

2012-08-07

Massachusetts Department of Developmental Services Medication Review

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Repository Citation

Bonardi A, Grossman G, Lauer E. (2012). Massachusetts Department of Developmental Services Medication Review. Commonwealth Medicine Publications. <https://doi.org/10.13028/v6xg-dg61>. Retrieved from https://escholarship.umassmed.edu/commed_pubs/69

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Massachusetts Department of Developmental Services Medication Review

NASDDDS Reinventing Quality

August 7, 2012

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Pharmacy (medication) use among adults in the MA DDS population

DDS Medication Review Committee

- Clinical Reviews
- Population analyses
- Training

Medicaid pharmacy claims analyses (2012)

- Study design and validation.
- Initial results from analysis of data match.

Pharmacotherapy is a common intervention in people with IDD

In MA DDS population analysis, 62% were receiving one or more psychotropic medication
(Rate was 47% when anticonvulsants removed)

MA DDS (January 2003 Snapshot ; n=16,212 adults)

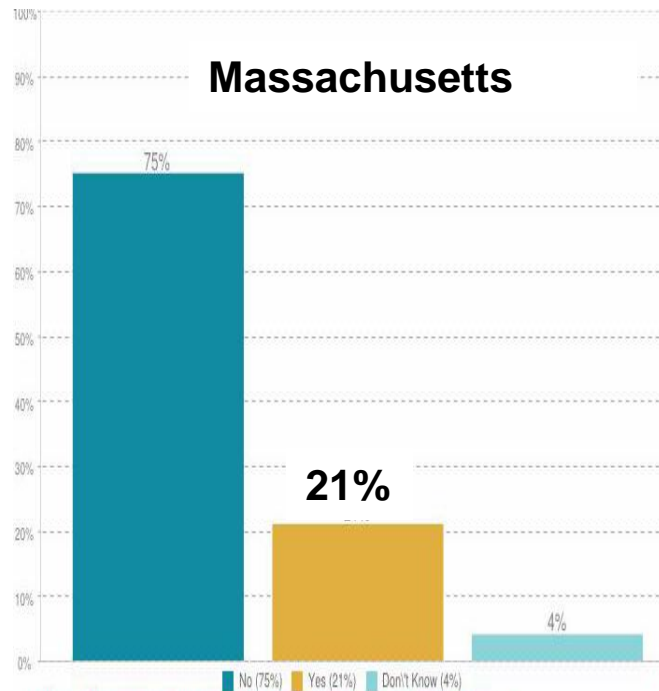
Top 10 Rx's to 'DMR' Population over 7 months (2002-2003)

Rank	Brand Name	Class	# of Prescriptions
1	Depakote	Anticonvulsant	18181
2	Risperdal	Atypical Antipsychotic	16756
3	Levoxyl	Thyroid hormone	12181
4	Zyprexa	Atypical Antipsychotic	11175
5	Carbamazepine	Anticonvulsant	10743
6	Zoloft	Antidepressant	9989
7	Neurontin	Anticonvulsant	8678
8	Clonazepam	Anticonvulsant	8261
9	Celexa	Antidepressant	7839
10	Lorazepam	Anxiolytic	7112

Top 11-20 Rx's to 'DMR' Population over 7 mo.

Rank	Brand Name	Class	# of Prescriptions
11	Lipitor	Cholesterol	6942
12	Phenobarbital	Anticonvulsant	6939
13	Fluoxetine HCl	Antidepressant	6871
14	Trazodone HCl	Antidepressant	6715
15	Phenytoin Na Ext	Anticonvulsant	6519
16	Buspirone HCl	Anxiolytic	6460
17	Paxil	Antidepressant	6253
18	Dilantin	Anticonvulsant	5989
19	Seroquel	Atypical Antipsychotic	5975
20	Protonix	Ulcer/Reflux Disease	5784

NCI: 'Takes medication for behavior problems' (2008-2009)

