



Clinical Practice Guidelines Diagnosis Specific

Magellan of Virginia
Quality Improvement Department

January 29, 2016



Clinical Practice Guidelines (CPGs)





Clinical Practice Guidelines (CPGs)

- What is a clinical practice guideline?
 - *Evidence-based framework for practitioners' clinical decision making that drives best practice approaches to treatment.*
- What is Magellan's philosophy with clinical practice guidelines?
 - *Our philosophy is to promote the delivery of quality behavioral healthcare to our members. In support of this philosophy, we adopt, develop and distribute clinical practice guidelines that are founded upon published evidence-based scientific and clinical literature and are relevant to the needs of our members.*
- What is Magellan's policy for clinical practice guidelines?
 - *Our policy is to offer our network providers relevant clinical practice guidelines to assist them in delivering quality care. The clinical practice guidelines that we adopt or develop are consistent with current scientific evidence and best practices.*



What do I need to do as a provider?

As indicated in the National Provider Handbook Supplement:

- Review and adhere to Magellan's adopted clinical practice guidelines
- If your clinical judgment leads to a decision that varies from recommendations in a guideline, thoroughly document the reasons in the member's clinical record

You can find the handbook at: www.magellanofvirginia.com



Magellan of Virginia is currently focusing on the following diagnosis based CPGs:

- **Major Depressive Disorder**
- **Schizophrenia**
- **Attention Deficit Hyperactive Disorder**
- **Substance Use Disorder**



Major Depressive Disorder: CPG

Domain 1: Diagnostic Assessment

- History and symptom presence and duration that meet DSM-IV criteria for major depressive disorder
- A Co-Morbid Substance-Induced Disorder
- Other psychiatric disorders that could account for the symptoms or complicate treatment
- Psychosocial Stressors
- Medical conditions that may cause depression and/or complicate treatment



Major Depressive Disorder: CPG

Domain 1: Diagnostic Assessment Continued

- Psychotic features
- Severity level of MDD (E.G., MILD, MODERATE OR SEVERE)
- Dangerousness to others
- Past history (of depressive episodes and treatment)
- If provider is a non-MD, there is documentation of a referral for a medical/psychiatric evaluation if any of the following are present: psychotic features, complicating medical/psychiatric conditions, severity level of moderate or above



Major Depressive Disorder: CPG

Domain 3: Major Depressive Disorder Therapeutic Interventions

- The provider assessed if psychotherapy was indicated
- If psychotherapy was indicated, the provider specified the therapy type (e.g. CBT) and specific measurable goals
- The provider delivered education about MDD and its treatment to the patient, and if appropriate, to the family
- The psychiatrist delivered education about the medication, including signs of new or worsening suicidality and the high-risk times for this side effect



Major Depressive Disorder: CPG

Domain 3: Major Depressive Disorder Therapeutic Interventions Continued

- If a medical/psychiatric referral had been made (item #2), the provider documented the results of that evaluation and any relevant adjustments to the treatment plan.
- If evidence was found of a co morbid substance use disorder, the provider developed a plan to support sobriety.
- If psychotic features were found, the treatment plan includes the use of either antipsychotic medication or ECT, or clear documentation why not.
- If MDD was of moderate severity or above, the treatment plan uses a combination of psychotherapy and antidepressant medication, or clear documentation why not.



Schizophrenia: CPG

Domain 1: Diagnostic Assessment

- Positive and negative symptoms (symptom presence and duration that meet DSM-IV-TR criteria)
- A Co-Morbid Substance-Induced Disorder
- Other psychiatric disorders that could account for the symptoms or complicate treatment
- Psychosocial stressors
- Medical conditions that may cause symptoms or complicate treatment, e.g., brain tumor, complex partial seizure disorder, diabetes, morbid obesity, coronary artery disease, HIV or other infectious diseases



Schizophrenia: CPG

Domain 1: Diagnostic Assessment Continued

- Medication (past and current medications and response)
- Compliance (potential barriers to treatment compliance, e.g. History of noncompliance, unsupportive home environment)
- Dangerousness to Others (history of and current potential)
- Reason for recurrence (if not first episode)
- Psychiatric referral: If provider is a non-M.D., and there is no evidence of a recent psychiatric evaluation, there is documentation of a referral for a psychiatric evaluation)

