



MercyCare Health Plans

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6<sup>th</sup> Annual Behavioral Health  
Advisory Committee

*Improving Continuity and Coordination of  
Care*

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*Holiday Inn Express & Conference Center - April 17<sup>th</sup>, 2007*

## Behavioral Health Advisory Committee Summary

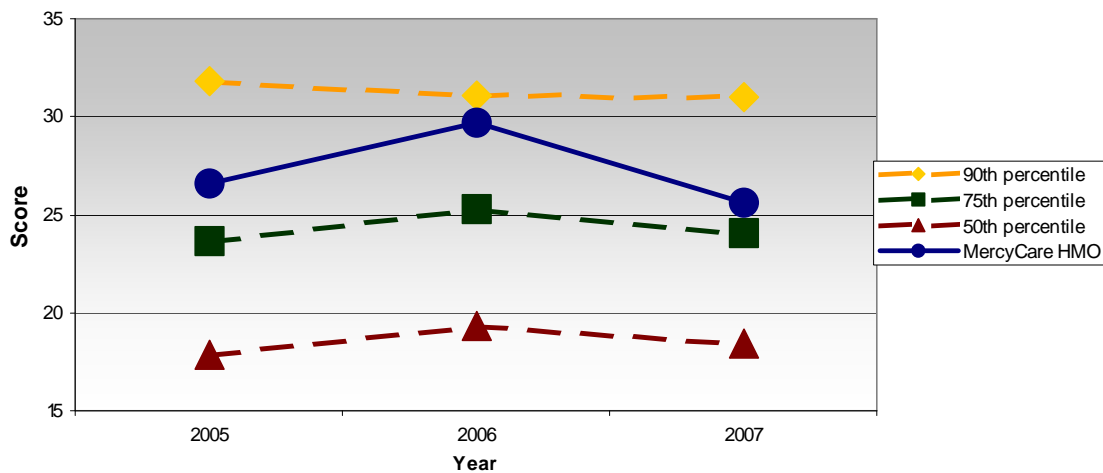
On April 17, 2008, MercyCare Health Plans held its sixth annual Behavioral Health Advisory Committee (BHAC). The BHAC is a committee comprised of network behavioral health practitioners, primary care physicians, an advanced nurse practitioner, and a physician assistant. The main goal of this committee is to improve continuity and coordination of care between medical and behavioral healthcare by collaboratively analyzing collected data. The results of the BHAC are as follows:

### Antidepressant Medication Management Measure-Optimal Practitioner Contacts

Data for this HEDIS® measure is collected annually and is used to measure practitioner adherence to the MercyCare Depression Guideline. Mercy care also looks at this data to determine appropriate use of psychopharmacological medications, and appropriate diagnosis, treatment and referral of patients with major depression seen in the primary care setting. The optimal practitioner contacts portion of this measure requires patients 18 and older, diagnosed with a new episode of major depression, and treated with an antidepressant to have 3 follow-up visits within the first 12 weeks.

