

The Impact of Direct Outreach Programs on Provider Prescribing Patterns in the Mid-West

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Mental and Behavioral Disorders and Clinical Interventions

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.¹
- 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 effectively treated.
- Both Abilify and Seroquel are antipsychotic medications used to treat various psychiatric and BH disorders including schizophrenia, bipolar disorder, major depressive disorders, along with various other disorders.
- The starting target effective dose, the threshold at which an agent proves more efficacious than placebo, was determined to be 10 mg/day or 15 mg/day for Abilify and > 50 mg/day for Seroquel XR.
- A direct outreach program was created to use clinical algorithms to identify prescribing trends that are inconsistent with best practice guidelines specific to Abilify and Seroquel XR.
- Interventions were conducted on identified prescribers to engage them with the goal of improving outcomes of the BH population.

Methods

- Utilizing three years of historical pharmacy claims data, prescribers within the Mid-Western United States whose prescribing practices were inconsistent with generally acceptable and/or FDA-approved dosing for Abilify and Seroquel XR were identified and targeted for Dose Optimization clinical intervention.
- Prescribers were targeted for interventions if a patient was prescribed Abilify greater than the recommended 1 dose per day, or prescribed Seroquel XR <50mg.
- Intervention methods included face-to-face visits and direct mailings.
- During interventions conducted between December 2013 and October 2014, prescribers were asked to consider dose consolidation, assess the appropriateness of dose consolidation, and assess the regimen's impact on medication adherence.
- Pharmacy claims of identified patients were extracted 6 months pre and post intervention where the intervention date served as the index date for this study.
- As a proxy for continuous eligibility, all patients without post intervention claims were excluded from this analysis.
- We performed a cross sectional analysis comparing pre and post pharmacy claims data.
- 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.

