Optum Idaho

Management of Members with High Care Needs

Consolidated Presentation – specific member information has been modified to protect privacy

January 2016

Transformation: Enhancing the Behavioral Health System

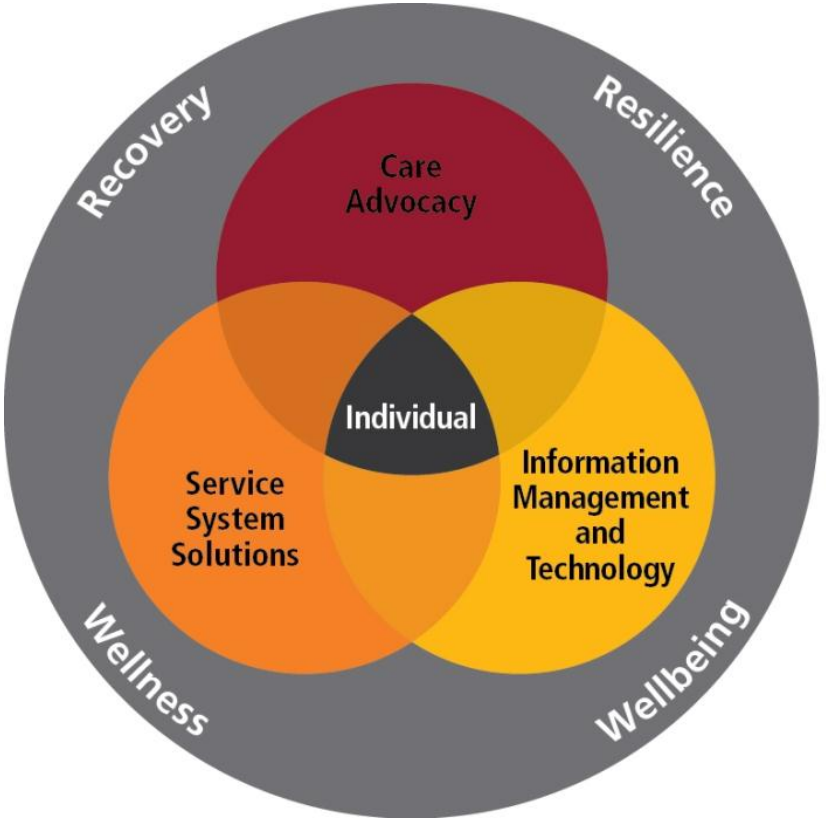
Optum's commitment is to help transform Idaho's behavioral health outpatient system to focus **on helping people reach recovery by ensuring Idahoans receive effective, evidence-based care**

This will lead to **better outcomes for Idahoans**

Transformation Priorities

To achieve our vision we will:

- Develop a system of care founded on Evidence-Based Practices
- Expand the array of covered services
- Engage consumers in Recovery & Resiliency
- Enhance the crisis response system
- Strengthen the role of stakeholders in system design



Today's Agenda

- Managing Outpatient Behavioral Health
  - A system of Care
  - Identifying members with high care needs
  - Managing members with high care needs
- Hypothetical Case Vignettes

A System of Care

A System of Care

Rights and Responsibilities

- **Providers**
  - Provide effective, proven, member-centered care
  - Educate members about disorders and treatment choices
  - Collaborate with other providers and social agencies
  - Anticipate needs of members at high risk
  - Advocate for members and treatment options

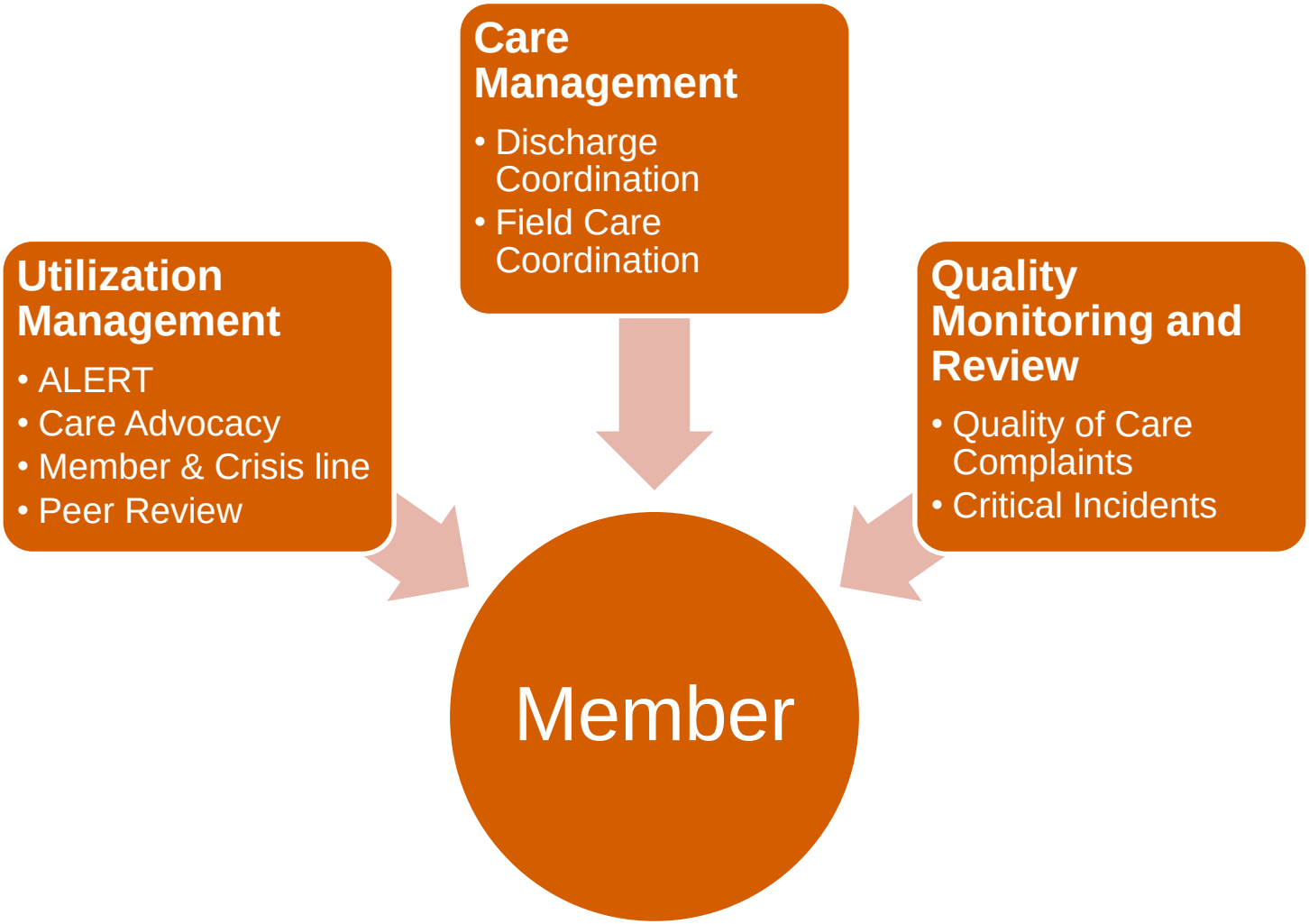
A System of Care

Rights and Responsibilities

- **Members and Families**
  - Be mutually respectful and collaborative in care decisions
  - Participate in member-centered care planning
  - Be aware of the right to choose treatment options

