

# The Impact of Direct Outreach Programs on Provider Prescribing Patterns Related to Medication Adherence of Antipsychotic Medications

Mental and Behavioral Disorders and Clinical Interventions

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## Purpose

- To evaluate the clinical and economic outcomes of the prescriber focused outreach program.

## Background

- Behavioral Health (BH) disorders are common in the US, with an estimated 19% of adults and 13% of youth suffering from BH disorders yearly.<sup>1</sup>
- Individuals with BH disorders can be frequent users of health services and can experience poorer health outcomes, if their physical and behavioral conditions are not treated effectively.
- Medication adherence is important, as research estimates that missing 1-10 days of medication can double the risk of hospitalization.<sup>2</sup>
- Experts believe the average patient with schizophrenia or bipolar disorder only takes 51-70% of their prescribed medication.<sup>3</sup>
- An outreach program was created to use clinical algorithms to identify prescribing trends that conflict with best practice guidelines.
- Interventions were conducted to engage providers with the goal of improving outcomes in the BH population.

## Methods

- Prescribers were identified and targeted based on pharmacy and medical claims data that showed patients at least 7 days late in filling their antipsychotic medications.
- Intervention methods for consultations included face-to-face visits, e-mail and direct mailings.
- During interventions conducted between December 2014 and March 2015, prescribers were asked to work with patients to understand the root cause of medication non-adherence, offer education, consider prescribing a long-acting injectable, and provide the patient with tools to prompt him or her to take their medication as prescribed.
- Pharmacy claims of identified patients were extracted 3 months pre and post intervention, where the intervention date served as the index date for this study.
- We performed a cross sectional analysis comparing the three month pre intervention pharmacy claims to the three month post pharmacy claims.
- Significance was calculated using the Wilcoxon signed ranked test for paired data. A significance threshold of  $p < 0.05$  was employed. All performed tests remain uncorrected for multiple testing.

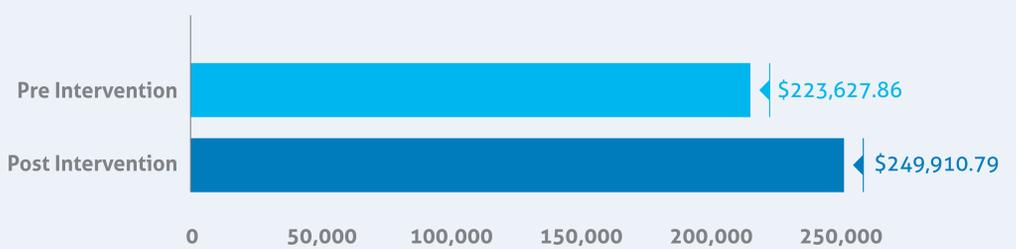
## Disclosures

- This research was conducted by Magellan Rx Management, Glen Allen, VA, without external funding.

## Results

- There were a total of 68 prescribers and 319 patients (41.9% female, mean age 41.9, SD 13.9) that met the inclusion criteria for direct intervention.
- The total pharmacy spend was \$223,627 and \$249,910 during the 3 month pre and post period respectively, resulting in a 12% increase in total pharmacy spend and a 22% increase ( $p < 0.0001$ ) in pharmacy spend related to antipsychotic medications.
- Average adherence, measured by the proportion of days covered (PDC) over the 90 day time period for antipsychotic medications, increased from 56% to 72% during the post period respectively ( $p < 0.0001$ ).

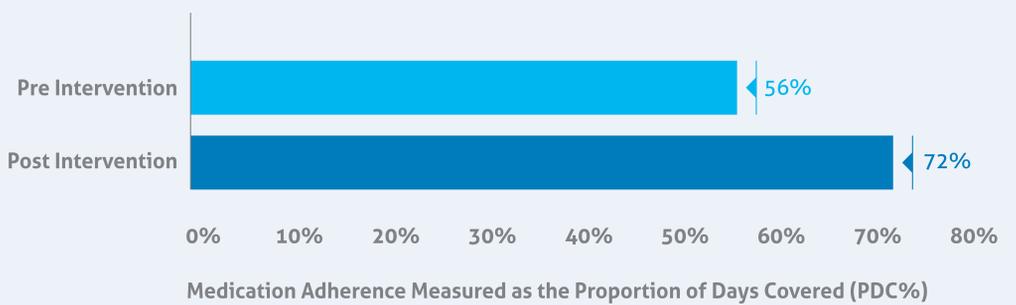
### Total Pharmacy Spend Stratified by Intervention Period



### Total Pharmacy Spend of Antipsychotic Medications



### Medication Adherence as the Proportion of Days Covered (PDC) to Antipsychotics Stratified by Intervention Period



## Conclusion

- Identifying and targeting prescribers based on pharmacy and medical claims data, and performing interventions have produced positive outcomes related to the adherence of antipsychotic medications.
- The observed increase in pharmacy spend, may be an artifact of patients becoming more adherent to their prescribed antipsychotic medications.
- Ongoing research is in process to assess the impact of the intervention on hospital utilization and total medical spend.

## References

- <sup>1</sup>National Institute of Health: National Institute of Mental Health <http://www.nimh.nih.gov/health/statistics/index.shtml>
- <sup>2</sup>Offord S., Mirski D., et al. (2013). Impact of Early Non-Adherence to Oral Antipsychotics on Clinical and Economic Outcomes Among Patients with Schizophrenia. *Adv Ther.* 30(3): 286-297.
- <sup>3</sup>Velligan D., Weiden P, Sajatovic M, et al (2009). The Expert Consensus Guideline Series: Adherence Problems in Patients with Serious and Persistent Mental Illness. *J Clin Psychiatry.* 70(Suppl 4): 1-46.