



PROVIDER HEDIS® QUICK TIPS

FY2020

Welcome to HEDIS® Quick Tips

Welcome to Eastpointe LME/ MCO Healthcare Effectiveness Data and Information Set (HEDIS®) Provider Quick Tip Guide !

The guide is adopted from the National Committee for Quality Assurance (NCQA) and aims to inform the provider network community of best practice standards for medication adherence and compliance. The guide provides tips on how to increase your agencies HEDIS® rates and to improve quality outcomes for the individuals you serve.

As we transitioned to the Tailored Plan, Eastpointe will be responsible for collecting and reporting on quality measures which include both adult and child.

WHAT IS HEDIS?

HEDIS® is a set of performance measures used in managed care, part of NCQA accreditation and essential in ensuring quality services and effective care collaboration for our members.

What are the scores used for ?

As state and federal governments move toward a quality-driven healthcare industry, HEDIS rates are becoming more important for both health plans and individual providers. State purchasers of healthcare use aggregated HEDIS rates to evaluate health insurance companies' efforts to improve preventive health outreach for members.



The information provided in this guide is for informational purposes only and is not intended to be a substitute for professional medical judgement of a treating physician or other health care practitioners.

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Follow-up care for children prescribed Attention-Deficit Hyperactivity(ADHD) Disorder Medication (ADD)

Measure description: Patients 6-12 years old, with a new prescription for an ADHD medication who had:

Initiation Phase:

Assesses children between 6 and 12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication.

Continuation Phase:

Assesses children between 6 and 12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days and had at least two follow-up visits with a practitioner in the 9 months after the Initiation Phase.

HOW TO IMPROVE HEDIS® SCORES

- Utilize ADHD Rating Scale to formulate a diagnosis
- Assess for other coexisting diagnosis such as Depression, Anxiety or Autism, Learning Disorders and Oppositional Defiant Disorder (ODD).
- When prescribing a new ADHD medication for a patient, schedule initial follow-up appointment 2-3 weeks before the patient leaves.
- Explain to the parent/guardian the importance of follow-up care.
- No refills unless the child attends the initial follow-up visit.
- Parent education about ADHD and medication side effects.
- Drug “ **Holidays**” can be given for kids on stimulant medication due weight loss and appetite changes.
- Educate parents about liquid medications, dissolvable or chewable tablets and patches.
- Once daily formulation of stimulant medication.
- Parent education about consistency and medication compliance will empower children to be more successful in the school and community setting.

Anti-Depressant Medication Management

Assesses adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications.

Acute Phase:

Adults who remained on an antidepressant medication for at least 84 days (12 weeks).

Continuation Phase:

Adults who remained on an antidepressant medication for at least 180 days (6 months).

HOW TO IMPROVE HEDIS® SCORES

- When prescribing a new medication, schedule a follow-up visit within 30 days to assess your patient's response to the medication
- **Educate patients** that medication may take several weeks to become effective, patients should call with any potential medication concerns/reactions.
- **STRESS and EDUCATE** not to stop medication abruptly or without consulting with the doctor/provider first.
- Provide handouts about diagnosis and self-care.
- Recommend use of rating scales every visit.
- **Explain** and **Describe** the most common side effects and expectation of medication before initiation.
- Engage **family members/natural supports** to encourage them to adhere to the treatment.
- Educate patient/natural supports on **signs and symptoms** of behavioral/physical health **decompensation**.
- Follow the APA recommendations for initiation of medications and treatment regimen.
- Complete medical work up to rule out depression due to medical condition.
- Consider imaging studies to rule out depression due to medical condition.
- Screen for substance use.

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

Patients 19- 64 years of age with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication at least 80% of their treatment period.

HOW TO IMPROVE HEDIS® SCORES

- Patient education
- **Screen your patients** for diabetes who are diagnosed with Schizophrenia or Bipolar Disorder based on APA recommendations.
- Explain to the patient the **importance** of completing lab work ordered.
- Screen patients for **metabolic syndrome** based upon APA recommendation.
- Educate patients that medication may take **several weeks** to become effective; call with any medication concerns/reactions.
- **STRESS and EDUCATE** not to stop medication abruptly or without consulting with the doctor/provider first.
- Provide handouts about diagnosis/self-care.
- Recommend use of rating scales every visit.
- Monitor patients' weight and blood pressure every visit.
- Explain and Describe the **most common** side effects and expectation of medication before initiation.
- **Engage family members/natural support** to encourage them to adhere to the treatment.
- Educate patient/natural support on signs and symptoms of behavioral/physical health **decompensation**.
- BMI & Blood Pressure Checks based on APA recommendations.
- Complete medical work up to include labs to rule out mood swings and psychosis due to medical condition.
- Screen for substance use.
- Consider imaging studies to rule out Schizophrenia or Bipolar due to medical condition.
- Cardiovascular Monitoring of patients who are taking antipsychotics or mood stabilizers

Cardiovascular Monitoring for People with Schizophrenia or Bipolar disorder (SMC) (18-64 yr.)

