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Michigan Association of Health Plans Foundation

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MAHP PINNACLE AWARDS: Celebrating Best Practices in Michigan's Health Plans

2009 Award Application Cover Page

Deadline for applications:
Wednesday, July 15, 2009

Send your hardcopy applications to: Cheryl Ortwein Michigan Association of Health Plans 327 Seymour St. Lansing, MI 48933	Questions? Contact Cheryl at: Phone: 517-371-3181 Email: cortwein@mahp.org Fax: 517-482-8866
Name of Health Plan: Health Alliance Plan	
Title of Project: Improving Antidepressant Medication Compliance	
Address: Health Alliance Plan, 2550 W. Grand Blvd. City/Zip: Detroit, MI 48202	
Project Contact: Mary Clare Solky, MA, LLP, LPC Job Title: Director, Coordinated Behavioral Health Management	
Contact Phone: 313-664-8414	
Contact Fax: 313-664-8686	
Contact Email: msolky1@hap.org	
The representative from our plan who will be present at the reception to accept any awards we receive is: Mary Clare Solky This person's email is: msolky1@hap.org The representative from our plan who will participate on the Best Practices Colloquium should we win an award is: Mary Clare Solky This person's email is: msolky1@hap.org	

Where Commercial/ Medicaid or Medicare Advantage/Medicare Special Needs are choices, **choose only one**. Do not submit the same entry in both categories.

Check the category for your entry:	Please indicate if this project has been previously submitted.
<input type="checkbox"/> Business/Operational Performance: Commercial <input type="checkbox"/> This is a project we have submitted to the Pinnacle Awards committee in a previous year.	
<input type="checkbox"/> Business/Operational Performance: Medicaid <input type="checkbox"/> This is a project we have submitted to the Pinnacle Awards committee in a previous year.	
<input type="checkbox"/> Clinical Service Improvement: Commercial <input type="checkbox"/> This is a project we have submitted to the Pinnacle Awards committee in a previous year.	
<input type="checkbox"/> Clinical Service Improvement: Medicaid <input type="checkbox"/> This is a project we have submitted to the Pinnacle Awards committee in a previous year.	
<input checked="" type="checkbox"/> Chronic Disease Management: Commercial <input type="checkbox"/> This is a project we have submitted to the Pinnacle Awards committee in a previous year.	
<input type="checkbox"/> Chronic Disease Management: Medicaid <input type="checkbox"/> This is a project we have submitted to the Pinnacle Awards committee in a previous year.	
<input type="checkbox"/> Care Management for Medicare Populations: Advantage <input type="checkbox"/> This is a project we have submitted to the Pinnacle Awards committee in a previous year.	
<input type="checkbox"/> Care Management for Medicare Populations: Special Needs <input type="checkbox"/> This is a project we have submitted to the Pinnacle Awards committee in a previous year.	
<input type="checkbox"/> Health Care Technology: Commercial <input type="checkbox"/> This is a project we have submitted to the Pinnacle Awards committee in a previous year.	
<input type="checkbox"/> Health Care Technology: Medicaid <input type="checkbox"/> This is a project we have submitted to the Pinnacle Awards committee in a previous year.	
<input type="checkbox"/> Community Outreach by a Single Plan <input type="checkbox"/> This is a project we have submitted to the Pinnacle Awards committee in a previous year.	
<input type="checkbox"/> Collaborative Community Health Initiatives <input type="checkbox"/> This is a project we have submitted to the Pinnacle Awards committee in a previous year.	

Health Alliance Plan Improving Antidepressant Medication Compliance with Informed Decision-Making

Sixty-five to 80 percent of patients diagnosed with depression recover after careful compliance with antidepressant medication (ADM) protocols. To improve ADM compliance, HAP developed a member-centric disease management program that promotes informed decision-making by members and physicians. Upon diagnosis of depression, HAP sends a customized letter to the member about the importance of adherence to the medication protocol and specific information about their prescription(s). Physicians receive similar information. HAP also transferred several ADM medications to its maintenance drug list. Now, more members have the option for a 90-day refill of their ADM. Using innovative computer software, HAP tracks medication refills and intervenes quickly when members do not refill their medication. In 2008, HAP's HEDIS® scores for ADM compliance rose 4.8 percent. Survey responses indicate a positive impact on work attendance and productivity. Members experienced a 45 percent cost savings as a result of a discounted copay for a 90-day fill.

