

State Strategies to Preserve Access to Mental Health Medications: A Conversation with Local Mental Health Leaders

May 2009



Goals and Objectives

- Educate members and affiliates about current research and data on access to medications
- Offer venue for colleague-to-colleague interactions for affiliates and members to share strategies and lessons learned
- Provide members and affiliates tools and resources to assist in advocacy efforts
- Facilitate a unified voice for improved access to mental health medications

Offerings...

- Local leaders from Mental Health America, NAMI, and the National Council for Community Behavioral Healthcare discuss state-level efforts on medication access issues
 - **May 8:** Mike Hammond, Association of Community Mental Health Centers of Kansas, shares the power of the Kansas Mental Health Coalition's unified message and efforts
 - **May 15:** Betsy Johnson, NAMI Ohio, talks about Ohio's multi-faceted efforts to preserve access for vulnerable individuals in a challenging environment
 - **May 29:** Steve McCaffrey, MHA of Indiana, illustrates how Indiana's Mental Health Medicaid Quality Advisory Committee keeps the focus on quality and safety

Why Access to Mental Health Medications Is Important



People who live with mental illness are uniquely vulnerable

Unlike heart disease or most cancers, young people with mental illness experience disability in the prime of life, when they would normally be the most productive.¹

- **Mental illness strikes throughout the lifespan, with onset often early in life**
 - Half of all lifetime cases of mental illness occur by age 14; three-quarters by age 24²
 - One in ten youth in America have a serious mental or emotional disorder³
 - One in seventeen adults (about 10 million Americans) live with a serious mental illness, such as schizophrenia, bipolar disorder or major depression⁴



People who live with mental illness are uniquely vulnerable

- **Treatment works and recovery is possible, yet there are long delays—often years—before people get help¹**
 - **Fewer than one-third of adults and half of children** with a diagnosable mental disorder receive any level of treatment in any one year²
 - There is an average **delay of 8.5 years** between onset of symptoms and the beginning of treatment for people living with schizophrenia³
 - The median delay across disorders is **nearly a decade⁴**
- **When treatment is delayed, conditions may become *more severe and more resistant to treatment*⁵**



People who live with mental illness are uniquely vulnerable

- **Mental illness often co-occurs with other health conditions, complicating treatment and raising overall medical costs¹**
 - Over one in five adults with serious mental illness have a **co-occurring substance use disorder²**
 - Persons with substance use disorders are roughly **twice as likely to have a mood or anxiety disorder³**
 - Adults with common medical conditions have high rates of depression and anxiety. **Depression impairs self-care and adherence to treatments** for chronic health conditions⁴
 - Individuals with diabetes and co-morbid depression (nearly one in every three) have **healthcare costs that are 4.5 times higher** than those without⁵



People who live with mental illness are uniquely vulnerable

- **Vast majority of individuals on Medicaid have mental illness**
- **Individuals may experience significant functional impairment as a result of their mental illness or co-occurring disorders**
 - Impaired insight into treatment needs (due to disorganized thinking, paranoia, depression)
 - Challenges in navigating the healthcare system
 - Reduced social and financial supports

*People with serious mental illness **die an average of 25 years earlier** than other Americans, largely of treatable health conditions.²*

Why Access to Mental Health Medications Is Important:

