

**Ohio Department of Medicaid (ODM)
Drug Utilization Review (DUR) Board
Quarterly Meeting
May 19, 2015**

The quarterly meeting of the ODM DUR Board was called to order at 12:00 PM in rooms West B&C on the 31st Floor of the Riffe Center, 77 S. High Street, Columbus, Ohio. Michael Farrell, MD, presided. The following Board members were present:

David Brookover, RPh
Michael Farrell, MD, Chair
Thomas Gretter, MD
Robert Kubasak, RPh
J. Layne Moore, MD
Lenard Presutti, DO

Also present from ODM were: Margaret Scott, RPh, DUR Administrator; Jill Griffith, RPh, DUR Director; Mike Howcroft, RPh; Patti Nussle, RPh; Erik Henricksen, PharmD Candidate; and Mina Chang, Ph.D., ODM Chief, Health Research and Program Development. Bob Cluxton, RPh, PharmD represented the University Of Cincinnati. Approximately 14 observers were present, including several pharmacy students and representatives of pharmaceutical manufacturers.

Reading, Correction & Approval of Previous Minutes:

The February 17th, 2015, DUR Board minutes were approved. (1st T. Gretter, 2nd L. Kubasak).

Minds Matter Update:

M. Chang updated the Board on the Minds Matter Ohio Psychotropic Medication Quality Improvement Collaborative (slides attached). Discussion ensued. The program website is <http://ohiomindsmatter.org/>.

Health Plan Policy:

M. Scott updated the Board on budget activities. The State is procuring a new pharmacy benefits manager to process claims and prior authorizations for the fee-for-service (FFS) population, manage the preferred drug list, handle rebates, and assist ODM with program oversight and reporting. A vendor will be announced by September 2015.

DUR Committee Report:

The March DUR Committee completed a review of patients who appear to be taking Seroquel XR more than once daily. Seroquel XR is FDA-approved only for once daily dosing. The Board reviewed and approved the Seroquel XR Intervention letter and an educational insert originally authored by the Department of Mental Health and Addiction Services, re-purposed for Medicaid. The April DUR Committee completed a second review of patients who appear to be taking Abilify more than once daily. The May DUR Committee completed a re-review of patients previously identified to be on duplicative inhalers. The University of Cincinnati is completing a cost analysis. The results will be presented at the next meeting.

The DUR Committee continues its monthly monitoring of patients on high morphine equivalent doses by reviewing updated medication profiles. An intervention letter was mailed in May to the prescribers of patients for whom the committee had high concern. The State Medical Board of Ohio opioid prescribing guideline was enclosed for additional education. The Board reviewed the letter and enclosure.

The high-risk polypharmacy intervention reviewed by the Committee in January is in process. The Board reviewed the polypharmacy intervention letter. Looking ahead, the committee needs to complete re-reviews of two topics mailed April 2014: overuse of rescue inhalers and duplicate long-acting narcotics. The board also reviewed the Federal Fiscal Year 2013 Annual DUR report submitted to CMS.

J. Griffith updated the Board about a Pew Charitable Trust report released in April 2015 titled Most States List Deadly Methadone as a 'Preferred Drug'. Discussion ensued.

Unfinished Business:

M. Howcroft provided an update on the antipsychotic use in long-term care facilities project. The Board discussed Ohio progress.

M. Scott updated the Board on The Governor's Cabinet Opiate Action Team. The group continues to work on guideline development for acute pain prescribing, with a goal to reduce the number of opioid doses prescribed. The Board reviewed and compared the Ohio Automated Rx Reporting System opioid utilization to ODM-FFS opioid utilization.

Announcements:

M. Scott announced that the third quarter meeting will be on September 15th 2015. The fourth quarter meeting will be held on November 17th, 2015.

