Optum

# Behavioral Health HEDIS® Measures Summary for Primary Care

| Measure Name | Description | Tips for Success |
|---|---|---|
| **Measures related to behavioral health disorders commonly identified in primary care** | | |
| Antidepressant Medication Management (AMM) | The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported:<br>• *Effective Acute Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)<br>• *Effective Continuation Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 180 days (6 months) | **This measure focuses on medication adherence for patients taking antidepressants.**<br>Screening:<br>• Screening tools (e.g., PHQ-9) may provide objective assessment and better identify who would or would not benefit from medication<br>• Screening tools are available at Providerexpress.com. Go to Clinical Resources - Behavioral Health Toolkit for Medical Providers<br>• Many patients with mild depression who are prescribed antidepressants do not stay on medication. Consider a referral or a consult for psychotherapy, as an alternative to medication<br>• Encourage patients to accept a referral for psychotherapy and help them understand that mental health diagnoses are medical illnesses, not character flaws or weaknesses<br>• Encourage patients to actively engage in a discussion about their expectations of treatment and review their treatment plan prior to starting medication<br>After New Prescription:<br>• Inform patients that it may take up to 12 weeks for full effectiveness of medication and discuss side effects and the importance of medication adherence<br>• Encourage patients to make an appointment, in person or using telemental health/virtual visits, with you if they have any questions or are considering stopping a medication |



United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum
U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California

Optum

| Measure Name | Description | Tips for Success |
|---|---|---|
| Follow-Up Care for Children Prescribed ADHD Medication (ADD) | The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:<br>• Initiation Phase. A follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase<br>• Continuation and Maintenance (C&M) Phase: Children that remained on the ADHD medication and have at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended | **This measure focuses on follow-up care after patients are prescribed an ADHD medication.**<br>Screening:<br>• Screening/assessment tools (e.g., Vanderbilt Scales) may assist in diagnosing ADHD<br>• Screening tools are available at Providerexpress.com. Go to Clinical Resources - Behavioral Health Toolkit for Medical Providers<br>After New Prescription:<br>• Schedule a return appointment with prescriber within 30 days of initial ADHD prescription start date<br>• Continue to monitor patients, with two more visits in the next 9 months<br>• Appointments may be in person or using telemental health/virtual visits |
| Initiation and Engagement of Substance Use Disorder Treatment (IET) | The percentage of adolescent and adult members with a new substance use disorder (SUD) episode who received the following:<br>• *Initiation of SUD Treatment.* Treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis<br>• *Engagement of* SUD *Treatment.* Patients who initiated treatment and who had two or more additional services with a diagnosis of SUD within 34 days of the initiation visit | **This measure focuses on follow-up treatment when diagnosing a patient with substance use disorder.**<br>Screening:<br>• Screening Tools (e.g., SBIRT, AUDIT-PC, CAGE-AID) may assist in the assessment of substance use and can be a useful tool to aid in discussing motivation for treatment.<br>• Screening tools are available at Providerexpress.com. Go to Clinical Resources - Behavioral Health Toolkit for Medical Providers<br>• "Unspecified use" diagnosis codes should be used sparingly<br>After Diagnosis:<br>• Patients who are newly diagnosed with a substance use disorder should be seen within 14 days to assess their ability to reduce or abstain from the substance(s). Schedule follow-up appointments prior to the patient leaving your office<br>• Ensure the patient has two more visits within the next 34 days<br>• Visits may be with you, or a substance use treatment provider |


United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum
U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California

| Measure Name | Description | Tips for Success |
|---|---|---|
| | | • Reach out to patients if they do not attend their appointments<br>• Appointments may be in person to using telehealth/telemental health/virtual visits<br>• Although community supports such as AA and NA are beneficial, they do not take the place of professional treatment<br>• Encourage newly diagnosed individuals to engage in treatment by assisting them in identifying their own motivation for change and their own goals for recovery<br>• Obtain a release of information (ROI) to involve the patient's family and support systems, as well as other clinicians |
| **Measures related to follow up after receiving higher levels of care** | | |
| Follow-Up After Hospitalization for Mental Illness (FUH) | The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported:<br>• Follow-up within 7 days of discharge<br>• Follow-up within 30 days of discharge | **This measure focuses on follow-up treatment, which must be with a behavioral health clinician.**<br>• Refer patient to a mental health clinician to be seen within 7 days of discharge<br>• Patients receiving medication from their PCP still need post-discharge supportive therapy with a licensed mental health clinician such as a therapist or social worker<br>• If a situation arises where a patient is unable to be seen within 7 days, ensure they have an appointment within 30 days of discharge<br>• Appointments may be in person or using telehealth/telemental health/virtual visits |



United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum
U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California

Optum

| Measure Name | Description | Tips for Success |
|---|---|---|
| Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) | The percentage of acute inpatient hospitalizations, residential treatment, or detoxification visits for a diagnosis of substance use disorder (SUD) among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported:<br>• Follow-up for SUD within the 7 days after the visit or discharge<br>• Follow-up for SUD within the 30 days after the visit or discharge | **This measure focuses on follow-up treatment with a PCP or a behavioral health clinician.**<br>• Schedule patients to be seen within 7 days of discharge, for follow-up regarding their substance use, and use substance use diagnosis codes<br>• If a situation arises where a patient is unable to be seen within 7 days, ensure they have an appointment within 30 days of discharge<br>• Appointments may be in person or using telehealth/telemental health/virtual visits |
| Follow-up After Emergency Department Visit for Mental Illness (FUM) | The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness. Two rates are reported:<br>• Follow-up within 30 days of the ED visit<br>• Follow-up within 7 days of the ED visit | **This measure focuses on follow-up treatment with a PCP or a behavioral health clinician.**<br>• Schedule patients to be seen within 7 days of the ED visit, for follow-up regarding their mental health needs, and use mental health diagnosis codes<br>• If a situation arises where a patient is unable to be seen within 7 days, ensure they have an appointment within 30 days of discharge<br>• Appointments may be in person or using telehealth/telemental health/virtual visits |
| Follow-up After Emergency Department Visit for Substance Use (FUA) | The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose, who had a follow up visit for SUD. Two rates are reported:<br>• Follow-up within 30 days of the ED visit<br>• Follow-up within 7 days of the ED visit | **This measure focuses on follow-up treatment with a PCP or a behavioral health clinician.**<br>• Schedule patients to be seen within 7 days of the ED visit, for follow-up regarding their substance use, and use substance use diagnosis codes<br>• If a situation arises where a patient is unable to be seen within 7 days, ensure they have an appointment within 30 days of discharge<br>• Appointments may be in person or using telehealth/telemental health/virtual visits |



