

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 | <ul style="list-style-type: none"> Patients diagnosed with diabetes, based on claim/encounter data or pharmacy data. Patients who had no antipsychotic medications dispensed during the calendar year. | | |
| | SMD | <ul style="list-style-type: none"> 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. | | |
| Antipsychotic medications* | Diverse antipsychotic agents | <ul style="list-style-type: none"> Aripiprazole Asenapine Brexpiprazole Cariprazine Clozapine | <ul style="list-style-type: none"> Haloperidol Iloperidone Loxapine Lurasidone Molindone | <ul style="list-style-type: none"> Olanzapine Paliperidone Quetiapine Risperidone Ziprasidone |
| | Phenothiazine antipsychotics | <ul style="list-style-type: none"> Chlorpromazine Fluphenazine | <ul style="list-style-type: none"> Perphenazine Prochlorperazine | <ul style="list-style-type: none"> Thioridazine Trifluoperazine |
| | Thioxanthenes | <ul style="list-style-type: none"> Thiothixene | | |
| | Long-acting injections | <ul style="list-style-type: none"> Aripiprazole Fluphenazine decanoate Haloperidol decanoate | <ul style="list-style-type: none"> Olanzapine Paliperidone palmitate Risperidone | |

(continued)

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

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

Best practices

- Review the monitoring methods below for patients on second-generation antipsychotics (SGA).⁴
- The Consensus Development Process (CDP)⁴ 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.⁵
- As CalViva Health’s downstream subcontractor and Health Net’s* behavioral health subsidiary, MHN administers behavioral health services to CalViva Health members. Refer to MHN Provider Relations at 1-844-966-0298 or email MHN.ProviderServices@healthnet.com if you have questions.
- Refer to the side effects on the antipsychotic medication table from the National Institutes of Health.

Endorsed screening and schedule⁴

| 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 |

Antipsychotic medication side effects^{5, 6}

| 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 |
| Commonly used first generation antipsychotics | Ziprasidone | Minimal risk | Low risk | Low risk |
| | 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.⁵

*Given the significant overlap in risk, weight gain, lipid abnormalities and diabetes combined into one category.⁵

**Refers to drug-induced movement disorders. Tardive dyskinesia refers to involuntary movements affecting orofacial and tongue muscles.⁶

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 |

¹Cohn, 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.

²Nasrallah, 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.

³Hennekens, 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<https://care.diabetesjournals.org/content/27/2/596>. Includes the American Diabetes Association (ADA), the Consensus Development on Antipsychotic Drugs and Obesity and Diabetes.

⁵www.ncbi.nlm.nih.gov/pmc/articles/PMC4978675/pdf/11606_2016_Article_3712.pdf.

⁶www.ncbi.nlm.nih.gov/books/NBK534115/.

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