ValueAdded

This is the 82nd issue of our VBH-PA information update. These updates will be faxed, emailed or sent by mail to all network providers monthly. Please feel free to share our newsletter with others, and be sure your appropriate clinical and financial staffs receive copies.

Volume 8, Issue 3

March 2006

An information update from Value Behavioral Health of PA, Inc.

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Suggestions or ideas for articles that you would like to see published in *ValueAdded* can be faxed to Kim Tzoulis, *ValueAdded* editor, at (724) 744-6370 or emailed to Kimberly.Tzoulis@ValueOptions.com

Articles of general importance to the provider network will be considered for publication.

From the Desk of the Medical Director

The following article, written by our Medical Director, J. Octavio Salazar, MD, MBA, will be published in the next issue of the "Pennsylvania Psychiatric Society" newsletter.

MEDICATION ALERTS AND THE PRACTICE OF CHILD AND ADOLESCENT PSYCHIATRY

J. Octavio Salazar, MD, MBA
Medical Director, VBH-PA

On Monday, February 13, 2006, members of the American Academy of Child and Adolescent Psychiatry received a message from Thomas F. Anders, MD, President of the Academy, informing the membership that on February 9, 2006, the Federal Food and Drug Administration (FDA) Drug Safety and Risk Management Advisory Committee had voted to require a black box warning on methylphenidate. The committee had reviewed reports of 25 deaths, 19 of them under age 18, and a preliminary analysis of post marketing surveillance reports that suggested that stimulants might increase the risk of strokes, myocardial infarctions and arrhythmias in children and adults. Sudden death was described, although the rate never exceeded one in a million for any stimulant drug. This announcement is one more in a chain of similar announcements published in the past couple of years. Some of the other announcements are as follows:

On June 30, 2005, the FDA Pediatric Advisory Committee met to review data regarding psychiatric adverse events and cardiovascular adverse events with the OROS methylphenidate (Concerta). At that time the committee, after the testimony of a representative from the American Academy of Child and Adolescent Psychiatry, decided that there was no urgency in the adverse events reported and did not recommend pursuing a label change at that time.

On February 9, 2005, Health Canada suspended the market authorization of Adderal XR but did not revoke the approval in Canada for this medication in the treatment of attention deficit hyperactivity disorder. The Canadian action was based on U.S. post marketing reports of sudden deaths in pediatric patients. The FDA did not change the status of Adderall XR in the USA but decided to continue to monitor MEDWATCH surveillance data.

On August 2, 2005, the FDA approved safety labeling revisions for mixed salts of a single entity amphetamine product (Adderal tablets) to warn that misuse of amphetamine may cause sudden death and serious cardiovascular (CV) effects, including palpitations, tachycardia, elevation of blood pressure and myocardial infarction. The FDA had also received reports of sudden death associated with usual amphetamine dosing in children with preexisting structural cardiac abnormalities. It indicated that the use of the product in children or adults with structural cardiac abnormalities was therefore not recommended.

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"… how many practicing child and adolescent psychiatrists are able to practice in this "ideal" way?"

"We can try to practice according to best practice guidelines and still find ourselves in the courtroom defending our decisions."

On September 29, 2005, the FDA released a Public Health Advisory on the adverse events of Atomoxetine (ATX). The advisory was based on results of a clinical trial conducted by Eli Lilly that found that five youths out of 1,357 taking the medication reported having suicidal thoughts. Eli Lilly had announced its plans to add a black box warning to its label.

On October 15, 2004, the FDA directed pharmaceutical companies to label all antidepressant medications distributed in the U.S. with a black box warning that the medications "… increase the risk of suicidal thinking and/or behavior (suicidality) in children and adolescents with major depressive disorders (MDD) or other psychiatric disorders." The warning stated that the increased risk of suicidal thinking and/or behavior in a small proportion of children and adolescents is most likely to occur during the early phases of treatment. The FDA did not prohibit use of the medications in youth, but called on physicians and parents to closely monitor children and adolescents who are taking antidepressants for a worsening in symptoms of depression or unusual changes in behavior.

The American Academy of Child and Adolescent Psychiatry has been very active in providing information and input to the FDA to try to prevent decisions that will limit our ability to treat patients and to minimize the burden placed on clinicians by these decisions. Other important concerns are related to the metabolic side effects of second generation antipsychotics which can affect children, adolescents and adults.

