

MoHealthNet Issues Update

Drug Utilization Review Board

January 20, 2010

George L. Oestreich, Pharm.D., MPA

Deputy Division Director, Clinical Services

MO HealthNet Division



Hypothetical (Desired) Outcomes

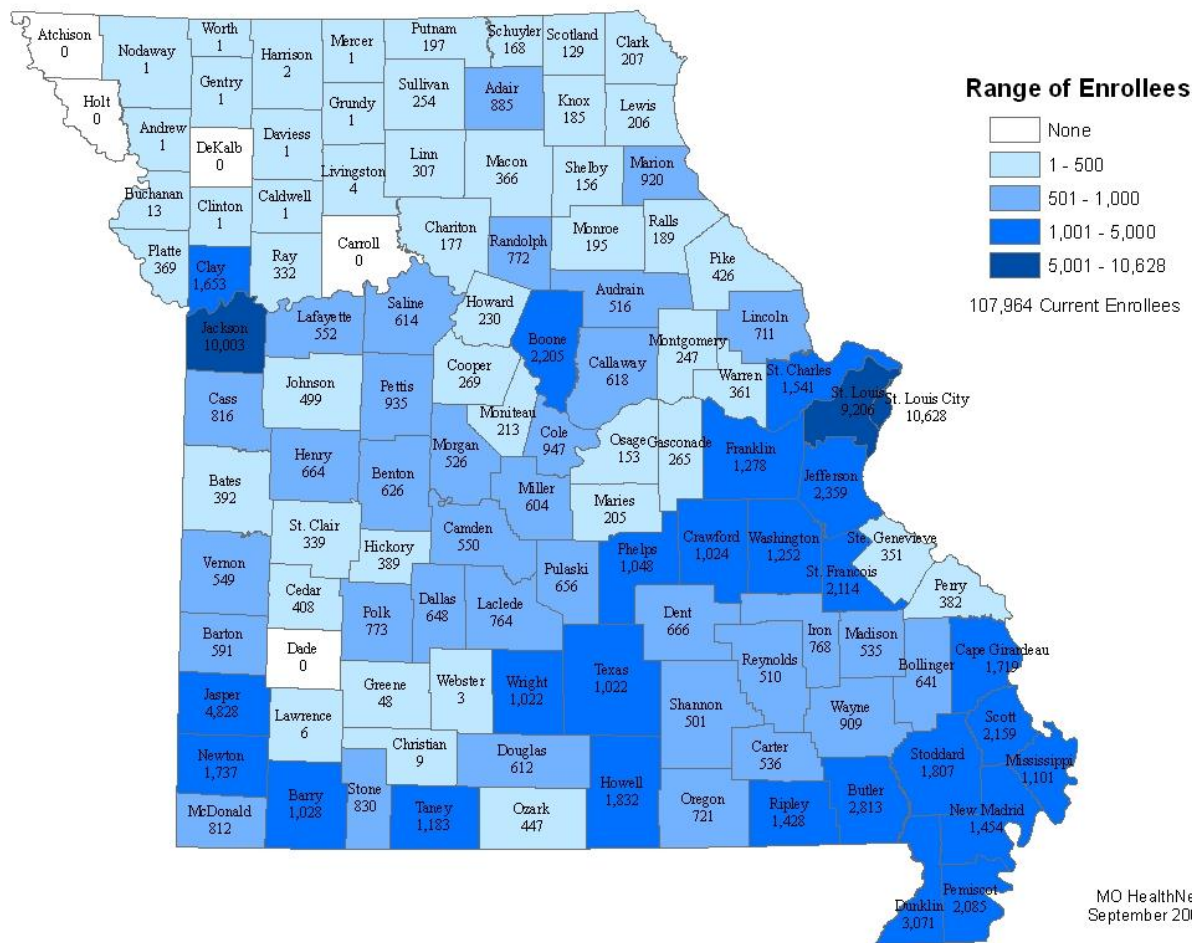
- Expected Impacts from Interventions:
 - Healthcare outcomes
 - Improved adherence to objective monitoring
 - Improved medication adherence
 - Improvement of “in-range” monitoring parameters
 - Financial expenditures impact
 - Appropriate service access utilization
 - Appropriate trending of total cost of care
 - Integrated electronic record impact
 - Provider use of electronic tools
 - Provider participation/use of electronic tools
 - Actual use and support of key case management tools
 - Participant/Provider Feedback
 - Recognition/knowledge/acceptance of program
 - Impression of program activities
 - Critical analysis of program and components

Outcome Reports

- Medical Outcomes Metrics
- Financial Outcome Metrics
- HealthCare Home Metrics
- Provider Metrics

