UPDATE ON
METABOLIC MONITORING FOR CHILDREN TAKING ANTIPSYCHOTICS

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 (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) to support the development of new measures in child health care. The National Collaborative for Innovation in Quality Measurement (NCINQ) developed a measure - “the percentage of children 0 to 20 years of age on any antipsychotic who had metabolic screening documented during the measurement year”. Children on antipsychotics should have both a test for blood glucose and cholesterol during each year. State Medicaid programs are being encouraged to use this measure in utilization review of children taking antipsychotics.

At the February 2015 meeting of the DUR Board, the following recommendations were approved with respect to metabolic monitoring of children taking antipsychotics.

1. MS-DUR should prepare an educational article about the importance of metabolic monitoring in children taking antipsychotics for distribution in quarterly electronic mailings.
2. MS-DUR should develop an exception monitoring routine that will identify beneficiaries who have failed to meet the performance criteria during the last month and send educational letters to the prescribers of the antipsychotic medications. 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.

An educational article is currently being written. Programming has been completed for the exceptions monitoring and educational intervention. Each month:
- An analysis will be run evaluating providers’ performance on the quality measure
- Providers will be ranked based on the number of their patients who have filled antipsychotic prescriptions during the previous month and have not had appropriate metabolic monitoring documented during the previous year.
- The 100 providers with the greatest number of patients not receiving monitoring will be mailed a letter each month (see attached).
- A provider will only be sent one letter within a four month period of time.

The educational intervention will be continued for at least 6 months. After 6 months, MS-DUR will report on current performance within Medicaid and will make additional recommendations, if needed, to address this important quality-of-care measure. As with other quality-of-care related educational interventions, all children and providers in Medicaid, regardless of pharmacy plan, will be included in this initiative.
Dear Dr. MD_NAME,

The Mississippi Division of Medicaid (DOM) Office of Pharmacy is committed to improving the quality of care provided to Mississippi Medicaid beneficiaries. DOM’s Drug Utilization Review or DUR Board, comprised of twelve physicians and pharmacists from around the state, has recommended several initiatives addressing quality issues regarding the treatment of children with mental health illnesses. This letter is being sent as part of our initiative regarding metabolic monitoring for children taking antipsychotics.

THE GOAL
The American Academy of Child and Adolescent Psychiatry practice parameters recommend careful monitoring of metabolic side effects for children taking antipsychotics. The Centers for Medicare and Medicaid Services (CMS) has proposed the following quality measure for consideration for use in Medicaid programs: *The percentage of beneficiaries below the age of 21 years on antipsychotics who are being monitored for glucose and lipid levels.* A recent analysis found that of the children in Mississippi Medicaid taking antipsychotics, only 30% received a blood glucose test, 14% received a lipid test and 13% received both tests during the measurement year. These results indicate that the Mississippi DOM is currently performing at the 25th percentile for state Medicaid programs on this measure.

YOUR SCORE
Analysis of Medicaid children taking antipsychotics during the previous year showed:

<table>
<thead>
<tr>
<th>Physician’s name</th>
<th>Total number of patients</th>
<th>Patients who received metabolic screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD_NAME</td>
<td>MD_DENOM</td>
<td>Glucose: MD_NUM_GL MD_GL_PER</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lipid: MD_NUM_LP MD_LP_PER</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Both: MD_NUM_BT MD_BT_PER</td>
</tr>
<tr>
<td>ALL PRESCRIBERS</td>
<td>ALL_DENOM</td>
<td>Glucose: ALL_NUM_GL ALL_GL_PER</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lipid: ALL_NUM_LP ALL_LP_PER</td>
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<td>Both: ALL_NUM_BT ALL_BT_PER</td>
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</tbody>
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WHAT WE ASK OF YOU?
Given the documented metabolic risks of antipsychotic medications, the monitoring of metabolic indices is important to ensure appropriate management of side effect risks, especially in children and adolescents. For your easy reference, are included is a list of your patients currently taking antipsychotics with no medical claims for metabolic screening during the previous year. We encourage that you will have someone in your office attach these labels to these patient charts as a reminder to order metabolic tests at the next patient visit.

Sincerely,

Benjamin F. Banahan, III, Ph.D.
Project Director
MS-DUR

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