Health Alliance Plan

Improving Antidepressant Medication Compliance with Informed Decision-Making

Problem Statement

Depression is one of the most difficult chronic conditions to treat. Sixty-five to 80 percent of patients diagnosed with depression recover after careful compliance with antidepressant medication (ADM) protocols. The protocol itself can take many months (sometimes a year or more) to complete before recovery can be confirmed. Additionally, the medications do not act swiftly. Consequently, any ill-effects from non-adherence may not surface immediately, and the depression itself hampers motivation. Titration is also critical; the careful balancing of dosage may result in a longer period before relief is felt. All of these work against regular compliance with ADM.

Intervention

In 2007, Health Alliance Plan (HAP) developed a successful, member-centric disease management program to improve antidepressant medication compliance through informed decision-making by members and physicians.

As soon as a member is diagnosed with depression, HAP sends a letter (Attachment 1) to the member describing the ADM program and why adherence to the medication protocol is so vital to recovery. The letter is customized, explaining what medication has been prescribed and how often it is to be taken. A second page includes a list of important dates, such as upcoming physician appointments, prescription refill dates, and eligibility for a 90-day refill.

Physicians receive similar information on a form that can be included in the member's chart. Also included is evidence-based treatment information. Both physicians and staff report that the timeline and medication-specific information is very helpful in keeping treatment on schedule. These communications continue over the course of the treatment plan.

Overcoming Barriers

The less often a patient needs to refill an ADM prescription, the more likely he/she is to adhere to the protocol. Conversations with patients regarding reasons for non-compliance reveal that copays are a barrier. In the initial letter to members, HAP urges them to discuss with their physician whether they might be eligible for 90-day refill options on their prescriptions. A gift card is offered as incentive to talk with their physician. HAP also revised its formulary, transferring several ADM medications to the maintenance list and thereby opening up the 90-day refill option for many more members. This change not only reduces the number of times a medication needs to be refilled but also saves the members money.

Tracking and Evaluating Compliance

Using innovative computer software, HAP tracks medication refills. When a patient does not refill a medication, HAP calls the patient immediately to determine the problem and help overcome any barriers. These reminder calls have helped to improve compliance.

Improving Antidepressant Medication Compliance

Health Alliance Plan (HAP)

500-word narrative – Page 2

Outcomes

In light of the widespread respect and acceptance of HEDIS® measures, which allow HAP to measure its progress with statistically valid benchmarks, annual HEDIS® measures are used to determine whether a program is making headway. The ADM program is successfully moving stubborn compliance rates forward. In 2008, HEDIS® scores for ADM Compliance rose 4.8 percent.

ROI and member/physician survey results are presented in Attachments 2-4.

Managed Care Precepts

- Evidence-based guidelines
- Informed decision-making
- Case management

Improving Antidepressant Medication Compliance

Health Alliance Plan (HAP)

Attachment 1

Sample Member Letter

<Date>

<NAME>

<ADDRESS>

HAP ID #: <HAP_ID>

Dear <NAME>:



Earn Gift Card Rewards!

Health Alliance Plan is committed to helping its members maintain both their physical and mental well being. Our records indicate that your doctor prescribed a medication, <DRUG_BRAND_NAME>, commonly used in the treatment of depression. This letter is aimed at helping our members continue with their medication and avoid potential gaps in treatment due to missed medication refills. Did you know that the medication you are taking is now available as a 90-day supply? HAP is offering an opportunity for you to earn a gift card reward when you complete your medication refill for a 90-day supply. (*See enclosed Instruction Sheet for details*).

Research on the treatment of depression indicates that patients get the best care for their condition when they have three (3) follow-up appointments with their doctor or behavioral health treatment professional within the first 12 weeks after beginning an antidepressant medication. It's also important that one of these three appointments is with a medical doctor, such as your primary care provider or psychiatrist, so that they can evaluate whether the medication as prescribed is working appropriately for you.

Antidepressant medications are safe and effective. Most antidepressant medications take *up to three weeks* before symptoms start to improve. In order for the medication to work, it must be taken every day as prescribed. People need to *remain on antidepressants for at least six months* in order to prevent the depression from coming back. Some people who have had depression in the past may need to stay on antidepressants for a longer period of time.

It is important to remember that you should not stop taking your medication without consulting your physician. *If you experience side effects, call your doctor.* Good communication between you and your physician is important in helping you feel better. At each appointment share with your doctor how you are feeling and any side effects you may be experiencing from the medication you are taking. This will help your doctor adjust the dosage or change your medication so that the side effects are reduced or eliminated.

