Access Behavioral Health
a division of Lakeview Center, Inc.

Helping People Throughout Life's Journey

QI 9: Clinical Practice Guidelines 2022

Element A: ABH adopts evidence-based clinical practice guidelines for at least three behavioral conditions, with at least one guideline addressing children and adolescents, by:

1. Establishing the clinical basis for each guideline.
2. Updating each guideline at least every two years.

Element B: ABH annually measures performance against at least two important aspects of each of the three clinical practice guidelines.

Purpose

The clinical practice guidelines provide guidance for physicians and clinicians who prescribe psychotherapeutic medications for the treatment of behavioral health conditions. (American Psychiatric Association: https://www.psychiatry.org and www.aacap.org .) The guidelines indicate that following the initiation of a psychotherapeutic medication, members need follow up appointments to assess for therapeutic improvement and to determine the need for medication continuation or adjustments in medication.

In 2017, ABH created clinical practice guideline (CPG) studies to measure the adherence in meeting the treatment guidelines for newly diagnosed behavioral health conditions. In 2022, ABH QI-UM Subcommittee reviewed the existing CPG studies to determine if national guidelines had been updated. During the Committee discussion, it was determined that the 2019 update by the American Psychiatric Association was just a draft, later finalized in 2020. This revised CPG was accepted and adopted by ABH and linked to the ABH website (www.abhfl.org). The guidelines for ADHD were revised most recently in 2007 by the American Academy of Child & Adolescent Psychiatry and are currently available through the ABH website. Disruptive Mood Dysregulation Disorder is considered a newer diagnosis as it was first described in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published in 2013. There are no current published clinical practice guidelines, therefore, the expert opinion of the ABH Medical Director was used in making treatment recommendations.

The QI-UM Subcommittee determined there will again be three (3) clinical practice guidelines for 2020 – 2023. The first study, Clinical Issue 1, follows the percentage of children aged 6-12 newly diagnosed with ADHD who had at least one follow-up visit with a mental health practitioner 30 days after initial diagnosis. Two additional follow-up visits must be attended within 150 days after the initiation phase, with a 180 days total in the study. The committee also determined that it was appropriate to add H2019HR to the outpatient follow up codes in accordance to the clinical practice guidelines for ADHD. The QI-UM Subcommittee discussed replacing the existing (2017) CPG addressing Depression and determined it would be more meaningful to identify another guideline addressing children. Therefore, Clinical Issue 2 was updated to reflect Disruptive Mood Dysregulation Disorder (20%) being diagnosed in children between the ages of 13 and 17, in addition to ADHD. The study design will mirror that of Clinical Issue 1. Clinical Issue 3 was updated to include Schizoaffective Disorder, the methodology did not change. Clinical Issue 3 determined the percentage of adults newly diagnosed with schizophrenia or schizoaffective disorder who had at least one follow-up visit with a prescribing practitioner within 30 days and the percentage of members who had at least two additional follow-up visits within 150 days after the initiation phase (180 days total in the study).

Methodology

ABH uses claims data to identify newly diagnosed members and follow-up visits for each study. "Newly diagnosed" members are defined as having the appropriate ICD 10 code for their diagnosis linked with an H2000HO (psychological evaluation by a non-psychiatrist) or H2000HP (psychological evaluation by a psychiatrist) visit, with or without a telehealth modifier. Follow-up visits are T1015 (medication management), with or without a telehealth modifier. As recommended by the clinical practice guidelines used for the study, members in the ADHD and DMDD/ADHD CPG studies can also have a H2019HR (individual/family therapy) follow-up visit, with or without a telehealth modifier. The members had to be continuously enrolled during the aspect periods, which is July 1 of the prior year to June 30 of the

measurement year. The clinical practice guidelines are reviewed every two years, as needed. ABH also discusses methodological changes, if necessary.

Clinical practice guidelines can be found on the ABH website: https://abhfl.org/information-providers/treatment-guidelines/

Clinical Issue 1: ADHD (F90 ICD Codes)

Aspect 1 (Initiation Phase): Percentage of children ages 6 to 12 newly diagnosed with ADHD who had one follow-up visit with a mental health practitioner within 30 days of diagnosis.

Aspect 2 (Continuation Phase): The percentage of members who passed Aspect 1, and who had at least two follow up visits within 150 days with a mental health practitioner after the initiation phase ended (180 days total in the measure).

	2019	2020	2021
Aspect 1	39%	42%	41%
Aspect 2	46%	53%	52%

Clinical Issue 2: Disruptive Mood Dysregulation Disorder and ADHD (F90 ICD Codes + F34.81)

Aspect 1: The percentage of members aged 13-17 newly diagnosed with Disruptive Mood Dysregulation Disorder who had at least one follow-up visit with a mental health practitioner within 30 days of diagnosis.

Aspect 2: The percentage of members who passed Aspect 1, and who had at least two additional follow-up visits with a mental health practitioner within 150 days after the initiation phase ended (180 total in the measure).

	2019	2020	2021
Aspect 1	38%	36%	43%
Aspect 2	46%	42%	52%

Clinical Issue 3: Schizophrenia & Schizoaffective (F20 & F25 ICD Codes)

Aspect 1: The percentage of members aged 19-64 newly diagnosed with Schizophrenia or Schizoaffective disorder who had at least one follow-up visit with a practitioner with prescribing authority within 30 days.

Aspect 2: The percentage of members who passed Aspect 1, and who had at least two additional follow-up visits with a practitioner with prescribing authority within 150 days after the initiation phase ended (180 days total in the measure).

	2019	2020	2021
Aspect 1	51%	41%	61%
Aspect 2	44%	38%	44%

Overall Qualitative Analysis

The ABH Data Department presented quantitative information to the QI-UM Subcommittee regarding the diagnoses most often given to adolescent members. The findings revealed that for children aged 13-18, Disruptive Mood Dysregulation Disorder (DMDD) was diagnosed 20% of the time, followed closely by ADHD at 17%. This led to the Subcommittee's decision to revise the CPG studies to replace the Depression CPG with another child-focused study on DMDD and ADHD.

Additionally, the Data Department determined that 47% of paid claims from 2019 for members aged 6-12 were for ADHD and 75% of the claims with a primary ADHD diagnosis include therapy (28% being H2019HR) and medication management 18%. This led to the Subcommittee's decision to include individual and family therapy as a monitoring tool for the existing CPG related to ADHD, as well as the DMDD/ADHD study.

Schizoaffective Disorder was added to the Schizophrenia CPG to ensure that primary psychotic disorders are receiving the same treatment guidelines to encourage stability in this vulnerable population.