BACKGROUND

Increasing concerns regarding obesity and diabetes emergence in younger populations1 are heightened for youth prescribed antipsychotic medications due to adverse metabolic and other physical effects.2 A multi-year study of youth enrolled in three health maintenance organizations found that exposure to atypical antipsychotics was associated with a fourfold risk of diabetes in the following year, compared to children not prescribed psychotropic medication.3 Monitoring of metabolic indices is important to ensure the appropriate management of side effects risks, especially in children and adolescents.

The Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) established the Pediatric Quality Measures Program (PQMP), an initiative funded by the Agency for Healthcare Research and Quality to develop and maintain a set of performance measures for children enrolled in Medicaid and CHIP programs. The National Children's Inpatient Quality (NCINQ) measure proposed that a measure of metabolic monitoring for children taking APs be considered for use in Medicaid and CHIP programs.

OBJECTIVES

To evaluate how the MS Medicaid program performs on the NCINQ proposed quality measure for metabolic monitoring of children on APs and to determine whether DUR activities need to be improved on this measure.

METHODOLOGY

A retrospective analysis was conducted using Mississippi Medicaid medical and pharmacy claims data and beneficiary eligibility data for July 2013 through June 2014. Both fee-for-service (FFS) and managed care claims were reviewed in the analysis. MS-DUR used the measure specifications provided by NCINQ in their April 2013 call for public feedback on proposed measures. This measure addresses "the percentage of children 0 to 20 years of age on any antipsychotic who had metabolic screening documented during the measurement year". The recommended measure included three numerators. Numerator 1: Children and adolescents who had at least one test for blood glucose during the measurement year (HbA1c test for children with diabetes and either HbA1c or blood glucose for children without diabetes). Numerator 2: Children and adolescents who had at least one cholesterol test during the measurement year. Numerator 3: Children and adolescents who had both a test for blood glucose and cholesterol during the measurement year.

RESULTS

For the overall population, 30% had a blood glucose test, 14% had a cholesterol test, and only 13% had both tests (Table 1).

Table 2 shows performance rates on the three metabolic monitoring measures by health plan. The performance rates on the three measures does not meaningfully differ across the three plans in the Mississippi Medicaid program. This indicates that our current level of performance is primarily a factor of how practitioners in the state manage these patients rather than policies or procedures of the individual plans.

CONCLUSIONS

Based on the performance ratings for the last year, the Mississippi Medicaid program currently has a performance rating on metabolic monitoring for children taking antipsychotic medications that is barely above the 25th percentile for Medicaid programs. Since this is an important quality of care measure being developed by CMS, it was determined that some action was needed to improve our performance on this measure.

Although a hard clinical edit using electronic prior authorization in the pharmacy point-of-sale (POS) system could assure compliance, this was not considered to be a viable approach due to the potential for causing breaks in therapy for a critical mental health condition. Since metabolic monitoring can occur at any time during the year, MS-DUR determined that the only practical way to achieve improvement in performance on this quality measure will be through provider education.

MS-DUR recommendations presented and approved at the February 2015 DUR Board Meeting were:

1. MS-DUR should prepare an educational article about the importance of metabolic monitoring in children taking antipsychotics for distribution through the appropriate DUR system. MS-DUR should present these recommendations at the May 2015 DUR Board Meeting.

2. MS-DUR should develop an exception monitoring routine that will identify beneficiaries who have failed to meet the performance criteria during the previous month and send educational letters to the prescribers of the antipsychotic medications being used by these beneficiaries.

3. This exception monitoring will be targeted for intervention mailings for the next 6 months at which time performance will be reevaluated and reported to the DUR Board.

ACKNOWLEDGMENTS/DISCLOSURES

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