Key Updates

Quality Improvement Activities

The ValueOptions® North Carolina Engagement Center (NCEC) Commercial Division is committed to being a center for excellence in developing and coordinating quality programs for members through our partnerships with you, our providers and practitioners. We are committed to meeting and exceeding standards set forth by oversight bodies such as NCQA and URAC. These clinical and service activities require your knowledge, leadership, input and cooperation.

The following are key examples of quality improvement initiatives deemed essential by accreditation requirements and the needs identified by our providers and enrollees:

**AMBULATORY FOLLOW-UP AFTER ACUTE INPATIENT CARE (AFU)**

Reported Rates Show Little Improvement

NCQA’s State of Health Care Quality 2012 report describes the collection of quality data among health plans, including behavioral health effectiveness of care measures.

Outcomes data shows that appropriate treatment and follow-up after inpatient hospitalization can reduce the duration of disability and likelihood of re-occurrence.

Unfortunately, nationwide results of post-discharge appointment rates following inpatient treatment for mental health illness have shown little improvement during the past six years.

The full report is available online at: [http://www.ncqa.org/ReportCards/HealthPlans/StateofHealthCareQuality.aspx](http://www.ncqa.org/ReportCards/HealthPlans/StateofHealthCareQuality.aspx)

The ValueOptions North Carolina Engagement Center (NCEC) clinical staff works with the facilities to ensure appointments are set-up prior to discharge.

The goal of the clinical staff is for “same day, next day” appointments as a first line of action. To ensure that appointments are kept, NCEC staff may reach out to either the practitioner office or enrollee directly.

Success requires ongoing collaboration between the NCEC, facility, practitioner and enrollee/patient.

ValueOptions closely monitors ambulatory follow up rates to increase the rate of follow-up for all enrollees discharged from inpatient care.

Interventions implemented for all clients in prior years continue. Newer interventions include:

- Intensive Case Management Program admission criteria was expanded to include 2 high risk groups, specifically members with the diagnosis of bipolar disorder or schizophrenia and members identified with a predictive model risk score of 7.20 or higher (predictor of future inpatient admission)
- Provider collaboration project targets high volume facilities with a history of low follow-up rates for increased vigilance by follow-up coordination related to discharge planning.
- Continue to implement IT application across ValueOptions. Health Alert, which is designed to be a tool to increase the (AFU) rates for members post discharge from an inpatient hospitalization.

ValueOptions Care Managers are able to prompt the system to place calls to members post discharge to remind them of their follow-up appointments.

If you have any questions or comments regarding our quality initiatives or would like a copy of the 2013 North Carolina Service Provider Key Updates newsletter mailed to you, please call toll free at 866-719-6032.
Quality Improvement Activities– Cont.

IMPROVING MONITORING FOR METABOLIC SYNDROME FOR MEMBERS TAKING ANITPSYCHOTIC MEDICATIONS

Metabolic syndrome is a cluster of features (hypertension, central obesity, glucose intolerance/insulin resistance and dyslipidemia) that is predictive of both Type 2 Diabetes and cardiovascular disease. Such features are prevalent in people who are receiving antipsychotic medication. The precise relationship between antipsychotic drugs, glucose homeostasis, obesity, and the metabolic syndrome remains uncertain, but it is clear that people with treated with antipsychotic medication have a high rate of the individual features of the metabolic syndrome and the syndrome itself. (Schizophrenia Bulletin vol. 33, no 6, pp.397-1403.)

In addition to antipsychotic medication, the negative symptoms of mental illness and vulnerability to stress, specifically in schizophrenia, lead to a lifestyle that increases the risk for development of metabolic syndrome. (DeHert, et.al, 1999).

Studies suggest that screening rates for metabolic syndrome in people prescribed antipsychotic medication are below those recommended. Considerable evidence indicates that mentally ill patients often do not receive adequate recognition of, monitoring of, or care for their medical illnesses negatively impacting quality of life and contributes to premature death.

Reviews of the association between psychotic disorder, the metabolic syndrome, diabetes, and antipsychotic drugs conclude that there is a critical need for active, routine physical health screening of patients’ prescribed antipsychotic drugs, including appropriate management of metabolic adverse events associated with psychiatric medications.

