

The Healthcare Effectiveness Data and Information Set (HEDIS) is a widely used set of healthcare performance measures developed and maintained by the [National Committee for Quality Assurance \(NCQA\)](#). HEDIS measures relate to many significant public health issues, such as cancer, heart disease, diabetes, and behavioral health. HEDIS data can be used for a variety of purposes, including tracking improvement related to quality improvement initiatives and identifying areas of weak performance and associated opportunities for improvement. Since the measures are standardized, they can also be used to directly compare performance among different healthcare programs.

Children’s Division is presenting data on two HEDIS measures that relate to the quality of services received by Foster Care children:

The [Follow-Up Care for Children Prescribed ADHD Medication \(ADD\)](#) measure assesses children between the ages of 6-12 years who have been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and have been prescribed ADHD medications.

There are two items making up this measure: the “Initiation Phase” determines the percentage of such children with at least one follow-up visit with a practitioner with prescribing authority within thirty (30) days of their first prescription of ADHD medication. The “Continuation and Maintenance Phase” looks at the percentage of such children who remained on the medication for at least 210 days, and had at least two follow-up visits with a practitioner in the nine (9) months after the Initiation Phase.

**Follow-Up Care for Children Prescribed ADHD Medication (ADD)**

Phase	Age Group	FY2021	FY2022
Initiation	6-12	41.0%	47.6%
Continuation and Maintenance	6-12	51.3%	47.8%

The second measure is [Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics \(APP\)](#), which assesses whether children/adolescents without an indication for antipsychotic medication use had documentation of psychosocial care as first-line treatment before being prescribed an antipsychotic medication. This national measure is important because historically these medications are sometimes prescribed for nonpsychotic conditions in children when safer psychosocial interventions, such as individual therapy, should be attempted first, before trying such medications.

**Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)**

Age Group	FY2021	FY2022
1-11 (Children)	91.1%	89.4%
12-17 (Adolescents)	93.2%	88.3%
Total	92.3%	88.7%

NOTE: HEDIS specifications call for these measures to be calculated once annually, using calendar year data. As part of our settlement, we are calculating them twice a year, using a fiscal year reporting period in addition to the standard calendar year period. Any comparisons to data from other programs should use the same time period for all programs being compared.

NOTE: Due to unforeseen data system issues the percentages for FY2022 did not include claims data for December 2022. Children’s Division published a report with a disclaimer and notification that when the data was available a supplemental report would be published. Children’s Division has received the data and revised this report to include the percentages for December 2022. This report is a complete representation of FY2022.