

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

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 diabetes screening for members who were prescribed an antipsychotic.

Diabetes is among the top 10 leading causes of death in the United States.¹ Because persons with serious mental illness who use antipsychotics are at increased risk of diabetes, screening and monitoring of this condition is important. Lack of appropriate care for diabetes for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Addressing this physical health need is an important way to improve health, quality of life and economic outcomes downstream.

Meeting the Measure: Measurement Year 2021 HEDIS® Guidelines

HEDIS Description

One rate is reported:

The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Measure does not apply to members who are diabetic or in hospice.

Schizophrenia, schizoaffective disorder or bipolar disorder can be identified from treatment in the following settings:

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

Diabetes Screening

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

Note:

- It is enough to show that the test was 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 all elements of diagnostic evaluation, including medications and diagnoses.
- Document blood glucose testing completion, lab results and any action that may be required.
- Before prescribing an antipsychotic medication, assess the member's treatment and medication history.
- Determine member's diagnoses.
- Prescribe antipsychotic medication for FDA approved diagnoses.
- Ensure members schedule appropriate lab screenings
- Ensure member is aware of the risk of diabetes and have awareness of the symptoms of new onset diabetes while taking antipsychotic medication
- Educate member about the risks associated with antipsychotic medications, metabolic syndrome and cardiovascular disease and the importance of a healthy lifestyle.
- Establish a baseline and episodically monitor weight, blood pressure, blood glucose and cholesterol levels as documented in the treatment plan.
- 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.
- 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.
- Transitions in care should be coordinated between providers. Ensure that the care transition plans are shared with the PCP.
- 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. 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 https://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf
2. NCQA: <https://www.ncqa.org/hedis/measures/diabetes-and-cardiovascular-disease-screening-and-monitoring-for-people-with-schizophrenia-or-bipolar-disorder/>