Where Chronically Ill Patients Reside

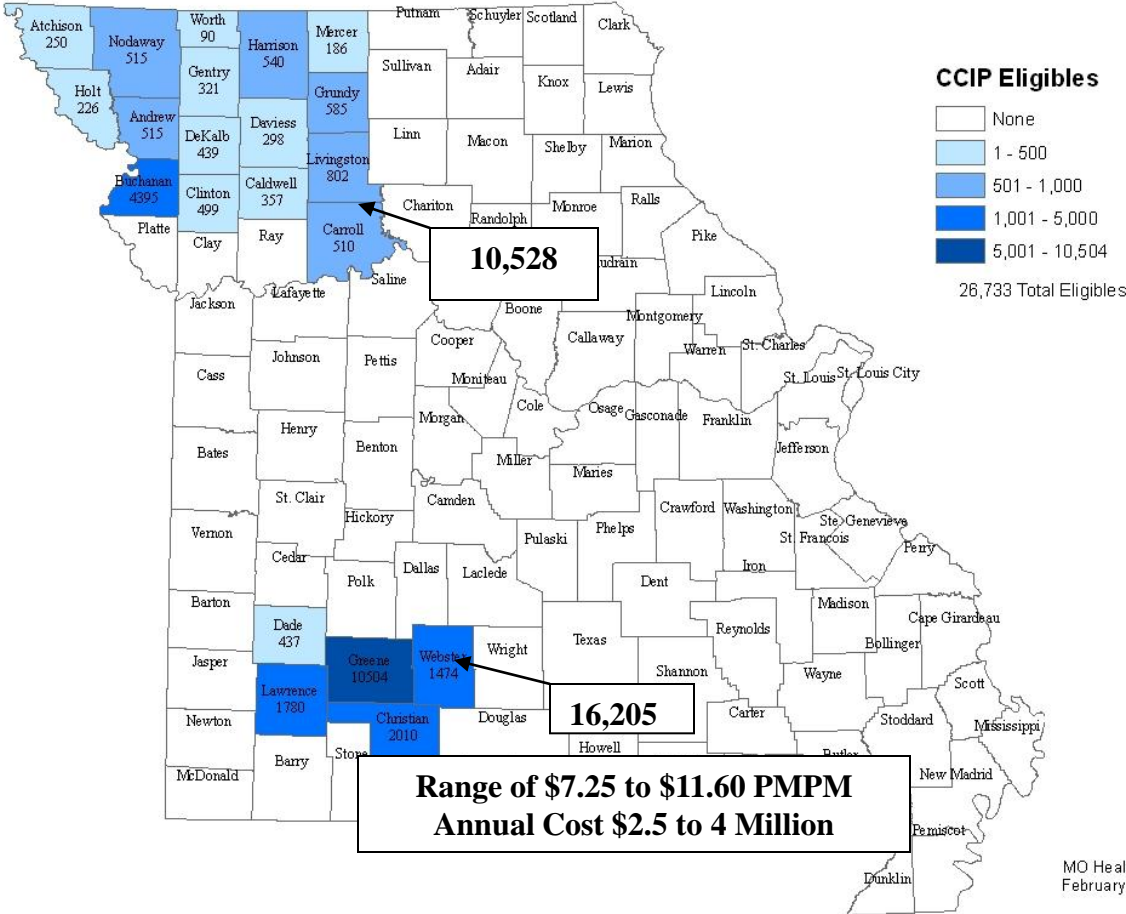
CCIP ENROLLED BY COUNTY



MO HealthNet
September 2008

Chronically Ill in “Carved Out Areas”

CCIP ELIGIBLES IN SELECT NW AND SW COUNTIES



A Typical Participant in This Overview

- A 47 year old male
- More than one major targeted disease
- Likely has a major cardiovascular diagnosis and diabetes
- Likely has experienced a major cardiac event
- A third have a major behavior health co-morbidity
- A generally motivated cohort

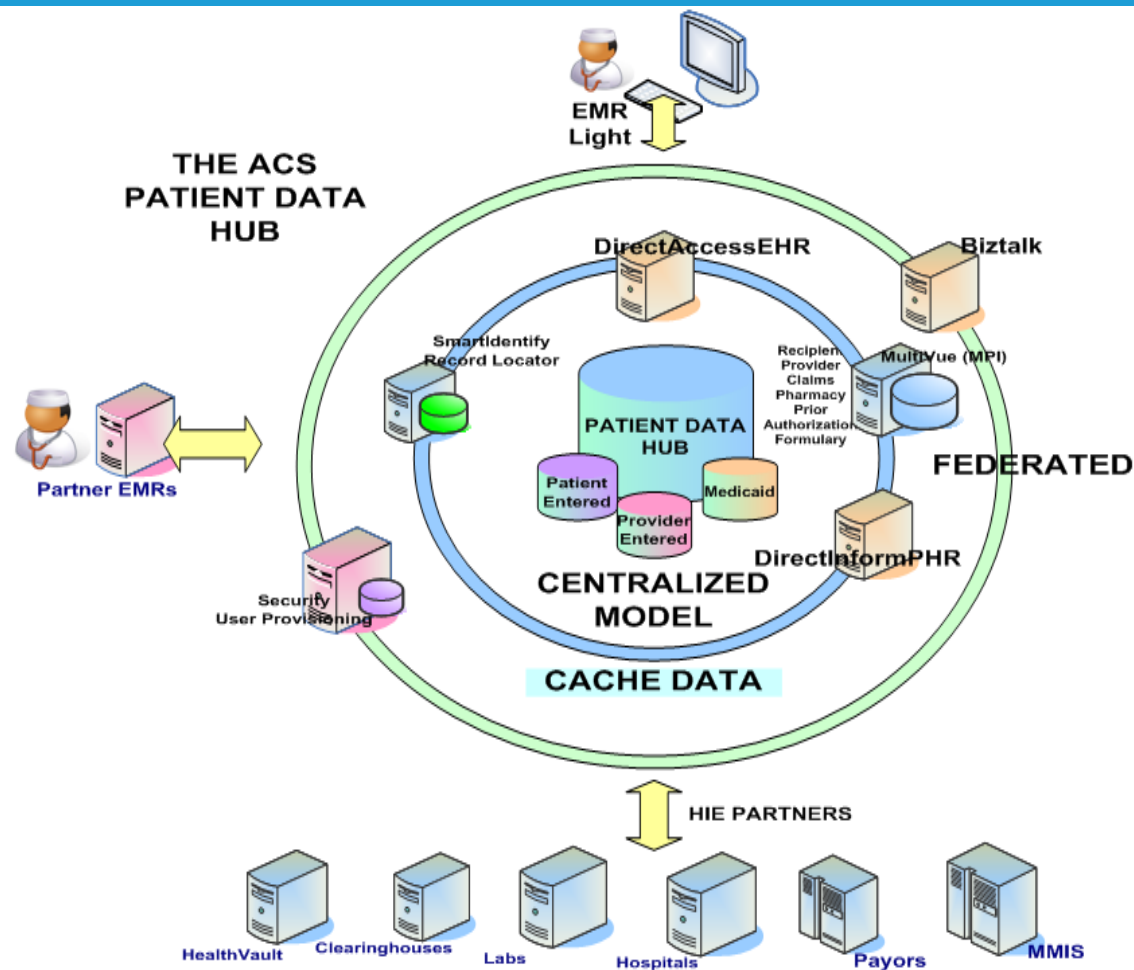
Continuously Enrolled 7/1/2007 - 6/30/2008

