PRN Update

Spring 2007

Practice Research Network ■ American Psychiatric Institute for Research and Education ■ 1000 Wilson Blvd, Ste 1825 ■ Arlington, VA 22209

The Impact of Medicare Part D on Medication Access and Continuity

With implementation of the Medicare Part D prescription drug benefit on January 1, 2006, Medicare enrollees for the first time obtained access to a federally sponsored prescription drug benefit. There were, however, concerns about the transition of an estimated 6.5 million Medicare and Medicaid "dual eligible" beneficiaries as they were automatically enrolled in Medicare Part D Prescription Drug Plans (PDPs). For the nation's 2.5 million dual eligible patients with mental and addictive illnesses, there was particular concern regarding this high-risk and high-cost vulnerable population.

Primary Study Aims:

- ✓ Assess access to medications and the extent of any disruptions in medication continuity.
- ✓ Examine whether adverse events may have resulted from medication access/continuity problems.
- ✓ Evaluate Part D administrative functioning and requirements of the new PDPs.

The American Psychiatric Institute for Research and Education (APIRE) systematically monitored and characterized medication access and continuity among the "dual eligible" patients with mental and addictive illnesses through a national study conducted in 2006. This study was conducted from January 1, 2006 through December 31, 2006 among a large, national sample of dual eligible patients treated by psychiatrists. In the last data collection cycle (Sept.-Dec., 2006), responses were obtained from 62% of psychiatrists who were randomly selected from the AMA Masterfile of physicians (N=1,156), with 64% of respondents meeting study eligibility criteria in treating at least one dual eligible patient in the last typical work week.

Preliminary findings indicate more than half the dual eligible psychiatric patients studied had at least one problem with medication access or continuity since January 1, 2006. These patients were not able to access medication refills or new prescriptions or they discontinued or temporarily stopped their medications as a result of the changes in the coverage and management of prescription drug benefits. Significantly more patients with medication access problems in 2006 (69%) experienced a significant adverse clinical event, such as an emergency room

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PRN 2007 Annual Meeting Events

This year's Annual Meeting takes place in San Diego, from May 19th —24th. The PRN is excited to host the following events of interest to both clinicians and researchers. We hope that you will join us!

President's Theme: Addressing Patient Needs: Access, Parity and Humane Care

Monday, May 21st from 11:00-12:30 p.m.

Room 3, Upper Level, San Diego Convention Center.

Joyce West, Ph.D., M.P.P. will present recent APIRE findings on the impact of the Medicare Part D prescription drug program on medication access and continuity among dual eligible psychiatric patients.

Child and Adolescent Psychiatry

Monday, May 21st from 11:00-12:30 p.m.

Room 25A, Upper Level, San Diego Convention Center.

In this scientific and clinical reports session, Farifteh F. Duffy, Ph.D. will present APIRE findings highlighting trends in access to psychotherapy among children and adolescents in psychiatric care.

Optimizing Depression Treatment: Clinical Applications of Measurement-Based Care.

Monday, May 21st from 9:00-10:30 a.m.

Room 24B, Upper Level, San Diego Convention Center.

Farifteh F. Duffy, Ph.D., John S. McIntyre, M.D., and Darrel A. Regier, M.D. will be among panelists discussing proactive measurement of depression severity through a "chronic care model." Practical and effective tools for monitoring severity and making treatment decisions in routine clinical practice will be discussed along with ways to overcome barriers to improving quality and outcomes of care through measurement-based care.

PRN Member Highlight: Ron Burd, M.D.

Dr. Burd has been an active PRN member and District Branch Liaison since 1995. Despite his many other activities and competing APA leadership responsibilities, including serving as *Recorder of the APA Assembly* this past year, Dr. Burd has been a familiar and welcomed face at PRN meetings over the past decade. As a member of the PRN Steering Committee, he has consistently provided advice and constructive critical feedback on all of the major PRN research initiatives presented to the committee. Most recently, his thoughtful comments and feedback on the *Medicare Part D Psychopharmacologic Treatment Access Study* (see page 1), resulted in significant changes to improve the study data collection instrument.

As the Managing Physician Partner for Psychiatry at *MeritCare Health Systems* in Fargo, N.D., Dr. Burd supported the adoption of the PHQ-9 for monitoring depression severity, in conjunction with the recent *National Depression Management Leadership Initiative*. (See this page for more information about the NDMLI).