Adjournment:

M. Farrell adjourned the meeting at 1:10 PM.

Respectfully submitted:

Jill RK Griffith BS, PharmD, DUR Program Director



Minds Matter
Ohio Psychotropic Medication Quality Improvement Collaborative

**Statewide Spread:
Learning Network and Community
Stakeholders Network**

Drug Utilization Review Board Update
May 19, 2015

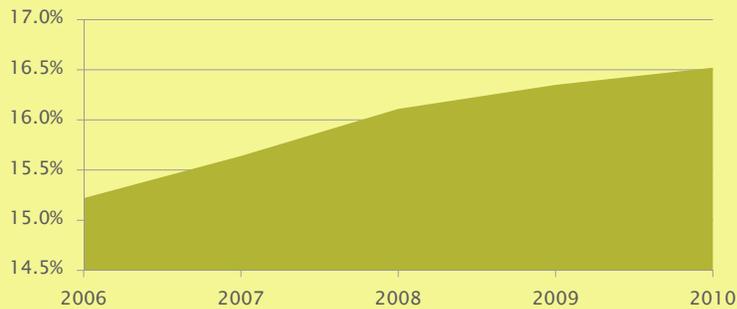
Minds Matter Overview

- Many children on Medicaid have complex behavioral health care needs
- Children in foster care:
 - More likely to experience trauma
 - Increased likelihood of social-emotional issues early in life
 - Higher prescribing rates of atypical antipsychotics (AAPs)
 - More likely to receive multiple medications

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Research Findings

Evidence of Increasing Need for Mental Health Services Among Youth



Source: Ohio Medicaid Data, 2006–2010. Population of youth (0–18) continuously enrolled in Medicaid for 1 year period. Percentage represents percent of children with a mental health diagnosis or receiving at least one mental health service in each year (Cynthia Fontanella, 2013).

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Limited Access to Child Psychiatry Services

The majority of psychiatric services are delivered by primary care providers¹.

Physician visits for mental health conditions:

- Pediatricians (61%)
- General Practitioners (29%)
- Psychiatrists (3%)

The average wait time to see a child psychiatrist is 50 days²

¹Source: Cynthia Fontanella, Clinical Profile of Children with SED (Ohio Medicaid Data 2006–2010)

²Source: Kelly Kelleher and Kenny Steinman (2012), Children's Access to Psychiatric Services

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Psychotropic Medication Prescribing Patterns

29% of children treated for mental health conditions receive psychotropic medications.

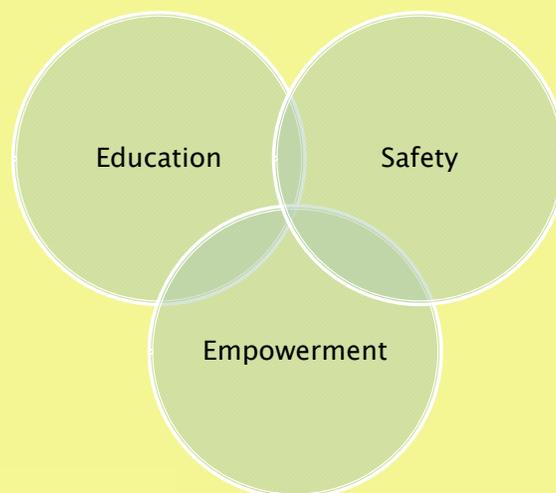
- 5.4% received ≥ 4 psychotropic medications.
- Of those receiving AAPs, 4.2% receive ≥ 2 AAPs.
- 0.60% of preschool children between 2–5 years of age receive an AAP.

Polypharmacy rate is 2 – 3 times greater among children in foster care.

Source: Cynthia Fontanella, Clinical Profile of Children with SED (Ohio Medicaid Data 2006–2010.) Rates for children continuously enrolled in Medicaid.

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Priorities



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Measurement Targets

25% reduction

- ✓ The use of antipsychotic (AAP) medications in children less than 6 years of age.
- ✓ The use of 2 or more concomitant AAP medications for over 2 months duration.
- ✓ The use of 4 or more psychotropic medications in youth <18 years of age.

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Leadership Team & Partnership

State Leaders and Planning Team

- Office of Health Transformation (Sponsor)
- Department of Medicaid
- Department of Mental Health and Addiction Services
- Department of Job and Family Services
- Health Services Advisory Group (HSAG)
- Ohio Colleges of Medicine, Government Resource Center (GRC)
- Ohio State University, Department of Psychiatry

Public and Private Partnership

- BEACON (Best Evidence for Advancing Childhealth in Ohio NOW!)
- Ohio and national leaders in pediatrics, psychiatry, pharmacology, healthcare, children services, foster care, consumer and family advocacy, and Psychotropic Medication for Children and Children in Foster Care Learning Collaborative (CHCS)

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Clinical Advisory Panel

- ✓ A 17 - member-Panel of national and state academic and clinical experts
- ✓ Guide and review evidence-based/informed clinical guidelines, technical resources development, and implementation.
- ✓ Provide clinical, collegial support/guidance to the QI Team.
- ✓ Serve as faculty/resource in clinical guidelines training/seminar for clinicians.
- ✓ Provide clinical, collegial support/guidance to second opinion and outreach teams.

