

Follow-up Care for Children Prescribed ADHD Medication (ADD)

Why is the HEDIS® ADD Measure Important?

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common behavioral health disorders affecting children. To ensure that medication is prescribed and managed correctly, it is important that children be monitored by a provider with prescribing authority.¹

ADD Measure Description

The Healthcare Effectiveness Data and Information Set (HEDIS) ADD measure assesses the percentage of children 6-12 years old newly² prescribed an ADHD medication who had at least three follow-up visits within a 10-month period. Two rates are reported:

- **Initiation Phase**
 - One follow-up visit with a practitioner with prescribing authority, within 30 days of when the first ADHD medication was dispensed
 - This visit may be in-person or by telephone or telehealth
- **Continuation & Maintenance Phase**
 - At least two follow-up visits on different dates within the next nine 9 months, with any practitioner
 - One visit must be in-person, other visits may be by telephone or telehealth

ADHD Medications in ADD Measure
 dexmethylphenidate, dextroamphetamine, lisdexamfetamine, methamphetamine, methylphenidate, clonidine, guanfacine, atomoxetine

Types of follow-up visits
 outpatient, observation, health and behavior assessment or intervention, intensive outpatient encounter or partial hospitalization, telehealth, telephone

Best Practices

- Use screening tools such as the Vanderbilt Assessment Scale to assist with diagnosing ADHD.
- Comply with the American Academy of Pediatrics (AAP) recommendation of both behavior therapy and medication for children 6-12 years of age³.
- When prescribing ADHD medication for the first time, consider limiting the first prescription to a 30-day supply, and not providing refills unless follow-up appointments are kept.
- Educate the patient and caregivers about:
 - Importance of keeping follow-up appointments to evaluate if the medication is working as expected and assess any adverse effects
 - Potential for abuse and use of legal medication for illegal purposes
- Refer the patient to a psychiatrist for consultation when clinically appropriate and coordinate care.
- Always schedule follow-up appointments before the patient leaves the office.
- Send reminders for appointments and contact those who miss appointments to reschedule as soon as possible.

Helpful Resources

- AAP Policy: [ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents](#).
- NICHQ Resource: [Care for Children with ADHD: A Resource Toolkit for Clinicians](#).
- For providers in WI: [The Wisconsin Child Psychiatry Consultation Program \(CPCP\)](#) provides consultation, education, and referral support to primary care providers caring for children and adolescents with behavioral health concerns.
- To find an in-network behavioral health provider, contact the Customer Care Center number on the back of the patient's insurance card.
- For HEDIS measure-specific questions, please email QualityImprovement@deancare.com.

¹ NCQA HEDIS MY 2021 & MY 2022, HEDIS measure for ADD: [ncqa.org/hedis/measures/follow-up-care-for-children-prescribed-adhd-medication/](https://www.ncqa.org/hedis/measures/follow-up-care-for-children-prescribed-adhd-medication/)

² Negative medication history for 120 days (4 months) prior to dispensing for either new or refill prescriptions.

³ AAP Policy: [ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents](#).

Antidepressant Medication Management (AMM)

Why is the HEDIS® AMM Measure Important?

Major depression can lead to serious impairment in daily functioning, including change in sleep patterns, appetite, concentration, energy and self-esteem, and can lead to suicidal thoughts.¹ Effective medication treatment of major depression can improve a person's daily functioning and well-being and can reduce the risk of suicide. Proper management of depression leads to positive benefits and better health outcomes for patients.

