



Behavioral Health HEDIS Measures Summary for Primary Care

Measure Name	Description	Tips for Success
Measures related to behavioral health disorders commonly identified in primary care		
<p>Antidepressant Medication Management (AMM)</p>	<p>The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported:</p> <ul style="list-style-type: none"> • <i>Effective Acute Phase Treatment.</i> The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). • <i>Effective Continuation Phase Treatment.</i> The percentage of members who remained on an antidepressant medication for at least 180 days (6 months). 	<p>This measure focuses on medication compliance. Use screening tools to aid in diagnosing and treatment.</p> <ul style="list-style-type: none"> • Many patients with mild depression who are prescribed antidepressants do not stay on medication. Consider a referral or a consult for talk therapy as an alternative to medication. • Screening tools (e.g. PHQ-9) may provide objective assessment and better identify who would or would not benefit from medication. (Screening tools available at Providerexpress.com. Go to Clinical Resources - Behavioral Health Toolkit for Medical Providers). Tools help to identify mild, moderate or severe depression. Use “unspecified” diagnoses sparingly. • When prescribing antidepressants, ensure patients understand that it may take up to 12 weeks for full effectiveness of medication and discuss side effects and the importance of medication adherence. • Encourage patients to accept a referral for psychotherapy and help them understand mental health diagnoses are medical illnesses, not character flaws or weaknesses.
<p>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</p>	<p>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:</p> <ul style="list-style-type: none"> • <i>Initiation Phase.</i> A follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase. • <i>Continuation and Maintenance (C&M) Phase:</i> Children that remained on the ADHD medication and have at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. 	<p>This measure focuses on follow-up care after patients are prescribed an ADHD medication. Use screening tools to aid in diagnosing.</p> <ul style="list-style-type: none"> • Schedule a return appointment with prescriber within 30 days of initial ADHD prescription start date. • Continue to monitor patient with two more visits in the next 9 months • Use screening/assessment tools (e.g. Vanderbilt Scales) to assist diagnosing ADHD. (Screening tools available at Providerexpress.com. Go to Clinical Resources - Behavioral Health Toolkit for Medical Providers).

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Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)	<p>The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following:</p> <ul style="list-style-type: none"> • <i>Initiation of AOD Treatment.</i> Treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis. • <i>Engagement of AOD Treatment.</i> Patients who initiated treatment and who had two or more additional services with a diagnosis of AOD within 34 days of the initiation visit. 	<p>This measure focuses on follow-up treatment when diagnosing a patient with substance use disorder. Use screening tools to aid in diagnosing.</p> <ul style="list-style-type: none"> • Screening Tools (e.g. SBIRT, AUDIT-PC, CAGE-AID) assist in the assessment of substance use and can aid the discussion around referral for treatment. Code “Unspecified use” diagnoses sparingly. (Screening tools available at Providerexpress.com. Go to Clinical Resources - Behavioral Health Toolkit for Medical Providers). • Schedule a follow up appointment prior to patient leaving the office with you or a substance use treatment provider to occur within 14 days and then two more visits with you or a substance use treatment provider within the next 34 days. • Although community supports, such as AA and NA, are beneficial, they do not take the place of professional treatment. • Encourage newly diagnosed individuals to accept treatment by assisting them in identifying their own reasons for change.
Measures related to follow up after receiving higher levels of care		
Follow-Up After Hospitalization for Mental Illness (FUH)	<p>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:</p> <ul style="list-style-type: none"> • Follow-up within 7 days of discharge. • Follow-up within 30 days of discharge. 	<p>This measure focuses on follow up treatment, which must be with a mental health practitioner.</p> <ul style="list-style-type: none"> • Refer patient to a mental health practitioner to be seen within 7 days of discharge. • Even patients receiving medication from their PCP still need post-discharge supportive therapy with a licensed mental health clinician such as a therapist or social worker. • If a situation arises where a patient is unable to be seen within 7 days, then they need to have an appointment within 30 days of discharge.
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)	<p>The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported:</p> <ul style="list-style-type: none"> • Follow-up for substance use disorder within the 7 days after the visit or discharge. • Follow-up for substance use disorder within the 30 days after the visit or discharge. 	<p>This measure focuses on follow up treatment with a PCP or a behavioral health practitioner.</p> <ul style="list-style-type: none"> • See patients within 7 days and bill with a substance use diagnosis. • If a situation arises where a patient is unable to be seen within 7 days, then they need to have an appointment within 30 days of discharge.

