Medicare and Medicaid Prescription Drug Policies: Impact on Access for Psychiatric Patients

Joyce C. West, PhD, MPP,
Director, APIRE Psychiatric Research Network

April 15, 2008

APIRE
AMERICAN PSYCHIATRIC INSTITUTE FOR RESEARCH AND EDUCATION

Medicare Part D Prescription Drug Policies: Study Background and Rationale

Medicare Part D took effect January 1, 2006:

- 6.5 million "dual eligibles" moved from Medicaid to Medicare PDPs.
- Disruptions in medication access and continuity expected due to administrative issues, changes in pharmacy formularies, management and financing.
- 2.5 million dual eligibles with mental illnesses -- greater medication costs/utilization, higher rates of benzodiazepine and off-label prescription drug use not required to be covered.
- Disruptions in medication continuity associated with significant adverse clinical outcomes.
- *Critical to monitor this group to inform future Medicare policies.*

AMERICAN PSYCHIATRIC INSTITUTE
APIRE
FOR RESEARCH AND EDUCATION

Medicare Part D Dual Eligibles Study: Evaluation Aims

Monitor psychopharmacologic management of dual eligible patients treated by psychiatrists to assess:

1) Medication access and continuity.
2) Administrative functioning/features of PDPs.
3) Clinical consequences of unintended medication disruptions.
4) Inform future Medicare and Medicaid prescription drug coverage and management policies.

AMERICAN PSYCHIATRIC INSTITUTE
APIRE
FOR RESEARCH AND EDUCATION

APIRE's Practice-Based Research Infrastructure to Study Medicare Part D

- In a given week, psychiatrists treat an estimated:
  - -160,769 Medicare under 65 patients/per week
  - -267,252 Medicaid patients/per week
- Most psychiatrists' patients have serious mental illnesses and on clinically complex medication regimens, with multiple medications.
- Psychiatrists treat most individuals treated for schizophrenia (78%) and many patients with other severe mental illnesses.

AMERICAN PSYCHIATRIC INSTITUTE
APIRE
FOR RESEARCH AND EDUCATION

APIRE's Practice-Based Research Infrastructure to Study Medicare Part D

Claims and administrative data bases have limitations:

- Given Part D complexity, questions regarding availability and timeliness of these data.
- Not able to track medication access and discontinuation problems or clinically undesired switches.
- The full range of other unintended adverse clinical consequences of medication discontinuations or switches difficult or impossible to track.
- Administrative functioning and burdens not captured.

AMERICAN PSYCHIATRIC INSTITUTE
APIRE
FOR RESEARCH AND EDUCATION

Proposed Medicare Part D Dual Eligibles Study Design and Approach

- Observational evaluation design to track and monitor patient and clinician experiences with medication access and continuity:

January-April 2006 1st Post-Implementation Data Collection Cycle	May-August 2006 2nd Post-Implementation Data Collection Cycle	September-December 2006 3rd Post-Implementation Data Collection Cycle

- Examine relationship between medication access and continuity and key PDP features with practice- and patient-level data.
- Through-the-mail, practice-based research methods successfully used for our other national studies.
- To maximize response rates, multiple mailings utilizing priority mail with a $75 financial incentive.

AMERICAN PSYCHIATRIC INSTITUTE
APIRE
FOR RESEARCH AND EDUCATION

Study Sampling Design

- 5,833 psychiatrists were randomly selected from the AMA Masterfile of Physicians.
- Clinicians who were not currently practicing (N=291) and those with undeliverable addresses (N=439), were excluded.
- Responses were obtained from 64% of the target sample (N=3,247).
- 35% of the respondents (N=1,183 psychiatrists) reported treating at least one dual eligible patient their last typical work week and provided clinically detailed data for this study.

