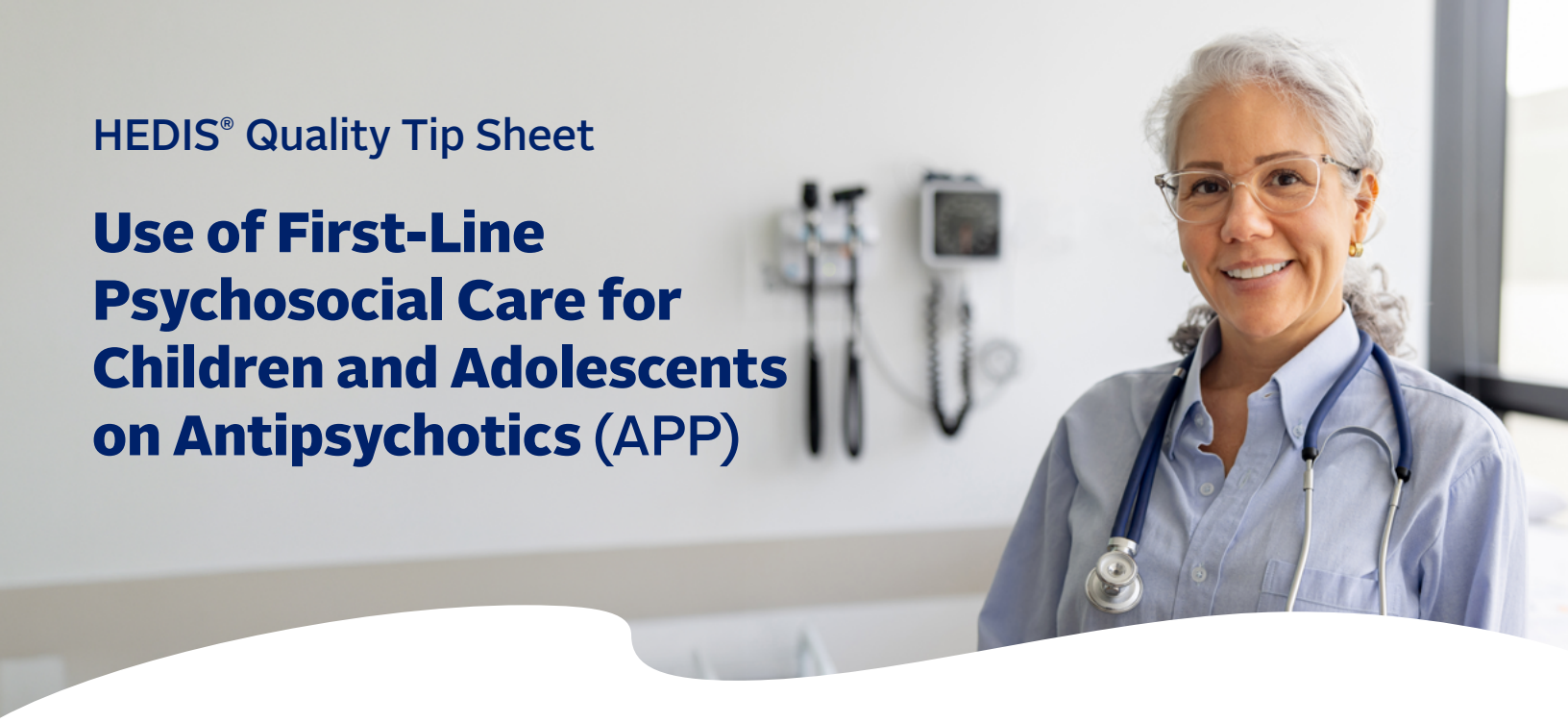
HEDIS® Quality Tip Sheet

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)



AmeriHealth HMO, Inc. and AmeriHealth Insurance Company of New Jersey (collectively, AmeriHealth) offers Quality Measure Tip Sheets that provide key insights from the Healthcare Effectiveness Data and Information Set (HEDIS).

