



## **Welcome Florida, Louisiana, Ohio, Pennsylvania, Texas, Michigan, Illinois, Kentucky, New Jersey and Maryland**

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“Caring for members with serious mental illness or serious emotional disturbance”



# Housekeeping

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- Mute on/off
- Participate
- Q/A box
  - Send question or comment to “all panelists”

# Integrity, Excellence, Inspiration, and Caring





# AETNA BETTER HEALTH<sup>®</sup>

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## Agenda

- Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED).
- Why is integrated care important?
- Caring for members with SMI or SED.
- Tips for successful office visits.
- Things to consider.
- The HEDIS measures of care.
- Resources for additional support.
- How care can be captured more effectively through administrative means.
- Who is my point of contact here at the health plan?
- Next months webinar topic.

# Why attend this Webinar series?

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## Goals

- HEDIS<sup>®</sup> education
- Illustrate care concerns of Medicaid members throughout the life cycle.
- Maximize administrative data capture.
- Spark conversations with providers.



# What is HEDIS<sup>®</sup>, who uses it, and what does it measure?

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## **HEDIS<sup>®</sup>**

- State requirement
- NCQA accreditation
- Effectiveness of care

# Meeting HEDIS® Standards of Care

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## HEDIS® terms

- Administrative Data
- Hybrid Review
- Hit

# What is HEDIS<sup>®</sup>, who uses it, and what does it measure?

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## Who uses HEDIS<sup>®</sup> data?

- The public
- Regulatory bodies



# Questions?

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- Please type in any questions or comments in to the Q/A box
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# Serious Mental Illness (SMI)

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# Serious Mental Illness (SMI)

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## **Background of definition:**

- 1992 Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Reorganization Act
  - U. S. Department of Health and Human Services
  - Help states applying for grant funds
  - Estimate the incidence and prevalence of serious mental illness

# Serious Mental Illness (SMI)

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Background of definition (cont.):



# Serious Mental Illness (SMI)

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## Definition (cont.):

As defined by federal regulation, a serious mental illness is a condition that:

- Affects persons aged 18 years or older
- Diagnosable mental, behavioral, or emotional disorder
  - Currently or in past year
  - *Excluding*
    - Developmental disorders
    - Substance abuse disorders
    - Dementias
    - Disorders due to a general medical condition

# Serious Mental Illness (SMI)

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## **Definition (cont.):**

As defined by federal regulation, a serious mental illness is a condition that (cont.):

- Resulted in serious functional impairment
- Substantially interferes with or limits one or more life activities
  - Maintaining interpersonal relationships
  - Activities of daily living
  - Self-care
  - Employment
  - Recreation

# Serious Mental Illness (SMI)

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## **Disorders typically meeting criteria for serious mental illness:**

- Schizophrenia
- Schizoaffective disorders
- Psychotic disorders
- Major depressive disorders
- Bipolar disorders
- Borderline personality disorders

# Serious Mental Illness (SMI)

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## May also meet criteria for serious mental illness:

- Anxiety disorders (such as obsessive compulsive disorder and panic disorder)
- Eating disorders (such as anorexia nervosa and bulimia nervosa)(1)



# Serious Emotional Disturbance (SED)

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# Serious Emotional Disturbance (SED)

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## Background of definition (cont.):

- Similar to SMI except:
  - From birth up to age 18 (some states extend to age 21)
  - Functional impairment
    - Substantially interferes with or limits
    - Role or functioning
      - Family
      - School
      - Community activities

# Serious Emotional Disturbance (SED)

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## **Background of definition (cont.):**

- Exclude
  - Substance use disorders
  - Developmental disorders
- Separate block grant funding and processes for needs assessment

# Serious Emotional Disturbance (SED)

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## **Disorders typically meeting criteria for serious emotional disturbance:**

- Schizophrenia and other psychotic disorders
- Depressive disorders
- Anxiety disorders
- Dissociative disorders
- Oppositional defiant disorder
- Trauma and stressor-related disorders
- Attention deficit/Hyperactivity disorder (ADHD)

# Serious Emotional Disturbance (SED)

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## **Attention deficit/Hyperactivity disorder (ADHD)**

