

# Provider Connection

MassHealth  
PCC Plan

MBHP  
Massachusetts Behavioral Health  
Primary Care Plan

A newsletter of the MassHealth Primary Care Clinician (PCC) Plan



## Important Numbers

**Eligibility Verification System (EVS)**  
1-800-554-0042

**Emergency Services Program (ESP)**  
1-877-382-1609

**MassHealth Customer Service Center**  
1-800-841-2900

Member Services

PCC Billing

PCC Provider Enrollment

**MBHP**  
1-800-495-0086

Behavioral Health Provider Enrollment and Credentialing

Behavioral Health Provider Billing

Integrated Care Management Program (ICMP)

Member Engagement Center

PCC Plan Hotline

**Nurse Advice Line**  
1-855-694-4382

## Letter from the Directors

Dear Primary Care Clinicians and Behavioral Health Providers,

Summer - and change - is in the air! After receiving feedback from our provider network, both behavioral health and primary care, and as part of our ongoing efforts to improve communication with you, we are pleased to announce that **Provider Connection will transition to an electronic format** for future issues.

To ensure that you continue to receive the news and information included in Provider Connection, please e-mail [MBHPCommunications@valueoptions.com](mailto:MBHPCommunications@valueoptions.com) with the **e-mail addresses of those from your practice** whom you wish to receive the newsletter. When you e-mail us, please be sure to tell us if you're a PCC or behavioral health provider. *Provider Connection* will still contain the same stakeholder viewpoint columns, policy updates from MassHealth, and tips to increase practice efficiency and tackle common challenges that you've come to expect - but now they'll be offered in a streamlined, interactive format. As an electronic newsletter, *Provider Connection* will be **delivered directly to your inbox**. You'll have quicker, easier access to websites and other online resources noted in our articles and can **easily share the newsletter with your colleagues**.

We're excited about these changes and hope you are too. We welcome your feedback and suggestions - contact us anytime at [MBHPCommunications@valueoptions.com](mailto:MBHPCommunications@valueoptions.com).

João Evora, Deputy Director  
PCC Plan

Chris Counihan, Director  
Office of Behavioral Health

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# Voices from the Field

*Voices from the Field is designed as an information exchange for primary care clinicians and behavioral health providers. In each column, we'll feature a provider sharing information about special aspects of his or her clinical practice, innovative clinical service models or research projects, and/or examples of community partnerships that have been sustained and continue to advance - especially those emphasizing integration of primary care and behavioral health. If you'd like to be featured in Voices from the Field, contact [MBHPCommunications@valueoptions.com](mailto:MBHPCommunications@valueoptions.com).*

## **Clinical and Support Options' Open Access: Make the First Visit Count**

By Karin Jeffers, President and CEO, Clinical and Support Options, Inc.

Clinical and Support Options (CSO) believes that the **behavioral health system can take a lesson from primary care**, modeling the urgent care system. In primary care, children running a fever can be seen almost immediately. It has been our experience at CSO that behavioral health issues also often require urgent care. The story of Melissa\* supports our view.

Melissa, a 20-year-old woman, came into one of CSO's clinics in early January, highly distraught after the Department of Children and Families (DCF) took custody of her infant son three days earlier. Melissa was eager for help but had difficulty in the past successfully engaging with services. This day, she was seeking support and looking for referrals for any community programs that could aid her and her new family.

Melissa was able to access CSO's array of services through its open access clinic, **ensuring that help was there at the moment she needed it**. Shannon was the clinician on duty when Melissa came in. After a full assessment, Shannon and Melissa together decided that therapy would be helpful and immediately began the therapeutic process. Melissa eventually brought her boyfriend into therapy, helping him to access substance use disorder services and begin his road to recovery.

**Five weeks after the day she first walked in**, Melissa came to her therapy session with her son, who was returned to her custody.

The main goal of CSO's outpatient clinics is to offer

patients **respectful, high-quality care** while minimizing barriers to accessing this care. We at CSO have taken aggressive steps toward this goal by redesigning clinic scheduling in order to offer open access – a time when community residents and referral sources know they can access treatment without an appointment. By offering immediate, same-day services when needed, **CSO helps individuals avoid a higher level of care**, such as a crisis services evaluation or an emergency room visit, and **increases the likelihood of engagement in services**. CSO currently provides open access at each of its community-based clinics throughout western Massachusetts, offering our clients convenient access to services close to where they live and work.



