Behavioral Health Disorders and Clinical Interventions





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, hyperglycemia, insulin resistance, and hyperlipidemia have been found to be associated with the use of SGAs.¹
- As such, the American Psychiatric Association and American Diabetes Association recommend baseline and scheduled metabolic monitoring for patients while they are taking SGAs.²
- 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.³

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.

Disclosures

• This research was conducted by Magellan Rx Management, Scottsdale, AZ without external funding.

References

- 1. Newcomer JW, Haupt DW. The Metabolic Effect of Antipsychotic Medication. Can J Psychiatry 2006; 51:480-491.
- 2. American Diabetes Association, American Psychiatric Association, American Association of Clinical Endocrinologists, North American Association for the Study of Obesity. Consensus development conference on antipsychotic drugs and obesity and diabetes. *Diabetes Care.* 2004;27:596-601
- 3. Cohn, Tony. Metabolic Monitoring for Patients on Antipsychotic Medications. Psychiatric Times. 2013. http://www.psychiatrictimes.com/metabolic-disorders/ metabolic-monitoring-patients-antipsychotic-medications/page/0/1 Accessed on 9/27/17.

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 and 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 reason 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 (FL) designed to treat patients with serious mental illness.
- Using SAS version 9.4, 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 less than 150 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.

Academic Detailing Program Reduces Gaps in Care Within Medicaid Population

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Results

- July 31st, 2016.
- consultation date.
- 61.8% (n = 753) of the eligible sample were male.
- distinct count of paid lab claims increased by 613 claims.
- their metabolic monitoring within that 12 month period.
- visits (194%) and telephonic (187%) (p=0.34).



Figure 1. Percentage of Gaps Closed Stratified the Number of Days Post Consultation

• A total of 1,219 patients met the study inclusion criteria, resulting in 229 distinct prescribers receiving a consultation between August 1, 2015 and

• 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

• When comparing the pre and post consultation period, we observed a 188% increase in paid claims for recommended labs (p=<0.0001), where the

• The observed increase in paid lab claims resulted in a 40% reduction in gaps in lab test for the eligible sample at 6 months post intervention.

• Gaps continued to be closed past 6 months post consultation. At 360 days, 56.7% of the gaps in care were closed resulting in 691 members receiving

• There was no significant difference in the number of paid claims for recommended labs when comparing the two modes of intervention: face-to-face

Percentage of Closed Gaps in Care



Discussion Academic detailing consultations received overwhelmingly positive feedback. Some of the offices were able to incorporate these reports into their work flow by creating pop-up alerts in their EMRs to ensure the prescriber is made aware of needed labs. • The most prevalent barrier uncovered during consultations was lack of coordination of care. Some providers 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 and there was no one in the doctor's office that was following up on all labs ordered to see if they were drawn. Some providers assumed these labs were being drawn by the patient's primary care provider so they did not order them. However, it was discovered that many patients were not being seen regularly by a primary care provider so their physical health was not being monitored at all. In other cases, because communication was lacking or non-existent between the various providers treating the patient, even if the primary care provider was drawing labs, it could be possible that the results would not make it back to the provider that had prescribed the SGA. • With all of the clinical studies that show the effects of SGAs on metabolic parameters and the guidelines that are available around monitoring, there are still a number of providers that have not incorporated metabolic monitoring into their regimen when prescribing SGAs in patients. • Office site blood draws for laboratory monitoring is limited or nonexistent which creates a logistical difficulty for accessing laboratory facilities in the behavioral health population. • Possible solutions include contracting with laboratory agencies that offer on-site blood draws which could decrease patient burden and increase accessibility. Mobile testing units that are able to bill for rendered services and communicate the results to the prescriber could also be employed to reduce patient burden.

Conclusion

- Academic detailing is an effective method for closing gaps in laboratory testing for patients prescribed SGAs.
- The reduction in gaps in care can positively impact the NCQA's HEDIS process metric.
- Providers are receptive to this type of intervention and open to discussions and solutions that can improve the coordination of care of their patients.