

**Comprehensive  NeuroScience**

***Alaska Medicaid BPMS Second  
Presentation to  
Stakeholder Committee***

***September 19 , 2005***

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***BEHAVIORAL PHARMACY  
MANAGEMENT SYSTEM***

## BPMS Goals

- **Improve the quality of Behavioral Health prescribing practice based on best-practice guidelines;**
- **Improve patient adherence to medication plans; and**
- **Reduce the rate of spending on Medicaid behavioral drugs.**

# Four Quality Goals

- **Improve CONTINUITY of care**
- **Eliminate REDUNDANT treatments**
- **COORDINATE care among providers**
- **DECREASE risks associated with inappropriate use**

# ***Prescriber Mailings***

# Mailings

- Sent orientation letter to 1,680 prescribing providers.
- 5 mailings to date for a total of over 1,200 letters that included “quality indicator” mailings on behalf of over 1,940 patients.
- The 5<sup>th</sup> mailing identified all known prescribers (multiple prescribers).

## Mailings (cont.)

- **Two new indicators re: prescribing of opiates introduced last mailing.**
  - **Multiple prescribers for Narcotic Analgesics**
  - **Prescribing of greater than 3 Narcotic Analgesics for 30 days or more**
- **Key mailing content includes custom cover letter, prescriber summary & patient detail reports, clinical statements, prescriber feedback forms.**
- **Educational monographs for selected prescribers.**

