



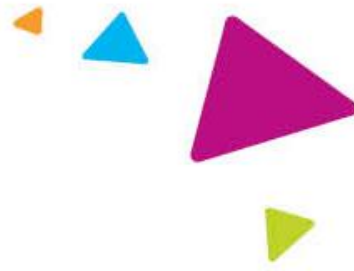
Promoting Behavioral Health in a Primary Care Setting

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Objectives



Today's webinar will cover the following topics:

- Behavioral Health (BH) conditions and how to refer to a BH provider
- Self-assessments and screening tools to screen for behavioral health conditions
- BH Quality HEDIS measures, including, but not limited to:
 - Antidepressant Medication Management
 - Follow-Up Care for Children Prescribed Medication for Attention Deficit Hyperactivity Disorder
 - Follow-Up After Hospitalization for Mental Illness
 - Initiation and Engagement of Alcohol & Other Drug Dependence Treatment
- Other available Magellan resources

Magellan Health is a behavioral health, wellness and productivity services company leading people to healthy, vibrant lives.



Evidence-based, human-centered solutions with quality focus



Sensitive, mission-driven employees with partnership mindset



Making the complex easy, from care to administration



54 years leading the behavioral healthcare industry



International footprint with local expertise

Behavioral Health Conditions

ADHD

Attention deficit hyperactivity disorder, or ADHD, is one of the most common mental disorders to develop in children. According to the Centers for Disease Control and Prevention, 6 million children (age 2-17) in the U.S. have the condition.

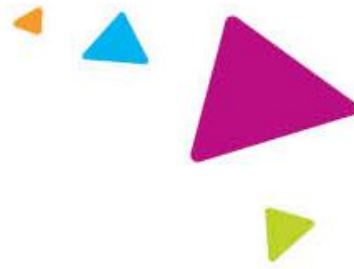
Children with ADHD have impaired functioning in multiple settings, including home, school, and in relationships with peers. If untreated, the disorder can have long-term adverse effects into adolescence and adulthood.

Screening Tools

Vanderbilt ADHD Diagnostic Parent Rating Scale (VDARS)

- For use with children ages 4-17 years
- 44 questions grouped into scales for attention deficit subtypes oppositional defiant/conduct disorder, and anxiety/depression.

Depression



Treating Depression in the Primary Care Setting.

- Major depression is a common and treatable mental disorder that manifests as changes in mood, cognition and physical symptoms lasting for two weeks or longer.
- Considering the shortage of behavioral health providers and because depression is a common illness, primary care providers (PCPs) play a critical role in recognizing and treating depression.
- It is estimated that PCPs provide 60% of mental healthcare and prescribe almost 80% of antidepressants.
- PCPs also provide an opportunity to identify suicide risk and prevent death, as many patients who have attempted suicide visited their PCP within weeks of the attempt.

Depression



Since 2016, the U.S. Preventative Services Task Force has **recommended screening for depression in the general adult population, including pregnant and postpartum women.** They also recommend having adequate systems in place to ensure **accurate diagnosis, effective treatment, and appropriate follow-up.**



Depression Screening Tools

- Patient Health Questionnaire (PHQ) in various forms. (A brief form of the PHQ-9—the two question PHQ-2—should be used for all adults, to be followed by the PHQ-9 if a positive response occurs).
- Hospital Anxiety and Depression Scales in adults.
- Geriatric Depression Scale in older adults.
- Edinburgh Postnatal Depression Scale (EPDS) in postpartum and pregnant women.

All positive screens should lead to additional assessment that considers severity of depression and comorbid psychiatric problems (e.g., anxiety, panic attacks, or substance abuse), alternate diagnoses, and medical conditions.

Substance Abuse



For those who are addicted to drugs, alcohol or tobacco, it's nearly impossible to recover without outside assistance. Substance use can significantly impact successful outcomes as you treat medical disorders as well.

If you believe your patient has a problem with substance abuse, we strongly urge you to coordinate medical care with behavioral health treatment. The tools below can help.

Screening Tools

- CAGE-AID is a commonly used, five-question tool used to screen for drug and alcohol use.
- If a person answers yes to two or more questions, a complete assessment is advised.

