

THE PROVIDER LINE

Vol 2-2008

The Importance of Coordinating Care

Individuals with behavioral health disorders are often at greater risk of developing physical illnesses and vice versa. It is important that individuals seek treatment for both physical and behavioral health needs, because if both co-occurring problems are not addressed this can cause the disorders to be more severe with higher morbidity and mortality rates. Thus, behavioral health practitioners should consider coordinating care with medical doctors to promote both behavioral and physical health which will mean overall better health for patients.

Some facts to consider regarding the physical/behavioral health connection:

- Studies have revealed that treating depression can help improve the prognosis of a co-occurring illness. (National Institute of Mental Health, 2008)
- A few physical health problems associated with depression are: heart disease, stroke, cancer, HIV/Aids, diabetes, and Parkinson's. (National Institute of Mental Health, 2008)
- Individuals with congestive heart failure (CHF) and depression have a fourfold increase in mortality compared to individuals diagnosed solely with CHF and individuals with chronic pulmonary disease (CPD) and depression have a threefold increase in mortality compared to individuals solely with CPD. (Psychosomatics, August 2007)
- People who have untreated mental health issues use more general health services than those who seek mental health care when they need it. (American Psychological Association, 2004)
- People who have depression are more likely than others to develop diabetes. (American Journal of Epidemiology, 2005)
- Anxiety disorders have been linked with many physical health illnesses including but not limited to epilepsy, cardiac disease, asthma and diabetes. (Depression and Anxiety, 2005)

Community Care routinely monitors the coordination of a member's care and exchange of clinical information among practitioners. We strongly encourage practitioners to coordinate care with other practitioners who are seeing the same member. Coordination is important for member safety, to avoid duplicate assessments, procedures or testing and to improve treatment outcomes.

The 2007 goal for written evidence of exchange of information among behavioral health practitioners is 95% across counties. In 2007, the rate across our counties averaged 83%, meaning that when it was appropriate to do so, providers exchanged information and documented that they did so an average of 83% of the time.

For evidence of exchange of information from behavioral health clinicians to PCPs, the goal for 2007 for our counties is 80% across counties. The 2007 rate across our counties averaged 54%. Exchange of information is more likely to occur among behavioral health practitioners than it is between behavioral health providers and PCPs in all of our counties.

To encourage exchange of information, Community Care has:

- Requested Corrective Action Plans from providers when rates were below the goal.
- Included articles in our provider newsletter regarding the importance of coordinating care.
- Posted a sample exchange of information letter on our website.
- Posted an article for members regarding the importance of coordination of care on our website.

Please call 1-888-251-2224 with other techniques you've found effective in promoting coordination of care. We appreciate your ideas and comments.

Safety Updates: Increased risk of suicidality with antiepileptic medications and Chantix warnings

Increased risk of suicidality with antiepileptic medications

The FDA is informing all health care professionals of increased risk of suicidality (suicidal behavior or ideation) in patients being treated with antiepileptic medications. The warning is based on analyzed reports from placebo-controlled clinical studies of 11 drugs used to treat epilepsy as well as psychiatric disorders and other conditions. In the FDA's analysis, patients receiving antiepileptic drugs had approximately twice the risk of suicidal behavior or ideation (0.43%) compared to patients receiving placebo (0.22%). The increased risk of suicidal behavior and suicidal ideation was observed as early as one week after starting the antiepileptic drug and continued through 24 weeks. The results were generally consistent among the 11 drugs. The relative risk for suicidality was higher in the patients with epilepsy compared to patients who were given one of the drugs in the class for psychiatric or other conditions.

All patients who are currently taking or starting on any antiepileptic drug should be closely monitored for notable changes in behavior that could indicate the emergence or worsening of suicidal thoughts or behavior or depression.

The drugs included in the analyses include:

- Carbamazepine (marketed as Carbatrol, Equetro, Tegretol, Tegretol XR)
- Felbamate (marketed as Felbatol)
- Gabapentin (marketed as Neurontin)
- Lamotrigine (marketed as Lamictal)
- Levetiracetam (marketed as Keppra)
- Oxcarbazepine (marketed as Trileptal)
- Pregabalin (marketed as Lyrica)
- Tiagabine (marketed as Gabitril)
- Topiramate (marketed as Topamax)
- Valproate (marketed as Depakote, Depakote ER, Depakene, Depacon)
- Zonisamide (marketed as Zonegran)

Although 11 drugs were included in the analysis, FDA expects that the increased risk of suicidality is shared by all antiepileptic drugs and anticipates that the class labeling changes will be applied broadly. For the complete MedWatch Safety Summary, please refer to the FDA website at: <http://www.fda.gov/medwatch/safety/2008/safety08.htm#Antiepileptic>

New warnings added to Chantix

Since the FDA first informed the public about the possibility of serious neuropsychiatric symptoms associated with the use of Chantix, it has become increasingly likely that the association exists. As a result, the FDA has requested that this safety information be added to the warnings and precautions sections of the Chantix prescribing information. These symptoms include changes in behavior, agitation, depressed mood, suicidal ideation, and attempted and completed suicide. While some patients may have experienced these types of symptoms and events as a result of nicotine withdrawal, some patients taking Chantix who experienced serious neuropsychiatric symptoms and events had not yet discontinued smoking. In most cases, neuropsychiatric symptoms developed during Chantix treatment, but in others, symptoms developed following withdrawal of Chantix therapy.

