

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

New Directions Behavioral Health® is committed to working with participating physicians to improve the quality of care for members. To evaluate performance on important care and service measures, we use the Healthcare Effectiveness Data and Information Set (HEDIS®) tool developed by the National Committee for Quality Assurance (NCQA®). This bulletin provides information about a HEDIS measure concerning the importance of utilizing psychosocial interventions for children and adolescents (1–17 years of age) before considering antipsychotic medications.

Antipsychotic medications may be effective treatment for a narrowly defined set of psychiatric disorders in children and adolescents. However, they are often prescribed for nonpsychotic conditions for which psychosocial interventions are considered first-line treatment.¹ Safer first-line psychosocial interventions may be underutilized. Children and adolescents may unnecessarily incur the risks associated with antipsychotic medications.

Meeting the Measure: Measurement Year 2021 HEDIS® Guidelines

HEDIS Description

One rate is reported:

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.

Assesses whether children/adolescents (1–17 years of age as of December 31 of the measurement year) without an indication listed below for antipsychotic medication use had psychosocial care as first-line treatment before being prescribed an antipsychotic medication.

A new prescription means the member had no antipsychotic medications dispensed for either new or refill prescriptions within a period of 120 days (4 months) prior to the date a new antipsychotic medication is being dispensed to the member.

Exclude members for whom first-line antipsychotic medications may be clinically appropriate: Schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder.

Psychosocial care qualifies if it started within 90 days prior to the date on which a new antipsychotic medication is started. Psychosocial care also qualifies if it started within 30 days after the date on which a new antipsychotic medication is started. Psychosocial Care includes behavioral health counseling and therapy in the following settings:

- Outpatient office-based care (Includes via Telehealth)
- Intensive outpatient
- Partial hospitalization
- Community mental health center

Note: Check with member's health plan for specific coverage for these levels of care.

You Can Help

- If antipsychotics are prescribed, EKG monitoring recommended as all antipsychotics are associated with prolongation of QTc interval.
- Before prescribing an antipsychotic medication, assess the member's treatment and medication history.
- Determine member's diagnoses.
- Prescribe antipsychotic medication for FDA approved diagnoses.
- 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 others regarding medications and psychosocial care.
- Assist member with coordination of care to psychosocial care with appropriate referrals and scheduling.
- Talk frankly about the importance of psychosocial care to help the member engage in treatment.
- Make sure that the member has 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 others about 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.
- Instruct on crisis intervention options, including specific contact information, specific facilities, etc.
- Encourage communication between the behavioral health specialist and PCP. Ensure that the member has a PCP and that care transition plans with the PCP are shared.

FDA-Approved Pediatric Age Ranges and Indications for Atypical Antipsychotics³

Medication	FDA Age								
	5	6	7	8	9	10	11	12	13-17
aripiprazole									
asenapine									
olanzapine									
paliperidone									
quetiapine									
quetiapine XR									
risperidone									
Schizophrenia									
Bipolar I disorder: manic or mixed									
Bipolar I disorder: depressive episodes; adjunct therapy									
Tourette's disorder									
Autistic disorder with irritability									

New Directions is Here to Help

If you need to refer a patient or receive guidance on appropriate services, please call:

Alabama: 855-339-8558	Kansas: 800-952-5906	Michigan: 800-762-2382
Arkansas: 816-523-3592	Kansas City Mindful: 800-528-5763	Michigan GM: 877-240-0705
Florida: 866-730-5006	Louisiana: 877-207-3059	Michigan URMBT: 877-228-3912

Reference:

1. 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.
2. NCQA: <https://www.ncqa.org/hedis/measures/use-of-first-line-psychosocial-care-for-children-and-adolescents-on-anti-psychotics/>
3. Atypical Antipsychotic Medications: Use in Pediatric Patients October 2015. <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Pharmacy-Education-Materials/Downloads/atyp-antipsych-pediatric-factsheet11-14.pdf>. To see the electronic version of this fact sheet and the other products included in the "Atypical Antipsychotics" Toolkit, visit the Medicaid Program Integrity Education page at <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Pharmacy-Education-Materials/pharmacy-ed-materials.html> on the CMS website.