NORTH CAROLINA
Psychiatric
Association

North Carolina Psychiatric Association
A District Branch of the American Psychiatric Association
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THE MISSION OF THE NCPA IS TO:
- Promote the highest quality care for North Carolina residents with mental illness, including substance use disorders
- Advance and represent the profession of psychiatry and medicine in North Carolina
- Serve the professional needs of its membership

TO: NC DHHS, Division of Medicaid Assistance

DATE: October 28, 2014

RE: Comments from the North Carolina Psychiatric Association on the Inclusion of Psychotropic Drugs in the Medicaid and Health Choice Preferred Drug List

The North Carolina Psychiatric Associations (NCPA) welcomes the opportunity to comment on the inclusion of psychotropic medications in the Medicaid and Health Choice Preferred Drug List. NCPA is the voluntary, professional medical organization that represents more than 900 psychiatric physicians statewide and is a district branch of the American Psychiatric Association.

NCPA has a long history of engagement with our state's public mental health sector. Our association was first formed more than 75 years ago at a meeting of psychiatrists at Dorothea Dix Hospital; in the intervening years our members have served as State Hospital Directors, State Commissioners of The Division of Mental Health, and Medical Directors of all levels of the public mental health system. We take seriously this tradition of responsibility, and have through the years, weighed in with our clinical observations of concerns and problems we have identified and ways to improve our system.

We preface our comments by noting that ***North Carolina is facing an unprecedented shortage and mal-distribution of psychiatrists in the State***. This is especially critical in the area of child psychiatry. Psychiatrists face unusual barriers in providing care to the vulnerable populations it serves including additional burdens of managed care enrollment and low reimbursement. We already see long wait times and reduced access of Medicaid and Health Choice recipients to expert psychiatric care. ***We have grave concerns that any additional administrative barriers to caring for Medicaid and Health Choice patients, such as broad and non-targeted prior authorization programs — often termed 'health care rationing by inconvenience'— will undermine quality of care and create unintended consequences of increased health care costs***.

We fully recognize and embrace opportunities to work with DHHS to improve quality of care, reduce waste and serve as good stewards of public dollars. In this spirit we propose a partnership with DHHS, DMA, the four NC Departments of Psychiatry and CCNC to promote quality of care prescribing initiatives that will simultaneously improve care and reduce wasteful psychotropic spending. We believe this can be achieved with targeted and limited use of prior authorization, employed only in specific circumstances. In the spirit of A+KIDS we propose a new statewide quality prescribing partnership that will promote evidence-based psychotropic prescribing while targeting wasteful prescribing practices. We briefly outline our proposal and look forward to further discussions.

Goals:

1. Improve the quality of care (efficacy, adherence, and limiting side effects) by promoting the use of evidenced based prescribing practices.
2. Minimize disruptions to prescribers, patients, and families from any changes implemented.
3. Eliminate any unnecessary spending when comparable or superior medications are available at reduced cost.
4. Allow for exceptions to the suggested changes outlined below at the discretion of the individual provider by using an approved web-based prior authorization plan.

Prior authorization <u>would be limited to the following clinical circumstances</u>:

A. Quality of care concerns-efficacy.
    1. Use of antipsychotics as monotherapy to treat depression (no anti-depressant prescribed)
    2. Use of antipsychotics as treatment for primary anxiety disorders (even if anti-anxiety medications prescribed)
    3. Use of two antipsychotic by a non-psychiatrist for any indication
B. Quality of care-adherence
    1. Multi-daily dosing of psychotropic medications when not indicated (If a medication can be given once daily that should be the goal)
    2. Use of higher than FDA approved doses
C. Quality of care-side effect monitoring
    1. Use of an antipsychotic for any reason for greater than 6 months without obtaining laboratory measures to monitor for diabetes and dyslipidemia
D. More efficient use of resources that would not impact quality of care
    1. Use of a brand name psychotropic medication as the <u>*initial treatment*</u> when a patient has not had a prior trial within the drug class.
    2. Use of a brand name medication when a generic is available that is a similar drug and offers no clinical advantage.

Implementation plan:

1. Design a web based prior authorization module that can interconnect with existing DMA resources
2. Design an algorithm for non-psychiatrists (primary care physicians and NPs and PAs) to use as a reference.