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Regional Champions

Pilot community Steering Committee Membership includes Primary Care, Pediatric and Behavioral Health Providers, Child-Caring Agencies, Managed Care Plans, Schools, Juvenile Justice System, and Consumers

- Role and Responsibility:
 - ✓ Interest, knowledge, and expertise in like initiatives/subject matters.
 - ✓ Provide pilot community leadership, input, and recommendations.
 - ✓ Identify/recommend additional resources and support for local pilot as needed.
 - ✓ Identify, outreach, and ensure additional stakeholder buy-in and promote community support.
 - ✓ Consensus building & conflict resolution as needed.

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Model for Improvement

Learning and community collaborative approach

- ▶ The Institute for Healthcare Improvement (IHI) Rapid Cycle Quality Improvement Model.
- ▶ Family centered and population based
- ▶ Strategies focusing on providers, consumers, and community to address *social determinants of health*
- ▶ Design, test, and implement evidence-based quality interventions in pilot communities.
- ▶ Statewide rollout of community tested strategies.

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Strategies

- Provider Engagement: Standard of Care and Education
 - Clinical Decision Support
 - On-line educational resources and training
 - Early adopter learning collaborative
- Consumer and Community Engagement
 - Shared decision-making tools
 - Culturally competent and linguistically appropriate resources for adolescents and caregivers
 - Partnerships and resources to identify local efforts and support system of care
- Rapid Cycle Quality Improvement
 - Clinical data feedback
 - Faculty-lead and peer-reviewed consultation and case studies
 - Piloted and refined strategies in 3 communities and take to scale proven approach to statewide.

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Strategy 1: Provider Engagement

Advancing Standard of Care

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Sample Toolkit

Resource Audiences	Resource Topics	Resource Types
<ul style="list-style-type: none"> • Prescribers • Parents • Consumers • Schools • Agencies 	<ul style="list-style-type: none"> • Psychotropic medication guide • Inattention, hyperactivity, impulsivity • Disruptive behavior and aggression • Moodiness and irritability • Shared decision making (SDM) 	<ul style="list-style-type: none"> • Decision algorithms • Quick reference guides • Evidence-based guidelines • Fact Sheets • Online, on-demand learning modules • Quick learning podcasts • SDM toolkit and training module

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Sample Decision Algorithms

- A** • Antipsychotic medication management in children under 6 years of age
- B** • Avoiding the use of more than one AAP medication in children under 18 years of age
- C** • Avoiding polypharmacy
- D** • Inattention, hyperactivity, and impulsivity
- E** • Disruptive behavior and aggression
- F** • Moodiness and irritability

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Sample Resources for Algorithms

Quick Reference Guides

- Essential considerations for assessment, diagnosis, monitoring and duration of treatment

Learning Modules

- Incorporates case study review and shared decision making
- Can be completed for MOC, CEU, or CME credits

Quick Learning Podcasts

- Quick case scenarios and decision making for on-the-go learning

Tools and Clinical Resources

- Fact sheets, charts and links to existing resources

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Early Adopter Learning Collaborative

1. Discussion of Standard of Care Guidelines lead by a clinical subject matter experts
2. Collaborative case review focusing on challenging clinical scenarios
3. Review clinical performance measures to monitor progress and refine interventions
 - Provide monthly data feedback
 - Identify barriers and facilitators of improvement

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➡ Review Information on Provider Portal : Patient Roster

www.patientrosterentry.com/mindsmatter

Patient Name	DOB	< 6 yrs, using AAP	< 18 yrs, ≥ 2 AAPs	< 18 yrs, ≥ 4 Psychotropics
First Last Name	3/14/09	x		
First Last Name	4/6/98		x	x
First Last Name	8/10/09	x	x	
First Last Name	2/18/97			x
First Last Name	11/9/96			x
First Last Name	4/8/00		x	
First Last Name	8/2/99		x	x
First Last Name	5/15/03			x
First Last Name	12/1/08	x	x	x

For prescriptions paid between 7/19/13 and 8/16/13

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➡ Identify Top Three Most Common Reasons for Observed Practice

Examples:

