Clinical Guidelines for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents

Line of Business: DE Medicaid

Summary:
Highmark Health Options adopts the October 2011 American Academy of Pediatrics (AAP) Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder (ADHD) in Children and Adolescents. Key components of the guideline include: Evaluation (perform a thorough assessment of the child ages 4-18); Diagnosis (accurately establish a diagnosis based on the following significant components of diagnosis (1.) Use of the DSM-IV, (2.) Importance of obtaining information about the child's symptoms in more than 1 setting, (3.) Search for coexisting conditions that may make diagnosis difficult,);Follow-up; and Re-evaluation. ADHD is the most common neurobehavioral disorder of childhood and can profoundly affect the academic achievement, well- being, and social interactions of children.

Changes to the Guideline: No changes to the Guideline for 2018

Clinical Indicators	Description of the Indicators
1. Follow-up for Children Prescribed ADHD Medication – Initiation Phase (Source: HEDIS® 2018, Vol. 2, Technical Specifications)	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: • *Initiation Phase*. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.

2. Follow-up for Children Prescribed ADHD Medication – Continuation and Maintenance Phase (Source: HEDIS® 2018, Vol. 2, Technical Specifications)	• *Continuation and Maintenance (C&M) Phase*. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.
Links: **AAP Practice Guideline** http://pediatrics.aappublications.org/content/pediatrics/128/5/1007.full.pdf	

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Adult Preventive Clinical Guideline (19 years old & over)

Line of Business: DE Medicaid

Summary:
The Adult Preventive Clinical Guideline is meant to provide guidance for preventive care for the general, adult population. The guideline adopts recommendations from national and state-recognized organizations including the Centers for Disease Control and Prevention, the U.S. Preventive Task Force and the American Academy of Family Physicians.

Changes to the Guideline: Changed Title from "Adult Preventive Guideline (21 & over)" to "Adult Preventive Guideline (19 & over)." Updated with 2020 immunization schedule. Updated 2020 Adult Preventive Health Guidelines for: ages 19 through 64 years old and for members 65 years of age and older. Updated guidelines for Cervical Cancer Screening, Breast Cancer Screening and Chlamydia and Gonorrhea Screening.

This guideline does not replace the judgment or the role of the clinician in the decision making process for individual patients. This report is only intended to serve as an educational resource for the delivery of care.

Clinical Indicators	Description of the Indicators
1. Breast Cancer Screening (BCS) Source: HEDIS 2020, Vol. 2, Technical Specifications	The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.
2. Cervical Cancer Screening (CCS) Source: HEDIS 2020, Vol. 2, Technical Specifications	The percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: • Women 21-64 years of age who had a cervical cytology performed every 3 years • Women 30-64 years of age who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years

3. Chlamydia Screening (CHL) Source: HEDIS 2020, Vol. 2, Technical Specifications	The percentage of women 16--24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
4. Adult BMI (ABA) Source: HEDIS 2020, Vol. 2, Technical Specifications	The percentage of members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.
5. Breast Cancer Screening (BCS) Source: HEDIS 2020, Vol. 2, Technical Specifications	The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.
Recommendations	**Reference**
2020 Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States	http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf
U.S. Preventive Services Task Force: • Breast Cancer Screening	https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/breast-cancer-screening1
U.S. Preventive Services Task Force: • Cervical Cancer Screening	https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/cervical-cancer-screening
U.S. Preventive Services Task Force: • Chlamydia and Gonorrhea Screening	https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening
2020 Adult Preventive Health Guidelines: Ages 19 through 64 Years	https://content.highmarkprc.com/Files/Region/hdebcbs/EducationManuals/ClinicalGuidelines/guideline-19-64.pdf

2020 Preventive Health Guidelines for Members 65 Years of Age and Older	https://content.highmarkprc.com/Files/Region/hdebcbs/EducationManuals/ClinicalGuidelines/guideline-over-65.pdf
Additional Preventive Health Guidelines and Immunization Schedules	https://content.highmarkprc.com/Files/EducationManuals/addendum-to-2020-phg-de.pdf

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Clinical Guidelines for Diagnosis and Management of Asthma

Line of Business: DE Medicaid

Summary:
Highmark Health Options Health adopts The Asthma Clinical Practice Guideline, titled "Guidelines for the Diagnosis and Management of Asthma" a National Guideline developed by the National Heart, Lung and Blood Institute as part of the National Asthma Education and Prevention Program. The key components of the guideline include the definition, diagnosis of asthma, managing asthma long term, managing exacerbations and patient education.

Changes to Guideline: latest version 2007, no changes for 2018

Asthma is one of Highmark Health Option's Lifestyle Management Programs.

Clinical Indicators	Description of the Indicators
1. **Asthma Medication Ratio** (Source: HEDIS® 2018, Vol. 2, Technical Specifications)	The percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications of 0.50 or greater during the measurement year.

Links:
National Asthma Education and Prevention Program Expert Panel Report
http://www.nhlbi.nih.gov/files/docs/guidelines/asthsumm.pdf

Clinical Guidelines for Treatment of Members with Bipolar Disorder in Adults

Line of Business: DE Medicaid

Changes to Guideline: Revised clinical indictor regarding follow-up after hospitalization for mental illness to match 2018 HEDIS specifications.

Summary:
Highmark Health Options adopts American Psychiatric Association Clinical Practice Guideline titled "The Treatment of Patients with Bipolar Disorder" (Second Edition, Revision 2002). Key components of the guideline include: an executive summary of the recommendations, formulation and implementation of a treatment plan including psychiatric management, acute and maintenance treatments, special clinical features influencing the treatment plan, background information on the disease and review of available evidence including somatic treatments, rapid cycling and psychosocial interventions.

