Clinical Guidelines and Related Provider Requirements

Community Behavioral Health (CBH) has adopted Clinical Practice Guidelines (CPGs) to outline best practices for the treatment of specific disorders or certain populations. These guidelines outline best practices for such treatments and will be used by CBH to assess the quality of care provided to CBH members. As such, providers are advised to review and, where appropriate, implement these best practices in their care. CPGs apply to all clinical settings where members are seen with these disorders. CPGs should be used in conjunction with any level-of-care-specific performance standards as well as all other required CBH, NIAC, state, and federal regulations and standards.

CBH has updated the existing guidelines for the pharmacologic treatment of schizophrenia, the treatment of adults with major depressive disorder, prescribing and monitoring of antipsychotic medications for youth, and the pharmacologic treatment of attention deficit and hyperactivity disorder in children and adolescents. The most recent version of all CPGs can be found in the “Clinical Practice Guidelines” section of the CBH Provider Manual.

To ensure alignment and best practices, CBH recommends that providers review the CPGs and make any necessary updates or revisions to provider policies and procedures.

Adherence to the CPGs will be assessed through CBH monitoring and oversight, including Quality, Clinical, and Compliance Department protocols. Additionally, components may be reviewed as part of NIAC initial and recredentialing reviews. To assess quality of care and align with state and regulatory requirements, CBH will also be utilizing several specific metrics for the CPG, which are detailed in the table below.

<table>
<thead>
<tr>
<th>Clinical Guidelines</th>
<th>Quality Metrics</th>
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</thead>
<tbody>
<tr>
<td><strong>Clinical Practice Guidelines for the Pharmacologic Treatment of Schizophrenia</strong></td>
<td>➤ HEDIS SAA: Adherence to Antipsychotic Medications for Individuals with Schizophrenia</td>
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<tr>
<td></td>
<td>➤ HEDIS SDD: Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications</td>
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<tr>
<td></td>
<td>➤ HEDIS SMD: Diabetes Monitoring for People with Diabetes and Schizophrenia (adults aged 18-64 with schizophrenia &amp; diabetes who had both an LDL-C test and an HbA1c test)</td>
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<tr>
<td><strong>Clinical Practice Guidelines for the Treatment of Adults with Major Depressive Disorder</strong></td>
<td>➤ HEDIS AMM: Percentage of members aged 18+ who were effectively treated with antidepressant medication during the acute and continuation phases</td>
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<td>➤ HEDIS FUH-AMM: Follow-up after hospitalization due to severe symptoms of MDD at 7 days and 30 days after discharge</td>
</tr>
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| Clinical Practice Guidelines for Prescribing and Monitoring of Antipsychotic Medications for Youth | ➤ HEDIS APM: Percentage of children and adolescents ages 1-17 who had two or more antipsychotic prescriptions and had metabolic testing (blood glucose and lipid)  
➤ [New measure] Adapted HEDIS APP: Percentage of children and adolescents with ongoing antipsychotic medication who also received psychosocial treatment in the given year |
| Clinical Practice Guidelines for the Pharmacologic Treatment of Attention Deficit and Hyperactivity Disorder (ADHD) in Children and Adolescents | ➤ HEDIS ADD: Appropriate medication follow-up appointment for children and adolescents prescribed medications for ADHD in initiation and continuation phase  
➤ Appropriate use of medication for children and adolescents diagnosed with ADHD (percentage of members with ADHD prescribed FDA-approved medications, other medications, and no medication) |
| Clinical Practice Guidelines for the Treatment of Tobacco Use Disorder               | ➤ Percentage of CBH members screening for tobacco use over the age of 13 in the last 12 months.  
➤ Percentage of tobacco users who were provided tobacco use disorder counseling.  
➤ Percentage of tobacco users who were provided pharmacotherapy (NRT or medication). |

These requirements take effect on September 30, 2022.

Please direct questions to CBH.PharmacyInitiatives@phila.gov for the following CPGs:

➤ Pharmacologic Treatment of Schizophrenia

➤ Treatment of Adults with Major Depressive Disorder

➤ Prescribing and Monitoring of Antipsychotic Medications for Youth

Please direct questions to Mia.Everett@phila.gov for the following CPG:

➤ Pharmacologic Treatment of Attention Deficit and Hyperactivity Disorder (ADHD) in Children and Adolescents

Please direct questions to carol.larach@phila.gov for the following CPG:

➤ Treatment of Tobacco Use Disorder