

THE CBH PROVIDER CONNECTION

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Professional Relations Department**

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EAP CORNER

PROVIDER ALERT

Due to a few recent occurrences, the EAP department cautions our provider community against providing any legal advice and/or encouragement to participants to seek legal advice. The legal arena is not our providers' area of expertise and providing opinions in this area puts both CBH and the provider at risk. It is important to remember that as an EAP provider, both the participant and the employer are your customers. When a workplace conflict arises, it is appropriate for a provider to review what steps a participant has *already* taken within the company to resolve an issue. In addition, the provider's role is to offer support and to advocate that the participant seek resolution within the structure of the company. If that avenue has already been exhausted, the provider *should not* be the one to advocate legal action against the company.

PROVIDER RECRUITMENT

Ongoing recruitment for providers who can provide Substance Abuse Professional Services per DOT, Critical Incident Debriefings, and EAP Supervisor Training is in progress. Additionally, expanded business needs in New York, Connecticut, Massachusetts, New Hampshire, Vermont, and Maine will afford seasoned professionals with the opportunity to assist local employers with exciting EAP, Wellness and Disability Management initiatives. If you have experience or training in the above, please send an email to <mailto:Dana.Kiel@CIGNABehavioral.com>.

KNOW YOUR REGIONAL EAP MANAGER (REM)

This is the fourth installment in a series designed to enhance the REM relationship with the provider community. The profile for this quarter is our REM from the Mid-Atlantic Region, Carlton Weinstein.

Carlton, can you please describe your educational background and EAP experience?

My EAP experience began as a counseling intern in the internal EAP at Reynolds Metals Corporation in Richmond, Virginia, in 1977. This was part of the training program at Virginia Commonwealth University's Department of Rehabilitation Counseling where I graduated in 1978 with a Masters of Science Degree. After working for six years as a Substance Abuse Counselor at the Medical College of Virginia, I began working with a local EAP consortium that was founded by seven local businesses that saw the value of EAPs. The business grew to over 50 members before I left to become director of an EAP for a local family agency. I have been active in the EAPA Virginia chapter holding multiple offices including Treasurer, Vice President, President, and Membership Chair. I'm also a member of the North Carolina EAPA Chapter.

How long have you been with CIGNA Behavioral Health?

I've been with CIGNA Behavioral for 14 years, holding various EAP positions within the organization. Adding all of these years together, that brings my total EAP experience to 26 years.

Where is your office located?

I work out of an administrative office in Richmond, Virginia.

What is your philosophy about the value of EAP to our customers?

EAPs continue to provide value to our customers through their focus on workplace productivity issues, consultation services to managers/supervisors, prevention and training services, and ever-increasing critical incident response services.

Carlton, you are the Regional EAP Manager for which Region? What states does this include?

I oversee EAP services for the Mid-Atlantic Region, which includes Delaware, Maryland, West Virginia, Kentucky, Virginia, North Carolina, South Carolina, and Arkansas.

Is there anything special you would like the providers to know about your customers?

Providers are the "face" of the EAP to our customers. That's why I'm always looking for EAP providers who have not only the clinical skill sets but who have experience in dealing with the business world as well. I find that this helps in understanding and managing supervisory referrals. Also, providers with training/presentation skills are needed to deliver our ever-expanding seminar list to EAP customers. As internal training budgets are cut, many of our mid-size organizations are using the training services of the EAP to provide basic management training. Also, providers who plan to be credentialed as SAPs under the DOT regulations are needed. I can be reached at 800.487.6529 option 3.

If you are a provider in the Mid-Atlantic Region and would like to contact Carlton about providing additional EAP services, you can also send email to <mailto:Carlton.Weinstein@CIGNABehavioral.com>.

Look for the REM from your area in upcoming newsletters!!

