

CT BHP VALUEOPTIONS POST PARTUM DEPRESSION QUALITY IMPROVEMENT ACTIVITY

Date: July 16, 2009

Reporting Frequency : Monthly

Description: Post Partum Depression QIA was designed in order to assist with coordination of behavioral health services and community resources to all members who participated in the study by returning the Edinburgh depression scales; qualifying for the study mandated members to having already given birth. The scales are sent by CHN along with pregnancy related informational packages. The Edinburgh scale rates the possibility of Post Partum Depression on a scale of 0-30 with the scores equal to or greater than 10 considered as potentially having Post Partum Depression. All members, regardless of their score, are contacted by either an Intensive Case Manager (ICM) or Peer Specialist (or both) and offered services.

Data Source: Edinburgh Scale

Graphs:

- Edinburgh Scale Scores
- Percent of Members Reached Via Phone
- Percent of Members who Accepted New Services
- Services for Members with Possible Depression
- Percent of Members who Exhibit Possible Depression who Accepted New Services
- Percent of Members Who Did Not Accept New Services But Had Prior Authorizations

Total Number of Edinburgh Scales Returned

Month	Total Number Mailed	Total Number Returned	Percent Returned
February	190	14	7.4%
March	370	21	5.7%
April	396	14	3.5%
May	412	14	3.4%
YTD Total	1368	63	4.6%

Total Number Mailed represents the total number of informational packets, including information about Post Partum Depression, mailed by CHN to members each month. Total Number Returned includes all returned Edinburgh Scales.

Qualifications for Inclusion in the Quality Improvement Project

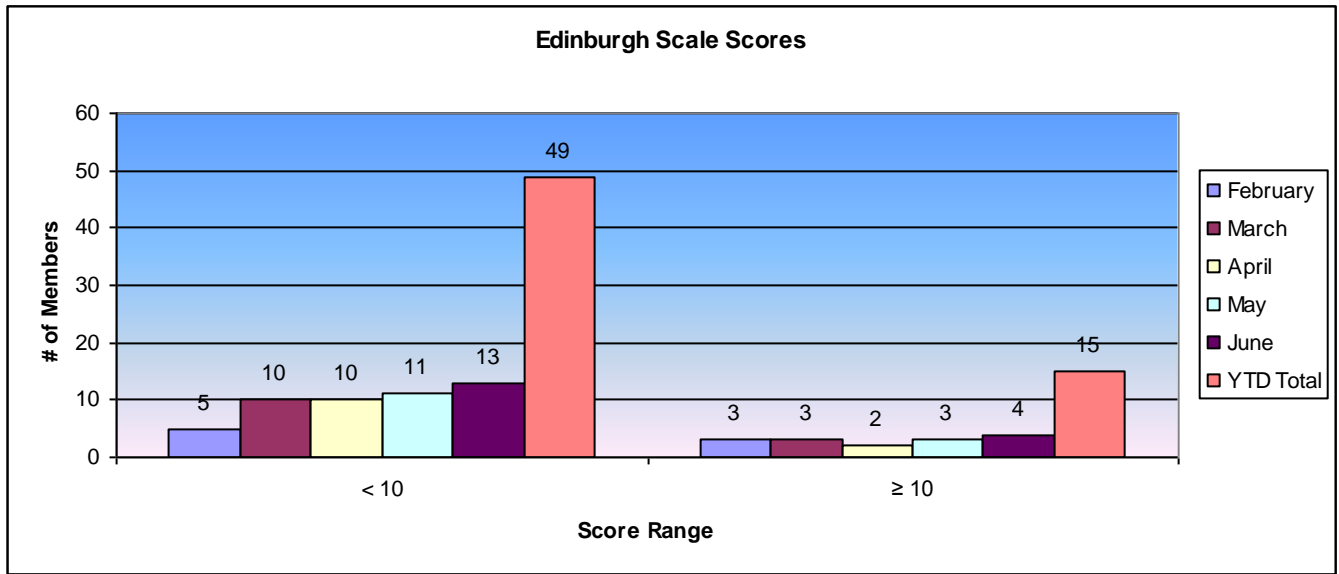
Please note that in order to qualify for the study, members must have already given birth. Due to mailing errors 16 members who have not yet given birth received and returned the Edinburgh Scale to date; they are included in the counts of returned Edinburgh Scales on page 1. In February there were 6 members who returned the Edinburgh scales but did not qualify for the study, in March, 7 and in April 3; these numbers account for the discrepancy in counts between Total Number Returned on page 1 and Total Number of Qualifying Mailings Returned on table below.

Range of Edinburgh Scale Scores of All Qualified Members

The following represents data for only qualified members.