### Quantitative Analysis

**Antidepressant Medication Management -  
Optimal Practitioner Contacts**

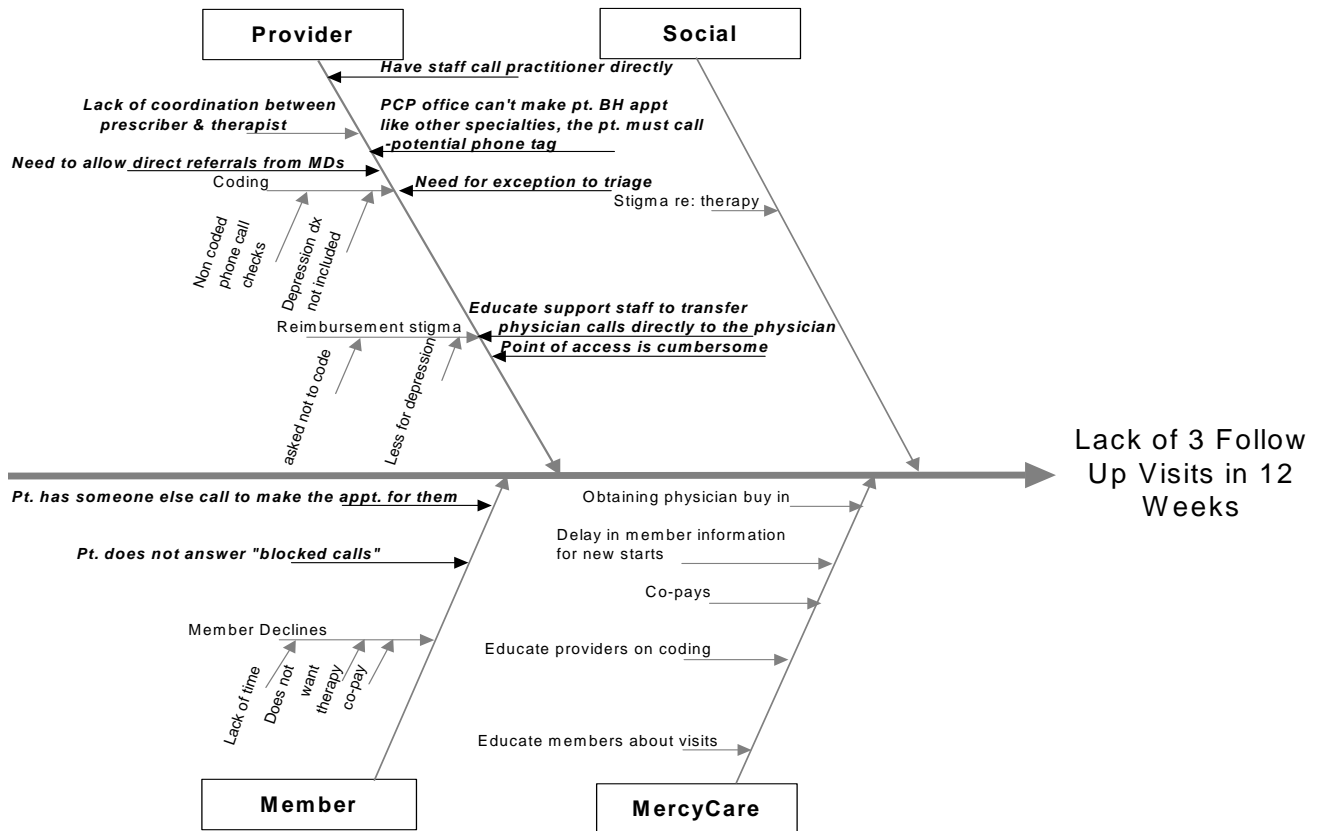


Goal-to rank at the 90<sup>th</sup> percentile or above

- MercyCare 2007-25.58
- 90<sup>th</sup> Percentile-31.01
- Need a 5.43 Increase

## Antidepressant Medication Management Measure-Optimal Practitioner Contacts continued-

### Causal Analysis/Barriers Identified



*Bolded comments identify collaborative feedback from physicians at the BHAC on 4/17/08.*

### Conclusions

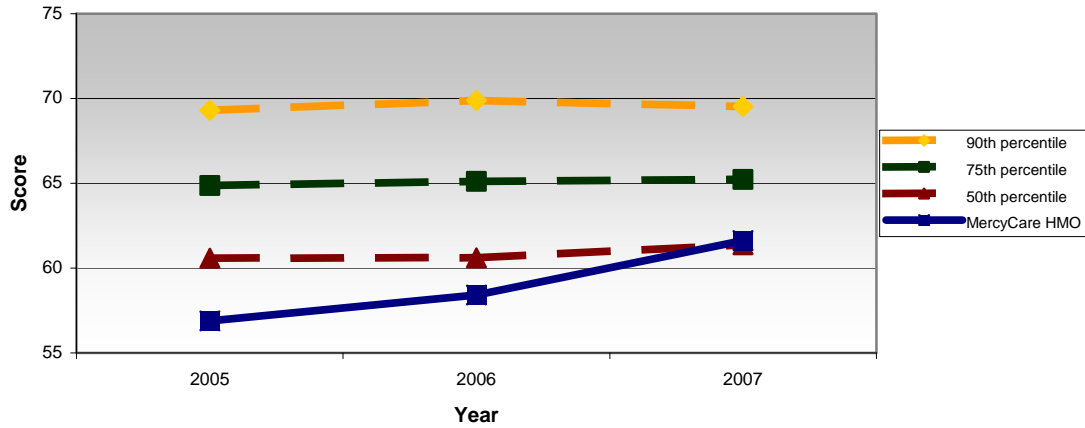
Primary Care Physicians (PCP) continue to feel like access at Mercy Options is a barrier due to the triage process. PCPs feel access to psychiatrists is too difficult and creates barriers for the physician and patient.

### Antidepressant Medication Management Measure-Acute Phase Treatment

MercyCare looks at this data to determine appropriate use of psychopharmacological medications, and appropriate diagnosis, treatment and referral of patients with major depression seen in the primary care setting. The acute phase treatment portion of this measure identifies patients 18 years and older who were diagnosed with a new episode of major depression, treated with an antidepressant and remained on an antidepressant for the first 3 months.

