

Authors:

Banahan BF III¹, Nunna S¹, Shah R¹, Hardwick SP², Clark JP²

¹ Center for Pharmaceutical Marketing and Management, University of Mississippi, University, MS, USA

² Mississippi Division of Medicaid, Jackson, MS, USA

ANTIPSYCHOTIC MEDICATION USE MEASURES FOR CHILDREN AND ADOLESCENTS: METABOLIC SCREENING FOR CHILDREN ON ANTIPSYCHOTICS

OBJECTIVES:

While antipsychotics offer the potential for effective treatment of psychiatric disorders in children, they can also increase the risk for developing metabolic and physical complications. In 2013, the National Collaborative for Innovation in Quality Measurement (NCINQ) proposed a measure of metabolic monitoring for children taking antipsychotics be considered for use in Medicaid and CHIP programs. The current study evaluated how the Mississippi Medicaid program performs on the proposed quality measure.

METHODS:

A retrospective analysis was conducted using Mississippi Medicaid medical claims, pharmacy claims and beneficiary eligibility data for the time period July 2013 to June 2014. Both fee-for-service (FFS) and managed care claims were used for the analysis. The measure specifications provided by NCINQ in their April 2013 call for public feedback on proposed new measures were used. The denominator for the measure was beneficiaries ages 0 and 21, as of June 30 2014, who were continuously enrolled for 3+ months and taking any antipsychotic medication. Numerators were beneficiaries having 1+ cholesterol tests, 1+ blood glucose tests, and having both types of tests during the measurement year.

RESULTS:

Around 30% of the children on antipsychotic medications had blood glucose test, 14% had cholesterol test, and 13% had both the tests during the observation year. The percentage of children who had both metabolic monitoring tests was slightly higher in fee-for-service beneficiaries compared to managed care beneficiaries (13.4% in fee-for-service vs 11.4% and 12.9% in managed care plans). The percentage is also higher in children of ages 12 to 20 compared to ages less than 11 years.

CONCLUSIONS:

Based on the performance rates provided by NCINQ for 11 state programs in 2008, the Mississippi Medicaid program currently performs at about the 25th percentile. Provider education has been undertaken to improve performance on this important measure being developed for Medicaid programs.

Statement to be included on poster

Acknowledgement: The work reported was conducted by the MS-DUR program in the Center for Pharmaceutical Marketing and Management as part of the retrospective drug use analysis activities conducted under contract with the Mississippi Division of Medicaid. The views expressed are those of the authors and do not necessarily reflect those of Mississippi Division of Medicaid or the University of Mississippi.