

Medicaid Talking Points Based on APIRE Research

The American Psychiatric Institute for Research and Education (APIRE) is the research component of the American Psychiatric Association. APIRE'S mission is to contribute to psychiatry's science base and improve the quality of psychiatric care through research, education, health policy analysis, and dissemination of data. In APIRE's continuing efforts to contribute to the scientific base for psychiatric practice and policy, findings from APIRE studies have been presented at national scientific meetings and published in scientific journals. The talking points below are excerpts from such efforts in 2010.

1. **Medicaid Medication Access Problems and Increased Psychiatric Hospital and Emergency Care**¹

- 46% of Medicaid patients studied had medication access problems, which included medication switching, discontinuations, and inability of physicians to prescribe clinically indicated prescription drugs due to coverage or utilization management issues.¹
- The expected number of emergency department visits was estimated to be 73.8% higher among patients with reported medication access problems compared to matched patients without reported access problems.¹
- Among acute stay inpatients, the expected number of hospital days was 71.7% higher for patients with reported medication access problems.¹
- Medication access problems may have significant cost-offset implications for Medicaid programs. The indirect costs of these policies in terms of increased psychiatric and social services utilization and emergency room usage should be considered in addition to direct pharmacy benefit and administration costs.¹

2. **Medication Access Problems and Suicidality in Publicly Insured Psychiatric Patients**²

- Overall, 16% of dual-eligible psychiatric patients had an increase in suicidal ideation or behavior reported during the study period.²
- Psychiatric patients with medication access problems had three times the rate of suicidal ideation or behavior reported compared to psychiatric patients without access problems.²
- Rates of suicidal ideation or behavior were significantly higher for those psychiatric patients who: were previously stable on clinically indicated medications but were required to switch medications (29%); could not access clinically-indicated medications because they were "off label" (29%); could not access clinically-indicated medication refills or new prescriptions because they were not covered or approved (24%); or stopped or discontinued medications because they were not covered or approved (23%).²

3. **Homelessness and Incarceration Among Medicaid Psychiatric Patients in 10 States**^{3,4}

- Overall, 11.6% of Medicaid psychiatric patients were reported to have been homeless for more than 48 hours, and 13.4% were reported to have been incarcerated during the study period.³
- Patients with medication access problems were 2.2 times more likely to be homeless and 2.0 times more likely to be incarcerated compared to patients without medication access problems.⁴

- Among Medicaid psychiatric patients with severe psychotic symptoms, 33% were reported to have been homeless for more than 48 hours and 24% were reported to have been incarcerated. Among Medicaid psychiatric patients with severe manic symptoms, 28% were reported to have been homeless and 23% were to have been incarcerated. Thirty-two percent of Medicaid psychiatric patients with violent ideation or behavior were reported as incarcerated during the study period.³
- Among Medicaid psychiatric patients with substance use symptoms, 43% were reported to have been homeless and 38% were reported to have been incarcerated. Among Medicaid psychiatric patients with alcohol use disorder, 36% were reported homeless and 25% were reported incarcerated during the study period.³
- Medicaid psychiatric patients with severe substance abuse symptoms who were seen in the Emergency Department or who were treated in the public sector are 2 to 6 times more likely to be homeless or incarcerated compared to other psychiatric patients.
- Nearly one in five Medicaid psychiatric patients whose clinically indicated medications were discontinued or stopped for non-clinical reasons experienced homelessness or incarceration during the study period.³

4. Summary of Key Findings

- Medicaid patients who have medication access problems have 74% more emergency department visits, 72% more acute inpatient days and significantly higher rates of suicidal ideation or behavior, homelessness, and incarceration compared to patients without medication access problems.^{1, 2, 3}
- These data suggest that changes made to States' psychotropic pharmacy budgets can significantly impact costs for other state agencies. The State must consider all costs: costs to all state agencies, costs to patients, and societal costs. Restricting access to medically indicated drug therapy may result in significant additional costs to state budgets.^{1, 2, 3}

1. Joyce C. West, PhD, MPP; Policy Research Director
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Medicaid Medication Access Problems and Increased Psychiatric Hospital and Emergency Care
Presented at APA 2010 Annual Meeting & the 2010 AcademyHealth Research Meeting and accepted for publication by *General Hospital Psychiatry*.
2. EK Mościcki et al., ***Suicidality Is Associated with Medication Access Problems in Publicly Insured Psychiatric Patients*** Accepted for publication, *Journal of Clinical Psychiatry*. Presented at the 2009 meetings of the American Psychiatric Association, Academy Health, NCDEU, and the Institute of Psychiatric Services; will be presented at the 2010 meeting of the American Public Health Association.
3. Eve K. Mościcki, Sc.D., M.P.H., Director, Practice Research Network
American Psychiatric Institute for Research and Education
Homelessness and Incarceration Among Medicaid Psychiatric Patients in 10 States
Presented at the annual research meeting of Academy Health, Boston, Massachusetts, June, 2010, and to be presented at the annual meeting of the American Public Health Association, Denver, Colorado; November, 2010.
4. JC West et al, Medicaid Prescription Drug Policies and Medication Access and Continuity: Findings from Ten States. *Psychiatric Services*, May 2009, Vol 60, No 5, pp 601-610.