CARE ADVOCACY PROGRAM (CAP)

Effective July 1, CIGNA Behavioral Health participants will no longer need to call CBH to get "prior authorization" before seeing a network provider for routine outpatient care. Network providers also will no longer need to prepare outpatient treatment reviews in routine outpatient

care cases, before further authorization of their patients' benefits. The change will help focus CBH benefit management resources on assistance to providers and their patients in treating complex mental health and substance abuse problems. We'll leave decisions about accessing benefits to treat less-intensive outpatient life problems entirely up to our network providers and their patients.

CBH will now target benefit management services to those complex cases that could benefit from our review. CBH has programmed its claims systems to automatically highlight complex outpatient cases such as:

- Depression diagnosis with more than 10 therapy sessions, and no claim/contact from an MD or Nurse practitioner in the past 6 months
- Participant with hospital discharge in the last 60 days who does not have an outpatient claim in the past 30 days
- Eating Disorder diagnosis for participants 22 years of age and younger
- Autism, Aspergers, and Pervasive Developmental Disorder diagnoses
- Substance Abuse dependence diagnosis with no Intensive Outpatient program claim, and have not had more than 2 Outpatient Individual or Family sessions claimed in the past 30 days
- Adjustment Disorder diagnosis with greater than 10 sessions claimed
- Claims for 65% of the allowed sessions per the benefit plan (for plans with visit limitations), or for unlimited outpatient plans, after 15 sessions

How will we use these guidelines to enhance care? We already know a lot about the practice patterns of our providers. We also know that there are certain conditions of care where our involvement does not add value. So we have taken all that we have learned from the past and applied it to this new model. When a claim triggers one of the rules, a care manager will reach out to the provider and offer the clinical resources that may seem appropriate for the case (i.e., referrals to ancillary treatment providers; consults with clinical experts; patient education materials, etc.).

Feedback from providers has been very positive. Providers are telling us that when calls are made out to them they are very focused and help them to marshal the resources they need, but may not have access to. In addition, they have less paperwork and more time. Providers who have used our web based On Line Tools and Resources (Eligibility check; Claim Look-up; Claim Submission; and Provider Library) have reported that the tools are very helpful, easy to use and make working with CBH administratively easier.

FROM OUR QUALITY MANAGEMENT DEPARTMENT

PATIENT SAFETY IS "NO ACCIDENT"!

Doesn't that say it all? We share the common goal of improving participant safety, but it can only be made to happen if we take the time to thoughtfully identify, and then to eliminate, the

causes of preventable health care errors and injury. Preserving patient safety requires care and planning—it does not happen just by accident.

Those who seek care place a great deal of trust in us and we need to be worthy of their trust. For that reason, CIGNA Behavioral Health's Quality Management Program welcomed the challenge expressed last year in the Institute of Medicine (IOM) report entitled, "*To Err is Human: Building a Safer Health System.*" We made an immediate commitment to thoughtfully consider how to optimize participant safety, control disease and injury, and foster positive outcomes. We encourage you to do the same.

Taking the Pulse of Safety

CIGNA Behavioral Health promotes participant safety by providing timely access to appropriate treatment. We monitor, and if necessary improve, those factors impacting the safety of our participants. As you read each of the following steps that we've taken, think about similar things you do, or can do, in your own practice. Together, we can:

Be Available

Answer calls in 30 seconds or less. At CIGNA Behavioral Health, Speed of Answer on the Crisis line is one indicator we measure in our Telephonic Access Quality Improvement Activity.

Be Responsive

Provide timely access to appointments. We perform audits monthly on a sample of cases, including participants who called with emergent needs, to determine if they were able to access care within established timeframes.

Provide Adequate Structure and Intensity of Care

Use inpatient treatment and crisis intervention, as required, for participant safety. Inpatient Utilization is a part of our annual analysis of "Ensuring Appropriate Utilization." In 2002, we created a nationwide crisis response network.