AMM Measure Description²

The Healthcare Effectiveness Data and Information Set (HEDIS) AMM measure assesses the percentage of members 18 years of age and older who were newly³ treated with antidepressant medication, had a diagnosis of major depression and who:

- **Effective Acute Phase:** Remained on an antidepressant medication for at least 84 days (12 weeks)
- **Effective Continuation Phase:** Remained on an antidepressant medication for at least 180 days (6 months)

Best Practices

- Talk with patients about the importance of taking prescribed medication for at least six months, even if they feel better.
- Talk about the risks of abruptly stopping medication, and recommend scheduling a follow-up consultation before stopping.
 - Advise that discontinuing medication is associated with a higher rate of depression recurrence
- Discuss possible side effects and the length of time needed for medication to have the desired treatment effect.
- When medication is first filled, schedule a 30 day follow-up appointment to assess any side effects and patient's response to treatment before the patient leaves the office; send appointment reminders.
- Reach out to patients that miss or cancel appointments to reschedule.
- Consider patient work schedules as a potential barrier to keeping appointments and offer information if extended hours are available, or discuss telemedicine as an option.

Antidepressant Medications in AMM Measure
 Bupropion, Vilazodone, Vortioxetine, Isocarboxazid, Phenelzine, Selegiline, Tranylcypromine, Nefazodone, Trazodone, Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine, Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine, Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline, Maprotiline, Mirtazapine, Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (>6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine

Helpful Resources

- National Alliance on Mental Illness: [Depression Treatment](https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Depression).
- To find an in-network behavioral health provider, contact the Customer Care Center phone number on the patient's insurance card.
- For HEDIS measure-specific questions please email QualityImprovement@deancare.com.

¹ National Alliance on Mental Illness: <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Depression>

² NCQA HEDIS measure for AMM: <https://www.ncqa.org/hedis/measures/antidepressant-medication-management/>

³ Defined as no antidepressant medication filled in the past 105 days.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Why is the HEDIS® APM Measure Important?

Ongoing use of antipsychotic medications in children and adolescents increases the risk of developing diabetes and high cholesterol that can extend into adulthood. Metabolic monitoring can help ensure early detection and management of these potential complications.¹

APM Measure Description

The Healthcare Effectiveness Data and Information Set (HEDIS) APM measure assesses the percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Test **both blood glucose** with either a glucose or HbA1c test, **and cholesterol** with either a cholesterol or LDL-C test.

Antipsychotic Medications in APM Measure

Aripiprazole, risperidone, brexpiprazole, cariprazine, clozapine, haloperidol, iloperidone, loxapine, lurasidone, molindone, olanzapine, paliperidone, pimozide, quetiapine, risperidone, ziprasidone, chlorpromazine, fluphenazine, perphenazine, thioridazine, trifluoperazine, thiothixene, aripiprazole, fluphenazine decanoate, haloperidol decanoate, olanzapine, paliperidone palmitate, risperidone, fluoxetine-olanzapine, perphenazine-amitriptyline, prochlorperazine

Best Practices

- Comply with the American Academy of Child and Adolescent Psychiatry (AACAP) recommendation of monitoring glucose and cholesterol levels for children and adolescents on antipsychotics.
- Order a blood glucose and cholesterol test every year and build care gap alerts in the electronic medical record.
 - Primary care providers (PCP) can test blood glucose and cholesterol at a member's annual checkup or school physical to reduce additional visits
 - Behavioral health providers can order blood glucose and cholesterol tests for members who do not have regular contact with their PCP
- Use the correct billing codes to identify diabetes and cholesterol screenings.
- Educate the patient and caregivers about:
 - Increased risk of metabolic health complications from antipsychotic medications and what to do if side effects occur
 - Importance of screening blood glucose and cholesterol levels, and completing tests
- Antipsychotic medications in combination with psychotherapy are likely to be most effective. If the patient does not have a behavioral health provider, a referral should be made.
- Care should be coordinated between the patient's PCP and behavioral health providers.
- Establish a baseline and continuously monitor metabolic indices to ensure appropriate management of side-effects of antipsychotic medication therapy.
- Follow-up with parents/guardians to discuss lab results and educate on their long-term implications.

Helpful Resources

- AACAP Clinical Guideline: [Recommendations for Metabolic Screening and Monitoring for Children and Adolescents on Antipsychotic Medication](#).
- For Wisconsin providers: [Wisconsin Child Psychiatry Consultation Program \(CPCP\)](#) provides consultation, education, and referral support to primary care providers caring for children and adolescents with behavioral health concerns.
- To find an in-network behavioral health provider, contact the Customer Care Center phone number on the patient's insurance card.
- For HEDIS measure-specific questions please email QualityImprovement@deancare.com.