Baseline monitoring measures should be obtained before or as soon as clinically feasible after, the initiation of any antipsychotic medication:

- Personal and family history of obesity, diabetes, dyslipidemia, hypertension, or cardiovascular disease
- BMI calculation (Weight in Pounds / (Height in inches x Height in inches ) ) x 703
- Height and weight
- Blood pressure
- Fasting plasma glucose, Waist circumference (at umbilicus)
- Waist circumference (at umbilicus)

Ongoing monitoring and recommendations include:

- Baseline screening and regular monitoring for metabolic syndrome
- Consideration of metabolic risks when starting second generation antipsychotic medication
- Patient, family and care giver education
- Referral to specialized services when appropriate
- Discuss medication changes with patient and family

Quality Improvement Activities—Cont.

INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT (AOD)

According to NCQA’s State of Health Care Quality 2012, approximately 22 million Americans, 12 years and older, were classified with dependence on, or abuse of, alcohol or illicit drugs. Of these, 70 percent were dependent on or abused alcohol, 19 percent abused or were dependent on or abused illicit drugs.

Research supports the need for those with alcohol or other drug dependence to engage in ongoing treatment to prevent relapse and drug-related illness. Those who complete treatment or receive more days of treatment typically show more improvements than those who leave care prematurely. The acute stage of treatment is associated with lasting improvements only with continued rehabilitative treatment. Early recognition and intervention have an impact on the success or failure in the treatment of an individual’s AOD disorder.

To assist enrollees in continuing drug dependence treatment, ValueOptions has initiated a Quality Improvement Activity designed to identify members with alcohol or other drug disorders and assist them in initiating and engaging in treatment.

Measures for this activity are calculated using HEDIS methodology and determine: 1. Initiation within 14 days of treatment in a specified treatment setting. 2. The percentage of members who had two or more services within 30 days after the initiation date.

Findings indicate several barriers:

- Members frequently do not want to reschedule outpatient appointments already set up by the facility.
- Discharge review submission is not prioritized by all facilities.
- Discharge information is not readily available.
- Discharge reviews, once received, can be lacking in information: dates, time of appointment.
- Member phone numbers are often not accurate in the system. An Outreach letter is sent to member when unable to reach, but there is a very low response rate.

![Initiation and Engagement of Alcohol and other Drug Dependence Treatment](chart)

<table>
<thead>
<tr>
<th>Year</th>
<th>Initiation</th>
<th>Engagement</th>
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</thead>
<tbody>
<tr>
<td>2010</td>
<td>47.00%</td>
<td>28.10%</td>
</tr>
<tr>
<td>2011</td>
<td>46.70%</td>
<td>29.30%</td>
</tr>
<tr>
<td>2012</td>
<td>44.40%</td>
<td>27.00%</td>
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To download a copy of the alcohol baseline progress note sample forms, visit the link below: [http://www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm](http://www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm)
Quality Improvement Activities– Cont.

INCREASING CONSUMER SATISFACTION BY IMPROVING CUSTOMER SERVICE RESPONSE

The North Carolina Engagement Center has been monitoring enrollee satisfaction through the Fact Finder's customer satisfaction survey for a number of years. The Quality Management Committee has routinely prioritized the results from the annual Fact Finders studies for action.

The goal of improvement activity is to improve the service delivered to enrollees. We recognize the importance that enrollees place on their telephone experiences when evaluating overall enrollee satisfaction with ValueOptions.

Results of the analysis are used to identify opportunities for improvement. Four survey questions showed consumer satisfaction to be lower than the company standards. They all pertained to consumers’ experience with Customer Service. These were:

- Overall Quality - “Overall, how would you rate the quality of service you received when you called the toll-free number?”
- Ease of Getting Help - “Was it easy or difficult to get through to someone who could help you?”
- Accuracy of Information – “How would you rate the ValueOptions staff on the accuracy of the information provided to you?”
- Availability of Information on the First Call – “Did you get the information you needed the first time you called?”

Previously, interventions resulted in significant improvement; however the improvements were not sustained. Workgroups meet year end in 2012 and first quarter 2013 to discuss satisfaction results, evaluate the effectiveness of previous interventions and develop new strategies and interventions. Previous interventions in place continue in 2013 include the redesign of the telephone system to streamline the distribution of calls, review and updating of training materials and processes, and management redesign to increase accountability and reporting. Staffing issues were identified, newer interventions include: flex scheduling, sharing resources, cross training.

