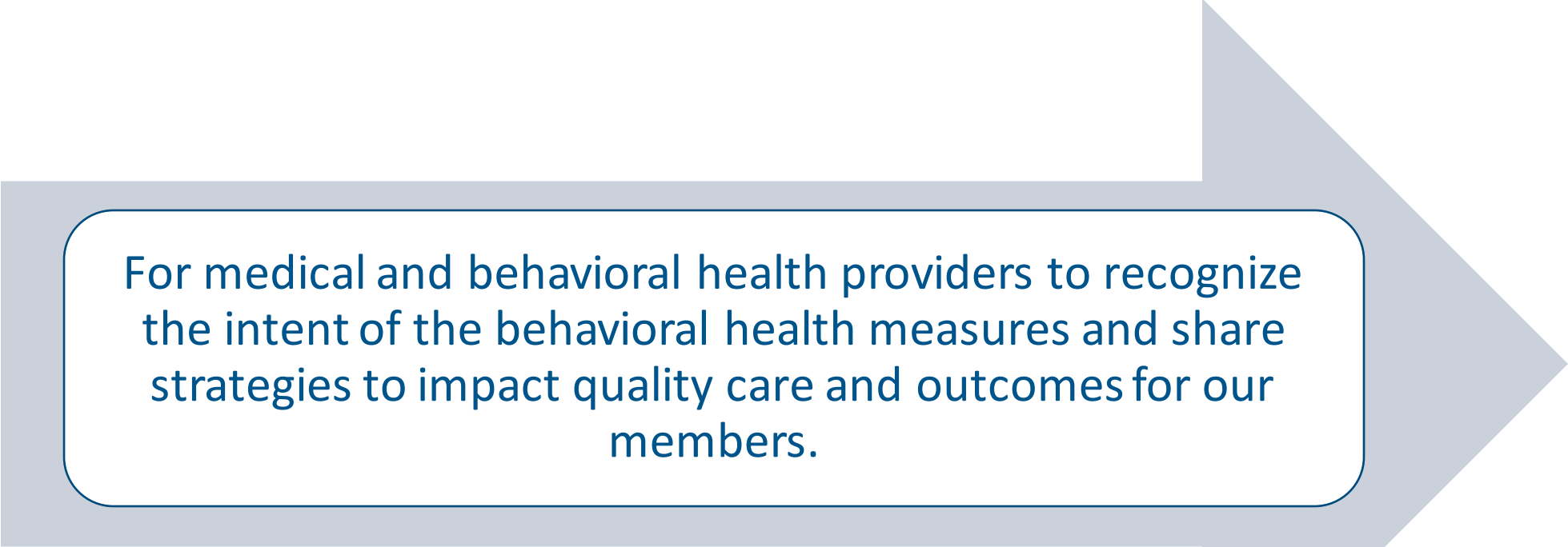


**Follow-Up Care for Children Prescribed Medication for  
ADHD and the Use of Psychosocial Care for Children and  
Adolescents Prescribed Antipsychotic Medications:  
*Optimizing the Impact of the ADD and APP HEDIS<sup>®</sup>  
Measures***



# Purpose of the Training



For medical and behavioral health providers to recognize the intent of the behavioral health measures and share strategies to impact quality care and outcomes for our members.



# What is HEDIS®?



Healthcare Effectiveness Data and Information Set



A set of standardized performance measures designed by the National Committee for Quality Assurance (NCQA)



One of healthcare's most widely used performance improvement tools



Helps to identify gaps in care and develop programs to improve quality and health outcomes

# Why is HEDIS® Important to Providers?

- Value-Based Service and other Pay for Performance incentive programs
- Focuses on preventative care and supports better patient outcomes
- The focus on quality outcomes can help members get the most from their benefits, which ultimately means better use of limited resources.
- It is a validated set of measurements by which one can measure the effectiveness of treatment interventions



# BH HEDIS® Measures

APP

- Use of First-Line Psychosocial Care and Antipsychotic Medications

ADD

- Follow-Up for Children Prescribed ADHD Medication



# Psychosocial Care and Antipsychotic Medications



## Psychosocial care

- Behavioral interventions and therapies proven helpful for nonpsychotic conditions such as attention-deficit disorder, and disruptive behaviors.

## Antipsychotic medications

- Can elevate the risk for developing serious metabolic health conditions like heart disease, diabetes, and stroke into adulthood.

## To minimize the risk of future metabolic syndrome

- Prior to prescribing antipsychotics, children and adolescents should receive first-line psychosocial care and other appropriate medications when it is not clinically warranted.

# Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotic Medications (APP)



## APP Measure Components

- 1-17 years old
- Newly prescribed an antipsychotic medication when not clinically indicated
- Received psychosocial care 90 days prior through 30 days after the dispensing date

## Measure Intent

- To reduce unnecessary risks associated with antipsychotic medications and use proven interventions to improve mental and physical health outcomes.

## Important APP Measure Reminders

- **Any** prescriber (Medical or BH) can put the member into the measure.
- A **new** antipsychotic prescription is defined as no fill or refill for a period of 120 days prior.
- Exclude members for whom first-line antipsychotic medications may be clinically appropriate;
  - Had at least one acute inpatient or two outpatient visits with diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder during the measurement year.
- Measurement Year: January 1<sup>st</sup> through December 1<sup>st</sup>





# Strategies to Improve the Use of Psychosocial Care



Advocate for a full comprehensive assessment and alternative treatment options for nonpsychotic conditions.



