

Comprehensive  *NeuroScience*

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

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Proposed Agenda

- **Introductions and Purpose**
- **Overview of program and presentation of opportunity analysis**
- **Perspective/discussion from prescriber community**
- **Perspective/discussion from consumer/family/advocate community**
- **Perspective/discussion from pharmacy community**
- **Discussion of peer consultation process**
- **Role of the stakeholder committee**
- **Suggestions on other stakeholder committee candidates**
- **General discussion**
- **Next meeting/assignments**



Company Overview

Founded:	1999
Headquarters:	21 Bloomingdale Road White Plains, NY 10605
Business:	Pharmaceutical Clinical Research, Specialized Education, and Managed Prescribing in Neuropharmacology
Clients:	Pharmaceutical and Biotechnology Companies, State Government
Internet:	<i>www.cnswebsite.com</i>

CNS, Inc. Divisions

- ***Clinical Trials Division:*** Comprehensive and integrated network of clinical trial sites focused in neuroscience
- ***Expert Knowledge Systems:*** Unique scientific approach and leading clinical expertise utilized for creation and transfer of knowledge on best practices
 - 21 Major Guidelines Published
 - Served as an Initial Guideline for TMAP in 1996
- ***Behavioral Pharmacy Management (BPM):*** Trend-based Pharmacy Analysis, Prescriber Education and Outlier management for Medicaid and Health Insurance Plans

***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.**

BPMS Strategies

BPMS:

- **Analyzes Behavioral Pharmacy Claims Data on a monthly trend basis**
- **Profiles prescribers for variations from Best Practice Guidelines**
- **Engages selected prescribers through Targeted Educational Messages, Reports on Prescribing Practices, Peer Consultations, Education Sessions**
- **Tracks changes in prescribing practice, and use and cost of behavioral health drugs over time**
- **Builds clinical, advocacy, and provider support through quality and service directed interventions**
- **Tracks refilling of prescriptions by high-risk patients and reports patient failure to refill**

Four Quality Goals

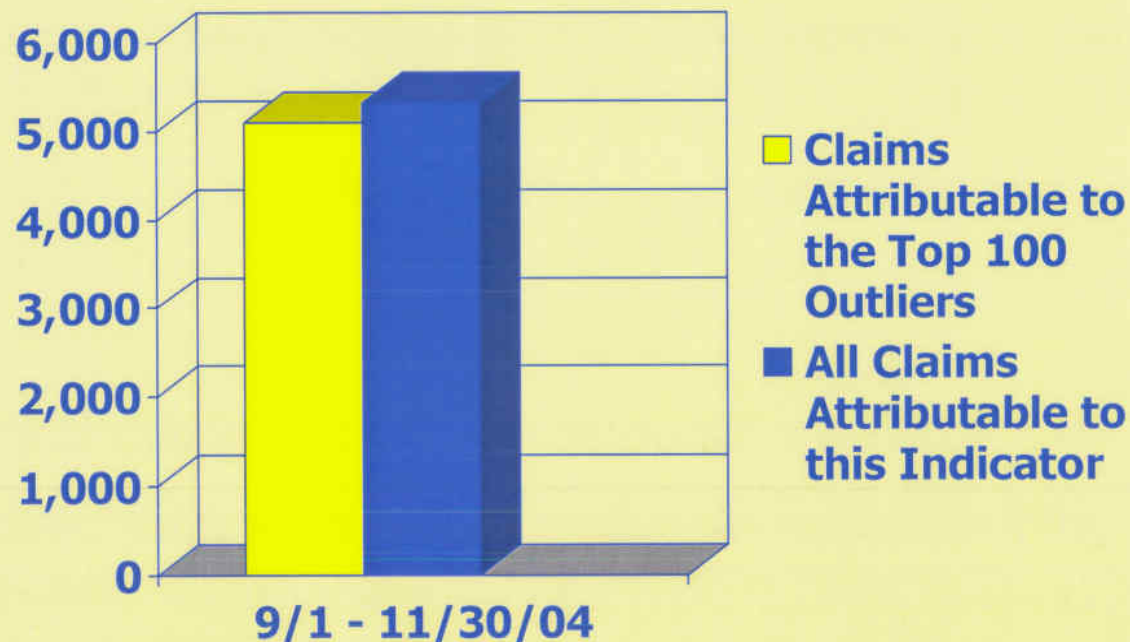
- **Improve CONTINUITY of care**
- **Eliminate REDUNDANT treatments**
- **COORDINATE care among providers**
- **DECREASE risks associated with inappropriate use**