Enrollee Satisfaction with Toll-Free Number

<table>
<thead>
<tr>
<th></th>
<th>Overall Quality</th>
<th>Ease in getting help</th>
<th>Accuracy of info</th>
<th>Availability of info: 1st call</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>85.40%</td>
<td>78.20%</td>
<td>87.70%</td>
<td>77.10%</td>
</tr>
<tr>
<td>2011</td>
<td>82.30%</td>
<td>84.20%</td>
<td>85.90%</td>
<td>72.50%</td>
</tr>
<tr>
<td>2012</td>
<td>84.00%</td>
<td>84.20%</td>
<td>85.00%</td>
<td>70.60%</td>
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</table>
IMPROVING COLLABORATION WITH TREATING PROVIDERS

Even though care coordination is recognized as important, there are some barriers that make it difficult for case managers to work cooperatively with members of the health care team. Some of these include:

- Busy physician or therapist schedules make it difficult to connect
- Lack of understanding by physicians or therapists about what services are being offered
- Reluctance on the part of either the member or the practitioner due to perceived confidentiality, legal and/or ethical issues arising from differing interpretations of medical privacy requirements about the level of information sharing.
- Differences regarding the complexity, intensity, and type of case management services being provided can create divergent viewpoints on service priorities and best approaches.

Once a member has been identified for case management services and has completed a release of information, there is an attempt to coordinate care with their treating practitioners. The success in contacting the practitioners has been limited. The Case Managers proposed that a letter of introduction be sent to the practitioners might help increase the rate of contact.

Goals
- Measurement1: 75% of Intensive Case Management cases will demonstrate some collaboration with treating providers.
- Measurement2: The average # of collaborations on Intensive Case Management cases will be 2.0
IMPROVING MEDICATION SAFETY

Medication safety across the continuum of care is essential for effective healthcare delivery; thus collaborative medication management is essential in preventing errors and adverse events. Members with behavioral health concerns recently discharged from an inpatient setting or other higher level of care often experience disorganized thinking or other cognitive issues and may not have an accurate recollection or understanding of the medications they should be taking or why they should be taking them. Intensive Case Management members will have medication evaluation and assessment of:

- Medication knowledge: the member knows what medications they take and that they understand the reason for taking them.
- Adherence: the member demonstrates compliance with medication regime.
- Reconciliation: documentation reflects the need for reconciliation and what steps are taken to achieve this.

The findings of the audits completed indicate that cases had lacked or had incomplete documentation addressing medication knowledge, cases lacked documentation or had incomplete documentation addressing patient compliance, and cases lacked evidence that there was an assessment for the need for reconciliation. Staff training and member education will continue to meet these goals.
Quality Improvement Activities– Cont.

**IMPROVING PATIENT SAFETY BY ASSURING URGENT APPOINTMENT ACCESS** - Urgent/emergent appointment access and increasing the use of At Risk Crisis Plans (ARCP).

ValueOptions routinely monitors timely access to care when appointments are needed. Member that access mental health services, especially when distressed or acutely ill are vulnerable to a number of potential risks. Often these risks are related to their own behavior (such as self-harm, aggression and violence) or are a direct result of their mental illness. Others relate to safety risks from their care or treatment.

Members can call ValueOptions 24 hours a day, 7 days a week for a referral or appointment assistance. Clinical staff assesses all calls that are either urgent or emergent. ValueOptions defines four levels of access for appointment:

- Routine: mild or moderate risk (Risk Rating 1)
- Non-life threatening emergency:
- Urgent: urgent risk (Risk Rating 2)
- Life Threatening

ValueOptions uses an automated call system to record response to appointment access for urgent and emergent calls. Clinical referral line staff code calls based on assessed level of risk. ValueOptions believes that timely response to requests for services and a safety plan is of paramount importance to reduce the risk of a negative outcome. Due to the high risk nature of these calls, any call not meeting standard is subject to audit.

The goal of this improvement activity is: (1) 99% of members will have urgent/emergent appointment offered in established timeframe. (48 hours). (2) Number of members with ARCP initiated will be 10% above baseline.

Results of the audit process identified opportunities for improvement.

- Access to appointment availability (is there an appointment available within time frame) was not routinely distinguished from actual appointment kept within time frame (was the member actually seen within time frame).
- Difficulties in reaching member for confirm appointment kept within time frame was sometimes problematic.
- Work flow variation between staff prevented uniform measurement
- Calls from concerned family members were not coded as high risk.

![Urgent Appointment Access Graph](image)

**Goals:**

**Measure 1:** 99% of members will have urgent/emergent appt. offered within 48 hrs.

<table>
<thead>
<tr>
<th>Goals</th>
<th>Percentage of urgent/emergent calls meeting standard</th>
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<tbody>
<tr>
<td>Baseline: 1/1/10-12/31/10</td>
<td>98.00%</td>
</tr>
<tr>
<td>Re-measurement: 1/1/11-12/31/11</td>
<td>96.10%</td>
</tr>
<tr>
<td>Re-measurement: 1/1/12-12/31/12</td>
<td>98.50%</td>
</tr>
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Review of the data for 2012 showed an increase in the number of urgent calls that met the standard. The number of ARCP’s initiated increased from 116 to 287, this is a significant increase since 2010.
Quality Improvement Activities– Cont.

