

PRACTITIONER *Update*

Dear MHN Practitioner,

Thank you for taking the time to review the May 2022 MHN Practitioner Newsletter.

Included is a reminder that your MHN contract requires you to participate in surveys regarding appointment availability. Your cooperation and participation in these surveys is always appreciated.

Please also familiarize yourself with this year's May is Mental Health Awareness Month activities and our new initiatives focusing on follow-up care for our members who have recently visited an Emergency Department.

Regards,
The MHN QI Department



Just a reminder that your MHN contract requires you to participate in surveys regarding appointment availability:

"Providers shall participate in and assist MHN with any review conducted by a regulatory agency or any accreditation survey or study."

**Your cooperation is always appreciated.
Thank you in advance!**

IN THIS ISSUE:

Documentation of Informed Consent

Focus on Behavioral Health HEDIS[®] Metrics: Follow-Up Care After Emergency Department Visits

Credentialing Reminder

May is Mental Health Awareness Month!

**Coming Soon! Provider Webinar:
Utilizing MHNs Language Assistance Program & Interpreter Services**

DOCUMENTATION OF INFORMED CONSENT



INFORMED CONSENT: Why it's important for the patient and provider alike

The main purpose of the informed consent process is to protect the member receiving service. A consent form is a legal document that ensures an ongoing communication process between you and your client.

If adult patients have the capacity to make their own decisions, care cannot begin unless they give informed consent. The informed consent process makes sure that you, the health care provider, have given the patient information about his/her condition along with alternative treatment options so that they can make an informed decision as to whether or not to begin treatment with you. The informed consent process also fosters a collaborative relationship between provider and patient from the outset, indicating to the client that decision-making in the therapeutic relationship will be shared.

4 Principles of Informed Consent (Source: *eMedicineHealth.com*)

There are 4 principles of informed consent:

1. The patient must have the capacity (or ability) to make the decision.
2. The provider must disclose information on the treatment, test, or procedure in question, including the expected benefits and risks, and the likelihood (or probability) that the benefits and risks will occur. Alternative treatment options when applicable must also be provided.
3. The patient must comprehend the relevant information.
4. The patient must voluntarily grant consent, without coercion or duress.

In emergencies, when a decision must be made urgently, the patient is not able to participate in decision making, and the patient's surrogate is not available, providers may initiate treatment without prior informed consent and should document why consent could not be obtained prior to the start of treatment. In such situations, the provider should inform the patient/surrogate at the earliest opportunity and obtain consent for ongoing treatment in keeping with these guidelines.

All MHN providers are expected to obtain informed consent from our members, (or their permitted surrogate) for all treatment, following the 4 principles outlined above. The signed and dated consent forms must be included in each member/patient's record and available for review should MHN require to do so, along with any other patient records (most often done in the case of retro-reviews and treatment audits).

MHN believes that our [Clinical Record Form](#) can help practitioners meet [MHN's Treatment Record Documentation Standards](#) and possibly improve outpatient documentation and clinical quality. MHN encourages practitioners to consider using it and other forms available at www.mhn.com under "Working with MHN - Clinical Operations Practices".

FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS: FUM & FUA



The Healthcare Effectiveness Data and Information Set (HEDIS) is one of health care's most widely used performance improvement tools. 191 million people are enrolled in plans that report HEDIS results. MHN is currently focusing on improving several behavioral health metrics that impact our members with behavioral health conditions in need of timely follow-up care. Please take a few minutes to familiarize yourself with the measures below.

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

The FUM metric measures the percentage of **emergency department (ED) visits for members 6 years of age and older** with a **principal diagnosis of mental illness or intentional self-harm, who had a *follow-up visit with any practitioner for mental illness.***

Two rates are reported:

1. The percentage of **ED visits** for which the member received **follow-up within 7 days** of the ED visit (8 total days).
2. The percentage of **ED visits** for which the member received **follow-up within 30 days** of the ED visit (31 total days).