United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum
U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California

Optum

| Measure Name | Description | Tips for Success |
|---|---|---|
| **Measures related to patients with Schizophrenia and/or those prescribed antipsychotics** | | |
| Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) | The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. | **This measure focuses on appropriate monitoring for members with schizophrenia or bipolar disorder who are taking antipsychotic medication.**<br>• Schedule an annual screening for diabetes (HbA1c or blood glucose)<br>• Educate patients on medication and diagnosis risk factors and why it is important to have annual screenings<br>• Obtain a release of information (ROI) to involve the patient's family and support systems, as well as other healthcare providers |
| Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) | The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year. | **This measure focuses on diabetes monitoring for members with schizophrenia or schizoaffective disorder and diabetes.**<br>• Schedule an annual HbA1c and LDL-C<br>• Educate members on why it is important to have annual screenings<br>• Obtain a release of information (ROI) to involve the patient's family and support systems, as well as other healthcare providers |
| Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC) | The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year. | **This measure focuses on cardiovascular disease monitoring for members with schizophrenia or schizoaffective disorder and cardiovascular disease.**<br>• Schedule an annual LDL-C<br>• Educate members on why it is important to have annual screenings<br>• Obtain a release of information (ROI) to involve the patient's family and support systems, as well as other healthcare providers |
| Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) | The percentage of members 18 and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period. | **This measure focuses on medication adherence for patients taking antipsychotics.**<br>• Encourage patients to take medications as prescribed<br>• Offer tips to patients such as: take medication at the same time each day, use a pill box, and enroll in a pharmacy automatic refill program<br>• Obtain a release of information (ROI) to involve the patient's family and support systems, as well as other healthcare providers |



United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum
U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California

| Measure Name | Description | Tips for Success |
|---|---|---|
| Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) | The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. (Glucose or HbA1C and LDL–C or other cholesterol test). | **This measure focuses on glucose and cholesterol monitoring for children taking antipsychotics medications.**<br>• Schedule an annual blood glucose or HbA1C and LDL –C or other cholesterol test<br>• Educate patients and caregivers on the importance of annual screening<br>• Obtain a release of information (ROI) to involve the patient's family and support systems, as well as other healthcare providers |
| Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) | 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. | **This measure focuses on referring to psychosocial treatment prior to prescribing antipsychotic medication to children. This measure excludes children and adolescents diagnosed with schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder.**<br>• Ensure a psychosocial care appointment occurs at least 90 days prior to prescribing medication or within 30 days of starting an initial prescription for non-psychotic conditions, such as attention deficit disorder and disruptive behaviors<br>• Psychosocial care (interventions) includes structured counseling, case management, care-coordination, psychotherapy and relapse prevention |
| **Measures related to Opioid Use** | | |
| Use of Opioids at High Dosage (HDO) | The rate per 1,000, for members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year at a high dosage. | **This measure focuses on using low dosage for opioids**<br>• Use the lowest possible dose when prescribing opioids<br>• For treatment of pain, consider non-pharmacologic and non-opioid therapies first |
| Risk of Continued Opioid Use (COU) | The percentage of members 18 years of age and older who have a new episode of opioid | **This measure focuses on limited duration for opioid prescriptions**<br>• Use the shortest duration possible when prescribing opioids<br>• For treatment of pain, consider non-pharmacologic and non-opioid therapies first |



United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum
U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California

| Measure Name | Description | Tips for Success |
|---|---|---|
| | use that puts them at risk for continued opioid use. Two rates are reported:<br>1. The percentage of members whose new episode of opioid use lasts at least 15 days in a 30-day period<br>2. The percentage of members whose new episode of opioid use lasts at least 31 days in a 62-day period | |
| Use of Opioids from Multiple Providers (UOP) | The rate per 1,000, for members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers:<br>• Multiple Prescribers<br>• Multiple Pharmacies<br>• Multiple Prescribers and Multiple Pharmacies | **This measure focuses on exercising caution with patients using multiple pharmacies and/or prescribers**<br>• Educate patients about the risk of using multiple prescribers<br>• Coordinate care with other prescribers<br>• Check your state's prescription drug monitoring program |
| Pharmacotherapy for Opioid Use disorder (POD) | The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members 16 years of age and older with a diagnosis of OUD. | **This measure focuses on medication adherence for patients using Medication Assisted Treatment (MAT) for opioid use disorder**<br>• Discuss with patients the benefits and risks of treatment with and without medication<br>• Use motivational interviewing to assess patients' readiness for change<br>• Encourage patients who begin MAT to continue their treatment regimen<br>• Encourage patients to speak with you if they have any questions, concerns or are considering stopping the medication<br>• Encourage patients to sign a release of information (ROI) to involve the patient's family and support systems, as well as other healthcare providers |



United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum
U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California