

# **Patient Review and Coordination Program**

For  
Medical Assistance Clients Who Need  
Assistance In Appropriate Use of Services

**Phyllis Coolen, RN, MN**  
**Division of Healthcare Services**  
**Health and Recovery Services Administration**  
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# Key Issues

- National and statewide data indicate an increase in number of deaths due to opiates
- Medicaid-specific population
  - Increase use of prescription opiates
  - Clients with minor medical diagnoses and high risk medical conditions receive large amounts of narcotics
- Emergency room (ER) “cycling” correlates with narcotics
  - Narcotics are easily obtained through the ER
- Complex issues requires more than one solution and the need for partnerships



# Key Findings on Opiates and ER Utilization

Aged, blind, or disabled medical assistance clients who are frequent ER visitors:

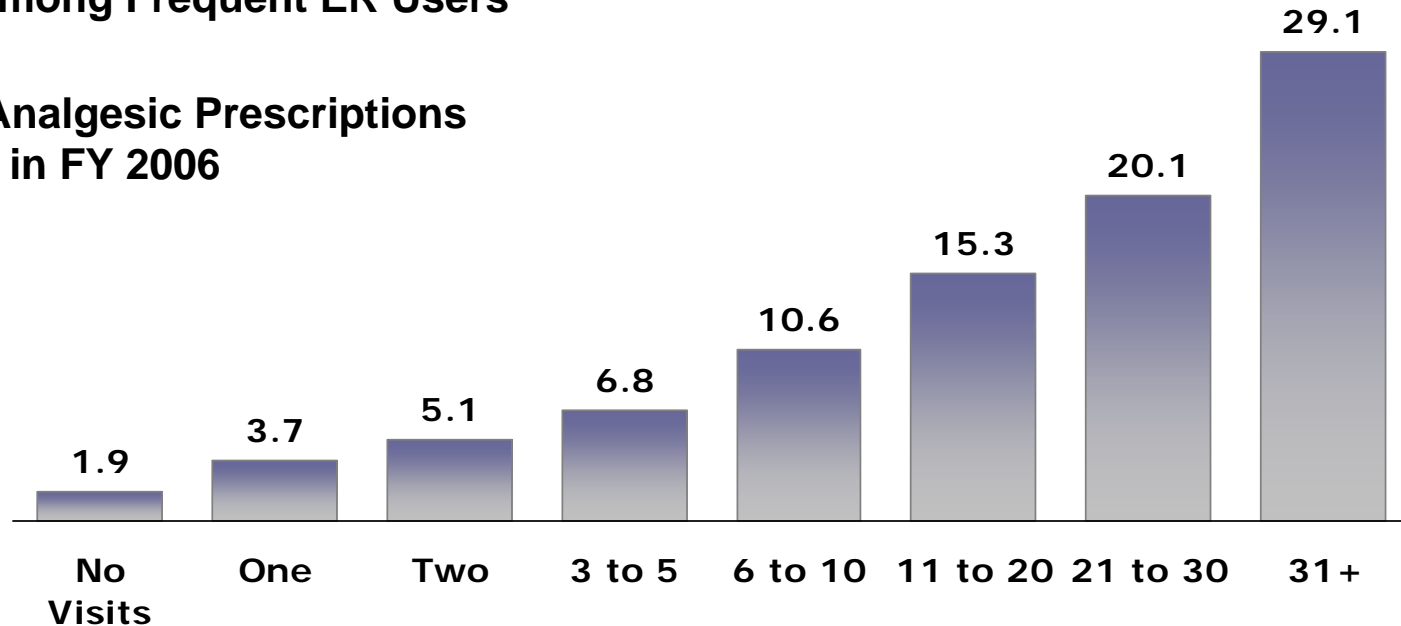
- Have high rates of mental illness and alcohol/drug disorders – frequently co-occurring
- Receive large volumes of prescription opiates
- Relatively few receive drug/alcohol treatment services
- Many receive mental health services



# Average Number of Pain Prescriptions is Highest Among Those Most Frequently Visiting the ER

## Pain Rx Among Frequent ER Users

### Narcotic Analgesic Prescriptions Per Client in FY 2006



n = 96,433   n = 24,435   n = 10,987   n = 10,966   n = 4,134   n = 1,554   n = 314   n = 224

### Number of Visits to the ER, FY 2006



Department of  
Social and Health  
Services

INCLUDES persons who are Medicaid-only aged, blind, disabled, presumptively disabled, or General Assistance-Unemployable in FY 2006.