- People who live with mental illness are uniquely vulnerable



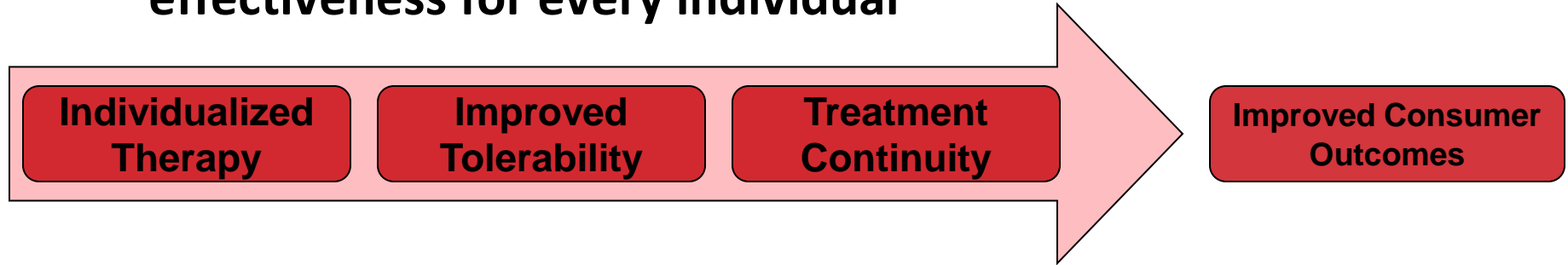
Mental health medications are unique and play an important role in recovery

- **Along with an array of rehabilitative services, mental health medications are an important tool for recovery for many**
- **Several different classes of medications are used to treat mental illnesses:**
 - stimulant and non-stimulant medications
 - anti-anxiety medications
 - mood stabilizers and anticonvulsants
 - antidepressants
 - antipsychotics




Mental health medications are unique and play an important role in recovery

- **Mental health medications—even those within the same “class”—often have biochemical differences that result in significant variation in side effects, drug interactions, and effectiveness for every individual**



- About one in three with depression will improve after treatment with an SSRI antidepressant; others will get better with a different medication or by adding another medication¹
- Treatment of any individual with an antipsychotic requires balancing benefits and risks; there is no best medication or dose for all patients²



Mental health medications are unique and play an important role in recovery

“A medication that works well for one person with schizophrenia often doesn’t work well for another.”¹

NATIONAL INSTITUTE OF MENTAL HEALTH 2008 FACT SHEET

“... it is our opinion that the new generation of antipsychotic medications (except clozapine) need to be made available as first-line treatment...”²

AMERICAN PSYCHIATRIC ASSOCIATION (APA)

“Access to treatment, including medication, has been the cornerstone of my recovery. Limiting access limits my possibilities.”

SHERRI WALTON, SCOTTSDALE, ARIZONA


“Given significant individual variability in response, ultimately all marketed antipsychotic medications should be available to patients who require treatment with them.”³

NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS (NASMHPD)

The Kaiser Commission on Medicaid and the Uninsured recommends “exemptions from restrictions for all psychotherapeutic and anticonvulsive medications.”⁴


Why Access to Mental Health Medications Is Important:

- People who live with mental illness are uniquely vulnerable
- Mental health medications are unique and play an important role in recovery



Lack of access to treatment is costly

- **Failure to respond to or tolerate a mental health medication—or discontinuation—may lead to costly and devastating relapses**
- **A psychotic, manic, or depressive episode may result in lasting cognitive impairment, emergency department visits, hospitalization—even incarceration or suicide**
 - **One out of every five community hospital stays** involves a principal or secondary diagnosis of mental illness¹
 - About **20-25% of jail and prison inmates** and youth involved with juvenile justice have a serious mental illness^{2,3}
 - Among individuals with bipolar disorder or schizophrenia, **nearly one in ten die by suicide**⁴



Lack of access to treatment is costly

- **Restricting access to mental health medications has unintended consequences and high costs**
 - **In a 2007 study of Medicare Part D recipients with mental illness, over half had problems accessing medications:¹**
 - 31% could not access needed medication refills
 - 22% had medically necessary medications stopped or interrupted
 - 18% had stable medication regimens changed
 - **The consequences:²**
 - 22% suffered an increase in **suicidal thoughts or behaviors**
 - 20% required an **emergency room visit**
 - 11% required **hospitalization**
 - 3.1% became **homeless**



