

## Vermont Mental Health Performance Indicator Project

Agency of Human Services, Department of Mental Health  
26 Terrace Street, Montpelier, VT 05609

TO: Vermont Mental Health Performance Indicator Project  
Advisory Group and Interested Parties

FROM: John Pandiani and Walter Ochs

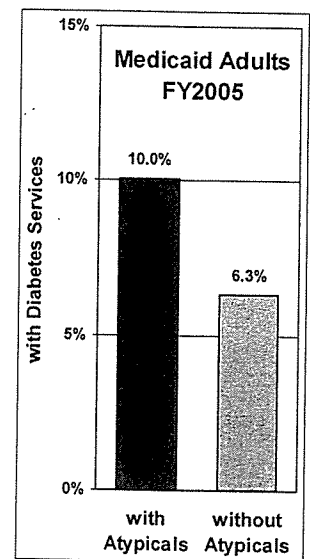
DATE: January 6, 2012

RE: Atypical Medications and Diabetes among Vermont Medicaid Service Recipients

This week's brief report provides information regarding the prevalence of diabetes among adult Vermont Medicaid service recipients who received atypical antipsychotic medication. This analysis was conducted in response to a request from Xenia Williams, MS. Xenia is a former Vermont State hospital patient, a former Home Intervention Counselor at Washington County Mental Health, and currently serves on the Board of Directors of two Vermont peer-run community programs.

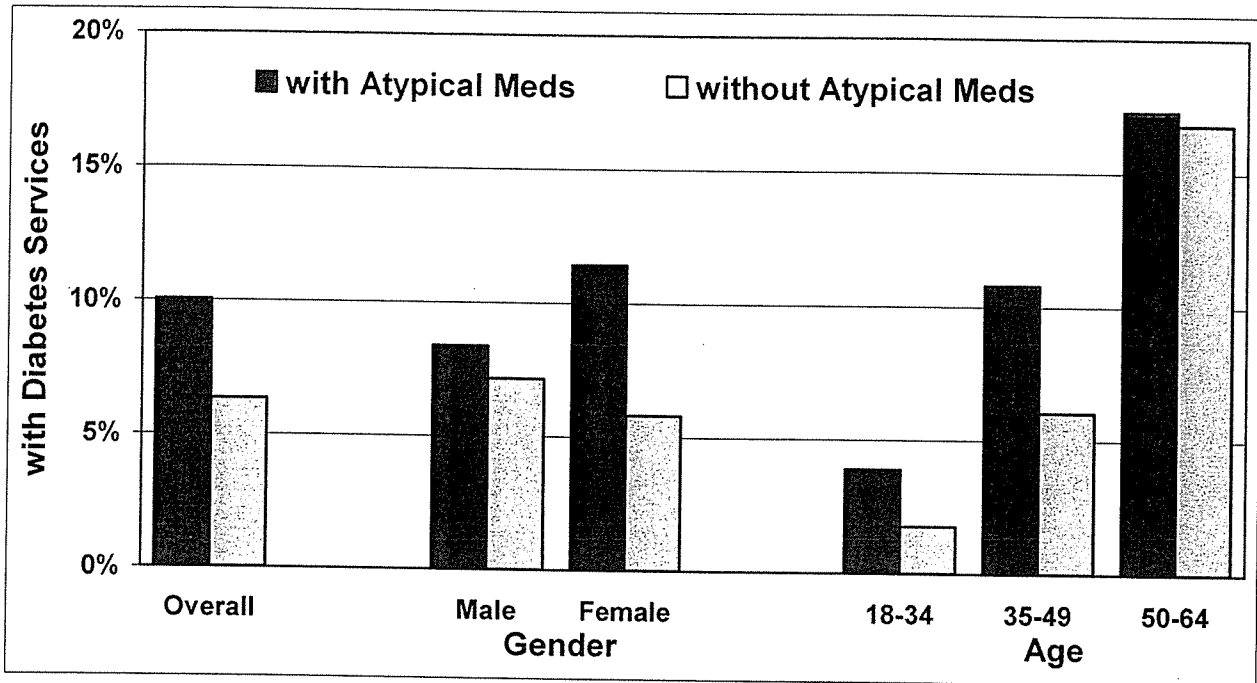
This report is based on analysis of Vermont Medicaid paid claims for the 67,395 individuals aged 18-64 who received Vermont Medicaid reimbursed services during FY2005. More than 5,000 of these Medicaid enrollees received Medicaid reimbursed atypical antipsychotic medications and more than 4,000 of these Medicaid enrollees received Medicaid reimbursed diabetes services during the study period.