INTENSIVE CASE MANAGEMENT PROGRAM

Intensive Case Management (ICM) is defined as a collaborative process for assessing, planning, implementing, coordinating, monitoring and evaluating options and services to meet an individual’s behavioral health needs. Communications and available resources are used in conjunction with other strategies to achieve optimum member outcomes.

The Intensive Case Management Program offers the member with assistance post-discharge in coordination with medical managed care delivery system, individualized case management services including patient safety education and monitoring, and disease specific educational materials.

The ICM program team evaluated the types of patients admitted for intensive case management and determined the criteria for admission should capture high-risk members.

2012 targeted patients based on high-risk criterion or diagnostic categories. Conditions identified with high-risk safety needs include those adults (18 years or older) who were:

- Hospitalized with a major depressive, bipolar or schizophrenia disorder with a co-existing medical diagnosis defined as Diabetes, Asthma or Cardiac condition
- Admitted frequently to an inpatient facility (three or more in a 12-month period) by history and/or other high-risk condition. A patient is considered high-risk because of the instability of the condition, requiring multiple admissions by history, or because the previous treatment plan was ineffective in managing and sustaining outpatient treatment.
- A patient with an inpatient medical admission with a co-existing substance abuse
- Diagnosis when referred by the health plan case manager.
- Pregnant with active substance abuse
- Diagnosis of schizophrenia (age 19-25)
- Other high risk psychiatric conditions as identified by the Medical Director
- Predictive model score of 7.20 or higher

The 2013 ICM program outline includes:

Introduction Fax – This information is faxed to the hospital Utilization Review nurse if member is still inpatient. We ask that this information is reviewed with the member, signed and faxed back to a ValueOptions case manager.

- Introduction letter
- Case management consent form
- SF12 Letter & Survey

Welcome Packet Folder – This folder is sent to the members home while they are still inpatient.

- Introduction letter of the ICM program
- Case management consent form
- Authorization Form
- SF12 Letter & Survey
- Case Management Members Rights & Responsibility
- Medication Form – for medication reconciliation
- Appointment Form- keep track of on-going appointments
- ICM check sheet – to remind member what to send back to ValueOptions
- ICM Brochure

Educational tip sheets are added to the welcome packet folder per case manager:

- Heart Disease
- Asthma
- Diabetes
- Healthy living

How to Refer a Patient to Case Management

If you feel that you have a patient that meets the criteria, and whose benefits are managed by ValueOptions, you can call Customer Service using the toll free number on the member’s insurance card. Customer Service will forward the information to the Clinical Department for additional follow-up.
MEDICATION RECONCILIATION

The Institute for Healthcare Improvement (IHI) defines medication reconciliation as the process of creating the most accurate list possible of all medications a patient is taking including: drug name, dosage, frequency, and route; and, comparing that list against the physician's admission, transfer and/or discharge orders, with the goal of providing the correct medications to the patient at all transition points. Electronic prescribing and EHR allow greater ability to accurately reconcile medications.

More than 40% of medication errors are believed to result in reconciliation errors in transfers of care. It should be noted that 20% of these errors result in harm. Furthermore, outpatient records have been noted to have discrepancies in medication in 25-75% of the records.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) reports that 60% of medication errors are a result of communication failures. Contributing to this is poor self-management within the home, a lack of understanding, confusion, low health literacy, and cultural barriers. Medication Reconciliation includes:

- drug name
- dosage
- frequency
- route

Important steps for the practitioner

1. Encourage patients to maintain an accurate medication list and to bring this list with any updates to each appointment.

2. Assess and continue to monitor a patient’s understanding/knowledge and compliance with medication.

3. Compare patient’s list of current medications with the medications that you have prescribed. Reconcile medication lists at all transition points such as movement from one level of care to another or when seeing multiple physicians to manage care.

4. E-Prescribing programs can allow access of medications prescribed by other providers, comparing this with your information is an effective method of medication reconciliation. If you E-Prescribe, check for this feature.

5. If you are participating in an EHR incentive program, medication reconciliation is a recommended meaningful use. Contact your EHR vendor for implementation within your program.

6. Members enrolled in the ValueOptions Case Management Program will discuss medications with their case managers. If there are any questions related to the accuracy of the medication list or the patient understanding, the case manager will contact you regarding the need for medication reconciliation. Your direction related to medication is essential to providing the best service to your patient.
Quality Improvement Activities– Cont.