Measure Name	Description	Tips for Success
Follow-up After Emergency Department Visit for Mental Illness (FUM)	<p>The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness. Two rates are reported:</p> <ul style="list-style-type: none"> Follow-up within 30 days of the ED visit. Follow-up within 7 days of the ED visit. 	<p>This measure focuses on follow up treatment with a PCP or a behavioral health practitioner.</p> <ul style="list-style-type: none"> See patients within 7 days and bill with a mental health diagnosis. If a situation arises where a patient is unable to be seen within 7 days, then they need to have an appointment within 30 days of discharge.
Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)	<p>The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) dependence, who had a follow up visit for AOD. Two rates are reported:</p> <ul style="list-style-type: none"> Follow-up within 30 days of the ED visit. Follow-up within 7 days of the ED visit. 	<p>This measure focuses on follow up treatment with a PCP or a behavioral health practitioner.</p> <ul style="list-style-type: none"> See patients within 7 days and bill with a substance use diagnosis. If a situation arises where a patient is unable to be seen within 7 days, then they need to have an appointment within 30 days of discharge.
<p align="center">Measures related to patients with Schizophrenia and/or those prescribed antipsychotics Have patient sign release of information in order to collaborate with behavioral health care providers. Collaborate with behavioral health prescriber for diabetic/cardiovascular monitoring compliance, as well as medication compliance.</p>		
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	<p>The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.</p>	<p>This measure focuses on appropriate monitoring for members with Schizophrenia or bipolar disorder.</p> <ul style="list-style-type: none"> Schedule an annual screening for diabetes (HbA1c or blood glucose)
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	<p>The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.</p>	<p>This measure focuses on appropriate monitoring for members with schizophrenia or schizoaffective disorder and diabetes.</p> <ul style="list-style-type: none"> Schedule an annual HbA1c and LDL-C
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	<p>The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year.</p>	<p>This measure focuses on appropriate monitoring for members with schizophrenia or schizoaffective disorder and cardiovascular disease.</p> <ul style="list-style-type: none"> Schedule an annual LDL-C

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Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	The percentage of members 18 and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.	<p>This measure focuses on medication compliance.</p> <ul style="list-style-type: none"> • Encourage patients to take medications as prescribed. • Offer tips to patients such as: take medication at the same time each day, use a pill box, and enroll in a pharmacy automatic refill program.
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. (Glucose or HbA1C and LDL–C or other cholesterol test)	<p>This measure focuses on appropriate monitoring for children with prescribed antipsychotics medications.</p> <ul style="list-style-type: none"> • Schedule an annual Glucose or HbA1C and LDL –C or other cholesterol test. • Assist caregiver in understanding the importance of annual screening.
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	<p>This measure focuses on referring to psychosocial treatment prior to prescribing an antipsychotics medication to children. This measure excludes children and adolescents diagnosed with schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder.</p> <ul style="list-style-type: none"> • Make sure children and adolescents received a psychosocial care appointment to occur at least 90 days prior to prescribing medication or within 30 days of starting an initial prescription if there is an urgent need for medication. • Psychosocial treatments (interventions) include structured counseling, case management, care-coordination, psychotherapy and relapse prevention
Measures related to Opioid Use		
Use of Opioids at High Dosage (HDO)	The rate per 1,000, for members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year at a high dosage	<p>This measure focuses on using low dosage for opioids</p> <ul style="list-style-type: none"> • For treatment of acute pain using opioids, the guidelines recommend that immediate-release opioids be used at a dosage as low as possible and for as few days as needed.¹ • For treatment of chronic pain, guidelines recommend clinicians consider non-pharmacologic and non-opioid therapies first, and only in cases where the benefits outweigh the risks, initiation of opioid therapy.¹ <p>¹Dowell, D., T.M. Haegerich, and R. Chou. 2016." CDC guideline for prescribing opioids for chronic pain—United States, 2016." JAMA 315(15): 1624.; Wargo, B., R. Vallejo, D. Tracy, D. Solanki, L. Snook, H. Smith, et al. 2012. "American Society of Interventional Pain Physicians (ASIPP) guidelines for responsible opioid prescribing in chronic non-cancer pain: Part 2—guidance." Pain Physician 15(3S):67–116.; Department of Veterans Affairs (VA) and Department of Defense (DoD). February 2017. VA/DoD clinical practice guideline for opioid therapy for chronic pain. https://static1.squarespace.com/static/54d50ceee4b05797b34869cf/t/58abad0d1e5b6c62a4b71101/1487645971273/VADoDOTCPG021517clean.pdf</p>

