

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 2021 HEDIS® Guidelines

HEDIS Description

The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

Three rates are reported:

Blood Glucose Testing: The percentage of children and adolescents on antipsychotics who received blood glucose testing.

Cholesterol Testing: The percentage of children and adolescents on antipsychotics who received cholesterol testing.

The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

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



- EKG monitoring recommended for members on antipsychotics as all antipsychotics are associated with prolongation of QTc interval.
- Document blood glucose and cholesterol testing completion, lab results and any action that may be required.
- Monitor the members weight and blood pressure for significant changes.
- Monitor children on antipsychotic medications to help to avoid metabolic health complications. Monitor the glucose and cholesterol levels.
- Establish a baseline and episodically monitor glucose and cholesterol levels.
- Emphasize the importance of consistency and adherence to the medication regimen.
- Educate the member and the parents/guardians/family/support system and/or significant
 others about side effects of medications and what to do if side effects appear. Reinforce
 the treatment plan and evaluate the medication regimen considering presence/absence
 of side effects potential costs, clear written instructions for medication schedule 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/family/support system and/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 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, including specific contact information, specific facilities, etc.
- Provide timely submission of claims.

New Directions is Here to Help

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

Alabama: 855-339-8558	Kansas: 800-952-5906	Michigan: 800-762-2382
Arkansas: 816-523-3592	Kansas City Mindful: 800-528-5763	Michigan GM: 877-240-0705
Florida: 866-730-5006	Louisiana: 877-207-3059	Michigan URMBT: 877-228-3912

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.



ndbh.com

- 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.