Setting Up a Long-Acting Injectable Antipsychotic Program

The Care Transitions Network

National Council for Behavioral Health
Montefiore Medical Center
Northwell Health
New York State Office of Mental Health
Netsmart Technologies
Learning Objectives

• The added requirements for providing LAIs are minimal for many clinics but differ from the requirements for providing oral medications

• Staffing needs include a prescriber, nurse to administer the medications and support staff for coverage determination and scheduling

• Join use for a discussion of these and other administrative requirements
Outline

Steps to Implementing LAI treatment service:

• Education
• Implementation
• Success factors for adherence clinics
Let’s Hear From You…

Can someone speak to their experience with this process?

While you are thinking, let’s review the process.
Find an Initial Patient with PSYCKES

The purpose is to identify an initial patient with Medicaid to test the process of transitioning from oral antipsychotics to its long-acting injectable counterpart

- First, log into PSYCKES
- Next, go to the Indicator Set
- Click on the BH QARR-Improvement Measure
- Click on Adherence-Antipsychotic (Schiz)
- List of patients who have been non-adherent based on pharmacy fill data will show up
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Find an Initial Patient with PSYCKES

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The New York State Medicaid Managed Care Pharmacy Benefit Information Center

- [http://mmcdruginformation.nysdoh.suny.edu/](http://mmcdruginformation.nysdoh.suny.edu/)
- Use “drug look up search” to look up formulary drugs
- Choose tab “mental health quicklist”
- Select “Injectable Antipsychotics,” select “All plans,” and click “begin look up”
- Click on the "C" to find out if a covered drug has:
  - Limited strengths on formulary
  - Required step therapy
  - Quantity limits
  - Prior authorization requirements

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*UPPERCASE indicates brand name drug, lowercase indicates generic name drug, C=Covered, NC=Not Covered*
Let’s Hear From You…

Can someone speak to their experience with this process?
Steps to Implementing LAI Treatment Service

1) Implementation
2) Education
3) Success Factors for Adherence Clinics
Let’s Hear From You...

What is the current level of organization for an LAI program at your clinic?

Please share your current systems.

But while you are thinking about this, let’s do a poll!
Let’s Hear From You...

What is the current level of organization for an LAI program at your clinic?

Please share your current systems.
Achieving Operational Efficiencies

Realities of LAI Treatment Service:

• Requires minimal staffing to implement

• Is efficient, particularly in context of an adherence clinic

• The use of LAIs represents high quality, evidence-based care
Functions That Need to BeStaffed

• \textbf{Patient-specific benefit verification}
• Stocking relevant equipment (medications, disposables...)
• Prescription of the LAI
• Administration of the LAI
  • Physician, Physician Assistant, NP, RN, or LPN can fill this role
  • The most cost-effective option would be the LPN
Education

• Educate clinicians, service planners, and managers with the background clinical science related to relapse prevention and its relationships to outcomes and recovery

• As part of the Care Transitions Network, high-quality education is available via the CTN Consultation service
Education

• Use education to pre-emptively counter resistance to change
• Concerns workload will increase
• Ensure key roles of clinicians won’t be usurped
• Address knowledge gaps between medical and psychosocial treatments
• Present evidence for LAIs as a relapse prevention strategy
• LAIs will support, not hinder, advocacy for patients’ well-being

Attention to Language

- “Depot” may have negative connotations
- May be stigmatized as a modality only for “noncompliant patients”
- “Long-Acting Formulation” or “Long-Acting Injectable” is a preferable substitute
- “Compliance” may have problematic, non-patient centered connotations
- “Adherence” is a preferable substitute
- Consider names with positive connotations such as “recovery clinic”
- Adherence is an issue common to all patients, not only those burdened by serious mental illness
- LAIs should be an option considered for and discussed with all patients on oral antipsychotics
Treatment Goals

• Facilitate early detection of warning signs of relapse and quick crisis response
• Follow up on those who no show for appointments
  • Assume this behavior is a warning sign of relapse
• Appointment focus is broader than positive symptoms
  • Use service utilization measures to track outcomes
• Shared decision-making
• Flexibility with appointments based on patient need

Implementation

Schedule Considerations

• How frequently will the clinic be held?
• How many hours per day will the clinic be open?
• What is the best day for the clinic?
Implementation

Space Considerations

• Where will patients wait on arrival?

• What rooms can be used?

• Is there access to a refrigerator for medication storage and blood samples?
Implementation

Staffing Considerations

• Will patients need transport to or from the clinic? How will this be provided?

• What current staff can be used for the clinic?

• Who will give the injections?

• Who will maintain the appointment book? How will entries be recorded in the patients’ medical records?
Implementation

• Identify existing human resources
• Identify a suitable location
• Provide adequate space for groups and individual therapy
• Provide adequate space for medical examination and injections
• Assess training needs and consult Practice Transformation Network
• Establish clear and streamlined referral, evaluation, and treatment process
• Ensure documentation is completed and appropriately filed in a timely manner
Success Factors for Adherence Clinics

• Finding the right staff to meet the clinic’s needs

• Effective communication and trust between the team and other staff involved in patients’ care

• Clear criteria that allow clinicians to identify appropriate patient referrals

Success Factors for Adherence Clinics

- Appropriate physical space to house the clinic
- Flexibility to meet the unique needs of the patients
- Open-mindedness of administrators/managers and an open-minded culture towards initiating the service

Moors A, French C, Absalan F, Lambert T. 2011
Next Steps

1. **Meet with staff** at your clinic to **brainstorm the logistics** of setting up a LAI antipsychotic service at your clinic

2. Allow us to assist by **educating your staff** on the evidence for LAIs as a relapse prevention strategy

3. Determine **who can staff key roles** and whether **additional staffing** is needed

4. Discuss **spacing considerations**; where is the best place at your clinic for LAIs to be administered and supplies to be stored?
Next Steps

5. Discuss **timing considerations**
   - Based on the availability of the patient population, does it make more sense to arrange staffing to administer medication during individually scheduled appointments?
   - Or to schedule a set injection clinic time?
     - Although all patients with psychotic disorders on daily oral antipsychotics are appropriate for LAIs, PSYCKES can help quickly identify a high risk group of patients
     - Consulting with their clinicians about their schedules can help identify what time would be best to accommodate them for a set injection clinic time

6. **Spread the word** about the LAI Innovation Community to your fellow staff members
# Upcoming Events

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<th>Event</th>
<th>Date/Time</th>
<th>Audience</th>
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<td><strong>Affinity Group #3: Switching Strategies, Dosing and Other Prescribing Issues</strong></td>
<td>Thursday 9/28, 12:00–1:00 pm E.T.</td>
<td>Prescribers</td>
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<td><strong>Affinity Group #4: Sustaining a LAI Program</strong></td>
<td>Thursday 10/12, 12:00–1:00 pm E.T.</td>
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<td><strong>Showcase Webinar: Celebrating Success</strong></td>
<td>Tuesday, 10/31, 12:00–1:00 pm E.T.</td>
<td>Clinical Directors and Clinical Supervisors</td>
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References