



Title:	Continuity and Coordination Between Medical Care and Behavioral Healthcare				
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LINE OF BUSINESS

This document applies to the following line(s) of business:
All SWHP & ICSW

DEFINITIONS

When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.

Electronic Medical Records (EMR) - should be more than a collection of scanned paper charts. They should have the capability to do index search and retrieval of records, labs or procedures.

Continuity of care - process for assuring that care is delivered seamlessly across a multitude of delivery sites and transitions of care throughout the course of the disease process.

Transitions - movement of individuals between care settings (e.g., from home to hospital) as their condition and needs changed during the course of a chronic or acute illness.

Behavioral Health Practitioner - a psychiatrist, psychologist, psychiatric nurse, marriage and family therapist, licensed professional counselors (including Addiction Medicine specialists, Doctoral or master's level psychologists, Master's level clinical social workers), chemical dependency counselor, Nurse Practitioners (NPs) and Physician Assistants (PAs) who are licensed, certified or registered by the state to practice independently have a supervising physician.

Primary Care Physician (PCP) - is a physician who practices on any of the following practice areas: General Practice; Family Practice; Internal Medicine; Pediatrics; Obstetrics/Gynecology (OB/GYN); Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs) (when APRNs and PAs are practicing under the supervision of a physician specializing in Family Practice, Internal Medicine, Pediatrics or Obstetrics/Gynecology who also qualifies as a PCP under the Medicaid contract).

In addition, Medicaid members can utilize Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and similar community clinics; physicians serving members residing in Nursing Facilities; and specialist physicians who are willing to provide a Medical Home to selected members with special needs and conditions as their PCP.

Primary Prevention - Activities undertaken to prevent the occurrence of a disorder, disease or condition by eliminating causative agents, removing risk factors and enhancing patient competence. Example: prevention of substance abuse or bereavement counseling.

Secondary Prevention - activities undertaken to ensure early identification and prompt treatment of an illness or disorder, with the goal of reducing the prevalence of the condition and shortening its duration. Example: Developmental screening of children in primary care settings or Attention Deficit Hyperactivity Disorder (ADHD) screening of children in primary care settings.

Coexisting Medical and Behavioral Health Disorder - a medical condition that exists at the same time as a behavioral health disorder.

Psychotropic Medication- any medication capable of affecting the mind, emotions, and behavior.

POLICY

Scott and White Health Plan (SWHP) collaborates with behavioral healthcare practitioners to monitor and improve coordination between medical care and behavioral healthcare. SWHP collaborates with behavioral healthcare practitioners and uses information at its disposal to coordinate medical care and behavioral healthcare. This policy applies to all providers providing care to SWHP members including Baylor Scott and White Clinics and contracted providers.

PROCEDURE

Scott & White Health Plan (SWHP) collaborates with behavioral health practitioners and other physicians through a Behavioral Health workgroup whose membership includes behavioral health practitioners from Baylor Scott & White Clinics, the contracted network, and SWHP's Behavioral Health Medical Director. This workgroup provides recommendations with respect to selecting the improvement opportunities and overseeing implementation activities and analysis.

SWHP implements activities to improve and measure the effectiveness of continuity and coordination between medical care and behavioral healthcare including but not limited to:

- Exchange of information
- Appropriate diagnosis, treatment and referral of behavioral disorders commonly seen in primary care
- Appropriate use of psychotropic medications
- Management of treatment access and follow up for member with coexisting medical and behavioral disorders
- Primary or secondary preventive behavioral healthcare program implementation
- Special needs of member with severe and persistent mental illness

SWHP annually collects data concerning opportunities for collaboration between medical care delivery system and behavioral health that focus on the following:

- The accuracy of information
- The sufficiency of information
- The timeliness of information
- The frequency of information
- The clarity of information

SWHP measures and monitors data to analyze the effectiveness of the medical care and behavioral health improvement activities and initiatives based on NCQA Health Plan standard requirements, Texas Medicaid Contract, and Texas Medicaid Uniform Managed Care Manual (UMCM). Measurement of these activities and initiatives requires evidence of explicit, defined variables that allow the organization to measure its performance regarding the clinical issues identified. Baylor Scott & White Healthcare (BSWH) has an integrated electronic medical record (EMR) that facilitates communication flow and provides medical and behavioral healthcare practitioners with access to each other's notes.

The identification of "potential" opportunities to improve is based upon review of literature, identification of best practices, gathering information from practitioners, identifying existing initiatives within the SWHP delivery system,

and examining existing data on related performance measures. The quantitative and causal analysis of collected data are performed to identify improvement opportunities.

A minimum of two improvement initiatives based on identified opportunities for improvement with collaborative actions are maintained at all times. A work plan, or schedule of all intervention activities including those activities that span across the health plan and delivery system, is maintained and reviewed periodically with the Behavioral Healthworkgroup..

Specific indicators are used to measure performance of identified issues and data is collected on one of the following: a) activities, b) events, c) occurrences, or d) outcomes. Measures are based on standards of care or practice guidelines that include objective clinical criteria from authoritative sources such as a) clinical literature, b) consensus panels, c) Healthcare Effectiveness Data and Information Set (HEDIS®) measures, or d) measures that are part of SWHP or the provider delivery system monitoring. Quantitative analysis uses a valid methodology and includes the following for each measure: a) numerator and denominator, b) sampling methodology (if used), sample size calculation (if sampling is used), comparable measurement periods over time, and seasonality effects.

Through the provider contract provisions, SWHP recommends Primary Care Physicians (PCPs) have screening and evaluation procedures for the detection and treatment of, or referral for, any known or suspected behavioral health problems and disorders and clinical coordination requirements for behavioral health services. It is recommended that the training includes coordination and quality of care such as behavioral health screening techniques for PCPs and new models of behavioral health interventions.

SWHP will evaluate the special needs of members with severe and persistent mental illness that are identified through Case Management (CM) on a regular basis. The results of the CM evaluation are presented to a care team. The care team consists of a multi-disciplinary team, including but not limited to a Behavioral Health Care Manager, psychologists, psychiatrists and primary care physicians. The care team helps primary care physicians and mental health practitioners collaborate effectively to treat patients with depression, as well as severe and persistent mental illness. The care team will determine the appropriate care/ treatment for the member. HEDIS® data will be collected, measured, and evaluated to identify relevant clinical issues.

Annually, a report titled Improving Continuity and Coordination between Medical Care and Behavioral Healthcare is submitted to the Behavioral Health workgroup and the Quality Improvement Subcommittee (QIS). The report will identify interventions, barriers and outcomes for continuity and coordination of medical care, and continuity and coordination between medical care and behavior healthcare. Any measure(s) not meeting this goal will receive an action/recommendation for improvement by the Quality Improvement Coordinator and reported to the Quality Improvement Sub-Committee for further action and/or follow-up. Therefore, as an integral part of the improvement process, it is vital that collaboration efforts between medical and behavioral healthcare specialist is duly documented to sustain compliance with applicable federal, state, and NCQA guidelines.

ATTACHMENTS

None.

RELATED DOCUMENTS

None.

REFERENCES

2017 NCQA Health Plan Standard, QI 9: Continuity and Coordination between Medical Care and Behavioral Healthcare
Texas Medicaid Managed Care Contract, Section 8.1.15.4 Coordination between the BH Provider and the PCP

The information contained in this document should not be considered standards of professional practice or rules of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the "Approver" deems appropriate under the circumstances.