Since the publication in 2002 of the *Practice Guideline for the Treatment of Patients with Bipolar Disorder,* 2nd Edition, new options for the acute treatment of manic, mixed, or depressive episodes have emerged. Knowledge of pharmacological and psychosocial interventions for maintenance has also increased.

Since the publication in 2002 of the *Practice Guideline for the Treatment of Patients with Bipolar Disorder,* 2nd Edition, new options for the acute treatment of manic, mixed, or depressive episodes have emerged. Knowledge of pharmacological and psychosocial interventions for maintenance has also increased.

Clinical Indicators	Description of the Indicators
1. Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (Source: HEDIS® 2018, Vol. 2, Technical Specifications)	Members 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

2. Follow-Up After Hospitalization for Mental Illness (Source: HEDIS® 2018, Vol. 2, Technical Specifications)	Discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a visit with a mental health practitioner. Two rates are reported: -The percentage of discharges for which the member received follow-up within 30 days of discharge. -The percentage of discharges for which the member received follow-up within 7 days of discharge.
Links: http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/bipolar.pdf https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines https://www.network-health.org/uploadedFiles/pdfs/clinical_guidelines/guidelines_bipolar_watch.pdf	

Clinical Guidelines for Treatment of Members with Bipolar Disorder in Children and Adolescents

Line of Business: DE Medicaid

Changes to Guideline: Revised HEDIS indicators with 2018 descriptions. Revised reference and link.

Summary:
Highmark Health Options adopts American Psychiatric Association Clinical Practice Guideline titled "The Treatment of Patients with Bipolar Disorder" (Second Edition, Revision 2002). Key components of the guideline include: an executive summary of the recommendations, formulation and implementation of a treatment plan including psychiatric management, acute and maintenance treatments, special clinical features influencing the treatment plan, background information on the disease and review of available evidence including somatic treatments, rapid cycling and psychosocial interventions.

Since the publication in 2002 of the *Practice Guideline for the Treatment of Patients with Bipolar Disorder,* 2nd Edition, new options for the acute treatment of manic, mixed, or depressive episodes have emerged. Knowledge of pharmacological and psychosocial interventions for maintenance has also increased.

Since the publication in 2002 of the *Practice Guideline for the Treatment of Patients with Bipolar Disorder,* 2nd Edition, new options for the acute treatment of manic, mixed, or depressive episodes have emerged. Knowledge of pharmacological and psychosocial interventions for maintenance has also increased.

Clinical Indicators	Description of the Indicators
1. Metabolic Monitoring for Children and Adolescents on Antipsychotics (Source: HEDIS® 2018, Volume 2 Technical Specifications)	The percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

2. Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Source: HEDIS® 2018, Volume 2 Technical Specifications)	The percentage of children and adolescents 1-17 years of age who were on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year.

Links:
http://pediatrics.aappublications.org/content/130/6/e1725

Reference:
Collaborative Role of the Pediatrician in the Diagnosis and Management of Bipolar Disorder in Adolescents
Benjamin N. Shain, COMMITTEE ON ADOLESCENCE
Pediatrics Dec 2012, 130 (6) e1725-e1742; DOI: 10.1542/peds.2012-2756

Clinical Guideline for Heart Failure, MI, CAD, IVD and Cholesterol Management Clinical Practice

Line of Business: DE Medicaid

Changes to the Guideline: Update to the 2013 ACCF/AHA Guideline for the Management of Heart Failure for 2017: patients at increased risk stage A HF, the optimal blood pressure in those w/HTN should be <130/80mm Hg, per new randomized control trial data, page 24. Age range on second clinical indicator changed to 2018 HEDIS description.

Summary:
Highmark Health Option adopts four clinical practice guidelines for the cardiac related diagnoses:
- 2011 AHA/ACCF Secondary Prevention and Risk Reduction Therapy for Patients with Coronary and Other Atherosclerotic Vascular Disease
- 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults
- 2017 ACC/AHA/HSFA Focused Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure

Key components of the guidelines include initial evaluation of patients with heart failure, CAD and other atherosclerotic vascular disease, therapies and treatment of the population. Treatment includes, but is not limited to: testing and medication regimes; and, the recommendations for cholesterol treatment and management.

Cardiac Disease in one of Highmark Health Options top 10 diseases by average cost per disease and per member per reporting period 2/1/2017 to 1/31/2018 and one of Highmark Health Option's Lifestyle Management Programs.

Clinical Indicators	Description of the Indicator
1. Persistence of Beta-Blocker Treatment after a Heart Attack (HEDIS® 2018, Vol. 2, Technical Specifications)	The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.
2. Controlling High Blood Pressure (HEDIS® 2018, Vol. 2, Technical Specifications)	The percentage of members 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year <140/90.
3. Statin Therapy for Patients with Cardiovascular Disease (HEDIS® 2018, Vol. 2, Technical Specifications)	The percentage of males 21-75 and females 40-75 years of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease and met the following criteria: *Received statin therapy:* Members who were dispensed at least one high or moderate-intensity statin medication during the measurement year. *Statin Adherence 80%:* Members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.

Links:

Treatment of Blood Cholesterol
https://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a

Guideline for the Management of Heart Failure
http://circ.ahajournals.org/content/circulationaha/early/2017/04/26/CIR.0000000000000509.full.pdf

Secondary Prevention and Risk Reduction for Coronary and other Atherosclerotic Vascular Disease
http://circ.ahajournals.org/content/124/22/2458

Clinical Guidelines for Diagnosis and Management of Childhood Asthma

Line of Business: DE Medicaid

Summary:
Highmark Health Options Health adopts The Asthma Clinical Practice Guideline, titled "Guidelines for the Diagnosis and Management of Asthma" a National Guideline developed by the National Heart, Lung and Blood Institute as part of the National Asthma Education and Prevention Program. The key components of the guideline include the definition, diagnosis of asthma, managing asthma long term, managing exacerbations and patient education.