- **Optum Idaho (Health Plan)**
  - Support Providers to help Members
  - Ensure providers use evidence-based practice
  - Ensure providers coordinate care through collaboration with both BH and medical providers on the treatment team
  - Promote self-determination and hopefulness in Members and Families

Identifying Outpatient Members at High Risk



Managing Outpatient Members with High Care Needs

- Optum's Commitment in Managing Outpatient Care
  - Contractually committed to focus on the treatment needs of members with high care needs
  - We endeavor to use our resources for the greatest member impact
- Varying Identification Touch Points
  - Members at high risk or with high needs are identified in the course of multiple, health-plan activities:
    - Utilization management
    - Care management/coordination
    - Quality improvement
- Multi-faceted interventions
  - A variety of interventions are available for members, depending on considerations of member-centered care and tailored to meet each individual member's needs

Managing Outpatient Members at High Risk

Considerations when managing the care of members at high risk

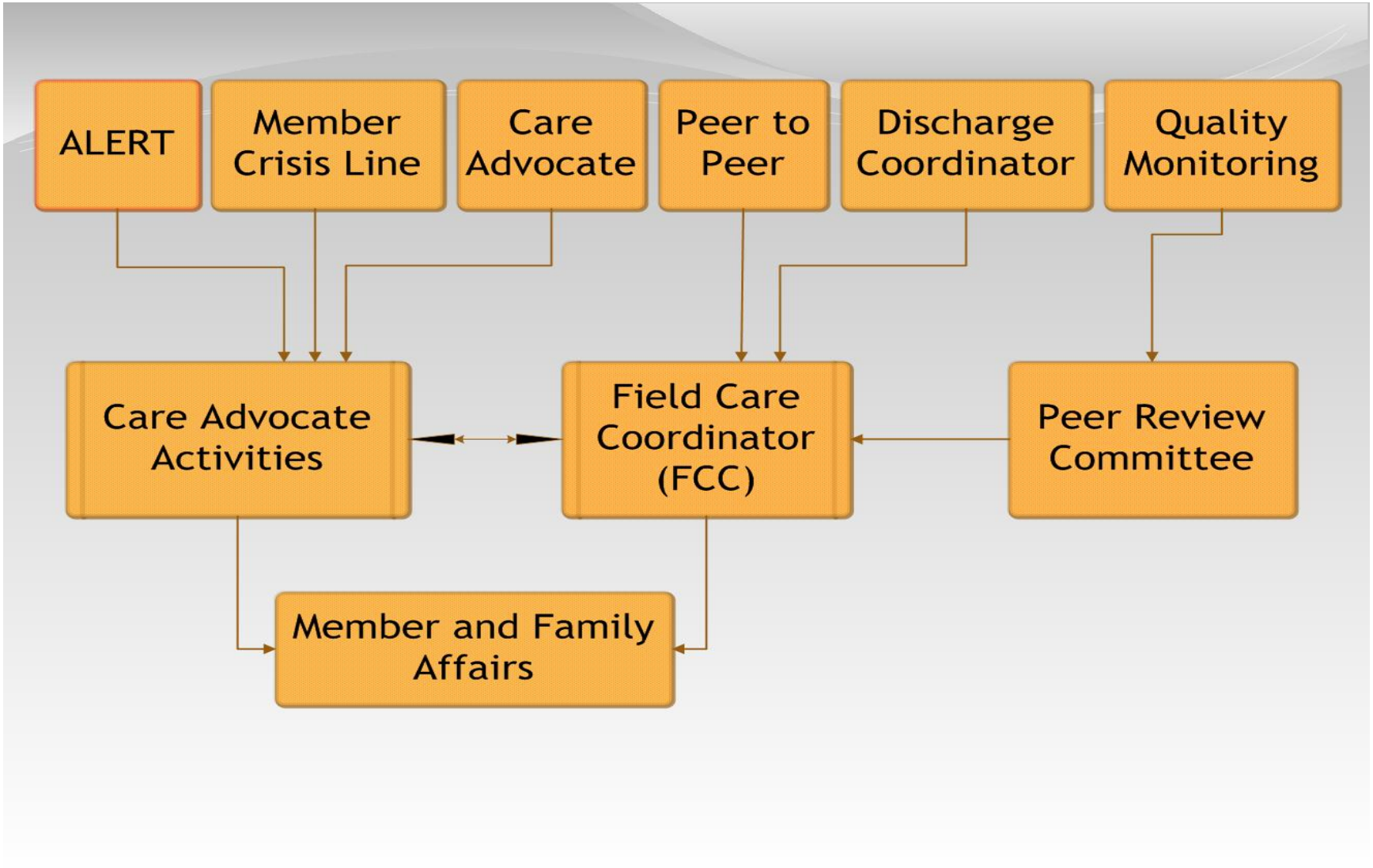
- The best return on efforts is to address unmet clinical needs
- Promote evidence-based practices (EBP) to improve outcomes
- Discourage unproven practices used in place of EBP
- Introduce new services that did not exist in the system
- Use outcomes-driven care management
  - Identify members deteriorating or not improving through case and peer review and the ALERT Change Index algorithms
  - Improve care plans
- Ensure BH providers collaborate with other BH providers, medical providers, social service agencies, and other social services (including educational, developmental disability, and social security)
- Inspire members/families to pursue recovery and resiliency

Managing Outpatient Members at High Risk

How Optum is transforming the system of care in managing high-risk outpatient members:

- Evidence-based care planning
- 24/7 Member Access & Crisis Line
- Care management (Care Advocates, Field Care Coordinators)
- Clinical review of serious adverse events (Critical Incidents)
- ALERT identification of members at high-risk
- Field Care Coordinators
- Discharge Coordinators
- Collaboration requirements
- Peer Support
- Member/Family outreach

Managing Outpatient Members at High Risk



Identifying and Managing Members at High Risk

Vignettes

Utilization Management

Utilization Management Goals:

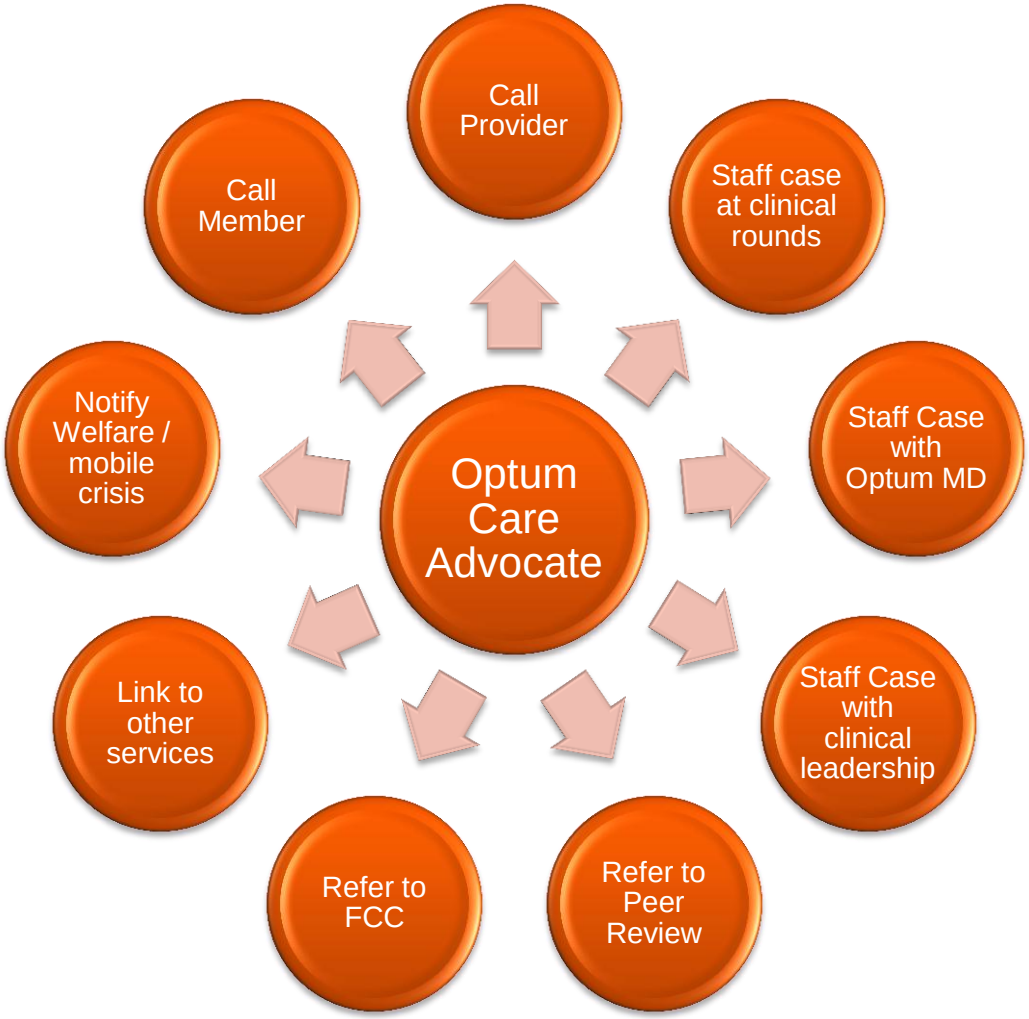
- To encourage the highest quality of care, in the most appropriate setting, from the most appropriate provider

- Through our UM program we seek to avoid over-use and under-use of medical services by making coverage determinations based on available evidence-based guidelines balanced by individual considerations

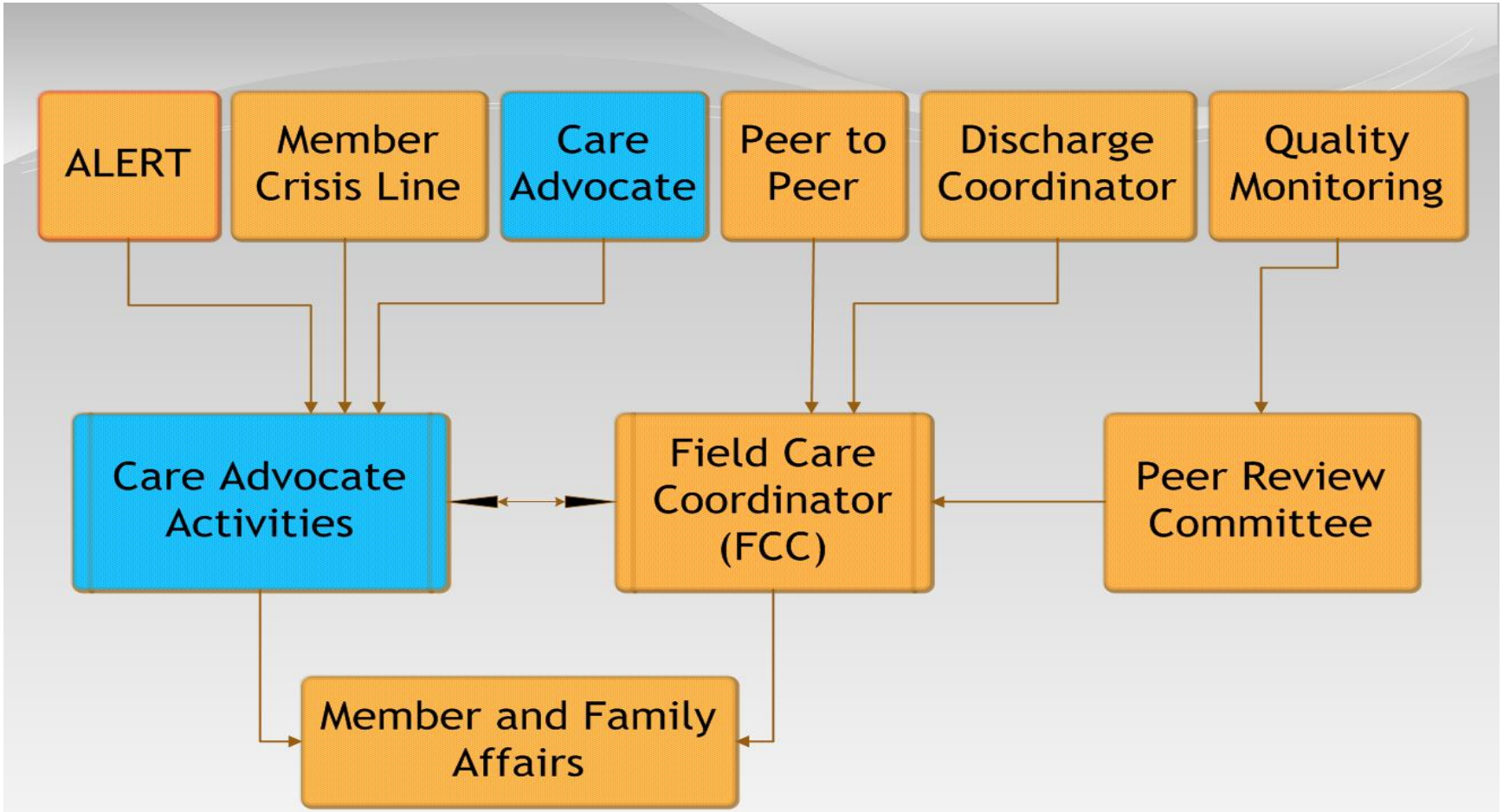
Utilization Review

- Utilization Management includes a review process summarized in two steps:
  1. Provider submits Service Request Form and
  2. Care Advocate reviews for clinical considerations, including:
     - Medications
     - SUDS
     - Hospitalizations
     - Legal issues
     - ALERT Wellness Assessments
     - Underutilization of Evidence-Based Practice
     - Rural Locations
     - Parents with SPMI or DD issues
     - Alternative Placements
     - Expelled from school
     - History of unsafe/high risk behaviors

Care Advocate Role



Utilization Review and Members with High Risk



Utilization Review Case Study

Member Case/Issue	Identifier	Outcome
62 year-old Female Major Depression Severe Recurrent, Diabetes, HTN, Sleep Apnea, Incontinence, s/p stroke in 2012. Concerns that at-home caregiver was not appropriately caring for member. Came into care in September, 2013.	Routine UM request	• CA made referral to Adult Protection after provider expressed reluctance to file mandatory report to Adult Protective Services • Medical Director conducted a peer review, partially denied CBRS, allowing transitional CBRS units, and recommended that second-consultation with psychiatrist be arranged to review antidepressant medication and with PCP to review adequacy of sleep apnea treatment and that Individual Therapy be intensified, using an evidence-based technique such as CBT.

