Results from a High-Touch, Pharmacist-Led Clinical Program to Reduce Opioid Utilization for At-Risk Beneficiaries

S. Makanji, M. Santilli, J. Sumner, J. Adams, S. Cutts

Background

• The Centers for Medicare & Medicaid Services (CMS) requires Medicare health plans to implement a medication safety program to specifically target and address opioid overutilization.

• Prescription opioid misuse continues to be a major public health concern in the United States.

• Approximately 26% of patients prescribed opioids for chronic pain misuse them, and 12% develop an opioid use disorder.

• Opioid overutilization: Prescription opioid misuse remains a serious public health issue.

• Pain-related costs of healthcare, lost productivity, addiction treatment, and the burden on the criminal justice system are enormous.

• The Centers for Disease Control and Prevention (CDC) estimates that the total economic burden of prescription opioid misuse in the United States is $78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and the criminal justice involvement.

• Patients who take higher doses of opioids and concurrently take benzodiazepines may be at increased risk for overdose.

• To address the opioid epidemic and social safety net, programs have been implemented to clinically evaluate and manage Medicare beneficiaries identified as potential opioid overutilizers for a 108,000-life health plan.

Purpose

• To measure the impact of a clinical program designed to evaluate and manage members identified as potential opioid overutilizers.

Methods

A clinical program was implemented to manage opioid utilization by leveraging retrospective drug utilization reviews (CDM), implementing clinical best practices, facilitating enhanced communication amongst prescribers, and minimizing concurrent use of potentiators.

- Daily morphine milligram equivalents (MME) exceeding 120 mg
- Concomitant use of potentiators (such as benzodiazepines)
- Early refill patterns

Methods cont.

• The primary target population was identified on a quarterly basis starting July 1, 2017 with a 12-monthlookback period based on the following criteria:

- Daily morphine milligram equivalents (MME) exceeding 120 mg for at least 6 consecutive days
- Multiple opioid prescriptions
- Multiple opioid pharmacies
- Members were also targeted on an additional criterion including concurrent benzodiazepine use
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- History of heroin and/or with a cancer diagnosis were excluded

• During the case review process, pharmacists evaluated prescription history for:

- Early methylphenidate use
- Concurrent use of potentiators (such as benzodiazepines)
- History of emergency department prescription fills
- Aluminum pharmaceutical and/or prescriber use
- Rapid opioid dose escalations
- Naloxone utilization

• Clinical pharmacist interventions consisted of:

- Stopping or reducing all opioid prescriptions and pharmacies to gather pertinent background information, understand diagnoses, and learn about prior therapies
- Through clinical evaluation of the gathered information
- Communicating member-specific recommendations to

- Prescribers, including documented historical opioid prescriptions, and eliminators of dear therapy practices (such as use of state prescription drug-monitoring program, control substance agreements, urine drug screens, and/or detox)熟悉

Results

Figure 1. Opioid Members, by Average Daily MME

- Total
- 0-25
- 25-49.9
- 50-89.9
- 90-119.9
- > 120

Figure 2. Opioid Members with Average Daily MME being by Number of Opioid Prescribers and Pharmacies

- Number of Prescribers
- Number of Pharmacies

Figure 3. Average Change in Number of Opioid Prescribers and Pharmacies, Per Member

- Percent change
- 0%
- 5%
- 10%
- 15%
- 20%
- 25%
- 30%
- 35%
- 40%
- 45%
- 50%

Discussion

- MMs identified 166 beneficiaries who may be at risk for overutilization or other safety issues related to their opioid use.

- During the evaluation period, MMs successfully intervened on 173 beneficiaries.

- The intervention group saw a reduction in the average number of opioid prescriptions from 2.8 per member at baseline to 2.3 at the end of the evaluation period, representing a 12% reduction. Similarly, the average number of opioid-dispensing pharmacies per member decreased by 3.9% from 2.0 to 2.0 during the same time period. The non-intervention group, however, saw an increase in both the average number of prescribers and pharmacies per member during the evaluation period.

- About 66% of the intervention group (n=166 beneficiaries) experienced a decrease in their opioid dose from an average daily MME of 139 mg down to 92 mg. This represents a 34% reduction from baseline while a similar subset of the non-intervention group decreased by only 28%.

- For members who experienced a decrease in the number of days of concurrent benzodiazepine utilization, the non-intervention group experienced a 28% reduction while the intervention group decreased by nearly double (54%).

- The intervention group saw a reduction in the average number of opioid prescribers from 2.6 per member at baseline to 2.3 per member at follow-up, representing a 12% reduction.

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Limitations

• The overall impact for the clinical program may be underestimated due to the following reasons:

- Prescription savings between intervened and non-intervened members may have contributed to improvement in the non-intervention group.

- Sufficient time for the full impact of the intervention to be reflected in the claims data.

- The intervention program was designed to clinically evaluate and manage members identified as potential opioid overutilizers.

- The intervention group may have experienced a 28% reduction while the non-intervention group decreased by nearly double (54%).

Conclusions

• A pharmacist-led intervention program that relays member-specific clinical recommendations and best practices can help improve opioid management by achieving appropriate titration of opioid doses and minimizing concurrent use of potentiators.

• Retrospective EHR data can be leveraged to identify patterns and trends. Provider outreach and education are important tools in reducing beneficiaries’ risk related to their opioid utilization.

• Given that prescription opioid misuse remains a serious public health issue, a comprehensive clinical program can help protect beneficiaries and optimize outcomes.

References


Disclosures

• This research was conducted by Magellan Rx Management without external funding.