

Technical Assistance Webinar: Calculating the Multiple Concurrent Antipsychotics Measure in the Child Core Set

August 23, 2016

Renee Fox, MD, Centers for Medicare & Medicaid Services

Sarah Hudson Scholle, DrPH, MPH, National Committee for Quality Assurance

Sepheen Byron, MSH, National Committee for Quality Assurance

Emily Morden, MSW, National Committee for Quality Assurance

James Bush, MD, Wyoming Department of Health

David Kelley, MD, MPA, Pennsylvania Department of Human Services

Allison Steiner, MPH, Mathematica Policy Research



Agenda

- Welcome and CMS Updates
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)
 - Measure Overview
 - Technical Specifications
- State Perspectives on Calculating and Using the APC Measure:
 - Wyoming
 - Pennsylvania
- Technical Assistance Resources
- Wrap-up

Welcome and CMS Updates

Renee Fox, MD, Medical/Health Policy Advisor, CMS



Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC): Measure Overview

Sarah Hudson Scholle, DrPH, MPH
Vice President, Research and Analysis, NCQA

Use of Antipsychotics in Children and Adolescents

- Trend of increased prescribing for youth
 - New prescriptions and longer duration of use
 - Multiple concurrent use
- Concerns related to use in children and adolescents
 - Side effects include weight gain, extrapyramidal side effects, hyperprolactinemia and metabolic disturbance
- Concerns related to management
 - Youth less likely to have lab monitoring
 - Psychosocial interventions underutilized as first-line treatment

Measure Development

- The National Collaborative for Innovation in Quality Measurement developed a set of measures to assess the safe and judicious use of antipsychotic medications in children and adolescents
- Led by NCQA and one of 7 AHRQ-CMS CHIPRA Centers of Excellence funded under the Pediatric Quality Measures Program
- Focused on adolescent well-care and behavioral health care for all youth

APC Measure Overview

- Measure description: Percentage of youth who were on two or more concurrent antipsychotic medications
- Denominator: Youth ages 1–17 who received 90 days or more of continuous antipsychotic medication treatment
- Numerator: Those on two or more antipsychotic medications concurrently for at least 90 consecutive days
- Required benefits: Medical and pharmacy
- Administrative method only
- Lower rate indicates better performance

Medicaid State Field Test and HEDIS Results

	State-Level Test MAX Data 2008	Plan-Level HEDIS First-Year Results 2014	Plan-Level HEDIS Second-Year Results 2015
No. Reporting	11 states	115 plans	153 plans
Average Rate* (%)	6.0	4.3	2.5
Minimum	2.9	0.6	0.0
25 th	3.3	1.3	1.2
50 th	6.6	2.7	2.0
75 th	7.7	6.0	3.1
Maximum	9.4	18.8	11.9

* Lower rate indicates better performance.

Calculating the APC Measure

Emily Morden, MSW

Senior Research Associate, Performance Measurement, NCQA

Denominator Overview

Definition: Youth ages 1–17 years who received 90 days or more of continuous antipsychotic medication treatment

- Examples
 - One 90-day supply prescription of a drug
 - Three consecutive 30-day prescriptions for the same drug
 - Three consecutive 30-day prescriptions for different drugs
- Accounting for gaps: 32-day gap between prescriptions of the same drug is allowed

Denominator Calculation

For the measurement year:

1. Identify enrollees ages 1–17 years dispensed antipsychotic medications ([Appendix Table APC-A](#))
2. Identify those continuously enrolled
 - An enrollee can have no more than one gap in continuous enrollment of up to 45 days
3. For each enrollee, identify all dispensing events

Denominator Calculation (continued)

4. Define the length of each “drug event”

- Within each Drug ID on NDC* list, sort dispensing events chronologically
- If > one Rx for same drug on same date, use longest days’ supply
- Search for a second dispensing event for same drug
 - No second event
 - Start date = Dispense date
 - End date = Start date + (days supply - 1)
 - Another event with same Drug ID
 - Add to Rx 1’s event if gap between Rx 1’s dispense date and Rx 2’s dispense date is \leq Rx 1’s days’ supply + 32 days
- Continue calculating dispensing events for same drug until there is a non-allowable gap, events are exhausted, or events go beyond 12/31
 - If events go beyond 12/31, assign the end date as 12/31
- Continue until all drug IDs assessed and all dispensing events exhausted

