The NCQA Committee on Performance Measurement (CPM) approved five new measures for HEDIS 2013 (CY2012). These measures provide feasible assessment strategies that are meaningful to consumers, purchasers, organizations and clinicians.

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Asthma Medication Ratio

**Note:** The Technical Consideration language in the AMR measure is similar to the language in the MMA measure for HEDIS 2012. Both measures are based on the same guidelines and are similar in terms of relevance, scientific soundness and feasibility.

**Description**

The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medication of 0.50 or greater during the measurement year.

**Background**

Asthma is one of the most prevalent chronic diseases; becoming increasingly more commonplace over the past twenty years. Approximately 23.3 million Americans have asthma and it is responsible for over 3,000 deaths in the U.S. annually (American Lung Association, 2010). In 2006, 13.3 million clinical visits (hospital, outpatient, emergency department, and physician offices) were attributed to asthma (CDC, 2008). The incidence rate, and subsequently the number of asthma-related health visits, is expected to increase by an additional 100 million globally by 2025 (World Health Organization, 2007).

**Relevance**

| Health importance | Appropriate medication adherence could ameliorate the severity of many asthma-related symptoms (Akinbami, 2009). According to the Asthma Regional Council, two-thirds of adults and children who display asthma symptoms are considered “not well controlled” or “very poorly controlled” as defined by clinical practice guidelines (2010).

Pharmacologic therapy is used to prevent and control asthma symptoms, improve quality of life, reduce the frequency and severity of asthma exacerbations, and reverse airflow obstruction (NHLBI/NAEPP). Medications for asthma are usually categorized into long-term controller medications used to achieve and maintain control of persistent asthma and quick-reliever medications used to treat acute symptoms and exacerbations (NHLBI/NAEPP 2007, British Thoracic Society 2009). |
**Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)**

**Description**

The percentage of members 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

**Background**

People with schizophrenia are at greater risk of metabolic syndrome due to their serious mental illness. Diabetes screening is important for anyone with schizophrenia or bipolar disorder, and the added risk associated with antipsychotic medications contributes to the need to screen people with schizophrenia for diabetes. Diabetes screening for individuals with schizophrenia or bipolar disorder who are prescribed an antipsychotic medication may lead to earlier identification and treatment of diabetes.

**Relevance**

**Health importance** Prevalence rates of metabolic syndrome in people with schizophrenia is 42.6 percent for males and 48.5 percent for females, compared with rates in the general population (24 percent for males, 23 percent for females) (Cohn et al., 2004). Both typical and atypical antipsychotic medications contribute to the higher risk of metabolic syndrome for this population.

Among patients with co-occurring schizophrenia and metabolic disorders, rates of non-treatment for diabetes is approximately 30 percent (CATIE trial: Nasrallah, et al., 2006). Atypical antipsychotic medications elevate the risk of metabolic conditions, relative to typical antipsychotic medications (Nasrallah, 2008).

**Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)**

**Description**

The percentage of members 18–64 years of age with schizophrenia and diabetes, who had both an LDL-C test and an HbA1c test during the measurement year.

**Background**

People with schizophrenia are at greater risk of metabolic syndrome due to their serious mental illness. Diabetes monitoring is important for anyone with diabetes, and the added risk associated with schizophrenia contributes to the need to monitor people with diabetes and schizophrenia. Diabetes monitoring for individuals with schizophrenia may lead to proper treatment and control of blood sugar.

**Relevance**

**Health importance** Prevalence rates of metabolic syndrome in people with schizophrenia is 42.6 percent for males and 48.5 percent for females, compared with rates in the general population (24 percent for males, 23 percent for females) (Cohn et al., 2004).

Among patients with co-occurring schizophrenia and metabolic disorders, the non-treatment rate for diabetes is approximately 32 percent (Nasrallah et al., 2006). In addition to general diabetes risk factors, diabetes is promoted in patients with schizophrenia by initial and current treatment with olanzapine and mid-potency first-generation antipsychotics (FGA), as well as by current treatment with low-potency FGAs and clozapine (Nielsen et al., 2010).
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)

Description

The percentage of members 18–64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year.

Background

People with schizophrenia are at greater risk of metabolic syndrome due to their serious mental illness. Cardiovascular monitoring is important for anyone with a cardiovascular disease, and the added risk associated with schizophrenia contributes to the need to monitor people with cardiovascular disease and schizophrenia. Cardiovascular health monitoring for individuals with schizophrenia may lead to proper treatment and control of blood lipid levels.

Relevance

Health importance

Prevalence rates of metabolic syndrome in people with schizophrenia is 42.6 percent for males and 48.5 percent for females, compared with rates in the general population (24 percent for males, 23 percent for females) (Cohn et al., 2004).

Patients with schizophrenia are likely to have higher levels of blood cholesterol and are more likely to receive less treatment. Patients with schizophrenia and elevated blood cholesterol levels are prescribed statins at approximately a quarter of the rate of the general population. Furthermore, certain atypical antipsychotic drugs increase total and low-density lipoprotein (LDL) cholesterol and triglycerides, and decrease high-density lipoprotein (HDL) cholesterol, which increases the risk of coronary heart disease (Henneksen et al, 2005).

Among patients with co-occurring schizophrenia and metabolic disorders, rates of non-treatment for hyperlipidemia and hypertension were 62.4 percent for hypertension and 88.0 percent for dyslipidemia (CATIE trial: Nasrallah et al., 2006). Atypical antipsychotic medications elevate the risk of metabolic conditions, relative to typical antipsychotic medications (Nasrallah, 2008).
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

Description

The percentage of members 18–64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Background

For people with schizophrenia, nonadherence to treatment with antipsychotics is common, and medication nonadherence is a significant cause of relapse. Measuring antipsychotic medication adherence may lead to less relapse and fewer hospitalizations. Additionally, there is potential to lead to interventions to improve adherence and help close the gap in care between people with schizophrenia and the general population.

Relevance

Health importance

The American Psychiatric Association Clinical Practice Guidelines state, “antipsychotic medications substantially reduce the risk of relapse in the stable phase of illness are recommended with substantial clinical confidence (APA 2004).”

Nonadherence to treatment with antipsychotics is common, and medication nonadherence is a significant cause of relapse (Olfson, Hansell & Boyer, 1997; Ascher-Svanum). Moreover, the relapse rate rises from 3.5 percent per month to 11.0 percent per month when antipsychotic medication is experimentally withdrawn (Weiden & Oflson, 1995).

In a 2004 study that looked at Medicaid claims data from 1998-2000, there were high rates of underuse of antipsychotics and high rates of non-adherence. Rates of psychiatric and medical hospitalization were lower for those patients who were adherent to medications (Gilmer, 2004).