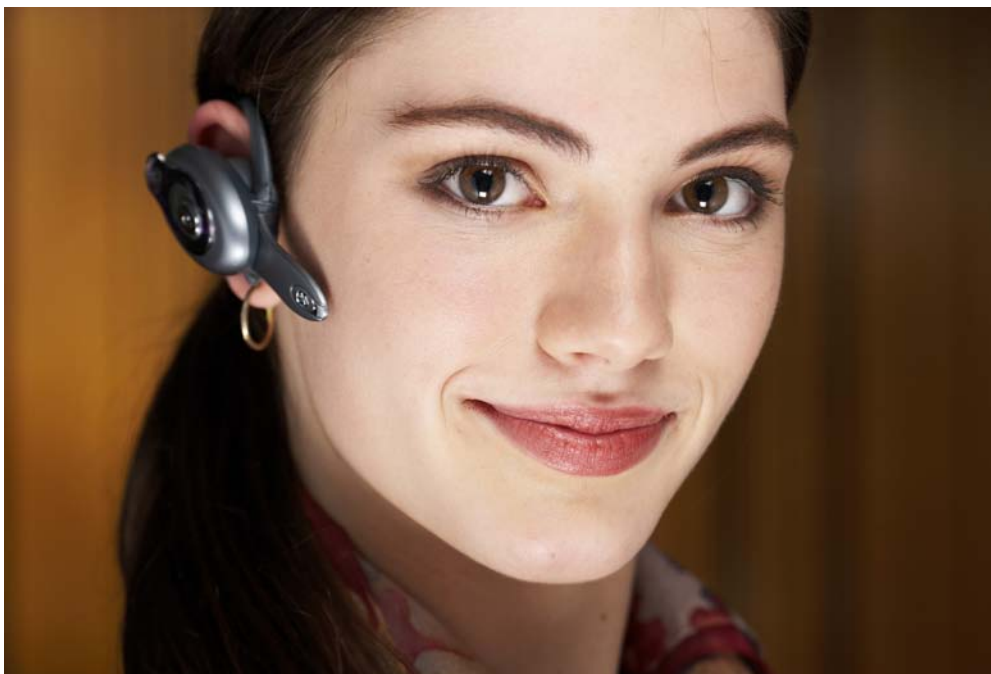
Questions and/or concerns from enrollees regarding any aspect of USBHPC services may be directed to the USBHPC Grievance Department:

U.S. Behavioral Health Plan, California
Attn: Grievance Coordinator
P. O. Box 880609
San Diego, CA 92168

Telephone: 1- 888-556-4938
Fax: 1-619-641-6606

Enrollees may request your assistance with any aspect of the Enrollee Grievance Process. The [Member Grievance Form](#) and [Blue Shield of California Member Grievance Form](#) along with filing instructions (also located in the appendices of the USBHPC [Network Manual](#)) must be readily available at your office location and promptly provided to the enrollee upon request.

For Limited English Proficient (LEP) enrollees who speak an identified threshold language, a [pre-translated form](#) must be provided and is available at ubhonline® (select “Forms” from the Quick Links on the home page). The enrollee may also contact USBHPC directly for a Member Grievance Form and filing instructions, or for information on how to access the USBHPC grievance system online. USBHPC resolves each enrollee complaint and communicates the



complaint resolution in writing to the enrollee or complainant within 30 calendar days of receipt of the complaint.

Additional information about the Enrollee Grievance Process including [instructions specific to assisting LEP enrollees](#) may be found on California Language Assistance Program (LAP) page of ubhonline (see more about LAP in this newsletter).

California Timely Access to Care Regulation

The Timely Access to Non-Emergency Health Care Services regulation, promulgated by the California Department of Managed Health Care (DMHC), became effective January 17, 2010 and requires implementation by January 1, 2011. The regulation impacts only California Health Maintenance Organization (HMO) full-service and specialized health care service plans, which are required to provide or arrange for covered health care services for **non-emergency provider services** (excluding inpatient services) in a timely manner. The regulation also establishes additional metrics for measuring and

monitoring the adequacy of a plan’s contracted provider network to provide enrollees with timely access to needed health care services. Plans are required to establish and maintain provider networks, policies, procedures and quality assurance monitoring systems and processes sufficient to ensure compliance with the clinical appropriateness standard.

Over the next few months, USBHPC will communicate with you regarding any changes that may potentially affect your participation agreement.

CNS Improves Provider Access

Our new phone line (Toll free) 1-866-243-4044

We made improvements to our phone system to better serve you. Call to speak with a representative Monday through Friday 9:00 a.m. to 5:00 p.m. If lines are busy, or it is after hours, you will be forwarded to voice mail; we strive to return those calls within one business day. Our previous number, 1-800-798-3053, will be phased out and no longer includes options for claims or customer service. For those services, use the number on the back of the enrollee's identification card.

For those who find it more convenient to contact us electronically, we also have an e-mail address, cns_western_region@optumhealth.com. You may use this e-mail for any issue related to your network participation and our staff will promptly respond. Please do not send any claims data to this e-mail address to protect against violation of HIPAA regulations.

In addition to expanding ways in which you can contact us, we would also like to be able to contact you by phone, fax or e-mail. Please check your data

through [ubhonline](#) (Log in and select "My Practice Info") to ensure that your contact information is current and make any necessary updates or you may fax updates to 619-641-6322.

Important Reminders

- The normal business hours for Customer Service are Monday through Friday 8:00 a.m. through 5:00 p.m. PST. For routine inquiries, you can avoid peak call times and potentially reduce your wait time by calling earlier in the day or later in the afternoon during these business hours.
- ALL psychological testing requires pre-certification. If USBHPC does not certify the testing, the enrollee may be billed ONLY if they have signed a written statement in advance of receiving such services. The statement must include that the enrollee has been informed that USBHPC is unable to certify the services, the reason given by USBHPC for non-certification, and that the enrollee understands they do not have coverage for the service and they are accepting financial responsibility.
- As a registered user of ubhonline, you can confirm online that an enrollee has obtained an Open Certification. If the enrollee has not obtained a certification, you can initiate the certification online.
- Please note that certifications requested online may not be viewable by our intake or care advocacy staff for up to 72 hours.
- USBHPC offers [business form templates](#) for use in your practice at ubhonline. (From the Quick Links menu select "Forms", then USBHPC Forms, then scroll down to "Sample Forms and Letters").
- By documenting the enrollee's certification numbers in their chart, along with the certification's beginning and ending date, you will have a convenient reminder of when a new certification is required.
- If you need assistance with online services, ubhonline features a [Live Chat function](#) (From "Contact Us"; select "Technical Support" and then "Live Chat").
- It is helpful to copy your patients' health insurance ID cards, both front and back, for your files and to periodically ask your patients for any updates to their health insurance information in order to ensure that you have current coverage and carrier information.
- You must notify us of any changes to your Medicaid or Medicare participation and ID numbers. You can update us:
 - via e-mail, to cns_western_region@optumhealth.com
 - by fax to 619-641-6322
- A one-page resource tool - the California Contact List, provides phone numbers, addresses, fax numbers and other information related to all business entities covered under the USBHPC contract. This document can assist you and/or your office staff in identifying the appropriate contact for assistance with different issues. To obtain a copy of the Contact List, please e-mail us at cns_western_region@optumhealth.com or call 1-866-243-4044.