

Medicaid Drug Therapy Management Program for Behavioral Health

DEPARTMENT OF MENTAL HEALTH LAW AND POLICY
LOUIS DE LA PARTE FLORIDA MENTAL HEALTH INSTITUTE

Program Priorities 2007-08: Emphasis on Information Technology and Measurement-based Care

The Medicaid Drug Therapy Management Program for Behavioral Health (MDTMP) is starting its second phase as of July 2007. Although much was accomplished during phase 1, and several valuable insights emerged as a result of our analytic and improvement initiatives, we continue to work towards our goals to:

- Improve the quality of behavioral health drug prescribing
- Improve patient adherence
- Reduce clinical risk
- Lower cost

Among our accomplishments during 06-07:

- Produced and distributed the Florida Best Practices Psychotherapeutic Guidelines for children and adolescent psychiatric conditions: ADHD, depression, bipolar disorder, chronic impulsive aggression, and principle of practice regarding the use of antipsychotics in children under six
- Produced several analyses of retrospective pharmacy claim psychotherapeutic drugs
- Developed partnerships with the Florida professional medical societies
- Promoted the use of health information technology

The lessons learned in phase 1, informed the selection of priorities for the 07-08 period:

1. Update the adult guidelines and launch a new guideline for the treatment of major depression.
2. Disseminate and encourage adoption of the guidelines using information technology to integrate the guidelines in routine clinical care.
3. Refine our analytic capabilities to produce reports that are: a) targeted to specific areas of concerns and b) are actionable by the recipients.
4. Promote the use of electronic communications in accessing patient medication information at the point of care.
5. Develop new approaches to CMEs, targeted at all those involved in providing mental health-

care – doctors, nurses, pharmacists, social workers and others.

6. Foster collaboration among stakeholders to work on projects of common interest.
7. Provide a feedback loop to physicians who wish to communicate with the program.

Updating the Florida Best Practice Psychotherapeutic Guidelines

One of the important functions and strengths of the program is our ability to draw together key stakeholders in collaboration around issues of strong common interest. No issue better illustrates this than the Experts Panel Meeting who met last July to update the adult guidelines on the treatment of schizophrenia and bipolar disorder and adopt a guideline for the treatment of major depression. The depression guideline was added because it is one of the most common psychiatric conditions encountered by primary care physicians. The adult guidelines for schizophrenia and bipolar disorder are now two years old and during that time new evidence has emerged from several large clinical trials, and so the need to update.

In July 2007, a 20-member panel of experts that included Florida psychiatrists from both the community mental health and private practice world met in Tampa to review the most recent scientific literature and make recommendations that are evidence-based and rooted in the experience of everyday clinical practice. The guidelines are presented in a care protocol format and recognize that there will be deviations from the protocols that are prompted by individual patient responses.

The changes to the guidelines and the addition of the depression guideline are undergoing a review process and will be posted to our website in early October 2007.



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NEWSLETTER
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Special Points of Interest

- *Updating the adult guidelines*
- *Incorporating technology*
- *Upcoming Meetings*
- *New website address*

An Important Message from Florida Medicaid

In early 2008, Florida Medicaid will survey Medicaid providers to measure your satisfaction with the Florida Medicaid program and identify opportunities for improvement. We hope you will invest a small amount of your valuable time to respond to the survey. When it is released it will be posted on the Agency's website. More information will be provided in future bulletins and other forms of communication. We look forward to working with you to improve the Medicaid program for providers and to an improved working relationship.

The MDTMP actively seeks the input of all those interested in improving the quality of mental health services provided to Medicaid beneficiaries with a mental illness.

Please e-mail us with your comments/suggestions at mmcpherson@fmhi.usf.edu.

Use of information technology

One of the stated goals of the program is to improve the quality of behavioral health prescribing using information technology as a tool.

In a rapidly changing clinical information environment and given the need to have access to patient information at the point of care, it is more important than ever to have the scientific evidence easily retrievable during the physician/patient encounter. Through its partner GoldStandard Multimedia, the program embarked on a series of activities designed to promote the use of eMPOWERX technology to access health information.

