

Heart disease and diabetes are among the top 10 leading causes of death in the United States. Because persons with serious mental illnesses who use antipsychotics have increased risks of cardiovascular disease and diabetes, metabolic screening and monitoring of these conditions is important. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications may lead to increased morbidity and mortality. Addressing these physical health needs is an important way to improve health, quality of life, and economic outcomes.

CBH's goal is to ensure that members with serious mental illnesses receive recommended diabetes and cardiovascular disease screenings and monitoring. One such way to accomplish this goal is to adhere to best practices endorsed by the [National Committee for Quality Assurance](#) (NCQA) and/or the Commonwealth of Pennsylvania Department of Human Services. Both organizations establish performance measures designed to make meaningful differences in members' lives.

Providers may use these measures as a tool to ensure timely and appropriate care for their members, identify and address member gaps in care, and facilitate quality improvement.

References:

Psychiatric Times. [Metabolic Monitoring of Antipsychotic Medications: What Psychiatrists Need to Know.](#)
[National Vital Statistics Reports, Volume 61, Number 6, 10/10/2012.](#)

Best Practices

- ➔ Create a registry with laboratory data.
- ➔ Medication reconciliation at each visit promotes safety by minimizing errors of duplication.
- ➔ Shared decision-making via [the SHARE Approach](#) techniques foster a meaningful treatment plan.
- ➔ Consider alternatives to antipsychotic medications.
- ➔ Measures that require Labs (HPCMI-AD, SMC, SMD, SSD)
- ➔ Increase collaboration between physical health and behavioral health providers.
- ➔ Psychiatrists who initiate psychotropic medications inform the primary care provider of the prescription(s), order the labs, and assure that a copy of the results is sent to primary care provider.
- ➔ Assist patients with scheduling the lab work-up four months after the start of antipsychotic medications (HbA1c and Lipids) and at least annually thereafter.

Diagnoses Associated with this Measure

- ➔ [F20] Schizophrenia
- ➔ [F25] Schizoaffective Disorders
- ➔ [F30] Manic Episode
- ➔ [F31] Bipolar Disorder
- ➔ [F32] Major Depressive Disorder, Single Episode
- ➔ [F33] Major Depressive Disorder, Recurrent
- ➔ [F34] Persistent Mood [Affective] Disorder
- ➔ [F39] Unspecified Mood [Affective] Disorder
- ➔ [F29] Unspecified psychosis not due to a substance or known physiological condition
- ➔ [F60.3] Borderline Personality Disorder

Resources

- ➔ [CBH: HEDIS Tip Sheets](#)
- ➔ [CBH: Pharmacy Resources for Members](#)
- ➔ [CBH: Pharmacy Resources for Providers](#)
- ➔ [CBH: Integrated Care Plan Resources for Members](#)
- ➔ [NCOA Behavioral Health Resource Center](#)
- ➔ [AHA/ASA Journals: Harmonizing the Metabolic Syndrome](#)
- ➔ [AHRQ: The SHARE Approach](#)

Screening for Metabolic Syndrome Components Based on [APA Clinical Practice Guideline for the Treatment of Patients with Schizophrenia](#)

Parameter	Suggested Frequency
Metabolic syndrome <i>(currently defined as presence of at least 3 of the following 5 risk factors: elevated waist circumference; elevated triglycerides; reduced HDL-C; elevated blood pressure; and elevated fasting glucose)</i>	Determine if metabolic syndrome criteria are met at 4 months after initiating a new antipsychotic and at least annually thereafter
Vital signs (pulse, blood pressure, temperature)	As clinically indicated
Body weight, height, and Body Mass Index (BMI)	BMI every visit for 6 months and at least quarterly after
Diabetes (screening for diabetes risk factors, fasting blood glucose)	Fasting blood glucose or hemoglobin A1C at 4 months after initiating a new treatment and at least annually after
Hyperlipidemia (lipid panel)	Lipid panel at 4 months after initiating a new antipsychotic medication and at least annually thereafter

HEDIS and PPM Quality Measures

Measure	Description of Measure (Jan 1 – Dec 31)
SMC: Cardiovascular Monitoring for People with Cardiovascular Disease and Serious Mental Illness	Percentage of members age 18-64 with SMI and cardiovascular disease who had an LDL-C test during the measurement year
HPCMI-AD: Diabetes Care for People with Serious Mental Illness: Glycemic Status > 9.0%	Percentage of members age 18-75 with SMI who have diabetes (type 1 and type 2) whose most recent HbA1c in the measurement year is in poor control
SSD: Diabetes Screening for People with Serious Mental Illness (SMI) Who Are Using Antipsychotic Medications	Percentage of members age 18-64 with SMI who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year
SMD: Diabetes Monitoring for People with Diabetes and Schizophrenia	Percentage of members age 18-64 with SMI and diabetes who had both an LDL-C and HbA1c test during the measurement year
SAA: Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Adults age 18+ who have schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period

Lab Coverage Information

Health Plan	Laboratory Provider
Community Behavioral Health	Atlantic Diagnostic Laboratories Parkway Clinical Laboratories
Jefferson Health Plans	Quest Diagnostics
Keystone First	LabCorp
United Healthcare	LabCorp Quest Diagnostics
Gelsinger	LabCorp Quest Diagnostics Jefferson Health
PA Health and Wellness	LabCorp Quest Diagnostics
UPMC	Quest Diagnostics

Disclaimer: The information contained in this tip sheet is for educational and informational purposes only. The clinical services described in this tip sheet may not be covered for all CBH enrollees. To find out about what services are available to you under the CBH benefit package, please contact CBH Provider Operations at 215-413-3100.