Changes to Guideline: latest version 2007, no changes for 2018

Asthma is one of Highmark Health Option's Lifestyle Management Programs.

Clinical Indicators	Description of the Indicators
1. **Asthma Medication Ratio** (Source: HEDIS® 2018, Vol. 2, Technical Specifications)	The percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications of 0.50 or greater during the measurement year.

Links:
National Asthma Education and Prevention Program Expert Panel Report
http://www.nhlbi.nih.gov/files/docs/guidelines/asthsumm.pdf

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Clinical Guidelines for the Treatment of Childhood Obesity

Line of Business: DE Medicaid

Changes to Guideline: Updated reference from Journal of Clinical Endocrinology and Metabolism from 2017, in print 2018.

Summary:
The American Academy of Pediatrics (AAP) provides recommendations on obesity prevention: the prevalence of pediatric obesity has increased significantly in the past few decade, and is now recognized as a public health priority. The Centers for Disease Control (CDC) and Prevention identifies childhood obesity as a serious problem in the United States putting kids at risk for poor health. The American College of Clinical Endocrinologists (AACE) and American College of Endocrinology (ACE) published guidelines in 2016. The Journal of Clinical Endocrinology and Metabolism (JCEM) states that pediatric obesity remains an ongoing serious international health concern threatening their adult health and longevity.

Clinical Indicators	Description of the Indicator
1. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents, ages 3-17 years.	The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and had evidence of following: • BMI percentile documentation • Counseling for nutrition • Counseling for physical activity

Links:

CDC
https://www.cdc.gov/obesity/childhood/index.html

AAP
https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Updates-Recommendations-on-Obesity-Prevention-It's-Never-Too-Early-to-Begin-Living-a-Healthy-Lifestyle.aspx

AACE/ACE

https://www.aace.com/files/guidelines/ObesityExecutiveSummary.pdf

JCEM
https://academic.oup.com/jcem/article-lookup/doi/10.1210/jc.2016-2573

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Clinical Guidelines for Childhood Preventive Care (birth to 18 years old)

Line of Business: DE Medicaid

Summary:
The Clinical Guidelines for Childhood Preventive Care is meant to provide guidance for preventive care for the general, pediatric population. The guidance for immunizations comes from the 2020 Recommended Immunization Schedule from the Centers for Disease Control and Prevention. Guidance from Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program periodicity schedule, which is aligned with the American Academy of Pediatrics' Bright Futures Schedule. The guideline is relative to Highmark Health Options child population (ages 0-18) which represents about 52% of the total Medicaid population. EPSDT is also one of Highmark Health Options programs.

Changes to the Guideline: Changed title from "Clinical Guidelines for Childhood Preventive Care (birth to 21 years old)" to "Clinical Guidelines for Childhood Preventive Care (birth to 18 years old)." Updated with 2020 immunization schedule and EPSDT periodicity schedule. Updated 2020 Recommendations for Preventive Pediatric Health Care from Bright Futures/American Academy of Pediatrics. Added 2020 Pediatric Preventive Health Guidelines: Ages 0 through 18 Years. Added reference Bright Futures: Promoting Healthy Weight and Central California Alliance on WCC. Added clinical indicators: Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34) and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC).

This guideline does not replace the judgment or the role of the clinician in the decision making process for individual patients. This report is only intended to serve as an educational resource for the delivery of care.

Clinical Indicators	Description of the Indicators
1. Well-Child Visits in the First 15 Months of Life (W15) Source: HEDIS 2020, Vol. 2, Technical Specifications	The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life: • No well-child visits.

	• One well-child visit. • Two well-child visits. • Three well-child visits. • Four well-child visits. • Five well-child visits. • Six or more well-child visits.
2. Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34) Source: HEDIS® 2020, Vol. 2, Technical Specifications	The percentage of members 3-6 years of age who had one or more well child visits with a PCP during the measurement year.
***3.* Adolescent Well-Care Visits (AWC)** Source: HEDIS 2020, Vol. 2, Technical Specifications	The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
4. Childhood Immunizations (CIS) Source: HEDIS 2020, Vol. 2, Technical Specifications	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.
5. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) Source: HEDIS 2020, Vol. 2, Technical Specifications	The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and had evidence of following: • BMI percentile documentation • Counseling for nutrition • Counseling for physical activity

Recommendations	Reference
Preventive Pediatric Health Care	https://www.aap.org/en-us/documents/periodicity_schedule.pdf
Child and Adolescent Immunization Schedule for ages 18 years or younger	https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html
Developmental Monitoring and Screening	https://www.cdc.gov/ncbddd/childdevelopment/screening.html
Promotion of Healthy Weight	https://brightfutures.aap.org/Bright%20Futures%20Documents/BF HealthyWeight_Tipsheet.pdf https://www.ccah-alliance.org/HEDIS/2020_HEDIS_tip_sheet_WCC.pdf
2020 Pediatric Preventive Health Guidelines: Ages 0 through 6 Years	https://content.highmarkprc.com/Files/Region/hdebcbs/EducationManuals/ClinicalGuidelines/guideline-0-6.pdf
2020 Pediatric and Adolescent Preventive Health Guidelines: Ages 7 through 18 Years	https://content.highmarkprc.com/Files/Region/hdebcbs/EducationManuals/ClinicalGuidelines/guideline-7-18.pdf

Clinical Guidelines for the Management of Chronic Obstructive Pulmonary Disease

Line of Business: DE Medicaid

Changes to the Guideline: Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease update for 2018

Summary:
Highmark Health Options adopts the Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease (GOLD) clinical practice guideline as developed by the Global Initiative for Chronic Obstructive Lung Disease, which was formed through the collaborative efforts of the National Heart, Lung, and Blood Institute, National Institutes of Health, USA and the World's Health Organization in 1998. The guideline outlines the definition, diagnosis and assessment, therapeutic options, management of stable COPD, management of exacerbations, COPD and co-morbidities and the asthma and COPD Overlap Syndrome (ACOS). COPD affects people 40 years of age and older with a history of smoking but can also affect people exposed to fumes, chemicals, and dust found in the environment.

