

Lovelace Health Plan and Lovelace Insurance Company
Behavioral Health
Health Management Program Description
2009

Purpose

The purpose of the Behavioral Health, Health Management Program is twofold. First to develop initiatives and programs that support the behavioral health needs of members with the goal of improving quality of life and decreasing health care costs associated with behavioral health conditions. And second, to promote optimal use of well and preventative care services for behavioral health conditions. The program is designed to exceed the minimal state and federal regulations and accreditation requirements for these health management programs. The health plan Associate Medical Director for Behavioral Health provides medical oversight for the behavioral health management programs.

Program Scope

The program promotes early identification and treatment of behavioral health disorders with an emphasis on prevention when possible. The program provides written education materials and educational programs to members with the goal of increasing knowledge and awareness of how behavioral health conditions impact overall health. The program also promotes the use of Clinical Practice Guidelines for the treatment of depression and Attention Deficit/Hyperactivity Disorder (ADHD).

The behavioral health management program serves Lovelace Health Plan and Lovelace Insurance Company (herein referred to as the *Company*) statewide memberships.

Program Components

The program components include preventive programs specific to two behavioral health disorders and additional initiatives to educate members and practitioners about other behavioral health conditions. The two preventive programs are focused on depression and ADHD. They are designed to be primary, secondary, tertiary or a combination of each.

Depression Preventive Program

Primary prevention programs for depression are available to all members of the *Company*. All members can access information on reducing stress and maintaining a healthy lifestyle, activities which can prevent depression. Members can access a depression screening tool on the health plan website and receive information about signs and symptoms of depression on the website, through member newsletters and at educational events. Secondary depression prevention screening programs and interventions are targeted to specified members in the *Company*. Targeted populations who are routinely screened for depression as part of an assessment or new member outreach include:

- All members enrolled in the Disease Management program
- All members who enroll in the Medicare program

- All members who participate in the Baby Love maternity care program or are otherwise identified as high risk for postpartum depression.

Other members are targeted as part of secondary prevention to receive educational information or additional support. These include:

- Members newly prescribed an antidepressant medication
- Members recently discharged from an inpatient setting with a depression diagnosis.

Depression Program Interventions

Disease Management Screening

Members eligible for Disease Management are screened for depression in the initial telephonic nurse assessment. Populations in this program include members diagnosed with Type II diabetes, asthma, cardiac disease, and lung disease. Depression is often identified in people with comorbid illnesses. Members are screened for depression with a two question screening tool found to be valid to determine if an individual may be depressed and in need of resources for further assessment or treatment.¹ If a member is suspected to be depressed, he or she can be sent a mailing with information and resources for accessing behavioral health services or may be referred to a behavioral health Nurse Care Coordinator for additional assistance and information.

Medicare Screening and Prevention Activities

Upon enrollment in the Medicare program, members are mailed a new member welcome packet. This packet includes a Health Risk Assessment which asks questions about the member's health. A five question screen for depression is part of the assessment tool. This tool has been found to be as effective as a previously validated 15 item Geriatric Depression Scale that has been used in a frail community-dwelling older population.² Members who screen positive are identified and mailed educational information and a letter from the *Company's* Associate Medical Director of Behavioral Health. The letter informs the member of the possibility of a depression diagnosis and encourages follow up with a primary care or behavioral health provider. Also included is information on how to access practitioners within the *Company's* network.

Medicare members may be eligible to participate in a free health and fitness program called The SilverSneakers[®] Fitness Program. Participation in this program includes opportunities for exercise, either in group or individual activities, and health education seminars that promote the benefits of a healthy lifestyle. This program is considered to be primary, secondary and tertiary prevention for many acute and chronic conditions, including depression. Increased physical activity reduces risk for many conditions that affect the Medicare population including, but not limited to, heart disease, stroke, hypertension, diabetes, obesity, and anxiety. Depression is often a comorbid condition of these; reducing the development of the medical condition(s) will reduce the development of depression (primary prevention). The program has a secondary preventive component in that, once an individual develops depression, increased levels of physical activity can help control or prevent further exacerbation or relapse of symptoms. Research supports the concept of utilizing exercise in place of or to enhance the use of antidepressant medication.³ The tertiary preventive goal of engaging in a physical fitness program is to improve quality of life and functional health status by preventing further disability. SilverSneakers[®] has shown through

research that depressed participants had improved scores on a mental health survey after one year in the program.