Besides heading off crises and ensuring that an appropriate level of care is provided, **open access has decreased our clients' waiting time** for initial assessment, evaluation, and treatment by approximately 80 percent. It has also **decreased no-show rates significantly**. Open access is a vital portal to CSO's array of services. As we see with Melissa, a mental health crisis affects more than just the individual experiencing it.

Finally, an open access system is **cost-effective**. Studies show that as wait times are reduced, the number of patients seen increases, with a corresponding reduction in no-shows. **Providers are more productive and have less down time**.

The CSO open access system has made us all acutely aware of the importance of a welcoming and timely response when someone is in or heading for crisis. By utilizing the open access system, CSO ensures that we **make the first visit count!**

*If you have questions or would like to learn more about behavioral health outpatient providers who have open access, please contact the MBHP Clinical Access Line at 1-800-495-0086.*

*\*Member name has been changed to protect privacy.*

# Resources and Best Practices for Reducing No-Shows and Enhancing Follow-Up Care

**Ronna Sanchez, LICSW**

Interagency Network Manager  
Massachusetts Behavioral Health Partnership

Your practice arranges an appointment date and time for a Member, along with the name of the provider he or she will be seeing. But, when the appointment time arrives, the Member does not. Why does this occur, and what can be done to reduce no-shows? Are Primary Care Clinicians (PCCs) and behavioral health practices inadvertently contributing to no-show rates? What are some emotional or situational issues of Members that may impact their ability to keep an appointment? By identifying some of these factors, **effective strategies can be developed to reduce no-show rates and promote follow-up care.**

## Reasons for Missed Appointments

Some elements of a practice's administrative structure may unknowingly exacerbate no-show rates.

- **Lack of coordination:** With little consistency in who sees the Member, lack of primary care follow-up, and inadequate self-management training, Members may tend to utilize EDs and hospitalizations in lieu of scheduled appointments with their PCCs.<sup>1</sup>
- **Long waits:** According to one study, individuals who have to wait a long period of time for an appointment, wait at the provider's office, and then in the examination room, feel disrespected by their providers. This perceived lack of respect leads to discouragement and, as a consequence,



individuals will avoid these experiences by missing their scheduled appointments.<sup>2, 3</sup>

- **Inadequate scheduling and reminder system:** Members are not always clear about the office's scheduling system and do not always receive reminders for appointments. In one study, 41 percent of participants did not know the follow-up protocol should they miss an appointment.<sup>3</sup>

Additionally, as the interval between the scheduling and the date of the appointment increases, cancellation and missed appointment rates increase.<sup>4, 5</sup> Better, more robust appointment reminder systems are one way to combat this challenge.

Some practical and emotional considerations of the Member may also factor into no-shows.

- **Emotional barriers:** A Member's anxiety and fear regarding his or her illness and possible medical procedures can contribute to avoiding appointments.<sup>2, 3</sup>
- **Other factors:** Forgetting the date of the appointment and challenges with transportation to and from the appointment<sup>2, 6</sup>

## Strategies

The following are evidence-based practices that have effectively reduced no-shows and improved Member satisfaction. Research shows that rather than employing just one technique, a combination of the below strategies are the most effective.

- **Scheduling strategies**
  - o Barrier-free access through same-day appointments<sup>7</sup>
  - o Appointments scheduled no longer than three weeks in advance<sup>8</sup>
  - o Early morning and weekend appointments to accommodate working Members<sup>7</sup>
- **Support strategies**
  - o Brief new Member orientation outlining the practice's scheduling process including how to schedule follow-up appointments and how to cancel or reschedule an appointment<sup>8</sup>
  - o Software reminder system prompting the provider to give Member directions for scheduling follow-up appointment<sup>4</sup>

Notwithstanding any of the information appearing in this *Provider Connection* newsletter, the rules governing the state's PCC Plan, behavioral health, and pharmacy programs are governed by state and federal law and regulation and by the state's PCC, behavioral health, and pharmacy contracts. In the event of any conflict between any provision set forth in this *Provider Connection* newsletter and any other provision of law, regulation, or contract, the legal and/or contractual provision shall take precedence over the provision in this *Provider Connection* newsletter.