*NDC = National Drug Code list

<http://www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures/HEDIS2016/HEDIS2016NDCLicense.aspx>



Denominator Example

Drug ID	Dispense Date	Days Supply	Drug Event End Date	Notes
1	1/10/15	30		Number of days between Rx dispense dates = 27 days supply (30) plus 32 = 62 27 does not exceed 62 -> no gap; link to 2/7 Rx
1	2/7/2015	30		Assess gap between 2/7 and 3/14 prescriptions Number of days between Rx dispense dates = 34 days supply (30) plus 32 = 62 34 does not exceed 62 -> no gap; link to 3/14 Rx
1	3/14/2015	60	5/12/2015	This "drug event" starts on 1/10 and ends on 5/12

Denominator Calculation (continued)

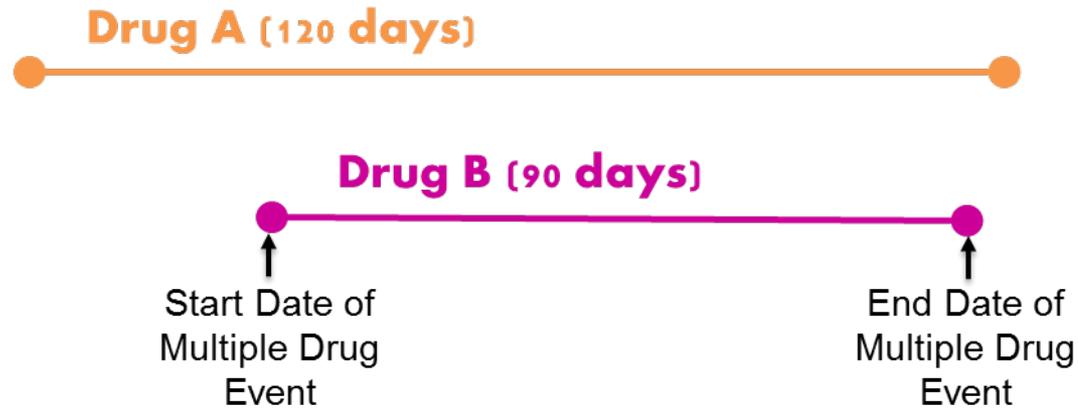
5. For each enrollee, determine all calendar days covered by at least one drug
 - Enrollees with ≥ 90 consecutive days are in the denominator
 - Can be same or different drugs
 - Can include the allowable 32-day gap

Numerator Overview

Definition: Youth on two or more antipsychotic medications concurrently for at least 90 consecutive days

