

# HEDIS® measures - What they mean for your practice

---

GARY M. HENSCHEN, MD, LFAPA

**Magellan**  
HEALTHCARE®

# Agenda

## 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 10<sup>th</sup> 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



	Commercial		Medicaid	Medicare	
Year	HMO	PPO	HMO	HMO	PPO
2017	67.8	68.1	53.9	70.0	73.9
2016	67.2	67.9	53.1	69.4	73.2
2015	66.4	66.6	54.5	69.8	70.9

# AMM – effective continuation phase treatment



	Commercial		Medicaid	Medicare	
Year	HMO	PPO	HMO	HMO	PPO
2017	51.8	52.9	38.6	55.2	59.0
2016	50.9	52.6	38.0	54.4	59.4
2015	50.3	51.1	39.5	55.8	57.6

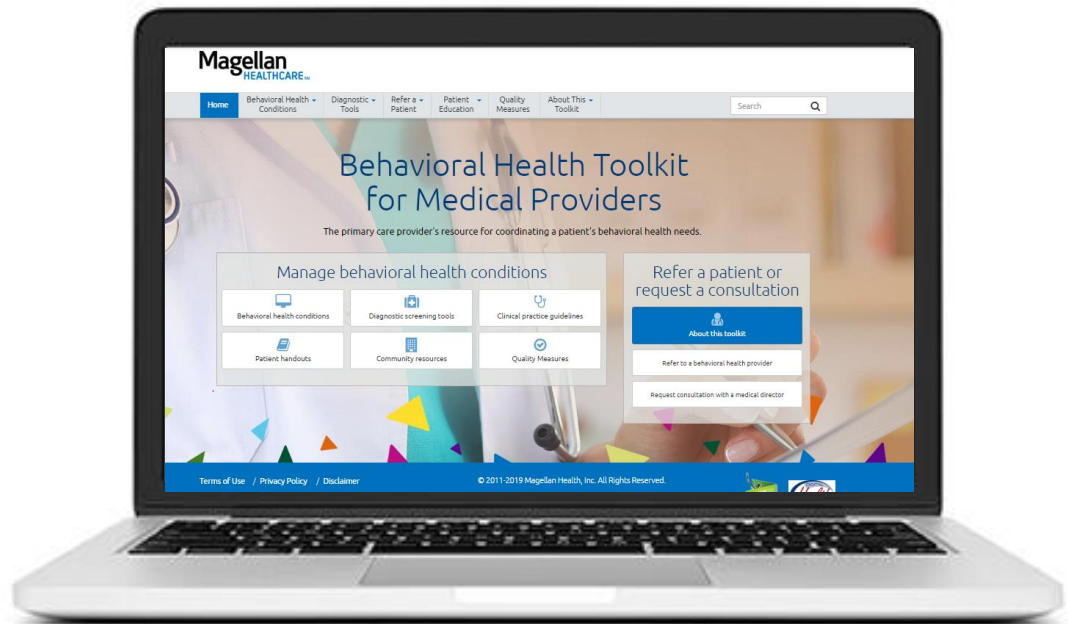
# A helpful tool



## 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



1. National Alliance on Mental Illness. 2013. "Major Depression Fact Sheet: What is Major Depression?"
2. Centers for Disease Control and Prevention. 2012. "Suicide Facts at a Glance 2012."
3. Birnbaum, H.G., R.C. Kessler, D. Kelley, R. Ben-Hamadi, V.N. Joish, P.E. Greenberg. 2010.
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



	Commercial		Medicaid	Medicare	
Year	HMO	PPO	HMO	HMO	PPO
2017	--	--	59.1	--	--
2016	--	--	59.2	--	--
2015	--	--	58.0	--	--
2014	--	--	60.1	--	--

# References



1. American Psychiatric Association.  
Schizophrenia Fact Sheet.  
<http://www.dsm5.org/Documents/Schizophrenia%20Fact%20Sheet.pdf>.
2. Busch, A.B., A.F. Lehman, H. Goldman,  
& R.G. Frank. 2009. "Changes over  
time and disparities in schizophrenia  
treatment quality." *Med Care* 47(2),  
199–207.

Leading humanity  
to healthy,  
vibrant lives



**Magellan**  
HEALTHCARE®

# Confidentiality statement



*By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Magellan Health, Inc.*

*The information contained in this presentation is intended for educational purposes only and is not intended to define a standard of care or exclusive course of treatment, nor be a substitute for treatment.*

*The information contained in this presentation should not be considered legal advice. Recipients are encouraged to obtain legal guidance from their own legal advisors.*