If you would like more information about depression, please visit our website at www.hap.org/healthtrack/depression.php, talk to your personal care physician (PCP) or contact Coordinated Behavioral Health Management (CBHM) at 1-800-444-5755, 8:00 a.m. to 5:00 p.m., Monday through Friday. If it is urgent, a clinical case manager is available to assist you 24 hours a day, 7 days a week.

Sincerely,

Mufid Al-Najjar, M.D.
Medical Director, Behavioral Medicine
Health Alliance Plan

See enclosures with important dates regarding your care and information about how you may qualify for Gift Card Rewards!

(ENCLOSURE)

<NAME>

HAP ID #: <HAP_ID>

Here are some important dates to keep in mind:

- Your first refill of <DRUG_BRAND_NAME> is due on <FIRST_REFILL_DATE>.
- By <OPTIMAL_CONTACT_DATE> you should have had three appointments with your doctor or behavioral health provider. If you need assistance scheduling an appointment, please contact HAP's Coordinated Behavioral Health Management Department at 1-800-444-5755, 8:00 a.m. to 5:00 p.m., Monday through Friday.
- People need to remain on antidepressants for at least six months. For you, that date would be <CONTINUATION_DATE>.
- If you would like additional information or assistance, please contact HAP's Coordinated Behavioral Health Management Department at 1-800-444-5755, 8:00 a.m. to 5:00 p.m., Monday through Friday.

Savings Estimates for HAP HMO Members in the HEDIS® Anti-Depressant Medication Measure

Members qualified for the HEDIS® 2008 measure or HEDIS® 2009 measure. Members’ total medical costs and member months were calculated from the qualifying month (HEDIS® event episode date) forward using HAP’s standard methodology.

	2007 Expected Trend (based on HAP Adult Overall)	2008 Savings for Program Members	2007 Member Months	2008 Member Months
Inpatient	7.7%	-9.4%		
Outpatient/Prof	6.9%	-7.4%		
Pharmacy	4.1%	0.0%		
Total	6.5%	-6.3%	29,985	41,883

- There is an estimated **total savings of 6.3% of total medical costs** from 2007 to 2008 based on members in the HEDIS® population for Antidepressant Medication Management and the Expected Trend for HAP Adults overall
 - An estimated 9.4% savings was for inpatient costs
 - Outpatient and professional costs savings were estimated at 7.4%
- It should be noted that the program members includes a small group of members (approximately 2,500 in 2007 and 3,500 in 2008) and that small groups show wider fluctuations in their data.

Methods:

- Costs and member months were calculated based on the Base Episode Event month forward for each member.
- There were no outlier methods utilized.
- MC Source allowed amounts were utilized with a five month run-out of claims for both years.

Improving Antidepressant Medication Compliance
 Health Alliance Plan (HAP)
Attachment 3

Figure 1: Rate of Growth of Antidepressant Medication Prescriptions Delivered as a 90-Day Supply