24,700

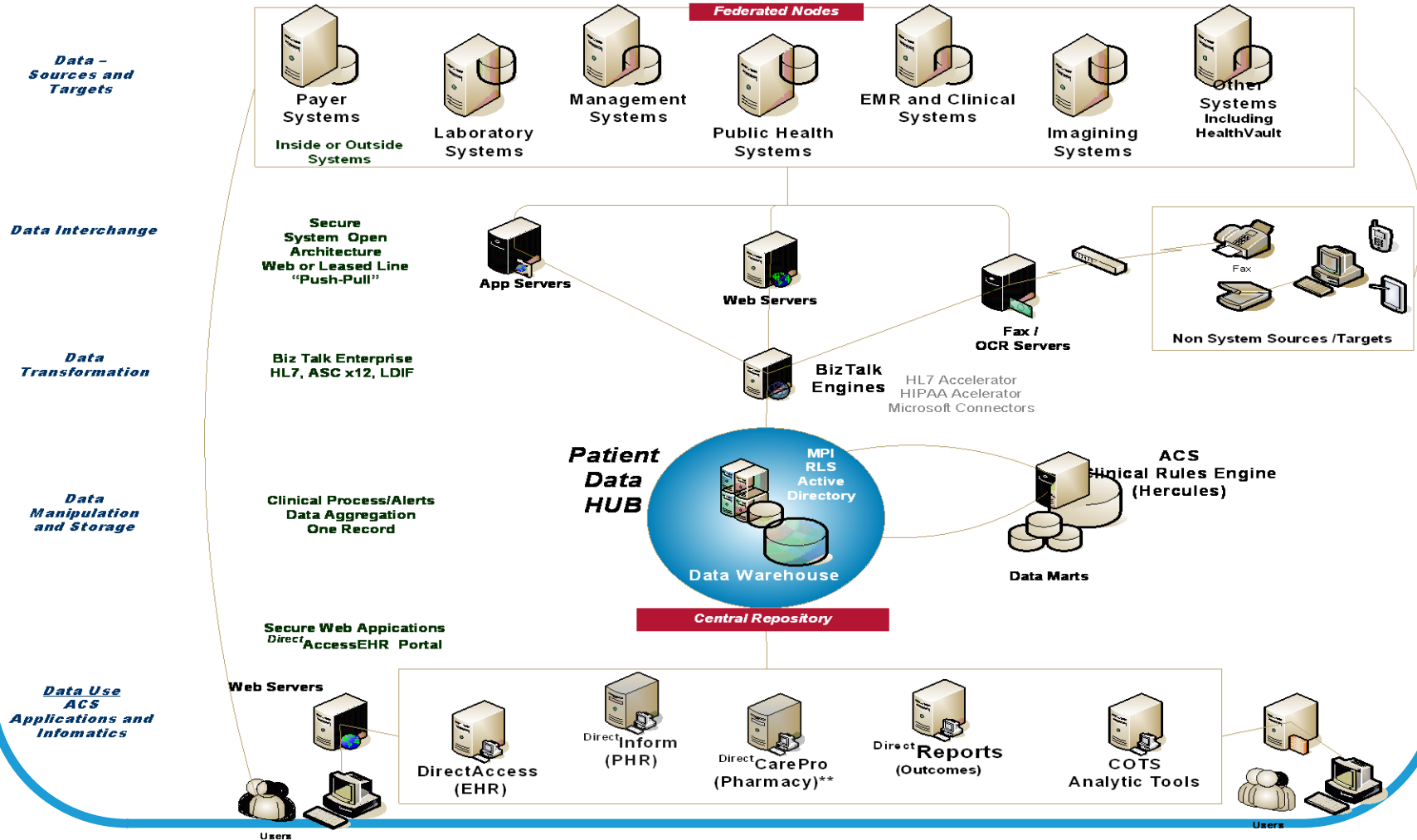
<i>Disease</i>	<i>Number of Individuals</i>	<i>Percentage</i>
Asthma	9,817	39.7%
CAD	16,982	68.8%
CHF	5,746	23.3%
COPD	8,155	33.0%
Diabetes	12,939	52.4%
GERD	12,592	51.0%
Sickle Cell	558	2.3%
Behavioral Disability	8,395	34.0%

*Includes co-morbid conditions

HIE – The Hybrid Model



EHR Vision & Product Suite



How Do You Get Into Medicaid

- Eligibility by Income
 - Family Income
 - Catastrophic Illness
 - Disability
 - Elderly
 - (Spend down)

How Do You Benchmark Your Management

- Administrative Claim Information
- Clinical Orders or Discrete Clinical Results
- Common Needed Threads
 - Near Real-time
 - Discrete Targeted Data

Common Thread Needed for Measuring and Monitoring

- Near Real Time Data
- Discrete Outcomes

What We Follow, What We Target

- Follow
 - Medications
 - Diagnoses
 - Procedure Codes
- Target
 - Risk Assessment
 - Divergence from Best Practice Guidelines
 - Episodes of Care
 - Predictive Analysis