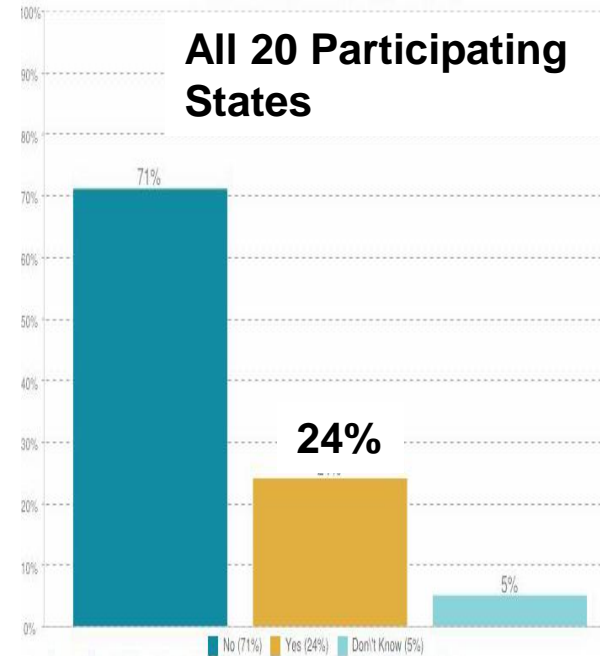


Indicator: The proportion of people taking medications for mood, anxiety, behavior problems, or psychotic disorders.

Year(s): 2008-09

State: Massachusetts

Filter: None



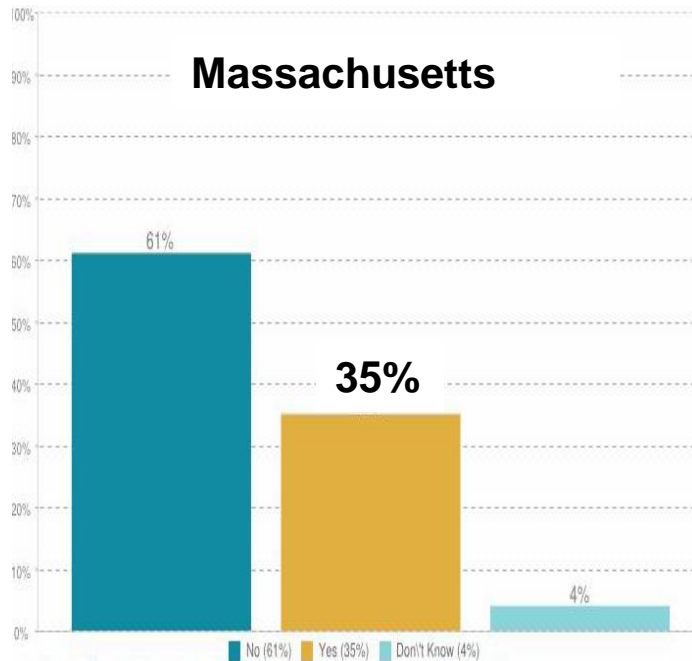
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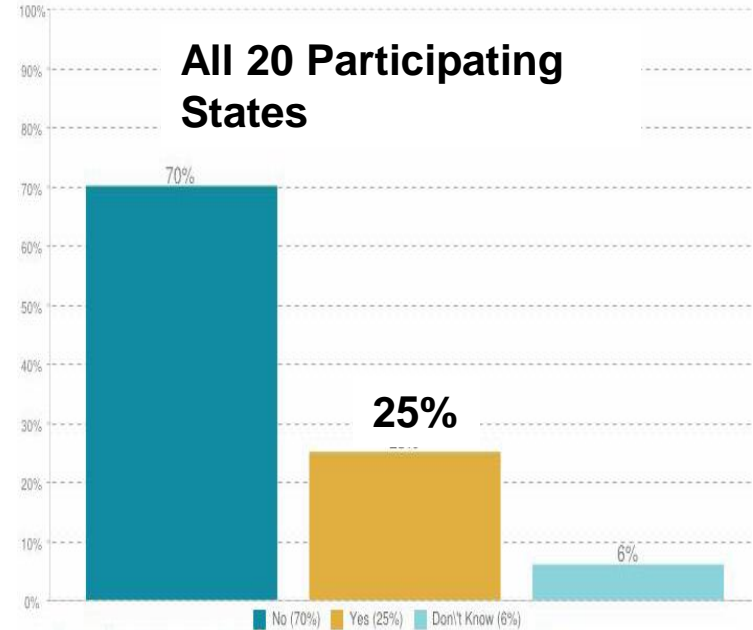