HEDIS Measures



What is HEDIS?

Full name: Healthcare Effectiveness Data and Information Set (HEDIS®)

Includes 87 measures across six domains of care

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk-Adjusted Utilization
- Health Plan Descriptive Information
- Measures Collected Using Electronic Clinical Data Systems



NCQA collects HEDIS data from health plans and other healthcare organizations.

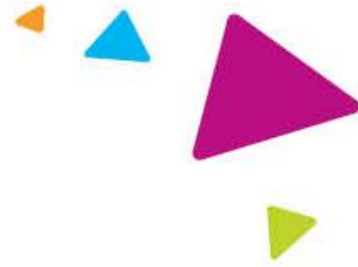


Performance in these measures may be incorporated into pay-for-performance contracts.



Of the 87 measures, there are 17 measures related to behavioral health.

HEDIS Measures



Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)

1

Initiation phase:

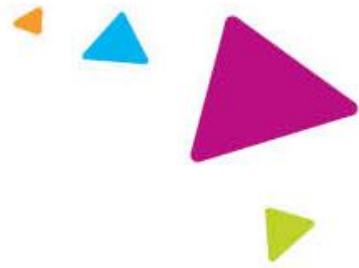
Assesses children between 6-12 years old

Children must have a new prescription for attention-deficit/hyperactivity disorder medication (ADHD)

Measures presence of **one follow-up visit** with a practitioner with prescribing authority **within 30 days** of when the first ADHD medication was dispensed



HEDIS Measures



Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)

2

Continuation and Maintenance phase:

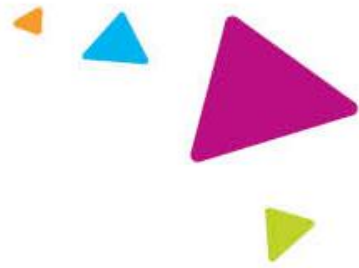
Assesses children between 6-12 years old

Children must be diagnosed with ADHD, and receive a prescription for ADHD medication and must remain on the medication for at least **210 days**

Measures whether the child had at **least two follow-up visits** with a practitioner in the **9 months** after the initiation phase ended



HEDIS Measures



Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)

Why it Matters

- ✓ ADHD is one of the most common mental disorders affecting children.
- ✓ 11.3% of children aged 5-17 years in the U.S. have been diagnosed with ADHD.
- ✓ Features of the illness include inattention, impulsivity, or hyperactivity that leads to functional impairment experienced in multiple settings.
- ✓ Medications can control the above symptoms, but they also have side effects (e.g., psychosis, anxiety, compulsive behavior, cardiac problems).
- ✓ Children on these medications should be monitored by a child psychiatrist, psychiatrist or pediatrician.
- ✓ There may be psychiatric co-morbidity that must be addressed.

HEDIS Measures

Improving effectiveness in your practice

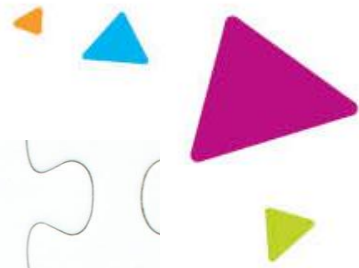
Educate the member/guardian on the diagnosis of ADHD and about any medications prescribed during the visit. **Document this education in the clinical record.**

- ADHD medications often need to be started at a low dose and adjusted to find the right balance between effectiveness and side effects.
- Stimulants work almost immediately, but how long the effects last will depend on the formulation.
- Non-stimulants may take a few weeks to start working.
- To ensure the medication can help your child and avoid side effects, it is important to give the correct dose and give the medications at the right time.
- The most common side effects are loss of appetite and trouble sleeping.

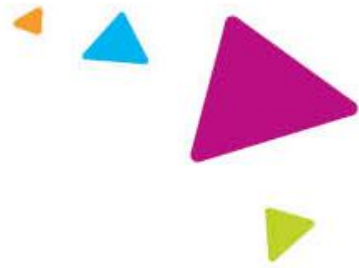
Explain to the parent or guardian that the child must be seen **within 30 days** of filling the prescription to evaluate if the medication is working and make any adjustments needed *and* have at least two follow-up appointments in the nine months following the initiation phase.

