



CHILDREN'S INITIATIVE DEPARTMENT

# HAVE YOU HEARD OF HEDIS?

December 2023



## Antipsychotic Medications: Why It Matters

Antipsychotic prescribing for children and adolescents has increased rapidly in recent decades. These medications can elevate a child's risk for developing serious metabolic health complications associated with poor cardiometabolic outcomes in adulthood. Given these risks and the potential lifelong consequences, metabolic monitoring (blood glucose and cholesterol testing) is an important component of ensuring appropriate management of children and adolescents on antipsychotic medications.

### Best Practice & Tips

- Incorporate metabolic testing into the Individual Plan of Services (IPOS)
- Coordinate with Primary Care Doctor and Psychiatrist regarding metabolic testing of glucose and cholesterol levels
- Members who received both of the following during the measurement year on the same or different dates of service:
  - At least one test for blood glucose or HbA1c and at least one test for LDL-C or cholesterol.
  - If the medications are dispensed on different dates, even if it is the same medication, test both blood glucose with either a glucose or HbA1c test, and cholesterol with either a cholesterol or an LDL-C test.
  - Measure baseline lipid profiles, fasting blood glucose level, and body mass index.
- Ordering a blood glucose and cholesterol test every year and building care gap alerts in the electronic medical record.
- Coordinate with primary care doctor to test blood glucose and cholesterol at a member's annual checkup or school physical to reduce additional visits.
- Educate members and caregivers about the:
  - Increased risk of metabolic health complications from antipsychotic medications.
  - Importance of screening blood glucose and cholesterol levels.
- Behavioral health providers:
  - Ordering blood glucose and cholesterol screening tests for members who do not have regular contact with their PCP and within 1 month of changing a member's medication.

### Purpose

Our purpose is to monitor children and adolescents ages 1 to 17 who take antipsychotic medication on an ongoing basis to ensure they receive both a glucose and a cholesterol test during the year.

THE HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) IS ONE OF HEALTH CARE'S MOST WIDELY USED PERFORMANCE IMPROVEMENT TOOLS. DWIHN CHILDREN'S INITIATIVE DEPARTMENT'S GOAL IS TO IMPROVE HEALTH OUTCOMES FOR CHILDREN AND ADOLESCENTS PRESCRIBED ADHD MEDICATION AND ANTIPSYCHOTIC MEDICATIONS.

Additional HEDIS educational information and resources are available on DWIHN website: <https://www.dwihn.org/providers-HEDIS>

References:  
1. Patten, S.B., W. Waheed, L. Bresee. 2012. "A review of pharmacoepidemiologic studies of antipsychotic use in children and adolescents." *Canadian Journal of Psychiatry* 57:717-21.  
2. Cooper, W.O., P.G. Arbogast, H. Ding, G.B. Hickson, D.C. Fuchs, and W.A. Ray. 2006. "Trends in prescribing of antipsychotic medications for US children." *Ambulatory Pediatrics* 6(2):79-83.  
3. Correll, C. U., P. Manu, V. Olshanskiy, B. Napolitano, J.M. Kane, and A.K. Malhotra. 2009. "Cardiometabolic risk of second-generation antipsychotic medications during first-time use in children and adolescents." *Journal of the American Medical Association*  
4. Andrade, S.E., J.C. Lo, D. Roblin, et al. December 2011. "Antipsychotic medication use among children and risk of diabetes mellitus." *Pediatrics* 128(6):1135-41.  
5. Srinivasan, S.R., L. Myers, G.S. Berenson. January 2002. "Predictability of childhood adiposity and insulin for developing insulin resistance syndrome (syndrome X) in young adulthood: the Bogalusa Heart Study." *Diabetes* 51(1):204-9.



## ADHD Medication: Why It Matters

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common mental disorders affecting children. 11% of American children have been diagnosed with ADHD. The main features include hyperactivity, impulsiveness, and an inability to sustain attention or concentration. Of these children, 6.1% are taking ADHD medication.

When managed appropriately, medication for ADHD can control symptoms of hyperactivity, impulsiveness, and inability to sustain concentration. To ensure that medication is prescribed and managed correctly, it is important that children be monitored by a pediatrician with prescribing authority.

### **Purpose**

The two rates of this measure assess follow-up care for children prescribed ADHD medication:

**Initiation Phase:** Assesses children between 6 and 12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication.

**Continuation and Maintenance Phase:** Assesses children between 6 and 12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days, and had at least two follow-up visits with a practitioner in the 9 months after the Initiation Phase.

## Best Practices & Tips

- Age Clarification: 6 years as of March 1 of the year prior to the measurement year to 12 years as of the last calendar day of February of the measurement year.
- Timing of scheduled visits is key based on the prescription day supply to evaluate medication effectiveness, and any adverse effects and to monitor the patient's progress.
- When prescribing a new ADHD medication for a patient:
  - Schedule follow-up visits to occur before the refill is given.
  - Schedule a 30-day, 60-day, and 180-day follow-up visit from the initial visit before member leaves office.
  - Consider scheduling follow-up visit within 14 to 21 days of each prescription.
  - Consider prescribing an initial two-week supply and follow-up prescriptions to a 30-day supply to ensure patient follow-up.