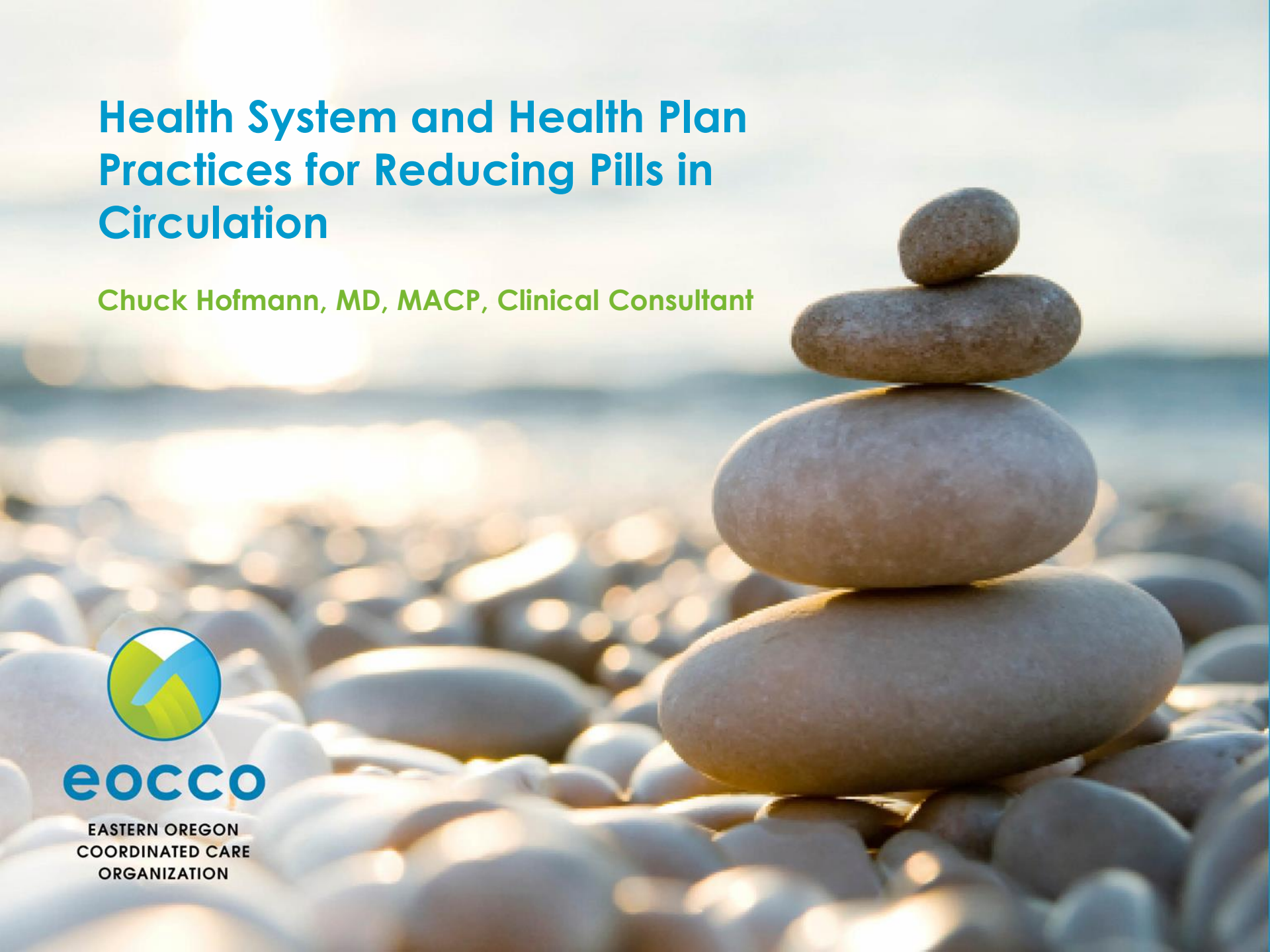
Health System and Health Plan Practices for Reducing Pills in Circulation

Chuck Hofmann, MD, MACP, Clinical Consultant



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EASTERN OREGON COORDINATED CARE ORGANIZATION

In the past year, 50 year old Tracy has broken her arm, suffered a stroke, and struggled with back pain related to degenerated disks.

After the stroke left her partially paralyzed and confined to a wheelchair, doctors prescribed two weeks of physical therapy but the order was denied by her Coordinated Care Organization.

Her CCO also restricted the medicines she relies on to treat her pain.

At one point, she was referred to a doctor for pain management. "He cut me off my narcotics cold turkey," she said. She reported him to the Oregon Medical Board, which intervened and filled her prescriptions until another provider could be found.

During the past year, she has been in and out of the hospital. "The doctors are taking me off valium because they say they can't write it because the CCO doesn't allow it," she said. Doctors are also limiting her Vicodin, which she pays for herself out of her monthly disability check which has put her three months behind in her mortgage payments.

Recently, her doctor has cut her Vicodin from 180 pills per month to just 15 and says the next step is to eliminate it altogether.

"It's not like I'm asking for a lot, just what I need," she said. "I've never abused my meds. I'm not addicted. I don't sell it on the street. They don't seem to understand that, nor do they care."

"I'm not the only person" this is happening to, she said. "Even the elderly who are on pain management meds, they're cutting off. I sit and hear people in the waiting rooms, and we talk. The CCO is cutting people off. If the doctor doesn't write the prescription just so, they will deny the medication."