Verify that the follow-up plan is a good fit for the member/guardian (e.g. transportation isn't problematic, appointment time works, pharmacy is convenient, etc.).

Remind the parent/caregiver of the importance of the medication.



HEDIS Measures



Antidepressant Medication Management (AMM)

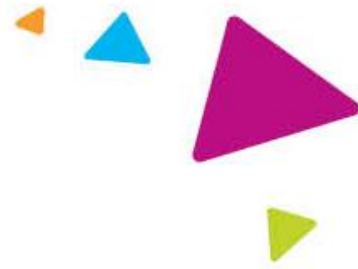
Assesses adults **18 years and older** with a **diagnosis of major depressive disorder** who are **newly treated with antidepressant medication**.

Measures whether patients remain on antidepressants, and for how long.

This HEDIS measure will be retired beginning in MY 2025.



HEDIS Measures



Antidepressant Medication Management (AMM)

Why it Matters

- ✓ Major depression seriously impairs daily functioning

- ✓ In 2022, suicide was among the top 9 leading causes of death for people ages 10-64.

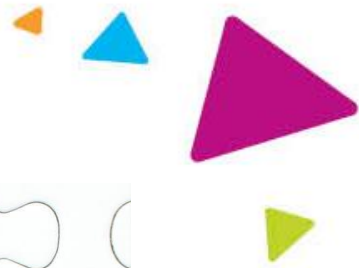
- ✓ Effective clinical management can increase patient compliance, monitor effectiveness, and identify and manage side effects

- ✓ An estimated 21.0 million adults in the United States had at least one major depressive episode. This number represented 8.3% of all U.S. adults.

- ✓ The prevalence of major depressive episode was higher among adult females (10.3%) compared to males (6.2%).

- ✓ The prevalence of adults with a major depressive episode was highest among individuals aged 18-25 (18.6%).

HEDIS Measures



Improving effectiveness in your practice

Recognize high co-morbidity with physical illnesses

- MI
- Diabetes
- Cancer
- Stroke

Choose the antidepressant based on

- Side effect profile
- Safety
- History of prior response - patient and family member
- Patient preference
- Cost
- Drug-drug interactions
- Co-occurring psychiatric or medical comorbidities
- Efficacy and effectiveness
- Half life

Follow the patient closely—weekly contacts for the first month!

Call to follow up with patients who don't show for their appointment

Realize that improvement takes four to eight weeks of treatment at adequate dose

Educate patients regarding side effects



HEDIS Measures



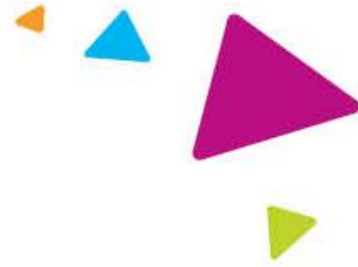
Follow-up After Hospitalization for Mental Illness (FUH)

Assesses both adults and children, six years of age or older with an acute inpatient discharge with a principal diagnosis of mental illness or any diagnosis of intentional self-harm

Measures follow-up outpatient visits, intensive outpatient (IOP) visits, or partial hospitalization (PHP) within 7 and 30 days post discharge



HEDIS Measures



Follow-up After Hospitalization for Mental Illness (FUH)

Beginning in 2025, a follow-up visit can be *any* outpatient visit with *any* diagnosis of a mental health disorder, including with PCPs.

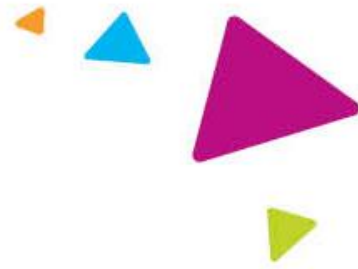
If step-down into PHP or IOP is not appropriate, consider the use of peer support services, telehealth visits, and community mental health center visits for follow-up appointments.

Visit cannot be on the same day of hospitalization discharge.

