

Primary Care and Behavioral Health Providers:

Working together to treat the whole person

Why PCPs and behavioral health providers should work together

- **Physical and behavioral health (BH) go hand in hand.** Comorbid conditions can complicate treatment of and recovery from both physical and BH issues. A member is more likely to stick to a medical treatment plan if his or her BH needs are properly met, and vice versa.
- **Collaboration leads to well-informed treatment decisions.** Providers work together to develop compatible courses of treatment, increasing the chances for positive health outcomes and avoiding adverse interaction.
- **Sharing relevant case information in a timely, useful and confidential manner is an Amerigroup Kansas, Inc. requirement.** We abide by standards set by the National Committee for Quality Assurance (NCQA) requiring health plans to ensure coordination of care between PCPs and BH providers.



When PCPs and BH providers should exchange health information

PCPs and BH providers should exchange health information when any of the following occurs:

- A member first accesses a physical or BH service.
- A change in the member's health or treatment plan requires a change to the other provider's treatment plan (such as when a member who has been taking lithium becomes pregnant).
- A member discontinues care.
- A member is admitted to or discharged from the hospital.
- A member is admitted and a consultation is warranted.
- A member has not otherwise been required to be seen; they should be seen once a quarter.
- A member has a physical exam and/or laboratory or radiological tests.



Tips and tools for screening and follow-up care

Screening for substance abuse and depression

When screening for substance abuse and depression, please use standard screening tools or these brief screening questions. If your patient's answer to any of these questions is yes, refer the patient for a complete BH evaluation. Contact us if you need help making this referral. Screenings should be completed annually.

1. In the last year, did you ever drink or use drugs more than you meant to? Yes No
2. Have you felt you wanted or needed to cut down on your drinking or drug use in the last year? Yes No
3. Over the past two weeks, have you felt down, depressed or hopeless? Yes No
4. Over the past two weeks, have you felt little interest or pleasure in doing things? Yes No

We're here to help!

Do you have more questions? Do you need help with a referral? Contact your local Provider Relations representative or call Provider Services at **1-800-454-3730**.

Doing well means doing well together for our members

The Healthcare Effectiveness Data and Information Set (HEDIS®*) is a program developed by the NCQA to measure how effectively health plans and providers deliver preventive care. There are things we can do together to keep our members healthy.

Follow-up visits after substance abuse diagnoses

People who stay in treatment for 90 or more days are less likely to use drugs after they are discharged. If treatment time is increased to 180 days, the likelihood of drug use after discharge falls more than 50 percent.

Per HEDIS requirements, all patients with newly diagnosed substance abuse should be seen:

- At least once within 14 days of being diagnosed
- Two or more times within 30 days of the initial visit

It's important to make sure patients begin treatment immediately upon diagnosis of substance abuse. If you need help arranging treatment for a newly diagnosed patient, call Provider Services at 1-800-454-3730.

Antidepressant medication management

Depressive disorders can have a significant negative impact on a patient's quality of life and health care outcomes, and they are often diagnosed and initially treated in primary care. You should regularly monitor patients you're treating with antidepressant medications. Patients should also be maintained on these agents to allow for adequate trials.

We strive to meet the HEDIS goals below for assessing the adequacy of the medication trials for members 18 years of age and older diagnosed with a new episode of major depression and treated with and kept on antidepressant medication:

- **Effective acute phase treatment** – The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks)
- **Effective continuation phase treatment** – The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (six months)

We are here to help you ensure an adequate medication trial for patients whose treatment plan includes medication. Please call Provider Services if you need help.

Follow-up visits after ADHD diagnosis

ADHD is a complicated disorder whose treatment often involves a combination of counseling and medication. If treatment involves medication, it is very important to monitor this closely. We have adopted the HEDIS goals for medication follow-up below:

- At least one follow-up visit with a practitioner within a month of the first prescription of ADHD medication is recommended for all children diagnosed with ADHD who are 6 to 12 years of age.
- At least two more follow-up visits in nine months are recommended for children who remain on the medication for at least 210 days.

* HEDIS is a registered trademark of the National Committee for Quality Assurance.



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