



USE OF FIRST-LINE PSYCHOSOCIAL CARE FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (APP)

MEETING THE HEDIS MEASURE

The APP measure assesses the percentage of children and adolescents newly started on antipsychotic medications without a clinical indication who had documentation of psychosocial care as first-line treatment.

Two age groups are reported for this measure:

- Ages 1-11
- Ages 12-17

WHY IS THE APP MEASURE IMPORTANT?

Although antipsychotic medications may serve as effective treatment for a narrowly defined set of psychiatric disorders in children and adolescents, they are often prescribed for nonpsychotic conditions for which psychosocial interventions are considered first-line treatment. Safer, first-line psychosocial interventions may be underutilized, and children and adolescents may unnecessarily incur the risks associated with antipsychotic medications.

Psychosocial care, which includes behavioral interventions, psychological therapies, and skills training, among others, is the recommended first-line treatment option for children and adolescents diagnosed with nonpsychotic conditions such as attention-deficit disorder and disruptive behaviors.

WHAT CAN BE DONE TO HELP MEET THE MEASURE?

When prescribed, antipsychotic medications should be part of a comprehensive, multi-modal plan for coordinated treatment that includes psychosocial care.

Periodically review the ongoing need for continued therapy with antipsychotic medications.

Assess the need for Case Management and refer if necessary.

Ensure progress notes are complete and accurate.

Before prescribing an antipsychotic medication, assess the member's treatment and medication history.

Before prescribing an antipsychotic medication for a diagnosis for which it is not indicated, utilize psychosocial care as first-line treatment.

If psychosocial care cannot be utilized as first-line treatment before prescribing an antipsychotic medication for a diagnosis for which it is not indicated, start psychosocial care within 30 days.

Involve the member's parent/guardian/family/support system and/or significant other regarding medications and psychosocial care.

Assist member with coordination of psychosocial care with appropriate referrals and scheduling.

Talk frankly about the importance of psychosocial care to help the member engage in treatment.

Ensure the member has an appointment scheduled within 30 days of prescribing an antipsychotic medication

Schedule psychosocial care within 20 days of prescribing an antipsychotic medication. If the appointment is missed, this will allow flexibility in rescheduling within 30 days.

Before scheduling an appointment, verify with the member that it is a good fit considering things like transportation, location, and time of the appointment. Identify and address any barriers to member keeping appointment.

Provide reminder calls to confirm appointment.

Reach out proactively within 24 hours if the member does not keep scheduled appointment to schedule another.


Provide timely submission of claims.

Providers maintain appointment availability for members prescribed an antipsychotic medication.

If antipsychotics are prescribed with psychosocial care, educate the member and the parents/guardians/family/support system and/or significant other about possible side effects of medications

and what to do if side effects appear. Reinforce the treatment plan and evaluate the medication regimen considering presence/absence of side effects, potential costs, clear written instructions for medication schedule, etc.

Encourage communication between the behavioral health specialist and PCP (Primary Care Provider). Ensure that the member has a PCP and that care transition plans with the PCP are shared

 Medications			
Antipsychotic Medications			
Description	Prescription		
Miscellaneous antipsychotic agents	Aripiprazole Asenapine Brexipiprazole Cariprazine Clozapine Haloperido	Iloperidone Loxapine Lurisdane Molindone Olanzapine Paliperidone	Pimozide Quetiapine Risperidone Ziprasidone
Phenothiazine antipsychotics	Chlorpromazine Fluphenazine Perphenazine	Thioridazine Trifluoperazine	
Thioxanthenes	Thiothixene		
Long-acting injections	Aripiprazole Aripiprazole lauroxil Fluphenazine decanoate Haloperidol decanoate	Olanzapine Paliperidone palmitate	Risperidone
Antipsychotic Combination Medications			
Description	Prescription		
Psychotherapeutic combinations	Fluoxetine-olanzapine	Perphenazine-amitriptyline	



Required Exclusions:

Members in hospice or using hospice services

Members who died

Members who had one or more acute inpatient encounter with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder

Members who had two or more visits in an outpatient, intensive outpatient, or partial hospitalization setting, on different dates of service, with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder

Timeframe : Any time during the measurement year

REFERENCES

Use of first line psychosocial care for children and adolescents on anti-psychotics. NCQA. (2023, January 23). Retrieved March 10, 2023, from www.ncqa.org/hedis/measures/use-of-first-line-psychosocial-care-for-children-and-adolescents-on-anti-psychotics/

Olfson, M., C. Blanco, L. Liu, C. Moreno, G. Laje. 2006. "National Trends in the Outpatient Treatment of Children and Adolescents with Antipsychotic Drugs." *Archives of General Psychiatry* 63(6):679–85.

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