NETWORK-WIDE SAFETY INITIATIVE

The goal for promoting continuity and coordination of care (COC) among behavioral health practitioners and Primary Care Physician who provide care to enrollees was set at 80 percent. Of the treatment records reviewed in 2012, 100 percent showed evidence of COC with other practitioners and 78 percent showed evidence of COC with PCP. While performance was higher from the preceding year, the goal continues not to be met.

Coordination of Care with the PCP

Ensuring that patients have been evaluated medically is critical to good patient care. ValueOptions® has initiated activities to help practices improve documentation in this area:

- Forms are available to help you obtain your patient’s authorization to share information with the PCP. To download a copy of the form visit: http://www.valueoptions.com/providers/Network/NCSC_Government/Member_release_info_sheet_PHI.pdf
- Member education tip sheets explaining why this is important may be copied and used in your practice. Copies may be obtained by calling 866-719-6032.
- Identification of best practices. If you or someone in your practice has been successful in your efforts to coordinate care with the PCP, we would like to hear about it.

What can facilities do for the patient upon discharge?

- Ensure the continuing care plan is complete, including the patient’s first appointment at the next level of care.
- Schedule the first appointment or two with the outpatient provider while the member is present — do not leave scheduling to the patient.
- Fax the continuing care plan to the outpatient provider and the PCP.
- Make certain the discharge review is faxed or phoned into ValueOptions on the day of discharge so appropriate follow up by ValueOptions can occur.
- Call the ValueOptions care manager for questions and/or for assistance identifying a practitioner.
- Coordinate discharge planning with assigned ValueOptions care manager.
- Educate the family on the importance of the members keeping the discharge appointment.
TREATMENT RECORD DOCUMENTATION

The Quality Management Department of the ValueOptions® North Carolina Engagement Center conducts an annual audit of patient treatment records. This audit mirrors behavioral health best practice standards as a contractual obligation for all ValueOptions providers.

These requirements are set forth in your provider contract and noted in the ValueOptions Provider Handbook. ValueOptions has adopted the treatment record documentation standards to assure that records are maintained in an organized format, which permits effective and confidential patient care and quality review. These standards facilitate communication, coordination and continuity of care, and promote efficient and effective treatment.

The treatment record review standards can be found in the ValueOptions Provider Handbook online at: http://www.valueoptions.com/providers/Handbook.htm

In 2012, 97 practitioner letters were sent requesting treatment records. Eighty eight practitioners/group practice/clinics returned three or more records each, for a total of 300 records returned.

- Of the 88 practitioners or facilities reviewed, the average score was 92.82 percent.
- There were no practitioners/group practice/clinics that fell below the 80 percent standard.

No corrective action plans will be requested at this time.

In reviewing the safety questions, ninety nine percent of records reviewed provided documentation of an assessment for imminent risk of harm, suicidal ideation. Only 133 out of the 300 records (44%) submitted a suicide risk assessment screening tool. This was a significant increase of twenty nine percent when compared to the previous year.

In reviewing the coordination of care questions, 231 out of the 399 records (78%) provided evidence of coordination of care with the PCP. Although this did not meet standard this is a significant increase fifteen percent when compared to the previous year. Eighty nine percent of records reviewed provided a signed release of information to coordinate care.

ValueOptions measures adherence to Clinical Practice Guidelines for Major Depression, Bipolar Disorders and Results for the 2012 record review showed that providers are not providing evidence suggesting a recent physical exam be obtained, referrals being made to a psychiatrist for a psychiatric evaluation or evidence of risk assessment and/or safety plans.

The assessment, treatment, and follow-up of a member’s care are essential in the provision of continuous and appropriate health care services for members who access multiple practitioners for medical and/or behavioral purposes. The American Psychiatric Association Guideline for Treatment of Patients with Major Depressive Disorder, Third Edition states communication and coordination of treatment are essential. Optimal communication with other health care professionals can improve overall treatment by assuring that medical conditions and psychosocial issues are appropriately addressed. Good communication also decreases the risk that patients will receive inconsistent information about treatment options and risks and benefits. Furthermore, communication among clinicians improves vigilance against relapse, side effects, and risk to self or others.” Click here to view the APA Guidelines (http://psychiatryonline.org/content.aspx?bookid=28&sectionid=1667485)

Communication between treating providers should be paramount in the following circumstances:

- Members who are prescribed medications by their PCP and psychiatrist.
- PCPs who prescribe psychotropic medications.
- R/O thyroid disorders or other medical conditions in members with symptoms of depression. It is recommended that the patients have a complete physical examination that includes a full evaluation and appropriate laboratory studies.
- Members who have an underlying medical condition and are being prescribed psychotropic medication by their psychiatrist.
- Failure to improve.
- Sudden change in mental status.