Examples of "Best Practice" Quality Indicators

- Prescribing of 2 or more atypical antipsychotics concurrently
- High/Low dosing for atypical antipsychotic drugs
- Inadequate dosing for atypical antipsychotic drugs
- Children/Adolescents receiving 3 or more behavioral drugs concurrently
- Use of two or more drugs from the same chemical class (polypharmacy)
- Evidence of excessive switching of atypical antipsychotic
- Prescriptions from multiple prescribing providers
- Adults receiving 5 or more behavioral health drugs concurrently
- Discontinuance of any antipsychotic drug

Quality Indicator: ≥ 2 Atypical Antipsychotics

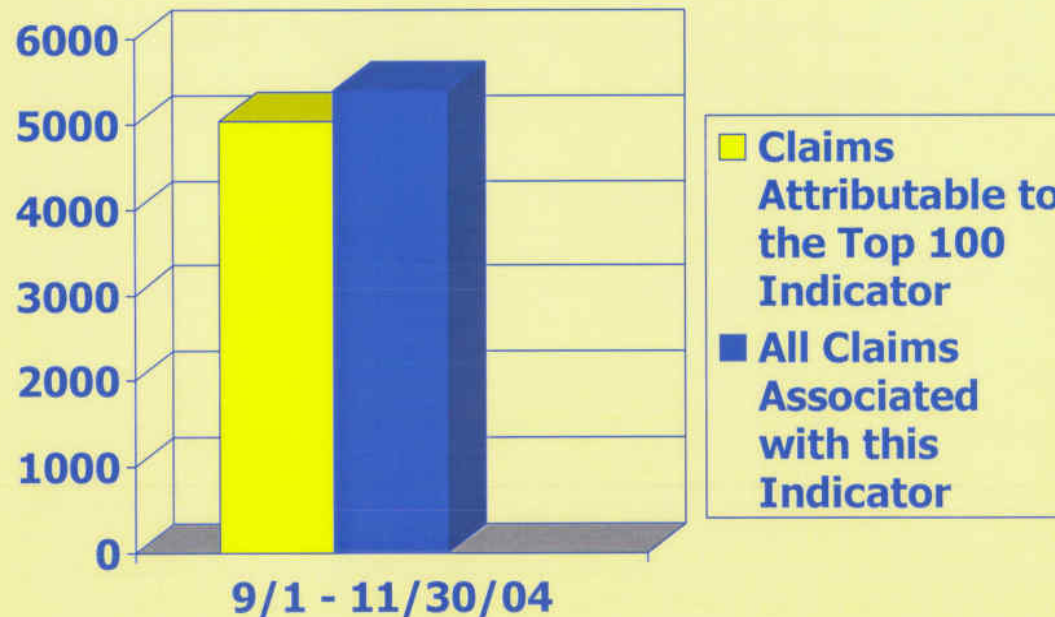
- Over 95% (5,098) of all Alaska behavioral pharmacy claims associated with this indicator (5,329) were attributable to the top 100 outliers.*



*Some claims hit more than one indicator. There were 1,286 prescribers of behavioral health drugs during this period.