SOURCE = DSHS RDA Client Outcome Database. TOTAL CLIENTS (FY 2006) = 149,050.

# Patient Review and Coordination (PRC) Program

Washington State's health and safety program for Medicaid fee-for-service, managed care, and state-funded clients who overuse or inappropriately use medical services

## AUTHORITY

- Federal requirement of all Medicaid programs
  - 42CFR 431.54 (e); 456.3; 455.1-16
- Washington Administrative Code 388-501-0135
  - Website: <http://apps.leg.wa.gov/WAC/default.aspx?cite=388-501-0135>



# Objectives of the PRC Program

- Decrease and control over-utilization and inappropriate use of health care
- Minimize medically unnecessary and addictive drug use
- Provide patient education and coordination of care
- Help providers manage clients with education and resource referrals; facilitate coordination of care
- Reduce expenditures on unnecessary and inappropriate services



# Identification of Clients for PRC Review

- Clients identified for review:
  - Direct Referrals – internal & external
    - Majority of external referrals are from pharmacies
    - PRC Website
  - Algorithms run monthly
    - High narcotic users
    - High number of prescribers for narcotics
    - High emergency room users with “non-emergent” diagnosis



# Criteria for PRC Review and Placement (Must be Medically Necessary)

- **Any two in a ninety day period:**
  - Services from 4 or more different providers
  - Prescriptions filled by 4 or more different pharmacies
  - 10 or more prescriptions
  - Prescriptions written by 4 or more different prescribers
  - Received similar services from 2 or more providers in same day
  - 10 or more office visits





# Criteria for PRC Review and Placement

- **Any one within a ninety day period:**
  - 2 or more emergency room visits
  - Medical history of “at risk” behavior
  - Repeated and documented efforts to seek services that were not medically necessary
  - Counseled at least once by a health care provider or the department about the appropriate use of healthcare services
  - Received controlled substances from two different prescribers in one month
  - History of duplicative, excessive, or contraindicated health care services
  - Received healthcare services that are not within acceptable medical practice



# Criteria for PRC Review and Placement

- “At Risk” would include:
  - Forging of altering prescriptions
  - Paying cash for controlled substances
  - Unauthorized use of client’s medical assistance identification care
  - Frequent seeking of services that is not medically necessary