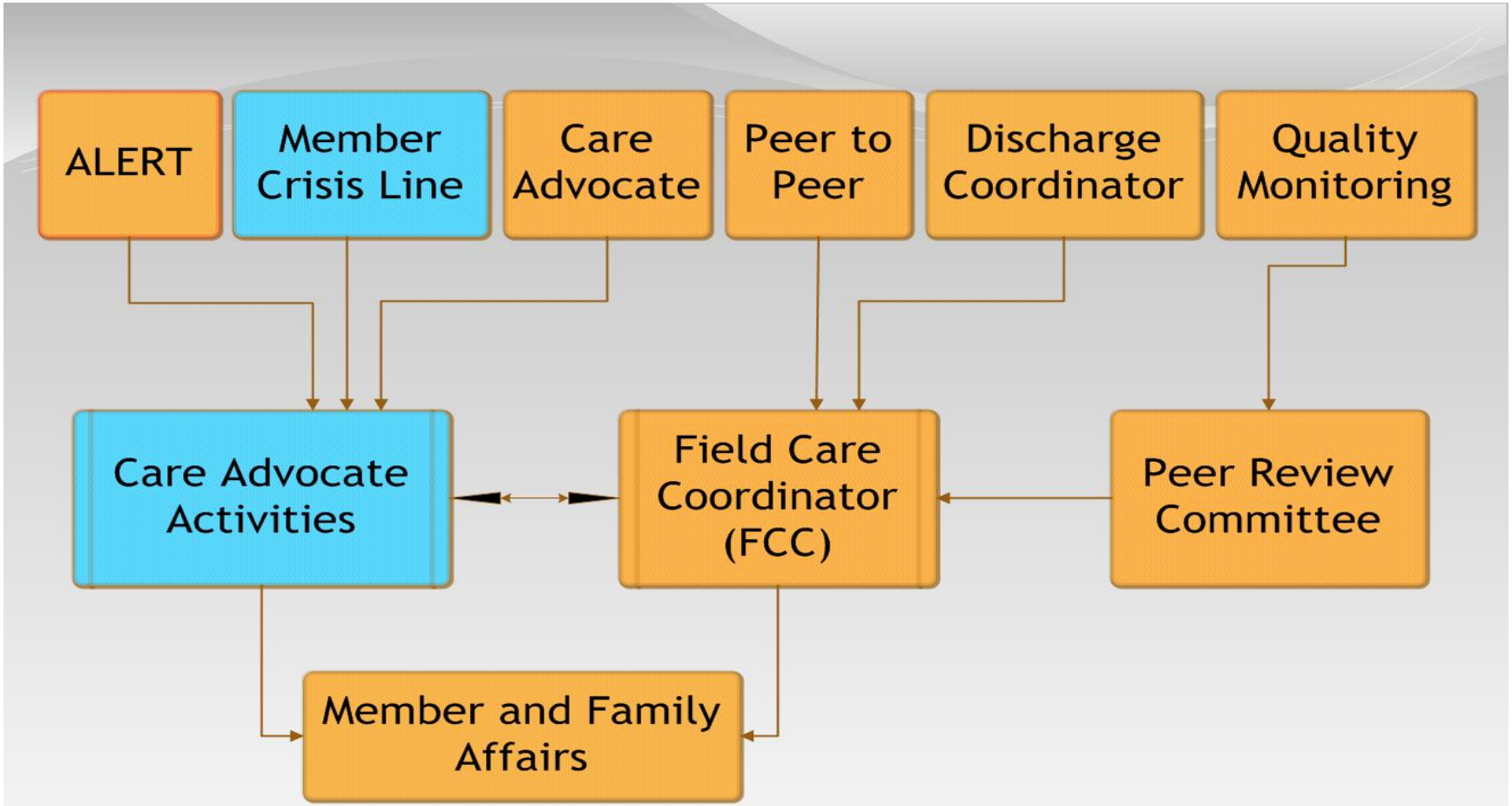
Case Activity:

CA calls provider to gather additional clinical information regarding member's decompensation, concerns regarding caregiver taking advantage of member, and lack of use of EBP. CA refers case for p2p review

Services in place:

- Case Management x 8 (since go-live)
- CBRS x 7 (since go-live)
- Medication Management
- Individual Therapy (sporadic and only within last 4 months)

Member Access Crisis Line & Members at High Risk



Member Access & Crisis Line

- Member calls 24-hour member line with behavioral health need and call is triaged for risk assessment:
  - No Risk Determination
    - Makes referral to existing provider (if member has one) or makes referral to new provider
  - Urgent Risk Determination
    - Referral is made to provider and Optum Care Advocate Team is notified for follow-up
  - Emergent Risk Determination
    - Contact is made with IDHW 911/mobile crisis immediately and Member Crisis Line Clinician notifies Care Advocate Team for follow-up

