



Ensuring Open Access to Mental Health Medications

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The Association

- Association of Community Mental Health Centers of Kansas, Inc.
 - Represent the 27 licensed Community Mental Health Centers (CMHCs) in Kansas
 - CMHCs are the local Mental Health Authorities coordinating the delivery of publicly funded community-based mental health services.



The Authority

- Kansas Health Policy Authority (KHPA)
 - Responsible for coordinating a statewide health policy agenda
 - All health insurance purchasing by the State of Kansas is combined under the Authority
 - Medicaid
 - State Children's Health Insurance Program
 - Medikan



Medicaid Mental Health Medications

- Currently, medications including atypical anti-psychotic medications, conventional anti-psychotic medications and other medications used for treatment of severe mental illness are **exempt** from a Medicaid preferred formulary and prior authorization (Sub. For SB 422).



Treatment Decisions

- Are best made through
 - Dialogue
 - Evaluation of Personal Preferences
 - Treatment Goals
 - Clinical Judgment
- All contribute to a course of therapy most likely to contribute to recovery.



KHPA Medicaid Cost Concerns

- Growing concern over the increasing costs of pharmaceutical expenditures
- The Association appreciates the efforts of the KHPA to explore ways to manage those costs.



KHPA Safety Concerns

- The Association supports the KHPA efforts to pursue enhanced safety for Medicaid beneficiaries while improving health outcomes for those we serve in the public mental health system.



Association Position

- The Association believes any attempt to remove this protective measure would have to be only after all other alternatives have proven to fail to address the concerns of the KHPA.
- The Association and its members value the importance of the provider/consumer relationship.



Association Position

- The Association is concerned about the proposal to remove the statutory language which exempts mental health prescription drugs from a prior authorization or PDL.



Removal of Statutory Language

- Drastic measure that could threaten the safety, health, and **ultimately jeopardize** the recovery process for a person with a mental illness.



Cost Shifting

- The Association believes that not exempting mental health drugs from the PDL will simply cost shift over to the public mental health system to absorb.
- This would be a shift that the public mental health system cannot afford.



Restrictive Access to Mental Health Drugs is Unsound Public Policy

- For many mental health consumers, access to the range of the newest and most effective medications is a crucial component of successful treatment and recovery.



Restrictive Access to Mental Health Drugs is Unsound Public Policy

- These strategies lead to adverse health outcomes and do not reduce our State's cost of caring for those with serious mental illness.
 - Evidence of unintended consequences of PDL implementation
 - Increased Hospitalizations
 - Increased Office Visits



Restrictive Access to Mental Health Drugs is Unsound Public Policy

- Adverse health outcomes
 - Mental health medicines take weeks to have an effect. Restricting access to mental health medicines may leave some patients without effective treatment for months.
 - Changing psychiatric medications is very difficult. It can take between six and 12 weeks to determine if a medication works, and each failed trial results in suffering and a possible worsening of the person's condition.



Restrictive Access to Mental Health Drugs is Unsound Public Policy

- Absent Cost Savings
 - One week of hospitalization for a schizophrenic patient after a psychotic break costs as much as maintaining the same patient for one year on a newer antipsychotic medication.
 - Cutting costs up-front won't guarantee savings later. Savings from prescription medicine restrictions in 47 Medicaid programs nationwide were completely off-set by increased spending elsewhere in the system.



Restrictive Access to Mental Health Drugs is Unsound Public Policy

- Absent Cost Savings
 - In most cases, the federal government does not match funding when a person with severe mental illness cycles through the prison system or a State Hospital. These costs are not covered by Medicaid and are borne directly by the State.
 - By limiting access to needed medications, pharmacy benefits programs simply shift their costs to other budget areas, such as in-patient hospitalization and emergency room visits.



Restrictive Access to Mental Health Drugs is Unsound Public Policy

- One size doesn't fit all
 - Persons with mental illness experience idiosyncratic responses to therapeutic alternatives.
 - What works wonderfully for one patient may often prove disappointing for another, or even provoke an exacerbation of symptoms.
- Open access is clearly important



Restrictive Access to Mental Health Drugs is Unsound Public Policy

- Research indicates that the newer medications have made it possible for the reduction of hospital days per year.
 - The cost of medications, even though high, does not get close to the cost of hospitalization.



