Patient Review and Coordination Program

For Medical Assistance Clients Who Need Assistance In Appropriate Use of Services

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Health and Recovery Services Administration
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Key Issues

• National and statewide data indicate an increase in number of deaths due to opiates

• Medicaid-specific population
  • Increase use of prescription opiates
  • Clients with minor medical diagnoses and high risk medical conditions receive large amounts of narcotics

• Emergency room (ER) “cycling” correlates with narcotics
  • Narcotics are easily obtained through the ER

• Complex issues requires more than one solution and the need for partnerships
Key Findings on Opiates and ER Utilization

Aged, blind, or disabled medical assistance clients who are frequent ER visitors:

- Have high rates of mental illness and alcohol/drug disorders – frequently co-occurring
- Receive large volumes of prescription opiates
- Relatively few receive drug/alcohol treatment services
- Many receive mental health services
Average Number of Pain Prescriptions is Highest Among Those Most Frequently Visiting the ER

Pain Rx Among Frequent ER Users

Narcotic Analgesic Prescriptions Per Client in FY 2006

No Visits | One | Two | 3 to 5 | 6 to 10 | 11 to 20 | 21 to 30 | 31+  
---|---|---|---|---|---|---|---
1.9 | 3.7 | 5.1 | 6.8 | 10.6 | 15.3 | 20.1 | 29.1

n = 96,433  n = 24,435  n = 10,987  n = 10,966  n = 4,134  n = 1,554  n = 314  n = 224

Number of Visits to the ER, FY 2006

INCLUDES persons who are Medicaid-only aged, blind, disabled, presumptively disabled, or General Assistance-Unemployable in FY 2006.

SOURCE = DSHS RDA Client Outcome Database. TOTAL CLIENTS (FY 2006) = 149,050.
Patient Review and Coordination (PRC) Program

Washington State’s health and safety program for Medicaid fee-for-service, managed care, and state-funded clients who overuse or inappropriately use medical services

AUTHORITY

- Federal requirement of all Medicaid programs
  - 42CFR 431.54 (e); 456.3; 455.1-16
- Washington Administrative Code 388-501-0135
Objectives of the PRC Program

• Decrease and control over-utilization and inappropriate use of health care

• Minimize medically unnecessary and addictive drug use

• Provide patient education and coordination of care

• Help providers manage clients with education and resource referrals; facilitate coordination of care

• Reduce expenditures on unnecessary and inappropriate services
Identification of Clients for PRC Review

- Clients identified for review:
  - Direct Referrals – internal & external
    - Majority of external referrals are from pharmacies
    - PRC Website
  - Algorithms run monthly
    - High narcotic users
    - High number of prescribers for narcotics
    - High emergency room users with “non-emergent” diagnosis
Criteria for PRC Review and Placement (Must be Medically Necessary)

• Any two in a ninety day period:
  • Services from 4 or more different providers
  • Prescriptions filled by 4 or more different pharmacies
  • 10 or more prescriptions
  • Prescriptions written by 4 or more different prescribers
  • Received similar services from 2 or more providers in same day
  • 10 or more office visits
Criteria for PRC Review and Placement

• Any one within a ninety day period:
  • 2 or more emergency room visits
  • Medical history of “at risk” behavior
  • Repeated and documented efforts to seek services that were not medically necessary
  • Counseled at least once by a health care provider or the department about the appropriate use of healthcare services
  • Received controlled substances from two different prescribers in one month
  • History of duplicative, excessive, or contraindicated health care services
  • Received healthcare services that are not within acceptable medical practice
Criteria for PRC Review and Placement

• “At Risk” would include:
  
  • Forging of altering prescriptions
  
  • Paying cash for controlled substances
  
  • Unauthorized use of client’s medical assistance identification care
  
  • Frequent seeking of services that is not medically necessary
PRC Review Outcome

• Placement into PRC with initial restriction for 24 months
  • Client is restricted to certain providers:
    – Primary Care Provider
    – Pharmacy
    – Narcotic Prescriber
    – Hospital for non-emergent care