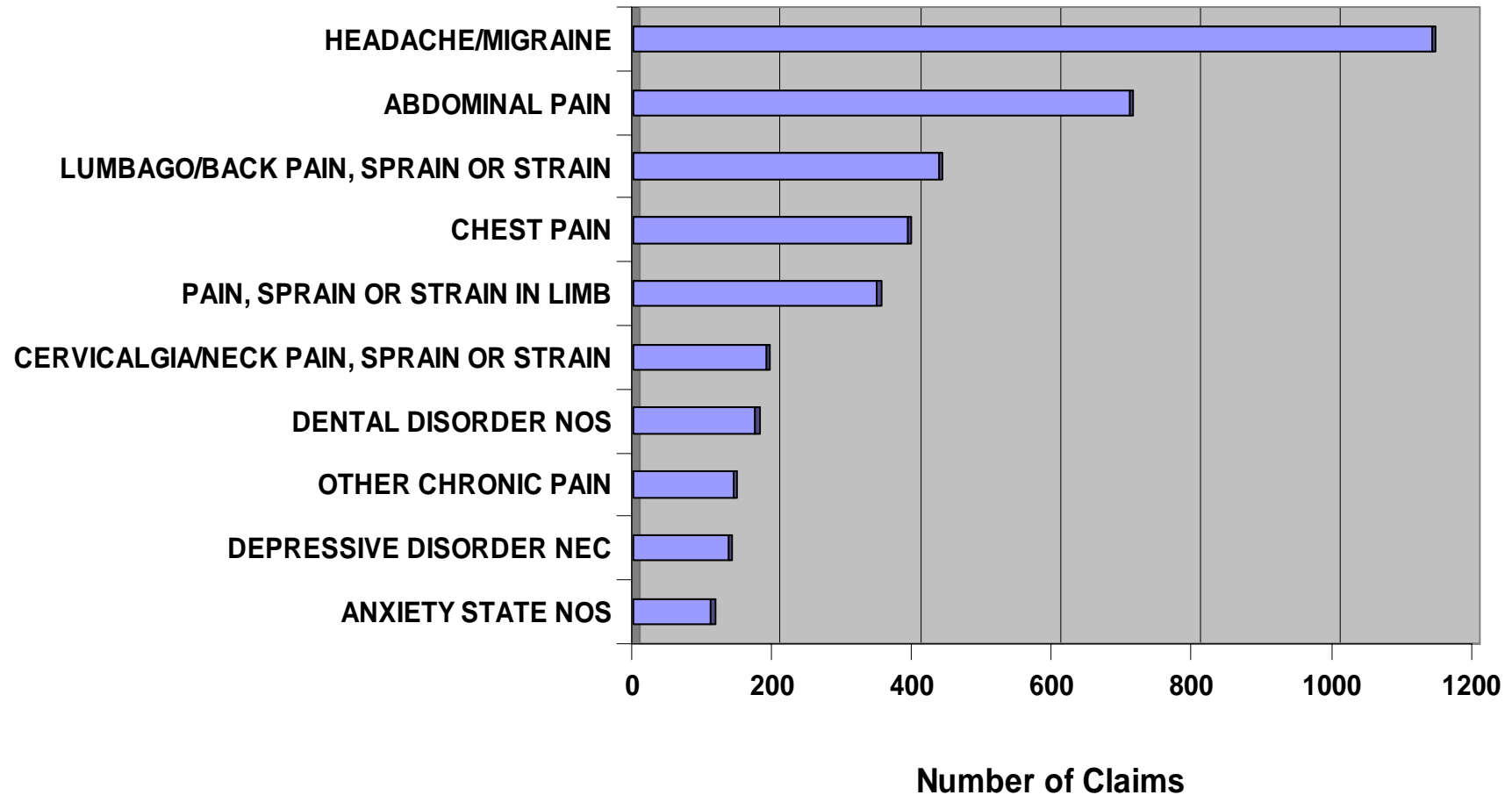


# PRC Review Outcome

- **Placement into PRC with initial restriction for 24 months**
  - Client is restricted to certain providers:
    - Primary Care Provider
    - Pharmacy
    - Narcotic Prescriber
    - Hospital for non-emergent care
- **System edits that denies claims from unassigned providers**
- **PRC restriction takes precedence over all edits in the Pharmacy (Point of Sale) POS system**



# Top 10 Diagnosis for Top 200 PRC Clients May 2008



# Morphine Equivalent Dose (MED)

## Schedule Medication Detailed Report

Fro 4/7/2008 To 9/18/2008      RECIPIENT: XXX

DOS	DRUG	STRGTH	QTY	DS	SCHED	PHARM	DATE PRES	PRESCRIBER
4/7/08	Morphine	100 mg	1500	30	H3A	A	4/20/08	Smith, MD
4/7/08	Triazolam	0.25mg	60	30	H2E	B	4/20/08	Smith, MD
4/7/08	Oxycodone	30 mg	950	20	H3A	C	4/20/08	Smith, MD
4/7/08	Diazepam	10 mg	120	30	H2F	D	4/20/08	Smith, MD