Restrictive Access to Mental Health Drugs is Unsound Public Policy

- Access to psychiatric medications is a critical component of community-based care.
- Psychotropic medication is an essential part of treatment.
 - Many individuals with schizophrenia need antipsychotics for life.



Important Questions to Ask About the PDL Proposal

- What would the process for approval look like? How long would it take?
- What would the appeal process look like?
- What administrative burdens or increased costs would exist?
- How will it be determined there are sufficient options from all drug classes in each therapeutic category? Who will decide that?



Important Questions to Ask About the PDL Proposal

- What is the status of an automated prior authorization process which would reduce unnecessary delays in treatment and reduce provider burden? What would it cost? How will it be paid for? Is this cost just for the automated prior authorization for mental health drugs or for all classes currently on the PDL?
- How many changes can be made to the PDL annually?



Important Questions to Ask About the PDL Proposal

- Will physicians be able to prescribe non-PDL drugs without prior authorization if that drug better addresses the specific clinical situation and patient characteristics?
- Will there be grandfathering of current patient therapy?
- Will there be monitoring and evaluation of the program and feedback from consumers and providers? What would that look like?



Important Questions to Ask About the PDL Proposal

- What assurances are there that mental health clinicians and psychiatrists within the public mental health system will have significant input into the development and maintenance of the program, to ensure professional expertise of those who serve Medicaid beneficiaries on a regular basis?



Important Questions to Ask About the PDL Proposal

- One of the major concerns expressed by KHPA has been concerning trends in prescribing patterns for children. We are not sure we understand the logic of using a PDL to address safety issues, when PDLs are primarily used to achieve savings, as we understand it. How would a PDL address safety issues that have been identified by KHPA?

Alternatives to a PDL: Provider Feedback



- The Association and its members support the Kansas Behavioral Pharmacy Management System (Comprehensive Neuroscience Project) which is being implemented by the KHPA to review prescribing practices for Medicaid beneficiaries who receive behavioral health medications.
 - The objective is to identify prescribing patterns of physicians outside the national standard guidelines and educating them through a variety of communication media.



Alternatives to a PDL: Provider Feedback

- The goals of the Comprehensive Neuroscience Project include:
 - Improving continuity and coordination of care
 - Eliminate redundant treatments
 - Decrease risk associated with inappropriate use



Alternatives to a PDL: Provider Feedback

- All changes on the part of the prescribing physician are voluntary. Targeted education and consultation will allow physicians to self-regulate their own prescribing practices once they become fully aware of best-practice standards.



Alternatives to a PDL: Provider Feedback

- This program has been implemented successfully
 - Michigan (22% reduction in pharmacy claims and 21% reduction in costs)
 - Missouri (\$7.7 million in savings)
- There have been cost savings achieved from this program and we believe those savings could be even greater if the implementation was more aggressive.



Alternatives to a PDL: Utilization Management

- There are utilization management programs that promote high value care, such as prescriber feedback programs (CNS project) and retrospective drug utilization review.
- Supported by
 - Mental Health America
 - The National Alliance for the Mentally Ill
 - The National Council for Community Behavioral Healthcare



Alternatives to a PDL: Utilization Management

- Retrospective drug utilization review programs
 - Analyze pharmacy claims after prescriptions are filled
 - Develop quality edits at the point of sale
 - Both safety and continuity of care is achieved with minimal administrative burden
 - Implemented by Indiana's Mental Health Quality Advisory Committee



Alternatives to a PDL: Utilization Management

- New technologies
 - Advanced investigative claims analysis systems
 - Electronic information exchange systems
 - E-prescribing
 - Web-based provider monitoring tools



Alternatives to a PDL: Utilization Management

- A comprehensive claims analysis using sophisticated statistical and analytical methods should be completed and performed on a periodic basis to identify targeted patients and providers who should be prioritized to receive interventions and allocations of new technologies and resources to better coordinate care and reduce fraud and abuse in the system.

Alternatives to a PDL: Prescribing Guidelines and Treatment Algorithms



- Guidelines developed by mental health professionals to guide physicians in their prescribing in addition to treatment algorithms which are essentially a set of psychiatric management guidelines for treating certain mental disorders. The algorithms commence after diagnosis and cover pharmacological treatment (hence "Medication Algorithm").



Concluding Points on a PDL

- Optimal treatment match is critical.
 - Patients with schizophrenia are not homogenous.
- Atypical antipsychotics are not interchangeable.
 - Increasing the available options increases each patient's ability to find the drug or combination of drugs that works best for them.



