Evaluating the Impact of SHAPEMEDs - The New York State Office of Mental Health (OMH) asked the Center for Practice Innovations to convene a meeting on December 3, 2009 to plan an evaluation of the impact of a new OMH initiative: SHAPEMEDs, a Care Pathway for Patients on Antipsychotic Medications. SHAPEMEDs will promote evidence-based practice in a non-prescriptive, user-friendly way by facilitating critical decision-making through a series of questions about the selection and monitoring of side effects and adverse events of antipsychotic agents. The goal of this planning meeting was to help refine the SHAPEMEDs instrument and its implementation so it is maximally beneficial to OMH clinicians and its impact can be evaluated. To see a summary of the meeting, please see below.
Evaluation Planning Meeting for the SHAPEMEDs Initiative
New York State Psychiatric Institute
December 3, 2009

Attendees:

**OMH**
- Scott Derby
- Sheila Donahue, Ph.D.
- Gerry Engel, R.Ph.
- Stewart Gabel, M.D.
- Mandy Herrington, B.A.
- Carol Lanzara, J.D.
- Hailing Li, M.S.
- Greg Miller, M.D.
- Robert Myers, Ph.D.
- Lloyd Sederer, M.D.

**Columbia/NYSPI**
- Nancy Covell, Ph.D.
- Matthew Erlich, M.D.
- Susan Essock, Ph.D.
- Molly Finnerty, M.D.
- Carlos Jackson, Ph.D., M.P.H.
- Fred Jarskog, M.D.
- Edith Kealey, M.S.W.
- Laura Kent, M.D.
- Kristin Leight, M.D.
- Jeffrey Lieberman, M.D.
- Jennifer Manuel, Ph.D.
- Sue Marcus, Ph.D.
- Ilana Nossel, M.D.
- Mark Olfson, M.D.
- Lewis Opler, M.D., Ph.D.
- Sharat Parameswaran, M.D.
- Tom Smith, M.D.
- Scott Stroup, M.D., M.P.H.

**University of Pittsburgh**
- Kathy Wisner, M.D.

**Meeting Summary**

**Overview**
OMH launched the SHAPEMEDs initiative following increasing concerns about the adverse events, side effects, and costs associated with antipsychotic medications. There is often poor congruence between what evidence suggests are best practices and what actually occurs. An effort by OMH to improve prescribing for OMH patients who receive antipsychotic medications, SHAPEMEDs is a tool to influence practice in a non-prescriptive, user-friendly way. The two-page tool is an aid to critical decision-making for prescribing doctors and nurses, and includes questions about the selection of antipsychotic agents and the monitoring of side effects.

(A DVD of the OMH grand rounds presentation by Commissioner Hogan and Drs. Sederer and Lieberman describes the tool and how to use it. The DVD is available free to anyone interested by sending an email to Cynthia Kroeger, OMH - Bureau of Psychiatric Services and Research Institute Support at copsclk@omh.state.ny.us.)
Proposed Specific Aims of SHAPEMEDs Evaluation

Draft Specific Aim 1.
To determine whether the SHAPEMEDs initiative is having a positive influence on antipsychotic prescribing practices as determined by:

A. Improved performance by prescribers in:
   i. Prescribing patterns
   ii. Primary care
   iii. Monitoring for adverse effects, medical problems, and clinical factors
   iv. Lower incidence of metabolic syndrome
   v. Managing adverse effects and patients’ particular clinical situations
   vi. Keeping cost effectiveness and simpler medical regimens in mind

B. Improved health in patients, with fewer symptoms and better functioning

Draft Specific Aim 2.
To determine whether providers find the SHAPEMEDs forms useful, whether they are using it, and what barriers might exist. Perhaps add a qualitative component to interview prescribers.

Other Aims of SHAPEMEDs.
- Increase shared decision-making about prescribing
- Reduce the risk of metabolic syndrome and other adverse outcomes
- Improve recipients’ satisfaction of care

Data Sources
The Mental Health Automated Record System (MHARS) is an electronic medical record that incorporates all required OMH medical record data elements. It provides on-line, real-time access to clinical information, and facilitates clinical administrative activities.

SHAPEMEDs forms will be integrated into MHARS in 2010. The group discussed suggested changes, additions, and concerns about this process.

There are challenges in using these data sources:
  o Difficulty matching clinics to Medicaid data.
  o The Medicaid population may not be representative of the entire clinic population.
  o Working with Medicaid claims can be labor intensive.
  o There are many variations in how facilities enter data into MHARS
  o There are no specific consequences for not entering data into MHARS.

Methods for Evaluating Impact
The group discussed at length whether to structure the evaluation as a research study or a quality improvement initiative. Although SHAPEMEDs is intended as a clinical tool, there is interest in evaluating its effectiveness within the limits of available resources.
**Priority Areas of Study**

The group discussed the following priority areas for further study:

1. Using data from SHAPEMEDs forms to track:
   - Prescribing practices at the time of implementation
   - Differences in prescribing practices over time
   - Unmet primary care needs among patients
   - SHAPEMEDs tool uptake/implementation

2. Requiring additional sources of data to capture:
   - Side effects
   - Health/medical care
   - Client functioning
   - Number of doses; medication burden

**Next Steps**

- Modify specific aims to incorporate suggestions where feasible.
- Modify SHAPEMEDs form.
- Begin programming SHAPEMEDs form into MHARS.
- Determine the number of outpatient sites using the MHARS treatment planning feature and/or script writer.
- Identify potential early adopters/pilot/phase 1 sites and determine appropriate number of sites for initial test/implementation.
- Discuss and map out plans for implementation.