Child and adolescent psychiatrists are seriously affected by all of these announcements since they place them in a vulnerable position because of the comprehensive treatment that they need to offer their patients. Many of our patients have behavioral disorders that can be addressed with psychosocial interventions and environmental manipulations; however, there are a good number of patients with severe disorders that will need the inclusion of medication as a therapeutic tool. Bipolar disorder, psychotic episodes, Tourette's disorder, severe aggression, severe depression and ADHD, to name a few, will most probably not respond to behavioral interventions alone.

There are guidelines to follow when giving medications, like thorough discussion with the child and the parents about the risks and benefits of the medications. We can offer the parents written material like the "Guide for Parents" (distributed by the American Academy of Child and Adolescent Psychiatry) when using antidepressants. We can try to follow the FDA recommended "ideal" monitoring of seeing the child once per week for the first four weeks and then biweekly for the second month and at the end of the 12th week of medication. We can try to be very inclusive and comprehensive in our history taking and follow up of patients requiring second generation antipsychotics so that we take personal and family history of diabetes, obesity, dyslipidemia, hypertension, cardiovascular disease, weight, height, waist circumference, blood pressure, fasting plasma glucose and fasting lipid profile at baseline and then every three months.

We can do all of these things and still be at risk for serious liability when using medications. Most of the medications we use in our field are off label anyway. However, I wonder how many practicing child and adolescent psychiatrists are able to practice in this "ideal" way? How many of us work in a clinic with staff support to gather most of this information? If we do it ourselves, how long will it take for us to see a patient for an initial evaluation and later on for a follow-up? We keep reading and hearing about the scarcity of child and adolescent psychiatrists and the need to maximize the use of the existing ones to be able to offer more of the needed services. We are seeing innovations like the use of telepsychiatry or the insertion of a child psychiatrist into the practice of a good number of pediatricians or PCPs so they can offer onsite assistance to the other doctors and their patients and to make the services more accessible.

It is my opinion that in order for us to be able to comply with the added functions we will be able to see fewer patients, and the shortage of these specialists will be even more pronounced. I really do not see a short-term solution to this issue. We can try to practice according to best practice guidelines and still find ourselves in the courtroom defending our decisions. I guess that the best way to sooth ourselves is to keep in mind what I heard many years ago in the early years of my psychiatric training -- you can be sued by anyone, at anytime for anything. We just need to try to do the best that we can.

Prohibition of Balance Billing

Per the Value Behavioral Health of Pennsylvania (VBH-PA) Provider Manual (2004 Revised), **providers may not balance bill for contracted behavioral health services provided to HealthChoices' members**. What this essentially means is that when a provider renders a service to a HealthChoices' member that the provider is contracted with VBH-PA to perform, the provider must accept the contracted rate payment from VBH-PA for that service as "payment in full." The provider may not bill CYS, JPO, the HealthChoices member, their family or any other entity for additional monies for that same service.

In addition, providers may not bill HealthChoices members for non-authorized services or if the member fails to keep an appointment (no show). Billing HealthChoices' members for all or any portion of the cost of a service is balance billing.

Network providers who knowingly balance bill for contracted HealthChoices services are subject to provider sanctions and may be reported to the Pennsylvania Bureau of Program Integrity (BPI).

March is National Social Work Month!

The National Association of Social Workers proudly announces the kickoff of **National Social Work Month 2006**. This year's theme – **Life's Journey: Help Starts Here** – focuses on how social workers help all people at every stage of life, while promoting dignity for everyone, especially the most vulnerable among us. Social Work Month also provides an opportunity for social workers to highlight the essential role they play in alleviating some of America's most difficult problems. Through education, training and dedication, social workers provide assistance in many different practice areas including health, mental health, child welfare, end of life, adolescent health, HIV/AIDS and family violence. Social workers work with the most vulnerable to connect them with the services they need.

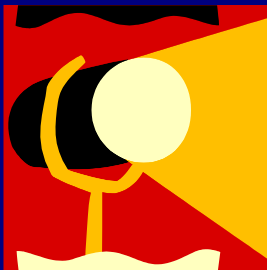
To find comprehensive information about Social Work Month, the role of social work and where to go for assistance for these and other issues, visit www.NASWDC.org.