Postpartum Depression Screening

All pregnant members in our Commercial and Medicaid populations are eligible to participate in the Baby Love program. This program provides education and support throughout pregnancy and for a limited time (up to six weeks) after delivery. The program also offers a 24-hour, toll-free pregnancy telephone line staffed by nurses. A brochure with information on postpartum depression is included in educational packets mailed to all Baby Love participants. Low income members are eligible for referral to the New Mexico Department of Health's Families FIRST program which offers case management services, including home visits, to high risk mothers to improve health. High risk situations may include drug and alcohol use and family violence which may increase risk for depression.

Medicaid members at risk for postpartum depression due to a history of substance abuse, a behavioral or psychiatric diagnosis or domestic violence are referred to the Medicaid Health Services Case Management department for close monitoring and follow-up throughout the pregnancy. These members are also eligible for up to two hours of telephonic case management through the Baby Love program. If the signs or symptoms of a postpartum depression complication are noted, the member is case managed by the Medicaid Community Case Manager in Health Services to ensure access to the appropriate behavioral health resources. This coverage would include evaluation for medication, referral from obstetrical to psychiatric care or any of the broad range of behavioral health services from the current Medicaid behavioral health contractor. If the needed care exceeds the postpartum enrollment, assistance is provided to the member to assure the transition of care to another payer source or to change the Medicaid category of enrollment to assure continuation of care.

Members in the Commercial population may also elect to participate in the Baby Love program. The member is screened during the pregnancy for any behavioral risks and is eligible for up to two hours of telephonic case management through the Baby Love program. A request for these services is managed by the Commercial Health Services Community Case Manager. If behavioral health problems are identified at any time before or after the program ends, the member may be referred to Case Management through Health Services. For complicated cases, Health Services Case Management can discuss behavioral health problems and needs with the Behavioral Health Utilization Management Department through the weekly joint rounds process. The Behavioral Health nurses can assist with helping the member to access behavioral health services or suggest community resources if needed.

Members Recently Prescribed Antidepressant Medication

The Pharmacy Department regularly identifies members who are newly prescribed an antidepressant medication. These members are mailed an educational program consisting of two letters and a survey. The letters contain information on what to expect while taking the medication and what to do if there are problems or concerns, reminders about the importance of seeing the prescribing practitioner regularly, a medication log to assist with medication management, tips and strategies for managing depression, a brochure on managing stress and

resources for additional information. The letters are then followed by a survey to assess the helpfulness of the mailings.

Members Discharged from Inpatient Setting

Members who are discharged from an inpatient behavioral health setting with depression as the discharge diagnosis are offered additional mailed information on this condition. The goal of this is to help the member avoid relapse and re-admission.

ADHD Prevention Program

Information on signs and symptoms, diagnosis and treatment of this behavioral health diagnosis is available to all members on the health plan website and through newsletters and educational offerings. The secondary preventive aspect of early identification and treatment of ADHD may reduce the risks of developing additional problems such as conduct disorder, depression and substance abuse.⁴ A major focus of the program is designed to target children, ages six to 12, who are newly prescribed medication for ADHD. This tertiary preventive program is called **Expanding Views-Achieving more with ADHD** and consists of a series of mailings with educational information and a survey to assess the helpfulness of the program. A mailing is also provided to the prescribing practitioner.

Additional Initiatives and Interventions for Behavioral Health Disorders

Additional interventions to support these preventive programs and to educate and screen members for other behavioral health disorders are outlined below.

Publications

Articles are regularly published in member and practitioner newsletters about behavioral health disorders. Topics covered include, but are not limited to, depression, anxiety, ADHD, alcohol and substance abuse and stress management.

Community Education for Members

The *Company's* Speaker Bureau is used to offer educational presentations to members on a variety of behavioral health related topics. Topics include depression, ADHD, stress management, care of elderly relatives, time management and more. Topics and presentations are customized upon request.

Community Event Participation

The *Company* participates in health fairs and other community events to distribute information on behavioral health topics and provide screening opportunities for depression and other disorders.

Web Based Tools

The *Company* uses web based tools with links to an external site called HealthEducationAnswers and an educational site located within the member portal. These sites offer health and behavioral health related information presented in interactive formats. Both sites include screening tools for depression and substance abuse.

Outreach to Practitioners

The *Company* informs practitioners about behavioral health related topics through newsletter articles, mailings, clinic site visits and other practitioner meetings. The goal of these activities is to develop and strengthen collaborative relationships for working together to impact our members' health.