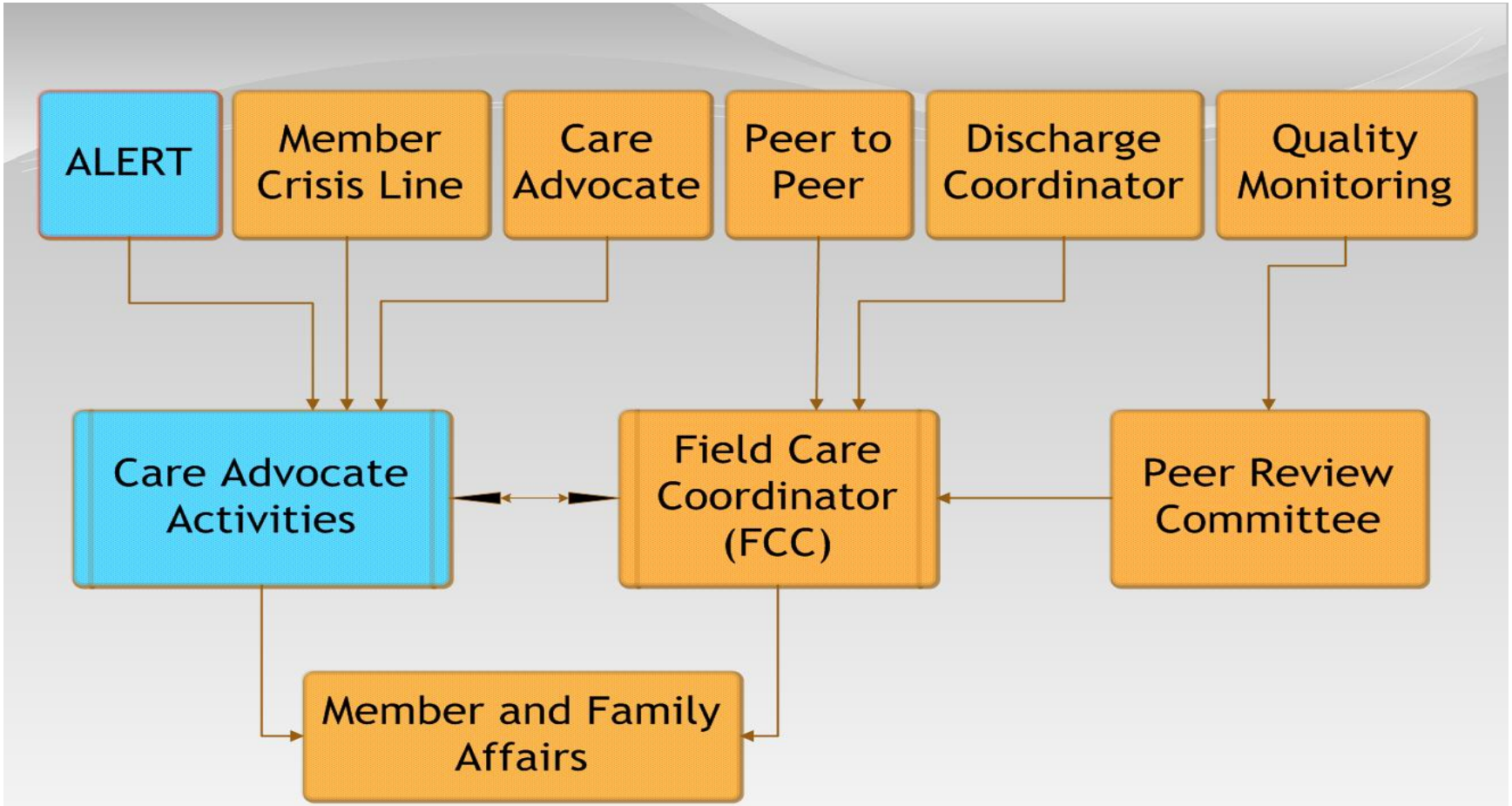
Member Access & Crisis Line Case Study

Member Case/Issue	Identifier	Outcome
47 year- old Male SUDS issues, inebriated, past history of suicide attempt several months previously	Called Member Access and Crisis Line.	• Provider successfully reached Member, further assessed for safety, and set up earlier treatment session than previously planned.

Case Activity:

Member Access and Crisis Line notified CA of Urgent issue.
CA called Member and then called Member's Provider.
CA recommended that Provider arrange for Member to be seen the same day and review which provider type would be best for contacting the Member.
CA requested that Provider call back if encounter cannot occur for any reason or if welfare check or higher level of care is needed.
Provider expressed appreciation for the advisement.

ALERT and Members at High Risk



ALERT

- ALERT is a member-directed, outcomes-based and cost-effective approach to making treatment decisions to help identify members at high risk
- ALERT uses results of a member self-assessment (Wellness Assessment) to provide decision support for the authorization of outpatient services and care management through:
  - Measuring and reporting clinical outcomes
  - Member Identification
  - Provider Identification

Wellness Assessment – Patient Questionnaires

"Adult" Wellness Assessment

- 24 items
- Depression and anxiety symptoms
- Functional impairment
- Well-being
- Workplace absenteeism and presenteeism
- Substance abuse risk and use
- Health and medical comorbidity

"Youth" Wellness Assessment

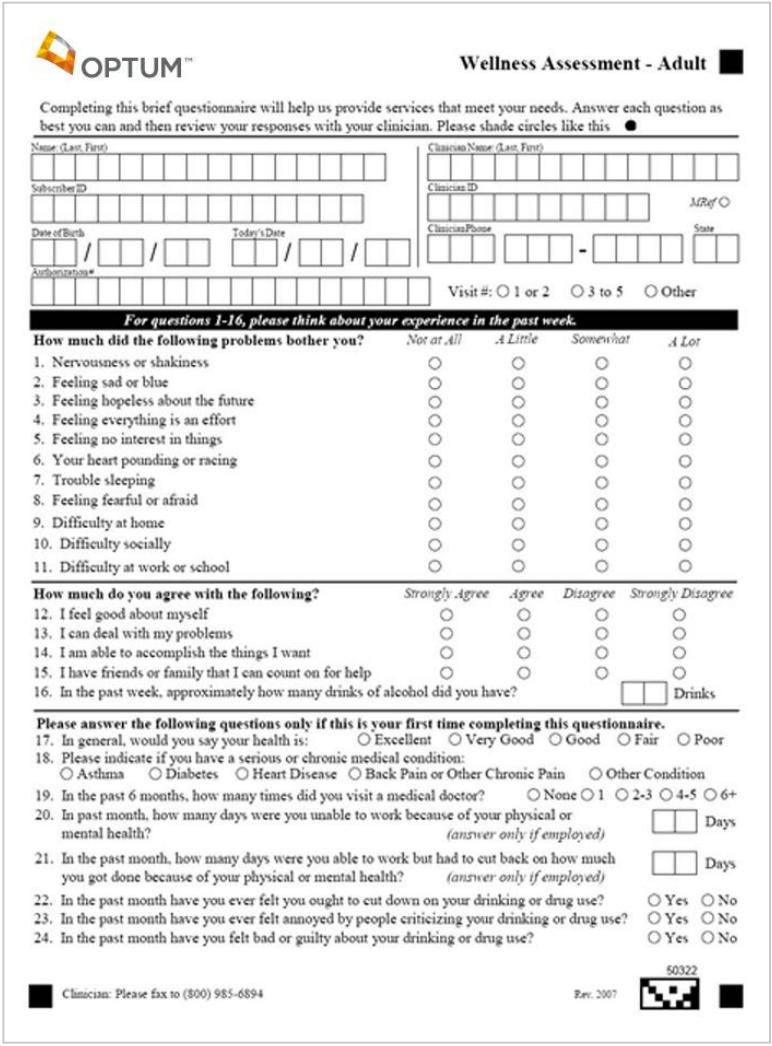
25 items

Global impairment in child (interpersonal, emotional, academic, behavioral)

Caregiver strain

Parental workplace absenteeism and presenteeism

Health



OPTUM™

Wellness Assessment - Adult

Completing this brief questionnaire will help us provide services that meet your needs. Answer each question as best you can and then review your responses with your clinician. Please shade circles like this ●

Name: (Last, First) | Clinician Name: (Last, First)
Subscriber ID | Clinician ID | MRef ○
Date of Birth / / | Today's Date / / | Clinician Phone - | State
Authorization#
Visit #: ○ 1 or 2 ○ 3 to 5 ○ Other

For questions 1-16, please think about your experience in the past week.

How much did the following problems bother you?	Not at All	A Little	Somewhat	A Lot
1. Nervousness or shakiness	○	○	○	○
2. Feeling sad or blue	○	○	○	○
3. Feeling hopeless about the future	○	○	○	○
4. Feeling everything is an effort	○	○	○	○
5. Feeling no interest in things	○	○	○	○
6. Your heart pounding or racing	○	○	○	○
7. Trouble sleeping	○	○	○	○
8. Feeling fearful or afraid	○	○	○	○
9. Difficulty at home	○	○	○	○
10. Difficulty socially	○	○	○	○
11. Difficulty at work or school	○	○	○	○

How much do you agree with the following?	Strongly Agree	Agree	Disagree	Strongly Disagree
12. I feel good about myself	○	○	○	○
13. I can deal with my problems	○	○	○	○
14. I am able to accomplish the things I want	○	○	○	○
15. I have friends or family that I can count on for help	○	○	○	○

16. In the past week, approximately how many drinks of alcohol did you have? ☐☐ Drinks

Please answer the following questions only if this is your first time completing this questionnaire.