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Polypharmacy is also common



MA DDS analysis (2005):

- Avg. 2.75 psychotropic medications (including anticonvulsants)
- 61% receiving anticonvulsants also received 1 or more other psychotropic medication
- 40% of those on anticonvulsants receive 2 or more types of anticonvulsants concurrently

Psychotropic Medications per Person over 1 month

# of Psychotropics	# of people	% of population
0	4618	28.5%
1	3117	19.2%
2	2939	18.1%
3	2344	14.5%
4	1508	9.3%
5	907	5.6%
6	456	2.8%
7	193	1.2%
8	72	<1%
9	26	<1%
10	19	<1%
>10	13	<1%

Range: 0-11 psychotropic medications

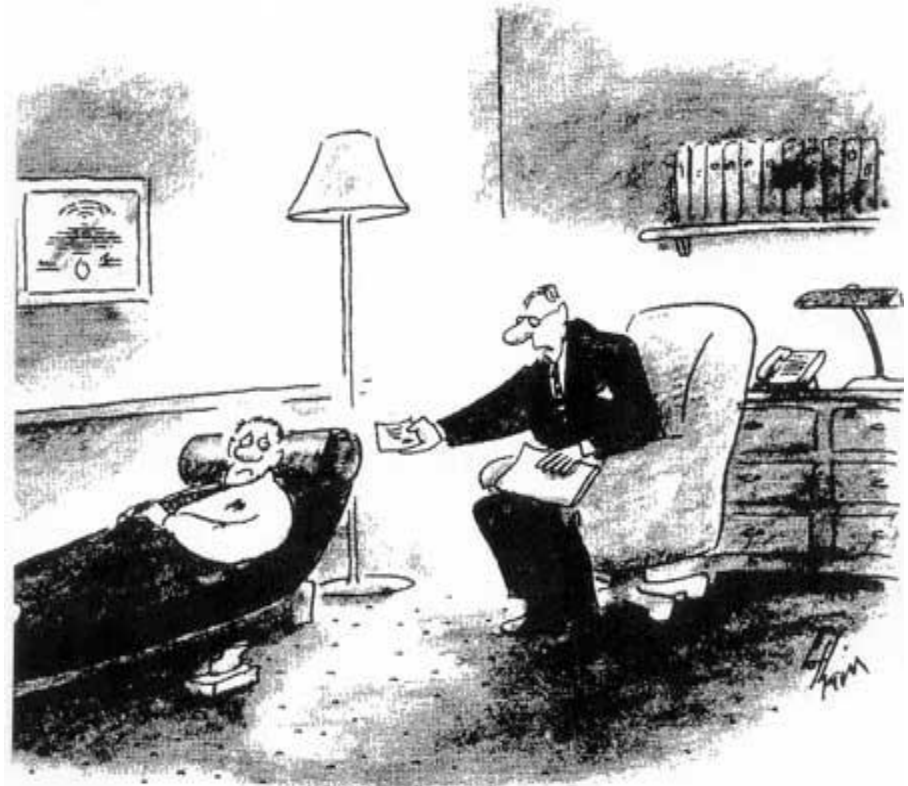
Psychotropic medication use increases risk of health complications

- Weight gain
- Abnormal glucose metabolism (diabetes)
- Cardiovascular disturbances
- Oral health issues
- Extra pyramidal symptoms, TD.