COPD is one of Highmark Health Option's Lifestyle Management Program for chronic respiratory management.

Clinical Indicators	Description of the Indicator
1. Use of Spirometry Testing in the Assessment and Diagnosis of COPD (Source: HEDIS® 2018, Vol. 2, Technical Specifications)	Percentage of members 40 years and older with a new diagnosis of COPD or newly active COPD, who have received spirometry testing to confirm the diagnosis.
2. Pharmacotherapy Management of COPD Exacerbation Dispensed a systemic corticosteroid within 14 days of the event (Source: HEDIS® 2018, Vol. 2, Technical Specifications)	Percentage of COPD exacerbations for members 40 years and older who had an acute inpatient discharge or ED visit between January 1-November 30 of the measurement year and who were dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
3. Pharmacotherapy Management of COPD Exacerbation Dispensed a bronchodilator within 30 days of the event (Source: HEDIS® 2018, Vol. 2, Technical Specifications)	Percentage of COPD exacerbations for members 40 years and older who had an acute inpatient discharge or ED visit between January 1-November 30 of the measurement year and who were dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

Link:
https://goldcopd.org/gold-reports/

Clinical Guidelines for Treatment of Members with Crohn's Disease/Colitis

Line of Business: DE Medicaid

Changes to Guideline: Reviewed 2017; revised clinical practice guidelines links

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Summary:
Highmark Health Options adopts National Institute for Health and Care Excellence Clinical Practice Guidelines last updated 2016. The Crohn's disease guideline covers the management of disease in children, young people and adults. It aims to reduce people's symptoms and maintain or improve their quality of life. The Ulcerative colitis (UC) management guideline covers the care and treatment of adults, children and young people how have (UC). It aims to help professionals to provide consistent high-quality care and it highlights the importance of advice and support for people with UC.

Clinical Indicators	Description of the Indicators
1. Number of Members who are diagnosed with: a. Crohn's Disease b. Colitis c. Irritable Bowel Syndrome	
2. Decreased number of ER visits for members with Crohn's Disease or Colitis and underlying symptoms. (Monthly Claims from ER visits with the following ICD-10 codes: - K50.XXX-Crohn's Disease - K51.XXX-Colitis - K58.XXX-Irritable Bowel Syndrome - R10.31 Right lower quadrant abdominal pain	

Links:
https://www.nice.org.uk/guidance/cg166 (Crohn's disease)

https://www.nice.org.uk/guidance/cg152 (Colitis)

https://www.nice.org.uk/guidance/cg166/resources/surveillance-report-2017-crohns-disease-management-2012-nice-guideline-cg152-and-ulcerative-colitis-management-2013-nice-guideline-cg166-4484819632/chapter/Surveillance-decision?tab=evidence

Reference:
National Institute for Health and Care Excellence. (2012). Crohn's disease: management. Retrieved on 11/19/2018 from https://www.nice.org.uk/guidance/cg166

National Institute for Health and Care Excellence. (2012). Crohn's disease: management. Retrieved on 11/19/2018 from https://www.nice.org.uk/guidance/cg152

National Institute for Health and Care Excellence. (2012). Crohn's disease: management. Retrieved on 11/19/2018 from https://www.nice.org.uk/guidance/cg166/resources/surveillance-report-2017-crohns-disease-management-2012-nice-guideline-cg152-and-ulcerative-colitis-management-2013-nice-guideline-cg166-4484819632/chapter/Surveillance-decision?tab=evidence

Previous link:
http://onlinelibrary.wiley.com/doi/10.1111/apt.12727/epdf
Research study, not actual CPG.

Clinical Guidelines for the Management of Major Depression in Adults in Primary Care

Line of Business: DE Medicaid

Summary:
Highmark Health Options adopts the American Psychiatric Association (APA) Clinical Practice Guideline for the Treatment of Patients with Major Depression. This practice guideline is an extensive guide intended to assist Psychiatrists in the management of adult patients suffering from major depressive disorder. Depression is one of Highmark Health Options Behavioral Health Care Management Programs.

Changes to the Guideline:
Updated the references for the treatment of patients with major depression. Updated HEDIS 2020 Technical Specifications.

This guideline does not replace the judgment or the role of the clinician in the decision making process for individual patients. This report is only intended to serve as an educational resource for the delivery of care.

Clinical Indicators	Description of the Indicators
Antidepressant Medication Management (AMM) Source: HEDIS 2020, Volume 2 Technical Specifications	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: • *Effective Acute Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). • *Effective Continuation Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

Recommendations	**Reference**
Practice Guidelines for the Psychiatric Evaluation of Adults	https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines https://psychiatryonline.org/doi/full/10.1176/appi.books.9780890426760.pe02 https://psychiatryonline.org/guidelines
Depression , Adult in Primary Care (Institute for Clinical Systems Improvement)	https://www.icsi.org/guideline/depression/

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Clinical Guidelines for the Management of Diabetes

Line of Business: DE Medicaid

Summary:
Highmark Health Options adopts the American Diabetes Association's (ADA) Standards of Medical Care in Diabetes.

