






# Antipsychotic HEDIS Measures

At ‘Ohana, we value everything you do to deliver quality care to our members – your patients. We appreciate your commitment to their positive healthcare experience. That’s why we’re asking you to join us in efforts to help improve patient outcomes and quality!

## Quality Measures

The following are quality measures relating to Antipsychotic adherence rates and metabolic screening/monitoring. The objective is to help improve and maintain your patients’ overall health.

Quality Measure	Description
 <b>Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)</b>	Assesses adults 19–64 years of age who have schizophrenia and were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.
 <b>Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b>	Assesses adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
 <b>Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)</b>	Assesses adults 18–64 years of age with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.
 <b>Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)</b>	Assesses adults 18–64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year.
 <b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</b>	Assesses the percentage of children and adolescents with ongoing antipsychotic medication use who had both blood glucose or HbA1c, and cholesterol or LDL-C during the year.

(continued)

## Action

Please screen and monitor your patients' metabolic labs (both LDL-C and Glucose Testing) annually; and follow-up with your patients regarding their Antipsychotic prescription refills.

## Rationale

- ✓ Schizophrenia is a chronic and disabling psychiatric disorder that requires ongoing treatment and monitoring. Symptoms include hallucinations, illogical thinking, memory impairment and incoherent speech.<sup>1</sup> **Medication Nonadherence is common and a major concern** in the treatment of schizophrenia. Using antipsychotic medications as prescribed reduces the risk of relapse or hospitalization.<sup>2</sup>
- ✓ Heart disease and diabetes are among the top 10 leading causes of death in the United States.<sup>3</sup> Since **persons with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes**, screening and monitoring of these conditions is important. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Addressing these physical health needs is an important way to improve health, quality of life and economic outcomes downstream.
- ✓ Antipsychotic medication prescriptions for children and adolescents have increased rapidly in recent decades.<sup>4,5</sup> **These medications can increase a child's risk for developing serious metabolic health complications<sup>6,7</sup> associated with poor cardiometabolic outcomes in adulthood.**<sup>8</sup> Given these risks and the potential lifelong consequences, metabolic monitoring is important to ensure appropriate management of children and adolescents on antipsychotic medications.

## Other Considerations

- Conduct a thorough physical exam of your patient.
- In addition to ordering annual LDL-C labs and Glucose Testing, monitor patients' weight, evaluate for movement disorders (extrapyramidal syndrome), and check for any medication side effects.
- When doses are being adjusted or if therapy is being discontinued, please remember to titrate medication accordingly.
- Ensure patients have been appropriately evaluated and diagnosed, and an alternative course of treatment does not exist.
- Collaborate with and refer patients to mental health specialists/providers.
- Discuss with your patient why it's important to keep taking medication even if they begin feeling better.



**We recognize that you are best qualified to evaluate the potential risks versus benefits in choosing the most appropriate medications for your patients.**

### References:

1. American Psychiatric Association. Schizophrenia Fact Sheet. [http://www.dsm5.org/Documents/Schizophrenia\\_Fact\\_Sheet.pdf](http://www.dsm5.org/Documents/Schizophrenia_Fact_Sheet.pdf).
2. Busch, A.B., A.F. Lehman, H. Goldman, & R.G. Frank. 2009. "Changes over time and disparities in schizophrenia treatment quality." *Med Care* 47(2), 199–207.
3. Murphy, S.L., J.Q. Xu, J.D. Kochanek. March 1, 2013. "Deaths: final data for 2010." *Morbidity and Mortality Weekly Report (MMWR)*. 62(08):155 [http://www.cdc.gov/nchs/data/dvs/deaths\\_2010\\_release.pdf](http://www.cdc.gov/nchs/data/dvs/deaths_2010_release.pdf)
4. Patten, S.B., W. Waheed, L. Bresee. 2012. "A review of pharmacoepidemiologic studies of antipsychotic use in children and adolescents." *Canadian Journal of Psychiatry* 57:717–21.
5. Cooper, W.O., P.G. Arbogast, H. Ding, G.B. Hickson, D.C. Fuchs, and W.A. Ray. 2006. "Trends in prescribing of antipsychotic medications for US children." *Ambulatory Pediatrics* 6(2):79–83.
6. Correll, C. U., P. Manu, V. Olshanskiy, B. Napolitano, J.M. Kane, and A.K. Malhotra. 2009. "Cardiometabolic risk of second-generation antipsychotic medications during first-time use in children and adolescents." *Journal of the American Medical Association*
7. Andrade, S.E., J.C. Lo, D. Roblin, et al. December 2011. "Antipsychotic medication use among children and risk of diabetes mellitus." *Pediatrics* 128(6):1135–41.
8. Srinivasan, S.R., L. Myers, G.S. Berenson. January 2002. "Predictability of childhood adiposity and insulin for developing insulin resistance syndrome (syndrome X) in young adulthood: the Bogalusa Heart Study." *Diabetes* 51(1):204–9.