



Measure Fact Sheet – The AHRQ-CMS Pediatric Quality Measures Program (PQMP)

# Measures: Safe and Judicious Antipsychotic Use in Children and Adolescents

## Measure Developer: National Collaborative for Innovation in Quality Measurement

As part of the Pediatric Quality Measures Program (PQMP), the Agency for Healthcare Research and Quality (AHRQ)-Centers for Medicare & Medicaid Services (CMS) PQMP National Collaborative for Innovation in Quality Measurement (NCINQ) Center of Excellence has developed seven measures assessing the safe and judicious use of antipsychotic medications in children and adolescents. The measures are intended for children enrolled in commercial health plans and/or Medicaid, with particular relevance for those with experience in the foster care system.

Recognizing the need to encourage health care providers to think carefully before prescribing these medications and to initiate proper care and monitoring if medications are deemed necessary, NCINQ developed measures in two key areas:

### 1. Measures to Assess Appropriateness/Overuse of Antipsychotics in Youth:

For these measures, a lower rate indicates better performance.

- Use of antipsychotic medications in very young children.
- Use of higher-than-recommended doses of antipsychotics in children and adolescents.
- Use of multiple concurrent antipsychotics in children and adolescents.

### 2. Measures to Assess Management of Youth on Antipsychotics:

For these measures, a higher rate indicates better performance.

- Use of first-line psychosocial care for children and adolescents on antipsychotics.
- Followup visit for children and adolescents on antipsychotics.
- Metabolic screening for children and adolescents newly on antipsychotics.
- Metabolic monitoring for children and adolescents on antipsychotics.



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## Measure Importance

- This measure set represents an important area of health care quality for children.
- Antipsychotic medications are among the most expensive, highest in risk, and fastest growing of therapeutic classes for children with mental disorders. For example, the frequency of prescribing antipsychotics increased from 8.6 per 1,000 children in 1996 to 39.4 per 1,000 in 2002.<sup>1</sup>
- Although evidence supports use of antipsychotics in youth for certain narrowly defined conditions, the majority of children on antipsychotics do not have one of these conditions.<sup>2</sup>
- Antipsychotics have serious, common side effects, including weight gain, hyperprolactinemia<sup>3</sup>, and metabolic disturbance.<sup>3,4,5</sup> Concerns over the rising use and safety risks these medications pose to developing children led to the development of these measures.
- The measures are supported by guidelines from national organizations that include the American Academy of Child and Adolescent Psychiatry and the Centers for Education and Research on Mental Health Therapeutics.

## About the Measures

The set is composed of measures that assess specific aspects of the safe and judicious use of antipsychotics in children. The appropriateness/overuse measures address the safety concern for children age 5 and under who are on these medications, as well as children and adolescents who are on higher than recommended doses or more than one medication at the same time. The next measure encourages use of psychosocial intervention as a first-line treatment for children in whom antipsychotics are not indicated. Two measures assess receipt of services for children and adolescents who initiate antipsychotic treatment: a followup visit with a prescriber and a metabolic screening to establish baseline functioning before medication side effects begin. Finally, for those with ongoing antipsychotic use, the metabolic monitoring measure addresses the need for continued monitoring for medication side effects.

## Measure Development

- The National Committee for Quality Assurance (NCQA) field tested these measures using Medicaid Analytic eXtract data files for 11 States, data from States participating in the MEDNET project, Medicaid claims data from about 20 managed care plans in one State, and data from about 70 commercial plans. Testing indicated States and plans can collect and report the measures. Several measures, such as the metabolic screening measure, revealed alarming gaps in care.
- The measures are being proposed for use in State and provider Federal programs and have been adopted for reporting by Medicaid and commercial health plans as part of NCQA's Healthcare Data and Information Set (HEDIS®) program.
- The measures are available for public, noncommercial use.

## For More Information

For more information about the measures:

- AHRQ: [CHIPRAqualitymeasures@ahrq.hhs.gov](mailto:CHIPRAqualitymeasures@ahrq.hhs.gov)
- NCINQ: Sarah Scholle, [Scholle@ncqa.org](mailto:Scholle@ncqa.org)
- Coming soon: [Link to measure details on the AHRQ Web site.](#)

For more information about the PQMP, visit [www.ahrq.gov/CHIPRA](http://www.ahrq.gov/CHIPRA).

## Notes

<sup>1</sup>Increased levels of prolactin (a pituitary hormone) in the blood; in women it is associated with amenorrhea and often galactorrhea (secretion of milk from the breast of a non-lactating person), and it has been reported to cause impotence in men.

<sup>2</sup>Metabolism is the set of life-sustaining chemical transformations within the cells of living organisms. These enzyme-catalyzed reactions allow organisms to grow and reproduce, maintain their structures, and respond to their environments.

<sup>3</sup>Cooper, WO, Arbogast PG, Ding H, et al. Trends in prescribing of antipsychotic medications for U.S. children. *Ambul Pediatr* 2006;6(2):79–83.

<sup>4</sup>Penfold RB, Stewart C, Hunkeler EM, et al. Use of antipsychotic medications in pediatric populations: what do the data say? *Curr Psychiatry Rep* 2013;15(12):1–10.

<sup>5</sup>Correll CU, Kratochvil CJ, March JS. Developments in pediatric psychopharmacology: focus on stimulants, antidepressants, and antipsychotics. *J Clin Psychiatry* 2011;72:655–70.

The Children's Health Insurance Program Reauthorization Act (CHIPRA) called for establishment of a Pediatric Quality Measures Program (PQMP) as a followup to identifying the initial core set of children's health care quality measures. This fact sheet was produced by the Agency for Healthcare Research and Quality (AHRQ), based on information provided by the AHRQ-CMS National Collaborative for Innovation in Quality Measurement (NCINQ), which was funded by an AHRQ/CMS grant as a PQMP Center of Excellence. A listing of all submitted PQMP Centers of Excellence measures can be found at [www.ahrq.gov/CHIPRA](http://www.ahrq.gov/CHIPRA). All measures are publicly available for noncommercial use.



AHRQ Pub. No. 14(15)-P011-1-EF  
March 2015