HEDIS

The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America’s health plans to measure performance on important dimensions of care and service. Altogether, HEDIS consists of 75 measures across 8 domains of care, 4 of which are directly related to behavioral health services. Because so many plans collect HEDIS data, and because the measures are so specifically defined, HEDIS makes it possible to compare the performance of health plans.

NCQA

NCQA, the National Committee for Quality Assurance, is a private, not-for-profit organization dedicated to improving health care quality. NCQA develops quality standards and performance measures for a broad range of health care entities. In began accrediting health plans in 1991.

NCQA accredits carrier by putting them through a comprehensive review of more than 60 standards. In addition to going through a triennial onsite review, carriers must report annually on their performance.

NCQA also develops statistics tracking the quality of care delivered by the nation’s health plans. Every year for the past five years, these numbers have improved. NCQA claims these improvements in quality care translate into lives saved, illnesses avoided and costs reduced.

How does this Relate to my Participation in the Network?

Psychcare is a fully accredited NCQA Managed Behavioral Health Organization, and in conjunction with our client health plans, we monitor and report all HEDIS Behavioral Health Performance outcomes as part of each client’s annual HEDIS Report.

HEDIS BEHAVIORAL HEALTH PERFORMANCE MEASURES

1. Follow-Up after Hospitalization for Mental Illness (FUH)

Effective discharge planning ensures continuous and coordinated quality behavioral health care treatment for patients following their discharge from an acute care facility. Timely follow-up after an inpatient psychiatric hospitalization promotes continuity of behavioral health care and supports a patient’s return to baseline functioning in a less restrictive level of care.

FUH performance measures are as follows:

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported:
• The percentage of discharges for which the member received follow-up within 30 days of discharge.
• The percentage of discharges for which the member received follow-up within 7 days of discharge.

The PSYCHCARE aftercare team works closely with hospital discharge planners to ensure that a timely post discharge appointment has been scheduled with a network practitioner.

Coordination of members' behavioral health treatment across the behavioral health continuum ensures continuous and timely aftercare follow-up, and is key to facilitating therapeutic gains and successful outcomes.

2. Antidepressant Medication Management (AMM)

Major Depressive Disorders are the most common behavioral health conditions affecting adults, and one of the most treatable behavioral health conditions. Antidepressant medication management promotes patient safety and ensures network psychiatrists’ adherence to nationally recognized best practices.

AMM performance measures are as follows:

The percentage of members 18 years of age and older with a diagnosis of major depression and were treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported:

• **Effective Acute Phase Treatment.** The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
• **Effective Continuation Phase Treatment.** The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

One way to improve medication compliance is patient education at the beginning of the treatment episode. Patients should receive information regarding the medications, benefits, potential side effects, and expectations regarding the length and outcome of treatment.

Encourage your patients to schedule their medication management appointments after their initial psychiatric evaluation and before they leave your office to ensure your patients’ safety in coordination with best practices.

3. Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Attention Deficit-Hyperactivity Disorder is one of the most commonly diagnosed childhood behavioral health disorders. Symptoms are usually noticed first in preschool or early elementary school years. The effects of the disorder frequently persist into adolescence and adulthood and are frequently associated with comorbid conditions.
ADD performance measures are as follows:

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:

- **Initiation Phase.** The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.
- **Continuation and Maintenance (C&M) Phase.** The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

The treatment of childhood ADHD works best with a team approach when behavioral health psychiatrists, clinicians, pediatricians, teachers, parents/legal guardians, and other healthcare professionals collaborate on care. It is important educate the patients' parent(s) or legal guardian to improve medication adherence and medication management visits based on best practices are essential to monitor the child’s progress.

**CLINICAL RESOURCES:**

Psychcare has adopted the following nationally recognized Clinical Practice Guidelines:

- American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depression;
- American Psychiatric Association Practice Guideline for the Treatment of Patients with Bipolar Disorder;
- American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia;
- American Psychiatric Association Practice Guideline for the Treatment of Patients with Substance Abuse Disorders; and
- American Academy of Child and Adolescent Psychiatry Practice Parameters for the Assessment and Treatment of Children and Adolescents Attention Deficit/Hyperactivity Disorder.

The American Psychiatric Association (APA) Practice Guidelines can be accessed and downloaded on their website, [http://psychiatryonline.org/guidelines.aspx](http://psychiatryonline.org/guidelines.aspx)


If you would like a hard copy of any of the nationally recognized guidelines, please contact our Quality Management Department at (800) 221-5487.