Diabetes is a complex, chronic illness requiring continuous medical care for glycemic control. The condition can go undiagnosed and increases the risk of heart attack, stroke, kidney failure, amputation and blindness. It requires patient self-management, education and support to prevent these complications.

Diabetes is one of Highmark Health Options top 10 diseases by member count and total disease cost per reporting period 1/1/19 to 6/30/2020 and one of Highmark Health Options Lifestyle Management Programs.

Changes to the Guideline:
Updated to add the ADA Standards of Medical Care in Diabetes 2020, Supplement 1 reference. Updated HEDIS 2020 Technical Specifications.

This guideline does not replace the judgment or the role of the clinician in the decision making process for individual patients. This report is only intended to serve as an educational resource for the delivery of care.

Clinical Indicators	Description of the Indicators
1. Comprehensive Diabetes Care - HbA1c testing Source: HEDIS 2020, Vol. 2, Technical Specifications	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had HbA1c testing.

2. **Comprehensive Diabetes Care - Poor Control >9%** Source: HEDIS 2020, Vol. 2, Technical Specifications	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had an HbA1c poor control >9%.
3. **Comprehensive Diabetes Care - Eye exam** Source: HEDIS 2020, Vol. 2, Technical Specifications	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam.
4. **Comprehensive Diabetes Care - BP control <140/90** Source: HEDIS 2020, Vol. 2, Technical Specifications	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose blood pressure was <140/90.
5. **Comprehensive Diabetes Care - Medical Attention for Nephropathy** Source: HEDIS 2020, Vol. 2, Technical Specifications	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who received a nephropathy screening or monitoring test during the measurement year.
Recommendations	**Reference**
American Diabetes Association Standards of Medical Care in Diabetes - 2020	https://care.diabetesjournals.org/content/43/Supplement_1/S1

Clinical Guidelines for Diagnosis and Management of Hereditary Angioedema (HAE)

Line of Business: DE Medicaid

Summary:
Highmark Health Options Health adopts The US Hereditary Angioedema Association treatment and guidelines for hereditary angiodedema with the recommendation children adhere to the EPSDT periodicity schedule and receive appropriate immunization, receive appropriate education regarding treatment to ensure parents/guardians are successful in adhering to entire treatment plan.

Changes to Guideline: latest version 2007, no changes for 2018

Clinical Indicators	Description of the Indicators
1. All hereditary angioedema members under the age of 21 will adhere to EPSDT periodicity schedule and receive age-appropriate immunizations 2. Provide intensive education on home-infusion treatment to ensure parents/guardians are successful in adhering to self-infusion regimen 3. All pharmacy providers will adhere to management of pharmacy agents prescribed. 4. Educate HAE members with Medical Alert Identification card and member to obtain a signed letter from a physician with emergent treatment for HAE attacks.	N/A

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Links:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4859422/
http://www.angioedemacenter.com/DOCS/HAEBrochure2014.pdf

Reference:
NCBI/NIH "Diagnosis and Screening of Patients with Hereditary Angioedema in Primary Care"

WAO Guideline for the Management of Hereditary Angioedema published in Therapy Clinical Risk Management 2016;12:701-711. NCBI/NIH (published online 2016 May 2)

Clinical Guidelines for Treatment of Members with Hemophilia

Line of Business: DE Medicaid

Changes to Guideline: Reviewed 2018, no changes since 2013.

Summary:
Highmark Health Options adopts the Hemophilia Clinical Practice Guidelines from the World Federation of Hemophilia titled, "Guidelines for the Management of Hemophilia" (2nd edition). Hemophilia is a rare disorder that is complex to diagnose and to manage. These evidence-based guidelines offer practical recommendations on the diagnosis and general management of hemophilia, as well as the management of complications including musculoskeletal issues, inhibitors, and transfusion-transmitted infections. These guidelines aim to assist healthcare providers seeking to initiate and/or maintain hemophilia care program.

Clinical Indicators	Description of the Indicators
1. 100% of all members identified with hemophilia will become actively engaged in care coordination services	N/A
2. Members will be 100% compliant with established prophylactic dosing schedule	N/A
3. Members will have a 50% reduction in joint and other bleeds annually (Individual baselines will be established)	N/A

4. Members will have a 25% reduction in hospital admissions associated with joint and/or other spontaneous bleeds	N/A
5. 100% of members participating in care coordination services will keep a monthly log of all bleeds, medication use, and history of injuries	N/A
Links: http://www1.wfh.org/publications/files/pdf-1472.pdf Reference: Guidelines for the management of hemophilia. 2nd ed. Montreal (Quebec) World Federation of Hemophilia, 2012. 74 p. (324 references).	

Clinical Practice Guideline for "Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents"

Line of Business: DE Medicaid

Changes to Guideline: Last Updated March 27, 2018: Initiation of Antiretroviral Therapy
A new subsection was added to discuss the data on the efficacy and feasibility of immediate antiretroviral therapy (ART) initiation on the day of HIV diagnosis."

Summary:
Highmark Health Options adopts the HIV Clinical Practice Guideline titled, "Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents" is a national guideline, following the recommendations by the U.S. Department of Health and Human Services (DHHS) Panel on Antiretroviral Guidelines for Adults and Adolescents - A Working Group of the Office of AIDS Research Advisory Council (OARAC). This guideline describes the best clinical practices based on available knowledge and a consensus of experts as of July 14, 2016. The guideline outlines General Care, Antiretroviral Lab Testing and Therapy, Care of Adolescents and Women with HIV/AIDS, drug interactions, HIV-related preventative care and ancillary services. It also provides available HIV Resources. Medication management for HIV is important to Gateway Health since Antiretroviral therapy should be started as soon as possible for people with HIV which helps reduce the risk of HIV transmission.

