TIP QIC Targeted Investments Program
Quality Improvement Collaborative

AHCCCS
Arizona Health Care Cost Containment System

Best Practices Audit Guide:
Diabetes Screening (SSD)/ Metabolic Monitoring (APM) for People on Antipsychotic Medications

The AHCCCS Targeted Investments Program (TIP) Quality Improvement Collaborative (QIC) evaluates TI-participating Providers' performance on select quality measures and assists providers in performance improvement efforts. This best practice audit guide is for TI-participating Providers to evaluate their quality improvement (QI) efforts related to the SSD and APM measures. SSD and APM are Healthcare Effectiveness Data and Information Set (HEDIS) measures designed and maintained by the National Committee for Quality Assurance (NCQA).

Why It Matters

Heart disease and diabetes are among the top 10 leading causes of death in the United States (1). Adults with serious mental illness who use antipsychotics are at an increased risk of diabetes (2); therefore, the American Diabetes Association (ADA) recommends annual diabetes screening for patients treated with antipsychotics (3). Children and adolescents on antipsychotic medications are at risk for developing serious metabolic health complications (4, 5), which may have lifelong consequences; therefore, metabolic monitoring (blood glucose and cholesterol testing) is an important component of ensuring appropriate management of children and adolescents on antipsychotic medications.

Setting Up for Performance Improvement

The following items are best practices to improve your organization's performance on these measures.

Category	Best Practice Audit Checklist
Measure Definition & TIP Performance Measurement Details	☐ Review clinical importance of the measure (see *Why It Matters* above) ☐ Understand the details of the measure (See *TIP Measure Details Guide: Diabetes Screening (SSD)/ Metabolic Monitoring (APM) for People on Antipsychotic Medications*). Details include: ○ What is measured ○ What billing codes do and do not qualify ○ When is the reporting period ☐ Understand details of TIP Performance Measurement (See *TIP Measure Details Guide: Diabetes Screening (SSD)/ Metabolic Monitoring (APM) for People on Antipsychotic Medications*). Details include: ○ Member population assessed ○ Attribution methods ○ Performance targets ☐ Estimate financial incentives earned through this measure ○ Use AHCCCS TI payment methodologies to estimate annual TI incentive payments
Leadership Buy-In & Organizational Commitment	☐ Review *TIP Best Practice Audit: Building Capacity for Performance Excellence* for best practices for QI systems–such as executive leadership support ☐ Establish a time-specific and measurable aim

	○ Example: Within 4 months, > 85% of members on antipsychotic medications will have had a diabetic /metabolic testing within the last year. ○ For more information on setting aims, see Institute for Healthcare Improvement ○ Specify process for monitoring progress on the aim ☐ Frequently update physicians and staff on performance and progress towards care/performance aims
Screening Policy & Procedure(s)	☐ Create a policy and procedure(s) needed to achieve your aim ○ Consider processes and procedures for monitoring patients on antipsychotic medications, monitoring patients' lab test results for labs ordered by internal and external providers, Patient/Family education, completing the lab draw (see *Phlebotomy* for best practices in timing and location of lab draws), etc. Some of options shared by your peers are provided in this document
Internal Reporting & Monitoring	☐ Create an internal report to monitor all patients on antipsychotic medications and date of last diabetic /metabolic testing o Monitor screening for all patients on antipsychotic medications because specifying the best practice to a specific population (e.g., Medicaid members only) complicates messaging to staff and goes against mission of prioritizing optimal patient care for all patients ☐ Verify your internal reports: Compare reports to TIP, health plans, and/or network reports. If there are unexplained differences in the number of attributed members or performance, follow up to explore the cause ☐ Consider Social Determinants of Health (SDoH) screening results in conducting risk stratification of your patient population ☐ *If screening targets are not met, form a QI group to explore the cause and develop an action plan to improve patient care and meet targets
Provider/Staff Education	☐ Stress medical importance of diabetes screening /metabolic monitoring for members on antipsychotic medications, and their role in assisting with delivery of optimal patient care ○ Educate MA's on the importance of their role in ensuring lab draws are completed ☐ Educate on ICD codes for metabolic monitoring/diabetes screening
Billing	☐ Train billing staff to ensure claims are submitted with numerator-qualifying services and servicing providers ☐ Submit claims and encounter data in a timely manner ☐ For patients on a Medicaid and non-Medicaid health plan, submit claims to both health plans to receive credit for TIP measures even when the non-Medicaid health plan pays the full claims ○ Encounters must be submitted to Medicaid and adjudicated to count towards the TIP measures. Even if a submitted and adjudicated claim is not paid by the Medicaid health plan, it will count towards the TIP measures
Monitoring and Reconciling Assigned Members (PCP agencies only)	☐ Routinely pull panel of assigned patients ○ If participating in value-based payment arrangement, you should receive monthly panels from health plan ☐ Routinely reconcile this list with each health plan

*Denotes continuous improvement opportunity

Identifying Relevant Members/Member Events

This section has best practices shared by your peers on how to identify members on antipsychotic medications, track members' diabetic screening /metabolic monitoring status, and notifying provider/staff of a member's compliance at the point of contact or point of care.