## Quantitative Analysis

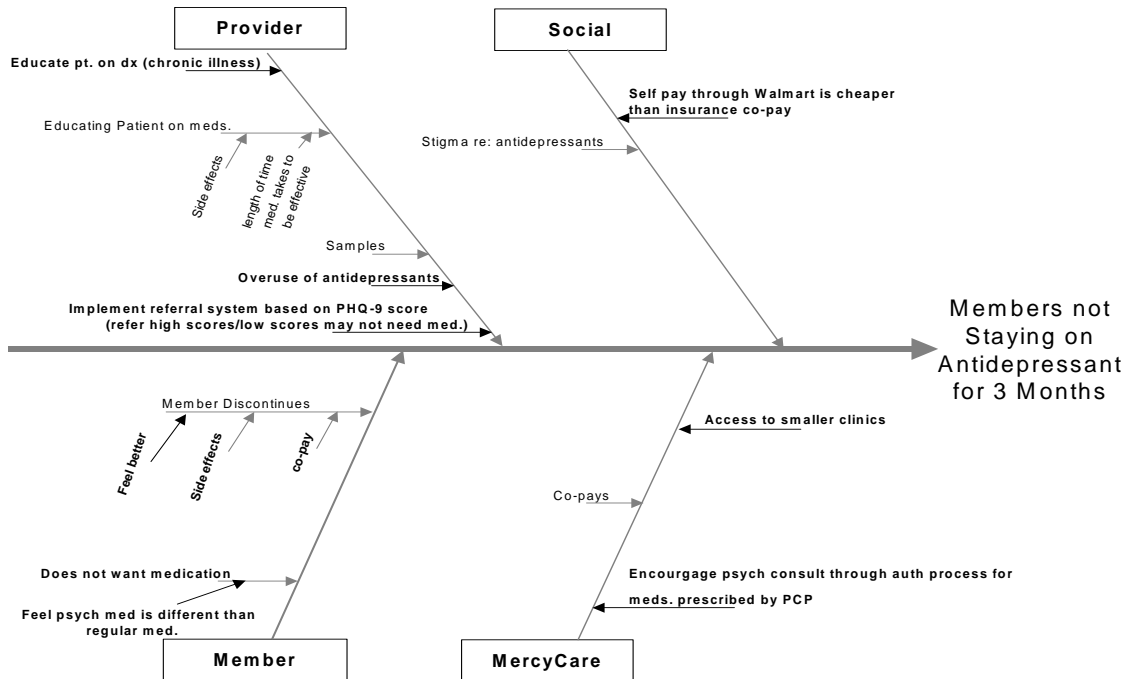
### Antidepressant Medication Management Measure-Acute Phase Treatment



Goal-to rank at the 90<sup>th</sup> percentile or above

- MercyCare 2007-61.63
- 90<sup>th</sup> Percentile-69.52
- Need a 7.89 Increase

## Causal Analysis/Barriers Identified



*Bolded comments identify collaborative feedback from physicians at the BHAC on 4/17/08.*

## Antidepressant Medication Management Measure-Acute Phase Treatment continued-

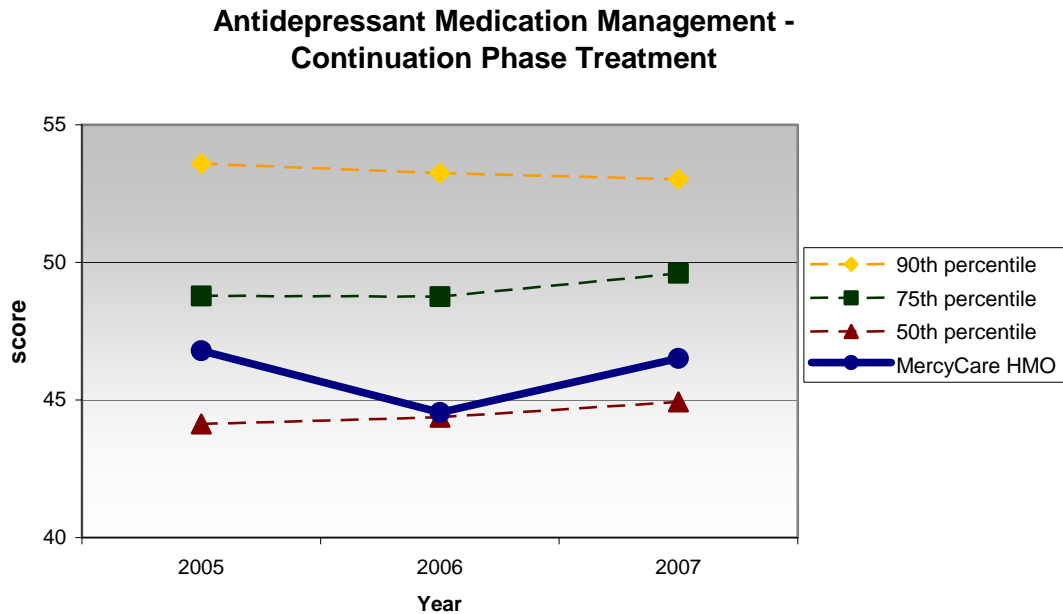
### Conclusion

While cost and access could be an issue, practitioners relayed the larger burden on practitioner prescribing/process and the member's perception of antidepressants.

