Policy Proposal: Drug Discontinuation Safety Net

Purpose of the Proposal:
Identify patients with gaps in therapy for maintenance medications and offer patient case management services to identify reasons for gaps in care, provide patient education, and connect patients with appropriate resources.

Background:
The current COVID-19 pandemic has changed how many people receive medical care in Oregon. Provider offices may be closed, operating with limited staffing, or have limited office hours. Some providers may be prioritizing urgent or emergency services or only providing remote or virtual services, and patients may be hesitant to schedule routine office visits during the pandemic. Because of these changes, some patients may be unable to see a provider or unable to get to the pharmacy to have their prescription filled in a timely manner. Many pharmacies have begun offering mail delivery or drive-through services to accommodate patient needs. However, with so many changes, there is potential for gaps in care where patients may be unable to fill their routine prescriptions.

In order to support prescription needs for FFS members during the current pandemic, a pilot program was created to provide patient outreach and case management for members with discontinuation of a high-risk medication. High-risk medications were defined based on medication type and patient diagnoses (see methods below), and referrals were prioritized based on case manager availability and medication importance. The program was intended to ensure members were able to fill essential prescriptions particularly when they may be unable to physically pick up their prescription or when their provider office may have been closed. Case managers can help ensure that members have adequate access to essential medications by connecting patients with additional resources, assisting in care coordination, communicating with provider offices, and providing patient education.

While this initiative was started to provide patient support during the current pandemic, many factors can cause barriers to care and delay access to necessary medications. In particular, care coordination can often be improved during transitions of care. The FFS population has a significant number of patients transitioning to and from coordinated care organizations (CCOs). Because CCOs are location-based, if patients move locations or loose Medicaid coverage, they may be disenrolled from their current CCO and re-enrolled in a different CCO. Because members are typically eligible for FFS coverage before CCO enrollment occurs, FFS serves as a safety net to provide Medicaid coverage when members are first enrolled or moving between CCOs. Ensuring access to essential maintenance medications for patients with transitional FFS coverage can improve care for Medicaid members. Similarly, delays in obtaining appropriate medications can arise from other system-wide issues. The following are just a few examples of scenarios that have the potential to cause delays in therapy:

- Changes in a patient’s primary care provider
- Referrals to a specialist
- Drug shortages
- Changes in claims edits or Medicaid drug coverage
- Changes in other insurance policies
- Prior authorizations which are not submitted in a timely manner or are lacking necessary information for approval

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Patient outreach may be able to mitigate some of these issues by identifying the reason for the delay in therapy, providing patient education, and supporting care coordination.

Methods:
Patients were targeted for outreach if they had previously filled more than 84 days of a routine maintenance medication and had a recent gap in therapy of more than 14 days (Appendix 1). Patients were excluded if they were deceased, not currently enrolled in FFS, enrolled in Medicare, or had other primary insurance. Patients were also excluded if they had a more recent paid claim for medication in the same PDL class, indicating a switch to a different therapy. Patients were prioritized for case management referral based on patient and medication characteristics. Types of referrals have included the following categories:

- Insulin in patients with a diagnosis of type 1 diabetes
- Anticoagulants, statins, or antihypertensive medications in patients with established cardiovascular disease
- Antiepileptics in patients with a seizure disorder
- Maintenance asthma or COPD inhalers
- HIV medications
- Medications for opioid use disorder

Patients were identified weekly and information on the patient, medication history, prescribing provider, and most recent pharmacy were sent to case managers who called patients to offer support and case management services if needed (Appendix 2). There are several inherent limitation with using claims data to identify gaps in therapy. For example, patients may have paid cash for a prescription, had a recent hospitalization, or have an excess supply of medication on hand from previous prescriptions. Insurance coverage or Medicaid enrollment may change resulting in missing or delayed claims data. Changes in directions or dose may result in inaccurate days’ supply on billed claims. These limitations may result in inaccurate identification of patients. Additionally, enrollment with case management services is voluntary and members can opt out of receiving calls from the case management program. However, providing the opportunity for patient education and support for patients with an actual gap in therapy has the potential to improve adherence and prevent utilization of emergency services and hospitalizations.

Planned assessments to evaluate impact of this policy include evaluation for re-initiation of therapy after referral, medication adherence before and after referral, and utilization of emergency services.

