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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: *psychiatrictimes.com/view/metabolic-monitoring-antipsychotic-medications-what-psychiatrists-need-know*
cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf

Best Practices

➡ Create a registry with laboratory data.

➡ Medication reconciliation at each visit promotes safety by minimizing errors of duplication.

➡ Shared decision-making techniques foster a meaningful treatment plan:
ahrq.gov/health-literacy/professional-training/shared-decision/tools/factsheet.html

➡ Consider alternatives to antipsychotic medications.

➡ Measures that require Labs (HPCMI, 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

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Lab Monitoring Recommendations

Parameter	Suggested Frequency
Personal and Family History (Obesity, Diabetes, Dyslipidemia, Hypertension, Coronary Heart Disease)	Annually
Height, Weight, BMI	Every 4 weeks for the first 12 weeks, then every 3 months
Waist Circumference	Annually
Blood Pressure, Pulse, Fasting Blood Glucose, Lipid Profile	12 weeks, then annually

After baseline metabolic parameters are obtained, the suggested frequency of metabolic lab monitoring for patients who take antipsychotic medications may change. **psychiatrictimes.com/view/metabolic-monitoring-antipsychotic-medications-what-psychiatrists-need-know**

HEDIS and PPM Quality Measures

Measure	Description of Measure (Jan 1 – Dec 31)
Cardiovascular Monitoring for People with Cardiovascular Disease and Serious Mental Illness (SMC)	Percentage of members age 18-64 with SMI and cardiovascular disease who had an LDL-C test during the measurement year
Comprehensive Diabetes Care for People with Serious Mental Illness: Hemoglobin a1c (HbA1c) Poor Control (>9.0%) (HPCMI)	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
Diabetes Screening for People with Serious Mental Illness (SMI) Who Are Using Antipsychotic Medications (SSD)	Percentage of members age 18-64 with SMI who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year
Diabetes Monitoring for People with Diabetes and Serious Mental Illness (SMD)	Percentage of members age 18-64 with SMI and diabetes who had both an LDL-C and HbA1c test during the measurement year
Adherence to Antipsychotic Medications for Individuals with Schizophrenia Rate (SAA)	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

Reference: **ncqa.org/hedis/measures/diabetes-and-cardiovascular-disease-screening-and-monitoring-for-people-with-schizophrenia-or-bipolar-disorder/**

Lab Resources

Managed Care Organizations	Contracted Laboratory Providers
Community Behavioral Health	Atlantic Diagnostics	Parkway Clinical Laboratories
Jefferson Health Plans	Quest Diagnostics
Keystone First	LabCorp
United Healthcare	LabCorp	Quest Diagnostics
Geisinger	LabCorp	Quest Diagnostics	Jefferson Health
PA Health and Wellness	LabCorp	Quest Diagnostics
UPMC	Quest Diagnostics

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