Lunsky & Elserafi (2011) Research in Developmental Disabilities

Prescribers are not always well prepared to treat the IDD population

- Majority of medical care from community health care providers.
- Communication difficulties may challenge ability to monitor response to medication.
- Complex medical picture can result in multiple prescribers.
- 2004 CAN survey: 53% of medical school deans did not feel their graduates were competent to treat people with N/ID.

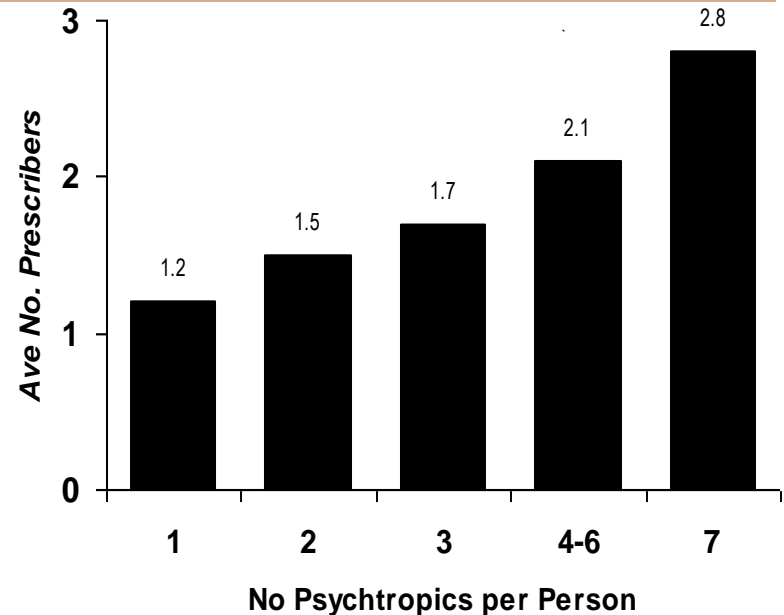


"I medicate first and ask questions later."

MA analysis of prescribers (2005)

- **50%** of prescribers of psychotropics were generalists
- **2,637** practitioners prescribed non-anticonvulsant psychotropics

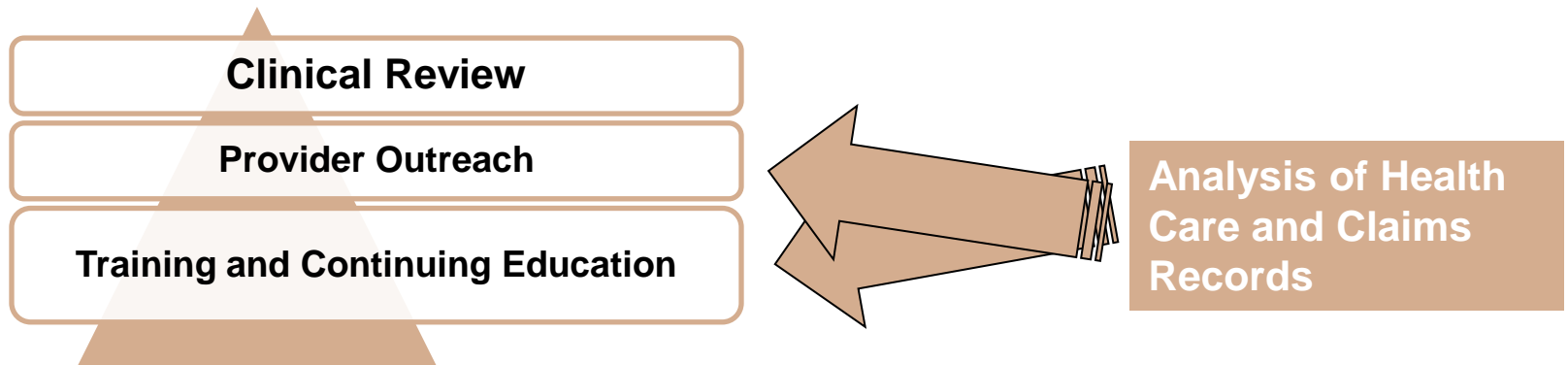
More prescribers = More meds !



