HEDIS® Tip Sheet

Effectiveness of Care Measure

Learn How to Address Medical Needs for Patients with SPMI

Use this tip sheet to review key details of the measures, best practices and resources for the severe and persistent mental illness (SPMI) HEDIS measures below.

Patients diagnosed with schizophrenia are at greater risk of metabolic syndrome and heart diseases due to their serious mental illness.[1] They are also inclined to have higher levels of blood cholesterol and receive less treatment.[2]

Antipsychotic medications elevate patient risk for diabetes, elevated blood cholesterol levels and metabolic syndrome.[1, 3] The elevated risk affirms the need to screen and monitor for heart conditions and diabetes through screenings and monitoring tests.[1, 2, 3]

Measures	**Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)**	The percentage of members ages 18–64 with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening during the calendar year.
	Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	The percentage of members ages 18–64 with schizophrenia or schizoaffective disorder and diabetes, who had both an LDL-C test and an HbA1c test during the calendar year.
	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	The percentage of members ages 18–64 with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the calendar year.
Exclusions	**SSD, SMD, and SMC**	• Patients in hospice or using hospice services anytime during the measurement year.
	SSD	• Patients diagnosed with diabetes, based on claim/encounter data or pharmacy data. • Patients who had no antipsychotic medications dispensed during the calendar year.
	SMD	• Patients who did not have a diagnosis of diabetes during the calendar year or prior year. • Patients who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes during the calendar year or prior year.

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Learn How to Address Medical Needs for Patients with SPMI (continued)

Antipsychotic medications[4]	**Diverse antipsychotic agents**	• Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine	• Haloperidol • Iloperidone • Loxapine • Lurasidone • Molindone	• Olanzapine • Paliperidone • Quetiapine • Risperidone • Ziprasidone
	Phenothiazine antipsychotics	• Chlorpromazine • Fluphenazine	• Perphenazine • Prochlorperazine	• Thioridazine • Trifluoperazine
	Thioxanthenes	• Thiothixene		
	Long-acting injections	• Aripiprazole • Fluphenazine decanoate • Haloperidol decanoate	• Olanzapine • Paliperidone palmitate • Risperidone	

Best practices

- Review the monitoring methods below for patients on second-generation antipsychotics (SGA).[5]
- The Consensus Development Process (CDP)[5] also recommends:
  - Patient, family and caregiver education.
  - Refer to specialized services when needed.
  - When prescribing an SGA, perform a baseline screening and monitor the prospect for developing heart disease, diabetes or other diabetes issues.
- When clinically appropriate, prescribe or switch patients to medications with lower metabolic risk. The side effects table below determines which medication has lower risk and maintains clinical stability.[6]
- The Plan recommends partnering with the member to call behavioral health services to **find an available behavioral health provider.** Refer to the number found on the back of the member's ID card. Or, call 844-966-0298.
- Refer to the side effects on the antipsychotic medication table from the National Institutes of Health.

Endorsed screening and schedule[5]

Metric type	Scheduling guidance		
Personal/family medical history	• Baseline	• Yearly	
Weight	• Baseline	• At four weeks, eight weeks and 12 weeks	• Quarterly
Waist circumference	• Baseline	• Yearly	
Blood pressure	• Baseline	• At 12 weeks	• Yearly
Fasting plasma glucose	• Baseline	• At 12 weeks	• Yearly – Measure fasting plasma glucose level is preferred; however, the measure of hemoglobin A1c is common if a fasting plasma glucose test is not feasible.
Fasting lipid profile	• Baseline	• At 12 weeks	• Every five years

(continued)

Antipsychotic medication side effects[6, 7]

Class	Generic name	Metabolic abnormalities††	Drug-induced movement disorders (Tardive dyskinesia)†††	Hyperprolactinemia
Second generation antipsychotics (SGA) or atypical	Aripiprazole	Minimal risk	Low risk	Minimal risk
	Asenapine	Unknown	Unknown	Unknown
	Clozapine	High risk	Minimal risk	Minimal risk
	Iloperidone	Unknown	Unknown	Unknown
	Lurasidone	Unknown	Unknown	Unknown
	Olanzapine†	High risk	Low risk	Low risk
	Paliperidone†	Moderate risk	Moderate risk	High risk
	Quetiapine†	Moderate risk	Low risk	Low risk
	Risperidone†	Moderate risk	Moderate risk	High risk
	Ziprasidone	Minimal risk	Low risk	Low risk
Commonly used first generation antipsychotics	Chlorpromazine	High risk	Low risk	Moderate risk
	Fluphenazine†	Low risk	High risk	High risk
	Haloperidol†	Low risk	High risk	High risk
	Perphenazine	Moderate risk	Moderate risk	Moderate risk

†Long-acting injectables may have the same side effect profile as the oral preparations. Some advantages for long-acting preparations due to more uniform serum concentrations may be possible.[6]

††Given the significant overlap in risk, weight gain, lipid abnormalities and diabetes combined into one category.[6]

†††Refers to drug-induced movement disorders. Tardive dyskinesia refers to involuntary movements affecting orofacial and tongue muscles.[7]

Diabetes and cardiovascular test codes

Screening/test type	Measure	CPT	CPT-CAT-II
Glucose lab test	SSD	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951	N/A
HbA1c lab test, test result or finding	SMC, SMD	83036, 83037	3044F, 3046F, 3051F, 3052F
LDL-C lab test	SMC, SMD	80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F

[1]Cohn, T., D. Prud'homme, D. Streiner, H. Kameh, G. Remington. 2004. "Characterizing Coronary Heart Disease risk in Chronic Schizophrenia: High Prevalence of the Metabolic Syndrome." Can J Psychiatry 49(11):753–60.

[2]Nasrallah, H.A., J.M. Meyer, D.C. Goff, J.P. McEvoy, S.M. Davis, T.S. Stroup, et al. 2006. "Low Rates of Treatment for Hypertension, Dyslipidemia and Diabetes in Schizophrenia: Data from the CATIE Schizophrenia Trial Sample at Baseline." Schizophr Res 86(1-3): 15–22.

[3]Hennekens, C.H., A.R. Hennekens, D. Hollar, D.E. Casey. 2005. "Schizophrenia and Increased risks of Cardiovascular Disease." Am Heart J 150:1115–21.

[4]Refer to the formulary; some medications may not be included and can differ on product name.

[5]https://care.diabetesjournals.org/content/27/2/596.Includes the American Diabetes Association (ADA), the Consensus Development on Antipsychotic Drugs and Obesity and Diabetes

[6]www.ncbi.nlm.nih.gov/pmc/articles/PMC4978675/pdf/11606_2016_Article_3712.pdf

[7]www.ncbi.nlm.nih.gov/books/NBK534115/

24-161/FLY1429750EH02w (2/24)