Clinical Indicators	Description of the Indicator
1. Outpatient visit in the past 12 months	Number of HIV+ individuals with at least one outpatient visit in the past 12 months.
2. HIV viral load test during the measurement year. (HRSA)	Percentage of enrollees age 18 and older with a diagnosis of Human Immunodeficiency Virus (HIV) who had a HIV viral load test during the measurement year. (HRSA)
3. Possession ration of HIV medication	Percentage of individuals with pharmacy claims for HIV medications in the past 12 months with an 80% medication possession ratio.

Link:
https://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf

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Clinical Practice Guidelines for the Prevention, Detection, Evaluation, and Treatment of High Blood Pressure

Line of Business: DE Medicaid

Changes to the Guideline: Latest version from 2014, no update for 2018.

Summary:
Highmark Health Options adopts the 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults Report from the Panel Member Appointment to the Eighth Joint National Committee (JNC 8). Hypertension is the most common condition seen in primary care and can lead to heart attack, stroke, renal failure and death if not detected early.

Clinical Indicators	Description of the Indicator
Controlling High Blood Pressure (Source: HEDIS® 2018, Vol. 2, Technical Specifications)	Percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria: • Members 18-59 years of age whose BP was <140/90 mm Hg. • Members 60-85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg. • Members 60-85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg. Note: Use the Hybrid Method for this measure. A single rate is reported and is the sum of all three groups. • Results can be broken out by race and ethnicity.
Link: http://jamanetwork.com/journals/jama/fullarticle/1791497	

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Clinical Guidelines for Palliative Care

Line of Business: DE Medicaid

Changes to the Guidelines: Latest version 2018, revised resource link to "Clinical Practice Guidelines for Quality Palliative Care: 4th edition. Added HEDIS Clinical Indicator 3. Care for Older Adults-Medication review & 4. Care for Older Adults-Functional Status Assessment to align with HEDIS specifications.

Summary:
The "Clinical Practice Guidelines for Quality Palliative Care" 2018, 4th Edition's, goal is to improve access to quality palliative care for all people with serious illness regardless of setting, diagnosis, prognosis, or age. The guidelines provides formalized evidence-based process and practice as well as consensus recommendations for the provisions of safety and reliable high-quality palliative care. The revision addresses best practices for both palliative care specialists, as well as all clinicians who care for people with serious illness both hospital-based and community-based.

Clinical Indicators	Description of the Indicator
1. Care for Older Adults-Advanced Care Planning (Source: HEDIS® 2018, Vol. 2, Technical Specifications)	Discussion about preferences for resuscitation, life-sustaining treatment and end of life care. Evidence of advanced care planning must include one of the following: The presence of an advance care plan in the medical record. Documentation of an advance care planning **discussion** with the provider ***and*** the date when it was discussed. The documentation of discussion must be noted during the measurement year. Notation that the member previously executed an advance care plan.
2. Care for Older Adults-Pain Assessment (Source: HEDIS® 2018, Vol. 2, Technical Specifications)	At least one pain assessment during the measurement year, as documented through either administrative data or medical record review.
3. Care for Older Adults-Medication review (Source: HEDIS® 2018, Vol. 2, Technical Specifications)	At least one medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year and the presence of a medication list in the medical record, as documented through either administrative data or medical record review.
4. Care for Older Adults-Functional Status Assessment (Source: HEDIS® 2018, Vol. 2, Technical Specifications)	At least one functional status assessment during the measurement year, as documented through either administrative data or medical record review.

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Link:
"Clinical Practice Guidelines for Quality Palliative Care," 2018, 4th Edition, based on the National Consensus Project for Quality Palliative Care (NCP Guidelines):

https://www.nationalcoalitionhpc.org/wp-content/uploads/2018/10/NCHPC-NCPGuidelines_4thED_web_FINAL.pdf

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Clinical Guidelines for Routine and High Risk Prenatal Care

Line of Business: DE Medicaid

Summary:
Highmark Health Options adopts The American College of Obstetricians and Gynecologists, Committee on Obstetric Practice, Committee Opinions and Practice Bulletins and the Centers for Disease Control and Prevention (CDC); Advisory Committee on Immunization Practices (ACIP); American College of Obstetricians and Gynecologists (ACOG) and the American College of Nurse Midwives (ACNM).

Maternity is one of the top diagnoses in the Highmark Health Options population and is one of Highmark Health Options Lifestyle Management Programs. Historically Highmark Health Options two most frequent risk factors are smoking followed by depression. Smoking is associated with increased perinatal mortality, ectopic pregnancy and bleeding complications of pregnancy and a higher incidence of small, low birth weight babies and preterm deliveries. Untreated depression has been associated with unfavorable health behaviors in pregnancy and subsequent fetal growth restrictions, preterm deliveries, placental abruption, and newborn irritability. With early identification of maternal risk factors, Highmark Health Options can make an impact on reducing risk factors that can lead to poor pregnancy outcome, low birth weight and infant mortality.

Changes to the Guideline:
Updated the references for routine and high risk prenatal care. Updated HEDIS 2020 Technical Specifications.

Clinical practice guidelines are designed to assist clinicians by providing a framework for the evaluation and treatment of Highmark Health Options maternity patients that they are managing. This guideline does not replace the judgment or the role of the clinician in the decision making process for individual patients. This report is only intended to serve as an educational resource for the delivery of care.