Members who complete a 7-day follow-up visit automatically count towards the 30-day completion rate.



HEDIS Measures



Follow-up After Hospitalization for Mental Illness (FUH)

Why it Matters

✓ Patients who are hospitalized for mental illness are vulnerable after discharge.

✓ Follow-up care is critical for their health and well-being.

✓ Over 2 million hospitalizations occur each year for mental illness in the U.S.

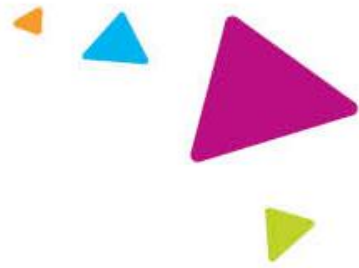
✓ 1 in 5 U.S. adults live with mental illness each year.

✓ 1 in 6 youth aged 6-17 experience a mental health disorder each year.

✓ Medical literature shows that aftercare reduces the rate of avoidable readmissions.

✓ Follow-up care after hospitalization is associated with improved medication adherence, decreased suicide risk, and increased long-term health engagement.

HEDIS Measures



Follow-Up After Emergency Department Visit for Mental Illness (FUM)

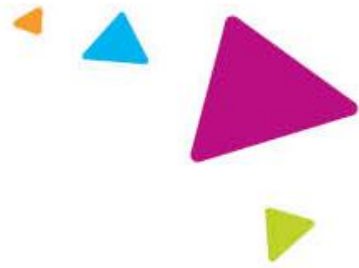
Assesses emergency department visits for adults and children, six years and older, with a principal diagnosis of mental illness or any diagnosis of intentional self-harm

Measures follow-up visits for mental illness within 7 and 30 days after ED visit

Can include practitioners of any specialty, including PCPs and peer support services



HEDIS Measures



Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Why it Matters

✓ 22.8% of U.S. adults and 16.5% of U.S. children under 18 experience mental illness (in 2021).

✓ Hospital admissions from the Emergency Department (ED) now account for approximately 50% of all admissions.

✓ After discharge to the community, fewer than half of patients with mental disorders successfully transition to outpatient care, with high rates of readmission to the ED.

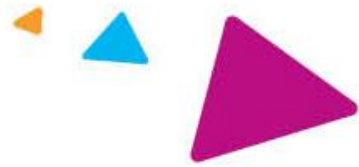
✓ Follow-up care results in fewer repeat ED visits.

✓ Medical literature shows that aftercare reduces the rate of avoidable readmissions.

✓ Patients identified at risk of suicide should remain engaged in care to reduce incidences of suicidal ideation, suicide attempts and completed suicide.

✓ Care management services can direct the patient to outpatient services rather than use the emergency department.

HEDIS Measures



Improving effectiveness in your practice

Communicate closely with the discharging facility or ED regarding specific cases

Encourage patients after discharge to complete follow-up appointments timely.