Schizophrenia: CPG



Domain 3: Schizophrenia Therapeutic Interventions

- Appropriate psychosocial interventions (consistent with the phase of illness, e.g. Diminishing arousal in the acute phase, increasing social skills and community functioning in the stable phase)
- Measurable targets for each intervention
- The provider delivered education about Schizophrenia, its treatment, signs of relapse, and community resources, to the patient and family/caregivers
- If the provider is a non-MD., and a psychiatric referral had been made, the provider documented the results of that evaluation and any relevant adjustments to the treatment plan
- If evidence was found of a co morbid substance use disorder, the provider developed a plan to support sobriety.
- If evidence of a co morbid mental health disorder was found , the provider developed a plan to address the co morbid disorder

Schizophrenia: CPG



Domain 3: Schizophrenia Therapeutic Interventions Continued

- The provider selected a first- or second-generation antipsychotic, implemented it as soon as feasible, or documented why not.
- If initiating treatment with a second-generation antipsychotic, the provider documented baseline physical and lab results, including height, weight, lipid profile and fasting blood glucose, and documented periodic monitoring of these parameters.
- If there have been several medication trials that were unsuccessful, or the patient presented with severe suicide risk, the provider considered clozapine or ECT
- If clozapine is prescribed, evidence of weekly laboratory monitoring for first 6 months and then every other week thereafter
- If the provider finds there is evidence of potential patient non-compliance with treatment, provider plans interventions to address non-compliance (e.g.. Depot meds, outpatient commitment, medication groups, family support, self-help groups)

Attention Deficit/Hyperactivity Disorder (ADHD): CPG



Domain 1: Diagnostic Assessment

- Screened for presence and duration of symptoms meeting DSM-5 criteria for ADHD and persisting for at least six months, including predominantly inattentive presentation, predominantly hyperactive/impulsive presentation, or combined presentation (Note: children and adolescents must meet six or more of the DSM-5 symptoms and older adolescents and adults age 17 and older must meet at least five of the DSM-5 symptoms)
- Screened for presence of several inattentive or hyperactive-impulsive symptoms present prior to age 12 years
- Screened for presence of several inattentive or hyperactive-impulsive symptoms present in two or more settings (home, work, school)
- Confirmed symptoms across settings received from multiple informants, e.g., parents, guardians, teachers, clinicians involved in care of individual (including results of symptom-focused rating scales from self, parents, teachers, clinicians)



Attention Deficit/Hyperactivity Disorder (ADHD): CPG

Domain 1: Diagnostic Assessment Continued

- Noted clear evidence that the symptoms result in clinically significant impairment in social, academic or occupational functioning
- Noted clear evidence that symptoms of older adolescents and adults (age 17 and older) reflect inattention causing problems with executive functions
- Considered whether fewer than full criteria have been met for the past 6 months when full criteria were previously met (partial remission)
- Considered whether few or many symptoms are in excess of those required to make diagnosis of ADHD (based on DSM-5) specifying level of severity (mild, moderate or severe) with the use of screening tools



Attention Deficit/Hyperactivity Disorder (ADHD): CPG

Domain 1: Diagnostic Assessment Continued

- Assessed whether symptoms are not better explained by another mental disorder (e.g., substance use disorder, personality disorder, mood disorder, anxiety disorder, dissociative disorder)
- Assessed whether symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions
- Coordinated care with medical provider and medical evaluation during diagnostic process ruled out medical causes of symptoms of ADHD and assessed cardiovascular functioning (if treatment with stimulants considered)
- Assessed for suicidal thoughts or behaviors with potential for injury to self or others , especially if atomoxetine treatment is considered
- If suicidal thoughts or behaviors were present, appropriate actions were taken to intervene
- If provider is not a physician, reviewed findings from consultation with psychiatrist or primary care physician

Attention Deficit/Hyperactivity Disorder (ADHD): CPG



Domain 2: Therapeutic Interventions

- If referral for a medical/psychiatric evaluation, provider included the results of the evaluation in the treatment planning.
- Conducted education about ADHD and its treatment including behavioral intervention, pharmacological intervention, family therapy delivered to parents, guardian, and if applicable, to the patient
- Discussed diagnostic findings, treatment options and goals and treatment plan with parents, guardians, and if applicable, with patient
- Evidence that provider actively involved parent, guardian, teacher(s), and patient in treatment planning

Attention Deficit/Hyperactivity Disorder (ADHD): CPG



Domain 2: Therapeutic Interventions Continued

- Comorbid medical and psychiatric conditions discussed with parents, guardians, and if applicable patient
- Provider assessed if psychotherapy is indicated
- Provider prescribed a stimulant (methylphenidates and amphetamines), atomoxetine, extended release guanfacine or extended release clonidine, bupropion or tricyclic antidepressants or other agents deemed appropriate or explained why medication was not prescribed
- If provider is a physician, treatment plan explains the rationale of the selection of pharmacological intervention including risks, benefits, and side effects



