

UNITED BEHAVIORAL HEALTH OPTUM NETWORK NEWS

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Mental Health Resources (MHR) has been a longstanding provider in the United Behavioral Health / Optum network for many years. As part of their "Recognizing Excellence" series, MHR was featured in a UBH / Optum recent national publication, as shown below:

MENTAL HEALTH RESOURCES: RECOGNIZING EXCELLENCE AND PARTNERSHIPS IN THE PROVIDER NETWORK

Are you looking for a way to build or expand a multi-disciplinary practice? Are you interested in providing evidence-based, effective care? Would you like to diversify your services?

Free standing Intensive Outpatient Programs (IOPs) are practice based programs that are recognized as one of the most clinically and cost effective interventions allowing clinicians to see acute patients three to five times a week in an effort to keep them out of the hospital. Free standing IOPs allow acute patients remain at home, while preserving hospitalization to provide services for people who are imminently suicidal, homicidal or reporting psychotic symptoms.

An IOP intervention begins with an extensive Intake Assessment, often including crisis stabilization. This may occur over two days. Once enrolled in the program, an IOP consists of two to three hours of clinical contact per day in a group setting. Group therapy

can be supplemented with individual therapy and medication management. An IOP can begin with a relatively small number of clients meeting three days a week and slowly build to a larger census. In fact, an IOP could begin with a consulting psychiatrist a few hours a week and two part time clinicians. IOPs must be licensed by the state as they are considered to be facility-based services, as opposed to traditional professional services, and are also billed accordingly. One could focus an IOP on patient specific conditions, such as depression, addictions or eating disorders. Depending on your niche, there are various evidence based platforms that you could use to build your program around.

OptumHealth, for example, contracts with **Mental Health Resources** (MHR) in Memphis, TN to provide a psychiatric IOP and a Substance Abuse IOP. The psychiatric IOP targets acutely depressed, often suicidal patients, and the other is for patients with substance abuse issues, including those with dual diagnoses.

Evidence Based Treatment Manuals

MHR gathered program content from various sources and created IOP treatment manuals that outline every hour of treatment to ensure continuity of care to their patients and to provide therapists treatment modules based on treatment guidelines for each group they provide. This also ensures that each patient receives a core set of skills, while individualizing the content to their presenting circumstances. Additionally, both IOPs offer a more traditional process group where family of origin dynamics are addressed. This type of programming allows for the use of a multi modal approach, including cognitive behavioral, solution focused and interpersonal group therapy. MHR's treatment manuals provide guidance, but the therapist must tailor the material to the individual's needs.

MHR

MENTAL HEALTH RESOURCES, PLLC

Tracking Results

Prior to opening their IOP, MHR created a research protocol that included the collection of symptom and client satisfaction measures. They have published six outcome and satisfaction studies in peer reviewed journals. They use this research to market their IOPs to Managed Care Organizations, Employee Assistance Programs, Primary Care Physicians, and other referral sources. While their outcome measures have evolved over time, their treatment effectiveness and consumer satisfaction remain consistently strong. In fact, about 70-80% of their depressed patients present with suicidal ideation and 25-33% have one or more inpatient episodes prior to coming to IOP, but only 3-5% of these have been referred to any higher level of care and none were re-admitted to the hospital in a follow up study of 100 patients.

At Intake, the IOP pretreatment group was significantly more distressed than both the national inpatient SCL-90-R (Derogatis, 1994) normative group and a sample of 100 local psychiatric inpatients, with the exception of the Psychoticism scale. However, pre and post-treatment measures demonstrated very significant symptom reductions on all SCL-90-R symptom scales and a dose-response curve showed very significant and predictable reductions in symptoms. Very significant treatment effects were also demonstrated on patient reports of symptom severity, global distress and functional impairments. Finally, effect size statistics, which allow a program's effectiveness to be compared against other interventions, have been calculated and range from a d of 1.02 to 1.68 for the SCL-90-R Depression scale, further indicating large treatment effects. In fact, based on these figures, approximately 72 to 96% of patients who complete treatment can be expected to improve. Acutely distressed patients can clearly benefit from IOP.

Consistency of Program Effectiveness

MHR's substance abuse IOP is based on a harm reduction, motivational interviewing approach. MHR has demonstrated that their average patient moves from using their drug of choice five days a week to one or zero days per week within six to seven weeks and

that their abstinence rates are comparable to those achieved with abstinence based programs. Furthermore, all of these patients had comorbid depressive or anxiety conditions at intake and were not significantly different than the national psychiatric inpatient normative SCL-90-R group across all symptom scales, with the exception of the Phobic Anxiety scale. Nonetheless, in addition to significantly reducing their alcohol and / or drug abuse, these patients achieved highly significant improvements on every SCL-90-R scale measuring psychological symptoms and distress by the end of treatment. The SCL-90-R Depression scale effect size statistic ($d = 1.08$), further indicated large effects in terms of symptom reduction. Hence, in addition to achieving remarkable reductions in substance abuse, these patients also show significant reductions in psychiatric symptoms. These findings expanded the evidence of MHR's program effectiveness to substance abuse populations.

Measuring Patient Satisfaction

Client satisfaction is also an important measure of success. Client perspectives regarding satisfaction can supplement outcomes data and further inform us about consumer preferences. MHR has also adopted a highly utilized measure of satisfaction consisting of eight questions and applies uniform procedures for assessing client satisfaction. In fact, they even attempt to obtain this feedback from patients who leave treatment prematurely. On a scale of 1-4, with 4 being Highly Satisfied, MHR's average satisfaction rating is a remarkable 3.7. While these outcomes and satisfaction measures are indeed impressive, these outcomes have been instrumental in not only allowing MHR to grow and diversify their practice, but have also provided downstream aftercare referrals. Referrals to other providers have strengthened their relationships with new and existing referral sources. Finally, MHR clinicians enjoy the diversity the IOP lends to their traditional practice and the frequent contact IOP allows them to have with clients.

Reported by Debbie Court, Director of Provider Communications, UBH / Optum. Learn more ab IOPs and download the references at www.MHRMemphis.com or by contacting

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