¹ NCQA HEDIS MY 2021 & MY 2022, HEDIS measure for APM: [ncqa.org/hedis/measures/metabolic-monitoring-for-children-and-adolescents-on-antipsychotics/](https://www.ncqa.org/hedis/measures/metabolic-monitoring-for-children-and-adolescents-on-antipsychotics/)

Follow-Up After Emergency Department Visit for Substance Use (FUA)

Why is the HEDIS® FUA Measure Important?

For people with substance use disorders (SUD), multiple trips to the emergency department (ED) may mean a lack of access to care or issues with continuity of care. Timely follow-up care for individuals who were seen in the ED is associated with a reduction in substance use, future ED use, hospital admissions and bed days.

FUA Measure Description¹

The Healthcare Effectiveness Data and Information Set (HEDIS) FUH measure assesses the percentage of patients ages 13+ who had an ED visit with a primary diagnosis of SUD, or any diagnosis of drug overdose, and had a follow-up visit or pharmacotherapy dispensing event with a mental health practitioner. The follow-up visit or event should occur within 7 days but no later than 30 days of the ED visit.

Note: Follow-up visits and pharmacotherapy events may occur on the same date of the ED visit.

Best Practices

Emergency Department

- Notify outpatient provider and PCP of ED visit and ensure that care transition plans with the PCP are shared.
- Prior to patients leaving the ED:
 - Discuss the importance of follow-up and assist with coordination of care.
 - Schedule the patient's aftercare appointment within 7 days but no later than 30 days of the ED visit.
 - Identify and address barriers to patient keeping their appointment.
 - If clinically appropriate, initiate medication-assisted treatment in the ED and/or provide naloxone (Narcan).

Outpatient Providers

- Work with hospitals to obtain emergency visit notifications on your patients.
- Ensure flexibility when scheduling appointments for patients with recent ED visits.
- Reach out to patients who cancel appointments to reschedule as soon as possible. If appointment doesn't occur within first 7 days, schedule within 30 days of the ED visit.
- Ensure submission of claims includes correct service coding and primary diagnosis. The primary diagnosis should match the diagnosis given at the ED visit.

Helpful Resources

- To find an in-network behavioral health provider, contact the Customer Care Center number on the patient's insurance card.
- For HEDIS measure specific questions please email QualityImprovement@deancare.com.

Qualifying Follow-up Visits

**with primary diagnosis of SUD, substance use or drug overdose*

- Observation
- Intensive outpatient encounter or partial hospitalization
- Outpatient Pharmacotherapy dispensing event (medication-assisted treatment)
- Community mental health center or non-residential substance abuse treatment facility visit
- Telehealth or telephone
- Online assessment; e-visit or virtual check-in

¹ NCQA HEDIS MY 2022, HEDIS measure for FUA: <https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-alcohol-and-other-drug-abuse-or-dependence/>

Follow-up After Hospitalization for Mental Illness (FUH)

Why is the HEDIS® FUH Measure Important?

Evidence suggests that individuals who receive follow-up care after a psychiatric hospitalization show a decline in re-admittance to an inpatient facility^{1,2}. Additionally, the ability to provide consistent continuity of care can result in better mental health outcomes and supports a patient's return to baseline functioning in a less-restrictive level of care.

FUH Measure Description³

The Healthcare Effectiveness Data and Information Set (HEDIS) FUH measure assesses the percentage of patients ages 6+ who had an acute inpatient stay for mental illness or intentional self-harm and received an outpatient visit with a mental health practitioner within seven days of discharge, but no later than 30 days from the discharge date.