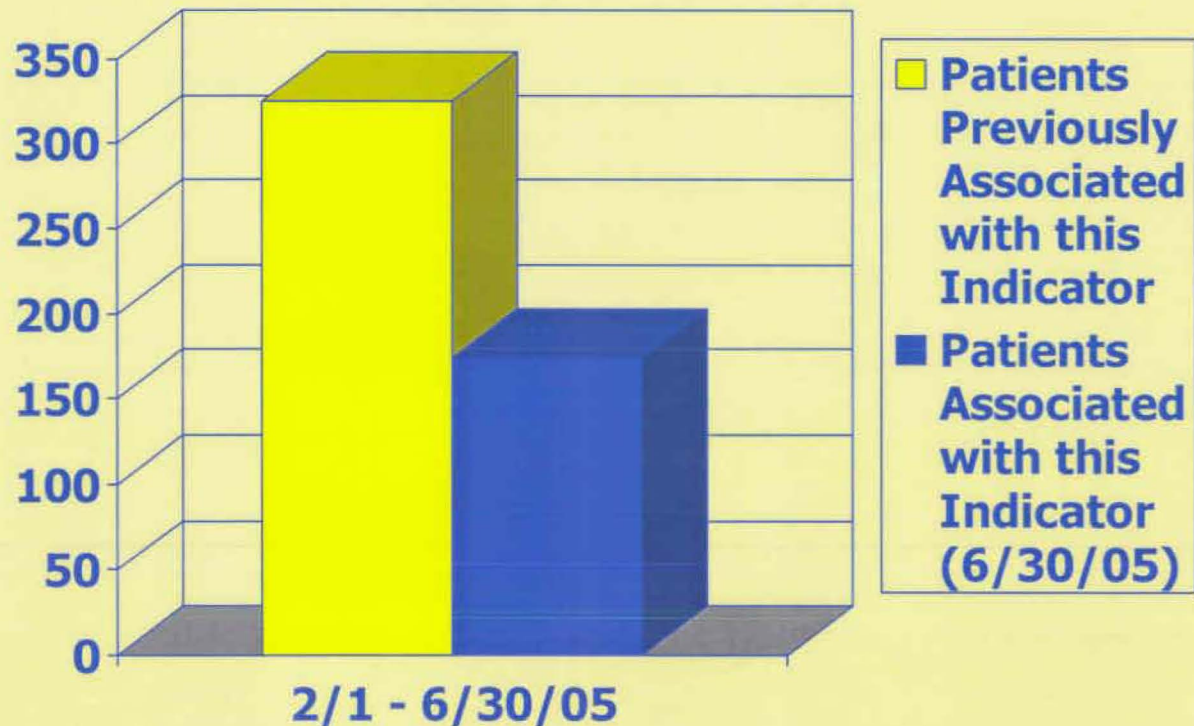
***SELECTED PATIENT CHANGE  
REPORTS***

***February 1 – June 30, '05***



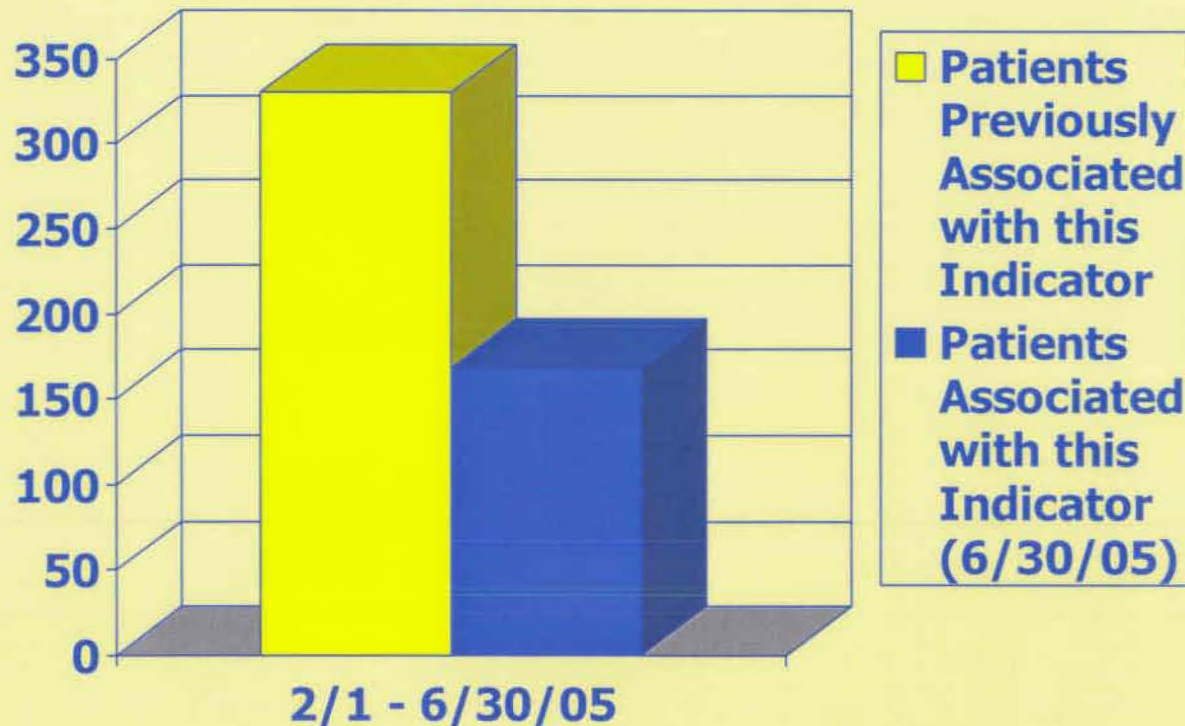
# Quality Indicator: $\geq 2$ Atypical Antipsychotics

- The number of patients associated with this indicator decreased from 325 to 174 (46%).