Concluding Points on a PDL

- Gaps in therapy lead to relapse and hospitalization.
 - In California, Medicaid patients with schizophrenia, a gap in medication coverage as small as 1-10 days doubled the risk of a costly hospitalization.
 - A four-fold increased risk of suicide was found in schizophrenic patients with interrupted medication use.



Concluding Points on a PDL

- Relapse has direct and irreversible clinical consequences.
 - The more relapses the patient has, the more treatment resistant the patient becomes, the poorer the patient outcomes, and the longer time to treatment response.



Concluding Points on a PDL

- Patients with severe mental illness have unique needs.
 - Access restrictions put people with severe mental illness at particular risk.
 - Approximately 35% of persons diagnosed with schizophrenia will attempt suicide.
 - Up to 50% of people with biopolar disorder attempt suicide at least once



Concluding Points on a PDL

- Patients with severe mental illness have unique needs.
 - Inadequately treated persons with serious mental illness are less likely to hold a job and contribute value to society.
 - Mentally ill patients who discontinue their medication are also exposed to significantly greater risk of homelessness.



If Access to Medications is Restricted, We Believe...

- Consumer protections must be established to ensure that the driving force behind pharmacy policies is health promotion rather than cost reduction.
- Cost of individual medicines should never be the primary factor in determining medication availability.
- Physicians must maintain the authority to make medical judgments, even when prior authorization requirements exist.



If Access to Medications is Restricted, We Believe...

- Reviews of literature presented as “evidence based review” should only be one of many sources in evaluating drug availability. Evidence must be defined as “the integration of best research evidence with clinical expertise and patient values.” The relationship between a provider and his/her patient and the individualized nature of mental health medications must serve as a central value. These literature reviews do not value the importance of the relationship between a provider and his/her patient or the individualized nature of mental health medications.



If Access to Medications is Restricted, We Believe...

- Any restrictions placed on medication access should allow for “grandfathering.” This approach allows people receiving successful treatment to continue the same therapy without disruption or assessment of personal consequences such as co-pays.
- Any prior authorization process must include a concurrent review in which the patient is provided the original medication for a minimum of one month. This allows sufficient time for the consumer, provider, and the State Pharmacy Manager to determine the appropriateness of the original medication prescribed.



Summary Information

- As of November 2007, **22 States** have implemented legislation for PDLs that exempt mental health drugs from typical access restrictions.



Summary Information

- The National Academy for State Health Policy issued a report in March 2006, titled, “State Efforts to Manage the Behavioral Health Pharmaceutical Benefit.” This report concluded
 - “States have generally not used front-end interventions to manage access to behavioral health drugs.”
 - “...site visit States were concerned that the use of a PDL might inadvertently lead to psychiatric destabilization.”



Summary Information

- The National Governor's Association Center for Best Practices says
 - "States generally exclude drugs for the treatment of mental health from prior authorization."
- The Kaiser Commission on Medicaid and the Uninsured recommends that
 - "All psychotherapeutic, anti-viral and anti-convulsive medications" be exempt from restrictions.



Summary Information

- Excerpts from The National Association of State Mental Health Program Directors issue paper in October, 2008
 - “Given significant individual variability in response, ultimately all marketed antipsychotic medications should be available to patients who require treatment with them.”
 - “Prior authorization and step therapy are two of the mechanisms that generally add administrative burdens and costs.”



Summary Information

- Excerpts from The National Association of State Mental Health Program Directors issue paper in October, 2008
 - “Improving prescribing practices should be the major focus of any program to manage the utilization of antipsychotic medications. It has been our experience that improving the quality of antipsychotic prescribing saves funding that can then be redirected to other treatment needs.”
 - “Treatment with antipsychotic medication, like any other treatment, should be individualized in order to optimally promote recovery.”



Summary Information

- Organizations that support open access to all medications for the treatment of mental illness
 - The National Alliance for the Mentally Ill
 - Mental Health America
 - The National Institute for Mental Health
 - The American Psychiatric Association
 - The American Academy of Child and Adolescent Psychiatry



Literature Review

- Extensive literature exists that supports this position. See related materials provided by the Association.



Critical Advocacy Keys to Success

- Understand the policy issue and its implications
- Develop your message
- Educate key stakeholders
- Identify strategic partners
- Build legislative support
- Have psychiatrists and consumers testify on the impact