Lack of access to treatment is costly

- **In 2003, Maine instituted a prior authorization and step therapy policy for atypical antipsychotics¹**
 - Persons affected by prior authorization requirements had a **29 percent greater risk of treatment discontinuity**
 - Medication gaps and discontinuations are strong predictors of negative outcomes, like hospitalization and psychotic episodes
 - In March 2004, the policy was suspended citing adverse events

The Maine study researchers conclude that “Observed increases in treatment discontinuities without cost savings suggest that atypical antipsychotics should be exempt from prior authorization for patients with severe mental illness.”²

Lack of access to treatment is costly

- **Implementation of co-pays decreases use of needed medications and shifts costs**
 - Medicaid co-payment policies **decreased drug utilization** by 17%; antipsychotic use by 15.2%¹ (figure 1)
 - In the Oregon Health Plan, co-pays for prescriptions reduced pharmacy expenditures, but **resulted in cost shifts (increased inpatient care), not cost savings²**

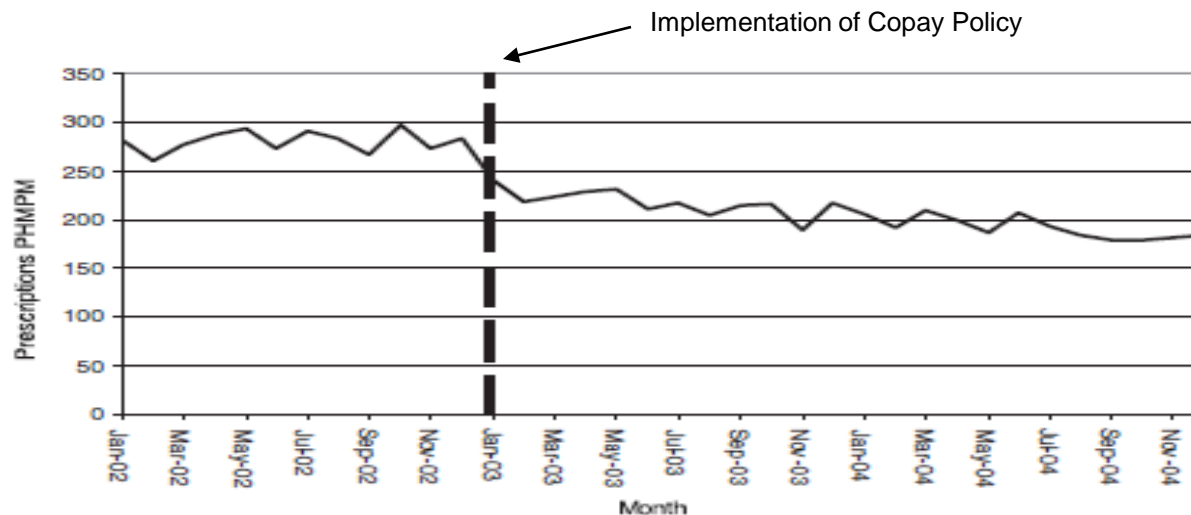


FIGURE 1. Aggregate pharmacy utilization per 100 members per month (PHMPM).

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- Mental health medications are unique and play an important role in recovery
- Lack of access to treatment is costly

Cutting costs at the expense of vulnerable individuals

- **States aim to cut Medicaid pharmacy costs by limiting access to mental health medications**
 - Repeal of statutory exemptions of mental health medications from preferred drug lists
 - Budget line items adding mental health medications to preferred drug lists
 - Executive orders to create preferred drug lists and impose prior authorization requirements
 - Revisiting “handshake” agreements to preserve access
 - Imposing co-pays or additional prior authorization requirements
 - Limiting number of covered prescriptions

Resources

- [Joint Statement on Therapeutic Substitution \(PDF\)](#)
- [Joint Statement on Appropriate Utilization Management Approaches \(PDF\)](#)
- [Joint Statement on Medication Cost Sharing in State Medicaid Programs \(PDF\)](#)
- Glossary
<http://www1.nmha.org/state/PBMtoolkit/PBMGlossary--edited--FINAL.pdf>

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