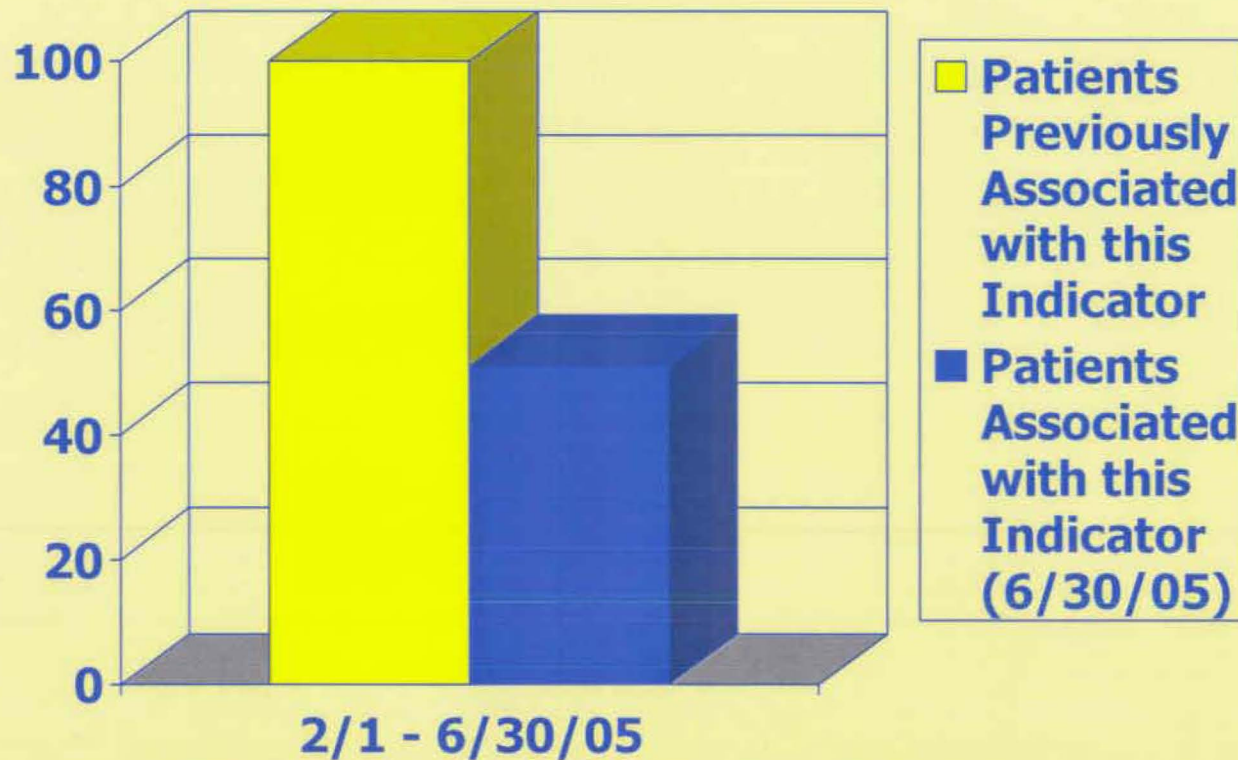
## Quality Indicator: Multiple Prescribers

- The number of patients associated with this indicator decreased from 330 to 168 (49%).



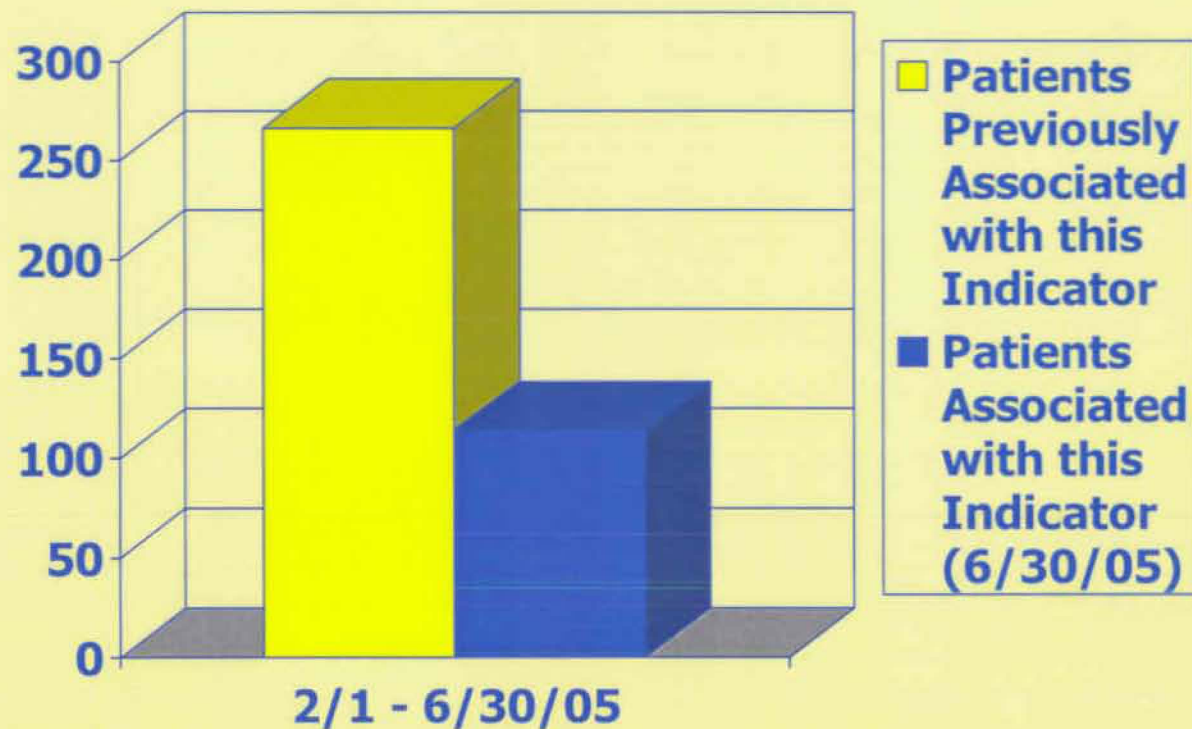
# Quality Indicator: Adults on Five or More Psychotropics

