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 managed by polypharmacologic interventions and nominal 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 antidepressants 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.
- Clinical pharmacist contacted providers and/or supportive staff for face-to-face, patient specific clinical consult with the ultimate goal of reducing polypharmacy.
- During consultations, providers reviewed 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 patient.
- Pharmacy claims of identified patients were extracted three months pre and post the consultation date using SAS version 9.4.
- 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 the following criteria:
  - Patients had to have claims with a date of service that spanned 7 days or more.
  - Patients had to have two or more claims.
  - Patients without any claims during the 3 month post consultation period were excluded.
- Utilization and pharmacy spend of target BH medications were compared between the three month per and post periods to determine the effectiveness of the performed consultations on reducing polypharmacy within a Managed Medicaid population.

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

Methods
- Consultations were conducted between January and July 2017.
- 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 generated monthly.
- Providers were then prioritized by the number of opportunities.
- Clinical pharmacist contacted providers and/or supportive staff for face-to-face, patient specific clinical consult with the ultimate goal of reducing polypharmacy.
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Results
- A total of 324 prescribers received a consultation during the evaluation period, resulting in an eligible sample of 193 members.
- When comparing pre and post utilization of the target BH medications, we observed a 12.3% 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-post consultation period (Table 1).
- There was also an observed reduction in BH pharmacy spend where the per the eligible member per month (PEMPM) cost decreased by $71 from $538 to $466 during the three month pre and post periods respectively (Table 1).
- The largest reduction in utilization was observed within members prescribed clozapine, quetiapine and trazodone, which had 25%, 20% and 17% reductions in utilization respectively when comparing the pre and post periods.

Table 1.

<table>
<thead>
<tr>
<th>Outcome Statistic</th>
<th>Intervention Period</th>
<th>Difference</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinct Claim Counts PEPM – Behavioral Health Medications</td>
<td>6.1</td>
<td>5.3</td>
<td>12.3%</td>
</tr>
<tr>
<td>Pharmacy Spend PEPM – Antipsychotic Medications</td>
<td>$538.00</td>
<td>$466.13</td>
<td>-13.29%</td>
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<tr>
<td>Pharmacy Spend PEPM – Antidepressant Medications</td>
<td>$537.85</td>
<td>$466.13</td>
<td>-13.29%</td>
</tr>
</tbody>
</table>

Discussion
- Polypharmacy was most commonly seen in patients with a diagnosis of schizophrenia, schizotypal and delusional disorders.
- Patients’ are often seeing multiple providers and have received prescriptions from their primary care physician as well as their psychiatrist. Often times, this overlap goes unreported to all providers involved. The detailed reports discussed during consultations helped to shed light on the patient’s writing medication profile and improve coordination of care.
- During many consultations, it was observed that polypharmacy was a potential issue in a number of patients receiving multiple medications that could contribute to increased healthcare costs for the patient as well as the healthcare system.
- This practice contributes to increased healthcare costs for the patient as well as the healthcare system.
- 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.

Conclusion
- Polypharmacy is becoming more prevalent and unfortunately many negative consequences are associated with this practice.
- 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 providing educational in-services.
- 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.

Discussion cont.
- Polypharmacy is becoming more prevalent and unfortunately many negative consequences are associated with this practice.
- Another main issue that was observed was the 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.
- Academic detailing consultations received overwhelmingly positive feedback from providers and demonstrated that polypharmacy is a challenge shared by physicians with population can be effectively reduced by utilizing education, guidelines, and a collaborative effort.

Resources

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