## Antidepressant Medication Management Measure-Effective Continuation Phase Treatment

Data for this HEDIS® measure is collected annually and is used to measure practitioner adherence to the MercyCare Depression Guideline. MercyCare also looks at this data to determine appropriate use of psychopharmacological medications, and appropriate diagnosis, treatment and referral of patients with major depression seen in the primary care setting. The effective continuation phase treatment portion of this measure requires patients 18 and older, diagnosed with a new episode of major depression, and treated with an antidepressant to remain on an antidepressant for 6 months.

### Quantitative Analysis

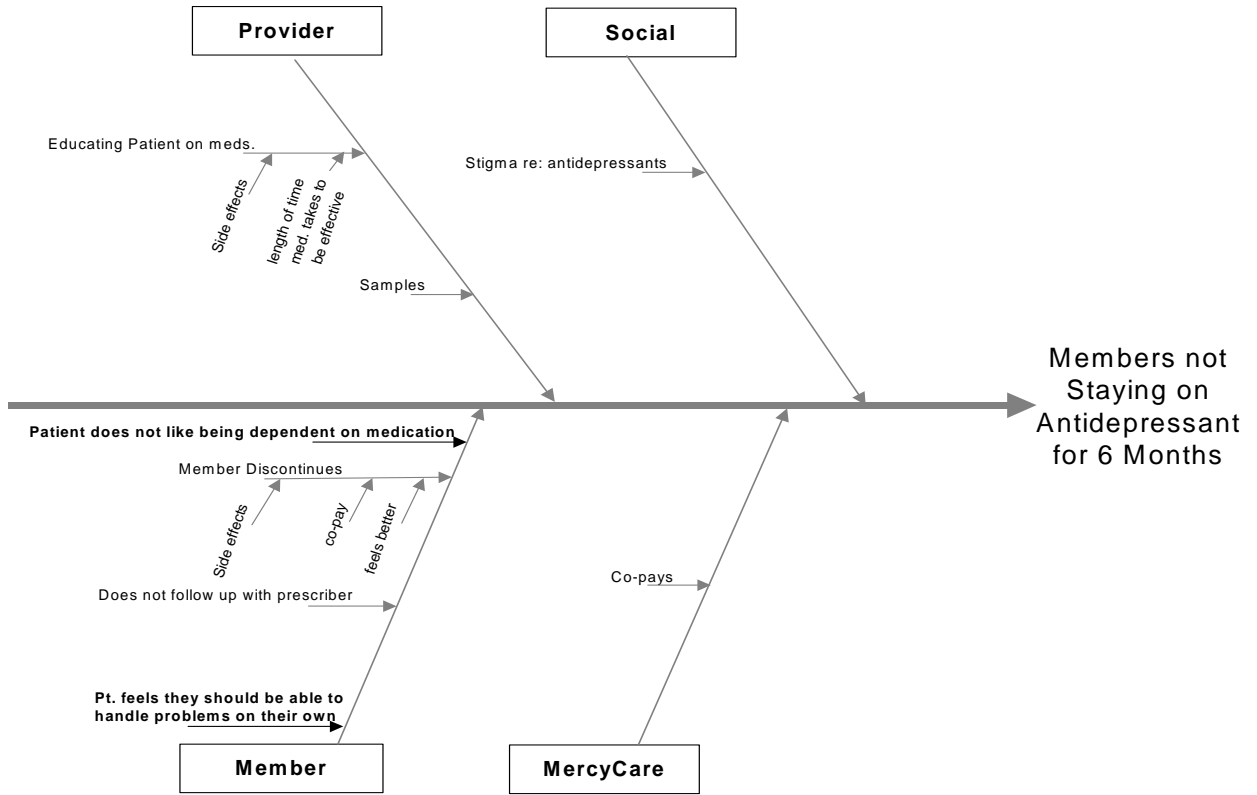


Goal-to rank at the 90<sup>th</sup> percentile or above

- MercyCare 2007-46.51
- 90<sup>th</sup> Percentile-53.02
- Need a 6.51 Increase

**Antidepressant Medication Management Measure-Optimal Practitioner Contacts continued-**

**Causal Analysis/Barriers Identified**



*Bolded comments identify collaborative feedback from physicians at the BHAC on 4/17/08*