As you will see, adults with atypical antipsychotic medications were almost 60% more likely than adults with no atypical antipsychotic medications to receive diabetes services overall. The elevated rate of diabetes for recipients of atypical medications, however, varied substantially among demographic groups. The elevated rate decreased with increasing age. Among young adult service recipients (aged 18-34) atypical medication recipients were more than twice as likely as other young adults to receive diabetes services, adults aged 35-49 were almost 80% more likely to receive diabetes services, while adults aged 50-64 were only 3% more likely than other Medicaid service recipients with no antipsychotic medication services to receive diabetes services. There were also gender differences among the elevated rates. Female recipients of atypical medications were almost twice as likely as other women to receive diabetes services, while male recipients of atypical medications were only 20% more likely than other men to be receiving diabetes services.



We look forward to your questions and comments about these findings, and your suggestions for further analyses of data regarding the relationship between diabetes and atypical antipsychotic medications in Vermont. As always, we can be reached at 802-828-1703 or [pip@state.vt.us](mailto:pip@state.vt.us).

## Medicaid Service Recipients with Atypical Antipsychotic Medications and Diabetes by Age and Gender During FY2005



|  | Overall     | Gender      |             | Age          |             |            |
|--|-------------|-------------|-------------|--------------|-------------|------------|
|  |             | Male        | Female      | 18-34        | 35-49       | 50-64      |
| <b>Total Served</b>                            | 67,395      | 26,063      | 41,332      | 30,049       | 23,219      | 14,127     |
| <b>With Atypical Medication Drug Claims</b>    |             |             |             |              |             |            |
| # of People                                    | 5,445       | 2,469       | 2,976       | 1,824        | 2,316       | 1,305      |
| <b>with Diabetes</b>                           |             |             |             |              |             |            |
| #  | 547         | 207         | 340         | 71           | 250         | 226        |
| %  | 10.0%       | 8.4%        | 11.4%       | 3.9%         | 10.8%       | 17.3%      |
| <b>Without Atypical Medication Drug Claims</b> |             |             |             |              |             |            |
| # of People                                    | 61,950      | 23,594      | 38,356      | 28,225       | 20,903      | 12,822     |
| <b>with Diabetes</b>                           |             |             |             |              |             |            |
| #  | 3,920       | 1,689       | 2,231       | 501          | 1,263       | 2,156      |
| %  | 6.3%        | 7.2%        | 5.8%        | 1.8%         | 6.0%        | 16.8%      |
| <b>Elevated Rate*</b>                          | <b>+59%</b> | <b>+17%</b> | <b>+96%</b> | <b>+119%</b> | <b>+79%</b> | <b>+3%</b> |

\*An elevated rate 3% indicates that recipients with atypical medications are 3% more likely to have diabetes services than those with no atypical meds.  
An elevated rate of 119% indicates that recipients with atypical medications are more than twice (+119%) as likely to have diabetes services than those with no atypical meds

Analysis based on Medicaid paid claims for services during FY2005. Includes adults age 18 to 64.  
Diabetes includes individuals with a paid claim with a diagnosis code including: 250.xx-250.93, 357.2, 362.xx-362.02, or 366.41.  
Atypical medications include paid drug claims with an atypical therapeutic class code: H7T, H7X, or H7Z.