Anthem Blue Cross and Blue Shield Medicaid | Ohio Medicaid Managed Care

Metabolic monitoring for children and adolescents on antipsychotic medication:

Performance improvement project 2023 to 2024

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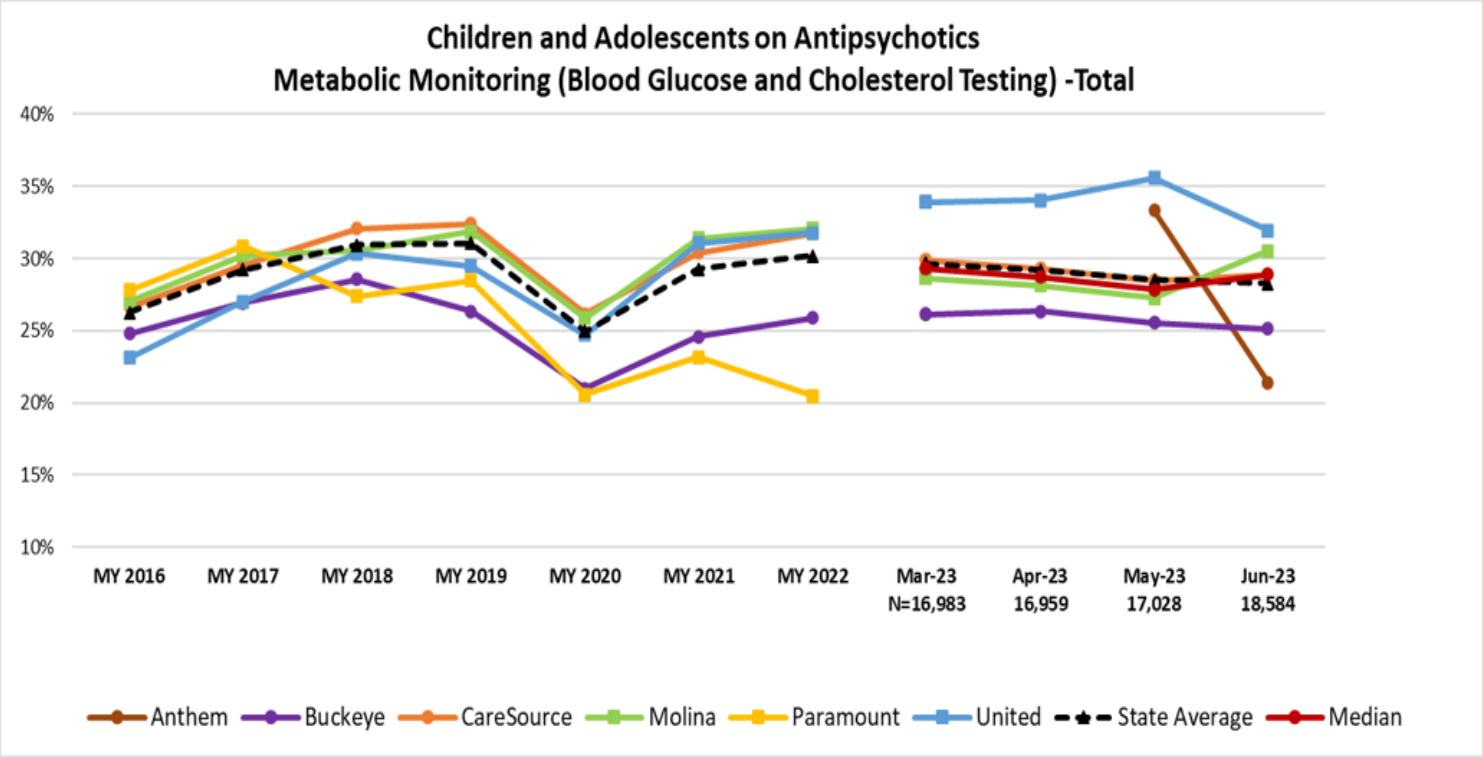
Anthem

Why metabolic monitoring?



