








Tips and Guidelines for Managing Behavioral Health Issues

The information on this sheet reflects best practices to improve behavioral health quality measures based on HEDIS specifications and our clinical practice guidelines. We hope it helps guide you in the care of your patients with behavioral health conditions and improves outcomes.

Quality Measure		Best Practice	Tips for Improving Care
Follow-up care for children prescribed new ADHD medication		Follow-up visit within 30 days and 2 additional follow-up visits within 9 months after medication started	<ul style="list-style-type: none"> Consider limiting first prescription to a 21 or 30 day supply. Advise parent that child must be seen within 30 days of starting first prescription to make sure the medication is working well and to check for side effects. Schedule follow-up visits at time first prescription is written. Refer patient for psychosocial care, if appropriate.
First-line psychosocial care for children and adolescents		Psychosocial care before or within 30 days of first antipsychotic prescription	<ul style="list-style-type: none"> Refer patient for psychosocial care before prescribing an antipsychotic. If antipsychotic is needed, ensure patient receives psychosocial care within 30 days of initial antipsychotic prescription.
Adherence to antidepressants and antipsychotic medications		Make sure there is no lapse in filling prescription	<ul style="list-style-type: none"> Talk to patient about the medication; discuss expected results up front. Consider prescribing a 90-day supply when practical and educate patient on pharmacy auto refill programs. Schedule follow-up visits to check progress. Refer to a behavioral health specialist, if appropriate; if patient has a behavioral health specialist, collaborate on treatment plan. Involve family and community resources in adherence strategies.
Metabolic testing for children and adolescents on antipsychotic medication		HbA1c and LDL-C testing at least 1x in calendar year	<ul style="list-style-type: none"> Write lab script for metabolic testing before or at the time of writing the antipsychotic prescription. Schedule a follow-up appointment to review lab results and coordinate care with primary care or behavioral health professionals.
Diabetes screening for people with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication		HbA1c or glucose test at least 1x in calendar year	<ul style="list-style-type: none"> Consider drawing blood in office or writing a lab script. Advise patient about the importance of these screenings, and involve family and other supports to help patient complete blood work. Schedule a follow-up visit to review lab results and coordinate care with primary care or behavioral health professionals. Help patient address any issues that prevent testing.
Diabetes monitoring for people with diabetes and schizophrenia		HbA1c and LDL-C test at least 1x in calendar year	
Cardiovascular monitoring for people with schizophrenia and cardiovascular disease		LDL-C test at least 1x in calendar year	
Treatment for alcohol or other drug abuse (AOD) or dependence		Treatment visit within 14 days and 2 additional follow-up visits within 34 days of initial follow-up visit	<ul style="list-style-type: none"> Consider using a brief standardized screening tool to guide your diagnosis such as the CAGE-AID, AUDIT-C, or MSSSI-SA.* Schedule 3 follow-up visits within the first 34 days for newly diagnosed patients. Follow up to confirm patient attended the appointments. If not, help patient overcome barriers. Assist patient discharged from detox or rehabilitation by scheduling a follow-up visit with a behavioral health specialist within 14 days of discharge. Involve family and community resources in adherence strategies. Consider learning more about “Stages of Change” and “Motivational Interviewing”, and ways to integrate these into your practice.

Quality Measure		Best Practice	Tips for Improving Care
Use of pharmacotherapy upon new episode of opioid or alcoholic dependence or abuse		Pharmacotherapy treatment within 30 days of a new diagnosis	<ul style="list-style-type: none"> Consider using a brief standardized screening tool to guide your diagnosis such as the CAGE-AID, AUDIT-C, or MSSI-SA.* If considering pharmacotherapy treatment, start within 30 days of diagnosing patient with dependence use disorder.
Use of opioids at high dosage		Limit use of opioids at 120 Morphine Equivalent Dose (MED) to less than 15 days	<ul style="list-style-type: none"> Coordinate with other health care professionals to limit prescribers and pharmacies dispensing opioids to the patient. Utilize drug monitoring programs to determine if member has multiple prescriptions. Start with minimum necessary dosage before increasing to a higher dosage. Refer patient to behavioral health or pain management specialist, if appropriate.
Use of opioids from multiple prescribers		Coordinate opioid care to one prescriber and pharmacy	<ul style="list-style-type: none"> Coordinate with other health care professionals to limit prescribers and pharmacies dispensing opioids to the patient. Utilize drug monitoring programs to determine if member has multiple prescriptions. Refer patient to behavioral health or pain management specialist, if appropriate.
Follow-up care for patients with hospital visit with mental illness		Follow-up visit within 7 days of discharge from hospital	<ul style="list-style-type: none"> Help patient schedule a follow-up visit with a behavioral health specialist within 7 days of discharge to help prevent hospital readmission. Contact patient to make sure they went to the follow-up visit. If not, help patient address any issues that prevented going to follow-up visit. Ask patient to fill out an authorization for release of information to other health care professionals; share relevant information with other health care professionals.
Follow-up care for patients with emergency department visit with mental illness		Follow-up visit within 7 days of discharge from emergency department	<ul style="list-style-type: none"> Help patient schedule a follow-up visit with a health care professional within 7 days of discharge to help prevent emergency department readmission. Make sure the mental health or substance use diagnosis is the primary focus of the follow-up visit. Contact patient to make sure they went to the follow-up visit. If not, help patient address any issues that prevented going to follow-up visit. Ask patient to fill out an authorization for release of information to other health care professionals; share relevant information with other health care professionals.
Follow-up care for patients with emergency department visit for alcohol or other drug dependence			
Screening and follow up for behavioral health issues		Screen using standardized tools	<ul style="list-style-type: none"> Screen patients for anxiety, depression, and substance use using standardized publically available screening tools such as the PHQ-2, PHQ-9, GAD-2, GAD-7, AUDIT-C, or the CAGE-AID.* Follow-up with members who screen positive and refer to behavioral health specialist, if appropriate. Involve family and community resources in follow-up strategies.

*Visit emblemhealth.com/bhscreeningtools for additional resources.

EmblemHealth's behavioral health partner, Beacon Health Options, is available to assist you. For general questions, call the Provider Relations Line at 800-397-1630. To speak with a behavioral health professional about a diagnosis or treatment, call the Behavioral Health Consult Line at 877-241-5575. Hours are 9 a.m. to 5 p.m., Monday to Friday.