How to Follow, Monitor and Impact....The Tools

- Electronic Patient Hub (Data-mart)
- Clinical Rules Engine
- Transparency Reporting
 - Prevalence
 - Expense
 - Episodes of Care
 - Divergence from Practice Guidelines
 - Peer Comparison
 - Length of Stay
- Care Plans and Care Management
- Financial Impact
 - PMPM Costs
 - “Most” (expensive, prevalent, divergent)

To Whom

- Providers
- Payer (The State)
- Participants

Administrative Uses for Tools

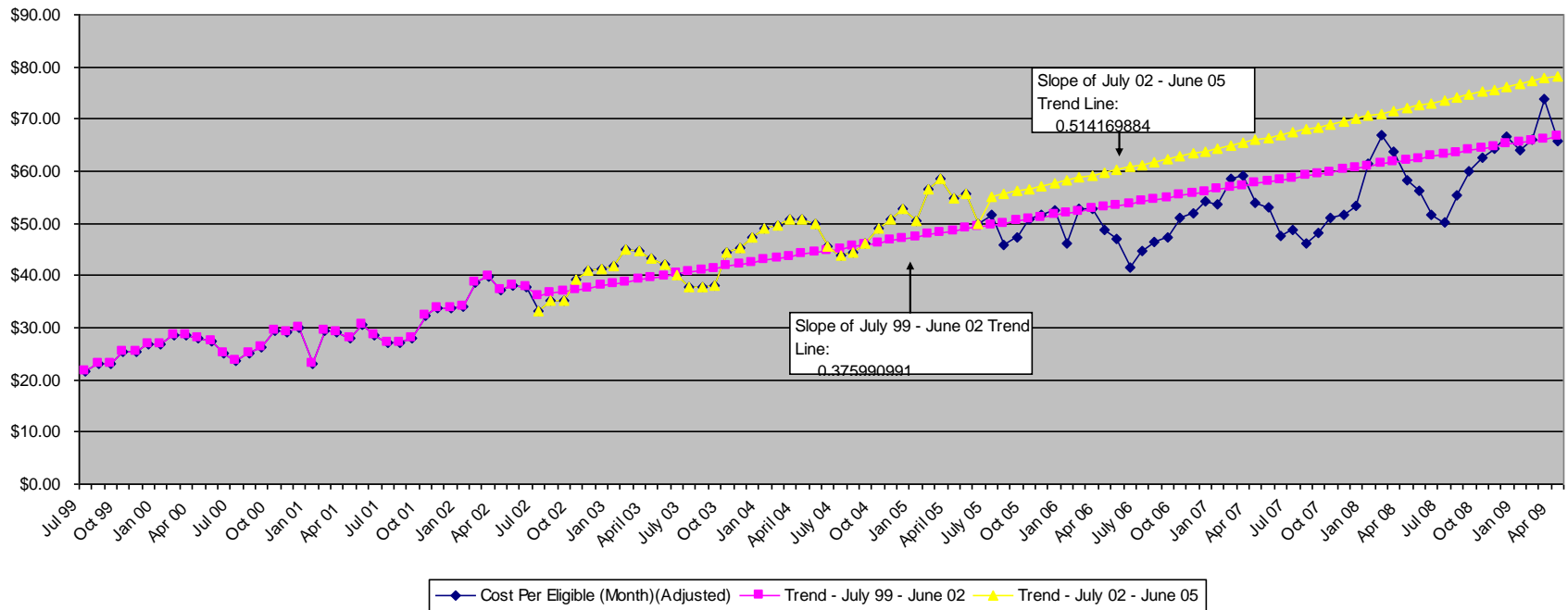
- Payment Decision Tools In
 - Drug
 - Advanced Imaging
 - Psychology
 - Durable Medical Equipment
 - Medical Procedures
 - Optical
 - Inpatient Hospital Certification
 - (Next) Home Health Services

What Are Successes

- Improved Clinical Outcomes
- Decreased Cost
- Enhanced Electronic Health Record Capabilities
- Positive Participant Feedback and Increased Person Responsibility

Future Targeting of Program Performance

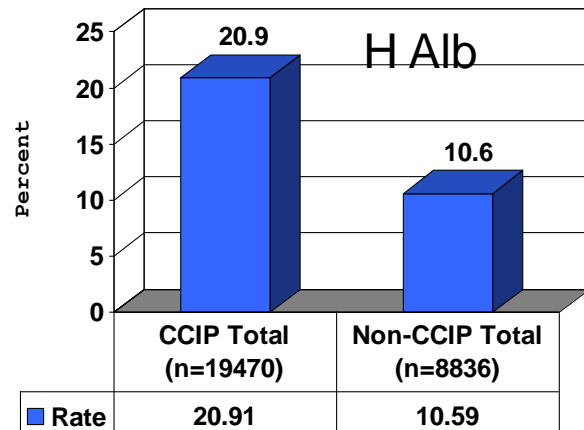
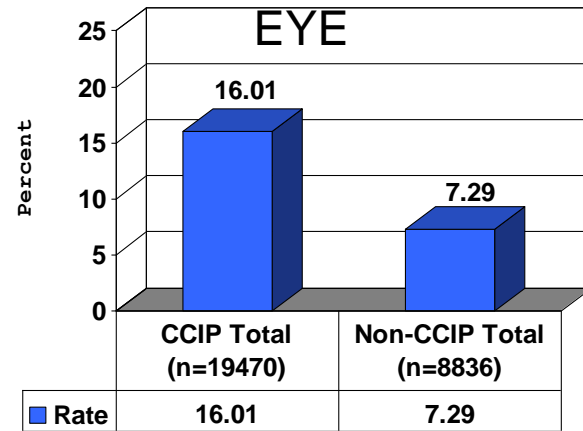
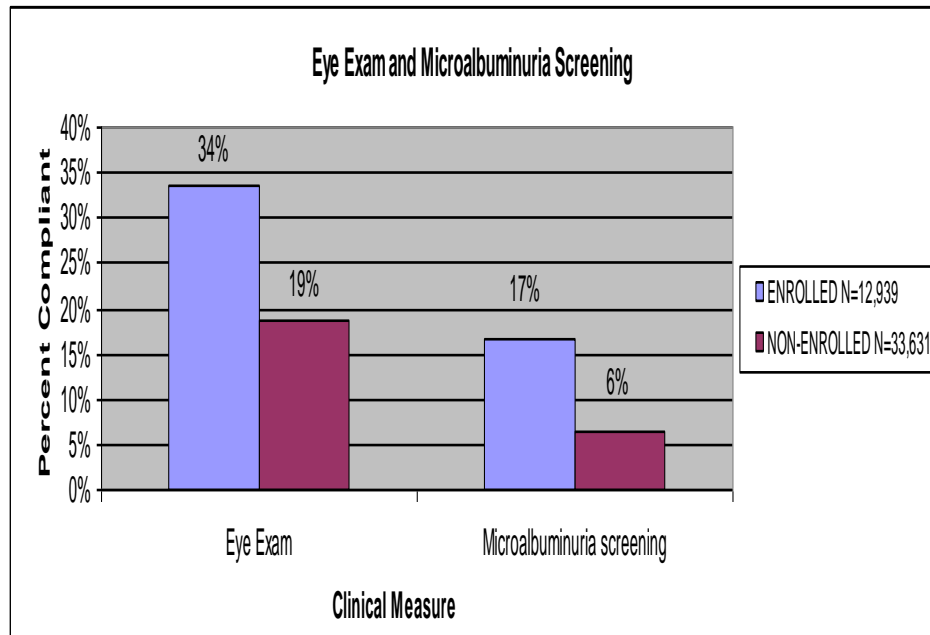
Other* PMPM
July 1999 - April 2009



