



# 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.<sup>1</sup> They are also inclined to have higher levels of blood cholesterol and receive less treatment.<sup>2</sup>

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

<b>Measures</b>	<b>Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b>	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.
	<b>Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)</b>	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.
	<b>Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)</b>	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.
<b>Exclusions</b>	<b>SSD, SMD, and SMC</b>	<ul style="list-style-type: none"> <li>Patients in hospice or using hospice services anytime during the measurement year.</li> </ul>
	<b>SSD</b>	<ul style="list-style-type: none"> <li>Patients diagnosed with diabetes, based on claim/encounter data or pharmacy data.</li> <li>Patients who had no antipsychotic medications dispensed during the calendar year.</li> </ul>
	<b>SMD</b>	<ul style="list-style-type: none"> <li>Patients who did not have a diagnosis of diabetes during the calendar year or prior year.</li> <li>Patients who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes during the calendar year or prior year.</li> </ul>

(continued)

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Antipsychotic medications <sup>4</sup>	<b>Diverse antipsychotic agents</b>	<ul style="list-style-type: none"> <li>• Aripiprazole</li> <li>• Asenapine</li> <li>• Brexpiprazole</li> <li>• Cariprazine</li> <li>• Clozapine</li> </ul>	<ul style="list-style-type: none"> <li>• Haloperidol</li> <li>• Iloperidone</li> <li>• Loxapine</li> <li>• Lurasidone</li> <li>• Molindone</li> </ul>	<ul style="list-style-type: none"> <li>• Olanzapine</li> <li>• Paliperidone</li> <li>• Quetiapine</li> <li>• Risperidone</li> <li>• Ziprasidone</li> </ul>
	<b>Phenothiazine antipsychotics</b>	<ul style="list-style-type: none"> <li>• Chlorpromazine</li> <li>• Fluphenazine</li> </ul>	<ul style="list-style-type: none"> <li>• Perphenazine</li> <li>• Prochlorperazine</li> </ul>	<ul style="list-style-type: none"> <li>• Thioridazine</li> <li>• Trifluoperazine</li> </ul>
	<b>Thioxanthenes</b>	<ul style="list-style-type: none"> <li>• Thiothixene</li> </ul>		
	<b>Long-acting injections</b>	<ul style="list-style-type: none"> <li>• Aripiprazole</li> <li>• Fluphenazine decanoate</li> <li>• Haloperidol decanoate</li> </ul>	<ul style="list-style-type: none"> <li>• Olanzapine</li> <li>• Paliperidone palmitate</li> <li>• Risperidone</li> </ul>	
Best practices	<ul style="list-style-type: none"> <li>• Review the monitoring methods below for patients on second-generation antipsychotics (SGA).<sup>5</sup></li> <li>• The Consensus Development Process (CDP)<sup>5</sup> also recommends:               <ul style="list-style-type: none"> <li>– Patient, family and caregiver education.</li> <li>– Refer to specialized services when needed.</li> <li>– When prescribing an SGA, perform a baseline screening and monitor the prospect for developing heart disease, diabetes or other diabetes issues.</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>• 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.<sup>6</sup></li> <li>• The Plan recommends partnering with the member to call behavioral health services to <b>find an available behavioral health provider</b>. Refer to the number found on the back of the member's ID card. Or, call 844-966-0298.</li> <li>• Refer to the side effects on the antipsychotic medication table from the National Institutes of Health.</li> </ul>	

### Endorsed screening and schedule<sup>5</sup>

Metric type	Scheduling guidance
Personal/family medical history	<ul style="list-style-type: none"> <li>• Baseline</li> <li>• Yearly</li> </ul>
Weight	<ul style="list-style-type: none"> <li>• Baseline</li> <li>• At four weeks, eight weeks and 12 weeks</li> <li>• Quarterly</li> </ul>
Waist circumference	<ul style="list-style-type: none"> <li>• Baseline</li> <li>• Yearly</li> </ul>
Blood pressure	<ul style="list-style-type: none"> <li>• Baseline</li> <li>• At 12 weeks</li> <li>• Yearly</li> </ul>
Fasting plasma glucose	<ul style="list-style-type: none"> <li>• Baseline</li> <li>• At 12 weeks</li> <li>• 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.</li> </ul>
Fasting lipid profile	<ul style="list-style-type: none"> <li>• Baseline</li> <li>• At 12 weeks</li> <li>• Every five years</li> </ul>

(continued)

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## Antipsychotic medication side effects<sup>6,7</sup>

Class	Generic name	Metabolic abnormalities <sup>††</sup>	Drug-induced movement disorders (Tardive dyskinesia) <sup>†††</sup>	Hyperprolactinemia
<b>Second generation antipsychotics (SGA) or atypical</b>	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 <sup>†</sup>	High risk	Low risk	Low risk
	Paliperidone <sup>†</sup>	Moderate risk	Moderate risk	High risk
	Quetiapine <sup>†</sup>	Moderate risk	Low risk	Low risk
	Risperidone <sup>†</sup>	Moderate risk	Moderate risk	High risk
	Ziprasidone	Minimal risk	Low risk	Low risk
<b>Commonly used first generation antipsychotics</b>	Chlorpromazine	High risk	Low risk	Moderate risk
	Fluphenazine <sup>†</sup>	Low risk	High risk	High risk
	Haloperidol <sup>†</sup>	Low risk	High risk	High risk
	Perphenazine	Moderate risk	Moderate risk	Moderate risk

<sup>†</sup>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.<sup>6</sup>

<sup>††</sup>Given the significant overlap in risk, weight gain, lipid abnormalities and diabetes combined into one category.<sup>6</sup>

<sup>†††</sup>Refers to drug-induced movement disorders. Tardive dyskinesia refers to involuntary movements affecting orofacial and tongue muscles.<sup>7</sup>

## Diabetes and cardiovascular test codes

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

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>Refer to the formulary; some medications may not be included and can differ on product name.

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

<sup>6</sup>[www.ncbi.nlm.nih.gov/pmc/articles/PMC4978675/pdf/11606\\_2016\\_Article\\_3712.pdf](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4978675/pdf/11606_2016_Article_3712.pdf)

<sup>7</sup>[www.ncbi.nlm.nih.gov/books/NBK534115/](http://www.ncbi.nlm.nih.gov/books/NBK534115/)