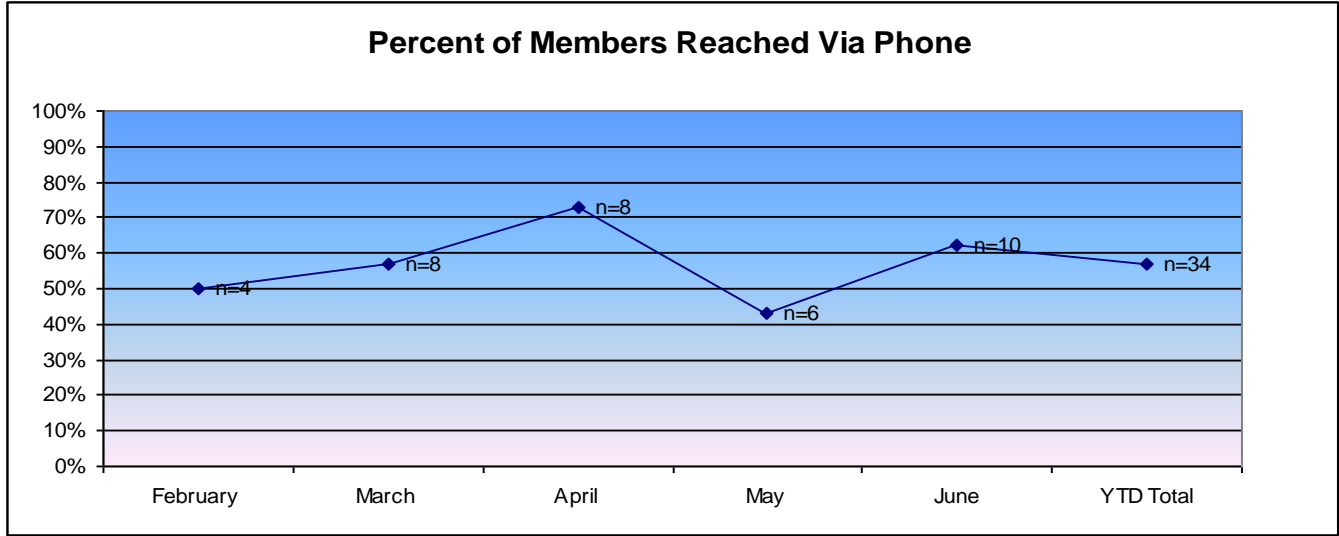
Month	Total Number of Qualifying Mailings Returned	Members with Edinburgh Scores < 10	Members with Possible Depression (>10)	Number of Members with Scores 10-20	Number of Members with Edinburgh Scores 21-30	Percent of Members with Possible Depression
February	8	5	3	3	0	37.5%
March	14	10	3	2	1	21.4%
April	11	10	2	0	2	18.2%
May	14	11	3	2	1	21.4%
June	16	13	4	3	1	25.0%
YTD	63	49	15	10	5	23.8%

- Members who scored 10 or higher are classified as having possible depression.
- Members who answered anything but “Never” on question # 10 on the Edinburgh Scale which states, “The thought of harming myself has occurred to me”, are also classified as having possible depression. These cases are deemed “urgent”; attempts to contact the member telephonically are made immediately.
- Year to date, 15, or 24 %, of members have been identified as having possible depression.



Follow up by Intensive Case Manager (ICM) or Peer Specialist

100% of all members who returned the Edinburgh Scale, regardless of their score and regardless of whether they qualified for the study, have been attempted to be contacted by either an Intensive Case Manager (ICM) or Peer Specialist. The following represents the percentage of members actually reached via telephone.



In every instance where a member was not reached after multiple attempts, Peer Specialists sent out a letter with CT BHP contact information and examples of services available to members

On the back page of each Edinburgh scale members were asked to provide contact information for their Obstetric-Gynecology physicians and to sign to permit the release of their scores to their doctor. Some members provided contact information of their Primary Care Physicians and Therapist instead. Letters were sent to 100% of Obstetrics-Gynecology Physicians, Primary Care Physicians or Therapists of members with scores equal to or greater than 10 (identified as having possible depression) who signed a release form, in order to allow for further coordination of care.

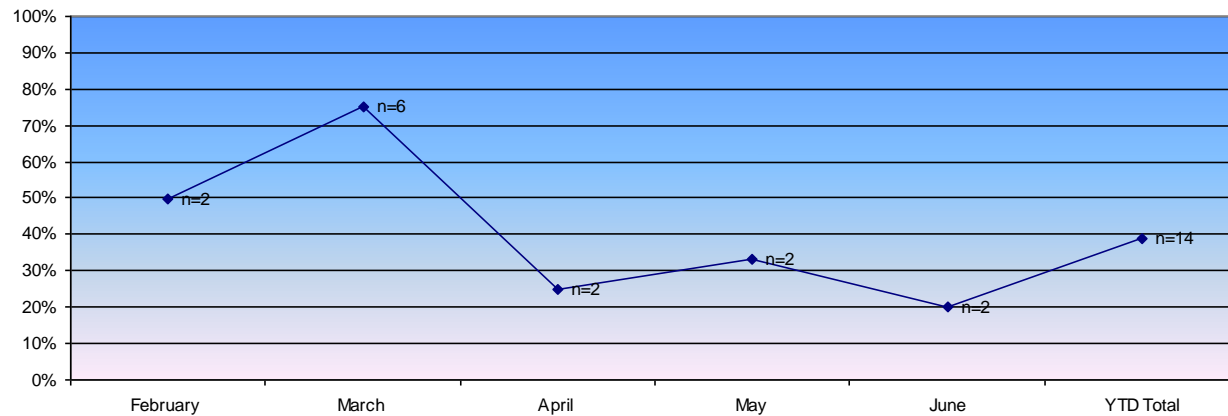
One member who did not provide the above information was unable to be contacted by telephone despite multiple attempts. A letter offering services and support with encouragement to contact CT BHP was sent to her.