- Concerns about including ADHD in SED definition:
  - Parental concerns about negative stigma
  - Treatment providers/educators difficulties making definitive diagnoses
- Ultimately included:
  - Significant group of children
  - Functional impairments
  - Excluded from services

# Questions?

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- Please type in any questions or comments in to the Q/A box
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**Behavioral health and physical health services for adults with SMI are typically provided by multiple providers in separate care settings with little coordination. (5)**

# Why is integrated care important?

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## **Fragmentation particularly problematic for individuals with SMI:**

- Often affected by chronic medical illnesses and conditions
  - Diabetes
  - Hypertension
  - Obesity
  - Smoking
- Require care from multiple providers at multiple settings



# Why is integrated care important?

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## **Fragmentation particularly problematic for individuals with SMI:**

- Often face difficulties in accessing high quality care
  - Poverty
  - Discrimination
  - Cognitive impairment
  - Environmental factors (5)

# Integrating care

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## Privacy

- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
  - Set of national standards for protection of certain health information
- Standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”)
  - Address use and disclosure
  - Individuals’ rights to understand and control
- Protected Health Information (PHI)
  - Individually identifiable information
    - Past, present or future physical or mental health condition
    - Provision of health care to the individual
    - Past, present or future payment for provision of health care (6)

# Integrating care

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## Privacy Rule

- Permitted uses and disclosures
  - Treatment, Payment, Health Care Operations
    - A covered entity may use and disclose protected health information for its own treatment, payment, and health care operations activities. A covered entity also may disclose protected health information **for the treatment activities of any health care provider**, the payment activities of another covered entity and of any health care provider, or the health care operations of another covered entity involving either **quality** or competency assurance activities or fraud and abuse detection and compliance activities, **if both covered entities have or had a relationship with the individual and the protected health information pertains to the relationship.**
- Special limitations regarding substance abuse and treatment, and psychotherapy notes

# Integrating care

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**Privacy Rule allows for treatment collaboration among providers**

**Popular belief remains cautious about crossing those lines**

# Integrating care

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How to break down the wall?  
...Or at least scale it?

Signed Release of Information

## Treating the whole person, body and mind

### Understanding all your health needs

There are strict rules to protect your privacy. These rules may keep your physical health information separate from your mental health information.

However, your quality of care improves when your doctors look at your health from both a physical (including dental) and mental (including emotional well-being, spiritual well-being and conditions in the places where you live, learn, work and play) standpoint.

Each of your doctors can work together to treat you as a whole person if you allow them to share information.

### Allowing your doctors to share your health information

You can help your doctors consider all of your health goals by allowing them to share your information. Your privacy would still be protected.

### Bring this card to your next visit

Talk to your doctor about all your health care providers working together as a team. Make the choice to be treated as a whole person.

# Caring for members with SMI or SED

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## **Barriers to seeking services:**

- Impaired recognition of health needs
- Fears of coercive treatments
- Uncertainty about where to go
- Instability of socioeconomic situation takes precedence

# Caring for members with SMI or SED

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## **Presentation**

- Withdrawal
- Loss of interest in others
- Drop in functioning
- Problems with concentration, memory, logical thought or speech
- Heightened sensitivity to sights, sounds, smells, or touch
- Avoidance of over-stimulating situations

# Caring for members with SMI or SED

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## **Presentation**

- Loss of initiative
- Vague feeling of being disconnected, sense of unreality
- Nervousness, suspiciousness
- Unusual behavior – odd, uncharacteristic
- Sleep or appetite changes
- Rapid or dramatic shifts in feelings (7)



# Caring for members with SMI or SED

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## Tips for successful office visits

- Low stimulus environment
  - Consider a separate waiting area with minimal objects, sounds and odors
- Listen to understand
  - Reflect back what you have heard
  - Ask for confirmation that you have understood correctly
- Observe reactions
  - May require slower talking, more time to process
  - Be mindful of personal space (9)

# Caring for members with SMI or SED

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## **Tips for successful office visits**

- Be respectful
  - More likely to return respect and consider what you have to say
- Tell the truth
  - Lying breaks rapport
- Be aware that hallucinations or delusions are very real to the person. You will not be able to talk them out of their reality
- Communicate understanding that they experience those events; do not pretend you experience them

# Caring for members with SMI or SED

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## **Tips for successful office visits**

- Keep a list of community resources (shelters, food programs, mental health services) that you can suggest
- Utilize health care plans case management services
- Collaborate with the other health care providers
- Recognize additional time and support may be needed to guide through the health maintenance process

# Questions?

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# Things to consider...