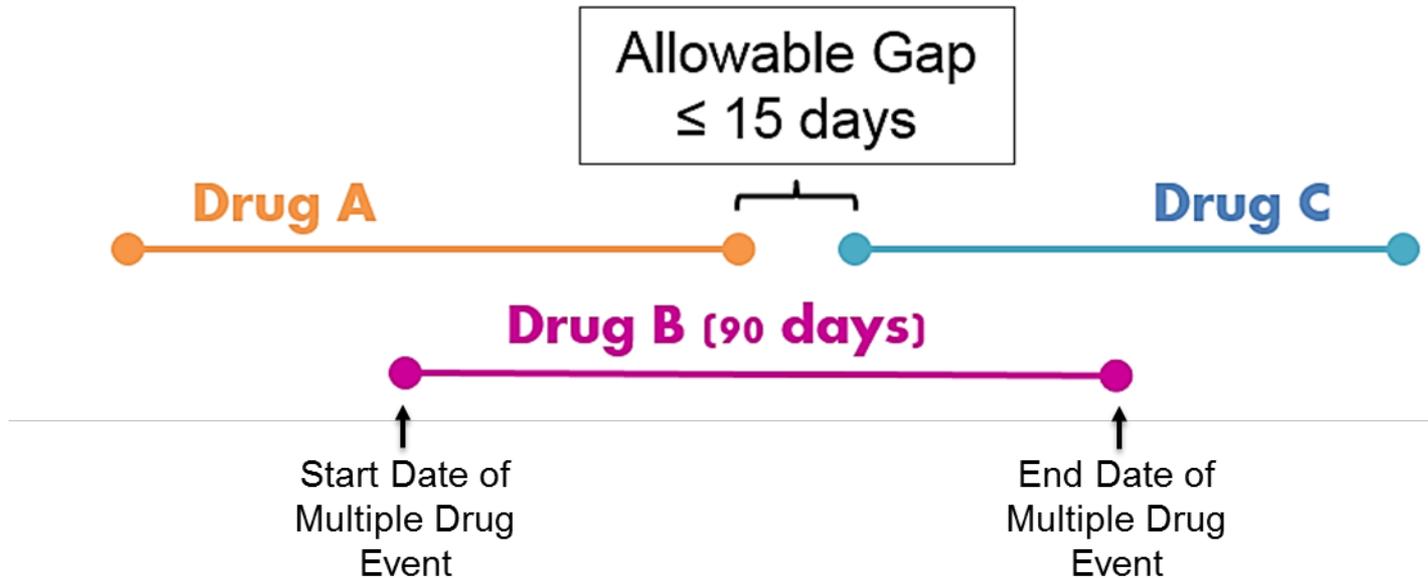
Example 1: Meeting the Numerator

Example 1

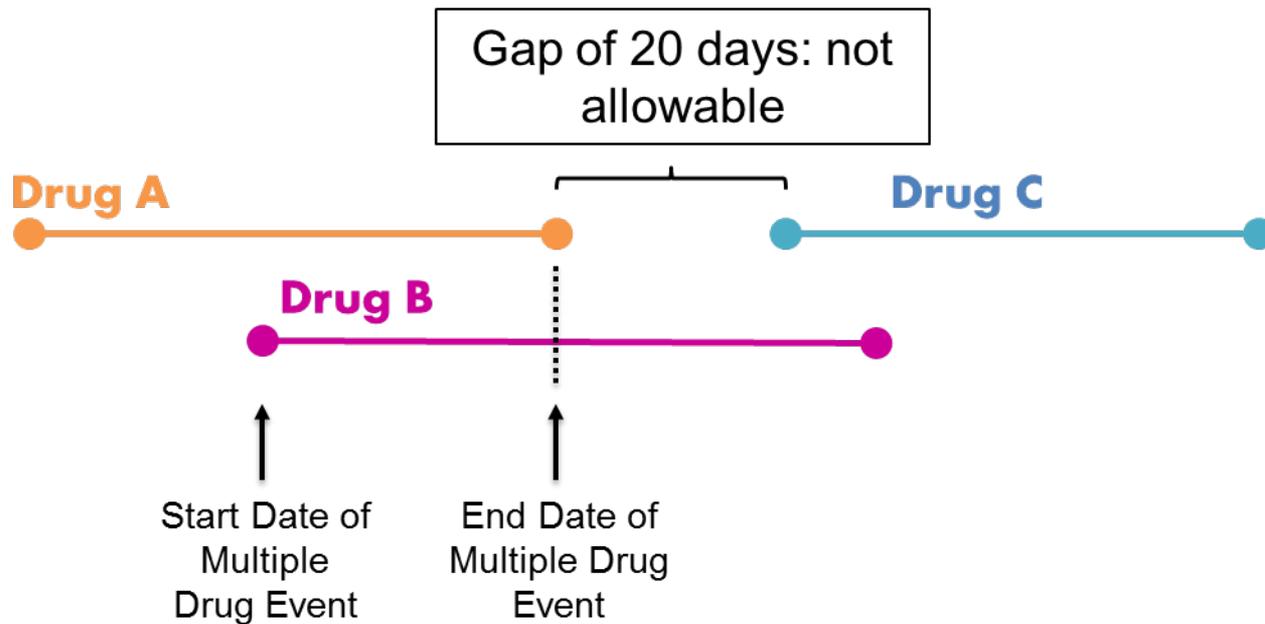


Example 2: Meeting the Numerator

Example 2: Allowable Gap



Example 3: Does Not Meet Numerator



Numerator Calculation

Definition: Youth on two or more antipsychotic medications concurrently for at least 90 consecutive days