Attention Deficit/Hyperactivity Disorder (ADHD): CPG

Domain 2: Therapeutic Interventions Continued

- Education delivered to parents, guardian, and if applicable, patient, about pharmacological treatment, including risks, benefits, side effects of medicine
- Parents and guardians were educated about follow up within 30 days of initial prescription and two more times within 270 days (HEDIS)
- Evidence of ongoing/continued assessment of patient response to medication, side effects, adverse effects, and any laboratory monitoring that is necessary
- Rationale for any changes in medication, if any changes or augmentation



Attention Deficit/Hyperactivity Disorder (ADHD): CPG

Domain 2: Therapeutic Interventions Continued

- If any evidence of a comorbid substance use disorder, provider developed plan to support sobriety
- If antidepressants prescribed, provider delivered education about a possible increased risk of suicidal behavior, including early warning signs
- If patient is preschool-aged (4-5 years), provider prescribed parent-and/or teacher-administered behavior therapy as first line of treatment or explained why this was not prescribed
- If patient is elementary-aged (6-11 years), provider prescribed FDA-approved medication and/or parent-and/or teacher administered behavior therapy or explained why this was not prescribed

Attention Deficit/Hyperactivity Disorder (ADHD): CPG



Domain 2: Therapeutic Interventions Continued

- If patient is adolescent (12-18 years), provider prescribed FDA-approved medication for ADHD with assent of the adolescent or explained why this was not prescribed
- If patient is adolescent, provider gave special consideration to provide medication coverage for symptom control while driving
- If behavior therapy is prescribed, ongoing assessment of treatment progress using clinical observation, interviews, and/or rating scales from parent, guardian, teacher, and if applicable, self
- If behavior therapy is prescribed, training provided to parents in specific techniques to improve their abilities to modify and shape child's behavior while improving the child's ability to regulate own behavior

Substance Use Disorder: CPG



Domain 1: Diagnostic Assessment

- HISTORY AND SYMPTOM PRESENCE AND DURATION that meets DSM-IV criteria for substance use disorder
- A CO-MORBID SUBSTANCE -INDUCED DISORDER
- OTHER PSYCHIATRIC DISORDERS that could account for the symptoms or complicate treatment
- PSYCHOSOCIAL STRESSORS
- MEDICAL CONDITIONS that may cause symptoms and/or complicate treatment

Substance Use Disorder: CPG



Domain 1: Diagnostic Assessment

- PAST AND CURRENT MEDICATIONS (abstinence aids) AND RESPONSE (including side effects)
- TREATMENT PARTICIPATION
- DANGEROUSNESS TO OTHERS
- RISK FACTORS FOR RELAPSE AND READINESS TO CHANGE
- PSYCHIATRIC REFERRAL: (If provider is a non-MD, and there is no evidence of a recent psychiatric evaluation, there is documentation of a referral for a psychiatric evaluation)

Substance Use Disorder: CPG



Domain 3: Substance Use Disorder Therapeutic Interventions Continued

- Treatment plan includes appropriate FAMILY/SUPPORT PERSON INVOLVEMENT
- Treatment plan includes MEASURABLE TARGETS for each intervention
- Treatment plan includes addressing co-morbid psychiatric disorders
- Treatment plan includes referral to self-help groups
- Delivered education about substance use disorder and its treatment to the member and the family

Substance Use Disorder: CPG



Domain 3: Substance Use Disorder Therapeutic Interventions Continued

- If a medical or psychiatric referral was made, the provider documented the results of the evaluation and any relevant adjustments to the treatment plan
- If provider is a physician, there is evidence of considering abstinence-aiding medication
- If provider is prescribing buprenorphine, there is evidence of periodic urine testing for illicit opiates
- There is evidence of attempting to collaborate with any physician prescribing pain medication in a patient abusing analgesics
- If provider finds evidence of potential relapse, provider plans interventions to address relapse
- There is evidence at every visit of assessment of progress toward goals

Legal disclaimers



Confidentiality Statement for Educational Presentations



By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Magellan Health, Inc.

The information contained in this presentation is intended for educational purposes only and is not intended to define a standard of care or exclusive course of treatment, nor be a substitute for treatment.

The information contained in this presentation is intended for educational purposes only and should not be considered legal advice. Recipients are encouraged to obtain legal guidance from their own legal advisors.

Confidentiality Statement for Providers



The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Magellan members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Magellan Health, Inc.

The information contained in this presentation is intended for educational purposes only and should not be considered legal advice. Recipients are encouraged to obtain legal guidance from their own legal advisors.

Thanks

