

CHANGES IN MENTAL HEALTH MEDICATION USE AMONG CHILDREN TRANSITIONING FROM FEE-FOR-SERVICE (FFS) TO COORDINATED CARE ORGANIZATIONS (CCO)

BACKGROUND

During the DOM P&T Committee Meeting on August 11, 2015, some committee members expressed concerns about the use multiple stimulants when beneficiaries being treated for ADHD transitioned from fee-for-service (FFS) to coordinated care organizations (CCOs). As a result, MS-DUR was asked to examine prescribing patterns for children taking ADHD and other mental health medications. Specifically, the intent of the analysis was to determine if there were systematic restrictions being applied regarding the use of multiple medications from the same therapeutic class.

METHODS

A retrospective analysis was conducted for beneficiaries less than age 21 prescribed stimulants, antipsychotics or antidepressants who were shifted from FFS to a CCO during the time frame period October 2014 through May 2015.

Eligibility criteria for children included in the analysis:

- 1) Enrollment in FFS prior to December 2014 and transitioned to a CCO between January 1 and May 30, 2015. The first month of enrollment in a CCO was considered to be the index month for each child.
AND
- 2) Prescribed at least 1 stimulant, antipsychotic and/or antidepressant during the three months prior to the index month.
AND
- 3) Continuous enrollment in a Medicaid CCO for the 3 months starting with the index transition month.

The number of different stimulants, antipsychotics, and antidepressants were determined for the pre-period and post-period for each child. Children with prescription claims for at least a 60 days regimen during the 90 day pre- or post-period were included in the analysis. Children were categorized into three groups based on the plan they were enrolled in after the transition -- United Healthcare (UHC), Magnolia and a mix of both CCOs.

RESULTS

ADHD Stimulants:

A total of 4,938 children who were taking stimulants met the inclusion criteria (2,391 in United Health, 2,287 in Magnolia and 260 who were in both UHC and Magnolia during the observation period). Table 1 describes the change in the number of different stimulants used to treat these children pre- and post-transition to a CCO. The majority of children were treated with only one stimulant pre- and post-transition. A small number of children who were continuously in one of the CCOs after transition had a reduction in the number of different stimulants being used (43 in UHC and 47 in Magnolia). Although the number was somewhat smaller, some children transitioning to both CCOs had an increase in the number of different stimulants being used (32 for UHS and 24 for Magnolia).

TABLE1. Changes in Number of ADHD Stimulants Used Before and After Transitioning to Coordinated Care				
United Healthcare (UHC)				
No of same class Rxs in FFS	No of same class Rxs in CCO			
	1	2	3	Total
1	2,201	32	-	2,233
2	41	114	-	155
3	1	1	1	3
Total	2,243	147	1	2,391
Magnolia				
No of same class Rxs in FFS	No of same class Rxs in CCO			
	1	2	3	Total
1	2,147	24	-	2,171
2	47	69	-	116
3	-	-	-	-
Total	2,194	93	-	2,287
Mix of UHC/Magnolia				
No of same class Rxs in FFS	No of same class Rxs in CCO			
	1	2	3	Total
1	244	5	-	249
2	5	6	-	11
3	-	-	-	-
Total	249	11	-	260

Antipsychotics:

A total of 575 children being prescribed antipsychotics met all the inclusion criteria (261 in United Health, 285 in Magnolia and 29 in both UHC/Magnolia). Table 2 illustrates the change in the number of antipsychotics being used to treat children pre- and post-transition. Almost all of the children were prescribed only one antipsychotic product both pre- and post-transition. Very few children had a reduction in the number of antipsychotics prescribed (2 for UHC and 4 for Magnolia) or had an increase in the number of antipsychotics prescribed (5 for UHC and 1 for Magnolia).

TABLE 2. Changes in Number of Antipsychotics Used Before and After Transitioning to Coordinated Care				
United Healthcare (UHC)				
No of same class Rxs in FFS	No of same class Rxs in CCO			
	1	2	3	Total
1	254	5	-	259
2	2	-	-	2
3	-	-	-	-
Total	256	5	-	261
Magnolia				
No of same class Rxs in FFS	No of same class Rxs in CCO			
	1	2	3	Total
1	278	1	-	279
2	4	2	-	6
3	-	-	-	-
Total	282	3	-	285
Mix of UHC/Magnolia				
No of same class Rxs in FFS	No of same class Rxs in CCO			
	1	2	3	Total
1	29	-	-	29
2	-	-	-	-
3	-	-	-	-
Total	29	-	-	29

Antidepressants:

A total of 619 children were prescribed antidepressants who met all of the inclusion criteria (274 in United Health, 311 in Magnolia and 34 in both UHC and Magnolia). Table 3 describes the change in the number of different antidepressants pre- and post-transition to CCOs. Almost all children were prescribed a single antidepressant pre-transition. Only 1 child had a change in the number of antidepressants being used.

TABLE 3. Changes in Number of Antidepressants Used Before and After Transitioning to Coordinated Care				
United Healthcare (UHC)				
No of same class Rx in FFS	No of same class Rx in CCO			
	1	2	3	Total
1	272	-	-	272
2	1	1	-	2
3	-	-	-	-
Total	273	1	-	274
Magnolia				
No of same class Rx in FFS	No of same class Rx in CCO			
	1	2	3	Total
1	311	-	-	311
2	-	-	-	-
3	-	-	-	-
Total	311	-	-	311
Mix of UHC/Magnolia				
No of same class Rx in FFS	No of same class Rx in CCO			
	1	2	3	Total
1	34	-	-	34
2	-	-	-	-
3	-	-	-	-
Total	34	-	-	34

CONCLUSIONS

Of the 4,938 children being prescribed stimulants and transitioning to CCOs, 95 had a reduction in the number of agents, 61 had an increase in the number of agents, and 190 continued to more than one agent without a change in the number of agents. Only a few children were taking multiple antipsychotics and this number changed very little after transitioning to COOs. The results do not indicate that any systematic denial of the use of multiple agents is occurring when children transition to COOs. MS-DUR does not recommend any actions that the DOM needs to implement at this time.

Action needed by DUR Board: Reported for information purposes only, no action being requested at this time.