AMERICAN PSYCHIATRIC INSTITUTE
APIRE
FOR RESEARCH AND EDUCATION

Impact of Medicare Part D on Dual Eligibles: Overview of Study Patient Sample (N=1,183)

Sociodemographics:

- 47% male; 71% white
- 11% age 30 and under; 23% 65 and over

Diagnoses:

- 38% Schizophrenia
- 33% Major Depressive Disorder
- 18% Bipolar Disorder
- 15% Anxiety Disorder
- 11% Substance Use Disorder

AMERICAN PSYCHIATRIC INSTITUTE
APIRE
FOR RESEARCH AND EDUCATION

Impact of Medicare Part D on Dual Eligibles: Overview of Preliminary Findings

I. Rates of medication access problems.
II. Problems with PDP administration.
III. Rates of serious adverse clinical events.
IV. Characteristics of patients most likely to experience medication access problems.
V. PDP features associated with medication access problems and adverse events.

AMERICAN PSYCHIATRIC INSTITUTE
APIRE
FOR RESEARCH AND EDUCATION

Impact of Medicare Part D on Dual Eligibles: Overview of Preliminary Findings

- Overall, 53% of all dual eligible psychiatric patients studied had at least one problem with medication access or continuity since January 1st. (95% CI 45.7, 56.8)
- As a result, 27% of those w/ medication access problems experienced a serious adverse clinical consequence.
  (95% CI 21.6, 35.8)
- 20% of those with a medication access problem had an emergency room visit (95% CI 12.4, 27.8); and 11% were hospitalized. (95% CI 5.8, 20.7)

AMERICAN PSYCHIATRIC INSTITUTE
APIRE
FOR RESEARCH AND EDUCATION

Preliminary Findings: Access to Medications

- 39% of patients had problems filling prescriptions.
- 31% had problems accessing medication refills.
- 20% had problems accessing new prescriptions.
- 24% had problems accessing benzodiazepines.
- 18% of patients were previously stable but had to switch to a different medication than clinically desired/preferred.

AMERICAN PSYCHIATRIC INSTITUTE
APIRE
FOR RESEARCH AND EDUCATION

Preliminary Findings: Access to Medications (cont.)

- 20% of all patients were not able to have clinically indicated, preferred medications prescribed due to drug coverage/approval issues.
- 18% had to be started on a different medication than the one clinically preferred because new prescriptions were not covered or approved.
- 22% had problems accessing medications because of copayments.
- 9% reported to have had improved medication access/continuity.

AMERICAN PSYCHIATRIC INSTITUTE
APIRE
FOR RESEARCH AND EDUCATION

Clinically Indicated/Preferred Medications Most Commonly Could Not be Used

(For 20% of All Patients)

Atypical Antipsychotics	22%
SSRIs	21%
Benzodiazepines	14%
Other Antidepressants	17%
Other Antianxiety Medications	11%
Other Anticonvulsants	5%
Mood Stabilizers	5%

AMERICAN PSYCHIATRIC INSTITUTE
APIRE
FOR RESEARCH AND EDUCATION

Clinically Undesired Medication Discontinuations

22% of all patients had clinically indicated medications discontinued or temporarily stopped due to the changes in prescription drug plan administration.

AMERICAN PSYCHIATRIC INSTITUTE APIRE FOR RESEARCH AND EDUCATION

Problems with PDP Administration

- 30% of all patients had problems with plan enrollment or changing to a desired plan.
- 27% of all patients had to have exceptions requests or appeals initiated on their behalf.
- 19% changed or discontinued clinically indicated medications rather than pursue appeals or exceptions.

AMERICAN PSYCHIATRIC INSTITUTE
APIRE
FOR RESEARCH AND EDUCATION

Prescription Drug Administrative Time

- 45.6 minutes per every hour of patient care spent by psychiatrists and their staff on prescription drug administrative issues since 1/1/06.
- Patients with *Medication Access Problems* required significantly more administrative time -- 56 vs. 30 minutes per patient care hour.
- *Prior Authorization*, *Preferred Drug Lists*, and *Limits on Number and Dosing of Medications* associated with two-fold increase in administrative time.

AMERICAN PSYCHIATRIC INSTITUTE
APIRE
FOR RESEARCH AND EDUCATION

Serious Adverse Events After Medication Access Problems/Medication Discontinuations (N=579)

- 20% had an Emergency Room visit.
- 11% were hospitalized.
- 23% had side effects significantly worsen – interfering with functioning/out-weighing therapeutic benefit.
- 22% had an increase in suicidal ideation or behavior.
- 15% had an increase in violent ideation or behavior.
- 3% became homeless for more than 48 hours.