Off Trend Savings All Interventions

Savings between Actual and the Trend Line July 99 - June 02	
July 2005 - April 2009	\$159,035,969
FY06 Savings	\$9,309,406
FY07 Savings	\$42,891,427
FY08 Savings	\$52,439,575
FY09 Savings	\$54,395,561
Savings between Actual and the Trend Line July 02 - June 05	
July 2005 - April 2009	\$279,832,396.52
FY06 Savings	\$30,747,805
FY07 Savings	\$72,547,189
FY08 Savings	\$87,090,712
FY09 Savings	\$89,446,690

Missouri Diabetes Outcomes: Vendor vs. Validation



Best Practices for Psychotropics: The Next Opportunity

- Focus:
 - On Best Practices
 - On at risk populations
 - Do no harm
 - Collaborative implementation
 - Advocacy Groups
 - Three Committee Support
 - Sister Agency Support
 - Effective, low impact, user friendly tools

Top 10 Diagnoses by Incidence

DX CODE	DIAGNOSIS	UNIQUE CLAIMS	PCT T=58%
4019	HYPERTENSION NOS	278,417	11%
25000	DMII WO CMP NT ST UNCNTR	206,065	8%
317	MILD MENTAL RETARDATION	188,765	7%
3181	SEVERE MENTAL RETARDAT	172,306	7%
496	CHR AIRWAY OBSTRUCT NEC	132,954	5%
3180	MOD MENTAL RETARDATION	127,643	5%
311	DEPRESSIVE DISORDER NEC	99,292	4%
31401	ATTN DEFICIT W HYPERACT	98,443	4%
29900	INFANTILE AUTISM-ACTIVE	96,787	4%
3182	PROFOUND MENTAL RETARDAT	90,871	3%

Top Ten Diagnoses By Cost

DX CODE	DIAGNOSIS	TOTAL NET PAYMENT	PCT T=53%
317	MILD MENTAL RETARDATION	\$ 34,028,798.56	9%
3181	SEVERE MENTAL RETARDAT	\$ 26,792,332.25	7%
3439	CEREBRAL PALSY NOS	\$ 24,950,025.97	7%
3180	MOD MENTAL RETARDATION	\$ 22,632,172.66	6%
3182	PROFOUND MENTAL RETARDAT	\$ 22,526,728.41	6%
4019	HYPERTENSION NOS	\$ 21,376,354.87	6%
29570	SCHIZOAFFECTIVE-UNSPEC	\$ 17,250,791.96	4%
V5789	REHABILITATION PROC NEC	\$ 17,108,514.41	4%
29900	INFANTILE AUTISM-ACTIVE	\$ 15,681,646.17	4%
25000	DMII WO CMP NT ST UNCNTR	\$ 15,668,408.95	4%

Lack of Mental Health Drug* Monitoring

Without MO HealthNet's Monitoring Tools Our most vulnerable participants are at risk of:

- Dangerous Drug Interactions
- Overmedicating with medications from the same therapeutic class
 - Polypharmacy
 - The use of multiple pharmacies limits the ability of pharmacist to monitor an all inclusive list of medications
 - Polyprescribing
 - An example would be a physician prescribing an additional medication in the same therapy category

*Antipsychotics and Psychotropics

Where is Missouri Most Vulnerable: Our Pediatric Participants

- **Antipsychotic (AP) Medication Trends*:**
Increased 28%
- **AP Use in the Very Young (< 5 years old):**
Increased 39%
- **High Dose AP (beyond recommended guidelines):** Increased 18%

*Comparing 2004 to 2007

Where is Missouri Most Vulnerable: Our Pediatric Participants (continued)