**Conclusion**

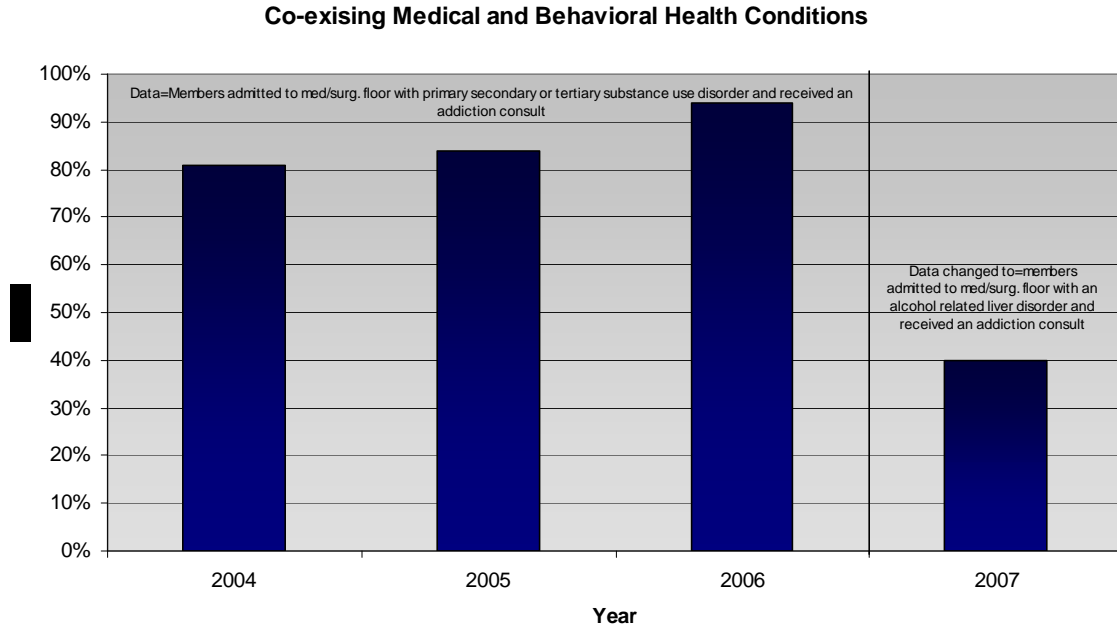
Practitioners thought there were some similarities between patients who do not stay on medication for 3 months and patients who do not stay on medication for 6 months. They did however feel the larger impact for medication discontinuation prior to 6 months had to do with the patient’s perception of antidepressants.

**Co-existing Medical and Behavioral Health Conditions**

Data for this element was initially obtained by identifying members that were admitted to a medical/surgical floor with a primary, secondary, or tertiary diagnosis of substance use disorder, and whether or not they received an addiction consult. Data for this element was then narrowed to identify members admitted to a medical/surgical floor with an alcohol related liver disorder and whether or not they received an addition consult.

## Co-existing Medical and Behavioral Health Conditions continued-

### Quantitative Analysis



Goal-to have all qualified members receive an addiction consult

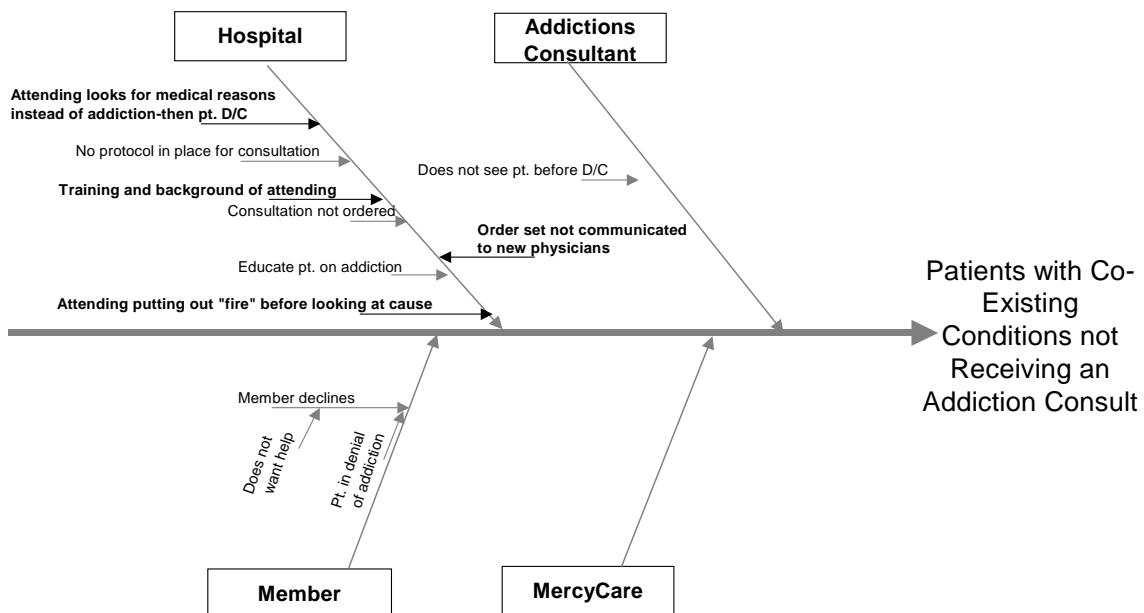
2004 score-81%; needed a 19% increase

2005 score-84%; needed a 16% increase

2006 score 94%; needed a 6% increase

2007 score-40%; need a 60% increase (change in data pull)