"Most of the elderly are being pushed to medical marijuana because that's their only option for pain," she said.

A healthcare provider who wishes to remain anonymous said that the director of pharmacy services for the CCO told them last fall that it would not cover medications for chronic pain management starting October first.

That was around the same time that Medicaid expansion flood the local healthcare system and the CCO's enrollment surged 50%.

EOCCO Non-Specialty Drug Utilization

Therapeutic Class	Scripts/1000	Paid	PMPM	% Script	% of Total
Analgesics - Opioid	1,287	$1,877,399	$ 3.99	5.9%	3.9%
Antiasthmatic and Bronchodilator Agents	608	$2,236,625	$ 4.75	2.8%	4.7%
Blood Pressure Medications	535	$168,816	$ 0.36	2.4%	0.4%
Ulcer Drugs	520	$333,943	$ 0.71	2.4%	0.7%
Antidiabetics	453	$2,281,217	$ 4.85	2.1%	4.8%
Anticonvulsants	433	$704,736	$ 1.50	2.0%	1.5%
Analgesics - Anti-Inflammatory	417	$236,422	$ 0.50	1.9%	0.5%
Cholesterol Medications	320	$191,396	$ 0.41	1.5%	0.4%
Penicillins	315	$168,112	$ 0.36	1.4%	0.4%
Musculoskeletal Therapy Agents	290	$152,684	$ 0.32	1.3%	0.3%
Beta Blockers	252	$124,794	$ 0.27	1.2%	0.3%
Thyroid Agents	245	$122,401	$ 0.26	1.1%	0.3%
Dermatologicals	243	$494,132	$ 1.05	1.1%	1.0%
Diuretics	232	$65,682	$ 0.14	1.1%	0.1%
ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiants	212	$1,098,878	$ 2.33	1.0%	2.3%
All Others	3,155	$9,190,997	$ 38.87	49.0%	64.1%
Total	9,515	19,448,233	$ 60.66		

Incurred claims 10/13 - 9/14

Drug Utilization Among EOCCO Members with Behavioral Health/Mental Health/Chemical Dependency Diagnoses (incurred claims 10/1/2013 – 09/30/2014)

Therapeutic Class	Scripts	Paid $	PMPM	% Script EOCCO	% of Total Paid
Analgesics - Opioid	19,530	$776,281	$ 1.60	39%	41%
Anticonvulsants	7,641	$253,696	$ 0.52	45%	36%
Ulcer Drugs	7,116	$124,096	$ 0.26	35%	37%
Blood Pressure Medications	6,560	$57,769	$ 0.12	31%	34%
ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiants	6,095	$817,468	$ 1.69	73%	74%
Antiasthmatic and Bronchodilator Agents	6,062	$614,196	$ 1.27	25%	27%
Analgesics - Anti-Inflammatory	5,317	$69,953	$ 0.14	33%	30%
Musculoskeletal Therapy Agents	4,354	$61,404	$ 0.13	38%	40%
Antidiabetics	3,597	$453,445	$ 0.94	20%	20%
Cholesterol Medications	3,169	$52,376	$ 0.11	25%	27%
Thyroid Agents	2,805	$37,468	$ 0.08	29%	31%
Antihistamines	2,738	$29,947	$ 0.06	34%	36%
Beta Blockers	2,720	$30,416	$ 0.06	28%	24%
Laxatives	2,344	$24,190	$ 0.05	39%	37%
Diuretics	2,119	$16,295	$ 0.03	23%	25%
All Others	35,894	$1,297,445	$ 2.68	28%	12%
	118,061	**$4,716,445**	**$ 9.74**		

EOCCO Strategies to Reduce Pills in Circulation

- Provider education (EOCCO sponsors an annual provider summit. Last fall's summit included a session on "Managing the Opioid Dependent Patient" by Dr. Andy Mendenhall).
- EOCCO plans to develop regional Buprenorphine services
- EOCCO plans to develop a regional standardized treatment approach to chronic nonmalignant pain
- EOCCO plans to include Rxs for over 120 MEDs in our quarterly "provider report cards"
- Additional Moda Strategies
  - Quantity Level Limitations (QLLs). QLLs are implemented to ensure those opiates combined with acetaminophen do not exceed the FDA approved maximum recommended daily acetaminophen dose of four grams in 24 hours. QLLs are also placed on extended release products to align with the FDA recommended maximum daily dose. Lastly, QLLs are used for dose optimization purposes, eg, encouraging use of a 20 mg tablet instead of two 10 mg tablets.
  - Rules of Three Program (RTP). RTP is a retrospective review of opiate utilization. Each month a report is produced that identifies members who have obtained three or more opioid prescriptions written by three or more prescribers and filled at three or more pharmacies for three consecutive months. A member of the Moda clinical team evaluates the medication profiles for each of these members and contacts the providers involved to coordinate and identify one prescriber to be in charge of the pain management. Since the Rules of Three reporting results are based on claims paid through the pharmacy benefit and do not include any opioids acquired by cash payment, Moda further assists the prescriber by providing information related to the Prescription Drug Monitoring Programs within their state.
  - Medicare Overutilization Monitoring System (OMS). OMS examines overutilization of acetaminophen and opioid medications and incorporates a review of members utilizing over 120 MEDs.