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

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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.

• 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.

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.

• Interventions were conducted on identified prescribers to engage them with the goal of improving outcomes of the BH population.

Disclosures

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

References


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.

• 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.

Conclusion

• Identifying and targeting prescribers based on historical pharmacy claims data, and performing interventions have generated positive outcomes related to dose optimization.

• Ongoing research is being completed to assess the impact of the intervention on total medical spend and hospital utilization.

Total Pharmacy Spend Stratified By Intervention Period

Pre Intervention $3,241,598.94
Post Intervention $2,053,980.92

Count of Patients Being Prescribed Abilify >1 Dose/Day

Pre Intervention 101
Post Intervention 389

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

Pre Intervention
Post Intervention

Total Pharmacy Spend PMPM of Study Population
Baseline - Upper 95% C.I.
Baseline - Lower 95% C.I.

Mental and Behavioral Disorders and Clinical Interventions