

Effective Date: January 2009

Subject: Appropriate Diagnosis, Treatment, and Referral of Behavioral Health Disorders

Overview: This document describes the mechanisms in place for assessment of appropriate diagnosis, treatment, and referral of behavioral health (BH) disorders commonly seen in primary care settings.

Policy:

Common BH disorders (e.g., depression, eating disorders, post-partum depression, substance abuse, attention deficit disorder) may occur in members who present for care in medical and/or BH settings.

- ❖ HPHC expects that PCPs and other non-behavioral health practitioners treating members are attentive to the risk of depression in these patients, and proficient in the diagnosis and treatment of such conditions.

It is essential that PCPs and other non-behavioral health practitioners are able to identify members whose illness or past history makes prompt referral to BH practitioners the most appropriate treatment route. The approach to diagnosis and initiation/continuation of treatment for these common BH conditions should be consistent whether the member presents in a medical or BH setting.

HPHC, in collaboration with its contracted behavioral health benefits management provider, ensures that at least one relevant clinical practice guideline for the diagnosis, treatment, and referral of BH conditions is developed, approved, and disseminated to all appropriate practitioners.

- ❖ More than one guideline may be developed; all such guidelines must be determined to be relevant to HPHC's member population.)

The clinical guideline(s) must be developed in collaboration with primary care and BH practitioners, with participation of other disciplines deemed appropriate to the topic.

- ❖ The guideline must be reviewed at least annually (more often if appropriate), and revised as needed.
- ❖ Additional mechanisms to support appropriate diagnosis, treatment, and referral of BH disorders commonly seen in primary care settings (including continuing medical education, practitioner surveys, medication audits, treatment and medical record audits) may also be utilized.

HPHC (through delegation oversight and other monitoring activities) measures practitioners' performance related to appropriate diagnosis, treatment, and referral of BH disorders.

- ❖ At least annually, HPHC selects at least one specific indicator related to these activities for measurement. The indicator(s) selected, performance goal, individuals responsible for measurement, and target date for measurement are documented in the HPHC QI workplan. (The HEDIS anti-depressant measure will compromise at least part of the scheduled monitoring.)
- ❖ Results of these measures are analyzed, reviewed by HPHC's Medical Management and Quality Committee (MMQC), and presented to HPHC's Clinical Quality Assurance Committee for review and intervention as appropriate.

Revisions to date:

- ❖ **Revised:** 1/03, 12/04, 6/06, 1/09
- ❖ **Initiated:** 5/02