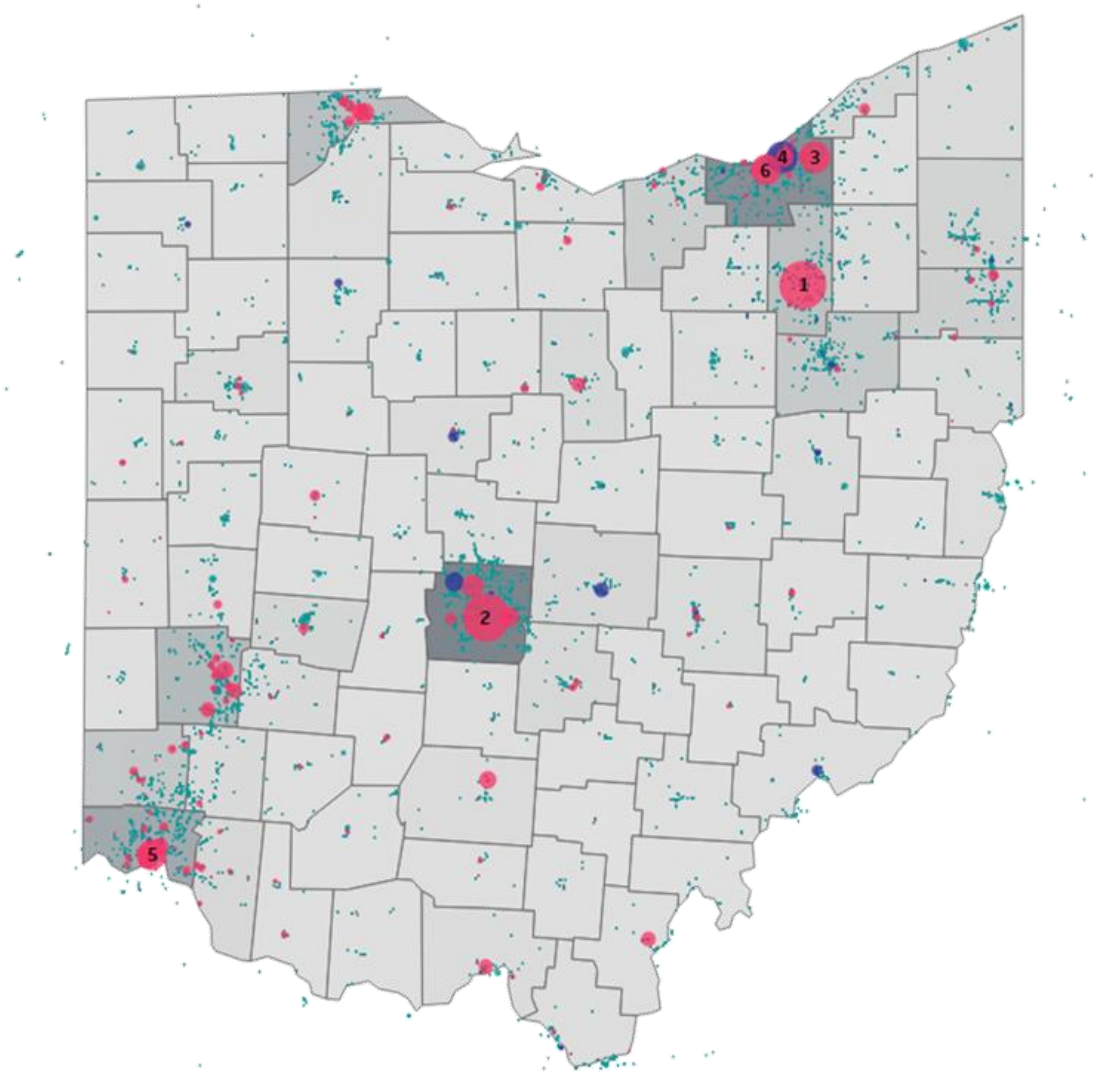
The percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing (blood glucose and cholesterol testing) in the measurement year.