CPT Coding & Documentation
Monday, May 21st
1:00—5:00pm,
Molly Room A/B, 2nd Level
Manchester Grand Hyatt

Wed, May 23rd
11:00—12:30pm,
Room 7B, Upper Level
Convention Center

Dr. Burd has served in numerous professional and community leadership and volunteer capacities, most recently as *Chair of the APA Committee on RBRVS, Codes and Reimbursements*, recorder of *the Joint Reference Committee,* and as member of the *Medicare Advisory Corresponding Committee*. Dr. Burd is a Clinical Professor in the Department of Neuroscience at the University of North Dakota.

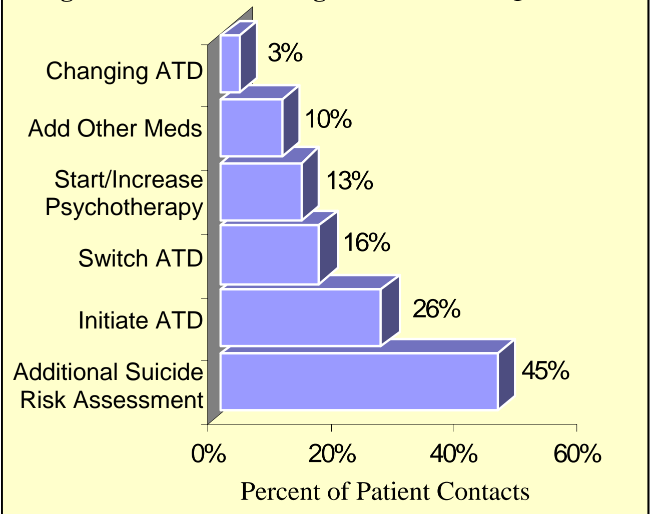
At this year's APA Annual Meeting, in association with the *APA Committee on RBRVS, Codes and Reimbursements,* Dr. Burd will be leading a workshop on updating CPT coding and documentation with an emphasis on a review of current Medicare reimbursement issues on Wednesday, May 23rd. Dr. Burd also will participate in a basic course, detailing the use of CPT coding and documentation requirements. This course, held Monday, May 21st, will be led by Dr. Chester W. Schmidt of Johns Hopkins University.

National Depression Management Leadership Initiative Highlights

PRN Workshop
Optimizing Depression Treatment: Clinical Applications of Measurement Based Care
See page 1 for details

The National Depression Management Leadership Initiative (NDMLI) concluded its year-long study of depression management in primary care and psychiatry in April of 2006 with results that strongly endorsed the value to overall quality of care of a brief rating instrument used to measure the severity of depression and monitor treatment. Findings were based on psychiatrists' reports on 6,363 clinical contacts with 1,763 different patients who repeatedly completed the nine-item Patient Health Questionnaire (PHQ-9) during the course of treatment.

The NDMLI was a collaboration among the APA, the American Academy of Family Physicians (AAFP), and the American College of Physicians (ACP), with the American Psychiatric Foundation funding a $1.14 million grant underwritten by six pharmaceutical companies. The specific aims of this collaborative project were to assess the clinical utility of the PHQ-9 and to test office systems and management strategies that optimize clinical management of depression in routine clinical practice. Sixteen primary care and 17 psychiatric practices participated.



Findings from the psychiatry track indicate all 17 psychiatric practices adopted the PHQ-9 as a routine part of depression care in their practice. PHQ-9 scores influenced clinical decisions for 93% of patient contacts: for 40% of contacts where the PHQ-9 was reportedly helpful, the overall PHQ-9 score or item review led to a change in treatment (for example, change in dosage or use of a different medication) and for 60% the score affirmed the benefits of continuing a course of treatment. As figure 1 indicates, changing the dose of antidepressant and adding another medication were the most common events recorded by psychiatrists, followed by starting or increasing psychotherapy, and switching or initiating antidepressants. Three percent of the contacts led to additional suicide risk assessment.

Significant systematic changes in office systems and depression management strategies were reported, including the use of standardized questionnaire for diagnosis and monitoring, use of information system support, self management support, commitment to quality improvement, and collaboration with other providers. These changes were successfully implemented in solo and group practices as well as larger systems of care using individually-tailored Plan-Do-Study-Act (PDSA) cycles. Two manuscripts are being developed for submission to *American Journal of Psychiatry*.

The National Depression Management Leadership Initiative was supported by a grant from the American Psychiatric Foundation (APF). Funding for this grant was made possible by unrestricted educational grants to the APF from: AstraZeneca International, Eli Lilly and Company, Lilly Foundation, Forest Laboratories, Inc., Pfizer Inc., Sanofi Aventis, and Wyeth.