Discussion and Preliminary Results:
In total, 90 patients were referred for case management outreach in the first 5 weeks of the pilot program. Because this is a recently initiated pilot program, outcomes are not yet available for all patients. Outcomes for initial outreach have been documented for 52 patients. Of these patients, case management services were able to contact 36 patients (69%). Nineteen patients (37%) were enrolled in a partial case management program. Patients in the partial case management program decline to be actively enrolled with a case manager, but agree to receive quarterly health-related newsletters and reminders for healthy activities such as flu shots. Three patients (6%) were enrolled in full case management services for a chronic condition (smoking cessation, diabetes, and asthma/COPD). With full enrollment in case management services, patients are matched with a case manager who performs an initial assessment to identify medication issues, gaps in care, social determinants of health, and patient needs. Based on this initial assessment, case managers work to connect the patient with community resources, communicate with their providers and pharmacies, and provide education regarding their medications, non-pharmacological treatments, and diagnoses.
Even though claims data indicated that many patients may have a gap in therapy, most patients identified still had an adequate supply of their medication or were about to refill the medication. However, some patients were identified who may not have been taking their medications routinely or may have missed doses. In a few cases, gaps in care, changes in insurance coverage, or individual patient circumstances resulted in delayed access to routine medications. For these patients, case management outreach can help provide patient education regarding importance of medication adherence, assist in coordination with provider offices, and provide resources in order to connect members with adequate services to enhance care and avoid adverse events. Outreach to members can also increase awareness of case management services and provide an additional resource if members encounter issues or wish to be engaged in the future.

**Recommendations:**
- Implement a case management referral program for patients with gaps in therapy for high-risk maintenance medications.

**Appendix 1: RetroDUR Inclusion and Exclusion Criteria**

**Inclusion Criteria**
- Patients previously on stable therapy, defined as patients with \( \geq 84 \) days and \( \leq 180 \) supply for a drug in past 150 days AND
- Recent \( >2 \) week gap in therapy in the prior month for a “high-risk drug” in the drug categories below. Gap in therapy was defined as \( 2 \) weeks of no covered days for the drug.
  - Anticoagulants
  - Platelet Inhibitors
  - HIV
  - Diabetes, Insulins
  - Antipsychotics (exclude drugs which are typically prescribed for sleep)
  - Antidepressants (exclude drugs which are typically prescribed for sleep)
  - Benzodiazepines
  - Substance Use Disorders, Opioid and Alcohol
  - Immunosuppressants
  - Maintenance asthma/COPD inhalers (anticholinergic, long-acting beta-agonist, corticosteroid, and combination inhalers)
  - Antiepileptics in patients with a seizure disorder in past 2 years (ICD-10 G40x)
  - Blood pressure medications (ACE inhibitors, ARBs, beta-blockers, diuretics) in patients with cardiovascular disease
  - Statins in patients with cardiovascular disease

**Exclusion criteria**
- Patients who are:
  - Deceased
  - Enrolled in a CCO
  - Enrolled in Medicare OR
  - Have other primary insurance
- Patients with a more recent paid claim for the same drug or a paid claim for a different drug in the same PDL class (indicating therapy was switched)
- Patients previously identified and referred to case management in the past 3 months

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Appendix 2: Patient, Drug and Problem Solving Information Collected for Case Management

Patient Information:
- Patient ID
- Patient Name
- Patient phone number
- Number and list of conditions which may increase risk for COVID-related complications (e.g. age, diabetes, pulmonary diagnoses, chronic kidney disease, liver disease, immunosuppression, etc)

Drug Information:
- PDL Class of identified drug with a gap in therapy
- Generic drug name
- Drug strength
- Total days’ supply in last 6 months
- Med possession ratio (MPR) in the past 6 months
- Last filled date
- Last fill days’ supply
- Duration of gap in therapy

Potential problem-solving issues:
- Recent denied claims for the drug indicating a pharmacy tried to fill a prescription
- PA submission needed based on error codes associated with denied claims
- Issues with prescriber enrollment based on error codes associated with denied claims
- Possible new prescription needed based on the prescription number, refill number, and total days’ supply
- Potential drug shortage based on the FDA drug shortage list

Appendix 3: Outcome Information for the RetroDUR Report

Case Management Referrals
- Number of patients referred
- Number of patients with subsequent paid claim within 1 month of referral for the identified drug
- Number of patients with subsequent paid claim within 1 month of referral for a different drug in the same PDL class
- Patients with an improvement of ≥10% in med possession ratio (MPR) in the 3 months after referral (compared to MPR in 3 months before referral) for identified drug (HSN)