AMERICAN PSYCHIATRIC INSTITUTE
APIRE
FOR RESEARCH AND EDUCATION

Specific Medication Access Problems and Rates of ER and Hospitalizations

	% ER	*% Hospitalized*
Had to Switch Medication	35%	16%
Discontinued Medication	32%	14%
Could Not Prescribe Clinically Indicated/Preferred Medication	30%	16%

AMERICAN PSYCHIATRIC INSTITUTE
APIRE
FOR RESEARCH AND EDUCATION

Patients Most Likely to Experience Medication Access/Continuity Problems and Adverse Events

- Patients with more severe depressive or anxiety symptoms were significantly more likely to experience problems accessing clinically indicated medications.
- Patients with more severe psychotic symptoms were significantly more likely to experience serious adverse events after medication access/continuity problems.

AMERICAN PSYCHIATRIC INSTITUTE
APIRE
FOR RESEARCH AND EDUCATION

PDP Features Associated with Medication Access/Continuity Problems

	Yes	No
▪ Prior Authorization*	75%	32%
▪ Preferred Drug/Formulary	68%	31%
▪ Early/Emergency Refill Policies	69%	45%
▪ Requirements to Use Generics*	79%	38%
▪ Limits on Number/Dosing of Meds*	76%	38%
▪ Protocols for Transitioning Patients	69%	48%

***After adjusting for sociodemographic and clinical factors, these UM features most highly associated with Medication Access Problems.**

AMERICAN PSYCHIATRIC INSTITUTE
APIRE
FOR RESEARCH AND EDUCATION

PDP Features Associated with Serious Adverse Events

	Yes	No
▪ Prior Authorization	34%	17%
▪ Preferred Drug/formulary	32%	18%
▪ Requirements to Use Generics	36%	20%
▪ Limits on Number/Dosing of Meds	39%	17%

AMERICAN PSYCHIATRIC INSTITUTE
APIRE
FOR RESEARCH AND EDUCATION

Medicare Part D Study: Summary of Study Strengths and Limitations

Strengths

- Large national sample.
- Clinically detailed data, including data not readily available from claims and other sources.

Limitations

- Potential for response/selection biases:
  - Physicians compensated to help minimize response bias.
  - Patient-level data internally consistent w/ caseload-level data.

AMERICAN PSYCHIATRIC INSTITUTE
APIRE
FOR RESEARCH AND EDUCATION

Medicare Part D Study: Summary of Key Study Findings

- Significant and widespread problems accessing medications – problems most common among those most severely ill.
- High rates of medication discontinuations and inability to prescribe clinically indicated medications (even among previously stable patients) pose major risks to these patients.
- Problems accessing benzodiazepines, commonly used to treat anxiety, agitation, and sleep problems, also poses a serious clinical problem.
- PDP UM features highly associated with significant medication access problems as well as serious and costly adverse clinical events.

AMERICAN PSYCHIATRIC INSTITUTE
APIRE
FOR RESEARCH AND EDUCATION

Policy Implications

- Current PD UM strategies may have significant cost-offset implications for this population.
- Especially worrisome are policies leading to medication discontinuations or treatment gaps – copays, delays in prior authorizations.
- "Fail First" or "Step Therapy" policies problematic if leads to repeating a previously failed medication or use of clinically inappropriate medications.
- Limits on number or dosing of medications may offer safety protections generally – but problematic for this population.

APIRE
AMERICAN PSYCHIATRIC INSTITUTE FOR RESEARCH AND EDUCATION

Policy Implications

More effective PD management strategies and policies are needed to promote medication continuity and more cost-effective treatment:

- Evidence-based, patient-centered treatment essential.
- Assertive Community Treatment (ACT) Models
- Disease Management Programs

AMERICAN PSYCHIATRIC INSTITUTE
APIRE
FOR RESEARCH AND EDUCATION

Policy Implications

"Medicare and Medicaid prescription drug utilization management policies based primarily on cost rather than clinical considerations may ultimately result in significant human, economic, and social costs."