

WHAT IS THE SAA MEASURE LOOKING AT?

The percentage of members 18+ diagnosed with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

The treatment period is the time between the members first antipsychotic medication fill date in the current year through Dec 31st of the current year.

WHY IS THE SAA MEASURE IMPORTANT?

As many as 60% of patients diagnosed with schizophrenia do not take medications as prescribed. When antipsychotics are not taken correctly, member outcomes can be severe, including hospitalization and interference with the recovery process. ¹

Adherence problems may make it difficult for a prescriber to assess the member's medication response. Prescribers may unnecessarily alter medication type or dosage in order to resolve what appears to be medication complications for a member who actually has an adherence problem. ¹

WHO IS INCLUDED IN THE MEASURE?

Members with either one acute inpatient encounter or two outpatient encounters with a diagnosis of either schizophrenia or schizoaffective disorder with at least 2 antipsychotic medication dispensing events.

Applies to members age 18+; Commercial, Medicaid and Medicare are included

WHEN DOES A MEMBER 'PASS' THE MEASURE?

When their proportion of days covered for their antipsychotic medications is at least 80% of their treatment period

Are there common patient-reported barriers to adherence with antipsychotic medications that providers should be aware of?

Yes: ²

- Stigma
- Adverse Drug Reactions
- Side Effects, such as weight gain, different from Adverse Reactions
- Homelessness
- Lack of Social Support
- Substance Use

WHICH MEMBERS ARE EXCLUDED?

Members with Dementia are excluded, as well as members over age 80 diagnosed with frailty. Members that do not have at least 2 medication dispensing events are excluded; and members in hospice are also excluded.

WHAT CAN PROVIDERS DO TO IMPROVE SAA RATES?

Outreach directly to members who were recently prescribed antipsychotics or who have prescription refills that are past due:

- Follow up with members to confirm that they are taking their medications
- Inform the members that they should talk to their providers if they are experiencing adverse medication side-effects

Develop member-driven plans for medication reminders:

- Possible reminder modes include text messages, automated phone calls, alarms, signs in the member's home, and technology-equipped pillboxes that prompt members of the appropriate times to take medications ³

Provide evidence-based practices that are recommended for the treatment of schizophrenia, such as Cognitive-Behavioral Therapy (CBT), or refer members to providers who employ such practices.

Address risk factors and barriers associated with non-adherence, such as negative stigmas, homelessness and substance use. Interventions focused on these risk factors may improve outcomes for members with the highest danger of non-adherence related relapse

Discuss with the member the potential side effects of the medication

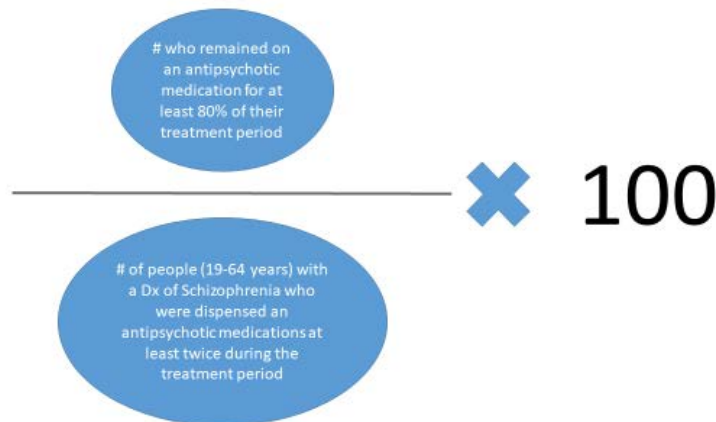
Include a family member or caregiver in discussions regarding treatment when able

Which codes identify the members that are being looked at in this measure?

Some common ICD-10 codes for schizophrenia, placing members in this measure (when coupled with either an IP stay or two OP encounters) are:

F20.0, F20.1, F20.89, F25.0, F25.1, F25.8

SAA Measure At-a-Glance:



WHAT IS HEDIS® ?

HEDIS (Healthcare Effectiveness Data Information Set) is a widely used set of performance measures in the managed care industry, developed and maintained by NCQA. HEDIS measures results and drives improvement efforts surrounding best practices

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

¹ Velligan, D. I. and Weiden, P. J. (2006, August). Interventions to Improve Adherence to Antipsychotic Medications. *Psychiatric Times*, 23(9). Retrieved from www.psychiatrictimes.com/articles/interventions-improve-adherence-antipsychotic-medications

² National Council for Behavioral Health. (February 21, 2018). *Improving Health Outcomes by Impacting Adherence to Medication* [PowerPoint slides]. Retrieved from <https://www.nationalcouncildocs.net/wp-content/uploads/2018/03/Med-Adher-CCBHC-Feb-21-2018-Webinar-FINAL.pdf>

³ Velligan, D. I. and Weiden, P. J. (2006, August). Interventions to Improve Adherence to Antipsychotic Medications. *Psychiatric Times*, 23(9). Retrieved from www.psychiatrictimes.com/articles/interventions-improve-adherence-antipsychotic-medications