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics, known as APP

The APP measure assesses the percentage of children and adolescents ages 1 to 17 who had a new prescription (see Key Details on page 2) for an antipsychotic medication and had documentation of psychosocial care as a first-line treatment.[1]

Two age groups and a total rate are reported:

- Ages 1 to 11
- Ages 12 to 17
- Total rate (sum of both age groups)

Measure importance: Preventing unnecessary or premature medication use

Antipsychotic medications are sometimes used for nonpsychotic conditions, even though psychosocial interventions are typically the safer and more effective first-line treatment. To prevent underuse of these evidence-based psychosocial approaches — for conditions such as aggression or disruptive behaviors — and to reduce risks associated with antipsychotics (e.g., weight gain, diabetes), the APP measure promotes the use of psychosocial treatment first. When antipsychotics are prescribed, they should be part of a coordinated, comprehensive care plan that includes ongoing psychosocial support.[2,3,4]

Using these tips may help boost quality of patient care and outcomes as well as HEDIS scores.

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Best Practices and Tips

Collaborative pediatric care	Because behavioral symptoms can arise from medical, psychological, environmental, or developmental factors, a thorough evaluation of each new child and/or adolescent patient is essential. Children interact with multiple systems — health care, schools, and sometimes social services — so coordination among pediatricians, behavioral health providers, and educators helps ensure accurate assessment, consistent treatment plans, and support across all settings.
Promote psychosocial care	Educate parents and caregivers that psychosocial care — such as behavioral interventions, therapy, and skills training — is the recommended first-line treatment for disruptive behaviors. Remind families to complete a psychosocial care trial within the required time frame (from 90 days before to 30 days after medication dispensing).
Review medication risks	Help parents and caregivers understand that antipsychotic medications can cause serious side effects in children, including weight gain and a higher risk of diabetes, to support informed decision making.
Regular medication review	Periodically reassess whether antipsychotic therapy is still needed and adjust treatment accordingly.
Engage case managers	Partner with AmeriHealth Behavioral Health Case Managers to support psychosocial care and connect families with community resources. Providers and caregivers can reach the Case Management team using the number on the member's insurance card.

Key details

- **Intake period:** January 1 through December 31 of the measurement year.
- **Index Prescription Start Date (IPSD):** The earliest prescription date for an antipsychotic medication where the date is in the intake period and there is a negative medication history.
- **A new prescription means the member** had a period of 120 days prior to the IPSD when they had no antipsychotic medications dispensed for either new or refill prescriptions (also known as negative medication history).
- **Numerator:** The number of eligible member population that received psychosocial care or residential behavioral health treatment in the 121-day period from 90 days prior to the IPSD through 30 days after the IPSD.
- **Denominator:** The eligible population is determined by three steps:
  - **Members in the specified age range** who were dispensed an antipsychotic medication (see tables below).
  - **Members who were determined to have a negative antipsychotic medication history** by confirming that no antipsychotic medications were dispensed during the 120 days prior to the IPSD (the earliest antipsychotic dispensing event).
  - **The member's continuous enrollment has been verified:** Defined as 120 days prior to the IPSD and 30 days after the IPSD.

Exclusions

- Members with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder on at least two different dates of service during the measurement year.
- Members in hospice or using hospice services anytime during the measurement year.

Medications included in the measure[1]

Antipsychotic medications			
Miscellaneous antipsychotic agents	• Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol	• Iloperidone • Loxapine • Lurasidone • Molindone • Olanzapine • Paliperidone	• Pimozide • Quetiapine • Risperidone • Ziprasidone
Phenothiazine antipsychotics	• Chlorpromazine • Fluphenazine	• Perphenazine • Thioridazine	• Trifluoperazine
Thioxanthenes	Thiothixene		
Long-acting injections	• Aripiprazole • Aripiprazole lauroxil	• Fluphenazine decanoate • Olanzapine	• Paliperidone palmitate • Risperidone

Antipsychotic medications			
Psychotherapeutic combinations	• Fluoxetine-olanzapine	• Perphenazine-amitriptyline	

[1] *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) - NCQA*

[2] *Bobo, W.V., W.O. Cooper, C.M. Stein, et al. October 1, 2013. "Antipsychotics and the Risk of Type 2 Diabetes Mellitus in Children and Youth." JAMA Psychiatry 70(10):1067–75.*

[3] *Correll, C.U. 2008. "Antipsychotic Use in Children and Adolescents: Minimizing Adverse Effects to Maximize Outcomes." FOCUS: The Journal of Lifelong Learning in Psychiatry 6(3):368–78.*

[4] *Eyberg, S.M., M.M. Nelson, S.R. Boggs. January 2008. "Evidence-Based Psychosocial Treatments for Children and Adolescents with Disruptive Behavior." Journal of Clinical Child and Adolescent Psychology 37(1):215–37.*