Research indicates that timely follow-up care for people with mental illness is linked to fewer ED visits, improved physical and mental function and increased adherence to follow-up instructions.ⁱ If any of your patients have recently gone to the Emergency Department for a mental health issue, may go in the future or become at-risk for doing so, please make sure they're aware that visiting either their behavioral health provider or Primary Care Physician within 7 days of the ED visit can help improve their treatment outcomes.

Follow-Up After Emergency Department Visit for Substance Use (FUA)

The FUA metric measures the percentage of **emergency department (ED) visits for members 13 years of age and older** with a **principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose, who had a *follow-up visit or pharmacotherapy dispensing event.***

Two rates are reported:

1. The percentage of **ED visits** for which the member received **follow-up within 7 days** of the ED visit (8 total days).
2. The percentage of **ED visits** for which the member received **follow-up within 30 days** of the ED visit (31 total days).

Engaging members in timely follow-up care for substance use issues after their recent emergency room visit is shown to have a positive impact on a member's health and well-being!ⁱⁱ If any of your patients have recently visited an Emergency Department for a substance use issue, may go in the future or become at-risk for doing so, please make sure to schedule an in-person or telehealth

visit within 7 days after their discharge and consider Medication-Assisted Treatment (MAT) as appropriate.

Coordination of care remains a critical part of responsible practice. Communication with other medical and health care professionals is particularly important if your patient:

- **Is taking prescribed psychotropic medications.**
- **Has reported a concurrent medical condition.**
- **Has a substance abuse disorder.**
- **Has a major mental illness (other than an adjustment disorder).**
- **Was referred to you by the Primary Care Physician (PCP) or other medical practitioner, or if the PCP will be following the patient for psychotropic medications.**

MHN has developed [this sample Behavioral Health Coordination Form](#). Be sure to document your coordination activities, as well as your patient's consent for this communication, in your treatment record!

CREDENTIALING REMINDER

Practitioners must be recredentialed every 36 months. Be sure to keep your CAQH or One Health Port (WA providers) attestations up to date including your updated demographics, malpractice insurance, etc. MHN may send you emails or call you regarding updated credentialing information. If this information is not received during the 36-month credentialing timeframe and your credentialing expires, you will need to reapply to the MHN network.



MAY IS MENTAL HEALTH AWARENESS MONTH!

TOGETHER

for Mental Health

Each year millions of Americans face the reality of living with a mental illness. During May, the National Alliance on Mental Illness (NAMI) joins the national movement to raise awareness about mental health. Each year they fight stigma, provide support, educate the public and advocate for policies that support people with mental illness and their families.

TOGETHER FOR MENTAL HEALTH!

For 2022's Mental Health Awareness Month, NAMI is amplifying the message of **"Together for Mental Health."** They are using this time to bring voices together to advocate for mental health and access to care through NAMI's blog, personal stories, videos, digital toolkits, social media engagements and national events.

Together, we can realize our shared vision of a nation where anyone affected by mental illness can get the appropriate support and quality of care to live healthy, fulfilling lives. Help NAMI spread the word through awareness, support, and advocacy activities throughout the month of May.

Resources

Share with NAMI how you advocate for mental health by writing your personal story or sharing [#Together4MH graphics and messages](#) with your community.

Partner Resources

You can [download the 2022 Awareness Event Guide by clicking here](#).

Advocate

Join the movement to advocate for a better mental health care system by signing up for advocacy alerts and [taking action](#) when opportunities arise in your community.

COMING SOON!

MHNs LANGUAGE ASSISTANCE PROGRAM AND INTERPRETER SERVICES PROVIDER WEBINAR*

Be on the lookout! This summer, MHN will be hosting an informational provider webinar that will provide details on our Language Assistance Program and the different services MHN has available.

After the webinar, you will be able to successfully access our language assistance services, including but not limited to, how to request telephonic interpreter services during an appointment.



The webinar date, time, and registration link will be provided in our annual Language Assistance Program Reminder, which will be distributed in July 2022.

**This webinar is informational only; continuing education will not be offered.*

The next Practitioner Update is scheduled for September 2022

ⁱ <https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-mental-illness/>

ⁱⁱ <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-11-121.pdf>