DIABETES SCREENING PROGRAM FOR MEMBERS WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO ARE USING ANTIPSYCHOTIC MEDICATIONS

The following information should be noted immediately by your chief executive officer, chief medical officer, chief operating officer, chief financial officer, program director, quality management director, compliance officer, billing director, and staff.

People with schizophrenia and/or bipolar disorder are at greater risk for metabolic syndrome compared to the general population (Lieberman et al., 2005; Cohn et al., 2004). Diabetes screening is important for people with either or both of these diagnoses, and the added risk associated with antipsychotic medications contributes to the need for routine screening. Diabetes screening for individuals with schizophrenia or bipolar disorder prescribed antipsychotic medication can lead to earlier identification and treatment of diabetes, resulting in better health outcomes.

Diabetes is a common illness among people taking antipsychotic medications. In fact, rates of diabetes reach 42.6 percent for men and 48.5 percent for women with schizophrenia, compared with 24 percent and 23 percent for men and women in the general population, respectively (Cohn et al., 2004). Patients with major psychiatric disorders are expected to die 25 to 30 years earlier than unaffected individuals, primarily as the result of premature cardiovascular disease (Colton & Manderscheid, 2006). Given the elevated risk of diabetes and related symptoms in patients taking antipsychotics for schizophrenia and bipolar disorder, increased attention to diabetes screening and monitoring in this population is a high priority.

The focus of this program is to work with the BH provider network to improve rates of screening for diabetes in this population. In 2014, the National Medicaid benchmark and Massachusetts Average were 79.29 percent and 77.87 percent respectively. The MBHP/HNE Be Healthy (HNE BH) provider network rolling YTD rate (11/1/2013-10/31/2014) was only 72.05 percent. Implementing this new screening program will hopefully improve the screening rate for our network and strengthen the lines of communication and care coordination between the BH provider, PCC, and Member.

Evidence-based screening tools for diabetes include fasting serum glucose, random serum glucose, and hemoglobin A1C (HgbA1C). Given the special needs of the population, many with severe and persistent mental illness, MBHP/HNE BH recognizes the use of the HgbA1C test as a best practice. This tool does not require a fasting state, so Members can be screened during a single visit. In addition to the HgbA1C screening, the American Diabetes Association guidelines (2004) include:
1. Baseline personal and family history
2. Baseline weight (or BMI)
3. Baseline HgBA1C
4. Repeat all of the above annually

During the course of the year, MBHP/HNE BH will communicate with BH providers via our website, biannual provider newsletter, webinars, Provider Alert notifications, and targeted focus groups to emphasize the importance of this recommended screening for diabetes for these clients who have a diagnosis of schizophrenia and/or bipolar disorder and are taking antipsychotic medications. BH providers will be encouraged to consider the use of improved communication strategies to better coordinate care with the client’s PCC. Coordinated care can result in fewer redundancies (i.e., ordering of labs, taking weights, etc.) and improved client compliance to structured treatment plans. It can also strengthen the degree of clinical care when BH provider and PCC are working together to improve the client’s health outcome. Going forward, MBHP/HNE BH will offer varied strategies to help with these efforts, such as a newly developed, targeted two-way communication form for BH providers and PCCs who care for this population.

If you have questions regarding this Alert, please contact our Community Relations Department at 1-800-495-0086 (press 1 for the English menu or 2 for the Spanish menu, then 3 then 1 to skip prompts), Monday through Thursday, 8:00 a.m. to 5:00 p.m., and on Fridays from 9:30 a.m. to 5:00 p.m.