PSYCKES Quality Collaborative

Bellevue Hospital Center Outpatient Psychiatry Clinic

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Project Goal

Reduce the use of antipsychotic medications with high or moderate risk of metabolic side effects in patients with certain cardiometabolic risk factors.

Targeted Population

Psychiatric outpatients currently receiving Olanzapine and/or Quetiapine who have at least one of these cardiometabolic risk factors:

- obesity
- diabetes mellitus
- hyperlipidemia
- hypertension
- cardiovascular disease

Method

- Identify positive cases using PSYCKES
- Review of each case by Clinic leadership
- Discussion between Attending Psychiatrist and patient about medication risks and benefits
- Where feasible, change from high- or moderate-risk antipsychotic to low-risk antipsychotic

Project Implementation

- Educated Clinical Staff
  - Outpatient Psychiatry Clinic
  - Outside psychopharmacology supervisors
  - Psychiatry Residents
  - Primary Care
  - Addiction Psychiatry
  - CPEP
  - Inpatient
- Monthly Chart Reviews to identify cases
- Clinical Note and New Starts Form
- Medication Planning
  - Change Strategies
  - No change (rationale documented)

New Starts Checklist

BELLEVUE HOSPITAL CENTER
GNYHA PSYCKES QUALITY COLLABORATIVE
NEW STARTS CHECKLIST

Complete before initiating olanzapine, quetiapine, chlorpromazine, thioridazine

	Col A	Col B	
1	☐No	☐Yes	Does the patient report a diagnosis of any cardiometabolic condition (including diabetes, pre-diabetes, high triglycerides, low HDL, hypertension, obesity and/or cardiovascular disease)?
2	☐No	☐Yes	Is the patient taking any medication used to treat the above conditions?
3	☐No	☐Yes	Is there documentation indicating that the patient has any of the above conditions, in the medical record (and/or in PSYCKES, if applicable)?
4	☐Yes	☐No	Have you obtained a family history of cardiometabolic conditions and ischemic vascular disease, including age at onset?
5	Do you have the results of the following diagnostic tests for the patient, dated within the past 6 months (or as clinically appropriate)?		
	☐Yes	☐No	Fasting glucose level
	☐Yes	☐No	Fasting triglyceride levels / fasting HDL cholesterol level
	☐Yes	☐No	Waist circumference / BMI
	☐Yes	☐No	Blood pressure
	☐Yes	☐No	ECG (if indicated)
6	Based on all of the above data sources, is the patient diagnosed with/being treated for/exhibiting signs and symptoms of any of the following?		
	☐No	☐Yes	Diabetes?
	☐No	☐Yes	Pre-diabetes?
	☐No	☐Yes	Hypertriglyceridemia?
	☐No	☐Yes	Obesity?
	☐No	☐Yes	Hypertension?
	☐No	☐Yes	Ischemic Vascular Disease (cardiovascular/cerebrovascular/peripheral vascular)?
	☐No	☐Yes	Metabolic syndrome?
	☐No	☐Yes	Strong family history of diabetes and/or ischemic vascular disease with early onset?
If you answered "No" to all items in question #6, then STOP, you have completed this form. If you have answered "Yes" to any items in question #6, please continue with this form.			
7	☐Yes	☐No	Does the client have a psychotic disorder? *If yes, skip to # 9*
8	☐Yes	☐No	(If no psychotic disorder) Has the patient had adequate trials of: (1) a medication other than an antipsychotic, (2) an evidence-based psychosocial treatment *AND* (3) an antipsychotic that is in the low risk category for metabolic side effects? If yes, please specify:
	Check No if unknown If yes, specify →		_____
9	☐Yes	☐No	(If the patient has a psychotic disorder) Has the patient had a trial of at least ONE medication (for children: one non-antipsychotic medication) that is in the low risk category for cardiometabolic side effects at an adequate dose for an adequate period of time? If yes, please specify:
	Check No if unknown If yes, specify →		_____
10	☐No	☐Yes	Are there safer medications that may be effective?
If any boxes in Column B above are checked, please consult with the Program Director/ Medical Director before recommending a course of a moderate- or high-risk antipsychotic medication. In addition, before initiating the medication regimen, please complete the following steps:			
11	☐Yes	☐No	Have the benefits and risks of the proposed regimen, including cardiometabolic risk, been discussed with the patient, family and/or legal guardian, as appropriate?
12	☐Yes	☐No	Is the rationale for this medication regimen clearly documented in the chart?
13	☐Yes	☐No	Is there a plan to monitor the patient regularly for changes in cardiometabolic indicators in accordance with the protocol below? Specify provider(s) and frequency: _____