Antipsychotic prescribing for children and adolescents has increased rapidly over the last decade. These medications can elevate a child's risk for developing serious metabolic health complications and are associated with poor cardiometabolic outcomes into adulthood. With risks of lifelong consequences, metabolic monitoring (blood glucose or HbA1c and cholesterol testing) is an important component of ensuring the appropriate management of children and adolescents on antipsychotic medications.

*Performance data provided by The Ohio Department of Medicaid
Metabolic Monitoring for Children and Adolescents on Antipsychotics - NCQA

Distribution of Children by Practice Type and County

FY2022



Approximate population health numbers:

- 1.5 M youth in Medicaid
- 791K youth in CPC kids
- 420K youth have a BH diagnosis (28%)
- 181K youth on any BH medication (12%)
- 24K youth have had at least 1 antipsychotic Rx (22K >2)
- 23K youth in ED for BH reasons (2%)
- 10K youth with BH inpatient stays (1%)

Largest Providers

1	CHMCA PHYSICIAN BILLING	0693996	109,432
2	NATIONWIDE CHILDRENS HOSPITAL	1473276	107,547
3	UNIVERSITY PRIMARY CARE PRACTICES INC	2198769	52,236
4	THE CLEVELAND CLINIC FOUNDATION	1563562	48,604
5	CHILDRENS HOSP MED CTR PHY BILL	0307822	45,190
6	THE METROHEALTH SYSTEM	2187708	44,311

Number of Youth at Practice (dot-size)

1

20,000

40,000

60,000

80,000

109,432

Practice Type (dot color)

- CPC Pediatric
- CPC Non-pediatric
- Non-CPC Primary Care

Number of Youth by County (Gray county gradient)

21 — 179,260

*Content shared by The Ohio Department of Medicaid

Antipsychotic metabolic monitoring (Cholesterol and blood glucose testing)

Specific **M**easurable **A**chievable **R**elevant and **T**imebound (SMART) aim

SMART aim will be stratified to allow identification of OhioRISE members

To increase the percentage of 1-to 17-year-olds with two or more antipsychotic prescriptions[1] who receive metabolic monitoring[2] **28.86%** to **39.01%** by December 31, 2024.[3,4]

[1] At least two antipsychotic medication dispensing events of the same or different medications on different dates of service during the measurement year

[2] Metabolic monitoring for the purpose of this project is defined as the receipt of **both** blood glucose and cholesterol testing on the same or different dates of service

[3] Based on claims data

[4] Disparity focus—data will be stratified by subpopulation (for example, race, rural/urban, lower OI)

Voice of the customer

Provider/stakeholders:

- Transportation for patients
- Not aware of metabolic monitoring best practice
- Family doesn't understand importance of testing
- Staffing challenges
- Child refusal/fear/behavioral concerns
- Lack of time during appointments/competing priorities
- BH to PH provider intra-coordination
- Clarity of responsibility
- Missed appointments
- Caregiver availability
- Forgetfulness
- Concerns of how to manage abnormal results
- Lack of consistent informed consent

Families:

- Reliable transportation
- Provider didn't communicate need for metabolic monitoring
- Time constraints, school, and work conflicts
- Inconvenient lab hours
- Difficulty getting/scheduling an appointment
- Early appointments when fasting is required/forgot to fast
- Fear of needles
- Lack of trauma informed staff at labs
- Child has special needs
- Competing priorities

Identified key drivers and active interventions

Intra-physician and pharmacy coordination and data flow

Convenient access to testing

Effective communication between providers and members

Trauma informed care

Evidence and best practice-based care

Engaged and Informed Providers

Effective care management

Equitable access to care

Reliable and Accessible transportation

- Pop up notifications for labs at the pharmacy
- Partner with school-based health
- Text messaging reminders to patients about their labs
- Education for member and provider facing teams for APMM and supporting families
- Include pharmacy/pharmacist in MBR education including requirements
- Case management will coordinate/schedule lab draw
- Identify top prescribers and outreach/educate
- Provide incentives for the child at the testing site
- Improve access to point of care testing through mail or at pharmacies

How can you help?