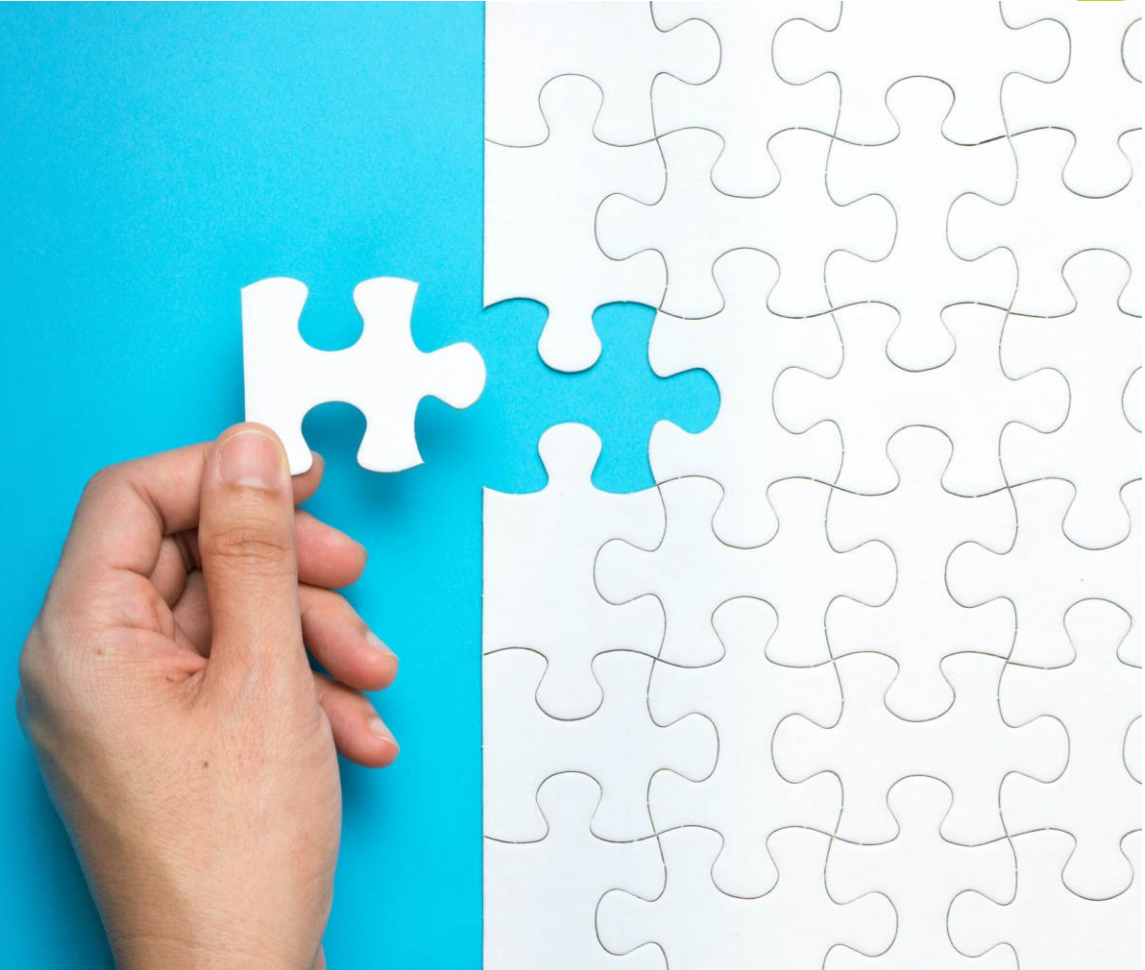
- Physical health appointment availability should be considered for follow-up.

Use medications management as opportunity to encourage follow-up.

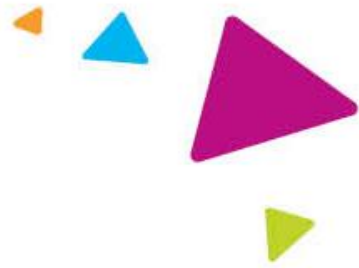
Educate patients regarding the importance of

- Follow-up
- Medication side effects
- Suicide risk assessment

Increase your awareness of patient groups who characteristically have low rates of follow-up after hospitalization or ED visits.



HEDIS Measures



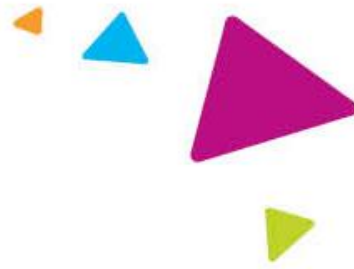
Initiation and Engagement of Substance Use Disorder Treatment (IET)

Initiation of SUD Treatment: The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within *14 days*.

Engagement of SUD Treatment: The percentage of new SUD episodes that have evidence of treatment engagement within *34 days* of initiation.



HEDIS Measures



Initiation and Engagement of Substance Use Disorder Treatment (IET)

Why it Matters

✓ 48.7 Million Americans over the age of 12 were classified as having Substance Use Disorder (SUD).

✓ This is about 17.1% of the population.

