

Title of Presentation: The Impact Of Evidence-Based Guidelines On Physician Prescribing Patters And Consumer Recovery

Principal Presenter: James Schuster, MD, MBA
Title: Chief Medical Officer
Organization: Community Care Behavioral Health
Address: 100 Chatham Center Suite 700, Pittsburgh, PA 15219
e-mail: schusterjm@ccbh.com

Additional Presenter: Lisa Strouss, PharmD.
Title: Behavioral Health Pharmacy Specialist
Organization: Community Care Behavioral Health
Address: 100 Chatham Center, Suite 700, Pittsburgh, PA 15219
e-mail: stroussla@ccbh.com

Over the last few decades, there have been remarkable advances in the availability of effective pharmacological treatments for individuals with serious mental illnesses. These novel medications present marked advantages over previous treatments in the areas of both side effects and safety. However, with the steady stream of research on new agents and with the expanding range of pharmacological treatment options, including combinations of pharmacological agents, clinical decisions have become more complex. One area that is particularly complex is the treatment of schizophrenia.

One response to this evolving complexity has been the development of guidelines intended to inform and influence clinical practice. In 2002, the Substance Abuse and Mental Health Services Administration (SAMHSA) sponsored the implementation resource kit for managing medications used in the treatment of schizophrenia. The resource kit reflects the current state-of-the art concerning evidence-based medication management. Community Care Behavioral Health Organization (Community Care) manages behavioral health services for 250,000 Medicaid enrollees in Pennsylvania. Though Community Care manages behavioral health services for its enrollees, all pharmacy benefits, including the benefits for behavioral health medications, are managed by the Physical Health Medicaid HMOs. To insure that behavioral health services and prescription practices are well coordinated, Community Care has initiated several collaborative activities with the Physical Medicaid HMO's in the Southwest and Capital-Lehigh regions of Pennsylvania.

Representatives from the behavioral and physical MCO's in the Southwest region have met at least quarterly since 2001 on a Best Practice Pharmacy committee to address quality and cost aspects of behavioral health medications. Other stakeholders, including representatives of the National Alliance for the Mentally Ill, the Mental Health Association, and the Pennsylvania Disability Law Project, also belong to the committee. A similar committee has been meeting in the Capital-Lehigh region since 2003. Parallel

with the goals of the SAMHSA medication management toolkit, the current focus of the committees is improvement of the quality of prescribing of anti-psychotic medications.

In 2004, Community Care received and analyzed pharmacy claims data on anti-psychotic medications from each health plan in both regions. All pharmacy claims for atypical anti-psychotics were extracted by the physical health plans from their pharmacy databases during the period of 7/1/03 to 6/30/04 and transferred to Community Care for analysis. Community Care utilized software from Janssen Pharmaceuticals. Members in the study population had a pharmacy claim between 7/1/03 – 6/30/04 and had a primary diagnosis of schizophrenia (295.xx and not 295.7x) on any Community Care behavioral health claim from 7/1/03 – 6/30/04. Findings indicate that clozapine utilization is higher than in most regions of the country for the population with schizophrenia (23%) and that less than 10% of patients with schizophrenia received more than one atypical anti-psychotic medication as part of their continuing care. Interventions, including education and feedback to physician outliers about their prescribing practices will be conducted. Additional quality assessments are underway to identify physicians who prescribe low dose quetiapine for disorders other than mania or schizophrenia, and physicians who do not complete annual assessments of serum glucose and lipids in members receiving anti-psychotic medications. Follow up analyses will be completed to assess the impact of these interventions on regional prescribing patterns.

Community Care has also been working with providers to implement the SAMHSA toolkit in community mental health settings. Throughout 2003 and 2004, several seminars and presentations on antipsychotic algorithms were conducted for network providers. Recognizing that the most extensive development and implementation of medication algorithms for persons with serious mental illnesses have occurred in the Texas Medication Algorithm Project (TMAP), experts from TMAP were interviewed to assess the model's adaptability. Additionally, the Ohio Medication Algorithm Project (OMAP) model was researched and also served as a model Community Care's efforts.

By January 2005 Community Care was in position to facilitate implementation of the SAMHSA medication toolkit in two outpatient settings. This pilot project will identify and measure utilization of medications and outcomes of care for patients treated for their mental illnesses, especially schizophrenia. The objective of the project is to evaluate the effectiveness of utilizing evidence based treatment algorithms in the practice setting supported by provider training and an intensive consumer education curriculum.

As of July 1, 2005 the pilot project has enrolled 95 patients in the study, with a 28% rate of completion for all six consumer education sessions. 85 of these patients completed pre-questionnaires and 29 completed post-questionnaires designed to measure their knowledge about their illness. Preliminary trends to date indicate positive change in the consumers' understanding of their illnesses and their medications. Additional findings will be presented during this presentation.