## Academic Detailing Program Reduces Polypharmacy in a Managed Medicaid Population

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#### Background

- Individuals with serious mental illness (SMI) often receive complex medication regimens as many of these disorders are marked by psychosocial and functional impairment.
- There is often a lack of a formalized evidence base plan to support the concurrent medication profiles of the many patients affected.
- A complex medication regimen may increase the potential for adverse effects, poor adherence, reduced functional capacity, and adverse drug-drug interactions.
- An association between psychiatric comorbidities and psychotropic polypharmacy have been noted in the literature.
- Evidence for the efficacy of combinations of antipsychotics and other forms of polypharmacy is poor.
- Other medical comorbidities may also result from the use of certain psychotropic medications, which in turn contributes to a greater burden. Despite clinicians understanding of this problem, polypharmacy is widely practiced and difficult to contain.
- A pharmacist run academic detailing program was established using advanced clinical algorithms to identify patients prescribed six or more behavioral health (BH) medications concurrently within a 60 day period. Utilizing these reports, our program encompasses face to face visits with providers, telephonic consultations, and provider mailings with the ultimate goal of reducing polypharmacy within this population.

#### Objective

The objective of this study is to reduce behavioral health polypharmacy in a Managed Medicaid population through provider engagement.

#### Methods

- July 2017.
- generated monthly.
- opportunities.
- polypharmacy.
- patients.
- SAS version 9.4.
- the following criteria:
- spanned 75 days or more
- Patients had to have two or more claims
- evaluation period were excluded
- Managed Medicaid population.

Consultations were conducted between January and

• A computer generated list of all prescribers and their corresponding members that were prescribed six or more BH medications within a 60 day window was

Providers were then prioritized by the number of

 Clinical pharmacist contacted providers and/or supportive staff for face-to-face, patient specific clinical consult with the ultimate goal of reducing

• During consultations, providers received detailed patient medication reports and were then asked to consider reducing medications that were either found to be duplication in therapy or unnecessary for the

• Pharmacy claims of identified patients were extracted three months pre and post the consultation date using

• An inclusion criteria that is consistent with the Utilization Review Accreditation Committee (URAC) Performance Measurement Specification was employed where in order to be included, members had to meet

• Patients had to have claims with a date of service that

• Patients without any claims during the 3 month post

 Utilization and pharmacy spend of target BH medication was compared between the three month per and post periods to determine the effectiveness of the performed consultations on reducing polypharmacy within a

#### Results

- 193 members.
- decreased by \$71 from \$538 to \$466 during the three month pre and post periods respectively (Table 1).
- had 25%, 20% and 17% reductions in utilization respectively when comparing the pre and post periods.

#### Table 1.

Outcome Statistic	Intervention Period		Difference	% Difference
	3 Month Pre	3 Month Post		
Distinct Prescriber Counts	324	324	0	NA
Distinct Member Counts	193	193	0	NA
Distinct Claim Counts PEPM – Behavioral Health Medications	6.128	5.320	(0.808)	-13.19%
Pharmacy Spend – Behavioral Health Medications	\$311,487	\$270,105	\$(41,382)	-13.29%
Pharmacy Spend PEPM – Antipsychotic Medications	\$537.97	\$466.50	\$(71.47)	-13.29%

#### Discussion

- Polypharmacy was most commonly seen in patients with a diagnosis of schizophrenia, schizotypal and delusional disorders.
- Patient's are often seeing multiple providers and have received prescriptions from their primary care physician as well as their psychiatrist. Often times, this overlap goes unnoticed to all providers involved. The detailed reports discussed during consultations helped to shed light on the patient's entire medication profile and improve coordination of care.
- During many consultations, it was observed that adjunctive polypharmacy was a problem (the use of one medication to treat the side effects of another medication from a different class). This was seen

• A total of 324 prescribers received a consultation during the evaluation period, resulting in an eligible sample of

• When comparing pre and post utilization of the target BH medications, we observed a 13.2% decrease in utilization where the distinct claim counts decreased from 6.1 to 5.3 claims per member per eligible member per month (PEMPM) when comparing the three month pre consultation period to the three month post consultation period (Table 1).

• There was also an observed reduction in BH pharmacy spend where the per eligible member per month (PEMPM) cost

• The largest reduction in utilization was observed within members prescribed citalopram, quetiapine and trazodone, which

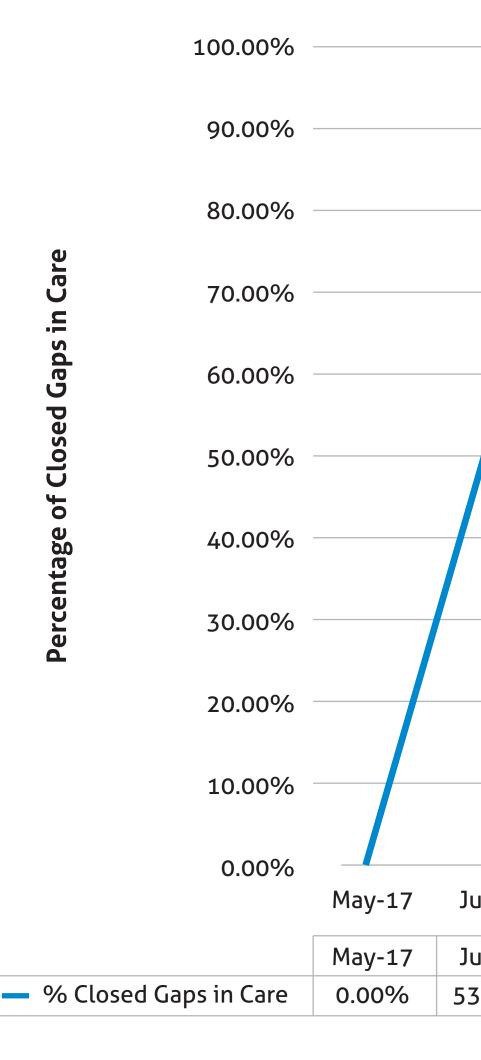
#### **Discussion cont.**

trazodone for insomnia that was initially caused by another medication.

 Another main issue that was observed was an ineffective switch attempt. Many times, patients continued picking up a previous prescription, even though the provider's intent was for the patient to discontinue the previous antipsychotic or antidepressant.

primarily by utilizing agents with sedation, such as

 Academic detailing consultations received overwhelmingly positive feedback from providers and demonstrated that polypharmacy in a behavioral health population can be effectively reduced by utilizing education, guidelines, and a collaborative effort.



### Conclusion

- associated with this practice.
- providing educational in-services.

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# 63% of gaps in care closed at 6 months ed at 6 mo

 Polypharmacy is becoming more prevalent and unfortunately many negative consequences are

• This practice contributes to increased healthcare costs for the patient as well as the healthcare system.

 Through this program, additional value was added to the role of that pharmacist as they became extensions of provider offices, collaborating on patient care, identifying coordination of care opportunities, and

• Using clinical algorithms to identify and target prescribers of members receiving six or more behavioral health medications concurrently has delivered positive results in decreasing the burden of polypharmacy in a Managed Medicaid population.

#### Resources

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#### Disclosures

This research was conducted by Magellan Rx Management without external funding.

