

PRACTITIONER *Update*

Dear MHN Practitioner,

Thank you for taking the time to review the February 2022 MHN Practitioner Update. As always, this issue includes results from both the annual Member and Provider Satisfaction Surveys. There is also new regulatory information about timely follow up care for behavioral health providers in California.

Please also review the article on our mobile digital resource, myStrength, and how to locate new online behavioral health resources for our members.

Regards,
The MHN QI Department



Need a refresher on MHNs
Language Assistance Program (LAP)?

[Click here to view the slides from our MHN provider training!](#)

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NEW! ONLINE BEHAVIORAL HEALTH RESOURCES FOR MEMBERS

MHN has added several informational articles and videos to our website about common behavioral health issues and treatment!

1. To locate these items, go to mhn.com,
2. Click on “**For Members**”,
3. On the blue left hand side navigation bar, click the plus sign next to “**Behavioral Health**”
4. Then, click the plus sign next to “**Self Help Articles and Tips**”.



From there, you can choose to view a variety of helpful videos, provided by PsychHub, or read other educational articles on topics including parenting, eldercare and resilience and stress.

CALIFORNIA SB 221: NON-PHYSICIAN BEHAVIORAL HEALTH PROVIDERS AND TIMELY ACCESS TO CARE

New Legislation for CA Commercial/Exchange and Medi-Cal Lines of Business

Governor Newsom has signed legislation (Senate Bill 221) effective July 1, 2022 that will change timely access standards for non-urgent follow up appointments with a non-physician behavioral health care or substance use disorder provider. **If you see a patient for the first time and want to continue seeing this patient, a**



follow up appointment will need to be scheduled within 10 business days. If you deem there will be no detrimental impact on the member if the follow up appointment takes place beyond the 10-business day timeframe, you must document why a longer timeframe is appropriate.

MHN will be sending additional provider communications closer to implementation with further details. If you have any questions, please reach out to MHN Provider Services at 844-966-0298 and select option #3.

CARE COORDINATION AND THE PATIENT EXPERIENCE

MHN and Health Net use annual surveys called the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey and the Experience of Care and Behavioral Health Outcomes (ECHO®) Survey to improve the patient’s experience and clinical outcomes. The survey asks patients to rate their interactions and experiences with MHN and Health Net providers. How MHN and Health Net providers guide members along their healthcare journey impacts the patients’ healthcare care experience and perception of quality care. How you engage with MHN and Health Net patients can really make a difference. Satisfied patients are more likely to stay engaged with their health care down the line.

How can you help?

Coordinating care is a critical part of the patient experience. It takes a whole care team to manage the health of our patients. Patients will see multiple providers or specialists during the year. Whether you are

responding to a behavioral health referral or need to make a referral to the patient's Health Net provider, you play a special part in managing all the care patients receive from other providers.

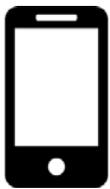
You can help your patient manage their care by ensuring that you have all the necessary information from other providers. It's also important that you talk to your patient about information that should be shared with the patient's other providers.

Use the tips below to help coordinate the care of our patients and help them stay healthy.

- ❖ Have a conversation with your patient about having their relevant information and medical history. Ask patients if they have seen any other providers, including their primary care doctor (PCP), since their last visit with you. Obtain their consent to request any visit and/or treatment plans with their other providers.
- ❖ Follow up promptly with your patients that have any inpatient stays to see if they need any further support their transition from the hospital.
- ❖ Respond timely to requests for information from patients' other providers. This can help ensure that there are no duplicative tests done and that the correct patient and diagnosis information is being shared.
- ❖ Share complete information with any referring providers to support them with diagnosis and treatment planning. Even if the diagnosis is preliminary, the information helps show what you're considering.
- ❖ When exchanging information with your patients' other providers, it is important to share the results of assessments, including diagnoses and treatment recommendations. After receiving member consent, consider sending that information within a week.
- ❖ If your patient may be seeing numerous providers or specialists due to complex medical and behavioral health conditions, consider the patient for case management. Case management can also help manage and coordinate a patient's care and help communicate with all their providers.
- ❖ If you are administering any screening tools on your patient, be clear on when they can expect to get their results back. If there are delays, be sure to inform the patient. Distinguish which mode is the best method to contact them – phone vs. email vs. patient portal (if applicable).