Provide Adequate Support and Continuity of Care

Prevent relapse and crisis. Monitoring ambulatory follow-up care within 7 and 30 days after discharge from an inpatient setting helps preserve stabilization. Readmission rates monitor the number of participants who were readmitted within thirty days of discharge from inpatient care.

Diagnose and Plan Care Thoughtfully

Assure complete and accurate diagnosis and proven treatments. Recognizing illness and treating it appropriately are addressed in studies for high volume diagnoses. Actions are taken to improve network-wide safe clinical practices. CIGNA Behavioral Health encourages compliance with the American Psychiatric Association's Clinical Guidelines and, in 2003, we updated our Level of Care Guidelines to include guidelines for additional levels and settings of care.

Listen to Feedback

Assess the quality of care. Our review of expressed concerns is ongoing, but formal analysis occurs annually through a Concerns/Appeals Analysis and Participant Satisfaction Quality Improvement Activity.

Treat the Whole Person

Coordinate behavioral and medical care. Treatment records of high volume providers are reviewed for documentation of coordination and continuity of care.

Maintain Expertise

Use licensed and competent providers. This is the policy of CIGNA Behavioral Health. Our Credentialing and Recredentialing activities evaluate compliance with our policy, and influence network composition.

Keep Effective Records

Evaluate clinical documentation. Record reviews of high volume practitioners help to ensure completeness and appropriateness of care. Well-documented treatment records facilitate communication, coordination and continuity of care, and promote the efficiency and effectiveness of treatment.

Stay Informed

Communicate information and expectations. Our Provider Guide was updated in 2002 to include information on “Improving Participant Safety.” Our Provider Guide was also made available to providers on the CIGNA Behavioral Health website.

Evaluate Outcomes

Plan, pursue and measure improvement. Some Quality Improvement Activities that address participant safety and are currently in place at CIGNA Behavioral Health include:

- Improving Telephonic Services
- Improving Appointment Access
- Ensuring Appropriate Utilization
- Compliance with Guidelines: Panic Disorder
- Improving Anti-Depressant Medication Management
- Improving Follow-up After Hospitalization for Mental Illness
- Improving Substance Abuse Treatment Through the Use of Intensive Outpatient Programs and Structured Group Modalities
- Substance Abuse Treatment Engagement Following Detoxification
- Improving Communication between Primary Care and Behavioral
- Concern/Appeal Analysis Report

We encourage you to join us in our mission to provide safe and effective healthcare and to reduce preventable errors and injuries. If you would like more information on any of the activities mentioned above, contact the CIGNA Behavioral Health Operating Unit that you work most closely with and ask to speak with the Quality Service Manager.

YOU'VE GOT CONNECTIONS

Wherever you are, whenever you need us, we'll be there. No, that's not a song; but it should be music to your ears. If you, or someone you are treating has an emergency requiring our assistance, CIGNA Behavioral Health is available 24 hours a day, 7 days a week, 365 days a year. Unless otherwise agreed, we ordinarily answer questions about and conduct utilization management during normal business hours within each time zone served. However, our phones are staffed 24 hours a day by licensed mental health and substance abuse professionals, who are supported by physicians. You can reach us anytime through the CIGNA Behavioral Health toll-free phone number that you are accustomed to calling or those listed below:

<p>Tampa Regional Care Center 3101 W. Martin Luther King Blvd, Suite 201 Tampa, FL 33607 800.274.4573</p>	<p>Dallas Regional Care Center 6600 East Campus Circle Drive, Suite 110 Irving, TX 75063 888.800.8849</p>
<p>Chesapeake Regional Care Center 1447 York Road, Suite 700 Lutherville, MD 21093 800.274.7603</p>	<p>Glendale Regional Care Center 801 North Brand Blvd., Suite 1150 Glendale, CA 91203 800.879.9823</p>
<p>National Care Center 11095 Viking Drive, Suite 500 Eden Prairie, MN 55344 800.336.4091</p>	<p>National Customer Service Department 11095 Viking Drive, Suite 500 Eden Prairie, MN 55344 800.926.2273</p>

Let Me Count the Ways

CIGNA Behavioral Health has the information and help you need, when you need it, and however you want it. While direct telephone contact is most common, we can also connect by voice mail, fax, email, or through our website at <http://www.cignabehavioral.com/>.