### Causal Analysis/Barriers Identified



## Co-existing Medical and Behavioral Health Conditions continued

*Bolded comments identify collaborative feedback from physicians at the BHAC on 4/17/08*

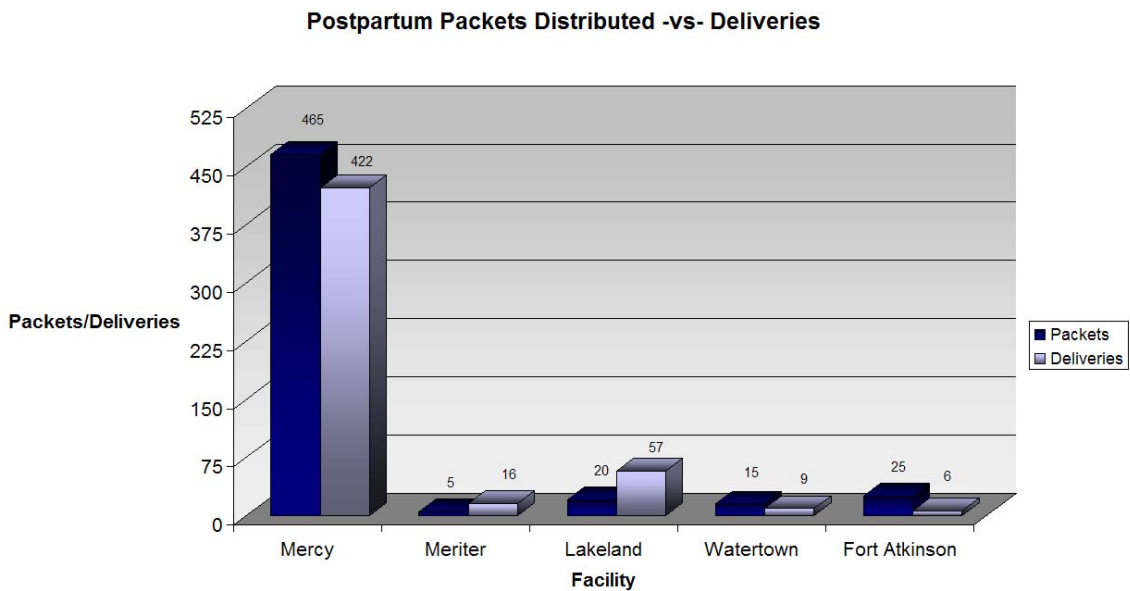
### Conclusion

Practitioners identified barriers related only to the hospital arm of the causal analysis. All comments indicate change needs to occur at the hospital regarding communication to new physicians of the order set and in educating attending physicians on ordering addiction consultation.