Quality Indicator: ≥ 3 Children and Adolescents

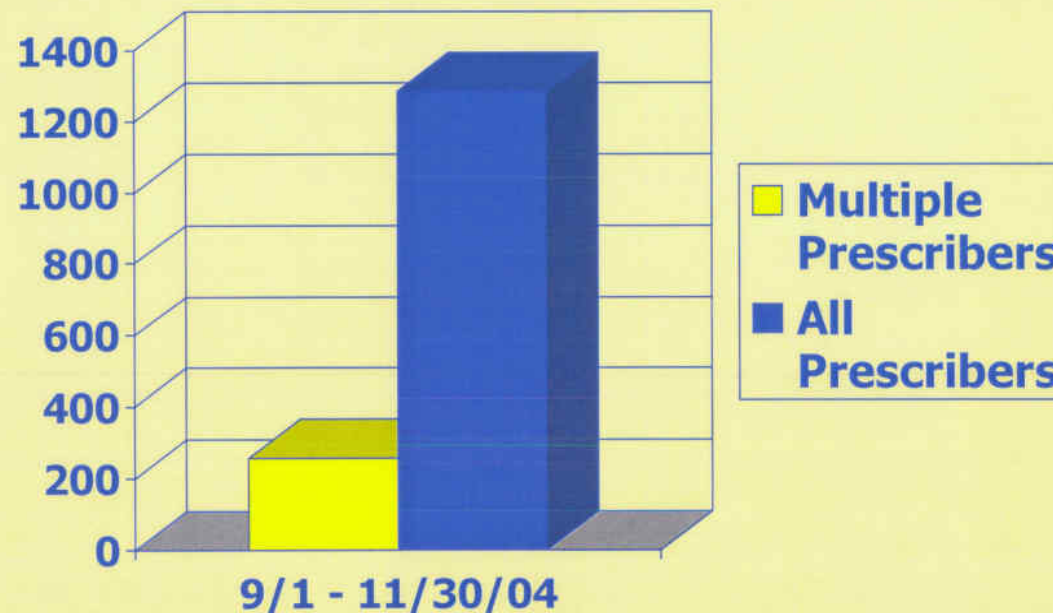
- Over 93% (5,025) of all Alaska behavioral pharmacy claims associated with this indicator (5,398) were attributable to the top 100 outliers.*



*Some claims hit more than one indicator. There were 1,286 prescribers of behavioral health drugs during this period.

Quality Indicator: Multiple Prescribers

- Over 20% (259) of all Alaska behavioral pharmacy prescribers (1,286) were involved as multiple prescribers. This reflects significant coordination of care issues. All prescribers receive mailings.



The background is a solid blue color with several lighter blue, wavy, concentric patterns that create a sense of depth and movement. The text is centered and stands out prominently against this background.

***Impact on Prescribing
Providers***

Cover Letter

- **100 selected prescribers, plus those notified as multiple prescribers/patient discontinuance of an antipsychotic**
- **Opportunity to communicate important clinical information to prescribing providers**
- **Work with Medicaid, Dr. Hopson, and others to write “custom” cover letters each month**

Clinical Practices Statement

- **Summary Information accompanying reports and educational briefs at appropriate intervals**
- **Written for psychiatrists, primary care physicians, APRNs, physician assistants, and other prescribers**
- **Some include specific FDA dosing guidelines**

Prescriber Summary Report

- Provides prescribing provider with snapshot of practice patterns for selected patients.
- Reports prescribing patterns that are at variance from “best practice” clinical indicators.
- Information can be used by peer consultants.

Patient Detail Report

- Provides prescribing provider with details for specific patients (e.g., fill date, chemical name, quantity, strength).
- Shows prescribing provider which quality indicators they are messaged on.
- Provides information on claims that did not hit indicators.
- Often the prescribing provider puts these reports into the patient's chart.

Educational Brief

- Provides more detailed information for prescribing provider
- Generally prescribing provider will receive the educational brief after they have been messaged 3 consecutive times
- In process of being updated by our editorial board
- Can also be used for general education purposes

BPMS Prescriber Feedback Process

- Prescribers can provide feedback through a fax back form or HIPAA-compliant secure website.
- Prescribers can alert CNS to claims problems/coding errors:
 - *"Not my patient"*
 - *"I didn't write this script"*
 - BPMS often identifies state Medicaid systems problems related to claims and prescriber ID inaccuracies.
- Prescribers can offer clinical comments or request peer consultation.

Peer Consultation

- Used to discuss prescribing patterns and cases where provider continually appears as a “targeted outlier.”
- Intended to be collegial, friendly, and respectful.
- Participation is voluntary.
- Consultants also present at grand rounds, medical staff meetings, and special education sessions.
- Consultants are provided with an orientation session with BPMS Medical Director.
- Consultants are local psychiatrists practicing in Alaska (when available).

Summary

- **BPMS a Quality Improvement Tool**
- **Changes in inappropriate practices strongly indicated at 6 months.**
- **New prescribers and patients continue to be added.**
- **Report program progress to prescribing provider community on regular basis.**