New elements added to the 2012 adherence indicators demonstrate a need for network education to promote patient safety metabolic monitoring through adherence to the guidelines. To promote patient safety baseline monitoring measures should be obtained before or as soon as clinically feasible after, the initiation of any antipsychotic medication. To view the Recommended Monitoring for Patients Taking Second Generation Antipsychotics tip sheet and Metabolic Monitoring form visit http://www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm
Reducing the risk of Completed Suicides

SUICIDE PREVENTION RATING SCALE
B.STEVEN BENTSEN, M.D., MBA, DFAPA
ValueOptions North Carolina Medical Director

Depression’s associated suicide attempts and related self-injurious behavior is a major health concern. United States data shows suicide as the 11th leading cause of death for all ages, one completed suicide occurs every 15 minutes. 2009 CDC data indicates that about 15% of students in grades 9-12 seriously consider suicide and about 6% reported making at least one suicide attempt in the past 12 months. Recent data also shows a connection between peer victimization such as bullying increases suicidal behavior three fold. The causes of suicidal behavior are multifactorial and complex. The goal of evaluation of suicide is straightforward, reduction of risk factors and promotion of protective factors as well as continued monitoring for exacerbation. This is major challenge for health care providers given numerous competing time demands and treatment concerns. ValueOptions believes that improving the quality of suicide risk assessments will reduce the rate of completed suicides in members in treatment.

Assessment of suicide risk became an increased issue both clinical and from a liability standpoint with the FDA’s black-box warning of suicide risk for antidepressants used with children and adolescents. This resulted in increased need to identify at risk patients and contributed to increased research in the prevention and identification of suicide risk.

Several suicide severity scales have been developed to assist the clinician in conducting a formulation of risk. Nevertheless, one challenge in the use of suicide severity scales is dissemination of the scale after development.

One such scale is the C-SSRS (Columbia-Suicide Severity Rating Scale). This scale has demonstrated psychometric validity and reliability in both adolescent and adult populations. Information is available at www.cssrs.columbia.com. Rating scales for clinical practice including military population are available. Scales address initial and ongoing assessment for suicide risk. Information regarding training (brief 30 minute slide presentation) is also available through the website.

Although there is no screening tool that can provide identification or risk with 100 percent certainty, it is essential that modifiable risk factors are identified and that actions are put in place in the treatment planning process to attempt to decrease the risk of completed suicide. Standardization of suicide risk assessment, especially in at risk population, can identify patients with greater frequency and is also protective from a medico-legal standpoint. ValueOptions would like you to consider utilizing the C-SSRS or another validated instrument scale as part of your suicide assessment. ValueOptions has been granted permission to post the C-SSRS’s on the ValueOptions website with permission to use. You can download the C-SSRS’s at http://www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm Under the Suicide Prevention Tool Kit.
Clinical Practice Guidelines

ValueOptions clinical practice guidelines are adopted from recognized sources such as professional behavioral health care organizations and professional literature. Development of the guidelines involves clinicians considered specialists in their respective fields, as well as feedback from practitioners in the community.

ValueOptions has adopted guidelines from the American Psychiatric Association (APA) for:

- Acute Stress Disorder, Post Traumatic Stress Disorder and Guideline watch
- Assessing and Treating Suicidal Behaviors
- Bipolar Disorder and Guideline watch
- Eating Disorders and Guideline watch
- Major depression
- Panic disorder and Guideline watch
- Schizophrenia, Guideline watch and Quick Reference guide
- Substance Abuse Disorder sand Guideline watch

ValueOptions has adopted guidelines from the American Academy of Child and Adolescent Psychiatry (AACAP) for:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Generalized Anxiety Disorder - Adolescents

ValueOptions has adopted guidelines from the Canadian Psychiatric Association for Generalized Anxiety Disorder - Adults

ValueOptions has adopted guidelines from SAMHSA for:

- Opioid Related Disorders TIP 43
- Co-occurring related disorders TIP 42
- Suboxone Treatment Guideline (SAMHSA/CSAT TIP 40)

ValueOptions has developed clinical practice guidelines for: Autism Spectrum Disorder and adopted guidelines from the AAP for Management for Children w/ASD and Identification and Evaluation of Children w/ASD.