- o Weekly staff-physician meetings to discuss ways to improve access and practice operations<sup>8</sup>
- **Integrated health care**
  - o Care management team-based health care that is Member-driven. Teams outreach to Members between appointments as necessary to support Member self-management.<sup>7, 1</sup>
  - o On-site behaviorist who is part of a Member's core team. An on-site behaviorist meets with a Member at a practice setting to assist with emotional issues and behavioral management of health concerns.<sup>7</sup>

MBHP offers a number of services that can augment strategies to address no-shows.

- The **Integrated Care Management Program (ICMP)** is an enhanced care management program for Members with complex medical, mental health, and/or substance use disorders. Through active engagement with Members, integrated care managers (ICMs) help them to create strategies that promote health, well-being, and appropriate utilization of medical and behavioral health care – including keeping scheduled appointments. For more information or to make a referral, please call (617) 790-4165.
- The **Community Support Program (CSP)** assists Members in a variety of ways, including by helping Members access resources, such as transportation, to maintain scheduled appointments. To find a CSP provider on the MBHP website ([www.masspartnership.com](http://www.masspartnership.com)), go to the “Find a Provider” web page and pick “Community Support Program” in the “Contracted Services” drop-down menu.
- **Urgent Outpatient Services (UOS)** are for Members of all ages who are not experiencing a mental health or substance use disorder emergency but feel they aren't able to wait for a routine outpatient appointment. UOS appointments are provided within one business day and include an assessment and intervention geared toward decreasing and/or managing urgent concerns and immediate symptoms. To locate the UOS provider closest to your Member, visit the MBHP website at [www.masspartnership.com](http://www.masspartnership.com), click “ESP,” and scroll down to read the description of Urgent Outpatient Services (UOS).



## Bibliography

- <sup>1</sup> Trenton Health Team, Perry R, Paulson G. *Citywide Collaborative Implements Multiple Initiatives that Reduce Appointment Wait Times, Readmissions, and Emergency Department Use for Low-Income Minority Patients*. [www.innovations.ahrq.gov](http://www.innovations.ahrq.gov), last updated on Innovations Exchange February 12, 2014.
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- <sup>3</sup> Lacy N, Paulman A, Reuter M, et al. *Why We Don't Come: Patient Perceptions on No Shows*. *Ann Fam Med*. 2004; 2(6): 541-545.
- <sup>4</sup> Thundermist Health Center of South County Rhode Island. *Revamped Scheduling Systems Promote Access, Reduce No Shows, and Enhance Quality, Patient Satisfaction, and Revenues in Primary Care Practice*. [www.innovations.ahrq.gov](http://www.innovations.ahrq.gov), last updated on Innovations Exchange October 24, 2012.
- <sup>5</sup> Whittle J, Schectman G, Lu N, Baar B, Mayo-Smith MF. *Relationship of Scheduling Interval to Missed and Cancelled Clinic Appointments*. *J Ambul Care Manage*. 2008; 31(4): 290-302 [PubMed].
- <sup>6</sup> Little B, Cannon C, Whitson B, Jarolim DR. *The Failed Appointment*. *J OK State Med Assoc*. 1991; 84(9):455-458.
- <sup>7</sup> Labby D, Stadlander M. *Plan-Supported Medical Home Model Helps Clinics Enhance Access, Improve Quality, and Reduce Admissions for Medicaid Managed Care Enrollees*. [www.innovations.ahrq.gov](http://www.innovations.ahrq.gov), last updated on Innovations Exchange December 18, 2013.
- <sup>8</sup> Kizer C, Gwaltney D. *Open Scheduling and Related Strategies Lead to Zero Wait Time for Appointments and Few No Shows at Family Practice*. [www.innovations.ahrq.gov](http://www.innovations.ahrq.gov), last updated on Innovations Exchange January 15, 2014.

# Upcoming Events and Trainings

## Events:

### **Sports Medicine: 2014**

Dates: June 26 - 28, 2014

Time: 8:00 a.m. - 5:00 p.m.

Location: Fairmont Copley Plaza Hotel - Boston

This course focuses on advances in Sports Medicine and is designed for multidisciplinary learning.

