Impact of a Pilot Outreach Program upon Provider Awareness and Prescribing of a Concerning Opioid Combination Regimen

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**Impact of a Pilot Outreach Program upon Provider Awareness and Prescribing of a Concerning Opioid Combination Regimen**

**RESULTS**

![Figure 1: Study Population (Members)](image)

- **N=521**
- **N=67**
- **N=39**

**METHODS**

- **Inclusion criteria:**
  - Age > 18 years
  - Active coverage during study period
- **Exclusion criteria:**
  - Discontinuation of at least one targeted medication ("positive change"). (Figure 4)

- **Prescribers:**
  - Internal Medicine
  - Nurse Practitioners
  - Psychiatry
  - Family Medicine
  - Physical Medicine
  - Pain Medicine
  - Rheumatology
  - Physician Assistant
  - Physical Medicine & Rehabilitation

**DISCUSSION**

- A total of 40% of members had "positive changes" to their regimen 180 days post-intervention. There were 51% of members with no change or an increase in regimen complexity (i.e., dose increase or addition of another medication of concern), which included 33% of members overall with no changes. 180 days post-intervention.

- Upon outreach, the most common reasons prescribers indicated they would not make changes to the combination regimen were stability on the regimen (38%) and lack of control over the prescription (31% of other providers (24%).

- Sole prescribers were generally receptive to considering changes to the regimen after TPO, as 67% of these prescribers made "positive changes" to their regimens 180 days post-intervention.

- While O/D/RH outcomes were not significantly reduced in the post-intervention period compared to the pre-intervention period, a TPO program may represent a value for managed care organizations by increasing prescriber awareness of medication regimens, which may represent a health risk for members. Outreach programs may also benefit from TPO occurring earlier in the course of a member receiving a concerning combination of medications to limit the amount of members that are "stabilized" on such a regimen.

**LIMITATIONS**

- The sample size was relatively small which may limit the generalizability of the results.
- Pharmacy claims are not necessarily indicative of the way medications are utilized.
- Members may have been excluded from the study if not all pertinent medications were made as investigations did not have access to the prescription monitoring program; therefore, the true sample size for this Medicaid population may be underestimated.
- Not all prescribers were successfully contacted, often due to inaccurate workplace listings or contact numbers.
- SUD diagnoses were derived from billed medical claims which are occasionally prone to coding errors. This could have resulted in overestimation of SUD diagnoses in this population.

**CONCLUSIONS**

- The TPO program aimed to decrease 30% of prescribers contacted that the member was on the targeted medication combination.
- Although over 40% of members who had at least one prescriber contacted had a positive change to their regimen, there was no change in O/D/RH outcomes.
- Further study in a larger sample size is warranted to assess the impact of improving awareness of the concerning combination of opioids, BZDs, gabapentinoids, and stimulants upon O/D/RH outcomes, including the use of additional interventions.

**REFERENCES**

- Mark Tesell, PharmD, BCPS
- Briana L. Santaniello, PharmD, MBA
- Tyson L. Thompson, PharmD
- Mark Tesell, PharmD, BCPS
- Briana L. Santaniello, PharmD, MBA
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- Karen Clements, ScD
- Paul L. Jeffrey, PharmD
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![Figure 2: Prescriber Types (%)](image)

- **Prescriber Types:**
  - Internal Medicine
  - Nurse Practitioners
  - Psychiatry
  - Family Medicine
  - Physical Medicine
  - Pain Medicine
  - Rheumatology
  - Physician Assistant
  - Physical Medicine & Rehabilitation

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**Figure 1:** Study Population (Members)

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**Figure 2:** Prescriber Types (%)

- **Prescriber Types:**
  - Internal Medicine
  - Nurse Practitioners
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  - Family Medicine
  - Physical Medicine
  - Pain Medicine
  - Rheumatology
  - Physician Assistant
  - Physical Medicine & Rehabilitation

**Figure 3:** Prescriber Awareness of All Entires Regimen

- **Prescribers:**
  - Of prescribers with whom contact was achieved.
  - Of prescribers with whom contact was achieved.

**Figure 4:** Regimen Changes 180 Days Post-Intervention

- **Regimen Changes:**
  - 33% of members had no change
  - 18% had an increase in regimen complexity
  - 51% had a positive change

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**BACKGROUND**

- **From 2000 to 2014, the rate of overdose deaths involving opioids in the United States increased by 100.**
- **Between 1996 and 2013, the number of overdoses involving anxiety medications increased by 300.*

**Drug utilization review within a large Medicaid population revealed the co-prescription of opioids with benzodiazepines (BZDs), gabapentinoids, and stimulants was seen in over 500 members.**

**The concomitant use of these agents is associated with numerous health risks including additive central nervous system depression, potential for misuse and abuse, and overdose.**

**Given the safety concerns regarding the concomitant use of these medications, a telephonic prescriber outreach program (TPO) was developed to assess prescriber awareness about the concomitant use of these medications.**

**OBJECTIVES**

- **To evaluate prescriber awareness of the presence and risks of this medication combination among members under their care.**
- **To evaluate changes to members’ regimens 180 days post-intervention and compare drug overdosing-related hospitalizations (SUD/RH) 180 days pre- and post-intervention.**

**METHODS**

- **Pharmacy and medical claims histories for each Medicaid beneﬁciary who had paid claims for a combination of opioids, BZDs, gabapentinoids, and stimulants for >30 days during a 180-day period between March 1, 2015 and August 31, 2015 were included.**

- **Pharmacy claims data evaluated included:**
  - Medication name, strength and days’ supply
  - Calculated morphine equivalent dose per day (MED) of the opioid

- **Medical claims data evaluated included:**
  - Behavioral health, pain and substance use disorders, including substance use disorder (SUD)-related diagnoses
  - Medical services rendered for these diagnoses, including hospitalizations, emergency room visits, and office visits

- **Inclusion criteria:**
  - Age > 18 years
  - Active coverage during study period
- **Exclusion criteria:**
  - Duration of at least one targeted medication contact was achieved.
  - Of prescribers with whom contact was achieved.