

## 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.<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>

### Meeting the Measure: Measurement Year 2021 HEDIS® Guidelines

#### HEDIS Description

One rate is reported:

The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who 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 December 31 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
  - Outpatient office-based care
  - Behavioral health outpatient office-based care
  - Intensive outpatient
  - Partial hospitalization
  - Community mental health center
  - Electroconvulsive therapy

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

Note: Check with member's health plan for specific coverage for these levels of care.

## You Can Help

- EKG monitoring recommended for members on antipsychotics as all antipsychotics are associated with prolongation of QTc interval.
- Monitor the members weight and blood pressure for significant changes.
- Document medications and diagnoses.
- Before prescribing an antipsychotic medication, assess the member's treatment and medication history.
- Prescribe antipsychotic medication for FDA approved diagnoses.
- Educate member about the risks associated with antipsychotic medications, metabolic syndrome 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.
- Educate the member and the parents/guardians/family/support system and/or significant others about side effects of medications, including the risk of addiction 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.
- Identify and address any barriers to medication adherence.
- Engage parent/guardian/family/support system and/or significant others in treatment planning.
- Assess the need for Case Management and refer if necessary.
- Care should be coordinated between providers. Encourage communication between the behavioral health providers and 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.
- Providers maintain appointment availability for members prescribed an antipsychotic medication.
- 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

### 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/>