• System edits that denies claims from unassigned providers

• PRC restriction takes precedence over all edits in the Pharmacy (Point of Sale) POS system
Top 10 Diagnosis for Top 200 PRC Clients
May 2008

- HEADACHE/MIGRAINE
- ABDOMINAL PAIN
- LUMBAGO/BACK PAIN, SPRAIN OR STRAIN
- CHEST PAIN
- PAIN, SPRAIN OR STRAIN IN LIMB
- CERVICALGIA/NECK PAIN, SPRAIN OR STRAIN
- DENTAL DISORDER NOS
- OTHER CHRONIC PAIN
- DEPRESSIVE DISORDER NEC
- ANXIETY STATE NOS

Number of Claims
## Morphine Equivalent Dose (MED)

### Schedule Medication Detailed Report
**From 4/7/2008 To 9/18/2008**  
**RECIPIENT: XXX**

<table>
<thead>
<tr>
<th>DOS</th>
<th>DRUG</th>
<th>STRGTH</th>
<th>QTY</th>
<th>DS</th>
<th>SCHED</th>
<th>PHARM</th>
<th>DATE PRES</th>
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<tr>
<td>4/7/08</td>
<td>Morphine</td>
<td>100 mg</td>
<td>1500</td>
<td>30</td>
<td>H3A</td>
<td>A</td>
<td>4/20/08</td>
<td>Smith, MD</td>
</tr>
<tr>
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<td>Triazolam</td>
<td>0.25mg</td>
<td>60</td>
<td>30</td>
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<td>B</td>
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<tr>
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<td>Oxycodone</td>
<td>30 mg</td>
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<td>Smith, MD</td>
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<tr>
<td>4/7/08</td>
<td>Diazepam</td>
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<td>120</td>
<td>30</td>
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<td>D</td>
<td>4/20/08</td>
<td>Smith, MD</td>
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Total DS 110  Total MED: 192,750mg/30days = 6,425mg MED per day
## Narcotic Detailed Report

**From 11/8/2005 To 1/31/2006**

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<thead>
<tr>
<th>DOS</th>
<th>DRUG NAME</th>
<th>STRNTH</th>
<th>QTY</th>
<th>DS</th>
<th>MED/DS</th>
<th>APAP/DS</th>
<th>TC</th>
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<tr>
<td>oPic</td>
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<td>11/10/2005</td>
<td>HYDROCODONE-ACETAMINOPHEN</td>
<td>10MG-500MG</td>
<td>84</td>
<td>14</td>
<td>60mg</td>
<td>3000mg</td>
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<td>11/16/2005</td>
<td>PROPOXYPHEN NAPSYLATED-APAP</td>
<td>100-650MG</td>
<td>4</td>
<td>1</td>
<td>60mg</td>
<td>2600mg</td>
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<td>PROPOXYPHEN NAPSYLATED-APAP</td>
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<td>50</td>
<td>10</td>
<td>75mg</td>
<td>3250mg</td>
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**Total Doses 92 Total MED: 4050 mg / 30 days in month = 135 mg MED per day & 3220 mg APAP per day.**

<table>
<thead>
<tr>
<th>DOS</th>
<th>DRUG NAME</th>
<th>STRNTH</th>
<th>QTY</th>
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<th>APAP/DS</th>
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<td>HYDROCODONE-ACETAMINOPHEN</td>
<td>10MG-325MG</td>
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<td>7</td>
<td>42mg</td>
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<td>24</td>
<td>8</td>
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<tr>
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<td>84</td>
<td>15</td>
<td>336mg</td>
<td></td>
<td>H3A</td>
<td>12/14/2005</td>
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<tr>
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<td>15</td>
<td>66mg</td>
<td>2166mg</td>
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<td>12/22/2005</td>
<td>HYDROMORPHINE HCL</td>
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**Total Doses 67 Total MED: 14180 mg / 31 days in month = 457 mg MED per day & 1362 mg APAP per day.**