- ✓ Not my patient now
- ✓ Not responsible for on-going prescribing
- ✓ Unaware of other prescribers
- ✓ Knowledge deficit, now improved
- ✓ Patient/parent refuses
- ✓ Lack of access to psychiatric medication expertise
- ✓ Lack of access to non-medication alternatives
- ✓ Patient poses risk to others
- ✓ Currently in gradual cross tapering
- ✓ Failure of multiple attempts to stabilize on just one atypical

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Preliminary Findings

Longitudinal analysis

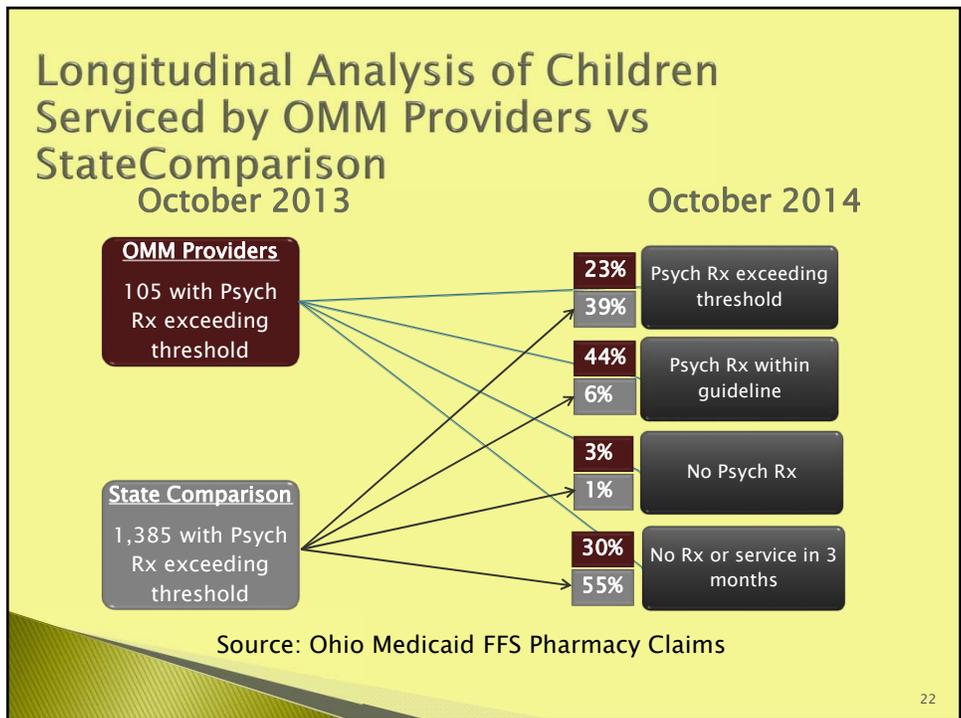
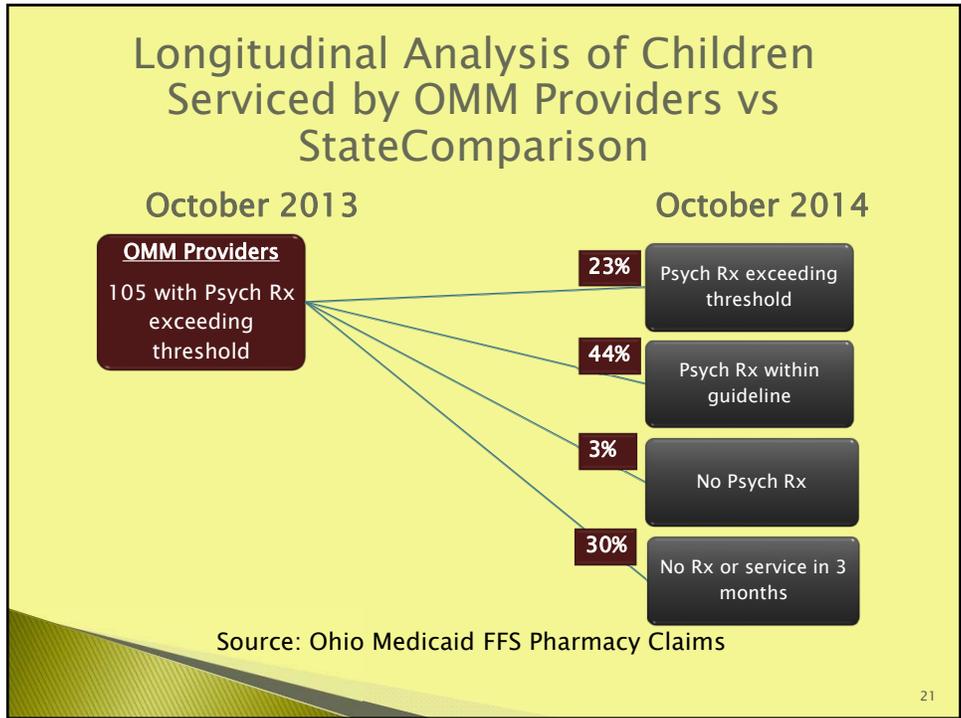
Cohort: Children with Rx patterns exceeding the following thresholds when providers joined the Minds Matter collaborative in October 2013.