Clinical Note

BELLEVUE HOSPITAL CENTER
GNYHA-PSYCKES QUALITY COLLABORATIVE
CLINICAL NOTE

Patient Name:_____ Date:_____
Clinic Prescriber: _____ Medical Record Number: _____

IF PATIENT IS A "NEW START" SKIP TO PAGE 2 AND COMPLETE "NEW STARTS FORM"

IF PATIENT IS CURRENTLY ON OLANZAPINE OR QUETIAPINE, COMPLETE PAGE 1 ONLY

CARDIOMETABOLIC RISK AND ANTIPSYCHOTIC MEDICATIONS

The patient has a diagnosis of:
☐Diabetes ☐Hyperlipidemia ☐Hypertension ☐Obesity ☐Metabolic Syndrome (≥3 CMI) ☐CVD
High-/moderate-risk antipsychotic(s) currently prescribed: _____ _____
Does the patient have a psychotic disorder? ☐Yes ☐No
If no, indication for antipsychotic use:_____

PRESCRIBER INFORMATION

Who currently prescribes the high-/moderate-risk antipsychotic for this patient?
☐This clinic ☐Another part of this hospital (specify_____) ☐Outside of this hospital(specify_____)

Has the patient had at least one trial of a lower-risk antipsychotic at an adequate dose for an adequate time?
☐Yes ☐No ☐Unknown

CURRENT MEDICATIONS

☐ Olanzapine, dose _____ ☐ Quetiapine, dose _____

MEDICATION PLAN

CHANGE

Plan
☐Discontinue _____
☐Begin taper of_____
☐Taper of_____in progress

Plan Supports
☐Define/discuss early warning signs of relapse
☐Use rating scale_____
☐Call to check in on patient
☐Increase therapist/RN involvement
__telephone check in
__discuss med concerns/adherence at next appt.
__meet with patient/family/social supports
__increase frequency of visits
☐Offer medication education groups
☐Other _____
_____

NO CHANGE

Rationale
☐Patient released from hospital in past 3 months
☐Patient prefers to stay on current regimen
☐AOT order specifies current regimen
☐Medication prescribed by outside provider
☐Unsuccessful attempt to change medication regimen in the past 3 months
☐At least one previous trial of lower-risk antipsychotic at adequate dose for adequate time
☐Patient has history of serious violence to self or others
☐Other_____

Plan to address barriers to change
☐Reassess in ____months
☐Therapist to engage patient around concerns
☐Provide medication education materials
☐Contact other prescribers of medication
__contact info in chart
__consent done
☐Offer medication group/peer support
☐Other _____

PLEASE PLACE FORM IN PSYCKES BOX LOCATED IN MEDICAL RECORDS ROOM

Change Strategies

- Discontinuing off use label for insomnia and/or anxiety
- Aripiprazole or Ziprasidone trials, when appropriate
- Rediscovery of conventional antipsychotics

Current Status

Positive Cases Identified to Date	85
Clinical Reviews Done to Date	117
Positive Cases Changed to Date	30
% Changed to Date	35

Future developments

- Ongoing Education
  - Outpatient Psychiatry Clinic
  - CPEP
  - Inpatient Psychiatry
  - Addiction Psychiatry
  - Primary Care
  - Outside Supervisors
- Continue to Identify Positive Cases, Review, and Implement Change Strategies