Community Collaboration

The *Company* participates in the New Mexico Suicide Prevention Coalition and events sponsored by this organization. The goal of this organization is to prevent suicide in our state. The *Company* also participates in the Clinical Prevention Initiative, an initiative of the New Mexico Medical Society and the Department of Health. This organization develops initiatives to provide high priority, evidence-based clinical preventive services to the people of New Mexico for such topics as problem drinking. Additionally, the *Company* participates in the Bernalillo County Local Collaborative, a grass roots community organization that provides recommendations to the state of New Mexico regarding needs and gaps in service for behavioral health. Although this collaborative focuses on the Medicaid population, participation helps ensure continuity and coordination of medical and behavioral health care for Medicaid members.

Clinical Practice Guidelines

The *Company* developed evidence-based clinical practice guidelines for two behavioral health disorders based on nationally recognized guidelines. Guidelines are available to practitioners on the health plan website, through mailings and newsletter articles and are published in the Provider Directory. The guidelines are reviewed annually and revised as necessary. Practitioners are notified as changes are made.

Depression

The guideline for depression is based on the *APA Guideline for Major Depression in Adults, 2nd Edition, 2000*. It was originally developed in 2004, revised in 2005 and slightly revised in 2007. It is disseminated to all appropriate practitioners through editions of *Network and Provider News* and is available on the web site. It is reviewed annually.

ADHD

The ADHD guideline was developed in collaboration with the *Company* and Presbyterian Health Plan, Albuquerque, New Mexico in September, 2004 and was revised in 2005. It is based on the American Academy of Pediatrics ADHD guidelines: *ADHD Diagnosis and Evaluation Guideline and Treatment of the School-Aged Child with ADHD*. The guideline is disseminated to all appropriate practitioners through editions of *Network and Provider News*. It is reviewed annually. The following website is the source of information on this guideline:
<http://aapolicy.aappublications.org/cg/reprint/pediatrics;105/5/1158.pdf>
<http://pediatrics.aappublications.org/cgi/reprint/1084/4/1033>

Staffing

The Accreditation Program Manager for Behavioral Health is responsible for developing, implementing and tracking data on any educational and preventive health programs that impact behavioral health. Additional support to manage mailings and clerical duties is provided by the Quality Management Project Coordinator. Additional resources to support data collection are

provided by the data analyst staff. These positions work closely with the Associate Medical Director for Behavioral Health who provides clinical oversight and input for all behavioral health related programming.

Collaboration

Two Quality Improvement Committees provide oversight of behavioral health prevention efforts. The Health Management Quality Improvement Committee (HM QIC) oversees the development and implementation of health promotion and outreach activities. Behavioral health prevention and outreach activities are developed and approved by this committee as well as by the Behavioral Health Quality Improvement Committee (BH QIC). The HM QIC includes representation from internal and external primary care practitioners. The BH QIC provides oversight of the behavioral health quality management process for the *Company* and includes representation from internal and external primary and behavioral health practitioners. Both committees review and provide input for behavioral health educational and health management initiatives. All primary care physicians (PCPs), behavioral health specialists, case managers, and other support-service practitioners within the network are informed of behavioral health management programs through various means including letters, newsletter articles, website updates and presentations at medical staff and other staff meetings. The program is intended to supplement the efforts of the PCPs and behavioral health specialists. The program encourages collaboration between medical and behavioral health to ensure the members' care is coordinated across the continuum.

Reporting Metrics

Data are collected regularly on all activities and initiatives to report activity metrics which include numbers of mailings, events and website activity broken out by product lines. This information is reported at least annually to the HM QIC and BH QIC and other *Company* committees as appropriate. The HM QIC and BH QIC report to the Health Plan Quality Council.

References:

- ¹ Chunyu Li MM, Bruce Friedman PhD, Yeates Conwell MD, Kevin Fiscella MD (2007) *Validity of the Patient Health Questionnaire 2 (PHQ-2) in Identifying Major Depression in Older People*. Journal of the American Geriatrics Society 55 (4), 596–60.
- ²Rinaldi, P, et. al. *Validation of the Five-Item Geriatric Depression Scale in Elderly subjects in Three Different Settings*. J American Geriatrics Society 2003; 51:694-698.
- ³Blumenthal, JA, et.al. Effects of exercise training on older patients with major depression. *Arch Intern Med*. 1999;159:2349-2356.
- ⁴Stephen V. Farone, PhD, Arun R. Kunwar, MD, ADHD in Children with Comorbid Conditions: Diagnosis, Misdiagnosis, and Keeping Tabs on Both. [Online] Medscape Psychiatry & Mental Health. 2007; ©2007 Medscape. Posted 05/03/2007.
<http://www.medscape.com/viewarticle/555748>