Note: Outpatient visits on the same date of discharge are not reportable as part of this measure

Best Practices

Inpatient Providers

- Notify outpatient provider and PCP of inpatient admission
- Prior to discharge:
 - Discuss the importance of follow-up with a mental health provider
 - Schedule the patient's aftercare appointment
 - If there is an obstacle with scheduling an appointment within 7 or 30 days of the discharge date, document the reason
 - Attempt to alleviate barriers to appointments prior to discharge (e.g. transportation, obtaining accurate and current patient contact information, etc.)
- Send discharge paperwork to the outpatient provider within 24 hours of discharge

Outpatient Providers

- Ensure flexibility when scheduling appointments for patients who are being discharged from acute care; the appointment should be scheduled within seven days after the discharge date, but no later than 30 days
- Reach out to patients who cancel appointments to reschedule as soon as possible
- Partner with inpatient facilities to ensure you receive notification of inpatient visits

Helpful Resources

- To find an in-network behavioral health provider, contact the Customer Care Center number on the patient's insurance card.
- For HEDIS measure specific questions please email QualityImprovement@deancare.com.

What Outpatient Services Qualify?

- Outpatient (home, telephone or telehealth)
- Intensive outpatient encounter or partial hospitalization; with or without telehealth
- Community mental health center visit; with or without telehealth
- Electroconvulsive therapy
- An observation visit
- Transitional care management (TCM code) services; with or without telehealth
- Psychiatric collaborative care management

¹ Smith et al. (2017). Psychiatric Inpatient Discharge Planning Practices and Attendance at Aftercare Appointments. *Psychiatric Services*, 68(1), 92-95. (doi:10.1176/appi.ps.201500552)

² Hengartner, Michael P., et al. (2015). Introduction of a psychosocial post-discharge intervention program aimed at reducing psychiatric re-hospitalization rates and at improving mental health and functioning. *Perspectives in Psychiatric Care*, 53(1): 10-15. (doi:10.1111/ppc.12131)

³ NCQA HEDIS MY 2022, HEDIS measure for FUH: <https://www.ncqa.org/hedis/measures/follow-up-after-hospitalization-for-mental-illness/>

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Why is the HEDIS® FUM Measure Important?

Research suggests that follow-up care for people with mental illness is linked to fewer repeat emergency department (ED) visits, improved physical and mental function and increased compliance with follow-up instructions^{1,2,3}.

FUM Measure Description⁴

The Healthcare Effectiveness Data and Information Set (HEDIS) FUM measure assesses the percentage of patients ages 6+ who had an ED visit with a primary diagnosis of mental illness or intentional self-harm and who received a follow-up visit with any practitioner within 7 days but no later than 30 days of the ED visit.

Note: Follow-up visits may occur on the same date of the ED visit.

Qualifying Follow-up Visits
**with primary diagnosis of mental illness or intentional self-harm*

- Observation
- Intensive outpatient encounter or partial hospitalization
- Electroconvulsive therapy
- Outpatient
- Community mental health center visit
- Telehealth or telephone
- Online assessment; e-visit or virtual check-in

Best Practices

Emergency Department

- Notify outpatient provider and PCP of ED visit and ensure that care transition plans with the PCP are shared.
- Prior to patients leaving the ED:
 - Discuss the importance of follow-up and assist with coordination of care.
 - Schedule the patient's aftercare appointment within 7 days but no later than 30 days of the ED visit.
 - Identify and address barriers to patient keeping their appointment.

Outpatient Providers

- Work with hospitals to obtain emergency visit notifications on your patients.
- Ensure flexibility when scheduling appointments for patients with recent ED visits.
- Reach out to patients who cancel appointments to reschedule as soon as possible. If appointment doesn't occur within first 7 days, schedule within 30 days of the ED visit.
- Ensure submission of claims includes correct service coding and primary diagnosis. The primary diagnosis should match the diagnosis given at the ED visit.

Helpful Resources

- To find an in-network behavioral health provider, contact the Customer Care Center phone number on the patient's insurance card.
- For HEDIS measure-specific questions, please email QualityImprovement@deancare.com

¹ Bruffaerts, R., Sabbe, M., Demyffenaere, K. (2005). Predicting Community Tenure in Patients with Recurrent Utilization of a Psychiatric Emergency Service. *General Hospital Psychiatry*, 27, 269-74.