APF Barriers to Care Grant Update

With the generous support of the American Psychiatric Foundation (APF), APIRE was able to complete the following key accomplishments this past year:

Successfully completing three major national studies, including the National Study of Medicare Part D Psychopharmacologic Treatment Access and Continuity Among Dual Eligible Psychiatric Patients; Ten State Medicaid Psychopharmacologic Treatment Access and Continuity Study; and the National Depression Management Leadership Initiative. APF funds were utilized to develop proposals for these initiatives, totaling over $2.3 million dollars. More information on these studies is provided on pages 1 and 2.

Collaborating with the psychologists and social workers in analyzing and reporting findings from the Federal Employees Health Benefits Program (FEHBP) Parity Evaluation. Findings from this APF-funded study, are now being used to inform advocacy efforts to improve federal parity legislation now pending. Key preliminary findings which are being finalized for publication, indicate the majority of FEHBP patients treated by psychiatrists in the Washington DC area were not treated by a network psychiatrist, which is a key finding as parity-level benefits are only available from in-network clinicians. Consequently, the majority of psychiatric patients were not receiving parity-level benefits. Further, only about one-third of all three clinician groups studied were participating in FEHBP networks; and of these network clinicians, only about half the network clinicians reported having immediate openings for new FEHBP patients. As current federal parity proposals have not been designed to ensure out of network mental health

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(Medicare Part D, continued from page 1)

visit, hospitalization, homelessness, or were detained/incarcerated in a jail or prison, compared to patients with no access problems.

These findings indicate significant and widespread problems in accessing medications among dual eligible psychiatric patients. High rates of medication switches, discontinuations, and inability to prescribe clinically indicated medications (even among patients previously stable on these medications), pose major risks to the well being of these patients as evidenced by the high rates of adverse clinical events. Problems accessing benzodiazepines, commonly used to treat anxiety, agitation, and sleep problems in patients with schizophrenia, anxiety disorders, and other severe illnesses, presents a serious clinical problem.

Although the administrative functioning of Part D was expected to improve as enrollment transitions were addressed, reported rates of medication access problems continue to be high throughout 2006. CMS policies enacted to ensure access to protected classes of psychopharmacologic medications (including antipsychotics, antidepressants, and anticonvulsants) to safeguard psychiatric patients do not appear to be functioning as intended given high rates of problems accessing medications in these classes.

APA is currently using these data to advocate for policy and programmatic changes to protect this high-risk group:

- CMS polices to ensure access to clinically indicated psychopharmacologic medications should be strengthened to protect psychiatric patients from unintended adverse clinical consequences and costly treatment relapse.
- Current CMS policies should be enforced to ensure that patients clinically stable on their medications/dosage receive Part D coverage for these medications.
- Benzodiazepines should not be excluded from coverage as they are effective in treating serious psychiatric symptoms and improving the functioning and well being of this population.

Funded by a grant from the American Psychiatric Foundation to APIRE to evaluate the implementation of Medicare Part D. Although a consortium of industry supporters, including AstraZeneca, Bristol Myers Squibb, Eli Lilly, Forest, Janssen, Pfizer, Sanofi-Aventis, and Wyeth, provided financial support to the American Psychiatric Foundation for this research, APIRE had complete discretion and control over the design and conduct of this study and analyses of the resulting database.

Table 1. Medication Access Problems and Significant Adverse Events for 1,193 Dual Eligible Psychiatric Patients (January—April 2006)

Specific medication access/continuity problems: (may have more than one problem)	*Weighted Percent (N=1193)*	*Percent with Significant Adverse Events[1] (N=579)*		*Percent with ER Visits*	
		%	**OR**	**%**	**OR**
Patient could not access clinically indicated medication refills because they were not covered or approved.	30.6%	39.1%	4.21***	24.7%	4.47***
Patient had problems accessing benzodiazepines because they were not covered or approved.	24.2%	33.9%	1.66	24.0%	2.26*
Medication was discontinued or temporarily stopped as a result of health plan/prescription drug plan administrative issues or changes in coverage or management of benefits or patient co-pays.	22.3%	48.2%	6.03***	32.4%	7.93***
Patient was stable on clinically desired/indicated medication, but switched to different medication because clinically preferred medication refills were not covered or approved.	18.3%	47.5%	4.24***	35.0%	6.15***

[1]*Significant adverse clinical events includes the following: being admitted for a psychiatric hospitalization, having an emergency room visit, being homeless for more than 48 hours, having an increase in suicidal ideation or behavior, or an increase in violent ideation or behavior or physically injuring someone. *p<.05 **p<.01 ***p<.001* West J, Wilk, J, Muszynski I, et al: Medication Access and Continuity: The experiences of dual-eligible psychiatric patients during the first four months of the medicare prescription drug benefit. Am J Psychiatry; 2007 May; 164:789-796

(Barriers to Care, continued from page 3)

benefits, these findings are vital in showing the need for out of network mental health benefits to ensure access to treatment.