Congratulations to all of the Social Workers in our Network of Providers!

Help Us Update Our Mailing List

Please help VBH-PA by providing your email or fax number in lieu of mailing address for the *ValueAdded* distribution list. In addition, if you are receiving more copies of *ValueAdded* than you would like, please let us know which addresses we can remove.

Contact **Kim Tzoulis** at Kimberly.Tzoulis@ValueOptions.com or **724-744-6377** and tell her your name and organization's name and how you would like your *ValueAdded* delivered to you.



PFC Spotlight

The role of the **Provider Field Coordinator** (**PFC**) is to enhance communication between the provider and VBH-PA and to establish a positive working relationship. PFCs are assigned to specific counties and assist providers with inquiries on joining the network, application status, credentialing and recredentialing, network design, network monitoring, and provider education.

Karla Barger, our **BHRS Provider Field Coordinator**, is responsible for **Armstrong, Beaver, Butler, Greene, Indiana, Lawrence, Washington, and Westmoreland** counties. Karla received her master's degree from Slippery Rock University and has lived in the Pittsburgh area for three years.

Recently, Karla and her sister, Karyn, were members of a mission that visited a remote village of Haitian immigrants in the Dominican Republic. They brought donated clothing and shoes, an optical team, a medical team and a vacation bible school. Several doctors and physician's assistants set up stations in the village church. Karla and her team distributed donated medicine and vitamins to the villagers. She also helped with calming some of the terrified children. As Karla puts it, "It was one of the best and worst experiences of my life."

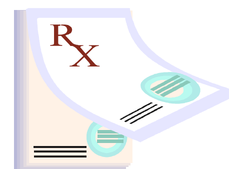
For more information, visit: www.Meetinggodinmissions.com. Donations of used eyeglasses are always needed.

Karla feels she is blessed and works hard to give back. Her volunteer efforts include the American Heart Association, serving as Butler County Chapter president for one year, 3 Rivers Adoption Agency, Adopt-A-Highway, Center for Organ Recovery and Education (CORE). She is also "big sister" to a 10-year-old Pittsburgh girl.

VBH-PA is very fortunate to have Karla on our team!

Reminder to all Child Evaluators ...

Please keep in mind, for all upcoming child evaluations, the need to include prescriptions for summer camp if medically necessary.



Statewide Initiative on Childhood Obesity

Childhood obesity rates have reached epidemic proportions and the responsibility for this problem crosses many program areas. It is important that VBH-PA behavioral health providers and consumers recognize the mental health risk factors associated with childhood obesity. There is a significant social stigma associated with an obese child. These children are often victims of bullying and social isolation which can negatively affect their self-esteem. This in turn may lead to depression.

On the other hand, an average-weight child who is being treated for a mental health condition may be pre-disposed to weight gain/obesity. These children may lack energy to exercise, be immobilized by stress or take medications that cause weight gain.

As behavioral health providers and consumers, it is our responsibility to recognize these risk factors and work together with the physical health providers who treat obesity. An electronic toolkit available to all Pennsylvania clinicians to assist in identifying, treating, and referring at-risk for overweight children is available on the Pennsylvania Medical Society website: www.pamedsoc.org/obesity. Behavioral health providers are encouraged to familiarize themselves with this information. In addition, there are a number of other educational resources available on the website for both providers and consumers.

The information addressing mental health risk factors related to childhood obesity is based on an article taken from the following website: http://health.yahoo.com/centers/depression/2828

Reporting 100% Capacity

Providers are responsible for immediately notifying VBH-PA when they reach full capacity for any contracted level of care at any service location. Providers in the VBH-PA network must provide face-to-face intervention within one hour for emergencies, within twenty-four hours for urgent situations, and within seven days for routine appointments and specialty referrals.

Full capacity is considered the point at which the provider is unable to meet the access standards noted above or is unable to accept referrals for a particular level of care. Notices for full (100%) capacity should contain the reason for reaching capacity, the effective date, and the steps the provider will take to resume functioning at normal capacity.

To report capacity issues, please call our toll-free provider line at **(877) 615-8503** and ask to speak with **Jim Friend, Special Projects Provider Field Coordinator**. VBH-PA requests this information as a means to manage and monitor required HealthChoices access standards.