Total DS 110    Total MED: 192,750mg/30days = **6,425mg MED per day**



# Narcotic Detailed Report

From 11/8/2005 To 1/31/2006

DOS	DRUG NAME	STRENGTH	QTY	DS	MED/DS	APAP/DS	TC	DATE PRES
<b>oPIC</b>		<b>RECIPIENT</b>						
11/8/2005	ROXICET	5MG-325MG	60	30	15mg	650mg	H3A	11/8/2005
11/10/2005	HYDROCODONE-ACETAMINOPHEN	10MG-500MG	84	14	60mg	3000mg	H3A	11/10/2005
11/16/2005	PROPOXYPHENE NAPSYLATE-APAP	100-650MG	4	1	60mg	2600mg	H3A	11/16/2005
11/17/2005	PROPOXYPHENE NAPSYLATE-APAP	100-650MG	50	10	75mg	3250mg	H3A	11/17/2005
11/23/2005	TRAMADOL HCL	50MG	15	7	21mg		H3A	11/23/2005
11/29/2005	MORPHINE SULFATE	15MG	60	15	60mg		H3A	11/29/2005
11/29/2005	MORPHINE SULFATE	30MG	30	15	60mg		H3A	11/29/2005
<b>Total DS 92</b>		<b>Total MED: 4050 mg / 30 days in month = 135 mg MED per day &amp; 3220 mg APAP per day.</b>						
12/8/2005	HYDROCODONE-ACETAMINOPHEN	10MG-325MG	30	7	42mg	1392mg	H3A	12/8/2005
12/8/2005	MORPHINE SULFATE	60MG	24	8	<b>180mg</b>		H3A	12/8/2005
12/14/2005	MORPHINE SULFATE	60MG	84	15	<b>336mg</b>		H3A	12/14/2005
12/14/2005	HYDROCODONE-ACETAMINOPHEN	10MG-325MG	100	15	66mg	2166mg	H3A	12/14/2005
12/22/2005	MORPHINE SULFATE	60MG	84	14	<b>360mg</b>		H3A	12/22/2005
12/22/2005	HYDROMORPHONE HCL	4MG	85	8	<b>170mg</b>		H3A	12/22/2005
<b>Total DS 67</b>		<b>Total MED: 14180 mg / 31 days in month = 457 mg MED per day &amp; 1362 mg APAP per day.</b>						
1/5/2006	MORPHINE SULFATE	60MG	84	15	<b>336mg</b>		H3A	1/5/2006
1/5/2006	ENDOCET	10MG-325MG	56	14	60mg	1300mg	H3A	1/5/2006
1/17/2006	MORPHINE SULFATE	60MG	84	15	<b>336mg</b>		H3A	1/17/2006
1/17/2006	HYDROCODONE-ACETAMINOPHEN	10MG-325MG	120	15	80mg	2600mg	H3A	1/17/2006
1/26/2006	HYDROCODONE-ACETAMINOPHEN	10MG-325MG	120	15	80mg	2600mg	H3A	1/26/2006
1/31/2006	MORPHINE SULFATE	15MG	200	10	<b>300mg</b>		H3A	1/31/2006
1/31/2006	MORPHINE SULFATE	60MG	84	14	<b>360mg</b>		H3A	1/31/2006
<b>Total DS 98</b>		<b>Total MED: 21360 mg / 31 days in month = 689 mg MED per day &amp; 3103 mg APAP per day.</b>						

# PRC Program Effectiveness

- **Expanded Program in 2005**
  - Additional FTEs, plus significant process improvement activities = data base systems, automated processes
  - Current caseload = > 3,060 (200 cases in CY05)
  - Current FTEs:
    - 3 clinical nurse advisors
    - 7 program managers (daily care management)
    - 2 support staff



# PRC Savings and Utilization Outcomes

- Savings since FY 2006 = > \$43.9 Million
- Savings >\$1.5 Million/month
- 33% decrease in emergency room visits
- 37% decrease in physician visits
- 24% decrease in number of prescriptions





# PRC Clients who completed their 2 year restriction in 2007 and 2008 (N=1364)

- 50% were released for compliance
- 28% retained, usually continued high ER use
- 15% no longer eligible for medical assistance
- 6% are currently in review



# PRC Clients referred for Narcotic Abuse in 2006 (N=518)

- Average # of narcotics prescriptions went from 3.07 to 1.63
- Average number of prescribers went from 4.8 to 2.8
- Total Morphine Equivalent Dosage (MED) decreased to 185 MED/day from 312 MED/day
- Total narcotic claims went from 2274 to 839 total claims



# PRC Managed Care Program

- **Managed Care Clients – January 08**
  - 7 Managed Care Plans
  - Restriction to provider types is managed care plan specific
  - Clients are restricted to a plan for 12 months
- **Utilization and Cost Savings – 1<sup>st</sup> 4 months**
  - Plan A = 42 Patients
    - 31% reduction in overall costs (\$1366 to \$948 PM/PM)  
(direct and indirect monthly costs)
  - Plan B = 158 Patients
    - Pharmacy Savings = \$4,338.00
    - ER Utilization Savings = \$42,884.00



# Washington Medicaid Deaths Related to Prescription Opioids 2004-2006

- The Pacific states (WA., OR., CALIF., HI., AK.) ranked the highest in life use and for nonmedical use of pain relievers. (SAMHSA's 2005-2006 Report)
- In 2006, the leading cause of unintentional injury death in Washington was poisoning:
  - Over 90% of poisoning were due to drug overdoses
  - Deaths have continued to rise from 24 deaths in 1995 to 638 deaths in 2006