Behavioral Health and Community Services Referrals of all Members

The following grid provides information regarding all members, regardless of their score, who were reached via telephone and have accepted new Clinical or Community Support services.

Month	Number of Members Reached Via Phone	Number of Members who Accepted Services	Percent of Members who Accepted Services
February	4	2	50.0%
March	8	6	75.0%
April	8	2	25.0%
May	6	2	33.3%
June	10	2	20.0%
YTD	36	14	38.9%

Percent of Members who Accepted New Services



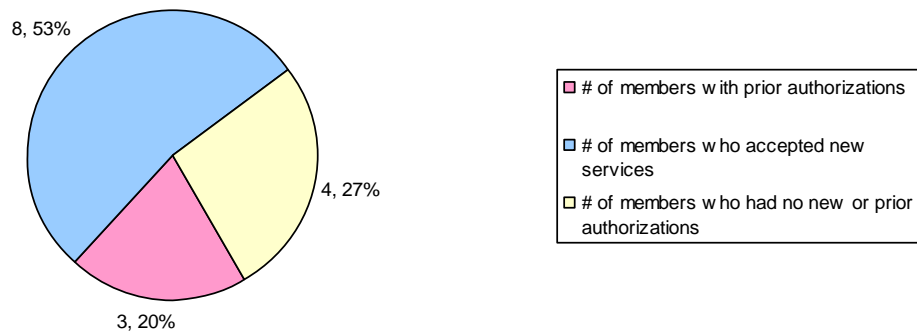
Behavioral Health and Community Services Referrals of Members with Possible Depression.

To date, 15 members were identified as having possible depression. Of those, 8 (53%) members accepted new services, 3 (20%) already were in care and did not require additional services, and 4 (27%), without existing services, refused services.

- 100% of members not reached over the telephone were sent letters with CT BHP contact information and brief description of services.
- 100% of the identified providers of members who signed the release of information were notified of members' scores equal to or greater than 10.

Month	Total Number of Members with Possible Depression	Number of Members who Exhibit Possible Depression who Accepted New Services	Number of Members who Exhibit Possible Depression who had Prior Authorizations	Total Number of Members who Exhibit Possible Depression who Did Not Have Prior Authorizations and Did Not Accept New Services
February	3	1	0	2
March	3	3	0	0
April	2	1	0	1
May	3	1	1	1
June	4	2	2	0
YTD	15	8	3	4

**Services for Members with Possible Depression
February '09 - June '09**



- Letters were sent to the identified providers of all members with scores equal to or greater than 10, even if they declined services during the contact by CT BHP staff.
- Of the members reached via telephone:
 - 6 had scores of 0, and
 - 42 had scores of 1-9, and were hence not identified as having possible depression.
 - 15 members had scores equal to or greater than 10 and, of those, 8 accepted new referrals.

Members with Possible Depression who Accepted new Behavioral Health and/or Community Services referrals

The table below represents all members with Edinburgh scores equal to or greater than 10 who have been identified as having possible depression. Some of these members were already be receiving behavioral health services and hence declined any new referrals.

Month	Total Number of Members with Possible Depression	Number of Members who Exhibit Possible Depression who Accepted New Services	Percent of Members who exhibit Possible Depression who Accepted New Services
February	3	1	33.3%
March	3	3	100.0%
April	2	1	50.0%
May	3	1	33.3%
June	4	2	50.0%
YTD	15	8	53.3%

Members with Possible Depression Who Did Not Accept New Services but had Prior Behavioral Health Authorizations

This table represents members with scores equal to or greater than 10 who declined all new services but who had existing authorizations for behavioral health treatment.

Month	Total Number of Members with Possible Depression who did not accept new services	Number of Members with Possible Depression who were already receiving services and did not accept New Services	Percent of Members with Possible Depression who were already receiving service and did not accept New Services
February	2	0	0.0%
March	0	0	0.0%
April	1	0	0.0%
May	2	1	50.0%
June	2	2	100.0%
YTD	7	3	42.9%

In summary,

- 4 members with scores equal to or greater than 10 declined new services and were not already receiving behavioral health services.
- As noted above, letters were sent to 3 out of 4 of the OBGYNs of these members.
- One member who did not sign a release form was reached via phone and contacted via letter.
- All members were given CT BHP contact information and were encouraged to call should they require assistance or services in the future.
- 100% of members were informed that they may contact CT BHP for referrals, information and or support at any point in the future
- Services provided by ICMs and Peer Specialist continue to be available for as long as the member needs them.