- ≥ 4 psychotropic medications
- ≥ 2 AAPs
- AAP medications $<$ age 6

Prescribing patterns were followed for the following 12 months of the collaborative.

Source: Ohio Medicaid Fee-for-Service (FFS) Pharmacy Claims

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Strategy 2: Consumer Empowerment through Shared Decision Making

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Sample Resources for Consumers

- Shared decision making toolkit
- Parent's guide to youth mental health
- Psychotropic medication fact sheet
- Inattention, hyperactivity, and impulsivity fact sheets and resources
- Disruptive behavior and aggression fact sheets and resources
- Moodiness and irritability fact sheets and resources

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Strategy 3: Community Partnerships

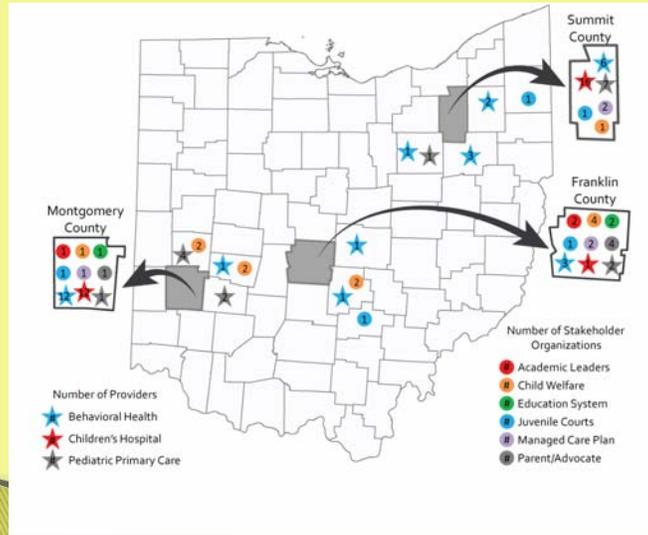
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Community Partnerships

- ▶ Critical to address social determinants and health
- ▶ Facilitate collaboration between local stakeholder groups and local providers
- ▶ Identify shared goals and opportunities to leverage resources
- ▶ Increase coordination of services within each region
- ▶ Key partners:
 - Community leaders (strong champions)
 - Providers - hospitals, community behavioral health, primary care/family medicine
 - Child Welfare,
 - Education System,
 - Courts,
 - Advocacy groups, consumers, families
 - Payers (Medicaid Managed Care Plans)
 - Other community organizations (housing, vocational providers, etc.)

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Community Collaboration



Ohio Minds Matter Website

www.ohiomindsmatter.org

Ohio Minds Matter Learning Network –Webinar Schedule

Month	Webinar Topic
March	Statewide Spread Kickoff Meeting
April	Shared Decision Making
May	Inattention, Hyperactivity, Impulsivity
June	Avoiding More Than One Atypical Antipsychotic Medication
July	Avoiding Polypharmacy
August	Antipsychotic Medication Management in Children Under 6 Years of Age
September	Disruptive Behavior and Aggression
October	Moodiness and Irritability
November	Sustain the Gains

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Ohio Minds Matter Community Stakeholders Network –Webinar Schedule

Month	Webinar Topic
March	Statewide Spread Kickoff Meeting
June	Engaging Foster Youth in Treatment
September	Strengthening Community Linkages to Reduce Barriers to Care
November	Sustain the Gains

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How to Sign up

Please following below link

➤ [Learning Network Sign-Up Form](#)

Or

➤ <https://www.surveymonkey.com/r/OMMSign-Up>

Q&A