Nevada Behavioral Health Systems (NBH) monitors compliance with clinical practice guidelines at least annually. For providers/practitioners not meeting the compliance goals, NBH will provide education and training, as well as reinforce the need for compliance.

NBH monitors compliance in regard to the Assessment and Treatment of Children and Adolescents with Post Traumatic Stress Disorder by performing chart audits utilizing a standard audit tool at least annually in an effort to monitor the documentation recommendations in the clinical guidelines. The goal for all providers/practitioners is 95%.

NBH monitors compliance in regard to Treatment of Patients with Major Depressive Disorder, Adults by performing chart audits utilizing a standard audit tool at least annually in an effort to monitor the documentation recommendations in the clinical guidelines. The goal for all providers/practitioners is 95%.

NBH monitors compliance by their contracted providers/practitioners in regards to the Treatment of Opioid Use Disorder, Adults by monitoring the results of the HEDIS Pharmacotherapy for Opioid Use Disorder (POD) and performing chart audits of compliance with documentation recommendations for assessment, pharmacotherapy, and drug test monitoring. The goal for the HEDIS measure is 80%. The goal for the chart audit question is 95%.

1. **American Psychiatric Association Practice Guidelines for the Treatment of Patients with Major Depressive Disorder, Adults, Third Edition**

Scope: 18+ Years Old

* Major Depressive Disorder (DSM 5: 296.20-296.36 and ICD 10 F32.9)

Setting: Outpatient Level of Care

Evidence Found: Intake Assessments including Screening Tools and Ongoing Assessments, if applicable

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| **Questions** | **Answer Options** | **Notes** | **Reference** |
| 1. Is there documentation that CBT is being used or rationale for why it is not being offered. | Yes No |  | P17, P18 Use of a depression-focused psychotherapy alone is recommended as an initial treatment choice for patients with mild to moderate major depressive disorder, with clinical evidence supporting the use of cognitive-behavioral therapy (CBT), interpersonal psychotherapy, psychodynamic therapy, and problem-solving therapy. |
| 2. Is there documentation that an antidepressant medication is being use or it was considered and rationale for not prescribing is documented. | Yes No |  | P17 An antidepressant medication is recommended as an initial treatment choice for patients with mild to moderate major depressive disorder and definitely should be provided for those with severe major depressive disorder unless ECT is planned. |
| 3. Is there documentation that assessment complete to establish diagnosis, identify other psychiatric condition or general medical conditions. | Yes No |  | P15 Patients should receive a thorough diagnostic assessment in order to establish the diagnosis of major depressive disorder, identify other psychiatric or general medical conditions that may require attention and develop a comprehensive plan for treatment. |

1. **American Society of Addiction Medicine National Practice Guideline for the Treatment of Opioid Use Disorder**

*Scope: 18+ Years Old*

* *Opiate Use Disorder (DSM 5: 304.00 & 305.50 and ICD 10 F11.10 & F11.20)*

*Setting: Outpatient*

*Evidence Found: Intake Assessment, treatment plan*

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| **Questions** | **Answer Options** | **Notes** | **Reference** |
| 2. Is there documentation that the comprehensive assessment was completed at treatment engagement of soon after initiating treatment? | Yes No |  | P10 Comprehensive assessment of the patient is critical for treatment planning. However, completion of all assessments should not delay or preclude initiating pharmaco-therapy for opioid use disorder. If not completed before initiating treatment, assessments should be completed soon thereafter. |
| 2a. Is there documentation that patient’s psychosocial needs have been assessed and patient has been offered or referred to psychosocial treatment based on their need? | Yes No |  | P20 Patient’s psychosocial needs should be assessed, and patients should be offered or referred to psychosocial treatment based on their individual needs. However, a patient’s decision to decline psychosocial treatment or the absence of available psychosocial treatment should not preclude or delay pharmacotherapy, with appropriate medication management. |
| 2b. Is there documentation that pharmacotherapy with appropriate medication management was initiated and not delayed due to patient’s decision or availability of psychosocial treatment? | Yes No |  | P20 Patient’s psychosocial needs should be assessed, and patients should be offered or referred to psychosocial treatment based on their individual needs. However, a patient’s decision to decline psychosocial treatment or the absence of available psychosocial treatment should not preclude or delay pharmacotherapy, with appropriate medication management. |
| 3. Is there documentation that ongoing drug testing is used to monitor patient’s substance use and adherence to prescribed medication? | Yes No |  | P20 Drug testing is recommended during the comprehensive assessment process, and during treatment to monitor patients for adherence to prescribed medications and use of alcohol, illicit, and controlled  substances. |

1. **American Academy of Child and Adolescent Psychiatry** [**Practice Parameter for the Assessment and Treatment of Children and Adolescents with Post**](https://s21151.pcdn.co/wp-content/uploads/RAD-and-DSED.pdf) **Traumatic Stress Disorder**

*Scope: Under 18 Years Old with a diagnosis of Post-Traumatic Stress Disorder (PTSD)*

* + Post-Traumatic Stress Disorder (DSM 5: 309.81 and ICD 10 F43.10)

*Setting: Outpatient*

*Evidence Found: Intake Assessments*

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| **Questions** | **Answer**  **Options** | **Notes** | **Reference** |
| 1. Is there documentation that the assessment of routine screening for traumatic incidents and PTSD symptoms at intake. | Yes No |  | P418; Recommendation 1. The psychiatric assessment of children and adolescents should routinely include questions about traumatic experiences and PTSD symptoms (MS). |
| 2. Is there documentation that the clinical conducted a formal evaluation to determine presence of PTSD, severity of symptoms and degree of functional impairment. Parent or other caregivers should be included in this evaluation wherever possible. | Yes No  N/A | *\*N/A would be used if the caregivers were not present in the assessment*  *documentation.* | P418; Recommendation 2. If screening indicates significant PTSD symptoms, the clinician should conduct a formal evaluation to determine whether PTSD is present, the severity of those symptoms and the degree of functional impairment. Parents and other caregivers should be included in this evaluation whenever possible (MS). |
| 3. Is there documentation that the that Trauma-Based CBT is being used or rationale for why it is not being offered. | Yes No | Cognitive Behavioral and psychodynamic trauma- focused therapies. Eye Movement Desensitization and Reprocessing (EMDR) is included under CBT interventions. | P421 Recommendation 6. Trauma-Focused Psychotherapies Should Be Considered First-Line Treatments for Children and Adolescents With PTSD (MS). |

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| **Reference** |
| National Committee for Quality Assurance (NCQA), QI 9, Element B Performance Measurement, 2022. |