

## 2016 ISPOR ABSTRACT

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### AN ASSESSMENT OF FOLLOW-UP VISITS AND USE OF PSYCHOSOCIAL SERVICES AMONG FOSTER AND NON-FOSTER CHILDREN STARTING ANTIPSYCHOTIC THERAPY

#### Objectives

In 2013, the National Collaborative for Innovation in Quality Measurement (NCINQ) proposed three quality measures to assess the use of needed services associated with antipsychotic medication use among children enrolled in Medicaid and CHIP programs. The measures addressed follow-up care after starting an antipsychotic (AP), psychosocial care during antipsychotic use, and metabolic monitoring. Performance on the first two proposed measures was conducted for Mississippi Medicaid beneficiaries.

#### Methods

A retrospective analysis of Mississippi Medicaid administrative claims data from January 1, 2014 through December 31, 2014 was performed. The denominator for follow-up care and access to psychosocial care measure included beneficiaries ages 0 to 20 years continuously enrolled for  $\geq 3$  months who had a new AP prescription during 2014. The numerator for the follow-up care measure included those children with one or more follow-up care visits within 30 days of new AP prescriptions. The numerator for the psychosocial care measure included beneficiaries who had received any psychosocial care during 2014.

#### Results

The denominator for follow-up visits and psychosocial care measure included 4,236 beneficiaries. Overall 56.3% of children starting antipsychotic therapy received one or more follow-up care visits. Rates for foster children (57.6%) and non-foster children (56.2%) were not significantly different. Overall 63.4% of children taking antipsychotics received some form of psychosocial care during the measurement period. Rates for foster children (63.6%) and non-foster children (60.9%) did not differ significantly.

#### Conclusions

The performance rates were not significantly different between foster and non-foster children, indicating that care for foster children is comparable to that for non-foster children. However, overall rates for both follow-up visits and access to psychosocial care services demonstrate a need for improvement in order to assure appropriate monitoring of children prescribed antipsychotics.

*Statement to be included on poster*

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