Online services have expanded rapidly and now many administrative and clinical tools, and a library of helpful information, are available. Through our website you can update your practitioner information, submit claims, and download information and forms, including electronic copies of our Provider Guide and CBH Level of Care Guidelines (2003).

Let Me Count the Whys

CIGNA Behavioral Health is a resource for practitioners and participants alike. Our staff is available to discuss your needs and answer your questions. Connect to us to obtain:

- Assistance with treatment referrals for testing, medication evaluation or other services
- Answers to questions about our Care Advocacy Program or the Utilization Management process
- Helpful information about mental health or substance abuse conditions, needs, or treatment
- Benefit information

- Timely resolution to any service problems you may experience with CIGNA Behavioral Health
- Check the status of, or report changes in, your practitioner network status

In Touch with CIGNA Behavioral Health

When you contact us, you'll be connected with staff best qualified to meet your needs. Whether you have non-clinical questions for Customer Service, Personal Advocates, or Case Coordinators, or if you need assistance regarding clinical issues from our Care Managers or Physician staff, we can assist you. Expect that your call will be answered promptly, that your questions will be answered courteously, and that we will handle your needs efficiently and effectively.

Keeping Score

We evaluate our service to you by monitoring:

- The telephone performance to determine if the speed of answer is within 30 seconds, and abandonment rates are <5%,
- Call-backs to ensure they are completed the same business day or no later than the next business day,
- Complaint and Appeal data, and
- Practitioner Satisfaction with Utilization Management.

If you have questions about the utilization management process, would like further information, or have feedback and suggestions, contact CIGNA Behavioral Health at the office nearest you. We are here, and we are ready to help.

THE POWER TO CHANGE THE FUTURE

We can help to detect and often prevent or control worsening illness. Because certain demographic, cultural, and clinical characteristics are known to increase the risk of disease, those at risk can be identified and urged to use appropriate preventive services.

Overview

CIGNA Behavioral Health, CIGNA HealthCare and CIGNA's disease management vendor have developed a Preventive Health Program that may improve outcomes for participants suffering medical and behavioral co-morbidities. Over a three-year period, the program has been implemented in stages with input from medical and behavioral practitioners and participants.

Literature identifies the occurrence of depression as high in those with chronic medical disease.¹ The presence of untreated depression has been demonstrated to have a negative impact in overall

¹ Barrett JE, Barrett JA, Oxman TE, Gerber PD. The prevalence of psychiatric disorders in a primary care practice. Arch Gen Psychiatry 1988;45:1100-6.

Blacker CVR, Clare AW. The prevalence and treatment of depression in general practice. Psychopharmacology 1988; 95:514-7.

health status and outcomes. Effectively treating depression can result in enhanced treatment compliance and response.²

Based upon scientific evidence and clinical best practice, CIGNA HealthCare's disease management program, *Well Aware for Better Health* includes a Preventive Health Program for depression which includes a depression screening for participants diagnosed with the medical conditions of diabetes, cardiac disease, low back pain, and asthma. As a result, we now have the tools to identify those at risk for depression within these specified medical populations, and a series of planned interventions are implemented, as appropriate. CIGNA Behavioral Health has also implemented similar programs with other health plan and employer customers.