Although there is a large volume of literature on the benefits of e-prescribing: patient safety, improved drug utilization, better communications between physicians and pharmacy, and time efficiency, the adoption by physicians remains low. In encouraging the use of health information technology, our goals are to increase the number of prescribers with access to point of care patient information and demonstrate the benefits to the Florida Medicaid population.

Refine analytic capabilities

The core mission of the program is to identify areas where prescribing of mental health drugs may represent a deviation from current medical evidence or consensus-based guidelines. Using key pharmacy quality indicators rooted in the guidelines to identify prescribing practices that may deviate from accepted care, physicians are alerted when there is a perceived concern.

Examples of pharmacy quality indicators for adults are:

- ≥ 2 SSRIs for 60 or more days
- ≥ 2 tricyclics for 30 or more days
- ≥ 2 MAOIs for 30 or more days
- Concurrent use of ≥ 2 antipsychotics for 60 or more days
- Concurrent use of ≥ 3 antipsychotics
- Use of high dose of antipsychotics

Examples of pharmacy quality indicators for children are:

- ≥ 4 (any of the following classification) for 90 or more days (6-17 years old): antipsychotic, antidepressant, lithium, anticonvulsant and benzodiazepine
- Use of antidepressant OR antipsychotic (0-5 years old)
- ≥ 2 or more antipsychotics for 45 or more days (0-17 years old)
- High dose of any of antipsychotic, antidepressant, lithium, anticonvulsant and benzodiazepine

Physicians receive packets of information identifying the patient whose prescription hit the quality indicators, and the 100-day drug history of each patient involved.

In the past year this process has generated a great deal of correspondence, especially for physicians with large practices. In

an effort to minimize the burden to physicians, we have limited our communication to a one-page summary, and we are encouraging physicians to access the patient's drug history on-line using the eMPOWERx technology. Mailings will be sent to fewer physicians since five percent of all prescribers account for 80% of unusual psychotherapeutic prescriptions.

Use of electronic communication

It is often noted in the healthcare literature that improvements in clinical practice are increasingly relying on the ability to manage information. As the program's approach shifts from paper communication to electronic means, we encourage the use of the eMPOWERx technology developed by GoldStandard, and accessible from a PDA or an online application. eMPOWERx provides efficient, effective access to current and accurate patient-specific information and Preferred Drug List (PDL) information, empowering the clinician to make informed decisions at the point of care. For example, a clinician during the course of a patient encounter can review the 100 day medication history, access the guidelines and download assessment scales and other materials.

The use of information technology has a number of potential benefits, including better communications between providers and various systems of care, patient specific alerts, links to guidelines and other sources of evidence, identification of safety concerns, and prompt identification of patients when a drug recall is generated. Despite the popularity of the PDAs, usage remains low. Barely 50% of providers who were given a PDA use it on a regular basis. The usage for the desktop version is even lower at this point.

Information technology is a valuable tool in navigating an increasingly complex healthcare system, especially when considering that the human mind can handle only about seven facts at a time.

Develop collaborations

We continue to work collaboratively with the Florida Medical Societies. We will be looking to develop an information technology collaborative with practices who are committed to advancing information technology in a way that is easy for the clinical staff to use and such usage demonstrate added value to patient care.



Measurement-based care, what is it?

Use of valid and reliable patient questionnaires or other patient assessment instruments in everyday clinical care has the potential to engage the patient in his/her treatment, assess the progress and outcomes of treatment and monitor symptoms and functional status. A patient who is measuring symptoms with his/her physician is learning about the disease and becomes an active partner. Examples of such measurement scales are: the clinical global impression scale (CGI) and the brief psychiatric rating scale (BPRS) for schizophrenia; the patient health questionnaire (PHQ) or the Hamilton Rating Scale (HRSD) for depression; the Young Mania Rating Scale for bipolar disorder.

Develop new approaches to CMEs

One of the most important aspect of the MDTMP program is the dissemination of the guidelines and other improvement initiatives. Presently, the traditional way to reach providers to communicate the latest available evidence is the continuing medical education (CME) format. We plan to explore a new format, one that is interactive, is rooted in the best available evidence, relies on case studies and discussion, and involves all participants by encouraging teamwork and collaboration. Whenever possible we will bring the CMEs to the practice level where participants in the care of patients are located.