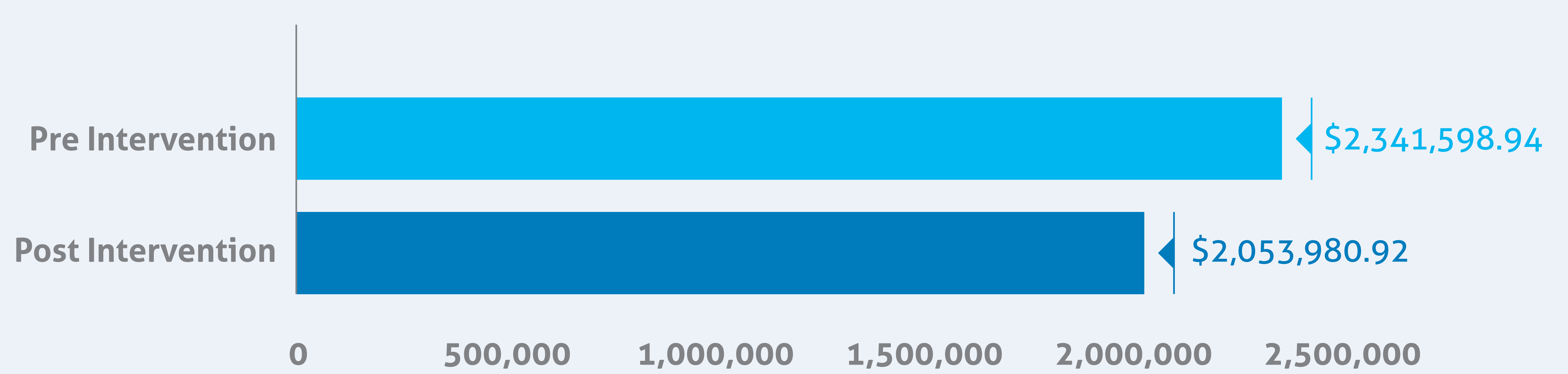
Disclosures

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

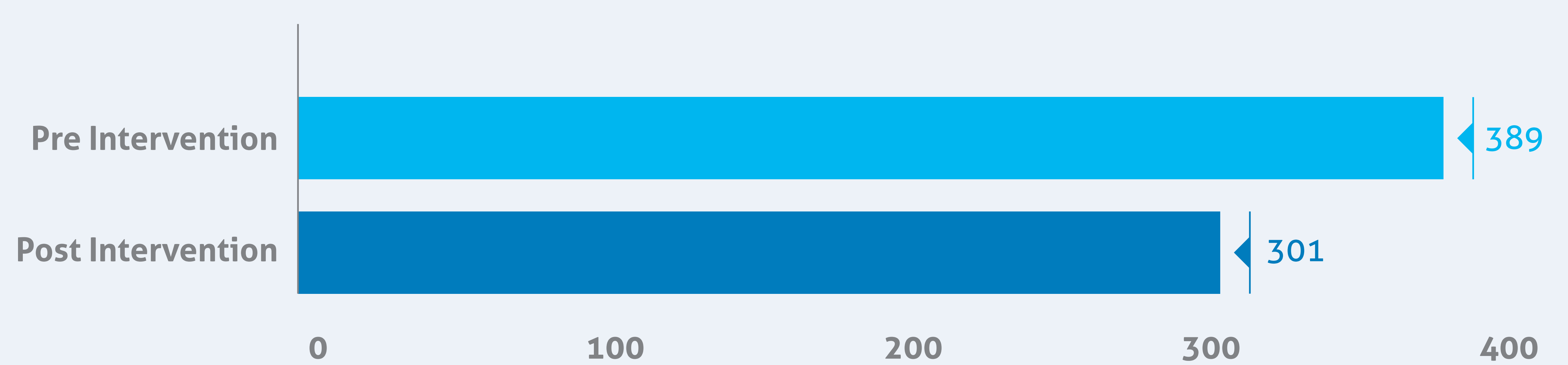
Results

- There were a total of 155 prescribers and 412 patients (45.9% female, mean age 28.6, SD 15.7) that met the inclusion criteria for direct intervention.
- The total pharmacy spend was \$2,341,598 and \$2,053,980 during the pre and post period respectively, resulting in a 12% reduction in total pharmacy spend (p=0.01).
- We observed a reduction in the average units per day (UPD) for members receiving Abilify, where the average UPD decreased from 1.9 to 1.8 (p<0.0001), and the number of patients being prescribed Abilify at greater than 1 dose per day decreased from 389 to 301 patients during the pre and post evaluation period respectively.
- There was no statistically significant difference in the number of patients that received low doses of Seroquel XR.

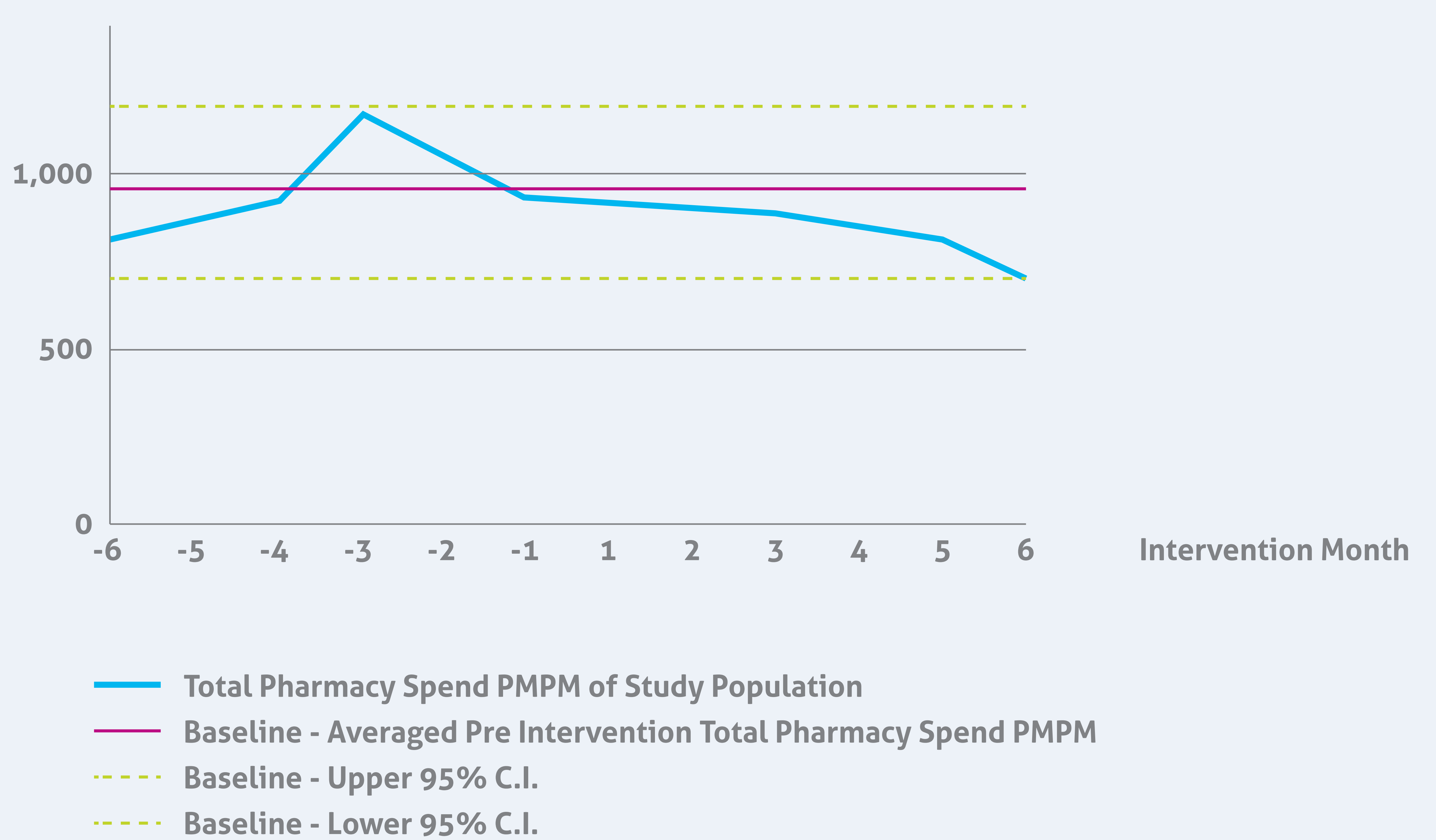
Total Pharmacy Spend Stratified By Intervention Period



Count of Patients Being Prescribed Abilify >1 Dose/Day



Total Pharmacy Spend Per Member Per Month (PMPM) Stratified by Intervention Month



Conclusion

- Identifying and targeting prescribers based on historical pharmacy claims data, and performing interventions have generated positive outcomes related to dose optimization.
- The observed reduction in total pharmacy spend, may be an artifact of patients being prescribed Abilify at a reduced frequency.
- Ongoing research is being completed to assess the impact of the intervention on total medical spend and hospital utilization.

References

¹National Institute of Health: National Institute of Mental Health <http://www.nimh.nih.gov/health/statistics/index.shtml>