Completing pre-testing to finalize an NIMH grant, "Access and Outcomes of Treatment for Patients with First Episode Schizophrenia and Other Psychotic Disorders" aimed at improving continuity of care for schizophrenia. This proposal (Mark Olfson, MD, MPH, PI) will assess whether and to what extent modifiable physician behaviors influence continuity of treatment in first episode psychosis and whether the development of a strong therapeutic alliance and patient self-management skills tends to extend continuity of treatment and improve outcomes.

This coming year, APIRE plans to leverage APF funding to advance the following priority initiatives: 1) the *National Study of Psychiatric Patients and Treatments*; 2)development of an *APIRE Center for Workforce Studies*; and 3) *National Depression Management Leadership Initiative Follow Up Studies*.

National Study of Psychiatric Patients and Treatments. This study, last implemented by the PRN in 1999, has provided an invaluable resource to assess and document a range of important clinical, policy, and workforce-related issues in psychiatry. As this study provides a clinically detailed national database on the characteristics and treatments provided to a large national sample of psychiatric patients, it has provided a powerful tool to characterize the treatment of psychiatric patients, resulting in over two hundred peer reviewed publications and other scientific communications. It has been valuable in studying quality of care, access to care, and barriers to clinically indicated treatments, including financing and racial and ethnic disparities in access to care.

APF resources will be used to lay the foundation for implementing the next *Study of Psychiatric Patients and Treatments.* This will provide more current data to help inform advocacy and other efforts to improve care for psychiatric patients.

APIRE Center for Workforce Studies. To shape future workforce and graduate medical education (GME) policies that will directly impact psychiatrists and their patients, APIRE plans to develop a *Center for Workforce and GME Studies (CWS)*. The CWS would consolidate the efforts of APIRE and the APA related to these issues, better utilizing available resources, facilitating regular collection and analysis of workforce data, and providing the infrastructure needed to secure external funding for these efforts. The CWS would provide data to inform policy and decisions regarding access to quality care from psychiatrists.

The National Depression Management Leadership Initiative Follow-Up Studies. Two follow-up projects have been proposed: 1) examine the *sustainability and spread* of key elements of change introduced during the collaborative 12 months after the project conclusion; and 2) evaluate the concurrent validity of two different patient-rated assessments in clinical practice for depression -- the PHQ-9 and the Quick Inventory of Depressive Symptomatology (QIDS-SR_{16}). Currently, there is no research on the equivalency of PHQ9 and QIDS-SR_{16}, nor on any psychometric differences in terms of reliability and validity. This study is particularly important as these two tools have gained widespread use in clinical studies and clinical practice. Grant proposals for submission to potential funders have been developed for these studies.

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Recently Published Findings from the PRN:

- *Medication Access and Continuity: The experiences of dual-eligible psychiatric patients during the first four months of the medicare prescription drug benefit.* Am J Psychiatry; 2007 May; 164:789-796
- *Race/Ethnicity and Variations in Diagnostic and Clinical Characteristics of Adult Psychiatric Patients.* FOCUS; 2006 Winter 4 (1):48-56.
- *Comorbidity Patterns in Routine Psychiatric Practice: Is there Evidence of Underdetection and Underdiagnosis?* Compr Psychiatry; 2006 Jul-Aug; 47(4):258-64. Epub; 2006 Apr 19.
- *Substance Abuse and the Management of Medication Nonadherence in Schizophrenia*. J Nerv Ment Dis; 2006 Jun; 194(6):454-457.
- *Awareness of illness and nonadherence to antipsychotic medications among persons with schizophrenia.* Psychiatr Serv; 2006 Feb; 57(2):205-11.
- *Patterns of adult psychotherapy in psychiatric practice.* Psychiatr Serv; 2006 Apr; 57(4):472-6.
- *Determinants of Health Plan Membership among Patients in Routine U.S. Psychiatric Practice.* Community Mental Health Journal; 2006; 42(2):197-204.
- *Relationship of comorbid substance and alcohol use disorders to disability among patients in routine psychiatric practice.* Am J Addict; 2006 Mar-Apr;15(2):180-5.