Clinical Indicators	Description of the Indicators
1. Timeliness of Prenatal Care Source: HEDIS 2020, Vol. 2, Technical Specifications	The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization.
2. Postpartum Care Source: HEDIS 2020, Vol. 2, Technical Specifications	A postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days after delivery, as documented through either administrative data or medical record review.
Recommendations	**Reference**
ACOG Clinical Guidance Current Practice Bulletin	https://www.acog.org/clinical/clinical-guidance/practice-bulletin
2020 Prenatal/Perinatal Care Preventive Health Guidelines	https://content.highmarkprc.com/Files/Region/hdebcbs/EducationManuals/ClinicalGuidelines/guideline-prenatal.pdf
2020 United States Preventive Services Task Force (USPSTF) Perinatal Depression Prevention Counseling	https://content.highmarkprc.com/Files/Region/hdebcbs/EducationManuals/ClinicalGuidelines/perinatal-depression-prevention-coding.pdf
Marijuana Use During Pregnancy and Lactation	https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/10/marijuana-use-during-pregnancy-and-lactation

Clinical Guideline for Prescribing Opioids for Chronic Pain

Line of Business: DE Medicaid

Changes to Guideline: 2018 added clinical indicated 2, 'Use of Opioids From Multiple Provider'.

Summary:
Highmark Health Options adopts the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) as the guideline to promote patient care and safety that addresses the US opioid overdose epidemic. The guideline serves clinicians who prescribe opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. The guideline addresses 1) improved communication between clinician and patients about the benefits and risks of using prescription opioids for chronic pain; 2) provide safer, more effective care for patients with chronic pain; and 3) help reduce opioid use disorder and overdose. CDC developed the guideline using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) framework, and recommendations are made on the basis of a systematic review of the scientific evidence while considering benefits and harms, values and preferences, and resource allocation. CDC obtained input from experts, stakeholders, the public, peer reviewers, and a federally chartered advisory committee. It is important that patients receive appropriate pain treatment with careful consideration of the benefits and risks of treatment options which is why it is of relevance to Highmark Health Option's population.

The *CDC Guideline for Prescribing Opioids for Chronic Pain* was published in March 2016 and provides recommendations about appropriate prescribing of prescription opioids and other treatment options to improve pain and patient safety. The CDC also provides a checklist for prescribing opioids for chronic pain.

Clinical Indicators	Description of the Indicator
1. Use of Opioids at High Dosage (Source: HEDIS® 2018, Vol. 2, Technical Specifications)	Use of Opioids at High Dosage ages 18+, the rate per 1,000 receiving prescription opioids for ≥15 days at a high dosage (average morphine equivalent dose >120mg
2. Use of Opioids From Multiple Providers (Source: HEDIS® 2018, Vol. 2, Technical Specifications)	Use of Opioids From Multiple Providers ages 18+ the rate per 1,000 receiving prescription opioids for ≥ 15 days who received opioids from multiple providers. Three rates are reported:

	-multiple prescribers defined as the rate per 1,000 members receiving rx for opioids from 4 or more different prescribers -multiple pharmacies defined as the rate per 1,000 members receiving prescriptions for opioids from 4 or more different pharmacies -multiple prescribers and multiple pharmacies defined as the rate per 1,000 members receiving prescriptions for opioids from 4 or more different prescribers and 4 or more different pharmacies

Links:
https://www.cdc.gov/drugoverdose/pdf/guidelines_at-a-glance-a.pdf

https://www.cdc.gov/drugoverdose/prescribing/resources.html

http://stacks.cdc.gov/view/cdc/38025

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Guideline for the Treatment of Patients with Schizophrenia

Line of Business: DE Medicaid

Changes to the Guideline: Clinical Indicator 1 revised to reflect HEDIS specifications and added "or Bipolar disorder". Added Clinical Indicator 4. Adherence to Antipsychotic Medications for Individuals with Schizophrenia to reflect HEDIS specifications.

Summary: Highmark Health Options adopts the American Psychiatric Association Clinical Practice Guideline titled "Practice Guideline for the Treatment of Patients with Schizophrenia, Second Edition" (2004). Key components of the guideline include: formulation and implementation of a treatment plan, establishing a therapeutic alliance, acute, stabilization and stable phase treatments, treatment setting and housing options. Background information and review of available evidence including pharmacological treatments, somatic therapies and psychosocial interventions are also included.

Clinical Indicators	Description of the Indicator
1. Diabetes Screening for People with Schizophrenia or Bipolar disorder who are using Antipsychotic Medications (Source: HEDIS® 2018, Volume 2 Technical Specifications, *SSD*)	The percentage of members 18-64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
2. Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (Source: HEDIS® 2018, Vol. 2, Technical Specifications, *SMC*)	The percentage of members 18–64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year.
3. Diabetes Monitoring for People with Diabetes and Schizophrenia (Source: HEDIS® 2018, Vol. 2, Technical Specifications, *SMD*)	The percentage of members 18–64 years of age with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.
4. Adherence to Antipsychotic Medications for Individuals with Schizophrenia (Source: HEDIS® 2018, Vol. 2, Technical Specifications, *SAA*)	The percentage of members 19-64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of the treatment period.

Link: ***Latest version 2005; note stating the guideline is under development but no date provided when it will be final.***
American Psychiatric Association's Clinical Practice Guideline, "The Treatment of Patients with Schizophrenia," Second Edition, (2004)
http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/schizophrenia.pdf

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Clinical Practice Guideline for the Management of Schizophrenia (Children & Adolescents)

Line of Business: DE Medicaid

Changes to Guideline: Minor revision to clinical indictor # 2 description by addition "for at least 90 consecutive days during the measured year to meet HEDIS specifications.