17. In general, would you say your health is: ○ Excellent ○ Very Good ○ Good ○ Fair ○ Poor
18. Please indicate if you have a serious or chronic medical condition:
○ Asthma ○ Diabetes ○ Heart Disease ○ Back Pain or Other Chronic Pain ○ Other Condition
19. In the past 6 months, how many times did you visit a medical doctor? ○ None ○ 1 ○ 2-3 ○ 4-5 ○ 6+
20. In past month, how many days were you unable to work because of your physical or mental health? *(answer only if employed)* ☐☐ Days
21. In the past month, how many days were you able to work but had to cut back on how much you got done because of your physical or mental health? *(answer only if employed)* ☐☐ Days
22. In the past month have you ever felt you ought to cut down on your drinking or drug use? ○ Yes ○ No
23. In the past month have you ever felt annoyed by people criticizing your drinking or drug use? ○ Yes ○ No
24. In the past month have you felt bad or guilty about your drinking or drug use? ○ Yes ○ No

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Clinician: Please fax to (800) 985-6894 Rev. 2007

Value of ALERT Program

- **ALERT Outpatient Care Advocacy Program**
  - Integral component of our risk and utilization management process

- **Value of ALERT model for providers and members**
  - Collaboration with providers to improve outcomes and manage care
  - Promotes outcomes-informed, member-centered psychotherapy
  - Allows for focus to be on cases with highest need / risk
  - Decreased administrative work for routine care
  - Wellness Assessments provide treatment feedback

ALERT Algorithms and the Wellness Assessment

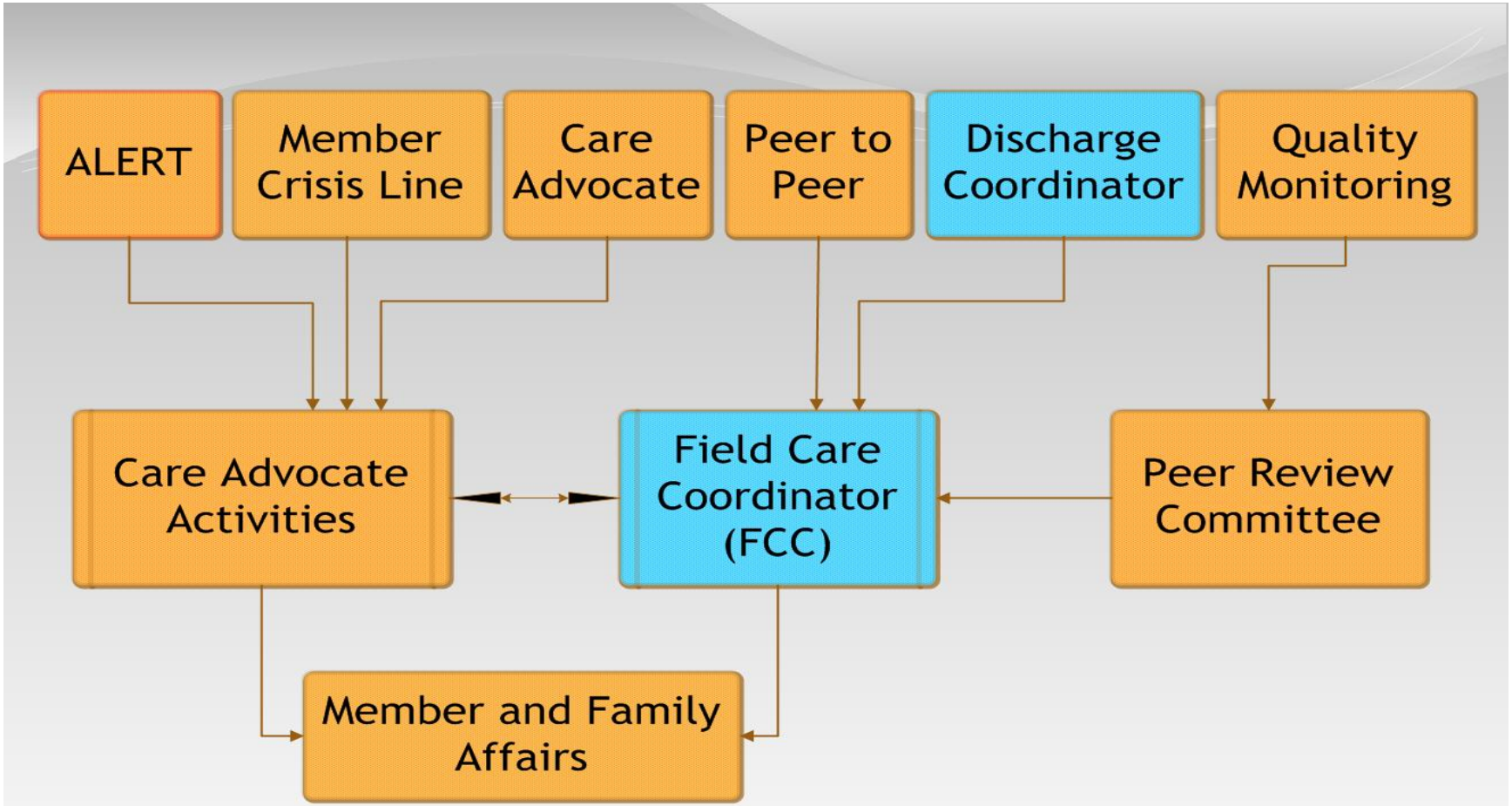
- High Global Distress
- Youth High Impairment
- High Global Caregiver Strain
- High Facility Predictive Risk
- Severe Global Distress without medication evaluation
- Medical Behavioral Comorbidity
- Chemical Dependency Risk
- Change Index
- Others

ALERT Care Advocate Activities

- If one algorithm is triggered, a Care Advocate writes a letter alerting the Provider to the elevated risk the Member is demonstrating

- If two or more algorithms are triggered, a Care Advocate calls the Provider to discuss the case, review the treatment plan and barriers to treatment, and make treatment suggestions

Care Management – Field Care Coordination



Field Care Coordination Role

Goal: To help high-need members maintain stability in the community.