- **Multiple AP use:**

2,379 children were prescribed two or more antipsychotics

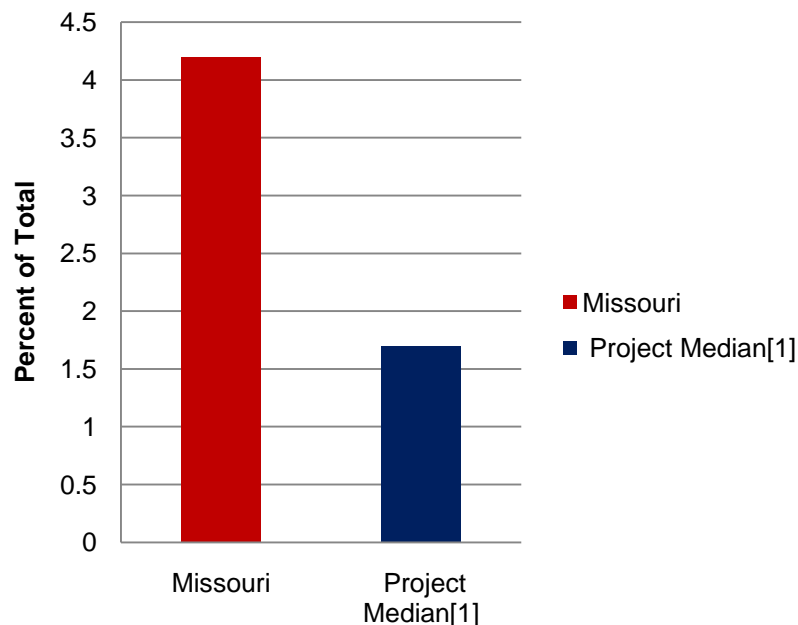
- *No clinical guideline to support this practice.*

- **Multiple Mental Health Drugs (MHD):** ~5,000 children were prescribed four or more mental health drugs.

How does Missouri Look: Comparison to 15 Other States

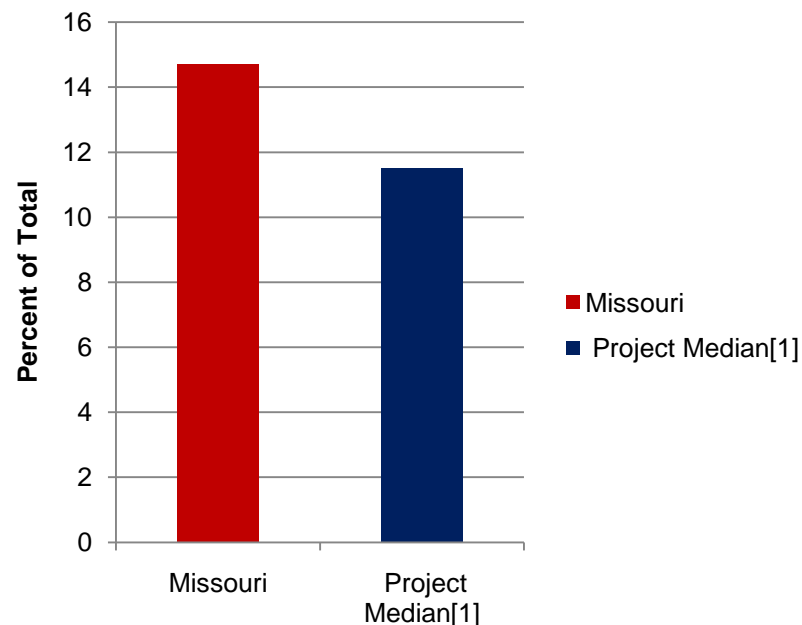
Use of Antipsychotic Under 19 Years Old

Use of an AP



Polypharmacy Under 19 Years Old

Polypharmacy (≥ 4 MHD)



