

Network Notes

Optum News and Updates for UBH-Contracted Clinicians and Facilities

Fall 2016

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 [Clinical Tools and Quality Initiatives](#) page to find tools, best practices and patient education materials that may be helpful in your work with patients.

These clinical 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 bhinfo@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 also includes many 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

- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
- Diabetes Monitoring for People With Diabetes and Schizophrenia
- Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia
- Adherence to Antipsychotic Medications for Individuals With Schizophrenia
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents
- Metabolic Monitoring for Children and Adolescents on Antipsychotics
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

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 care 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 to download for free at ncqa.org.

Optum actively works 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 bhinfo@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 hospitalization. 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® guidelines 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

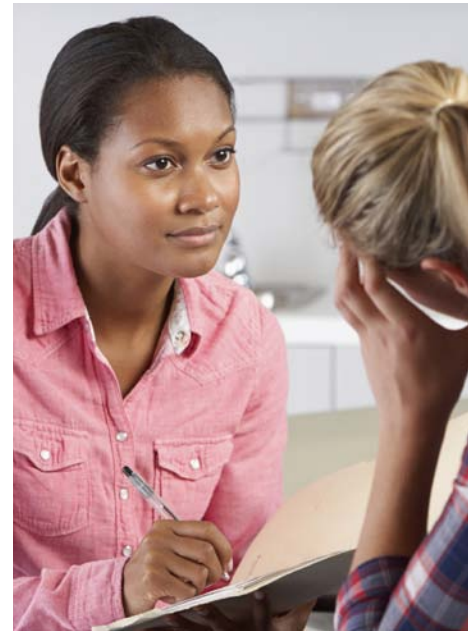
Optum care advocates work closely with hospital staff to ensure that before an Optum member leaves the hospital, a timely post-discharge follow-up appointment has been scheduled with a practitioner. This is especially important for those individuals who did not have a relationship with a

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 Care Coordination staff assess 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.

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 HEDIS® 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 who stay on their antidepressant medication for at least six months.

One way to increase patient medication adherence 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
- 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.

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.

Treatment for Individuals with Addictions

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

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET), established by the National Committee for Quality Assurance (NCQA), tracks treatment in two areas over time:

- **Initiation of Treatment:** The percentage of patients (12 years old and older) with a new episode of alcohol or other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of diagnosis.
 - **Engagement in Treatment:** The percentage of patients who initiated treatment and have two or more additional services with a diagnosis of AOD within 30 days of the initial visit.
- 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 follow-up visit, schedule two additional visits for the patient to see a substance abuse treatment specialist within the next 30 days.
 3. Following a hospital discharge for a patient with an AOD diagnosis, schedule two additional visits within 30 days.
 4. Involve concerned others to increase 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) measures performance on the following HEDIS® measure guidelines for children with ADHD between 6-12 years of age:

- The percentage with a new prescription dispensed for ADHD medication who 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 who 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 including: [Best Practice Guidelines](#), [Coverage Determination Guidelines](#). (From the Provider Express home page, go to "Quick Links" > "Guidelines/Policies & Manuals"), and patient resources, such as: Medication Log and Appointment Planner (From the Provider Express home page, go to "Clinical Resources" > "Clinical Tools and Quality Initiatives" and look under Attention Deficit/Hyperactivity Disorder).

Cardiovascular and Diabetic Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Individuals diagnosed with schizophrenia may be at a greater risk of getting diabetes or heart disease. It is important for behavioral health care providers to work closely with primary care providers (PCPs), and be sure your patients have regular checkups to monitor medications, cholesterol and blood sugar levels. In order to detect diabetes early, patients taking antipsychotic medications should have a glucose test or an HbA1c test performed each year and a Low-Density Lipoprotein Cholesterol (LDL-C) test will help identify your patient's risk for developing heart disease.

NCQA has four new HEDIS measures to address antipsychotic medication management in adults. The measures emphasize the importance of medication compliance and the need for diabetic and cardiovascular screening for individuals who are prescribed antipsychotic medications.

Optum recommends that behavioral health care providers:

- Educate patients diagnosed with schizophrenia about how antipsychotic medication works and that discontinuing taking the medication before speaking with the prescriber is not advised.
- Encourage and assist patients to be screened for diabetes in the primary care setting if they taking an antipsychotic medication and diagnosed with schizophrenia or bipolar disorder.

- Encourage and assist patients with a diagnosis of schizophrenia and diabetes to have annual cholesterol AND glucose testing.
- Encourage and assist patients with schizophrenia and cardiovascular disease to have annual cholesterol testing.

NCQA explains that concerns over the rising use and the safety risks these medications pose to developing children led to the creation of three new measures. As with adults, the new measures, introduced in 2015, emphasize the need for metabolic screening as well as the need to monitor the number of antipsychotic medications prescribed within the child and adolescent population.