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Use of Opioids From Multiple Providers (UOP)	<p>The rate per 1,000, for members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers:</p> <ul style="list-style-type: none"> • Multiple Prescribers • Multiple Pharmacies • Multiple Prescribers and Multiple Pharmacies 	<p>This measure focuses on taking caution with patients using multiple pharmacies and/or prescribers</p> <ul style="list-style-type: none"> • Evidence suggests that people who see multiple prescribers and use multiple pharmacies are at higher risk of overdose.¹ <p>¹Paulozzi, L.J., et al. 2011. "A History of Being Prescribed Controlled Substances and Risk of Drug Overdose Death." Pain Medicine 13: 87–95. doi: 10.1111/j.1526-4637.2011.01260.x.</p>
Risk of Continued Opioid Use (COU)	<p>The percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of members whose new episode of opioid use lasts at least 15 days in a 30-day period. 2. The percentage of members whose new episode of opioid use lasts at least 31 days in a 62-day period. 	<p>This measure focuses using low doses and limited prescriptions of opioids</p> <ul style="list-style-type: none"> • For treatment of acute pain using opioids, the guidelines recommend that immediate-release opioids be used at a dosage as low as possible and for as few days as needed.¹ • For treatment of chronic pain, guidelines recommend clinicians consider non-pharmacologic and non-opioid therapies first, and only in cases where the benefits outweigh the risks, initiation of opioid therapy.¹ <p>¹Dowell, D., T. M. Haegerich, and R. Chou. 2016." CDC guideline for prescribing opioids for chronic pain—United States, 2016." JAMA 315(15): 1624.; Wargo, B., R. Vallejo, D. Tracy, D. Solanki, L. Snook, H. Smith, et al. 2012. "American Society of Interventional Pain Physicians (ASIPP) guidelines for responsible opioid prescribing in chronic non-cancer pain: Part 2—guidance." Pain Physician 15(3S):67–116.; Department of Veterans Affairs (VA) and Department of Defense (DoD). February 2017. VA/DoD clinical practice guideline for opioid therapy for chronic pain. https://static1.squarespace.com/static/54d50ceee4b05797b34869cf/t/58abad0d1e5b6c62a4b71101/1487645971273/VADoDOTCPG021517clean.pdf</p>
Pharmacotherapy for Opioid Use Disorder (POD)	<p>The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD.</p>	<p>This measure focuses on using MAT Treatment for opioid use disorder</p> <ul style="list-style-type: none"> • For patients with opioid use disorder, one of the following medications should be offered as treatment (buprenorphine/naloxone; methadone in an Opioid Treatment Program).¹ <p>¹Department of Veteran Affairs (VA), Department of Defense (DoD): Management of Substance Use Disorders Work Group. (2015). VA/DoD clinical practice guideline for the management of substance use disorders. Version 3.0. Washington (DC): Department of Veterans Affairs, Department of Defense; 2015 Dec. 169 p. [327 references]. Retrieved from https://www.healthquality.va.gov/guidelines/MH/sud/VADoDSUDCPGRevised22216.pdf</p>