Barriers to Long-Acting Injectable Antipsychotic Usage:
Lessons Learned from a Stakeholder Ethnography Study

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

By the end of this webinar, participants will be able to identify barriers to the use of long-acting antipsychotics from the perspectives of:

• Patients
• Prescribers
• Administrators
• Payers
Program Overview // Goals

Goals:

**Identify underlying factors** causing a low uptake of long-acting injectable antipsychotics in patients with schizophrenia, **prioritize associated unmet stakeholder needs**, and outline the current environment, workflow, stakeholders, and pain points.
Project Methods

• Patients, staff, and other stakeholders were interviewed by Clinvue ethnographers about LAIs
• Each identified barrier to LAI use was then grouped into common problems
• Problems were then prioritized based upon additional interviews
Sources of Information
Program Overview // Clinical Sites

3
Not-for-profit facilities

3
Privately owned facilities
6 locations
23 patients
19 psychiatrists + nurses
23 therapists + social workers
14 administrators
Program Overview // Non-clinical Sites

4
Large payers

1
National organization

1
One pharmaceutical firm
How the Data Were Analyzed
Insights:
Specific observations and comments uncovered through our research
An Example of Insights from an Interview
“He was fearful of medication at first, and didn’t trust his doctor. He did not want to fail his medication. He did not want to be “zombied” out from the medication.”
Insights are Grouped Together Into Needs
Needs:
Statements that describe specific underlying problems
1211 Unmet Needs
Derived from insights uncovered in passive observations and in-context interviews
Unmet Needs were recorded on sticky notes...
...and then **needs** were grouped at a higher level into **need clusters**
Need Clusters:
Broader descriptions of multiple stakeholder needs sharing a commonality
Clinvue team members spent a week to create need clusters
An Example of Needs Clusters
Patients need to minimize the fear associated with anti-psychotic medications.

Patients need to minimize the risk of not pursuing appropriate treatments due to a lack of trust / faith in their psychiatrist.
211 Need Clusters

Compounding unmet needs into more comprehensive need statements
Findings

High Level Conclusions
Conclusion // Stakeholder-Specific Conclusions

Patients

• Do not understand the **value of remaining compliant** with treatments (due to side-effects, lack of interest in remaining compliant etc.)

• **Fear and dislike of side-effects** dissuading them from trying new treatments

• Fear of being affected by side-effects of LAIs for a long time (a month), and **inability to “test-drive”** medication

• Required to fail oral medications / prove non-compliance in order to become eligible or aware for LAIs

• Difficulty in remaining compliant with oral medications due to socio-economic conditions

• Inability to discuss treatment progress / new treatments with their **most trusted clinicians** (such as therapists)

• Lack of awareness of the reasons medications are prescribed
Psychiatrists

- **Lack of time** to accurately determine if a patient is compliant with their oral anti-psychotic medications.

- Lack of time to discuss treatment progress and evaluate/explain new treatment options to patients.

- (General) Unwillingness to collaborate with therapists to evaluate patient treatment progress.

- Lack of desire to **switch** patients from oral to LAIs *if the patient is stable/functional on oral medications*.

- Lack of awareness of financial implications of LAI use compared to downstream consequences of non-compliance.

- **Time and effort** involved in obtaining prior authorizations for LAI use (in the NY area).

- Lack of awareness of the features of LAIs as a treatment choice, as well as eligibility criteria.
Conclusion // Stakeholder-Specific Conclusions

Therapists

- Inability to **effectively communicate to psychiatrists** their thoughts and concerns about a patient’s treatment progress

- **Lack of awareness of anti-psychotic medications** and their effects on patients

- Inability to comment on / take a more active role in a patient’s treatment regimen due to the perception that they are subordinated in a clinic

- Difficulty in identifying and addressing a patient’s non-compliance without impacting patient-therapist trust

- **Lack of satisfaction with existing educational resources** to help better evaluate and assist patients with schizophrenia (CME credits)
Conclusion // Stakeholder-Specific Conclusions

Clinics

- Difficulty in cultivating improved therapist - psychiatrist communications in the clinic
- Difficulty in reaching out to patients in the community to bring them into the clinic to resume / pursue treatment
- Maximizing clinic throughput while striving to provide optimal care for patients
- Expense and resources required to setup an LAI program (need to hire nurse / NP to deliver medications)
- (For stand-alone clinics) Lack of financial incentive to reduce hospitalizations by investing in LAIs / similar treatments
- Difficulty in disseminating information about new treatment options for schizophrenia to psychiatrists and patients
- Difficulty in providing continuity of care to patients due to high proportion of part-time therapists
Conclusion // Stakeholder-Specific Conclusions

Hospitals

• Largest users of LAIs, primarily to stabilize patients who are decompensated

• Some difficulty in obtaining prior authorizations for LAIs (particularly newer drugs), and reduces time available to see patients

• Refer patients to outpatient clinics after discharge, but do not have an effective way of monitoring patient following discharge (do not know if they go to the clinic)

• Cannot monitor patients in outpatient clinics, and therefore cannot control / reduce re-hospitalizations

• Have difficulty in consistently finding outpatient clinics that administer LAIs (patients not able to continue LAIs after discharge)
Payers

- While most do not dispute the clinical benefits of LAIs, they are not yet convinced of the **financial / economical implications** of more LAIs for patients (generally do not see increased convenience as a factor worth considering)

- The decision to approve new drugs is largely driven through **evidence-based studies**, though cost is a close second factor

- Some payers are unconvinced of the benefits of **paying 4-5X for newer LAIs** with reduced side-effects (compared to older generation LAIs)
Now that we know the problems, what can we do?
Staying Well and Achieving Goals (SWAG) is a brief educational program that helps patients develop personally meaningful goals and medication is one support for achieving goals. Achieving goals is a more powerful motivator for treatment compliance than simply focusing on symptom reduction. SWAG training is available for organizations enrolled in the Care Transitions Network.

Education (Toolkits and site-specific training) for therapists is available on diagnosis, psychotic symptoms and antipsychotic medications, including the rational and basics of LAI medications. By making therapists more informed, therapists can be more effective with their patients and in their communication with psychiatrists.

We are working with the Center for Practice Innovations (CPI) on educational materials for patients and families about LAIs.
Northwell webinars, toolkits and on-site training provides supports for:

- How LAIs simplify adherence assessments;
- Training on best practices for obtaining LAI authorization (includes service diagrams);
- LAI training focused upon prescriber issues is available for prescribers who do not usually prescribe LAIs; and
- Training of therapists on diagnosis and psychotropic medications to enable them to be more effective at communication with prescribers.
Northwell webinars, toolkits and on-site training provides supports for:

- Training of therapists on diagnosis and psychotropic medications to enable them to be more effective at communication with prescribers and their patients.
Northwell webinars, toolkits and on-site training provides supports for:

- Training on setting up a LAI program;
- Disseminating information about new treatments to staff; and
- SWAG, which helps to motivate patients to stay in treatment.
High Level Care Transitions Network Supports // Hospital Issues

Northwell webinars, toolkits and on-site training provides supports for:

• Best practices for obtaining LAI coverage

Montefiore’s Care Transition Support Services assists patients to connect with outpatient care from inpatient setting
Questions?
Thank You! // Contact Information

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