The American Diabetes Association (ADA) has created educational materials for health professionals who treat patients with psychiatric illnesses. These materials are designed to help clinicians better understand issues related to prescribing antipsychotic medications to patients who may have diabetes and/or cardiovascular disease factors. One tool that is available for health professionals is titled, [Screening and Monitoring in a High-Risk Population: Questions and Answers.](#) This tool provides an overview of:

- Cardiometabolic Risk in the Psychiatric Population, and
- Risks Associated with Second-Generation Antipsychotics

Additional resources for professionals on antipsychotic medications and the risk of diabetes and cardiovascular disease can also be found on the [American Diabetes Association](#) website under "For Professionals".

Information for all Clinicians

1. Ask your patients how their medications are working
2. Encourage your patients to adhere to their medications and to call their prescriber if they have any concerns
3. Coordinate and exchange information with all prescribers and members of the patient's treatment team

Sources:

- Fischer, Bernard A., MD and Buchanan, Robert W. MD. (July 26, 2013). Schizophrenia: Clinical manifestations, course, assessment and diagnosis. UpToDate. Retrieved from uptodate.com
- Schizophrenia Help Guide. (2013). Helpguide. Retrieved from helpguide.org

Optum's Complex Case Management Program

Optum offers a Complex Case Management program for members who could be helped through more intensive coordination of services. This program is intended to help members with complex behavioral health conditions connect with needed services and resources. Care Coordinators work intensely with individuals in the development of a comprehensive plan of care which coordinates the following:

- Therapeutic services (therapy, medication management, case management, etc.)
- Community and Psychosocial supports (education/support regarding illness, coordination with support system, other supportive services)
- Coordination of care between medical and behavioral physicians and clinicians

- Recovery and Resiliency Services (peer support, development of a crisis/recovery plan, life planning activities)
- Other services as appropriate (legal, shelter, basic needs, etc.)

Program Goals:

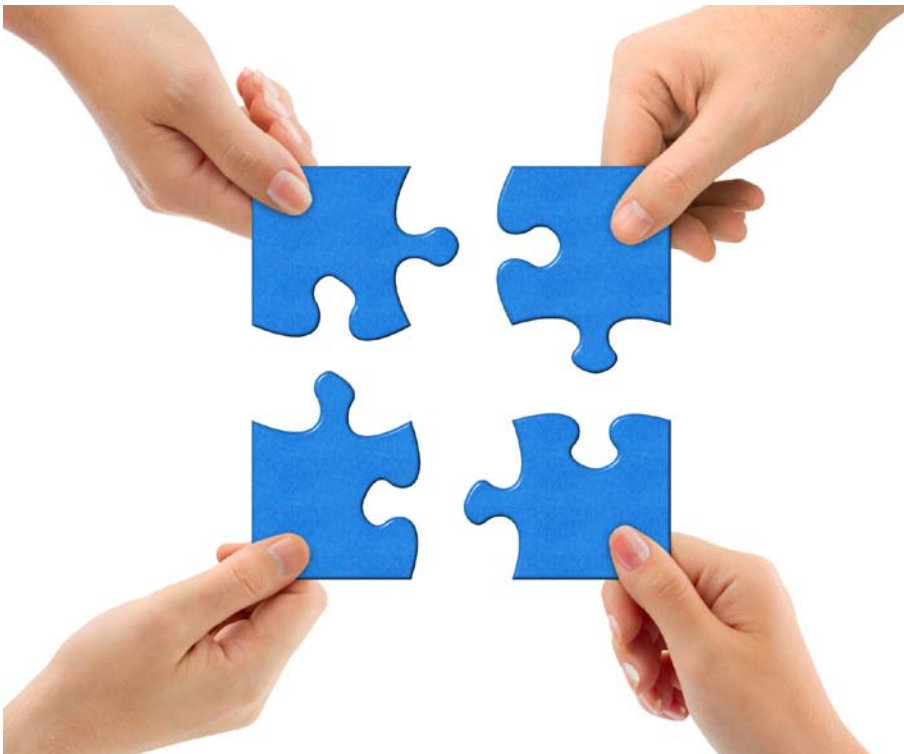
- Movement toward recovery
- Enhanced wellness
- Building resiliency through empowerment and self-care

Criteria for acceptance into the program include:

- Presence of complex behavioral health condition(s) which require intensive coordination of services
- History of intensive behavioral health service utilization over the past 12 months

- Member willingness to actively participate in the program for at least 90 days

If an individual with whom you are working meets these criteria and may benefit from Optum's Complex Case Management program, please contact us at the toll-free number on the back of your patient's/client's insurance card to make the referral. Optum looks forward to collaborating with you to assist your patient/client on the path to recovery and wellness.



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 treating clinician. Nothing herein is intended as legal advice or opinions. Please consult your legal advisor related to your particular practice.