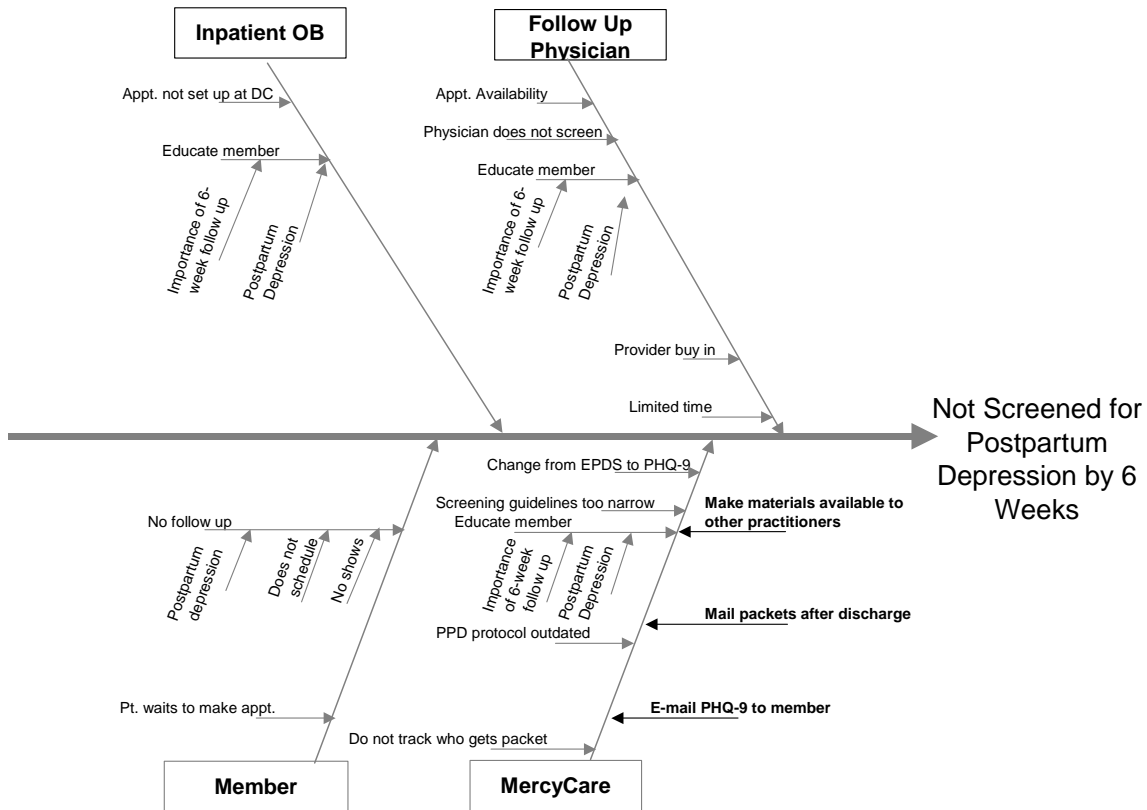
### Screening for Postpartum Depression

MercyCare promotes screening for postpartum depression for all members after delivery at their 6-week check up. MercyCare distributes packets that contain information on postpartum depression and the PHQ-9 to all network hospitals. The hospital nursing staff then reviews this information with our members after delivery and prior to discharge.

### Quantitative Analysis



## Causal Analysis/Barriers Identified



*Bolded comments identify collaborative feedback from physicians at the BHAC on 4/17/08*

## Conclusion

Practitioners identified all barriers to fall under the MercyCare arm. All suggestions made had to do with the distribution of materials. MercyCare will re-look at how materials are distributed to members and practitioners.

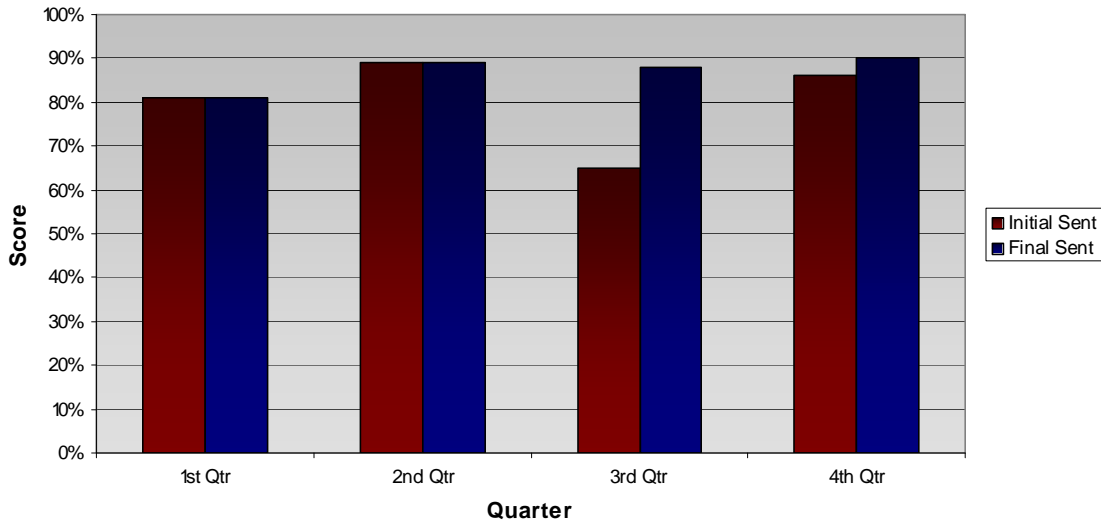
## Psychiatric Discharge Summary Project

Quarterly data for this project is reviewed at each individual hospital. Charts are viewed to determine whether or not the member's psychiatric discharge summary was sent to the member's primary care physician (PCP). If the member declines to sign consent for their PCP, they are then removed from the project. The initial result indicates the percentage of discharge summaries sent prior to MercyCare review, and the final percentage indicates the number of discharge summaries sent after MercyCare review and intervention.

