

NEW YORK CITY ENGAGEMENT CENTER

2013 Provider Quality Corner – A note to practitioners and providers that serve our EmblemHealth members

The ValueOptions® New York City Engagement Center (NYC EC) 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 or exceeding standards set forth by oversight bodies such as the National Committee for Quality Assurance (NCQA). These clinical and service activities require your knowledge, leadership, input and cooperation.

The following are examples of quality improvement activities that the NYC EC engaged in during 2012:

Care Coordination

Continuity and coordination of care within the behavioral health continuum is essential to the provision of quality behavioral health services. The NYC EC engaged in several initiatives to improve the continuity and coordination of care including:

Increasing the Rate of Psychiatric Evaluations for Members Diagnosed with Moderate or Severe Depression

ValueOptions adopted the American Psychiatric Association treatment guidelines for the Treatment of Patients with Major Depressive Disorder (MDD), Third Edition, in March of 2011. The guidelines stipulate that patients with Moderate or Severe MDD should receive a diagnostic evaluation to detect other psychiatric or general medical conditions within 30 days of the initiation of treatment.

Because the NYC EC Quality Management/Utilization Management Committee (QM/UMC) considers the rate of psychiatric evaluation to be a patient safety indicator, it has measured compliance with this aspect of the treatment guidelines.

Measure	Goal	1/1/12 – 12/31/12
Psychiatric Evaluation within 28 Days	16.9%	14.29%
Psychiatric Evaluation within 56 Days	24.6%	16.82%
Psychiatric Evaluation within 84 Days	27.9%	19.93%

The table above reflects the baseline measure for the time period of January 1, 2012 to December 31, 2012.

The rates of compliance with this Clinical Practice Guideline (CPG) are below the goal established by the NYC EC. To explore possible reasons for the low rate of compliance, the QM/UMC conducted a survey of a sample of non-prescribing behavioral health practitioners.

Key findings are that:

- The majority of practitioners surveyed indicated that they refer their patients with Moderate or Severe MDD for a psychiatric evaluation if there has been no symptomatic improvement after one month of psychotherapy alone.
- Reasons patients cite for not accepting a psychiatric evaluation include:
 - ⇒ Preference to obtain psychiatric medications from the primary care physicians
 - ⇒ Stigma
 - ⇒ Preference not to take psychiatric medication

PLEASE HELP US TO INCREASE THE COMPLIANCE RATE FOR THIS IMPORTANT SAFETY INDICATOR BY REFERRING YOUR PATIENTS FOR A PSYCHIATRIC EVALUATION WHEN INDICATED

- ⇒ ***Help your patients understand the value of a psychiatric evaluation, that they can still obtain psychiatric medications from their primary care physicians, and that they may not be prescribed psychiatric medications***
- ⇒ ***Contact ValueOptions at (800) 692-2489 for assistance in making a referral. Clinical staff is available 24 hours per day/7 days per week***
- ⇒ ***Support ValueOptions in Stamping Out Stigma related to obtaining mental health services and medications***
- ⇒ ***Remember that compliance with ValueOptions Clinical Practice Guidelines is a contractual expectation***

ValueOptions' Clinical Practice Guidelines can be found on our website:

http://www.valueoptions.com/providers/Handbook/treatment_guidelines.htm

ValueOptions clinical practice guidelines are adopted from recognized sources such as the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry. Development of the guidelines also involves professional literature review, clinicians considered specialists in their fields, and feedback from practitioners in the community.

Ambulatory Follow-Up Care after Discharge from Inpatient Psychiatric Hospitalization

Outcome data shows that appropriate treatment and follow-up after inpatient psychiatric hospitalization can reduce the duration of disability and the likelihood of re-occurrence. The National Committee for Quality Assurance (NCQA) has established two measures to evaluate the extent to which health plan members receive this important follow-up treatment. These measures are:

- The percentage of members who received follow-up within 7 days of discharge
- The percentage of members who received follow-up within 30 days of discharge

Ongoing efforts to improve performance include:

- ⇒ ValueOptions Ambulatory Follow-Up staff telephonically outreach the member to encourage compliance with the scheduled appointment and/or to assist the member in scheduling an appointment
- ⇒ Ambulatory Follow-Up staff received additional training in motivational interviewing
- ⇒ ValueOptions expects network facilities to schedule a follow-up appointment before the patient is discharged so that the patient has the benefit of follow-up within 7 days of discharge

REMINDERS ABOUT CARE COORDINATION:

- ⇒ **Refer your patients to be evaluated medically**
- ⇒ **Refer your patients for a psychiatric evaluation when indicated**
- ⇒ **Schedule a follow-up appointment with a patient discharged from inpatient acute psychiatric care within 7 days of discharge**
- ⇒ **Ask your patients to sign an Authorization for Coordination of Behavioral Healthcare so that you can share clinical information with another behavioral health practitioner or a primary care physician.**

A member tip sheet is also available on the website.