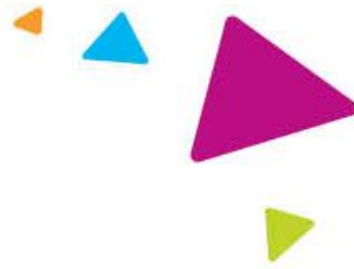
✓ High ED usage may indicate

- Lack of access to care
- Incomplete detox
- Lack of continuity of care

Timely follow-up results in

- Reduction in fatal or nonfatal overdoses
- Reduction in further emergency department use
- Reduction in hospital admissions
- Reduction in lengths of stay
- Improved entry into recovery
- Better identification and treatment of mental and physical health issues

Referrals to a Behavioral Health Provider



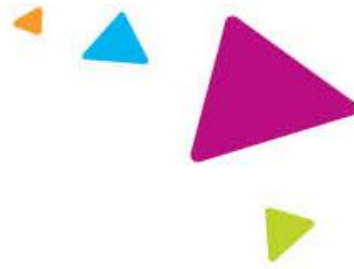
Refer to a behavioral health provider

- Given the complex relationship between the human body and mind—and the breadth of specialties available—matching the patient with the right behavioral health provider can sometimes seem like a daunting feat. We're here to help.

Arranging a referral

- **Call the number on the back of the member's benefits card to arrange a referral to a behavioral health provider.** A Magellan care manager will work with you to determine the most appropriate resource based on patient need and preference, provider specialty and provider location as well as other specific member requests or considerations.

Resources



Help identify and manage your patients' behavioral health conditions.



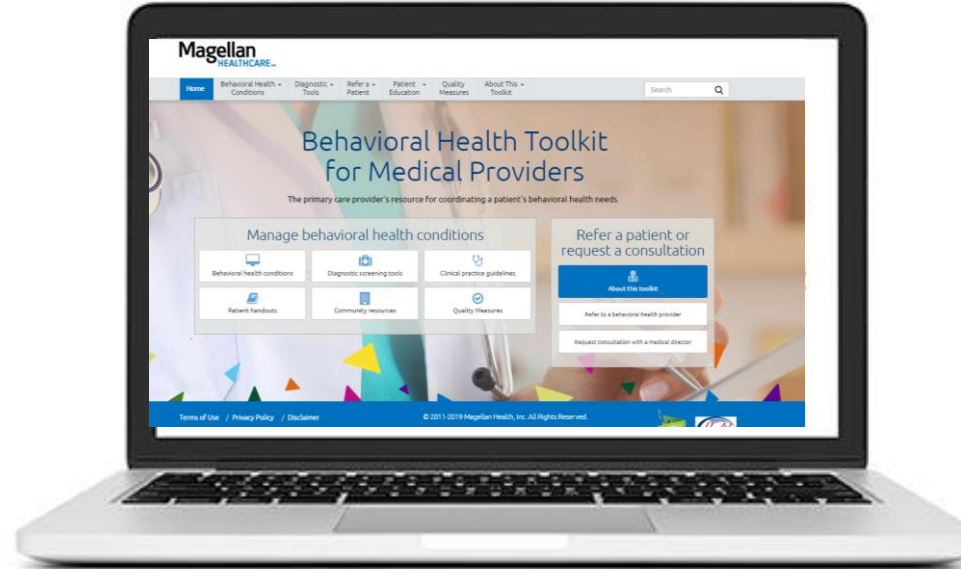
With **MagellanPCPtoolkit.com** for medical providers, you hold the tools to deliver integrated quality care and coordinate behavioral healthcare for your patients.

By integrating medical and behavioral health services, together we can lead patients to healthy, vibrant lives.

Resources

Includes:

- ✓ Descriptions of common behavioral health conditions
- ✓ User-friendly screening tools for diagnosing behavioral health and substance use disorders
- ✓ Easy-to-read patient handouts
- ✓ Provider tip sheets
- ✓ Assistance with consultations and referrals to behavioral health experts



References



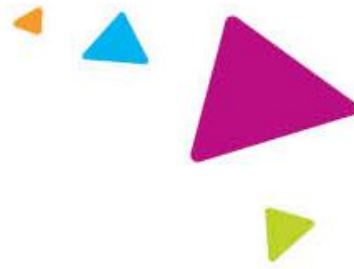
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