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## Special Populations

Women who are pregnant or may become pregnant

- Risks vary by medication
- Decisions on treatments for all conditions during pregnancy should be based on
  - Each woman's needs and circumstances
  - Weighing of the likely benefits and risks of all available options, including, medication, psychotherapy, or a combination of the two.

Additional HEDIS measures for this population not covered in this webinar

- FPC
- PPC



# Things to consider...

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## Special Populations

### Children and Adolescents

- Some medications have not been studied or approved for use with children or adolescents
- Other treatments could be considered
  - Psychotherapy
  - Family therapy
  - Educational courses
  - Behavior management techniques

Additional HEDIS measures for this population not covered in this webinar

- Well-care measures
- ADV



# Things to consider...

## Medications

Members with Serious Mental Illness may take medications that fall in to different drug classes.

- Side effects
  - Could affect or mimic comorbid conditions
  - May cause medication nonadherence

Treat member as a whole person addressing physical and behavioral health needs

Source- [National Institute of Mental Health](#)

Medication class	Potential Side Effects
Antidepressants	Weight gain
Anti-anxiety	Blurred vision, lowered BP, difficulty breathing
Stimulants	Difficulty falling asleep or staying asleep, headache
Antipsychotics	Weight gain, dry mouth, lowered BP
Mood stabilizers	Excessive thirst, fast/slow/irregular heart beat, weight changes, blurred/double vision

# HEDIS Measures



# ABA (Adult BMI Assessment)

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The percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year (2018) or the year prior to the measurement year (2017).

- Members younger than 21 use BMI percentile
- Members 21 and over use BMI Value
  - Documented as a value (e.g., 20.9)
  - BMI percentile plotted on an age-growth chart



## PCE (Pharmacotherapy management of COPD exacerbation)

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The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications.

- Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
- Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

# CBP (Controlling High Blood Pressure)

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The percentage of members 18-85 years of age and older who had a diagnosis of hypertension (HTN) and who adequately controlled their blood pressure (BP) during the measurement year.

- Members 18–59 years of age whose BP was <140/90 mm Hg
- Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.
- Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.



# SMC (Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia)

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The percentage of members 18–64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year.



# Caring for members with diabetes

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## **CDC (Comprehensive Diabetes Care)**

The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following.

- Hemoglobin A1c (HbA1c) testing
  - Poor control >9% (inverse measure)
- Eye exam (retinal) performed
- Medical Attention for Nephropathy
- BP control (<140/90 mm Hg)

## **SMD (Diabetes Monitoring for People With Diabetes and Schizophrenia)**

The percentage of members 18–64 years of age with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

# SSD (Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications)

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The percentage of members 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

- Glucose Test
- HbA1c Test

Exclude members who meet the following criteria:

- Members already with a diagnosis of type 1 or type 2 diabetes
- Were dispensed insulin or oral hypoglycemics/ antihyperglycemics during the measurement year or year prior to the measurement year on an ambulatory basis.

# AMM (Antidepressant medication management)

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The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.

Two phases of treatment

- *Effective Acute Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- *Effective Continuation Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).



## SAA (Adherence to antipsychotic medications for individuals with schizophrenia)

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The percentage of members 19–64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.





# ADD (Follow-Up Care for Children Prescribed ADHD Medication)

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The percentage of children age 6-12 newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.

## Two Phases of Treatment

- *Initiation Phase.* The percentage of members who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.
- *Continuation Phase.* The percentage of members who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.



