The Unintended Consequences of Pennsylvania's Department of Public Welfare Six Prescription Drug Limit Executive Summary

This is an Executive Summary of a white paper created by Work Group of the Health Policy Committee of the Pennsylvania Pharmacists Association (PPA)

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Executive Summary

On January 3, 2012, Pennsylvania's Department of Public Welfare (DPW) implemented a six prescription per month policy for categorically needy adult Medical Assistance (MA) recipients, 21 years of age and older. The policy was intended as a cost saving method when the 2011-2012 Pennsylvania State Budget required severe cuts within DPW, which targeted a $14.8 million reduction through reduced dental and pharmacy benefits. The decision by DPW to implement the six-drug limit was made under the premise that the majority of MA recipients would not be impacted.

The purpose of this white paper is to share the unintended consequences of DPW's six prescription policy and the burdens placed on providers and patients navigating DPW procedures. These burdens often cause delays in patients receiving medications and adversely affect prescribed treatment as witnessed in clinical practice and suggested by studies evaluating similar policies. Examples from across the country showcase the success that occurs when states collaborate and partner with the medical community to provide quality, cost effective healthcare for their Medicaid populations are also highlighted in this paper.

Under this limiting policy, physicians and pharmacists are in the unenviable position of deciding which medications to discontinue if the patient is denied an exemption by DPW. An increase in health service utilization could suggest this policy caused harm to those beneficiaries denied the seventh prescription. Overall costs, health and safety outcomes of this policy have not been critically evaluated. All factors need to be considered in order to justify implementation of this prescription limit policy as a cost-saving strategy that does not cause harm.

A collaborative approach to health care, which includes pharmacists, has been shown in several studies to improve patient outcomes, and reduce costs for the patient, the insurer and the health care system. Several states have successfully reduced inappropriate prescribing by allowing pharmacists to perform Medication Therapy Management (MTM). In 2006, the Center for Medicare and Medicaid Services (CMS) began the implementation of MTM Services to Medicare D participants. MTM is designed to help the patient get the most out of their medication and improve their health outcomes. Although MTM services have been slowly evolving under Medicare D over the last seven years, several studies have been published in medical literature showing the benefit of pharmacist provided MTM services for improving the patient's quality of life and overall reduction of healthcare costs. Recent changes in 2013 require all Medicare D patients to receive MTM services annually.

Polices limiting drug therapy are not new or innovative and have never been proven to be an effective strategy in truly reducing costs or improving patient care. However, Pennsylvania, like many other states, pursues them in place of meaningful and viable alternatives. This white paper is not intended to place blame and the Pennsylvania Pharmacists Association is sensitive to the pressure policy makers face in controlling costs in the Commonwealth. Rather, its purpose is to demonstrate that through professional collaboration with the medical and pharmacy community, there are successful alternatives for saving healthcare dollars.

Problems for Patients and Providers

On January 3, 2012, Pennsylvania's Department of Public Welfare (DPW) implemented a policy to limit six prescriptions per month for categorically needy adult Medical Assistance (MA) recipients, 21 years of age and older. DPW has developed criteria for exceptions, but the pursuit of these exceptions places undue burdens on providers and patients navigating DPW procedures, often causing delays for patients receiving medications and adversely affecting prescribed treatment. The following excerpt from a letter written by a family practice physician is one small example of the unintended consequences of this policy both in patient care and in the fiscal ramifications:

"*In March 2012 my 62 year old female patient, who has radiation ileitis/cystitis post-treatment for cervical cancer, mild dementia, diabetes and cirrhosis, was admitted to our local hospital. She had been in an extended care facility (ECF) for several weeks prior to this after a previous lengthy admission to the hospital. She had been discharged from the ECF in very good condition and given a short supply of the medications she was taking at the ECF, plus new prescriptions to be filled for on-going treatment. I examined her two days prior to her hospital admission - about ten days after discharge from the ECF. Her sons, who were caring for her, noted that they could not fill the prescriptions given to them by the ECF and requested a letter from me authorizing them to be filled. I called and sent a letter to the managed care organization (MCO) since no prior authorization form was yet available. The day after her visit, she began feeling very weak and having diarrhea. She was admitted to the hospital with hypokalemia (low potassium) and diarrhea due to her inability to comply with my prescribed medication regimen, which is a direct result of the MCO not automatically covering the potassium that she required. She was also in a withdrawal syndrome due to the lack of access to her other medications. She was hospitalized for four days, during which time her necessary medications were restarted and her potassium and other electrolytes were balanced.*

It was only after this second hospitalization that the patient was able to receive all nineteen of her required medications. That did not occur, however, until I had filled out nineteen separate prior authorization forms (all with the same basic information) and the MCO had reviewed and approved the orders.

I am sure that there was a significant increase in the expenditure of resources due to the six-medications per month regulation in this case. Unfortunately, the patient also suffered both illness and further hospitalization in the process.

In my opinion, this regulation is likely to increase cost, morbidity, and perhaps even mortality."

William Fife, MD
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Conclusion

Polices such as these are not new or innovative and have never been proven to be an effective strategy to reduce costs or improve patient care. However, Pennsylvania, like many other states, pursues them in place of meaningful and viable alternatives. This white paper is not intended to show blame, and is sensitive to the pressure policy makers are up against in controlling costs for our state. However this paper was written to show that with professional collaboration there are successful alternatives for saving healthcare dollars.

This document provides examples from across the country to showcase the success that occurs when states are willing to collaborate and partner with the medical community to provide quality, cost effective healthcare for their Medicaid populations. Pharmacists, physicians, nurses, insurance providers, and many others in the health care field together provide a wealth of knowledge and opportunity to construct these types of combined programs. Empowering pharmacists to provide patient care services such as comprehensive and targeted medication reviews and treatment recommendations has been proven to reduce costs and improve patient care. It is estimated that about 75% of patient care occurs after diagnosis and initiation of treatment. It is during this part of patient care that pharmacists have proven to make a tremendous impact on adherence to treatment plans, identifying and resolving medication related problems, adverse effects, and drug interactions; addressing cost issues; and making follow up calls, all of which directly or indirectly contribute to success of the treatment. Successful treatment reduces costs by avoiding medication errors, emergency room visits, and hospital admissions. Allowing pharmacists greater opportunity to collaborate with patients, physicians, and other healthcare providers will help ensure patient safety and patient care. Pennsylvania has the opportunity to begin a new path toward ensuring all citizens have access to and benefit from the best healthcare available, while reducing overall costs. All this is possible without risking patient safety or patient care.

The complete white paper is available on the website of the Pennsylvania Pharmacists Association at this link:

https://papharmacists.site-ym.com/?page=Policy

We encourage those interested in this issue to read the entire paper. Members of the Work Group and the PPA Board of Directors are available to discuss the paper with other healthcare professionals, organizations, various businesses, policy makers, and others.

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