Background and Program Enhancements

In 2000, five questions selected from standardized depression screening tools such as the Zung and Beck were inserted into CIGNA's existing annual participant questionnaire to help detect the possible need for evaluation and treatment of depression. Over the next three years, the depression component was gradually implemented across various disease states, beginning in 2000 with the Diabetes disease management program for CIGNA HealthCare. In 2001, the CIGNA HealthCare Cardiac disease management program was added. In 2002, the depression program was added into the CIGNA HealthCare Low Back Pain and Asthma programs. In 2003, the depression program will be implemented in a new disease management program for Chronic Obstructive Pulmonary Disease (COPD).

Program Features and Interventions

Annually, all participants enrolled in the *Well Aware* program that can be reached by phone are asked to answer the questions from the depression-screening tool. All participants answering three of five depression screening questions positively are identified as possibly depressed. They are encouraged to give consent for their Primary Care Physician to be notified so that further evaluation and treatment/referral can occur.

In addition, all participants who screen positive as possibly depressed move to a higher severity stratification within the *Well Aware* program. Structured protocols are followed which include close contact with the care management staff for monitoring of depression, further assessment and intervention until depression is resolved.

Primary care physicians are given supporting materials on diagnosis and treatment of depression, including:

- A Primary Care Clinical Guideline for Depression,
- Tip sheets on treating depression in diabetic and cardiac patients, and

Katon W. The epidemiology of depression in medical care. *Int J Psychiatry Med* 1987;17(1):93-112

² **Katon WJ.** The Institute of Medicine "Chasm" report: implications for depression collaborative care models. *Gen Hosp Psychiatry*. 2003 Jul-Aug;25(4):222-9

- Information on how and when to assist participants in accessing behavioral health treatment.

Program Results and Future Direction

Annually, CIGNA Behavioral Health and CIGNA HealthCare evaluate the results of the Depression Preventive Health Program within *Well Aware*. Nationally in 2002:

- Depression identification is largely unchanged in the diabetic and cardiac programs at 6-7%.
- Depression identification rates were much higher for low back pain (37%) and asthma (11%).
- Over time, fewer participants are consenting to allow their primary care physician to be notified, possibly due to an increased awareness of privacy issues. The rate of consent ranged from 65% to 77% across the disease states.
- Fewer participants are agreeing to complete the full five-question depression screening.

A national workgroup with representatives from CIGNA HealthCare, CIGNA Behavioral Health, and the disease management vendor has analyzed these results and identified the following opportunities for program enhancements in 2003-04:

- Use a validated two-question depression-screening tool recommended by the U.S. Preventive Service Task Force. Use of a shorter questionnaire may contribute to more participants completing the screening.
- Develop a tip sheet for primary care physicians on treating depression in patients with chronic disease to be applicable across all the disease management programs.
- Explore additional means of addressing the emotional needs of those participants in the program for low back pain.
- Obtain additional data needed to analyze outcomes, ultimately, assessing how effective treatment of depression may support overall treatment adherence and health improvement.

Role of the Behavioral Practitioner

The behavioral health practitioner has a pivotal role in the effective treatment of depression for those with chronic disease. Tips for the behavioral practitioner include:

- Assess whether participants have medical disorders for which they are or should be treated.
- Be aware of the potential impact of the medical disorder and possibly medications on the psychiatric condition of the patient as well as the impact of the psychiatric condition on the medical disorder.

- With participant consent, coordinate behavioral and medical care through regular communication with the primary care physician and other practitioners involved in the participant's care.
- Advise participants to inquire if their medical carrier offers a disease management program for their identified medical disorder.
- Encourage participants to follow up as recommended with their medical practitioners, to comply with treatment recommendations and practice appropriate self-care techniques.

If you would like further information on the Depression screening in the Well Aware Program, please contact the Quality Service Manager at the CIGNA Behavioral Health Operating Unit you work with most often.