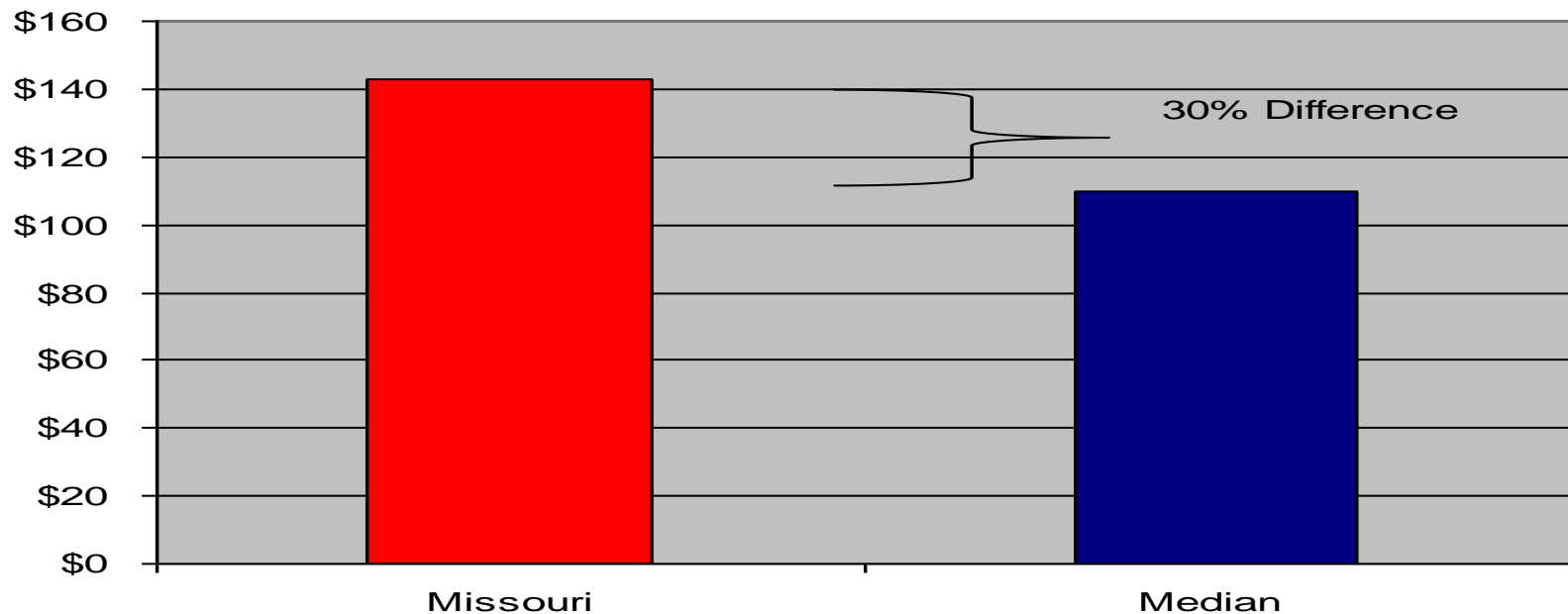
Median States

Alabama, California, Colorado, Illinois*, Indiana, Maine*, Massachusetts*, Missouri, New Hampshire*, New York, Oklahoma, Oregon*, Pennsylvania*, Tennessee*, Texas*, and Washington State*.

*Have Mental Health Drug Monitoring in Place

How does Missouri Look: 2007 Cost Comparison with 5 Other States

**2007 Missouri vs Median:
Antipsychotic Cost PUPM Under 19 Years Old**



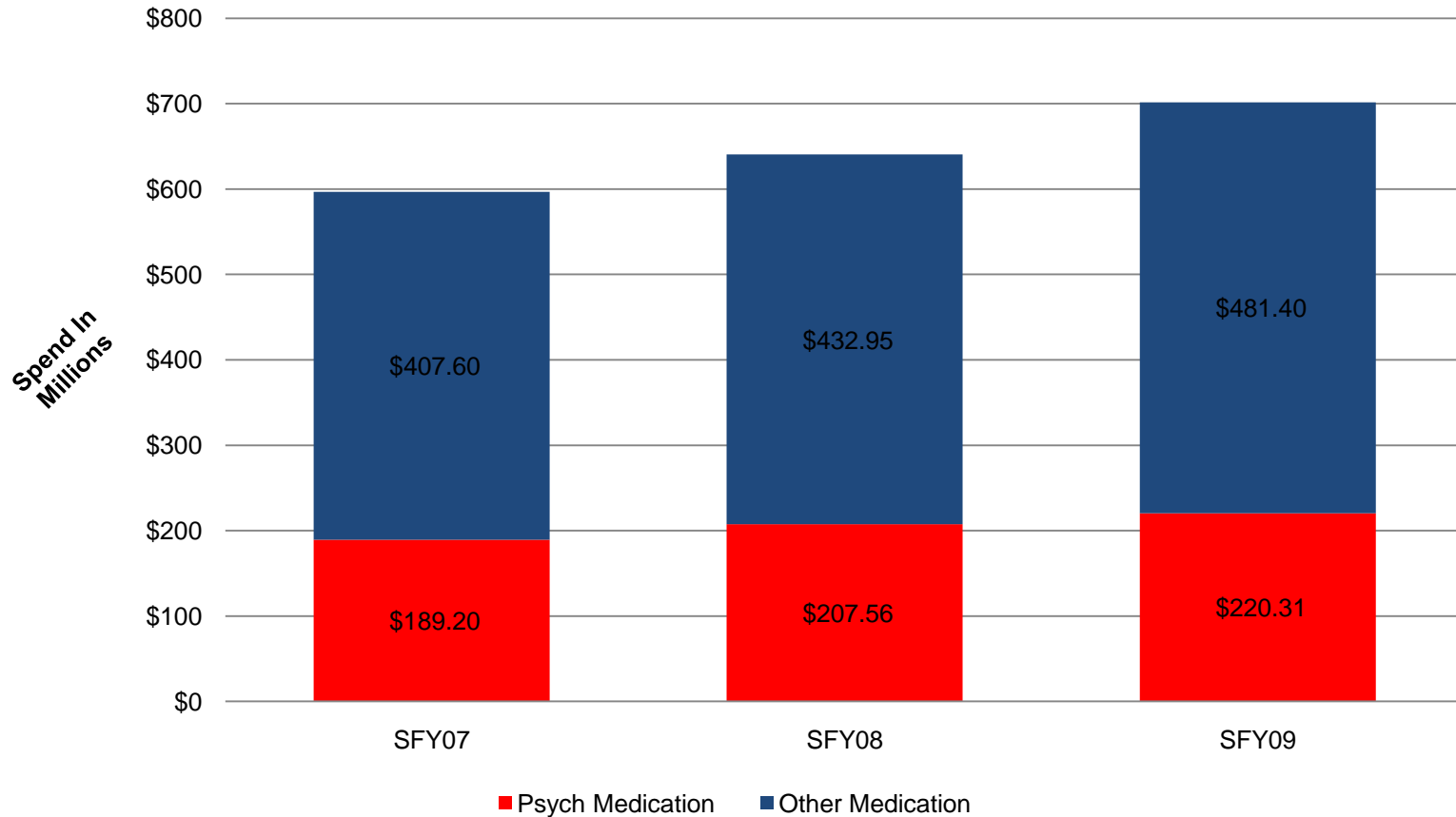
Median States include ME, NH, TX, WA.
All these states have Mental Health Medication Monitoring System in place.

How does Missouri Look: Comparison to all Other States

- Nearly 30 States have some type of Mental Health Drug Monitoring
 - Clinical Edit, Preferred Drug List, Prior Authorization
- Contiguous States with Monitoring Include:
 - Illinois, Kentucky, Tennessee, and Iowa

MO Health Net Pharmacy Spend: > 30% on Antipsychotic and Psychotropic Drugs

Psych Drug Spend to Total Drug Spend



What can be done?