FCC Case Study

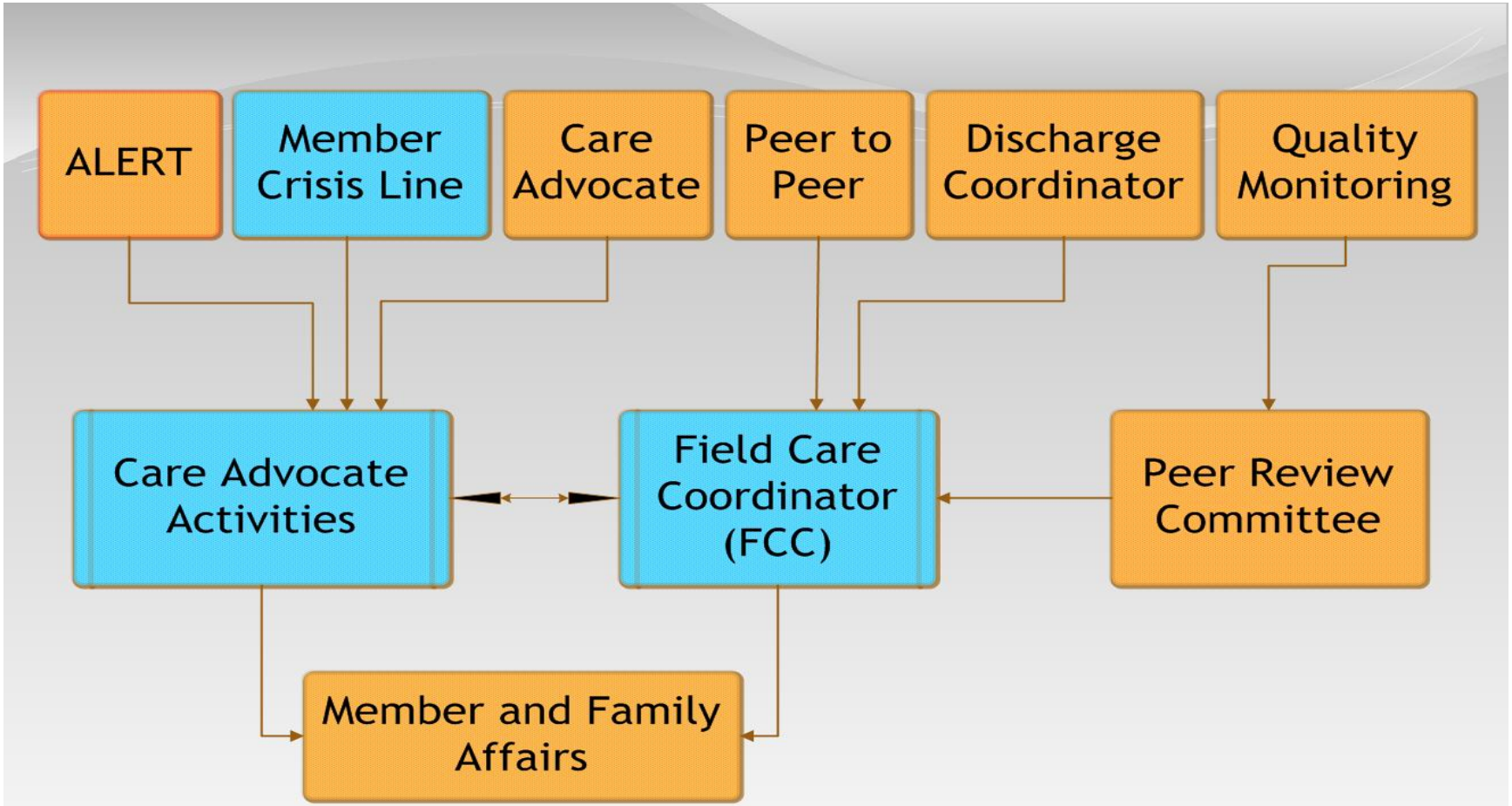
Member Case/Issue	Identifier	Outcome
14-year old Male Aggression and homicidal ideation toward siblings and schoolmates. Hospitalized 4 times in the last 10 months, the last time in State Hospital South for 2 months. Optum Idaho care begins in May 2014.	Internal referral from Discharge Coordinator due to multiple admissions and an application for EPSDT for out-of-home placement in Residential Treatment Center.	• Member successfully engaged in appropriate treatment services including CBRS, individual and family therapy, and medication management. • Member has not been re-hospitalized for 6 months. • Member has remained in at home. • EPSDT application was withdrawn.

Case Activity:

FCC made phone contact with Member's parents, service providers, IDHW Childrens Mental Health, and expedited Authorization Review by Optum CA

- FCC reestablished resumption of services by member's previous provider.
- FCC expedited authorization review so as to have services available the day of member's discharge from SHS.
- FCC coordinated with provider to plan and arrange appropriate treatment services.

Care Management – Field Care Coordination



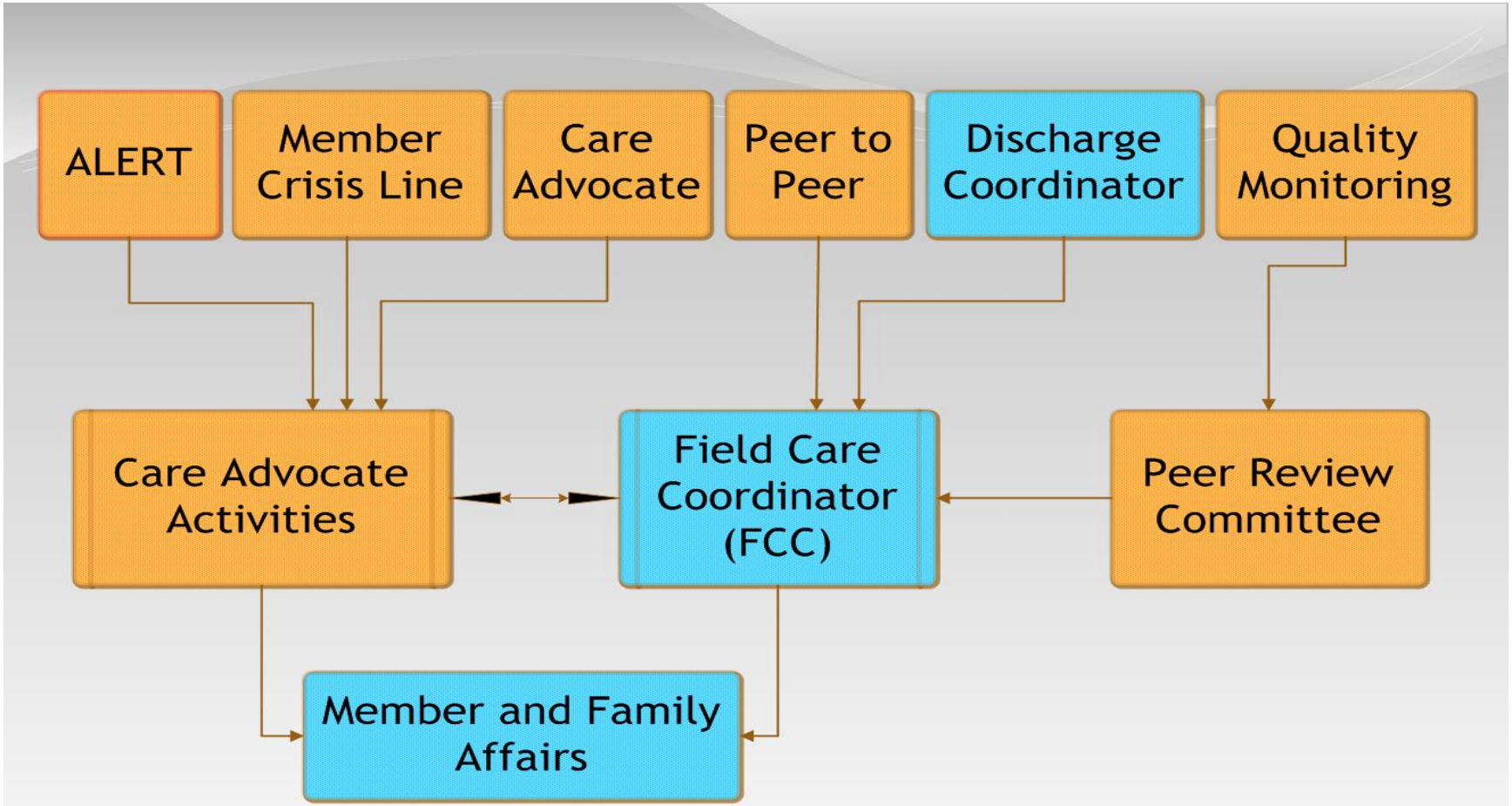
FCC Case Study

Member Case/Issue	Identifier	Outcome
47 year- old Male Member inebriated with prior history of suicide attempt several months earlier. Had discontinued work with SUDS provider.	Called Member Access and Crisis Line.	• FCC contacted member to assess risk, reinforced referrals. Member indicated he will return to AA.