ANNOUNCING A NEW PREVENTIVE HEALTH PROGRAM ON ATTENTION DEFICIT/HYPERACTIVITY DISORDER

According to DSM-IV-TR estimates, Attention Deficit/Hyperactivity Disorder (ADHD) affects 3% to 7% of our school age population. The behavioral health community continues to advance in its knowledge and understanding of effective treatment protocols and practices of this leading childhood disorder. In recent years there have been evidence-based guidelines on ADHD published by such organizations as the American Academy of Pediatrics and the American Academy of Child Psychiatry. Solid treatment regimens and valid behavioral rating instruments have been identified and are accessible to practitioners.

Of those using services through CIGNA Behavioral Health benefits in 2002, ADHD was the fifth highest volume diagnosis seen and represented 6.5% of all presentations. Due to the complex nature of treatment for this disorder, CBH has developed a preventive health program to offer as support to our participants and their treating practitioners that will be implemented October 1, 2003. Here is a brief overview of the program:

For Our Participants

CBH has created a system that alerts us when the first claim arrives for a member, age 12 and under, with the diagnosis of ADHD. That alert will trigger us to mail the parent of that child an informational packet containing the following items:

- A letter from our Chief Medical Officer introducing our ADHD program which is intended to supplement the child's treatment plan, help parents to more effectively monitor this condition and prevent the onset of secondary problems associated with ADHD (oppositional defiant behavior, substance abuse, school failure, etc.).
- Informational tools and fact sheets including:
 - "Knowing What to Expect: ADHD Assessment"
 - "Knowing What to Expect: Beginning Treatment for ADHD"
 - "Knowing What to Expect: ADHD Resource Guide"
 - "Knowing What to Expect: Tips for Parents on ADHD"
 - "Weekly Medication Record"

- “Knowing What to Expect: Ongoing Management of ADHD”

We will also send a follow-up survey to parents to gather their feedback on the ADHD materials and whether they have been useful.

For Our Practitioners

- Log onto the CIGNA Behavioral Health website at <http://www.cignabehavioral.com/>. Click on Providers, News & Learning, and then ADHD Awareness.
- Posted there you will find the materials being shared with participants as part of our ADHD Preventive Health Program. We encourage you to use these materials in your treatment sessions. For example, ask parents to bring in the completed weekly medication report.
- Also posted there you will find a link to the website of the National Initiative for Children’s Healthcare Quality (NICHQ). From their website you can access an “ADHD Toolkit for Practitioners” that contains some excellent tools to use in your practice developed by NICHQ and the American Academy of Pediatrics. You will be able to access assessment materials, forms to provide to schools/parents and supportive tools that can be used in conjunction with treatment planning and management.

If you do not have Internet access, contact our Customer Service department at 800.926.2273, and we will be glad to fax or mail you forms from our ADHD Preventive Health Program.

This represents the first phase of this preventive health program—so stay tuned. In the meantime, please check out our website to review the materials in the program and offer us feedback on their utility!

CONTINUITY AND COORDINATION OF BEHAVIORAL CARE

Continuity and coordination of behavioral care requires that our network and care systems provide timely access to appropriate care providers. CIGNA Behavioral Health must use the information and network resources at its disposal to respond to the participant’s changing condition, to coordinate access to appropriate care, or to provide for a seamless transition between changing levels of treatment and different treatment settings.

As a contracted provider of care, you play a critical role in whether we are successful in meeting our objectives. If you understand the key elements, you can anticipate what is needed, and you can help ensure that all participants receive uninterrupted access to needed care.

CIGNA Behavioral Health has established standards for five basic areas of continuity and coordination within behavioral care. For each identified area, CIGNA Behavioral Health staff and our providers of care must share the responsibility of successfully meeting our objectives. Performance standards for all the five areas, are defined either within our formal Policies and Procedures, within CIGNA Behavioral Health’s Level of Care Guidelines, or within the American Psychiatric Association’s Guidelines for Clinical Care. We use standardized tools and

methods to monitor our compliance with each set of expectations, and we will share that feedback with you as it becomes available.