Summary:
This Practice Parameter reviews the literature on the assessment and treatment of children and adolescents with schizophrenia. Early-onset schizophrenia is diagnosed using the same criteria as in adults and appears to be continuous with the adult form of the disorder. Clinical standards suggest that effective treatment includes antipsychotic medications combined with psychoeducational, psychotherapeutic, and educational interventions. Since this Practice Parameter was last published in 2001, several controlled trials of atypical antipsychotic agents for early-onset schizophrenia have been conducted. However, studies suggest that many youth with early-onset schizophrenia do not respond adequately to available agents and are vulnerable to adverse events, particularly metabolic side effects. Further research is needed to develop more effective and safer treatments. J.Am. Acad. Child Adolesc. Psychiatry, 2013;52(9):976–990.

Clinical Indicators	Description of the Indicator
1. Metabolic Monitoring for Children and Adolescents on Antipsychotics (Source: HEDIS® 2018, Volume 2 Technical Specifications, *APM*)	The percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.
2. Use of Multiple Concurrent Antipsychotic in Children and Adolescents (Source: HEDIS® 2018, Volume 2 Technical Specifications, *APC*)	The percentage of children and adolescents 1–17 years of age who were on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year

Links:
http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/schizophrenia.pdf

Reference: *APA Steering Committee on Practice Guidelines Practice Parameters for the Assessment and Treatment of Children and Adolescents with Schizophrenia. Second Edition, (2004).*

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Clinical Practice Guideline for the Treatment of Sickle Cell Disease

Line of Business: DE Medicaid

Changes to Guideline: No revisions for 2018

Summary:
Highmark Health Options adopts the National Institutes of Health/National Heart, Lung and Blood Institute's Clinical Practice Guideline titled, "The Management of Sickle Cell Disease," (Fourth Edition, Revision June 2002). This edition of *The Management of Sickle Cell Disease* (SCD) is organized into four parts: Diagnosis and Counseling, Health Maintenance, Treatment of Acute and Chronic Complications, and Special Topics.

The best evidence still is represented by randomized, controlled trials (RCTs), but variations exist in their design, conduct, endpoints, and analyses. It should be emphasized that selected people enter a trial, and results should apply in practice specifically to population with the same characteristics as those in the trial. Randomization is used to reduce imbalances between groups, but unexpected factors sometimes may confound analysis or interpretation. In addition, a trial may last only a short period of time, but long-term clinical implications may exist. Another issue is treatment variation, for example, a new pneumococcal vaccine develo9ped after the trial, which has not been tested formally in a sickle cell population. Earlier trial results may be accepted, based on the assumption that the change is small.

In some cases, RCTs cannot be done satisfactorily (e.g., for ethical reasons, an insufficient number of patients, or a lack of objective measures for sickle cell "crises"). Thus the bulk of clinical experience in SCD still remains in the moderately strong and weaker categories of evidence.

Not everyone has an efficacious outcome in a clinical trial, and frequency of adverse events, such as with long-term transfusion programs or hematopoietic transplants, might not be considered. Thus, an assessment benefit-to-risk ration should enter into translation of evidence levels into practice recommendations. A final issue is that there may be two alternative approaches that are competitive (e.g., transfusions and hydroxyurea). In this case that pros and cons of each course of treatment should be discussed with the patient.

Clinical Indicators	Description of the Indicator
1. Percentage of members who are compliant with the seasonal flu shot (total and by race/ethnicity breakdown)	N/A
2. Percentage of members who received the meningococcal vaccination (quadrivalent meningococcal conjugate vaccine) starting age 2-10 years then every 5 years after)	N/A

Link:
https://www.nhlbi.nih.gov/files/docs/guidelines/sc_mngt.pdf
http://www.nejm.org/doi/full/10.1056/NEJM199904013401307
Pediatrics. 2011 Sep;128(3):484-93. doi: 10.1542/peds.2010-1791. Epub 2011 Aug 15

Reference: "The Management of Sickle Cell Disease", The National Institutes of Health, National heart, Lung, and Blood Institute NIH Publication No. 02-2117 June 2002 (Fourth Edition)
The New England Journal of Medicine, "The Management of Sickle Cell Disease", NEJM 1999; 340:1021-1030 April 1999.

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Clinical Practice Guideline for the Treatment of Patients with Substance Abuse Disorders

Line of Business: DE Medicaid

Changes to the Guideline: Updated 2018 HEDIS clinical indicator for follow-up after emergency department visit for alcohol and other drug abuse or dependency.

Summary:
Highmark Health Options adopts the American Psychiatric Association's "Practice Guideline For The Treatment of Patients With Substance Abuse Disorders," Second Edition (2006). The guideline mainly consists of three parts:

- Part A, "Treatment Recommendations for Patients With Substance Use Disorders,"
- Part B, "Background Information and Review of Available Evidence," and,
- Part C, "Future Research Needs."

Key elements of Part A, "Treatment Recommendations for Patients with Substance Use Disorders," includes (but is not limited to): an executive summary of recommendations, general treatment principles, and the treatment of nicotine dependence, alcohol-related disorders, marijuana-related disorders, cocaine-related disorders, and opioid-related disorders.

Clinical Indicators	Description of the Indicator
1. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence (AOD) Treatment *(Source: HEDIS® 2018, Vol. 2, Technical Specifications, IET)*	The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted program (MAT) within 14 days of the diagnosis.
	The percentage of members who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit.
2. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence *(Source: HEDIS® 2018, Vol. 2, Technical Specifications, FUA)*	The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. Two rates are reported:

	1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).
Link: http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/substanceuse.pdf	