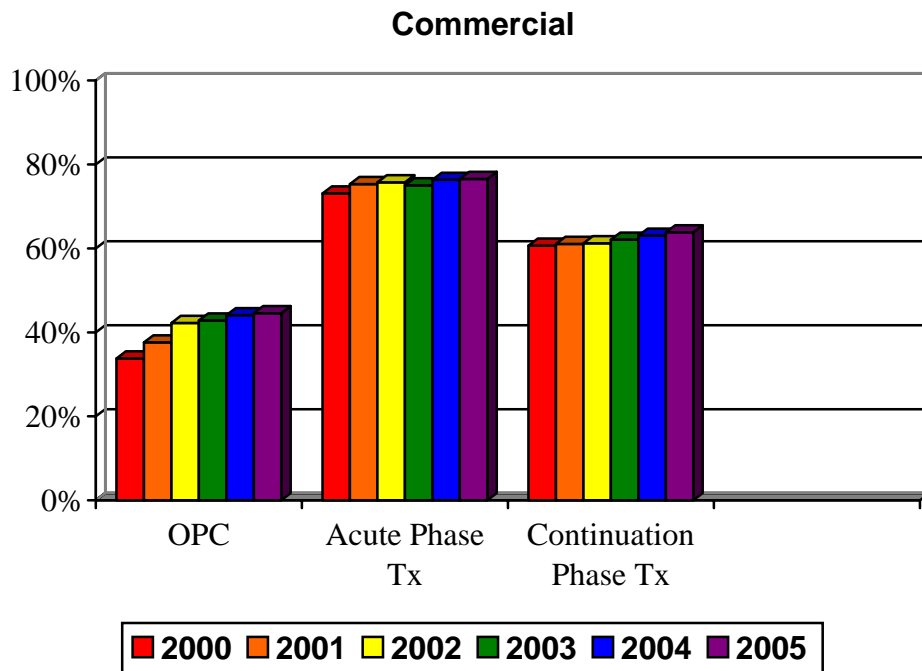


Monitoring Antidepressant Medication Management WBH Provider Website

Western Behavioral Health (WBH), in conjunction with UPMC Health Plan, monitors 3 indicators related to antidepressant medication management: Optimal Practitioner Contacts, Effective Acute Phase Treatment and Effective Continuation Phase Treatment. To monitor these rates, WBH uses a standard national methodology contained in the Health Plan Employer Data and Information Set (HEDIS).

Optimal Practitioner Contacts is defined as the percentage of members 18 years and older who were diagnosed with a new episode of depression and treated with antidepressant medication and had at least 3 follow-up contacts with a physical health or behavioral health practitioner coded with a behavioral health diagnosis during the 12-week acute treatment phase. One of the follow-up visits must be with a prescribing clinician. Effective Acute Phase Treatment is defined as the percentage of members 18 years and older who were diagnosed with a new episode of depression and treated with antidepressant medication and remained on an antidepressant drug during the entire 12-week acute treatment phase. Effective Continuation Phase Treatment is defined as the percentage of members 18 years and older who were diagnosed with a new episode of depression and treated with antidepressant medication and remained on an antidepressant drug for at least 6 months. Rates for these measures have been as follows:



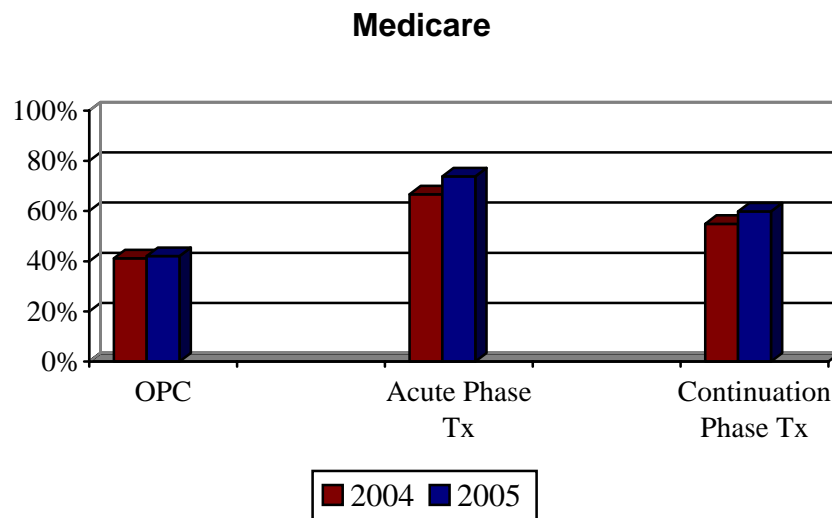
Calendar Year	Optimal Practitioner Contacts	Acute Phase Treatment	Continuation Phase Treatment
2000	33.76%	73.12%	60.65%
2001	37.61%	75.33%	61.06%
2002	42.26%	75.75%	61.22%
2003	42.85%	75.04%	62.08%
2004	44.10%	76.35%	63.03%
2005	44.58%	76.56%	63.82%

The Commercial goal for Optimal Practitioner Contacts is 50%.

Our Commercial 2005 calendar year rate for Optimal Practitioner Contacts is much higher than the national HEDIS average of 20.57% and is also higher than the 90th percentile of 31.07%. UPMC Health Plan has the highest rate for Optimal Practitioner Contacts in the state of Pennsylvania.

Our Commercial 2005 rate for Acute Phase Treatment is also higher than the national HEDIS average of 61.35% and higher than the 90th percentile of 69.89%. Additionally, our Commercial 2005 rate for Continuation Phase Treatment is above the national HEDIS average of 44.99% and above the 90th percentile of 53.24%. Our Continuation Phase Treatment rate is the highest in the state of Pennsylvania.

WBH and UPMC Health Plan also monitor these rates via HEDIS for the Medicare population. Medicare rates for these measures have been as follows:



Calendar Year	Optimal Practitioner Contacts	Acute Phase Treatment	Continuation Phase Treatment
2004	41.18%	66.67%	54.90%
2005	42.06%	73.83%	59.81%

The Medicare goal for Optimal Practitioner Contacts is 45%.

Although our rate for Optimal Practitioner Contacts is the highest in Pennsylvania, it is still considered low from a clinical perspective. As a result we analyze barriers to members seeing clinicians frequently enough and develop interventions to improve this rate.

Barriers to members seeing clinicians frequently enough include:

- Lack of communication between physical and behavioral health practitioners.
- Members not wanting to see a practitioner this often.
- Practitioner scheduling difficulties.

One Medicare specific barrier is that Medicare members' medication needs may be more complex and therefore more confusing to the member.

WBH has implemented the following interventions to improve the rate of Optimal Practitioner Contacts:

- Addition of a record review indicator to assess how often members are being seen at the start of treatment.
- Treatment guidelines for depression are made available to practitioners.
- Letters that encourage Optimal Practitioner Contacts are sent to practitioners treating members newly diagnosed with depressive disorders.
- Care Managers prompt practitioners to schedule at least 3 contacts within 12 weeks at the start of treatment.
- The Depression Case Management Initiative (DCMI). DCMI has been initiated with specific PCP groups for identifying members with depression and assisting in appropriate behavioral health support and referrals.

WBH and UPMC Health Plan will continue to monitor these antidepressant medication management indicators and develop additional interventions as needed. If you have found other techniques that are effective in promoting antidepressant medication management, we would appreciate hearing from you. Please call us at 1-888-251-2224 with your ideas and comments.