1. Use all events, start dates, and end dates identified when creating the denominator (Step 4)
2. Identify concurrent treatment:
 - Identify the first day where enrollee was being treated with 2+ different drugs (Start Date)
 - Identify the number of consecutive days where the enrollee was on 2+ different drugs
 - If this period is ≥ 90 days, the enrollee meets the numerator

Numerator Calculation (Step 2 continued)

2. Account for 15-day allowable gaps:

- If the number of consecutive days on multiple drugs is <90 days, note the drug-event end date
- Identify the next day during the year where the enrollee was being treated with 2+ different drugs
- If the number of days between the first drug-event end date and the next drug-event start date is ≤ 15 days, include the days in the concurrent drug event
- If the gap exceeds 15 days, end the event and look for the next drug-event start date

Numerator Calculation (Step 2 continued)

2. Assess through the end of the measurement year to determine if there is a concurrent drug event that is 90+ days
 - 90+ days of concurrent 2+ drug events = Meets Numerator
 - Concurrent 2+ drugs events lasting <90 days = Does NOT Meet Numerator

Calculating the Rate

Youth on 2+ antipsychotics
concurrently for ≥ 90 days

=

Performance
Rate*

Youth on antipsychotics for
 ≥ 90 days

* Lower rate indicates better performance



Questions?

State Perspectives on Reporting the APC Measure

Wyoming

James Bush, MD, Medicaid Medical Director
Wyoming Department of Health

Pennsylvania

David Kelley, MD, MPA, Chief Medical Officer
Pennsylvania Department of Human Services



Discussion Topics

- What is your state's motivation for measuring antipsychotic use?
- Does your state currently use the HEDIS APC measure? If not, how does the measure you calculate differ?
- What data has your state used to calculate the measure?
- Does your state compare the current rate against a baseline?
- Do you have best practices to share for measuring concurrent antipsychotic use?
- How has your state used the results to improve outcomes?
- Does your state use other “intermediate” measures to drive improvement?

Questions?

Technical Assistance Resources

Allison Steiner, MPH, Research Analyst
Mathematica Policy Research



Technical Assistance

- The technical specifications and resource manual for the Child Core Set measures is available on Medicaid.gov at <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf>.
- Technical assistance is available to help states report the measure
 - Group and one-on-one TA calls will be available to address questions about the measure
 - Sample SAS Code is forthcoming
 - Submit a TA request as part of the webinar evaluation, or send your questions to the TA mailbox at MACqualityTA@cms.hhs.gov
- Please let us know if you have suggestions for additional TA resources on the APC measure

Questions?

Wrap-Up

Next Steps

- State reporting of the new Multiple Concurrent Antipsychotic measure is a high priority for CMS
- Child Core Set reporting for FFY 2016 in MACPro will open in the fall
 - Please note any deviations from the measure specifications (such as measurement year, data source), as well as any eligible populations excluded from the measure
- If you have questions, email the TA mailbox at MACqualityTA@cms.hhs.gov
 - Please submit specific questions or request a phone consultation for general support
 - You may also request TA by filling out the webinar evaluation when you sign off today

Thank you for participating in the
webinar.

Reminder... to obtain technical assistance, fill out
the evaluation at the end of the webinar OR
contact the TA mailbox at
MACQualityTA@cms.hhs.gov

Appendix Table APC-A: Antipsychotic Medications

Description	Prescription
First Generation Antipsychotic	Chlorpromazine HCL Fluphenazine HCL Fluphenazine decanoate Haloperidol Haloperidol decanoate Haloperidol lactate Loxapine HCL Loxapine succinate Molindone HCL Perphenazine Pimozide Thioridazine HCL Thiothixene Trifluoperazine HCL
Second Generation Antipsychotic Medications	Aripiprazole Clozapine Iloperidone Lurasidone Olanzapine Olanzapine pamoate Paliperidone Paliperidone palmitate Quetiapine fumarate Risperidone Risperidone microspheres Ziprasidone HCL Ziprasidone mesylate

Note: A comprehensive list of medications and NDC codes can be found at <http://www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures/HEDIS2016/HEDIS2016NDCLicense.aspx>.