- **Implement MO Health Monitoring Program**
 - Utilizes evidence-based medicine
 - Published Guidelines written by expert physicians in field
 - Liberal Grandfathering when participant is already on medication
 - Participant will be allowed to continue current medication use without interruption
 - Proven Safety of Clinical Monitoring Tools
 - Every day the MO HealthNet tools are saving lives by preventing the most serious drug interactions

Mental Health Drug Monitoring Program

- **Allows Physician to prescribe medication of choice**
 - There is not a formulary
 - Pharmacist knows within a fraction of a second if there is a potential issue that needs further review
- Uses existing MO HealthNet Technology
 - CyberAccess, Smart PA
- Ensures Proper Medication Use
- Minimizes Dangerous Drug Interactions
- Reduces Duplicate Therapy

Why Clinical Monitoring Tools Work in Missouri

- MO HealthNet Utilizes:
 - Published guidelines established by experts
 - Physicians, Pharmacist and other Health Care Providers to Participate in Decisions through:
 - Prior Authorization Committee
 - Drug Utilization Review Board
 - An user friendly call center
 - When physicians need rapid approval of medication

Why Clinical Monitoring Tools Work in Missouri (continued)

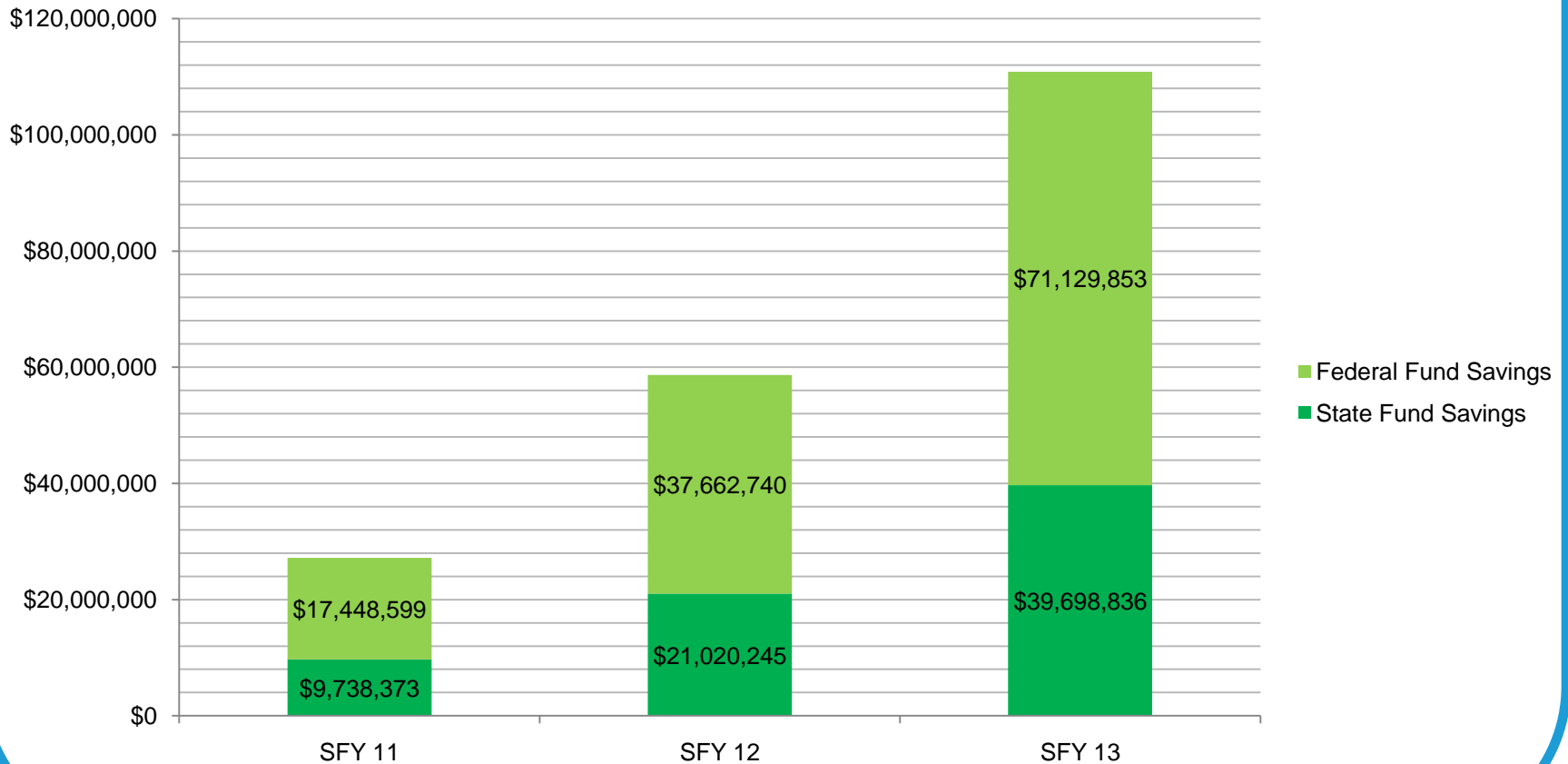
- Open to Input and Public Comment
 - Advocacy Groups
 - From other departments
 - Sister Agency-DMH
 - Pharma has an opportunity for input
 - submit data
 - present medical information

A Partnership to Protect our Participants

- Amend State Statute 208.227
 - Add Sub-Committee to MO HealthNet Prior Authorization Committee
 - Members Representing -Physicians, Department of Mental Health, Advocacy Groups (i.e. NAMI), Pharmacists and DMH Advocacy Group
 - Establishes Protocol to use Monitoring Tools
 - Reviewed by experts through established process
 - Prior Authorization and DUR Board

Real Savings to help *Ensure Health Coverage* for our most vulnerable citizens

Annual Savings



Discussion

- Questions

Thank you

George.L.Oestreich@dss.mo.gov

573.751.6961