Academic Detailing Program Reduces Gaps in Care Within Medicaid Population

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Background
- Second-generation antipsychotics (SGA) have become a staple for treatment of many psychiatric disorders, replacing older agents due to their perceived advantages.
  - However, weight gain, hypertension, insulin resistance, and hyperlipidemia have been found to be associated with the use of SGAs.
- As such, the American Psychiatric Association and American Diabetes Association recommend baseline and scheduled metabolic monitoring for patients while they are taking SGAs.
  - Despite recommendations from these organizations as well as national quality metrics that target this monitoring, practice audits consistently show low rates of adherence to monitoring guidelines.

Objective
- To evaluate the clinical outcomes of a pharmacist-run academic detailing program on reducing gaps in laboratory testing for patients who are prescribed a SGA in a managed Medicaid population.

Methods
- A computer generated list of all prescribers who had at least one patient prescribed a SGA within a 90-day period without a paid claim for an appropriate lab in a 12 month window was generated monthly.
  - Appropriate labs included fasting blood sugar, glucose test, HgA1c, comprehensive metabolic panel and a lipid panel.
- The providers were ranked by the number of opportunities the pharmacist would prioritize consultations with the prescribers with the most opportunities.
- During consultations, prescribers were informed about the gap in care, educated on the clinical reasons for monitoring, and given solutions for patient and prescriber barriers.
- Telephonic and face-to-face consultations were conducted between August 1st, 2015 and July 31st, 2016 within a Managed Medicaid specialty plan in Florida [P], designed to treat patients with serious mental illness.
  - Using MI model, the pharmacy and medical claims of identified patients were extracted six months pre and post consultation, where the consultation date served as the index date for the study.
- Claims were extracted 9 months post the last consultation date to allow for the recommended 3 month lag in capturing medical claims.
  - As a proxy for continuous enrollment, patients with less than two claims and patients identified as having claims with a date of service that spanned more than 120 days were excluded from the eligible sample.
- Patients with no claims during the 6-month post evaluation period were also excluded.
  - A 6-month cross-sectional analysis comparing pre and post consultation utilization was implemented, where the consultation date served as the index date.
- Significance was calculated using the Wilcoxon sign ranked test for paired data using a significance threshold of p<0.05.
- All performed tests remain uncorrected for multiple testing.

Results
- A total of 1,269 patients met the study inclusion criteria, resulting in 229 distinct prescribers receiving a consultation between August 1, 2015 and July 31, 2016.
  - The average age of the eligible sample was 36.41 (SD 15.65), with 15.34% (n = 187) of the eligible sample being under the age of 18 at the consultation date.
- 61.8% (n = 753) of the eligible sample were male.
  - The observed significant increase in paid labs claimed for recommended labs (p=0.0001), where the distinct count of paid lab claims increased by 613 claims.
- Gaps continued to be closed post 6 months post consultation. At 360 days, 67.9% of the gaps in care were closed resulting in 616 members receiving their metabolic monitoring within that 1-year period.

Discussion
- Academic detailing consultations received overwhelmingly positive feedback. Some of the offices were able to incorporate these reports into their work flow by creating gap reports via their EHRs to ensure the prescriber is made aware of needed labs.
  - The most prevalent barrier uncovered during consultations was lack of coordination of care. Some prescribers had actually ordered the labs but the patient never went to get the lab drawn. There was no system in place to notify the doctor that the patient didn’t get the lab drawn and this led to the lab being ordered again, which cost the provider and did not lead to any lab results.
- Possible solutions include contracting with laboratory agencies that offer on-site blood draws which could decrease patient burden and increase accessibility. Mobile testing units are able to be hired for remedial services and communicate the results to the prescriber so that any missed labs could be ordered prior to consult.