Confidentiality

ValueOptions has written policies regarding protected health information (PHI). These policies address disclosure of PHI, restrictions on use of PHI, the ability to amend PHI, and accounting process for disclosures and internal/external protection of oral, written and electronic information across the organization. To view the ValueOptions Privacy Statement follow this link: http://www.valueoptions.com/Privacy.htm
Promoting Early Detection of Alcohol Used by Youth

Substance use disorders are a major problem in adolescents and a leading cause of mortality and injury. Although still a major health issue, adolescent substance use of all drugs and alcohol except for prescription opiates has decreased over the past five years. The use of prescription opiates continues to rise. Surprisingly some studies shows over 80% of high school graduates have tried alcohol, making the use of alcohol almost normative in teens. The major clinical challenge is identifying youth who need treatment and to identify those who are at risk of developing chronic substance use disorders in adulthood. SAMHSA, through The National Survey on Drug Use and Health in 2006, reported that approximately 5% of youth between the ages of 12-17 need substance use treatment.

Adolescence is marked by neurological development in areas of motivation and impulsivity which contributes greatly to substance use. Causes of use are multifactorial and complex. Thankfully, for most adolescents, problematic use extinguishes in the early 20s. Programs teaching life skills and strategies to resist drug use can be helpful and early intervention is the major prevention strategy.

As a first step, it is vital to assess for problematic use in the teen population. The CRAFFT questionnaire has high reliability in 14-to-18 year olds and can be easily administered. Copies may be downloaded from the ValueOptions website [http://www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm](http://www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm). This version of the CRAFFT was developed by the Center for Adolescent Substance Abuse Research (CeASAR) at Children’s Hospital is used with permission from CeASAR and the Massachusetts Partnership. It is designed for self-administration by the adolescent while in the waiting room. A score of two or more “yes” answers suggests a significant problem, abuse, or dependence, but is not sufficient to make a diagnosis. A clinical evaluation is indicated. ValueOptions has a toll-free PCP Consultation Line for Pediatricians and Family Practice staffed by board certified psychiatrists call (877) 241-5575 from 9 a.m. to 5 p.m. This service includes consultation regarding substance abuse assessment and treatment.

Alcohol Prevention During Pregnancy

MedStar Family Choice and ValueOptions are collaborating on an initiative to increase screening of pregnant women for alcohol use during pregnancy. The incidence of alcohol use among pregnant women is unchanged since 1991 based on research published by the US Centers for Disease Control and Prevention (CDC) when comparing rates between 1991 and 2005. The National Institute on Drug Abuse in 1996 released data showing an incidence rate in 1992 of 18% for alcohol use while pregnant.

A brochure from the CDC entitled: Think Before You Drink will be enclosed in mailings to pregnant women along with other prenatal materials. The pamphlet provides education regarding the effects of alcohol on the baby and provides information should the woman need assistance to stop drinking. The pamphlet is available in English and Spanish.

ValueOptions recommends that practitioners consider using the T-ACE (T=tolerance, A= annoyed, C= cut down, E=eye opener) screening tool developed by R. J. Sokol, MD. This four item questionnaire is based on the CAGE, but was developed specifically for prenatal use. It takes about one minute to ask and provides validated screening for risk-drinking.

In addition, for high risk women, a urine test for ethylglucuronide (EtG) is now widely available. This test, if positive, may indicate exposure to alcohol up to 5 days prior to the test. Verify interpretation of results with your laboratory.

Early screening can contribute to “better risk identification, secondary prevention efforts, and improved pregnancy outcomes for offspring at risk from heavy prenatal alcohol exposure”. (Sokol RJ, Martier SS, Ager JW: American Journal of Obstetrics/ Gynecology 1989 Apr, 160(4): 863-8). Research by Grace Chang, MD concludes that consistent screening followed, when indicated, by brief interventions with women and their partners can result in reduced drinking levels even with high levels of use. (2005)

A copy of the T-ACE may be downloaded from the ValueOptions website [http://www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm](http://www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm).

Please call 866-719-6032 for a copy if you do not have internet access.
On an annual basis, Fact Finder’s conducts member and provider surveys on behalf of ValueOptions the North Carolina Engagement Center (NCEC). Data is analyzed on key areas of clinical and administrative services. Enrollee satisfaction is evaluated through:

- Enrollee surveys
- Reviewing enrollee comments from surveys
- Tracking and reviewing contents of the complaints and inquiries
- Soliciting qualitative feedback from stakeholders

Enrollee survey data is assessed for opportunities to improve member satisfaction. Questions are asked about satisfaction in the following areas:

Access to care, claims, outcomes of service, hospital services, toll free number services, Internet, therapist ratings, coordination of care and referral services.