MA DDS Behavioral Supports

Current initiatives include:

- ✓ Positive Behavioral Supports (PBS) training and interventions
- ✓ Updated curriculum re. restraints
- ✓ **Medication Review Committee**



Membership:

PhD psychologists (behaviorists)

Psych. clinical nurse specialist (CNS)

Clinical Pharmacist

Internist (MD)

Gerontologist (MD)

Neurologist (MD)

Psychiatrist (MD)

RNs and NP

Hospitalist (MD)

* All with significant experience treating adults with IDD

Complex Case Consultation available through referral to the Med. Review Committee

- Referral through regional offices
- Treatment team invited to participate
- Average 2 reviews per meeting
- Results sent to regional/area office with request to forward to provider
- Direct consult with health care provider when requested.

Clinical Reviews – impressions:

- Complicated intersection of behavioral and physical issues (e.g. pain)
- Earlier signs of age-related issues (dementia, changes in drug metabolism)
- Practitioners struggling with prescribing in a community setting (caregiver issues, hesitancy to titrate)

Professional-to-professional outreach from team has included direct consultation, phone consultation.

Clinical Reviews: One year follow up

Of those who were reviewed with recommendation to remove medications – general improvement in function and *impression of avoided psychiatric events*.

Where recommendations were not followed, individual continued to do poorly.

As a group, those who were identified with emerging dementia showed continued decline in function.

Medication Review Committee guides DDS outreach to prescribers

Analyses of DDS Health Care Records to identify ‘top prescribers’ (regionally, by medication, specialty)

Example: identified 191 psychiatric prescribers: 4+ non PRN psychoactive meds in 2012 (11 prescribers serving 15 – 40 people)

Letter sent to prescribers offering consult from ***clinical pharmacist.***

Clinical pharmacist followed up by phone/in person.

2012 Analysis of Medicaid Pharmacy Claims Data is underway

Provides information on a larger, more diverse DDS population.

Evaluating the methodology (data match, using Medicaid claims data) in light of new policy/funding models related to pharmacy.

Several recent policy changes may influencing prescription and claims patterns in the DDS population

- Massachusetts Health Reform
 - MassHealth Pharmacy Initiatives
- MMA - Medicare Part D
 - Dual eligible population (~ 65% of adults served)
 - Change in formulary (e.g. benzodiazepines)
- Affordable Care Act – duals integration efforts
- Medicaid Managed Care
- Patient Centered Medical Homes (for adults)

MassHealth payment claims analysis – preliminary questions

How many adults will the the dataset ‘match’ methodology identify?

Is Medicaid claims data analysis feasible, since duals would only have record of co-pays (if they are claimed by pharmacies)?

Linked dataset DDS- MassHealth

- Timeline: ~ 10+ months from initial data request for inter-agency data sharing
- Of 20,346 people eligible for Medicaid (from DDS), 15,069 (74%) had 1 or more paid drug claim during the 7 month period.

Adults without claims include:

- not on any medications
- private insurance coverage
- dually eligible and had a prescription filled at a pharmacy that did not submit for the small Medicaid co-pay.
- Nursing home, ICF/MR, incarcerated.

Analysis plan and next steps

- Finalize data validation
- Analysis of individual and provider-level prescriptions patterns.
- Targeted outreach to providers whose prescription patterns vary substantially from accepted practice (guidelines).
- Identify individuals who may be in need of medication review.
- Evaluate prescribing practices across service settings for the purpose of planning broader training or outreach interventions.

Conclusion

Massachusetts DDS is pursuing a multi-level approach to ensuring medications are used appropriately to support behavioral needs.

Multidisciplinary team provides expertise for both individual review and for systems' level interventions.

Analysis of of claims data and health records allows targeted outreach.

Contacts:

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2012 CDDER Pharmacy Analysis

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