Category	Best Practice Audit Checklist
Active Antipsychotic Medications	☐ Use EHR to identify members who have a documented (active) antipsychotic medication ☐ Create a procedure for verifying and updating your patients' active medications at each visit
Lab Results Notifications	☐ Receive lab report/alerts from the Health Information Exchange (HIE) – Reach out to your HIE Account Manager for help on any of the below ○ Select desired alert(s) ○ Designate who within organization will submit updated member panel(s) and will receive/monitor the alert ○ Specify response and follow-up procedures ○ *Identify admissions that did not generate an alert and troubleshoot reasons why
Scheduling & Day-of-Visit Notification Protocol(s)	☐ Build care gap alerts into EMR/EHR ☐ Staff monitors patients on antipsychotic medications monthly, and puts flag/note on chart if no glucose lab in last six months ☐ Configure alert to "pop up" during the patient look-up process

*Denotes continuous improvement opportunity

Following Up with Members

This section has best practices shared by your peers on what you can do to increase testing compliance.

Category	Best Practice Audit Checklist
Phlebotomy	☐ Obtain in-house phlebotomy capability ○ Conduct lab draw at time of appointment ○ Train Medical Assistants (MAs) to perform lab draws or contract with lab ▪ Hire MA's certified for phlebotomy or provide MA phlebotomy training and certification ☐ When indicated, provide mobile lab draw ☐ If not able to complete lab draw in house or at home, staff provide the patient/family with "road map" (i.e., personalized information) on where to get labs drawn – a location close to patient's home and that is open at times that work for the patient
Patient & Family Education / Health Literacy	☐ Develop processes to educate patients and family members on reasoning for and importance of frequent metabolic monitoring for patients on antipsychotic medications ○ Reiterate at each communication/visit
Outreach Policies	☐ Create no-show policies and re-engagement protocols ○ Examples: ▪ Limit prescription renewals to two-weeks until appointment compliance occurs ▪ Create a regular appointment compliance report for tracking purposes

	☐ Create an outreach policy for out-of-compliant patients–such as calling patient, engaging the practice care manager, engaging the MCO ☐ Utilize an automated appointment reminder system to disseminate text, email, and/or phone appointment reminders ○ Capable of both reminding patients to schedule appointments and/or reminding patients of already scheduled appointments
Integration and/or Coordination of Primary Care and Behavioral Health Services	☐ Implement a practice-specific action plan to integrate primary care and behavioral health services based on an integrated toolkit–such as, Organizational Assessment Toolkit (OATI), Behavioral Health Integration Capacity Assessment (BHICA), or the PCBH Implementation Toolkit. Results of integration include: ○ Behavioral health and primary care fully integrated; located within the same site ○ A primary care practice that uses the Collaborative Care Model (CoCM) ○ Contractual relationships with primary care or behavioral health clinics ○ Form referral relationships with primary care, behavioral health, and/or specialty providers
Whole Person Care Organizational Culture	☐ Embrace a culture of whole person care organization-wide, advocating for the "no wrong door approach" ○ Example: Coordinate with child's dental provider to obtain labs while child is receiving dental work under sedation (ideal for children afraid of lab draws and/or with sensory concerns)
Social Determinants of Health (SDoH)	☐ Screen and log SDoH needs for each member ☐ Develop processes to follow-up with member to ensure SDoH needs are met ○ For example, secure transportation to the clinic for clients without reliable transportation ☐ Designate a care manager to coordinate referrals to community resources, when warranted

Additional TIP Guides

To optimize your organization's QI efforts for these measures, ensure that you have a QI system in place. Key best practices are specified in the *TIP Best Practice Audit: Building Capacity for Performance Excellence*. Find other TIP Best Practice Audit Guides on our website, as well as TIP Measure Detail Guides.

Questions? Contact the ASU TIPQIC Team (TIPQIC@asu.edu) or AHCCCS Targeted Investments Team (targetedinvestments@azahcccs.gov) with questions or to request further assistance.

References

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