Member and Provider Satisfaction

On an annual basis, Fact Finders, Inc. conducts member and provider satisfaction surveys on behalf of ValueOptions NYC EC. The surveys are administered telephonically via questionnaires developed by Fact Finders, Inc., in consultation with ValueOptions.

Data is collected and analyzed on key elements such as perceived service quality, access and availability, and satisfaction with the utilization management process. Results from the 2012 member satisfaction survey indicate that:

- 91.6% of EmblemHealth members are satisfied with their mental health services
- 93.4% of EmblemHealth members rate the overall quality of service from their therapist as excellent, very good or good
- 96.1% of EmblemHealth members feel that their therapist is able to meet their cultural, religious and language needs

These findings are all above the ValueOptions goal of 90%. Thank you for helping us to exceed our goal!

Results from the 2012 provider satisfaction survey indicate that:

- 91.0% of our providers are overall satisfied with ValueOptions
- 91.2% of our providers who read the monthly e-newsletter find it to be very informative or somewhat informative
- 89.6% of our providers who have called the toll-free number indicated that they can usually get to someone who can help easily

These findings are all above the ValueOptions goal of 85%.

Financial Incentives

ValueOptions does not provide rewards or incentives, either financially or otherwise, to any individuals involved in conducting utilization review or outpatient outlier management for 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.

Preventive Health Screening Initiatives

ValueOptions partners with EmblemHealth to offer integrated care programs designed to screen for depression in members diagnosed with chronic illness.

These programs include the:

- Post Cardiac Event Program
- Members with Diabetes
- Weight Management

The screening tool utilized is the validated PHQ-9. If the members respond positively to screening questions they are referred to ValueOptions for further assessment and mental health referrals as indicated.

Intensive Case Management Program (ICM)

The NYC EC offers EmblemHealth members with complex and high risk behavioral/medical conditions the enhanced services of the ICM Program. Program services include Complex Case Management as defined by the NCQA; "the coordination of care and services provided to members who have experienced a critical event or diagnosis that requires the extensive use of resources and who need help navigating the system to facilitate the appropriate delivery of care and services." More specifically, the ICM Clinical Case Manager:

- Completes a comprehensive needs assessment
- Establishes an individualized member-focused care plan with the member that is based on the completed needs assessment
- Care Plan goals may include
- decreasing symptomatology and/or increasing functional ability in areas such as self-care, work/school, and family/interpersonal relations in order to reduce barriers to treatment
- Encourages the member to achieve the goals of the care plan through motivational interviewing and maintaining contact at a frequency appropriate to the member's symptomatology
- Consults and coordinates with the facility or outpatient behavioral health providers, family members, community agencies, primary care physicians or involved medical providers regarding treatment planning issues
- Provides referrals to community based services, health plan services, and support groups as necessary to support members in achievement of their goals

If you believe that an EmblemHealth patient of yours might benefit from participation in the ICM Program, you and/or your patient may contact the ICM Program staff at:

855-589-2773
Option #3

The telephone number above will lead to an automated prompt which answers “EmblemHealth Integrated Care Hotline.” Option #3 is answered by a ValueOptions ICM Clinical Care Manager.

Appointment Timeliness Standards

Reminder: ValueOptions has established standards for participating practitioners and providers to ensure that our members can obtain the care they need within a timeframe appropriate to the urgency of their clinical need.

It is important that all practitioners adhere to the standards below. If you are not able to meet the standard, you should refer the patient to the NYC EC clinical referral line at 800-692-2489 where ValueOptions staff can offer more options.

- **Emergencies (life-threatening):** The member must be offered the opportunity to be seen immediately. Maintain a system for referring members to a source of emergency assistance during non-business hours
- **Non-life-threatening emergencies:** The member must be offered an appointment within six hours of the request or referred to an emergency service provider
- **Urgent:** The member must be offered an appointment within 48 hours of the request.
- **Routine:** The member must be offered an appointment within 10 business days of the request.

Out-of-Office Coverage

Please remember to notify ValueOptions if you will be unable to see our members for an extended period of time due to vacation, sabbatical, illness, maternity leave or any other situation. You must also notify us if you are temporarily not accepting new patients. The notification form is located in your provider handbook at:

http://www.valueoptions.com/providers/Forms/Administrative/ValueOptions_Leave_of_Absence_Out-of-Office_Notification_Form.pdf

The form contains the notification FAX number.

Treatment Record Documentation

As part of our Quality Improvement Activities, the NYC EC conducts an annual random audit of patient treatment records documentation.

ValueOptions treatment record documentation standards have been adopted to assure that records are maintained in an organized format which permits effective and confidential patient care and quality review. The standards facilitate communication, coordination and continuity of care, and promote efficient and effective treatment.

Note: Our documentation standards were revised during 2012 and can be found in your provider handbook. To self-assess your records against ValueOptions expectations, please see our audit tool at <http://www.valueoptions.com/providers/Adminforms.htm>.