- ❑ Volunteer as a PIP subject matter expert:
  - Help us identify additional barriers to metabolic monitoring from your perspective
  - Meet with our team to discuss successful, or historically unsuccessful, processes within your practice to identify, educate, and order/manage metabolic monitoring labs for your patients (ages 1 to 17) on antipsychotic medication
- ❑ Partner with us on an intervention so we can assist your practice in identifying and outreaching patients on antipsychotic medication in need of metabolic monitoring.
- ❑ Do you have additional key drivers or intervention ideas?
- ❑ Recommend a practice/provider who is close to this work and may be interested in contributing to the project.

*Please reach out to nora.trimboli@anthem.com for more information

Additional resources

Monitoring guidelines for most atypical antipsychotics (not clozapine):

	Baseline	3 mo. after starting	6 monthly	Annually
CBC/diff	X			X
Fasting **BMP** (incl. glucose)	X			X
Fasting **Glucose**			X	
LFTs	X	X		X
Fasting Lipid Panel	X		X	X
Height/weight/BMI	X	X	X	X
HR/BP	X	X		X
AIMS (for tardive dyskinesia)	X	X		X

Prolactin	EKG
Recommendations vary: Consider checking at baseline and q6months if taking **risperidone/paliperidone** or symptomatic (breast enlargement, nipple discharge, changes in menstruation and sexual functioning);	Check if: 1) fam hx of prolonged QT or sudden cardiac death in 1st-degree relatives 2) personal hx of murmur, arrhythmia, tachycardia at rest, dizziness/syncope on exertion 3) co-treatment with another QTc-prolonging med

Also: consider **insulin** and **hemoglobin A1C** and obtain **vitamin B12** level if on or considering metformin.

[Anti-Psychotics | Ohio Minds Matter]

Management

Monitor for:

- ✓ > 5% weight gain from baseline*
- ✓ Worsening hyperglycemia**
- ✓ Worsening dyslipidemia

- ➢ Consult ordering prescriber **or** consider switching to SGA associated with decreased metabolic disturbances. Consider medical management of metabolic disturbance if switch not clinically appropriate.

*Outside of expected growth and development
**In cases of severe hyperglycemia (≥300mg/dL) or hypoglycemia (≤ 60mg/dL), seek immediate care or consultation

References:
American Diabetes Association. (2004). Consensus development conference on antipsychotic drugs and obesity and diabetes. Diabetes care, 27(2), 596-601. Healthcare Effectiveness Data and Information Set (HEDIS). (2020). Metabolic Monitoring for Children and Adolescents on Antipsychotics. National Committee for Quality Assurance. Zhang, Y., et al. (2017). The metabolic side effects of 12 antipsychotic drugs used for the treatment of schizophrenia on glucose: a network meta-analysis. BMC psychiatry, 17(1), 373. Walkup, J. (2009). Practice parameter on the use of psychotropic medication in children and adolescents. Journal of the American Academy of Child & Adolescent Psychiatry, 48(9), 961-973.

Resources for providers

- ➢ Atypical Oral Antipsychotic Medications.pdf (ohiomindsmatter.org)
- ➢ Ohio Medicaid Pharmacy Program
- ➢ W270749 PFK_APM Lab Updated Monitoring Tool_2021.pdf
- ➢ Guidance on Strategies to Promote Best Practice in Antipsychotic Prescribing for Children and Adolescents (samhsa.gov)
- ➢ Anti-Psychotics | Ohio Minds Matter
- ➢ Antipsychotic Prescribing for Children and Adolescents
- ➢ Practice Parameter for the Use of Atypical Antipsychotic Medications in Children and Adolescents
- ➢ Atypical Antipsychotic Medications: Use in Pediatric Youths
- ➢ Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care

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