

## AIM

Improve metabolic monitoring rates of patients taking antipsychotic medications to 75% compliance within 1 year for all patients seen in the Outpatient Psychiatry Teaching Clinic (OPTC) (Ground Floor, Neurosciences Hospital)

## PROBLEM

Metabolic monitoring for patients taking antipsychotics has historically been poor. The OPTC has not used a consistent, defined framework for monitoring. Decisions regarding the specific variables and frequency of monitoring have been left to individual providers. A systematic approach to monitoring is needed, based on current practice patterns and the available evidence base, that can be standardized, measured, and acted upon.

## IMPORTANCE

Patients with severe mental illness (SMI) requiring antipsychotic medications have a lifespan that is ~20 years lower than the general population. Over the past several decades, individuals with SMI have not experienced the same benefit in reductions in disease mortality, such as CVD, when compared to the general population. There are many factors that drive the mortality gap. The lack of systematic health monitoring is a likely contributor. This is especially important because effective health interventions have been established for this population. However, without proper monitoring, it is difficult to identify patients who would benefit from these treatments. This project will standardize a metabolic monitoring protocol for the OPTC. This will, in turn, facilitate coordination of care with other medical providers and help improve the physical health of our patients.

## EXPECTED OUTCOMES

Develop a consensus guideline for metabolic monitoring for all patients taking antipsychotic medications at UNC. The goal is to achieve 75% compliance with this guideline within 1 year.

## MEASURES

Outcome: [#of patients on antipsychotics with annual A1C, lipid panel]/[#Patients on antipsychotics],  
[# of patients with recent antipsychotic initiation with baseline (pre-medication switch) A1C, lipid panel]/  
[#patients with recent antipsychotic initiation]  
[# of patients with recent antipsychotic change with A1C, lipid panel 3 months after antipsychotic initiation /  
[#patients with recent antipsychotic initiation]

Completed A1C/Ordered A1C  
Completed lipid panel/ordered lipid panel  
#external lab values entered into EPIC (rate)  
Referrals to/ communication with PCP/ appropriate specialist

Current practice pattern survey  
Patient satisfaction survey

## RISKS/BARRIERS

Risks: Time, What are the major challenges you anticipate? IT? Attitudes? Behaviors? Culture? Time?  
The major challenges anticipated: Time constraints in OPTC (to discuss monitoring, to enter results of monitoring), patient buy in and follow-up with recommendations to obtain monitoring, uploading outside results appropriately to ensure we can adequately monitor, IT: awaiting BPA activation (please add more)

## STAKEHOLDERS

Who are the key stakeholders in the planned changes?  
Key Stakeholders: Medication management providers tasked with being more mindful of monitoring, CMA's currently doing medication reconciliation, CMAs tasked with distributing/collecting surveys ,patients that will undergo monitoring, those that will monitor rates of monitoring and provide feedback.

# Improving metabolic monitoring for patients taking Antipsychotics

rev. 07/28/2016

<b>SCOPE</b>	
In Scope:	Out of Scope:
Metabolic monitoring rates	
<b>SCHEDULE</b>	
<p><i>Kickoff: August 5th, Biweekly meetings: ongoing every 1,3, (5<sup>th</sup>) Tuesdays Noon-1pm at GNSH conf. room A</i></p> <p><i>Provider Surveys distributed: August 15<sup>th</sup>, April 18<sup>th</sup></i></p> <p><i>Patient Surveys distributed: beginning August 15th</i></p> <p>Anticipated EPIC BPA rollout: Nov 2016</p> <p>Final presentation/ wrapup: May 2017*</p>	
<b>PROJECT TEAM</b>	
Team Member	Project Role ( <i>sponsor, lead, SME, coordinator, etc.</i> )
Michelle Cueva	Non-psychopharmacology data keeper, data analyst, psychological testing expert
Bradley Gaynes	Faculty Advisor/ Research/ ADTC clinic expert
Fred Jarskog	Faculty Advisor/ Antipsychotic/metabolic SE expert/ STEP clinic expert
Lisa Lindquist	Chief resident, EPIC expert, standardization expert
Robin Reed	Faculty Advisor/ Intradepartmental coordination expert, integrated care expert
Jennifer Richards	Lead/ Sponsor
Sarah Smithson	Metabolic monitoring expert
Takahiro Soda	Lead
Robert Wallace	QI coach, data analysis expert