Foster collaboration among stakeholders

Given the many challenges of treating mental illness in everyday practice and the difficulties of integrating guidelines into routine clinical practice, we are looking for clinical practices to collaborate with on improvement activities, especially in the area of strategies to facilitate provider and patient communication.

We will increasingly rely on medical societies, consumer groups, managed care organizations, research and state agencies to pool resources and take advantage of synergies to encourage practices practice improvement collaboration and facilitate communications between the various parties.

As an example of collaboration, we will work with the Peer Network Group to survey consumers regarding their preferences in filling out patient assessment instruments. Another collaborative project is with the University of Florida Psychiatric Department to explore a referral network of psychiatrists who would take calls from primary care physicians with mental health questions.

Provide a feedback mechanism to physicians

One of the important lesson we have learned is the need to respond in a timely manner to suggestions made by providers and to address the information provided on the feedback forms. For example, when a physician reviews the information sent to him as part of our mailing initiative and faxes back to us that this particular patient is "not my patient" we have put in place a mechanism to immediately remove the patient name from any future mailings.

New website address

The Florida Medicaid Drug Therapy Management Program for Behavioral Health has a new website address.

<http://flmedicaidbh.fmhi.usf.edu>

MEDICAID DRUG THERAPY MANAGEMENT PROGRAM FOR BEHAVIORAL HEALTH

[Program Overview](#)

[Strategic Partners](#)

[Educational Seminars](#)

[Upcoming Events](#)

[Recommended Guidelines](#)

>>NEW - New high dosing tables for children

[Related Literature](#)

>>New: AACAP practice parameters for ADHD

[Monthly Newsletter](#)

[Newsletter Archive](#)

[A Briefing for Policy Makers](#)

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>>Learn more about registering for eMPowerx

Key Activities June – September 2007

Several key activities were held by the MDTMP during the period of June through September 2007.

- Convened a twenty-member expert panel to update the adult guidelines for schizophrenia and bipolar disorder to reflect the latest scientific evidence. The panel added a depression guideline.
- Held a continuing medical education meeting in Gainesville, FL to promote the use of the children and adolescents prescribing guidelines.
- Sponsored a presentation on the latest evidence in depression and schizophrenia treatments at the annual meeting of the Florida Council for Community Mental Health in St. Petersburg, FL.

- Exhibited at the Florida Association of Family Physicians and sponsored a speaker to discuss the children and adolescents prescribing guidelines.
- Exhibited at the monthly meeting of the Hillsborough Medical Association.
- Produced adult and child educational mailings to be sent to prescribers targeted for an educational intervention.
- Identified the program's deliverables for the 07-08 period.
- Reviewed and updated our analytic protocols.

Medicaid Drug Therapy Management

Upcoming Meetings

November 5, 2007
6:30 p.m. - 8:30 p.m.
Nova South University
Miami, FL

A CME program sponsored by the Magellan Behavioral Health and the Florida Medicaid Drug Therapy Management Program for Behavior Health MDTMP. Materials will be mailed soon.

Topic

- Integrating the Florida Guidelines for Children/Adolescents and Adults
- Accessing Mental Health Resources in the Community

Speakers

- Robert J. Constantine, Ph.D., USF FMHI
- Omar Richey, MD
- Alan Lipton, MD, Magellan Behavioral Health

November 13, 2007
6:30 p.m. - 8:30 p.m.
Riverside Hotel
Ft. Lauderdale, FL

Sponsored by the Broward County Pediatric Association and the Florida Medicaid Drug Therapy Program.

Topic

- Psychotherapeutic drug options
- How to access mental health resources in the community

Speakers

- Daniel Castellanos, MD, University of Miami
- Baharit Sahasranaman, MD, Henderson Mental Health Center
- Lissette M. Perez, Ph.D., Pediatric Psychologist, Joe Di Maggio Children's Hospital

For more information about the Medicaid Drug Therapy Management Program for Behavioral Health, please contact:

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