## APM (Metabolic Monitoring for Children and Adolescents on Antipsychotics)

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The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

- Test for blood glucose
  - Glucose Test
  - HbA1c Test
- Cholesterol
  - LDL-C

# Administrative Data Capture

# Coding Tips

## Reduce burden of medical record review

NCQA approved coding tips

- ABA
  - BMI value
- CBP
  - Hypertension diagnosis
  - Systolic level
  - Diastolic level

Measure	Code Class	Code	Description
ABA	ICD 10	Z68.1	<b>BMI &lt;19</b>
	ICD 10	Z68.20	<b>BMI 20-20.9</b>
CBP	ICD 10	I10	<b>Essential (primary) htn</b>
	CPT 2	3074F/3075F	<b>Most recent systolic &lt;140 mm Hg</b>
	CPT 2	3078F	<b>Most recent diastolic &lt;80mm Hg</b>

# Coding Tips

## Reduce burden of medical record review

NCQA approved coding tips

- CDC
  - A1c Test
  - A1c Results
  - Nephropathy screening

Measure	Code Class	Code	Description
<b>A1c</b>			
	CPT	83036/ 83037	<b>A1c Test</b>
	CPT	3044F	<b>A1c &lt;7.0</b>
	CPT	3045F	<b>A1c 7.0-9.0</b>
	CPT	3046F	<b>A1c &gt;9.0</b>
<b>Nephropathy Screening</b>			
	CPT	82042	<b>Urine protein</b>

# Questions?

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# Point of contact

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## What is a point of contact?

- A representative at the health plan.
- Someone who can inform you on how to access your organization's/office's gaps-in care reports.
- Someone you can always turn to.





# Point of contact

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## Point of contact

- Utilize the Q/A box now!
- Type in your name, your comment/question, your state, and your email address.
- Your single point of contact will be in touch with you within 24 hours after the webinar.



# Who is my point of contact in my state?

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## Point of contact by state

- Florida
  - **Michelle Delarosa**
  - Health Care Quality Management Consultant ([DelarosaM1@aetna.com](mailto:DelarosaM1@aetna.com))
  
- Texas
  - **Joanna Rhodes** ([RhodesJH@aetna.com](mailto:RhodesJH@aetna.com))
  - [TXProviderEnrollment@aetna.com](mailto:TXProviderEnrollment@aetna.com)
  - Director Provider Relations

# Who is my point of contact in my state?

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- Pennsylvania
  - **Diana Charlton**
  - Quality Management Nurse Consultant ([CharltonD@AETNA.com](mailto:CharltonD@AETNA.com))
- Louisiana
  - **Frank Vanderstappen**
  - Manager Health Care QM ([VanderstappenF@aetna.com](mailto:VanderstappenF@aetna.com))
- Kentucky
  - **Kathy Recktenwald**
  - Quality Management Nurse Consultant ([kmrecktenwal@aetna.com](mailto:kmrecktenwal@aetna.com))

# Who is my point of contact in my state?

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- Ohio
  - **Sara Landes**
  - Director Quality Management ([LandesS1@aetna.com](mailto:LandesS1@aetna.com))
  - **Valerie Smith**
  - HEDIS Manager ([SmithV4@aetna.com](mailto:SmithV4@aetna.com))
  
- Michigan
  - **Dante' Gray**
  - Manager Health Care Quality Management ([dagray@aetna.com](mailto:dagray@aetna.com))

# Who is my point of contact in my state?

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- Illinois
  - **Anya Alcazar**
  - Director Quality Management ([AlcazarA@aetna.com](mailto:AlcazarA@aetna.com))
- Maryland
  - **Donald Miller**
  - Health Care QM manager ([MillerliiD@aetna.com](mailto:MillerliiD@aetna.com))
- New Jersey
  - **Sami Widdi**
  - Health Care Quality HEDIS manager ([WiddiS@aetna.com](mailto:WiddiS@aetna.com))

# Future Webinars

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## **Second topic for May 2018**

- "Closing HEDIS gaps administratively cuts down on medical record review"

## **June 2018**

- "Takeaways from the 2018 medical record review project"

## **July 2018**

- Back to school physicals and HEDIS measures affecting 0-11 year old members and EPSDT

# Thank you for attending

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## **Point of contact**

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# References

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**Have a great day**

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