Patients 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test annually

HOW TO IMPROVE HEDIS® SCORES

- Patient education
- **Screen your patients** for diabetes who are diagnosed with Schizophrenia or Bipolar Disorder based on APA recommendations.
- Explain to the patient the **importance** of completing lab work ordered.
- Screen patients for **metabolic syndrome** based upon APA recommendation.
- Educate patients that medication may take **several weeks** to become effective; call with any medication concerns/reactions.
- **STRESS and EDUCATE** not to stop medication abruptly or without consulting with the doctor/provider first.
- Provide handouts about diagnosis/self-care.
- Recommend use of rating scales every visit.
- Monitor patients' weight and blood pressure every visit.
- Explain and Describe the **most common** side effects and expectation of medication before initiation.
- **Engage family members/natural support** to encourage them to adhere to the treatment.
- Educate patient/natural support on signs and symptoms of behavioral/physical health **decompensation**.
- BMI & Blood Pressure Checks based on APA recommendations.
- Complete medical work up to include labs to rule out mood swings and psychosis due to medical condition.
- Screen for substance use.
- Consider imaging studies to rule out Schizophrenia or Bipolar due to medical condition.
- Cardiovascular Monitoring of patients who are taking antipsychotics or mood stabilizers

Diabetes Monitoring for People with Schizophrenia or Bipolar Disorder (SMD) (18-64 yr.)

Patients 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test annually

HOW TO IMPROVE HEDIS® SCORES

- Patient education
- **Screen your patients** for diabetes who are diagnosed with Schizophrenia or Bipolar Disorder based on APA recommendations.
- Explain to the patient the **importance** of completing lab work ordered.
- Screen patients for **metabolic syndrome** based upon APA recommendation.
- Educate patients that medication may take **several weeks** to become effective; call with any medication concerns/reactions.
- **STRESS and EDUCATE** not to stop medication abruptly or without consulting with the doctor/provider first.
- Provide handouts about diagnosis/self-care.
- Recommend use of rating scales every visit.
- Monitor patients' weight and blood pressure every visit.
- Explain and Describe the **most common** side effects and expectation of medication before initiation.
- **Engage family members/natural support** to encourage them to adhere to the treatment.
- Educate patient/natural support on signs and symptoms of behavioral/physical health **decompensation**.
- BMI & Blood Pressure Checks based on APA recommendations.
- Complete medical work up to include labs to rule out mood swings and psychosis due to medical condition.
- Screen for substance use.
- Consider imaging studies to rule out Schizophrenia or Bipolar due to medical condition.
- Cardiovascular Monitoring of patients who are taking antipsychotics or mood stabilizers

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications (SSD) (18-64 yr.)

Patients 18 – 64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test annually.

HOW TO IMPROVE HEDIS® SCORES

- Patient education
- **Screen your patients** for diabetes who are diagnosed with Schizophrenia or Bipolar Disorder based on APA recommendations.
- Explain to the patient the **importance** of completing lab work ordered.
- Screen patients for **metabolic syndrome** based upon APA recommendation.
- Educate patients that medication may take **several weeks** to become effective; call with any medication concerns/reactions.
- **STRESS and EDUCATE** not to stop medication abruptly or without consulting with the doctor/provider first.
- Provide handouts about diagnosis/self-care.
- Recommend use of rating scales every visit.
- Monitor patients' weight and blood pressure every visit.
- Explain and Describe the **most common** side effects and expectation of medication before initiation.
- **Engage family members/natural support** to encourage them to adhere to the treatment.
- Educate patient/natural support on signs and symptoms of behavioral/physical health **decompensation**.
- BMI & Blood Pressure Checks based on APA recommendations.
- Complete medical work up to include labs to rule out mood swings and psychosis due to medical condition.
- Screen for substance use.
- Consider imaging studies to rule out Schizophrenia or Bipolar due to medical condition.
- Cardiovascular Monitoring of patients who are taking antipsychotics or mood stabilizers.