MYSTRENGTH*: A BEHAVIORAL HEALTH DIGITAL RESOURCE



Remember to tell Health Net and California Health & Wellness patients about myStrength*!

myStrength is an evidence-based, behavioral health self-help resource. It offers interactive, individually tailored applications that empower members to address depression, anxiety, stress, substance use, chronic pain, and sleep challenges, and has added a new nicotine recovery program and a new pregnancy and early parenting program.

Why myStrength?

myStrength is a personal and dynamic website. Its clinically proven resources are secured via web and mobile technology. Resources include:

1. Techniques to improve mood.
2. Weekly action plans.
3. Step-by-step eLearning modules.
4. Self-help workbooks.

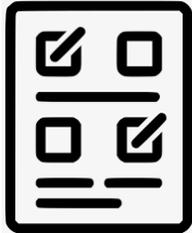
5. Interactive tools.
6. Daily inspirations.

[Health Net members can access myStrength online by clicking here.](#)

[California Health & Wellness members can access myStrength online by clicking here.](#)

**Available only to Health Net and California Health & Wellness members*

2021 MEMBER SATISFACTION SURVEY RESULTS



Each year MHN surveys members who received behavioral health services during the previous year for the Commercial, Medicare, Medi-Cal, Cal Medi-Connect and some of MHN's stand-alone lines of business.

The annual member satisfaction survey began in July 2021 with a total survey response period of 13 weeks. The sample included Health Net California, Health Net Oregon and Arizona Complete Health members who used MHN services between April 1, 2020 and March 31, 2021. Response rates for all affiliated lines of business ranged from a low of 3.1% for the Health Net Life Commercial Non-Marketplace EPO line of business up to a high of 30.6% for Health Net Oregon Medicare members.

Among the highest rated items for most lines of business were ratings of counseling and treatment services, physical health and work situation after treatment, choice of provider, travel distance and provider responsiveness to phone calls.

Among the lowest rated items for most lines of business were getting help from and speaking with Customer Service within 10 minutes, urgent and non-urgent first-time appointment timeliness with psychiatrists and non-physician mental health providers and care coordination with PCPs.

For more information on Timely Access to Care requirements for behavioral health appointments, [please refer to Section 5.1.B, "Practitioner Availability", in our Practitioner Manual.](#)

DISCUSSING MEDICATION SIDE EFFECTS AS A BEHAVIORAL HEALTH PROVIDER*

Suspected side effects are one of the most frequent barriers to medication adherence. **Therapists are likely meeting with the patient more frequently than the prescriber, and in some cases, may have better rapport with that patient. Sometimes the patient is more likely to open up to their therapist about problems with their medication, rather than their prescriber, particularly if they are afraid of disappointing the prescriber.** This puts therapists in an important position to be able to intervene in a constructive way.



Symptoms that occur after the start of a medication may or may not relate to the medication. Several possibilities should be considered before attribution of symptoms is determined (Goldberg and Ernst, 2012). The natural course of illness may be responsible for symptoms; often symptoms of mental disorders may overlap with potential side effects of medications. Discontinuation symptoms may present upon stopping the previous drug and may complicate the picture. Discontinuation symptoms may also occur when a patient's compliance is spotty. Interactions between multiple drugs can also be responsible for an effect,

versus an independent effect of a single medication. Medical comorbidities, substance use and compliance issues may also be implicated.