The FDA is working with the manufacturer to finalize a Medication Guide for patients. For the complete MedWatch Safety Summary along with information for healthcare professionals on using Chantix therapy, please refer to the FDA website at: <http://www.fda.gov/medwatch/safety/2008/safety08.htm#Varenicline>

Always Online

We would like to remind you that our website, www.ccbh.com, includes information about many topics of interest. You can view and/or download information about the following topics on our website by clicking on “Provider Resources, HealthChoices Resources,” and then “Informational Articles.”

- Information about our Quality Improvement Program including goals, processes and outcomes related to care and service.
 - Our efforts to measure the accessibility of care and service for our members, such as how long it takes to get an appointment, and actions taken to improve accessibility.
 - The clinical practice guidelines and processes utilized to measure adherence to the guidelines.
 - Our expectations for exchange of information with PCPs and within the behavioral health continuum to facilitate continuity and coordination of care.
 - Our Medical Necessity Criteria, including how to obtain or view a copy.
 - The toll-free number to contact staff regarding utilization management issues or if you have a utilization management question.
 - The availability of, and process for, contacting an appropriate peer advisor to discuss utilization management decisions.
 - A description of the availability of an independent external appeals process for utilization management decisions made by Community Care.
 - Our policy prohibiting financial incentives for utilization management decision-makers.
 - Our members’ rights and responsibilities
- Our confidentiality policies including what a “routine consent” is and how it allows us to use information about enrollees; their right to approve release of personal health information not covered by “routine consent”; how enrollees may request restriction on the use or disclosure of personal health information, amendments to personal health information, access to personal health information or an accounting of disclosures of personal health information; our commitment to protect the enrollee’s privacy in all settings and our policy on sharing personal health information with employers.
 - Information about our preventive behavioral health programs including how successful these programs have been.
 - For our treatment record policies regarding confidentiality of treatment records, documentation standards, systems for organization of treatment records, standards for availability of treatment records at the practice site and performance goals, please see your Provider Manual, which can also be found at www.ccbh.com.
 - For a description of the process to review information submitted to support your credentialing application, correct erroneous information and upon request to be informed of the status of your credentialing and recredentialing application, please see your Provider Manual, which can also be found at www.ccbh.com.

If you have any questions about accessing our website or if you would like more information or paper copies of any of the above items, please contact us at 1-888-251-2224.

Visit www.ccbh.com

Provider Online

As part of the implementation of its new claims system, Community Care is now offering a web-based portal, called Provider Online, to its providers. Provider Online is a tool that can be used to confirm authorizations, claims receipt, and direct claims submission. Any Community Care provider who has access to the Internet can use Provider Online.

The benefits to Provider Online include the ability to:

- Review authorizations;
- Directly key claims (submit claims electronically directly into the system);
- Upload a file of 837 claims file directly rather than using a claims clearinghouse; and
- Confirm the status (payment/denial) online.

4

If you are interested in using Provider Online, please contact Bill Simmons via e-mail at simmonswj@ccbh.com. More information is available on our website.

Families helping families

Through the Allegheny Family Network (AFN), a telephone support line is now available for families raising children with emotional and mental health needs. Family members who have experienced these issues with their own children take calls during normal working hours and return calls left after hours. They offer support, information and referral.

Please let Community Care members and families know about this valuable resource.

AFN Support Line
1-888-273-2361

Quality is a priority

High-quality health care is a priority at Community Care. Our Quality Improvement Program is structured around network practitioners' input and follows the guidelines of the National Committee for Quality Assurance (NCQA). Areas of focus include:

- Delivering high-value, culturally competent care that incorporates the special needs and preferences of members
- Continuously improving the clinical care and service provided to members
- Enhancing the community's health status through wellness and preventive behavioral health programs for members
- Pursuing opportunities to improve the health status of members and targeting efforts to the needs of the population
- Ensuring that care and services are available and provided to members in a timely manner, appropriate to the needs and preferences of members
- Ensuring that care and services are coordinated between providers and across all delivery settings through the care management process
- Establishing collegial relationships with providers to achieve superior clinical and customer service outcomes
- Providing exceptional customer service
- Continuously improving quality improvement processes by maintaining comprehensive, current, and effective quality management policies and procedures
- Analyzing performance data and identifying opportunities to improve performance and outcomes

Call 1-888-251-2224 for more information regarding our Quality Improvement Program. We will provide you with a description of the program and an update on our progress toward meeting our goals.

If you have any suggestions for improving our Quality Improvement Program, please contact us at:

Community Care Behavioral Health Organization
Quality Management
One Chatham Center, Suite 700
112 Washington Place
Pittsburgh, PA 15219