² Griswold, K.S., Zayas, L.E., Pastore, P.A., Smith, S.J., Wagner, C.M., Servoss, T.J. (2018) Primary Care After Psychiatric Crisis: A Qualitative Analysis. *Annals of Family Medicine*, 6(1), 38-43. doi:10.1370/afm.760.

³ Kyriacou, D.N., Handel, D., Stein, A.C., Nelson, R.R. (2005). Brief Report: Factors Affecting Outpatient Follow-up Compliance of Emergency Department Patients. *Journal of General Internal Medicine*, 20(10), 938-942. doi:10.1111/j.1525-1497.2005.0216_1.x.

⁴ NCQA HEDIS MY 2022, HEDIS measure for FUM: <https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-mental-illness/>

Use of Opioids at High Dosage (HDO)

Why is the HEDIS® HDO Measure Important?

When used appropriately, prescription opioid analgesics provide pain relief to patients. However, chronic or high-dose opioid use increases a patient’s risk of addiction, dependence and overdose. The HDO measure assesses potentially high-risk opioid analgesic prescribing practices in order to identify patients who may be at higher risk for opioid overuse and misuse, and deliver appropriate interventions.

HDO Measure Description¹

The percentage of patients age 18+ who received prescription opioids at a high dosage (≥90mg morphine milligram equivalent) for ≥15 days.* A lower rate is better.

*Measure does not apply to patients with cancer, sickle cell disease or receiving palliative care (hospice)

Opioid Medications in HDO Measure

Benzhydrocodone, Butorphanol, Codeine, Dihydrocodeine, Fentanyl buccal or sublingual tablet; transmucosal lozenge (mcg)², Fentanyl oral spray (mcg)³, Fentanyl nasal spray (mcg)⁴, Fentanyl transdermal film/ patch (mcg/hr)⁵, Hydrocodone, Hydromorphone, Levorphanol, Meperidine, Methadone⁶, Morphine, Opium, Oxycodone, Oxymorphone, Pentazocine, Tapentadol, Tramadol

Best Practices

- Comply with the Center for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain
- Establish and measure goals for pain and function
- Discuss benefits and risks plus availability of nonopioid therapies, as well as naloxone/Narcan to prevent opioid overdose
- Review the patient’s history of controlled substance prescriptions using state prescription drug monitoring program (PDMP)
- If there are concerns of addiction or dependence, refer the patient to an in-network substance use provider for further evaluation and coordinate care, as needed

Helpful Resources

- CDC [Guideline for Prescribing Opioids for Chronic Pain](#)
- CDC Factsheet: [Calculating Total Daily Dose of Opioids for Safer Dosage](#)
- For Wisconsin providers: [UW Addiction Consultation Provider Hotline](#) provides on-call help to all health care providers in the state who seek support and direction to treat patients with substance use issues, including addiction to opioids. Health care providers do not need to be affiliated with UW-Madison or UW Health to use this free service. Call 1-800-472-0111.
- To find an in-network behavioral health provider, contact the Customer Care Center number on the patient’s insurance card.
- For HEDIS measure specific questions please email QualityImprovement@deancare.com

¹ NCQA HEDIS MY 2022, HEDIS measure for HDO: [ncqa.org/hedis/measures/use-of-opioids-at-high-dosage/](https://www.ncqa.org/hedis/measures/use-of-opioids-at-high-dosage/)

Initiation and Engagement of Substance Use Disorder Treatment (IET)

Why is the HEDIS® IET Measure Important?

In 2019, 18.9 million people over age 12 were classified as having a substance use disorder (SUD) involving alcohol or other drugs (AOD), but did not receive treatment at a specialty facility.¹ Treatment, including medication-assisted treatment (MAT), in conjunction with counseling or other behavioral therapies, has been shown to reduce AOD-associated morbidity and mortality, and improve health, productivity and social outcomes.^{2,3,4}

IET Measure Description⁵

The Healthcare Effectiveness Data and Information Set (HEDIS) IET measure assesses patients ages 13+ with a new episode of SUD (no diagnosis of SUD or given an SUD treatment within the past six months), who initiate SUD treatment and stay engaged in SUD treatment.

