HEDIS® measures - What they mean for your practice

GARY M. HENSCHEN, MD, LFAPA
1. What is HEDIS?

2. The Antidepressant Medication Management (AMM) standard
   - What’s included
   - Why it matters to your practice
   - Results

3. Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
   - What’s included
   - Why it matters to your practice
   - Results
What is HEDIS?

- Full name: Healthcare Effectiveness Data and Information Set (HEDIS®)

- Includes more than 90 measures across six domains of care
  - Effectiveness of Care
  - Access/Availability of Care
  - Experience of Care
  - Utilization and Risk-Adjusted Utilization
  - Health Plan Descriptive Information
  - Measures Collected Using Electronic Clinical Data Systems

- NCQA collects HEDIS data from health plans and other healthcare organizations

- Performance in these measures may be incorporated into pay-for-performance contracts

- Of the 90 measures, 8 relate to behavioral health
HEDIS measures relating to behavioral health

- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- Antidepressant Medication Management (AMM)
- Diabetes and Cardiovascular Disease Screening and Monitoring for People with Schizophrenia or Bipolar Disorder (SSD, SMD, SMC)
- Follow-Up After Emergency Department Visit for Mental Illness (FUM)
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or for Alcohol and Other Drug Abuse or Dependence (FUA)
- Follow-Up After Hospitalization for Mental Illness (FUH)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
Antidepressant Medication Management (AMM)
Antidepressant Medication Management (AMM)

Assesses adults 18 years and older with a diagnosis of major depressive disorder who are newly treated with antidepressant medication.

Measures whether patients remain on antidepressants, and for how long.
Antidepressant Medication Management (AMM) – two rates reported

1

Effective Acute Phase Treatment:
Adults who remained on an antidepressant medication for at least **84 days (12 weeks)**

2

Effective Continuation Phase Treatment:
Adults who remained on an antidepressant medication for at least **180 days (6 months)**
Why it matters

Major depression seriously impairs daily functioning

Suicide is the 10th leading cause of death in the U.S.

Effective clinical management can increase patient compliance, monitor effectiveness, and identify and manage side effects

Effective clinical management reduces suicide
Improving effectiveness in your practice

Recognize high co-morbidity with physical illnesses
- MI
- Diabetes
- Cancer
- Stroke

Choose the antidepressant based on
- Side effect profile
- Safety
- History of prior response - patient and family member
- Patient preference
- Cost
- Drug-drug interactions
- Co-occurring psychiatric or medical comorbidities
- Efficacy and effectiveness
- Half life

Follow the patient closely -- weekly contacts for the first month!

Call to follow up with patients who don’t show for their appointment

Realize that improvement takes four to eight weeks of treatment at adequate dose

Educate patients regarding side effects
Improving effectiveness in your practice

Disclose potential for emergence or worsening of suicidal ideation, especially in patients under age 25

Monitor side effects

If side effects emerge, slowly increase or decrease dose

Re-evaluate after 2 to 4 weeks if no response

With partial response, extend medication trial 4 to 6 weeks

Continue therapy 4 to 9 months after remission

Use a standardized instrument in evaluation and to monitor progress
  - PHQ-9
  - HAM-D

Monitor patient for hypomania or mania

Refer to suicide risk assessment tips sheets: Adult and Adolescent
HEDIS AMM results

2015-2017
AMM – effective acute phase treatment

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### AMM – effective continuation phase treatment

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A helpful tool

Magellan primary care physician toolkit – MagellanPCPtoolkit.com

Includes:

- Educational materials about behavioral health conditions
- Tip sheets useful for assessments
- Diagnostic tools such as the PHQ-9 and CAGE-AID
- Patient education materials
- Quality measures
References


4. “Employer burden of mild, moderate, and severe major depressive disorder: Mental health services utilization and costs, and work performance.” Depression and Anxiety; 27(1) 78-89.
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

Assesses adults age 19 to 64 for antipsychotic medication compliance

Measures patients who have been dispensed and remained on an antipsychotic for at least 80% of their treatment period
Medical co-morbidities are prominent in this population

High co-morbidity with physical illnesses

- MI
- Diabetes
- Cancer
- Stroke

- HIV
- Hepatitis C
- Skin infections

Non-compliance for all medical issues is a prominent problem

Patients experiencing psychosis may be reluctant to agree to physical examinations
Why it matters

- Schizophrenia is a chronic, disabling illness
- It requires ongoing treatment and monitoring
- Symptoms include hallucinations, illogical thinking, memory impairment and incoherent speech
- Medication non-adherence is common and a major concern
- Using antipsychotic medication reduces the risk of relapse
- Continued medication compliance reduces the risk of hospitalization
- Generally patients with schizophrenia will be evaluated and followed by a psychiatrist
- Many will also have a therapist
- Primary care involvement is critical to reinforce the importance of medication compliance
- Monitoring these patients for diabetes and neurologic conditions is also critical
Adherence to Antipsychotic Medications for Individuals with Schizophrenia – results

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