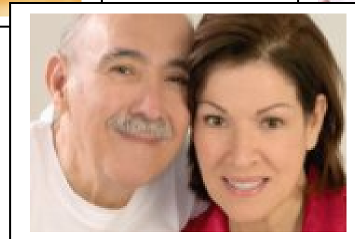
The Southwest Counties and VBH-PA are committed to ensuring that all members receive accurate and up-to-date information when selecting an in-plan provider.

Announcing VBH-PA's 6th Annual Consumer Forum

"PEER SUPPORT & SELF HELP IN RECOVERY"
FRIDAY, APRIL 28, 2006
RADISSON HOTEL, MONROEVILLE
9:00 a.m. to 3:00 p.m.

Dr. Ed Knight, **ValueOptions Vice President of Recovery, Rehabilitation and Mutual Support**, **will deliver the keynote address.**

If you are interested in reserving exhibit space at this forum, please complete the 2006 Exhibitor Reservation Form on the following page.



Please call or email Kim Tzoulis at (724) 744-6377 or Kimberly.Tzoulis@ValueOptions.com for reservations on or before Wednesday, April 19, 2006. There is no charge for the forum, which includes lunch, but reservations are necessary.

If you are interested in reserving exhibit space at this forum, please complete the 2006 Exhibitor Form on the following page.

VBH-PA Consumer Recovery Forum

2006 Exhibitor Reservation Form

To request exhibit space, please complete this form by April 7, 2006.

Exhibit space is free, but available on a first come, first served basis.

Call Suzanne at (724) 744-6501 for more information.

The forum will be held at the Monroeville Radisson on Friday, April 28, 2006, from 9:00 a.m. to 3:00 p.m. The theme for the forum will be Peer Support. You are invited to join us for the entire day, just be sure to indicate if you want a lunch reservation.

If you and your staff are interested in exhibiting at the 2006 Consumer Recovery Forum, please complete the following and return to: Suzanne Ralph via fax at 724-744-6363 by the deadline: April 7, 2006.

Name of Organization:______________________________

Contact Person:______________________________

Phone:______________________Fax:______________

Email:______________________________

Name of staff and title of those who will be attending (please indicate if you wish a lunch reservation):

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

Exhibit space is free and available on a first come, first served basis. Set-up for exhibits begins at 8:30 a.m. Registration and exhibits begin at 9:00 a.m. Questions? Call 724-744-6501.

Thank you for your support. We are looking forward to having you join us!

What's Love Got To Do With It?

Sometimes in relationships, things that may seem innocent and romantic can be something else entirely. A young woman hopes for a boyfriend who pays attention to her and watches out for her but not one who won't let her out of his sight. A young man may appreciate a girlfriend who calls to see how his day is but not one who calls every hour to see where he's going.

Television, music, videos and magazines scream the message that to be complete, you must be loved, and that love should be romantic, sexy and all-forgiving, even if it involves physical or sexual violence. By high school, it is no wonder teens have difficulty recognizing the fine line between sweet and smothering, concern and control, passion and possession. And, when that line is crossed, they have even more difficulty realizing that the relationship can be harmful, even deadly.

One-third of teens report experiencing some kind of abuse in their romantic relationships. Studies have shown that young people who experience domestic violence at home or in their own dating relationships are more likely to smoke, drink, fail in school, get pregnant, use drugs, suffer from eating disorders or problems, consider suicide or be murdered by an intimate partner.

Take time to talk with the young people in your life about what a healthy, loving relationship looks like. Encourage your kids to talk to their friends who may be abusive or in an abusive relationship.

When young people understand that trust, patience and kindness – not jealousy, rage and obsession – are signs of love, it increases the chances that they will be safe in their dating interactions and recognize true, loving relationships.

If you are worried about your teenager and you need to talk, call us.

National Domestic Violence Hotline

1-800-799-7233 (SAFE)
1-800-787-3224 (TTY for the Deaf)
www.ndvh.org

Help is available in English and Spanish and many other languages.

All contact with the hotline is free and confidential.

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Past issues of *ValueAdded* can be accessed at: http://www.valueoptions.com/provider/contractspecific/pahealthchoices.htm