Two rates are reported:

Initiation of SUD Treatment: Patients 13+ who initiated treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication-assisted treatment (MAT) within 14 days of diagnosis.

Engagement of SUD Treatment: Patients 13+ who initiated treatment and who had at least two engagement services within 34 days of the initiation visit. Engagement services include those listed above.

- Two engagement visits can be on the same date of service, but they must be with different providers in order to count as two events.
- Only one of the engagement visits can be for medication assisted treatment.
- Both engagement visits must contain the same SUD diagnosis used at the initiation visit.

Common ICD-10 Codes Used by DHSC Providers that Require Follow-up

ICD-10 Code	Description
F10.10	Alcohol abuse, uncomplicated
F10.20	Alcohol dependence, uncomplicated
F10.129	Alcohol abuse with intoxication, unspecified
F10.120	Alcohol abuse with intoxication, uncomplicated
F10.239	Alcohol dependence with withdrawal, unspecified
F11.20	Opioid dependence, uncomplicated
F11.10	Opioid abuse, uncomplicated
F12.10	Cannabis abuse, uncomplicated
F12.20	Cannabis dependence, uncomplicated
F19.10	Other psychoactive substance abuse, uncomplicated

The table to the left lists the top SUD ICD-10 codes used by providers that require follow-up visits. Follow-up is recommended with a licensed therapist, preferably a substance abuse therapist, and/or a psychiatrist/addictionologist.

Note: This is not a complete list of ICD-10 codes rolling up into the IET measure. **If unsure, it is best to assume that any substance abuse or dependence diagnosis requires follow up.**

Best Practices

- Document the SUD diagnosis and use the same diagnosis at each follow-up visit
- Ensure follow-up visits are scheduled within the recommended timeframes

¹ Substance Abuse and Mental Health Services Administration. (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

² National Institute on Drug Abuse (NIDA). (2018). How effective is drug addiction treatment? <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-effective-drug-addiction-treatment>

³ Substance Abuse and Mental Health Services Administration (SAMSHA). "Medication-Assisted Treatment (MAT)." <https://www.samhsa.gov/medication-assisted-treatment>

⁴ (2016). Cost effectiveness of drug treatment. Retrieved from: <https://www.drugabuse.gov/publications/teaching-addiction-science/understanding-drug-abuse-addiction-what-science-says>

⁵ NCQA HEDIS MY 2021 & MY 2022, IET HEDIS Measure: [ncqa.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment/](https://www.ncqa.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment/)

- Discuss the importance of completing follow-up visits with patients
- Reach out to patients who cancel appointments and assist them with rescheduling as soon as possible
- Coordinate care between the patient's PCP and behavioral health providers
- Consider telehealth for follow-up visits if in-person appointments are not available
- Inform patients of Dean Health Service Company behavioral health case management services
- For HEDIS measure-specific questions, email QualityImprovement@deancare.com

Helpful Resources

- To find an in-network behavioral health provider, contact the Customer Care Center number on the patient's insurance card.
- The Health Plan provides free telephonic patient education and resource coordination to patients with substance use disorders who could benefit from additional support. Patients can self-refer by calling the Customer Care Center number on their insurance card.

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

Why is the HEDIS® SSD Measure Important?

Diabetes is the eighth leading cause of death in the United States.¹ Because individuals with serious mental illness who use antipsychotics are at increased risk of diabetes², screening and monitoring of this condition is important for early detection and management.

SSD Measure Description

The Healthcare Effectiveness Data and Information Set (HEDIS) SSD measure assesses the percentage of adults 18 to 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 year.* **Test with either a glucose or HbA1c** and document test completion.

