



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

We collect quality data from providers to measure and improve our members' care. **Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics** is just one aspect of care we measure in our quality programs. Quality measures evaluate a prior calendar year performance.

What We Measure

The APP measure assesses children and adolescents ages 1 to 17 years who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. Psychosocial care includes psychotherapy and community-based therapeutic services and residential behavioral health treatment.

Psychosocial care should be **documented in the 121-day period** from 90 days prior through 30 days after the medication is dispensed.

APP is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. See the [National Committee for Quality Assurance website](#) for more details.



Why It Matters

Although antipsychotic medications may serve as effective treatment for a narrowly defined set of psychiatric disorders in children and adolescents, they are often prescribed for nonpsychotic conditions for which psychosocial interventions are considered first-line treatment. Safer, first-line psychosocial interventions for nonpsychotic conditions may be underutilized, according to [NCQA](#). Children and adolescents may unnecessarily incur the risks associated with antipsychotic medications.

Eligible Population

Members ages 1 to 17 as of Dec. 31 of the measurement year are included in this measure.

Exclusions: This measure doesn't apply to members who have two or more dates of services with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism or other developmental disorder.

Tips to Consider

Comprehensive treatment: Prescribed, antipsychotic medications should be part of a comprehensive, multi-modal plan that includes psychosocial care.

First-line treatment: Psychosocial care, including behavioral interventions and psychological therapies, is the recommended first-line treatment for children and adolescents diagnosed with nonpsychotic conditions according to [NCQA](#).

Ongoing review: Periodically review the need for continued therapy with antipsychotic medications.

Monitoring side effects: Establish a baseline and continuously monitor metabolic indices to manage side effects of antipsychotic medication therapy.

Risk assessment: Closely monitor children and adolescents prescribed antipsychotics as they are more at risk for serious health concerns, including weight gain and metabolic effects.

Parental education: Educate parents and guardians about the increased side effect burden of multiple concurrent antipsychotics on children's health. This has implications for future physical health concerns, including obesity and diabetes.

For more information, see NCQA's [HEDIS Measures and Technical Resources](#).

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment.

The fact that a service or treatment is described in this material, is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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