- The number of patients associated with this indicator decreased from 100 to 51 (49%).



# Quality Indicator: $\geq 3$ Children and Adolescents

- The number of patients associated with this indicator decreased from 266 to 114 (57%).



## **Missouri Utilization Study:**

**Impact of Interventions to Improve the  
Quality of Prescribing Behavioral  
Medications on Medical Care Utilization**



# Study Overview

- **Objective:** To determine the association between a physician-oriented intervention, Behavioral Pharmacy Management System (BPMS), on hospitalizations and total costs of care for Medicaid recipients
- **Data Source:** Missouri Medicaid claims data from July 2003 to September 2004
- **Intervention Analysis:** Analysis of mailed-letter interventions in January and March 2004
- **Primary Outcomes:** (1) rate of hospitalization; (2) mean number of hospital admissions; (3) total hospital patient days; and (4) total costs of care measured as a total of inpatient and outpatient service claims

## Total Hospital Patient Days – Missouri Utilization Study

	Pre-Exposure six months before Intervention	Post-Exposure six months after Intervention	Difference/ t-statistic
Intervention Cases	3494	1681	-1813 p=0.0003
Comparison Group*	4785	4097	-688 p=0.6627

N=1911

\* Comparison group was selected using a propensity scoring matching technique.

# Average Total Charges<sup>1</sup> – Missouri Utilization Study

	Pre-Exposure six months before Intervention	Post-Exposure six months after Intervention	Difference/ t-statistic
Intervention Cases	\$6347	\$5109	-\$1238 p=0.0003
Comparison Group*	\$5946	\$5634	-\$312 p=0.3692

N=1911

\* Comparison group was selected using a propensity scoring matching technique.

<sup>1</sup> Total charges includes all claims for inpatient and outpatient services.



***Presentation and  
Discussion of Prescriber  
Feedback***

***Peer Consulting Update,  
Discussion of Key Points,  
and  
General Discussion***

# Peer Consulting Update

- **Wandal Winn, M.D. – Adult Psychiatrist**
- **Jason Mohatt, M.D. – Child and Adolescent Psychiatrist**
- **Launch date**
- **Initial plans**
- **Educational activities**
- **Stakeholder suggestions**

# Discussion of Key Points

- **Decision on multiple prescribers**
- **Introduction of opiate indicators**
- **Key prescribing pattern points**

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***Feedback and  
Suggested Next Steps***

# Feedback

- **Responses to questions sent**
- **Improved care coordination**
- **Role of consumers, families, and advocates**

# Suggested Next Steps

- **Implement peer consulting process**
- **Utilize custom peer consulting and other management reports**
- **Facilitate education sessions with groups of prescribers**
- **Continue to review “Prescriber and Patient Change” reports**
- **Review first “Executive Management Report” illustrating trends and pre-post program experience**
- **Track feedback re: quality indicators and make adjustments**
- **Next full stakeholder meeting (late December/early January?)**