# Psychiatric Discharge Summary Project continued

## Quantitative Analysis

**Inpatient Psychiatric Discharge Summary Project-2007**



Goal-to have all qualified psychiatric discharge summaries sent to the member’s PCP

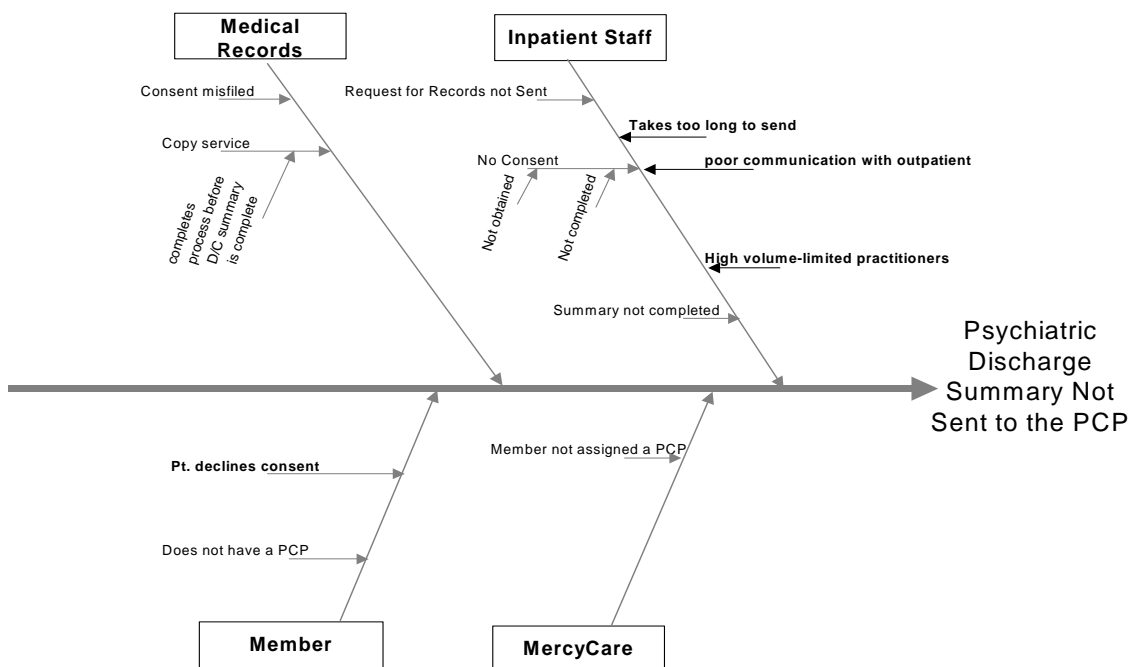
1<sup>st</sup> Quarter score-81%; needed a 19% increase

2<sup>nd</sup> Quarter score-89%; needed an 11% increase

3<sup>rd</sup> Quarter score-initial 65%, final 88%; needed a 12% increase

4<sup>th</sup> Quarter score-initial 86%, final 90%; needed a 10% increase

## Qualitative Analysis



## **Psychiatric Discharge Summary Project continued**

*Bolded comments identify collaborative feedback from physicians at the BHAC on 4/17/08*

### **Conclusion**

According to practitioner comments there is some dissatisfaction with the psychiatric discharge summary process and communication at one of our hospitals. This information will be shared with our provider relations representative for follow up with that hospital.

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### **Overall Conclusions**

- Access to Options practitioners continues to be a barrier for primary care physicians due to the triage process.
- The need for education regarding depression and treatment of depression still exists.
- Attending physicians at Mercy need to be more aware of the addictions order set and involve addiction medicine.
- Postpartum depression information and screening materials should be sent to members after they are discharged instead of while they are still inpatient.
- Mercy Options practitioners continue to have dissatisfaction with Roger's Hospital regarding communication.

### **Opportunities for Improvement Based on Collaboration with Network Practitioners**

To improve the treatment of depression for MercyCare members, the need to address the access barrier for primary care physicians at Mercy Options needs to be addressed. This improvement should impact a large number of MercyCare members, since a large portion of our membership are treated by Mercy Options practitioners and/or Mercy primary care physicians.

In order to improve education and awareness of postpartum depression amongst our MercyCare members that have delivered, materials need to be sent after they have been discharged from the hospital. Currently members receive the information while inpatient. Our practitioners felt that members already receive so much information at the hospital and that sending the information to them after discharge would have a greater impact. This change should also impact a large portion of MercyCare members since we have several members of childbearing age.

### **Interventions/Plan**

MercyCare plans to work directly with Mercy Options to put a process in place that will improve access to behavioral health practitioners by primary care physicians. The initial plan is to take this topic to Mercy Options Department of Psych meeting. The department of psych meeting is made up of Mercy psychiatrists and Mercy Options management. Once a plan is put into place we will then communicate this process to primary care physicians.

MercyCare plans to implement a process for identifying members that have delivered in a timely matter and then send educational materials on postpartum depression. MercyCare will re-look at the information that is currently sent to ensure our members are receiving helpful information. Along with this information will be the PHQ-9 and a letter encouraging them to bring the PHQ-9 to their 6-week check up to prompt physician screening for postpartum depression.

MercyCare will also discuss the concerns directed towards Rogers Memorial Hospital's West Allis site regarding communication at quarterly Quality Meeting. This is a meeting that occurs between MercyCare Health Plans and Rogers Memorial Hospital to discuss any quality concerns and brainstorm solutions.