

Network Notes

Optum News and Updates for UBH-Contracted Clinicians and Facilities

Fall 2013

Optum is committed to improving the clinical quality of the behavioral health services provided to members. Our network of practitioners and facility providers are crucial to the success of carrying out our mission to help people live their lives to the fullest.

Optimal quality behavioral health care is achieved through close and active collaboration among Optum, individual members and you. We routinely measure behavioral health outcomes and share data with you. Now, we have developed a suite of practice materials for your use available at Provider Express. Please visit the new [Clinical Quality Initiatives](#) (CQI) page to find tools, best practices and patient education materials that may be helpful to your work with patients.

The CQI materials may be helpful for members who are being discharged from inpatient care, prescribed antidepressant medications, prescribed medications for Attention Deficit Hyperactivity Disorder or dealing with alcohol and other drug dependence. Your suggestions or feedback on this site are welcome. You can contact us at qimail@uhc.com.

What is HEDIS?

The Healthcare Effectiveness Data and Information Set (HEDIS®) represents the leading set of standardized healthcare performance measures. Designed and maintained by the National Committee for Quality Assurance (NCQA), HEDIS allows comparisons among managed care plans. HEDIS reports on major public health issues such as cancer, heart disease, smoking, depression, and diabetes.

HEDIS includes four major measures related to behavioral health services in the United States.

- Follow-Up After Hospitalization for Mental Illness
- Antidepressant Medication Management
- Follow-Up Care for Children Prescribed Attention-Deficit/ Hyperactivity Disorder Medication

- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

The measures correspond with best clinical practices and are based on scientific evidence. By standardizing these measures, NCQA has established a level playing field on which managed behavioral health organizations, and their clinician networks, can be evaluated. With your help, the quality of care delivered to health plan enrollees will improve.

NCQA publishes the results for the HEDIS measures in its State of Health Care Quality (SOHCQ) report each year. The SOHCQ is available for free download at ncqa.org.

We actively work to improve the HEDIS rates of our customer health plans. You may receive mailings or faxes from us with our recommendations on how to comply with the HEDIS measures. In addition, we may call you to find out if a patient has kept an appointment with you. We appreciate your cooperation with these activities, and appreciate any feedback you have about what we can do to help you meet these measures. You can contact our Quality Management and Improvement department at qimail@uhc.com.

Maintaining Clinical Gains through Effective Discharge and Treatment Follow-up

Effective discharge planning is key to ensuring the ongoing health and well-being of a patient following acute care. Timely follow-up after hospitalization promotes continuity of care and supports a patient's return to baseline functioning. That's why Optum has adopted the HEDIS® measure for Follow-up After Hospitalization for Mental Illness (FUH) within 7- and 30-days.

These guidelines state:

- Follow-up should occur with a behavioral health clinician within seven (7) days of discharge
- Follow-up should occur with a behavioral health clinician within 30-days of discharge

Follow-up within seven (7) days is optimal as it:

- Facilitates stabilization
- Increases the likelihood that gains made during the hospitalization will not be lost
- Detects early post-hospitalization medication reactions or problems
- Provides on-going evaluation, education and treatment
- Improves treatment outcomes by reducing the occurrence of readmission

Optum Care Advocates work closely with hospital discharge planners to ensure that before an Optum member leaves the hospital, a timely post-discharge follow-up appointment has been scheduled with a practitioner. This is especially important for those individuals who did not have a relationship with a behavioral health practitioner prior to their hospital admission. Without this prior relationship, an initial appointment may otherwise be difficult to obtain within the seven-day time period.

We appreciate the efforts of behavioral health practitioners to accommodate requests for appointments within seven days of discharge from psychiatric hospitalization. Your partnership with us in this initiative helps to improve the lives of the individuals we mutually serve.

Our inpatient follow-up program staff evaluate treatment compliance by contacting Optum network practitioners to verify that recently hospitalized patients have scheduled aftercare appointments and that the appointments have been kept. As a network practitioner with a signed agreement with Optum, you are able to release appointment information to us without violating HIPAA guidelines. Further, the Optum Compliance department and HIPAA guidelines state that you may disclose personal health information (PHI) for the purposes of treatment, payment or health care operations without signed authorization from the patient to:

- A treating practitioner** (including a physician, therapist, hospital or other facility)
- The enrollee's health plan where Optum is administering benefits

- Another Optum business associate (with a signed business associate agreement to perform treatment, payment or health care operations activities on behalf of Optum)

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

** For our disability program, you must receive a signed Patient Release of Information before you can disclose PHI to the treating practitioner.



QMI Resources

For additional information, you may contact the number on the back of your patient's insurance ID card and ask to speak with someone in the QMI department. Available information includes:

- Links to materials designed for enrollees using non-technical language regarding use and side-effects of medications
- Self-help or support groups available to an enrollee
- Information about behavioral health conditions
- Copies of any additional materials mentioned above can be sent via mail

Antidepressant Medication Management: Improving Treatment Compliance

While depression is the most common behavioral health condition affecting adults, it is also one of 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 that stay on their antidepressant medication for at least three months and those that 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 Individuals 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 who 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.

Effective Treatment of ADHD

Attention-Deficit/Hyperactivity Disorder (ADHD) is one of the most commonly diagnosed childhood behavioral health disorders with prevalence estimates ranging from three to up to nine percent of school-age children. These children exhibit inattentiveness and may also appear hyperactive and impulsive. Many children exhibit these common behaviors periodically, but a child with ADHD exhibits these behaviors persistently, intensely, and in a variety of settings. Boys are diagnosed with ADHD between two and three times as often as girls.

Symptoms are usually first noticed in preschool or early elementary school years. The effects of this disorder frequently persist into adolescence and adulthood. ADHD is often associated with other conditions, such as Mood and Anxiety Disorders, Conduct Disorder, Substance-related Disorders, and Personality Disorders, such as Antisocial Personality Disorder.

The diagnosis of ADHD requires a comprehensive medical evaluation to rule out potential physical conditions. The reliability of diagnosing ADHD improves when appropriate guidelines are used, and when additional history is collected from both parents and teachers.

Treatment works best with a team approach when behavioral health clinicians, doctors, parents, teachers, and other healthcare professionals, along with the family and child, all work together. The treatment plan usually includes behavioral therapy, medication, parent training, and education. This combination aids the



child to focus his or her attention and to control any behavior issues. It is important to monitor the child's progress. Visits with a behavioral health clinician are recommended at least monthly until optimal results are achieved.

For participating health plans, the National Committee for Quality Assurance (NCQA) rates performance on the following HEDIS® measures for children with ADHD between 6-12 years old:

- The percentage with a new prescription dispensed for ADHD medication that had one follow-up visit with a practitioner with prescriptive authority within 30 days of the initiation of treatment (Initiation Phase).

- The percentage with a prescription dispensed for ADHD medication that remained on the medication for at least 210 days and had at least two additional follow-up visits with a practitioner within nine months after the Initiation Phase ends.

Visit providerexpress.com for ADHD information and resources, including: [Best Practice Guidelines](#) and [Coverage Determination Guidelines](#). (From the Provider Express home page, go to "Quick Links" > "Guidelines/Policies".)

The information herein offers informational resources and tools and is intended for educational purposes only. All treatment and level of care decisions are at the discretion of the clinician. Nothing herein is intended as legal advice or opinions. Please consult your legal advisor related to your particular practice.