Discuss the importance of and provide referrals for psychosocial care and case management.



Educate about antipsychotic medications and the need for metabolic monitoring.



Ask for signed release of information forms to help coordinate the child's care.

# Strategies to Improve the Use of Psychosocial Care

- Utilize telehealth or telephone visits and submit correct billing codes.
- Ensure psychosocial care is a part of the treatment record up to 90 days before or no more than 30 days after filling a new prescription.
- Partner with health plans to ensure members receive a comprehensive, multi-modal plan for coordinated treatment that includes psychosocial care.
- Periodically review the ongoing need for continued therapy with antipsychotic medications.



# Follow-Up Care for Children Prescribed ADHD Medications

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# Attention Deficit/Hyperactivity Disorder (ADHD)



One of the most common neurobehavioral disorders diagnosed in early childhood into adulthood.

Rule out other causes for symptoms; trauma, learning difficulties, medical, or other mental disorders.

Complete a full comprehensive exam, ADHD symptom checklists, and history.

Medication for ADHD can help control symptoms of hyperactivity, impulsivity and inability to sustain concentration.

Children should be monitored by a child psychiatrist or pediatrician with prescribing authority.

# Follow-Up for Children Prescribed ADHD Medication (ADD)



## ADD Measure Components

- Ages 6 to 12
- Newly prescribed ADHD medication between Mar 1<sup>st</sup> of the year prior through Feb 28<sup>th</sup> of the measurement year

## Initiation Phase:

- Follow-up with a practitioner with prescribing authority within 30-days of starting the medication

## Continuation & Maintenance (C&M) Phase:

- Remain on the medication for at least 210 days and attend at least two follow-up visits with any practitioner within 9 months after the first visit

## Measure Intent

- Provides an opportunity to track medication use in patients and provide the appropriate follow-up care to monitor clinical symptoms and potential adverse events

# ADD Visit Reminders



## Initiation Phase: Practitioner with prescribing authority

Telehealth, Telephone, or virtual visits

Outpatient visits

An Observation visit

Health and behavior assessment or intervention

Intensive outpatient encounter or Partial hospitalization

Community Mental Health Center visit

## C & M Phase: Any practitioner but only 1 of the 2 visits can be virtual

Telehealth, Telephone, or virtual visits

Outpatient visits

An Observation visit

Health and behavior assessment or intervention

Intensive outpatient encounter or Partial hospitalization

Community Mental Health Center visit

# Strategies to Impact ADHD Follow-Up Care



## Engage the child/guardian in the treatment plan:

- Encourage questions about the new diagnosis, medications, and follow up plan.
- Remind of importance to re-evaluate whether the medications are working as intended after 2-3 weeks, and to regularly monitor the effects afterward.
- Assess social, mental and physical health needs and offer case management.
- Ask for release of information forms to help coordinate care.

# Strategies to Impact ADHD Follow-Up Care

- Limit the first prescription to a 14–21-day supply.
- Schedule a follow-up visit within 2-3 weeks before the family leaves the office.
- Reschedule any cancelled appointments right away.
- Assess and coordinate with the child's care management team at the health plan to address any barriers to follow up.
- Utilize telehealth and submit the correct CPT codes.





# The Role of the Provider in HEDIS®

Demonstrate commitment to quality care and improved patient outcomes

Know the BH HEDIS® measure requirements and provide appropriate care or referrals within the designated timeframes

Accurately code all claims and document clearly ALL services provided

Collaborate with the health plan for effective programs and interventions

Play an active role in coordinating care for our members



Thank You!

**Strategies to Improve Follow-Up Care for Children Prescribed Medication for ADHD and the Use of Psychosocial Care for Children and Adolescents Prescribed Antipsychotics:  
*Optimizing the Impact of the ADD and APP HEDIS<sup>®</sup> Measures***

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# References

AACAP, Recommendations about the Use of Psychotropic Medications for Children and Adolescents Involved in Child-Serving Systems (2015)

- American Academy of Child and Adolescent Psychiatry. (2015). Recommendations about the Use of Psychotropic Medications for Children and Adolescents Involved in Child-Serving Systems. [https://www.aacap.org/App\\_Themes/AACAP/docs/clinical\\_practice\\_center/systems\\_of\\_care/AACAP\\_Psychotropic\\_Medication\\_Recommendations\\_2015\\_FINAL.pdf](https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/AACAP_Psychotropic_Medication_Recommendations_2015_FINAL.pdf)
- American Psychiatric Association. (2014). The American Psychiatric Association Practice Guideline For The Treatment Of Patients With Schizophrenia, Third Edition. <https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890424841>
- Centers for Disease Control and Prevention. (2022). *What is ADHD?* <https://www.cdc.gov/ncbddd/adhd/facts.html>
- National Alliance on Mental Illness. (2022). *Attention Deficit Hyperactivity Disorder (ADHD)*. <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/ADHD>
- National Committee for Quality Assurance. (n.d.a.). *Follow-Up Care for Children Prescribed ADHD Medication (ADD)*. <https://www.ncqa.org/hedis/measures/follow-up-care-for-children-prescribed-adhd-medication/>
- National Committee for Quality Assurance. (n.d.b.). *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)*. <https://www.ncqa.org/hedis/measures/use-of-first-line-psychosocial-care-for-children-and-adolescents-on-anti-psychotics/>
- National Committee for Quality Assurance. (n.d.c.). *HEDIS® and performance measurement*. <https://www.ncqa.org/HEDIS/>