Case Activity:

Member Access and Crisis Line provided member SUDS referrals and notified CA of Urgent issue.
CA called member without answer at number listed, so CA called police dispatch for welfare check.
CA referred case to FCC due to no current provider to contact.
FCC followed up with police dispatch.
Police had interviewed Member and determined he was safe.
FCC contacted member.

Discharge Coordinator and High-Risk Members



FCC Case Study

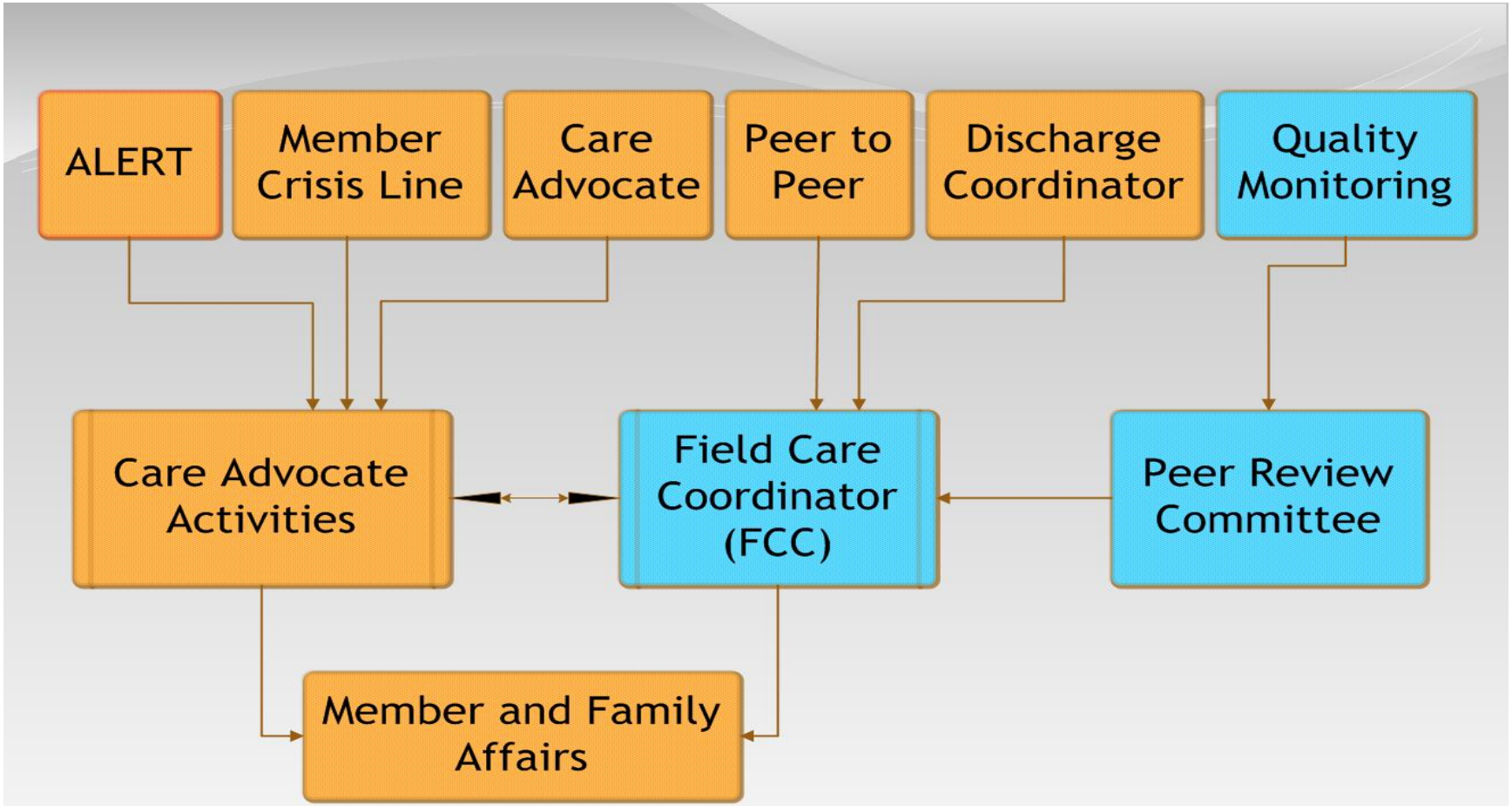
Member Case/Issue	Identifier	Outcome
51-year old Female Member is diagnosed with schizophrenia, history of trauma, and PTSD	Discharge Coordinator referred case to FCC due to two recent admissions in 4 months. .	• Member is engaging in individual trauma-related therapy weekly including EMDR • Member is working with medication prescriber, resulting in better mood stability. • Member is engaging in CBRS. • Member is working with PSS to develop and use a personal WRAP plan and to be more activated to take responsibility for getting healthier. • Member has not been re-hospitalized for over 4 months

Case Activity:

FCC phoned contact with member, and multiple service providers.
Early in FCC involvement, Member was readmitted for inpatient care.

- FCC identified 4 different providers serving the member.
- FCC encouraged closer provider communication and collaboration.
- FCC found member not engaged in effective treatment for trauma and paranoia issues.
- FCC assisted providers to connect member with appropriate treatment for trauma issues.
- FCC referred Member for Peer Support Services (PSS)

Quality of Care - Critical Incident Reporting



Quality Monitoring Activities

- **Partnering with our network providers to deliver excellence**
  - Demonstrated through our Quality Assurance Performance Improvement (QAPI) Program structure and network contract standards including:
    - Ensuring care is coordinated and managed
    - Cooperation with On-site Audits
    - Cooperation with the Member complaint process
    - Responding to inquiries
    - Participation in Quality Improvement initiatives
    - Responsiveness to potential quality of care concerns and critical incidents
    - Helping to ensure Members receive care that is consistent with national performance measures

Quality of Care - Critical Incident Reporting

Providers are required to report potential Critical Incidents to Optum Idaho within 24 hours of being made aware of the occurrence.

Critical Incident Categories:

- Completed suicide by a member who was engaged in treatment
- Serious suicide attempt by a member
- Unexpected death of a member
- Serious injury requiring an overnight admission
- Report of a serious physical assault of a member
- Report of a sexual assault of a member
- Report of a serious physical assault by a member
- Homicide that is attributed to a member who was engaged in treatment
- Report of an abduction of a member
- Instance of care ordered or provided by someone impersonating a physician, nurse or other health care professional
- High profile incidents identified by the IDHW as warranting investigation

Transformation: Enhancing the Behavioral Health System

Recovery-based care focuses on the individual and customizes treatment plans and programs for that person, taking into account his/her goals and strengths

No two recovery plans are alike – just as no two people are alike – whether they are at high need or not

Optum Idaho provides multiple supportive services to the provider network to assist with customizing and promoting more effective care

Questions?

Thank You