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<th>DRUG NAME</th>
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<th>DS</th>
<th>MED/DS</th>
<th>APAP/DS</th>
<th>TC</th>
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<tbody>
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<td>1/5/2006</td>
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<tr>
<td>1/5/2006</td>
<td>ENOCET</td>
<td>10MG-325MG</td>
<td>56</td>
<td>14</td>
<td>60mg</td>
<td>1300mg</td>
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<td>15</td>
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<td>HYDROCODONE-ACETAMINOPHEN</td>
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<tr>
<td>1/31/2006</td>
<td>MORPHINE SULFATE</td>
<td>15MG</td>
<td>200</td>
<td>10</td>
<td>300mg</td>
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<tr>
<td>1/31/2006</td>
<td>MORPHINE SULFATE</td>
<td>60MG</td>
<td>84</td>
<td>14</td>
<td>360mg</td>
<td></td>
<td>H3A</td>
<td>1/31/2006</td>
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**Total Doses 98 Total MED: 21360 mg / 31 days in month = 689 mg MED per day & 3103 mg APAP per day.**
PRC Program Effectiveness

• Expanded Program in 2005
  • Additional FTEs, plus significant process improvement activities = data base systems, automated processes
  • Current caseload = > 3,060 (200 cases in CY05)
  • Current FTEs:
    • 3 clinical nurse advisors
    • 7 program managers (daily care management)
    • 2 support staff
PRC Savings and Utilization Outcomes

- Savings since FY 2006 = > $43.9 Million
- Savings >$1.5 Million/month
- 33% decrease in emergency room visits
- 37% decrease in physician visits
- 24% decrease in number of prescriptions
PRC Clients who completed their 2 year restriction in 2007 and 2008 (N=1364)

- 50% were released for compliance
- 28% retained, usually continued high ER use
- 15% no longer eligible for medical assistance
- 6% are currently in review
PRC Clients referred for Narcotic Abuse in 2006 (N=518)

- Average # of narcotics prescriptions went from 3.07 to 1.63
- Average number of prescribers went from 4.8 to 2.8
- Total Morphine Equivalent Dosage (MED) decreased to 185 MED/day from 312 MED/day
- Total narcotic claims went from 2274 to 839 total claims
PRC Managed Care Program

- Managed Care Clients – January 08
  - 7 Managed Care Plans
  - Restriction to provider types is managed care plan specific
  - Clients are restricted to a plan for 12 months

- Utilization and Cost Savings – 1st 4 months
  - Plan A = 42 Patients
    - 31% reduction in overall costs ($1366 to $948 PM/PM)
      (direct and indirect monthly costs)
  - Plan B = 158 Patients
    - Pharmacy Savings = $4,338.00
    - ER Utilization Savings = $42,884.00
Washington Medicaid Deaths Related to Prescription Opioids 2004-2006

• The Pacific states (WA., OR., CALIF., HI., AK.) ranked the highest in life use and for nonmedical use of pain relievers. (SAMHSA’s 2005-2006 Report)

• In 2006, the leading cause of unintentional injury death in Washington was poisoning:
  • Over 90% of poisoning were due to drug overdoses
  • Deaths have continued to rise from 24 deaths in 1995 to 638 deaths in 2006
Washington Medicaid Deaths Related to Prescription Opioids 2004-2006

- Almost 50% of Washington State’s death due to prescription opioids were Medicaid clients
- 60% died at home
- Highest age group for both male and female was between 40-59 years of age (65%)
- 15 children (15-19 years of age) died

<table>
<thead>
<tr>
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<th>CY2004</th>
<th>CY2005</th>
<th>CY2006</th>
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<td>WA</td>
<td>555</td>
<td>569</td>
<td>638</td>
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<tr>
<td>Medicaid</td>
<td>180</td>
<td>272</td>
<td>296</td>
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Top 25 Medical Diagnosis The Year Prior to Death