The NCEC is committed to understanding the needs of our enrollees and will make the necessary changes to the way our staff manages customer service to improve satisfaction.

The survey results are used to identify opportunities for improvement.

Result from 2012 Member and Provider Satisfaction Survey, indicates that 94.3 percent of overall members and 92.7 percent of overall providers were satisfied with ValueOptions mental health services.

If you have recommendations regarding improvement of the utilization management (UM) or appeal process, please call 866-719-6032.

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North Carolina Service Center Provider Satisfaction

<table>
<thead>
<tr>
<th>Overall Satisfaction w/ ValueOptions</th>
<th>Quality of Services</th>
<th>Professional &amp; Courteous</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010 MH/SA</td>
<td>97.4%</td>
<td>94.3%</td>
</tr>
<tr>
<td>2011 MH/SA</td>
<td>100.0%</td>
<td>93.6%</td>
</tr>
<tr>
<td>2012 MH/SA</td>
<td>92.7%</td>
<td>95.2%</td>
</tr>
</tbody>
</table>
Learn More about Utilization Management Programs

ValueOptions strives to help people live their lives to the fullest potential. We see ourselves as an integral part of the communities in which we provide service, and we understand that many factors impact the state of a person’s health. To best serve a given population, we seek to learn from, and work with, individuals in their communities in order to ensure relevant design of appropriate programs and services. As managers of the behavioral health benefits of millions of people, we are acutely aware of our responsibility to afford every opportunity for each individual to achieve optimal outcomes.

ValueOptions is proud of its focus on quality care and best practices. The primary responsibility of the utilization management staff is to guide and oversee the provision of effective services in the least restrictive environment and to promote the well being of the members. We are committed to supporting individuals in becoming responsible participants in their treatment.

Decisions:
Utilization management clinicians are appropriately licensed behavioral health care professionals who work cooperatively with practitioners and provider agencies to ensure member needs are met. Providers and practitioners are always afforded the opportunity to discuss and review any decision regarding inpatient admissions or other levels of care.

If you would like to discuss an adverse decision, please call 703-390-5920 and ask to be scheduled with the peer advisor who rendered the decision.

Criteria:
ValueOptions utilizes internally developed behavioral health clinical criteria. The criteria are assessed, and if necessary revised, at least annually, by the ValueOptions Corporate Executive Medical Management Committee. Clinical criteria may vary according to individual contractual requirements and benefit coverage. The criteria are available for your review in your provider handbook or on our Web site at: http://www.ValueOptions.com/providers/Handbook.htm.

ValueOptions uses the ASAM Patient Placement Criteria for Treatment of Substance Abuse-related Disorders, published by the American Society of Addiction Medicine, according to the individual provider contract requirements. For information about ASAM criteria please visit http://www.asam.org/publications/the-asam-criteria/the-asam-criteria or call ASAM at 800-844-8948.

If you are in need of a provider handbook call the ValueOptions Provider Relations department.

Financial Incentives:
ValueOptions does not provide rewards or incentives, either financially or otherwise, to any individuals involved in conducting utilization review, for issuing denials of coverage or service, or inappropriately restricting care. Utilization-related decisions are based on the clinical needs of the members, benefit availability and appropriateness of care. Objective, scientifically-based criteria and treatment guidelines, in the context of provider or member-supplied clinical information, guide the decision-making process.

Wait Time Standard

The North Carolina Engagement Center has established standards for participating practitioners and providers to ensure that ValueOptions members can obtain the care they need within a reasonable time frame.

- Urgent: The member must be offered an appointment within 48 hours of request.
- Routine: The member must be offered an appointment within 10 business days of request.

It is important that all practitioners adhere to the above standards. If you are not able to meet the standard, you should refer the patient to the North Carolina Engagement Center Clinical Referral Line where ValueOptions staff can offer more options.
Members Rights & Responsibilities

ValueOptions is committed to respecting enrollee’s rights and responsibilities

Enrollees have a right to:

- Receive information about the organization, services, practitioners and providers, and enrollees’ rights and responsibilities.
- Be treated with respect and recognition of their dignity and right to privacy.
- Participate with practitioners in making decisions about their health care.
- A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Voice complaints or appeals about the organization or care it provides.
- Know about covered services and benefits.
- Receive timely care.
- Make recommendations regarding the organization’s enrollees’ rights and responsibilities policies.

Enrollees have a responsibility to:

- Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- Follow plans and instructions for care.
- Understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

Visit us at:
www.ValueOptions.com