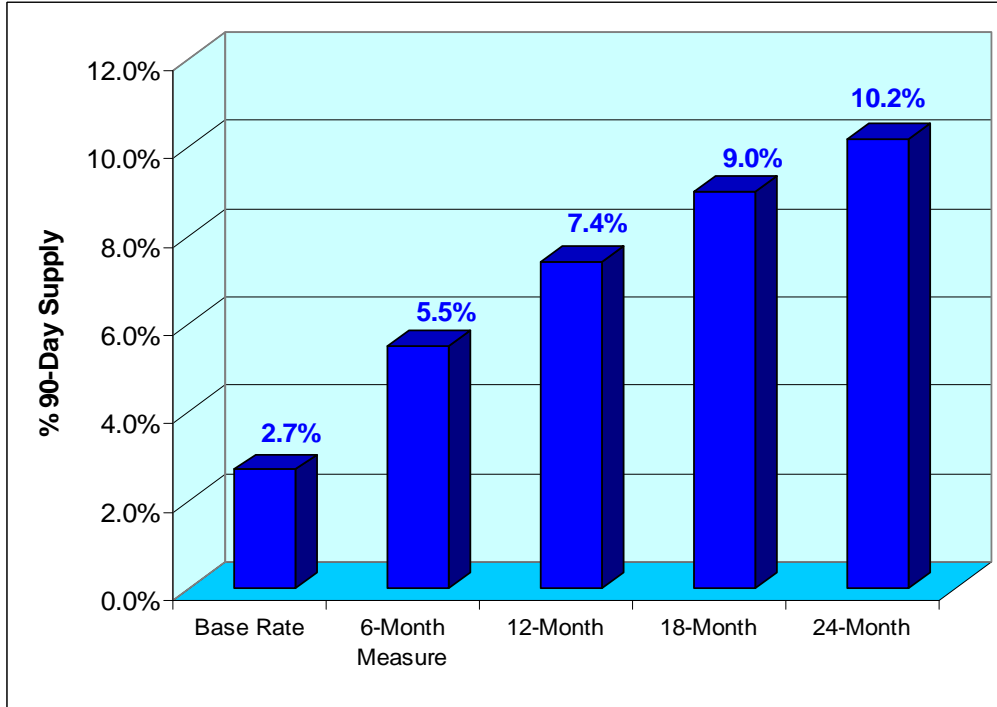
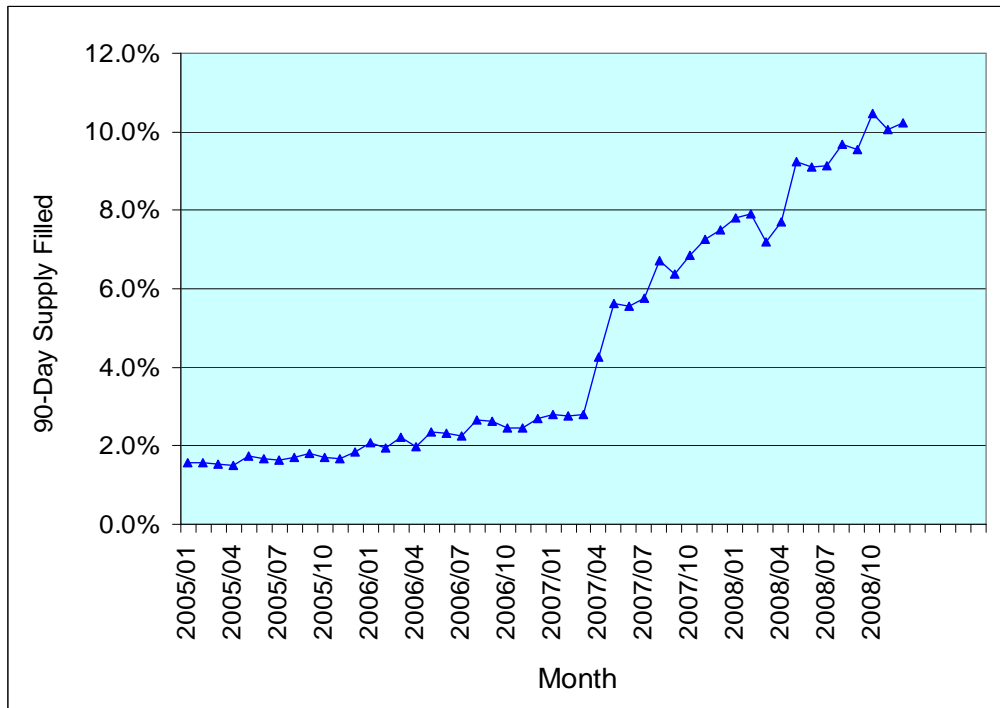


Figure 2: Improving Antidepressant Medication Compliance Increase as a 90-Day Supply



Provider/Member Response & Cost Savings

Provider Response:

- 67% of prescribing practitioners responded to a feedback survey that communications sent to them – including patient-specific information and education about prescribing options – was “helpful” in managing patients on antidepressants.

Member Response:

- 60% of members at risk for not refilling their antidepressant medication did so in response to a small incentive (\$10 Target Gift Card).
- The refill rate rose to 69% with an increase in the member incentive (\$25 Target Gift Card).
- 87% of HAP members report a “substantial” or “somewhat substantial” benefit to their mental health status as a result of taking psychiatric medications as part of their behavioral health treatment.*
- 67% of HAP members who have received behavioral health services report a “substantial” or “somewhat” positive impact on work attendance since receiving treatment.*
- 70% of HAP members who have received behavioral health services report a “substantial” or “somewhat” positive impact on productivity at work since receiving treatment.*

Member Savings:

- Members experienced a 45% cost savings totaling \$406,581 (Jan. 2007 - Dec. 2008) as a result of a discounted copay for a 90-day fill (vs. three copays for three 30-day fills).

Employer Savings:

- Anticipated savings from appropriate depression care average approximately \$1800 annually per employee due to increased work attendance.**

* *HAP Survey of Member Satisfaction with Behavioral Health Services*

** *Wang, et al. Telephone Screening, Outreach, and Care Management for Depressed Workers and Impact on Clinical and Work Productivity Outcomes. JAMA 2007; 298:1401-1411.*