Transition Across Levels of Care is concerned with promoting and facilitating communication and coordination of care between the involved providers of care. In the case of admissions for inpatient care, our care management staff encourages outpatient practitioners to share relevant treatment information with the facility provider. Upon discharge from inpatient care, care management staff encourages the facility to share relevant treatment information from the inpatient stay with the practitioner scheduled to see the participant for outpatient services.

CIGNA Behavioral Health staff also contact practitioners and/or participants, as appropriate, during the early discharge period to ascertain whether participants have effectively transitioned to outpatient care. We also randomly audit a sample of our records to learn whether communication of relevant information took place across levels of care. In the case of failed appointments, we encourage you to outreach to the participant. Our staff will also attempt to contact the participant to discuss the importance of keeping follow-up appointments, as well as to assist in scheduling a new appointment. CIGNA Behavioral Health evaluates timeliness of psychotherapy and medication follow-up appointments for mental health discharges. We also measure ambulatory engagement rates after inpatient detoxification for substances.

In 2002, achieved rates for ambulatory mental health encounters following inpatient discharge were 50.7% within seven days, and 69.7% within 30 days. In 2002, measured rates for ambulatory engagement after inpatient detoxification (3 appointments attended in the first 30 days post-discharge) were 70.51%.

Simultaneous Providers of Care should communicate and coordinate care, in the presence of participant consent. Practitioner Medical Record reviews, conducted at the time of recredentialing for all high volume providers, evaluate whether, in the presence of participant consent, the record reflects communication and coordination with Primary Care Physicians, consultants, ancillary providers, and healthcare institutions. If evidence of communication is not present, we look for an indication that the participant withheld their consent to do so. In 2002, the national CIGNA Behavioral Health score for the percent of practitioner medical records showing evidence of Primary Care Physician communication was 86%. In 2002, the CIGNA Behavioral Health nationwide score for overall practitioner medical record compliance was 93%, on an established performance goal of 80%.

Elapsed Time from Service Request to Receipt of Service is concerned with whether or not the participant's initial request for services resulted in timely and appropriate access to needed care. Although participants will be seen as soon as possible, maximum acceptable timeframes are established based upon the participant's clinical acuity. Performance is measured from the time of the service request and our standards are for:

1. Routine Appointments (not to exceed 10 working days from the request)
2. Urgent Appointments (not to exceed 48 hours from the request)
3. Non Life-Threatening Emergent Appointments (within 6 hours of the request)
4. Life-Threatening Emergent Appointments (immediate response)

Compliance is assessed through monthly, random audit and also through our annual survey of participant satisfaction with access to services. In 2002, our national compliance scores for each appointment access category were: 87.6% for Routine Appointments; 93.6% for Urgent Appointments; 100% for Non-Life Threatening Emergent Appointments; and 99.4% for Life-Threatening Emergent Appointments. Nationally, in 2002, 84% of participants using services rated their satisfaction with Accessibility as “fantastic, very good, or good.”

Related Services That Are Needed Or Provided most commonly concern access to medication consultation or psychological testing. However, other needed consultations or services may apply. Our protocols for psychiatric and psychological testing referrals, along with the decisions of our physician reviewers, act as guidelines for care management staff in authorizing referrals for these related services. Measures for psychological testing are new in 2002. They include timeliness of access to, the volume of authorization for, and the top five high-volume diagnoses receiving, psychological testing. The ratio of participants to network psychologists who can provide testing is also assessed as a measure of service availability.

Compliance With Clinical Guidelines most often concerns timeliness of medication consultation, or the use of a clinical best practice. As a provider of care, you know that less than optimal clinical response to psychotherapy may suggest a need for medication consultation. Based upon the recommendations of the American Psychiatric Association’s Clinical Guidelines, CIGNA Behavioral Health evaluates the timeliness of medication consultations and follow-up appointments for Panic Disorder and for Major Depression. For Substance Abuse Disorders, CIGNA Behavioral Health evaluates whether treatment occurs in a structured group or Intensive Outpatient modality.