- *LUMBAGO/BACK PAIN, SPRAIN OR STRAIN (159)
- *PAIN, SPRAIN OR STRAIN IN LIMB (194)
- *ABDOMINAL PAIN (118)
- *HEADACHE/MIGRAINE (77)
- *CHEST PAIN (115)
- SUBSTANCE ABUSE PROGRAM (31)
- DRUG DEPEND NOS-UNSPEC (38)
- CHF AIRWAY OBSTRUCT NEC (53)
- *CERVICALGIA/NECK PAIN, SPRAIN OR STRAIN (82)
- SHORTNESS OF BREATH (72)
- CELLULITIS OF LEG (36)
- PNEUMONIA, ORGANISM NOS (49)
- HUMAN IMMUNO VIRUS (HIV) DISEASE (14)
- DIABETES W/O COMPLICATION (55)
- ALCOH DEP NEC/NOS-UNSPEC (16)
- ASTHMA, UNSPECIFIED (35)
- OTHER CONVulsIONS (35)
- MYALGIA AND MYOSITIS NOS (51)
- DEPRESSIVE DISORDER NEC (61)
- HB-SS DISEASE W/CRISIS (1)
- OBS CHRONIC BRONCHITIS W/EXACERBATION (29)
- CHRONIC KIDNEY DISEASE (CKD) (14)
- CONGESTIVE HEART FAILURE, UNSPECIFIED (26)
- OTHER GENERAL SYMPTOMS (58)
- DIABETES W/O COMPLICATION, UNCONTROLLED (25)
Morphine Equianalgesic Dosage (MED)
WA Medicaid Deaths Related to Prescription Opioids
2004-2006

Average MED Per Day Per Client
Max range of MED Per Client Per Month
Behavioral Profile
WA Medicaid Deaths Related to Prescription Opioids 2004-2006

• Alcohol/Drug Profile
  • 21% (154 clients) had an “at risk” diagnosis
  • Of those 154 clients, 70% had a diagnosis of drug poisoning
  • 53% of clients had an “event” indicated need for alcohol/drug treatment
  • 5% received a drug/alcohol assessment 12 months prior to death
  • 22% received alcohol/drug treatment 12 months prior to death
Behavioral Profile
WA Medicaid Deaths Related to Prescription Opioids
2004-2006

• Mental Health Profile

  • 39% of clients received mental health services in the 12 months prior to death

  • #1 mental health diagnosis was depression – 26%

  • #1 medication used was an antidepressant – 53%

  • #2 medication used was an “anticonvulsant” (Clonazepam and Gabapentin) – 39%
Top Therapeutic Class of Drugs
WA Medicaid Deaths Related to Prescription Opioids
2004-2006

1. Analgesics, Narcotics
2. Anticonvulsants (Clonazepam and Gabapentin)
3. Selective Serotonin Reuptake Inhibitor (SSRIS)
4. Anti-anxiety Drugs
5. Muscle Relaxants
6. Gastric Acid Secretion Reducers
7. NSAIDS
8. Beta-Adrenergic Agents
9. Antipsychotic, Atypical
10. Penicillin
Children’s Profile
WA Medicaid Deaths Related to Prescription Opioids
2004-2006

• Each child was from a dysfunctional family unit
• 93% came from a single parent household
• 20% were in several different foster homes
• 47% were raised by a relative other than parent
• 27% were homeless sometime in their life
• 67% had a parent or sibling with a mental disorder and substance abuse history or domestic violence or a criminal history
Children’s Profile
WA Medicaid Deaths Related to Prescription Opioids
2004-2006

• 100% of the children had a mental health disorder ranging from depression to high anxiety

• 40% were receiving 1 to 3 different mental health drugs, with 2 children receiving significantly higher than recommended dosage

• 73% had substance abuse issues, with 2 children at age 11 applied for assistance for substance abuse treatment

• 60% of the children had co-occurring diagnoses
Summary

• Profile of clients who inappropriately use healthcare services, have high ER visits and high narcotic use are same/similar group who are dying from prescription opioids.

• The PRC program is just one tool which focus on the health and safety of clients to decrease inappropriate use of healthcare services.

• Complex issues requires more than one solution and the need for public and private partnerships.
Thank You
Any Questions?

Washington State PRC Team

Website:  http://maa.dshs.wa.gov/PRR
Phone:  1-360-725-1780