Timing of the onset of symptoms in relation to when the medication trial started is also important to evaluate. It requires careful assessment on the part of the prescribing clinician to determine whether an adverse effect is occurring, and what, if any, changes to make. Many side effects may be adequately managed by simple changes to the regimen. A dose decrease may result in reduced negative effects but still maintain efficacy of treatment. Changing the schedule of administration can have significant impacts on side effects. For instance, moving the dose from morning to evening or vice versa, or moving the dose in relation to meals could both be helpful. Changing the schedule in relation to when another medication is given might also prove helpful.



Other medication side effects may require more complicated changes. These may include stopping the medication, changing to another medication, or adding a medication that may counteract the negative effects while allowing the patient to make use of the positive benefits. Much discussion may need to occur in cases in which many previous medication trials have been unsuccessful or resulted in other more bothersome side effects. In those cases, the benefits of the drug may outweigh the level of discomfort from the side effects.

DO:

- Ask your patient about compliance with each medication at each appointment. Poor compliance can often cause, or be caused by, side effects.
- Encourage your patient to talk to his/her prescriber if they have questions or concerns about their medications.
- Remind your patient that most medications take several weeks of regular administration before they start exerting positive effects, and that dose changes MAY be required, so it is important to continue taking the medication even if he/she is not seeing results and communicate with his/her prescriber before making changes.
- Contact your patient's prescriber directly at any time if you have specific concerns or questions about the patient's medication regimen, or you have a specific suggestion regarding the medication regimen.

DON'T:

- Suggest to your patient that you believe they are on the wrong medication or make specific suggestions regarding medication changes directly to the patient. Not only is this a scope of practice issue for non-prescribing behavioral health providers, but it can cast doubt on the prescriber's ability in the client's mind and possibly impede their therapeutic relationship.
- Suggest to your patient that other patients have had bad experiences with a particular medication.
- Instruct your patient to change the dosing of the medication.

In summary, patients benefit from good collaboration between prescribers and therapists, and the therapist can have a positive impact on a patient's chance of success on medication. (Goldberg, J.F., & Ernst, C.L., 2012, Managing the side effects of psychotropic medications. Arlington, VA: American Psychiatric Publishing)

* <https://lindnercenterofhope.org/blog/talking-to-your-patients-about-medication-side-effects-practical-advice-from-a-prescriber/>

Each year, the MHN Quality Improvement program administers a Practitioner Survey. In 2021, MHN sent an online survey to contracted practitioners that had claims for 2 or more unique members in the prior year. A total of 3,080 practitioner email addresses were included in the sample. There were 1,389 respondents, giving the survey a response rate of 45.1%, which is 4% lower than the 2020 response rate.



The five highest rated items (Table I) and the five lowest rated items (Table II) are shown below. The highest rated items related to access and availability, obtaining services for patients and Provider Relations. The lowest rated items were associated with claims processing and care coordination. There were no statistically significant increases or decreases from the 2020 survey results.

Table I: Highest Rated Performance Indicators

Performance Indicator	% Positive Response	
	2020	2021
Availability of interpreter services for patients during treatment/evaluation with you	97.6%	96.7%
Distribution of clinical guidelines and/or protocols endorsed by MHN	96.5%	96.5%
Availability of interpreter services for members inquiring about services with you	97.3%	96.3%
Information in the MHN Practitioner Newsletters	95.5%	95.6%
Registration Process necessary for patients to obtain services	96.3%	95.6%

Table II: Lowest Rated Performance Indicators

Performance Indicator	% Positive Response	
	2020	2021
Ease of resolution of claims problems	80.6%	83.5%
Information provided to you on your patient's leaving a hospital setting	80.7%	81.5%
Care coordination with PCPs on patients' behalf	81.2%	80.5%
Amount of time to resolve claims problems	78.4%	78.4%
Timeliness of information received from PCPs about your patient	74.1%	76.3%

The results from the practitioner survey are reviewed each year by the Quality Improvement Department and other appropriate MHN departments. When warranted, workgroups are created, and corrective action plans or quality improvement initiatives are implemented to improve practitioner satisfaction.

The next Practitioner Update is scheduled for May 2022