*Measure does not apply to patients who are already diabetic

SSD Antipsychotic Medications

Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Quetiapine fumarate, Risperidone, Ziprasidone, Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine, Psychotherapeutic, Combinations, Amitriptyline-perphenazine, Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate, Risperidone

Best Practices

- Comply with the American Diabetes Association (ADA) recommendation of glucose monitoring for patients on antipsychotics
- Order a blood glucose test every year and build care gap alerts in the electronic medical record
 - Primary care providers (PCP) can test blood glucose at a member's annual checkup
 - Behavioral health providers can order blood glucose tests for members who do not have regular contact with a PCP
- Use the correct billing codes to identify glucose tests
- Educate the patient about:
 - Increased risk of diabetes with antipsychotic medications and symptoms to watch for
 - Importance of diabetes screening, and completing a glucose test at least annually
- Antipsychotic medications in combination with psychotherapy are likely to be most effective. If the patient does not have a behavioral health provider, a referral should be made.
- Care should be coordinated between the patient's PCP and behavioral health providers.
- Establish a baseline and continuously monitor metabolic indices to ensure appropriate management of side-effects of antipsychotic medication therapy.

Helpful Resources

- To find an in-network behavioral health provider, contact the Customer Care Center number on the patient's insurance card.
- For HEDIS measure-specific questions, please email QualityImprovement@deancare.com.

¹ Centers for Disease Control and Prevention: [cdc.gov/nchs/fastats/leading-causes-of-death.htm](https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm)

² NCQA MY2022, HEDIS measure for SSD: [ncqa.org/hedis/measures/diabetes-and-cardiovascular-disease-screening-and-monitoring-for-people-with-schizophrenia-or-bipolar-disorder/](https://www.ncqa.org/hedis/measures/diabetes-and-cardiovascular-disease-screening-and-monitoring-for-people-with-schizophrenia-or-bipolar-disorder/)

Use of Opioids From Multiple Providers and Multiple Pharmacies (UOP)

Why the HEDIS® UOP Measure Important?

Studies show that individuals who receive high dose opioids from multiple prescribers or multiple pharmacies have a higher likelihood of opioid-related overdose or death than those who receive opioids from one prescriber or one pharmacy.¹ Monitoring these rates is important for addressing the opioid epidemic.

UOP Measure Description²

The Healthcare Effectiveness Data and Information Set (HEDIS) UOP measure assesses the percentage of patients 18 years of age and older receiving prescription opioids at a high dose (average MME ≥ 90) for 15 or more days from both multiple providers (four or greater) and multiple pharmacies (four or greater).

A lower rate indicates better performance.

Excluded medications include: Injectables, cough and cold products, products used as part of medication assisted treatment of opioid use disorder (buprenorphine), fentanyl patch and methadone.

Best Practices

- Coordinate care with the patient's other prescribing providers.
- Educate the member regarding safe use and risks of opioids, including education and access to Naloxone (Narcan) and non-opioid alternatives for pain management, when clinically appropriate.
- Check your State's Prescription Drug Monitoring Program before prescribing an opioid.
- Consistently use a formal contract or agreement (often called a "narcotic contract") with patients who are chronically on controlled substances like opiates, which establishes rules and expectations around appropriate use of these medications, how to obtain refills, monitoring of use by urine or blood testing, etc.

Helpful Resources

- CDC Guideline: [Prescribing Opioids for Chronic Pain](#)
- To find an in-network behavioral health provider, contact the Customer Care Center phone number on the patient's insurance card.
- For HEDIS measure-specific questions, please email QualityImprovement@deancare.com

¹ Gwira Baublatt, J.A., C. Wiedeman, J.R. Dunn, W. Schaffner, L.J. Paulozzi, T.F. Jones. 2014. High-Risk Use by Patients Prescribed Opioids for Pain and Its Role in Overdose Deaths. *JAMA Intern Med* 174(5):796–801.

² NCQA HEDIS MY 2022, HEDIS measure for UOP: [ncqa.org/hedis/measures/use-of-opioids-from-multiple-providers/](https://www.ncqa.org/hedis/measures/use-of-opioids-from-multiple-providers/)