

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

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 members with schizophrenia adhering to their antipsychotic medications.

Schizophrenia is a chronic and disabling psychiatric disorder that requires ongoing treatment and monitoring. Symptoms include hallucinations, illogical thinking, memory impairment and incoherent speech.¹ 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.²

Meeting the Measure: Measurement Year 2022 HEDIS® Guidelines

Assesses adults 18 years of age and older who have schizophrenia or schizoaffective disorder and were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

One rate is reported:

Adult members 18 years of age who have schizophrenia or schizoaffective disorder and were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period

Measure does not apply to members with a diagnosis of dementia or in hospice. Does not apply to Medicare members 66 years of age and older who either enrolled in an Institutional Special Needs Plan (I-SNP) or are long-term institution residents. Does not apply to members 66 to 80 years of age with both frailty and advanced illness.

Member must have at least two antipsychotic medication dispensing events.

The treatment period is the time between the members earliest prescription dispensing date for any antipsychotic medication through Dec. 31st of the same year.

Members can be identified from treatment in the following settings with a diagnosis of schizophrenia or schizoaffective disorder:

- At least 1 acute inpatient admission
- At least 2 treatment days or visits for:
 - Residential
 - Observation visit
 - Partial hospitalization
 - Intensive outpatient
 - Outpatient
 - Behavioral health outpatient
 - Community mental health center
 - Electroconvulsive therapy

- Emergency Department visit
- Telehealth
- A telephone visit (Telephone Visits Value Set).
- Online Assessment (e-visit or virtual check-in)

You Can Help

- Document medications and diagnoses.
- Before prescribing an antipsychotic medication, assess the member's treatment and medication history.
- Prescribe antipsychotic medication for Food and Drug Administration (FDA) approved diagnoses.
- For members taking antipsychotic medication
 - Educate member about the risks associated with antipsychotic medications and cardiovascular disease and the importance of a healthy lifestyle.
 - Emphasize the importance of consistency and adherence to the medication regimen.
 - Medication reminders: Possible reminder methods may include text messages, phone calls (live or automated), member placing notes around the house, and pillboxes that indicate the appropriate times to take medications.
 - 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.
 - Identify and address any barriers to medication adherence.
- Assess the need for Case Management and refer if necessary.
- Care should be coordinated between providers. Encourage communication between the behavioral health providers and Primary Care Physician (PCP).
- Assist member with coordination of care with appropriate referrals and scheduling.
- Talk frankly about the importance of treatment to help the member engage in treatment.
- Make sure that the members prescribed an antipsychotic medication have appointments scheduled.
- Before scheduling an appointment, verify with the member that it is a good fit considering things like transportation, location and time of the appointment.
- 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.
- Engage significant others in the treatment plan.
- Providers maintain appointment availability for members prescribed an antipsychotic medication.
- Instruct on crisis intervention options.
- Provide timely submission of claims with correct service coding, medication name, 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.

Reference:

1. American Psychiatric Association. Schizophrenia Fact Sheet.
[HTTPS://WWW.PSYCHIATRY.ORG/FILE%20LIBRARY/PSYCHIATRISTS/PRACTICE/DSM/APA_DSM-5-SCHIZOPHRENIA.PDF](https://www.psychiatry.org/file%20library/psychiatrists/practice/dsm/apa_dsm-5-schizophrenia.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. NCQA: <https://www.ncqa.org/hedis/measures/adherence-to-antipsychotic-medications-for-individuals-with-schizophrenia/>