In 2002, rates for antidepressant medication management were: 18.1% for Optimal Practitioner Contact during the initial prescription phase; 52.5% for evidence of prescriptions during the entire first 12 weeks of Acute Phase treatment; and 30.8% for evidence of prescriptions for at least six months, or during the Continuation Phase of treatment. In 2002, rates of medication consultation after 12 weeks of psychotherapy for Panic Disorder were 93.6%.

Continuity and coordination of care within behavioral health is a shared goal between CIGNA Behavioral Health and our network of care providers. We count on you to help us ensure that every participant receives timely access to appropriate care. If you would like additional information about these important measures, contact the Quality Service Manager at the CIGNA Behavioral Health Operating Unit that you work with most often.

GUIDELINES FOR COMMUNICATION WITH PRIMARY CARE PHYSICIANS

CIGNA Behavioral Health **strongly encourages communication** between, therapists, psychiatrists and the members' primary care doctor(s). The consent for treatment emphasizes the need for treating clinicians to communicate and puts the burden of refusal on the patient.

It is always important to use discretion in communicating information received in the privileged setting of the therapist's office, but the following items are a priority for transmittal to Primary Care Physicians:

- Initiation or significant change in pharmacotherapy. It is also imperative that a treating psychiatrist knows what medications a patient is receiving from other sources. Many patients do not know the name of medications they are taking, thus a direct exchange with other physicians is recommended.
- Any information that relates to compliance with medical care.
 - Departure from prescribed medication instructions
 - Lifestyle practices that impact on other illnesses, dietary practices and/or tobacco use
 - Exercise caution in conveying information regarding substance abuse, which is protected under separate federal law
- Answer any question the PCP might have asked in a consultation request.
 - Treat the PCP's as "customers," whose continuing interest in the patient's psychological well-being should be encouraged.
- Information about medical problems that becomes apparent during the mental health interview. Examples: Ongoing use of laxatives or diuretics, or an intercurrent illness that the patient has not reported. On one occasion a patient came to the psychiatrist's office with massive swelling in both legs. The patient interpreted this as a drug reaction, failed to call the internist, and showed for a routine psychiatric appointment, having stopped all his medications. Needless to say, the patient was immediately put in touch with the internist and admitted with acute venous obstruction due to a tumor.
- When ordering labs, work through the PCP's office to use the labs they use so the PCP can receive a copy of the lab report.

To maintain good relations with the patient, the patient must be informed that such information is going to be given to the PCP.

EDUCATION ON THE INTERNET: A PROVIDER'S TOOL

In the age of technology, the Internet has become a medium for education—there seems to be no limit to what one can find, learn, or read. While a tool of great use to many, the massive amount of information available to the public can be overwhelming, and unfortunately, it is not always credible or reliable.

Where does one start a search? Which information is “best” or “correct”? How does one get simple answers to the sometimes not-so-simple questions?

CIGNA Behavioral Health looked to address these questions within the arena of mental health by recognizing the power of making informational resources available to members and providers. *Education is empowerment.* It may serve as the gateway to a person accessing care, or if currently under the treatment of a mental health professional, this information may complement the therapy process.

At CBH we are very excited about the new Care Advocacy Program. One of the main goals for the program is to provide early intervention through education and accessibility.

What is Available?

Our website has informational articles that you can use as a resource in conjunction with the care you are providing. The online library includes a myriad of articles from such diverse topics as:

- Family Care
- Mind and Body Issues
- Financial Services
- Career and benefits Issues
- Emotional Health
- Substance Abuse Issues
- Legal Services

These articles are free for informational use and can be given to your clients at your professional discretion.

Where Can You Find These Articles?

These articles are located on CBH's website at <http://www.cignabehavioral.com/>. Access to the article libraries is granted by simply using your provider PIN number. Please call our toll-free number, 800.261.6232, if you do not have a provider PIN number.