

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

New Directions Behavioral Health® is committed to working with participating physicians to improve the quality of care for members. To evaluate performance on important care and service measures, we use the Healthcare Effectiveness Data and Information Set (HEDIS®) tool developed by the National Committee for Quality Assurance (NCQA®). This bulletin provides information about a HEDIS measure concerning the importance of monitoring children and adolescents treated with antipsychotic medication to help avoid metabolic health complications such as weight gain and diabetes.

Antipsychotic medication prescribing in children and adolescents has increased rapidly in recent decades.^{1,2} These medications can increase a child's risk for developing serious metabolic health complications^{3,4} associated with poor cardiometabolic outcomes in adulthood.⁵ Given these risks and the potential lifelong consequences, metabolic monitoring is important to ensure appropriate management of children and adolescents on antipsychotic medications.

Meeting the Measure: Measurement Year 2022 HEDIS® Guidelines

Assesses the percentage of children and adolescents 1–17 years of age with ongoing antipsychotic medication use who had metabolic testing during the calendar year.

Three rates are reported:

Children and adolescents on antipsychotics who received blood glucose testing.

Children and adolescents on antipsychotics who received cholesterol testing.

Children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

Ongoing antipsychotic medication use means two or more antipsychotic prescriptions of the same or different medications, on different dates of service during the calendar year

Measure does not apply to members in hospice.

Blood Glucose Testing

At least one test for blood glucose or HbA1c during the calendar year.

Cholesterol Testing

Members who received at least one test for LDL-C or cholesterol during the calendar year.

Note:

- It is enough to show that the tests were completed. It is not required to have the results or findings.

You Can Help

- Document blood glucose and cholesterol testing completion, lab results and any action that may be required.
- Monitor children on antipsychotic medications to help to avoid metabolic health complications. Monitor the glucose and cholesterol levels.
- Establish a baseline and continuously monitor glucose and cholesterol levels.
- Emphasize the importance of consistency and adherence to the medication regimen.
- Advise the member and significant others of side effects of medications, and what to do if side effects are severe and can potentially result in lack of adherence to the treatment plan and medication regimen.
- Reinforce the treatment plan and evaluate the medication regimen considering presence/absence of side effects etc.
- Before scheduling an appointment, verify with the member that it is a good fit considering things like transportation, location and time of the appointment.
- Make sure that the member has regular appointments with a practitioner with prescribing authority and preferably with a psychiatrist.
- Engage parents/guardian or significant others in the treatment plan. Advise them about the importance of treatment and attending appointments.
- Talk frankly about the importance of follow-up to help the member engage in treatment.
- Identify and address any barriers to member keeping appointment.
- Provide reminder calls to confirm appointment.
- Reach out proactively within 24 hours if the member does not keep scheduled appointment to schedule another.
- Providers should maintain appointment availability for members prescribed antipsychotic medication.
- Care should be coordinated between providers. Encourage communication between the behavioral health providers and Primary Care Physician (PCP).
- Transitions in care should be coordinated between providers. Ensure that the care transition plans are shared with the PCP.
- Instruct on crisis intervention options.
- Provide timely submission of claims with correct service coding, medication name, name of lab test and diagnosis.

New Directions is Here to Help

For providers calling New Directions -

If you need to refer a member or receive guidance on appropriate services, please call:

- New Directions Behavioral Health at (888) 611-6285
- Florida providers call (866) 730-5006

For providers directing members to call New Directions -

- Behavioral healthcare coordination and referrals 24 hours a day, call toll-free (800) 528-5763.

References:

1. 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.
2. 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.
3. 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*
4. 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.
5. 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.
6. NCQA: <https://www.ncqa.org/hedis/measures/metabolic-monitoring-for-children-and-adolescents-on-antipsychotics/>