For course details, go to

<http://www.massgeneral.org/radiology/assets/PDFs/cme/SportsMedicine2014.pdf>.

For more information contact:

[CMERadiology@partners.org](mailto:CMERadiology@partners.org)

## Webinars/Teleconferences:

### **National Alliance on Mental Illness (NAMI)**

#### **Adult Ask The Doctor Call: Schizophrenia**

Dr. Don Goff

Date: June 27, 2014

Time: 11:00 a.m. - 12:00 p.m.

NAMI's Ask The Doctor teleconference occurs twice a month and is hosted by NAMI's Medical Director, Dr. Ken Duckworth. He is joined by another mental health professional or advocate who presents on a topic in his or her area of expertise. Each month, two calls are hosted; one focuses on adult issues, the other on child and adolescent issues.

To access these calls, dial 1-888-858-6021 and enter pass code 309918#. These calls are always held at 11:00 a.m. E.T. on scheduled dates unless otherwise noted. The Ask The Doctor schedule and previously recorded podcasts can be found at

[http://www.nami.org/Content/ContentGroups/Ask\\_the\\_Doctor1/Ask\\_the\\_Doctor.htm](http://www.nami.org/Content/ContentGroups/Ask_the_Doctor1/Ask_the_Doctor.htm).

## Trainings:

### **Harvard Medical School/Beth Israel Deaconess Medical Center Department of Psychiatry 25th Annual Summer Seminars**

<http://cme.hmssummer.com/>

#### **Martha's Vineyard Weekend Seminar**

Harbor View Hotel & Resort

Dates: July 18 - 20, 2014 • Friday - Sunday

*Meditation and Mindfulness in Clinical Practice: Enhancing Treatment Effectiveness and Personal Wellbeing* -

Christopher Germer, PhD

*Psychopharmacology, 2014* - Carl Salzman, MD

*Alcohol and Substance Abuse Treatment* - Roger Weiss, MD

#### **Weeklong Seminars**

Sea Crest Beach Hotel, Old Silver Beach  
N. Falmouth, Cape Cod

Dates: July 28 - August 1, 2014 • Monday - Friday

*Meditation and Visualization Practice for Everyday Living and Well-Being and to Enhance Peak Performance*

- Daniel Brown, PhD, ABPH

*Complex Psychological Trauma and Recovery* - Judith Herman, MD

*Essential Psychopharmacology, 2014: Practice and Update*

- Ross Baldessarini, MD, MA (hon.), DSc (hon.),

Barbara J. Coffey, MD, MS Alan I. Green, MD, Russell G. Vasile, MD

Dates: August 4 - 8, 2014 • Monday - Friday

*Mind/Body Medicine: Components, Research, Techniques and Applications with an Emphasis on the Relaxation Response* -

Herbert Benson, MD, Gregory Fricchione, MD, Ann Webster, PhD

*New Innovations for the Treatment of ADHD and Psychological Brain Health* - John Ratey, MD

*The Treatment of Major Depression and Anxiety Disorders: Integrating Psychopharmacology and Psychotherapeutic Strategies in Clinical Practice* -

Russell G. Vasile, MD



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**Provider Connection is going green!**  
**Please see details inside!**

# Practice Pointers

## Suboxone Treatment for Opioid Addiction

To find suboxone providers in the MBHP network for your Members, you can search on the MBHP website at [www.masspartnership.com](http://www.masspartnership.com). Click on "Find a Provider" then type in the Member's zip code and search for "Suboxone Treatment" under the "Special Interest" drop-down.

Providers who want to administer suboxone to their patients who are opioid dependent are required to submit a waiver to the Substance Abuse and Mental Health Services Administration Division of Pharmacologic Therapies. The electronic or PDF version of the waiver can be accessed at <http://buprenorphine.samhsa.gov/howto.html>.

Additional information on suboxone can be found on the SAMSHA website at

[http://www.dpt.samhsa.gov/pdf/MedicationAssistedTreatmentForOpioidAddiction\\_2010StateProfiles03.pdf](http://www.dpt.samhsa.gov/pdf/MedicationAssistedTreatmentForOpioidAddiction_2010StateProfiles03.pdf)