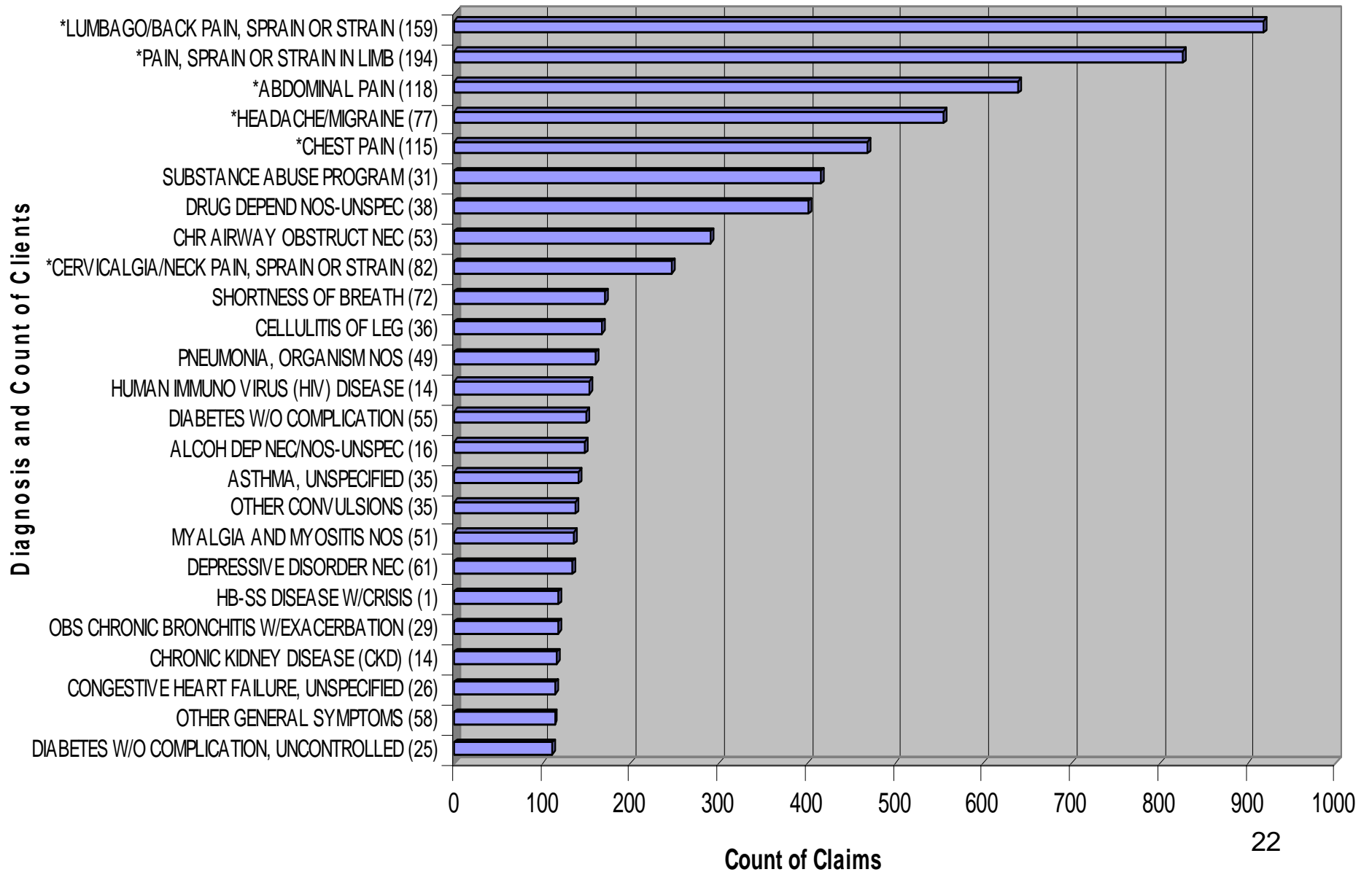


# Washington Medicaid Deaths Related to Prescription Opioids 2004-2006

- Almost 50% of Washington State's death due to prescription opioids were Medicaid clients
- 60% died at home
- Highest age group for both male and female was between 40-59 years of age (65%)
- 15 children (15-19 years of age) died

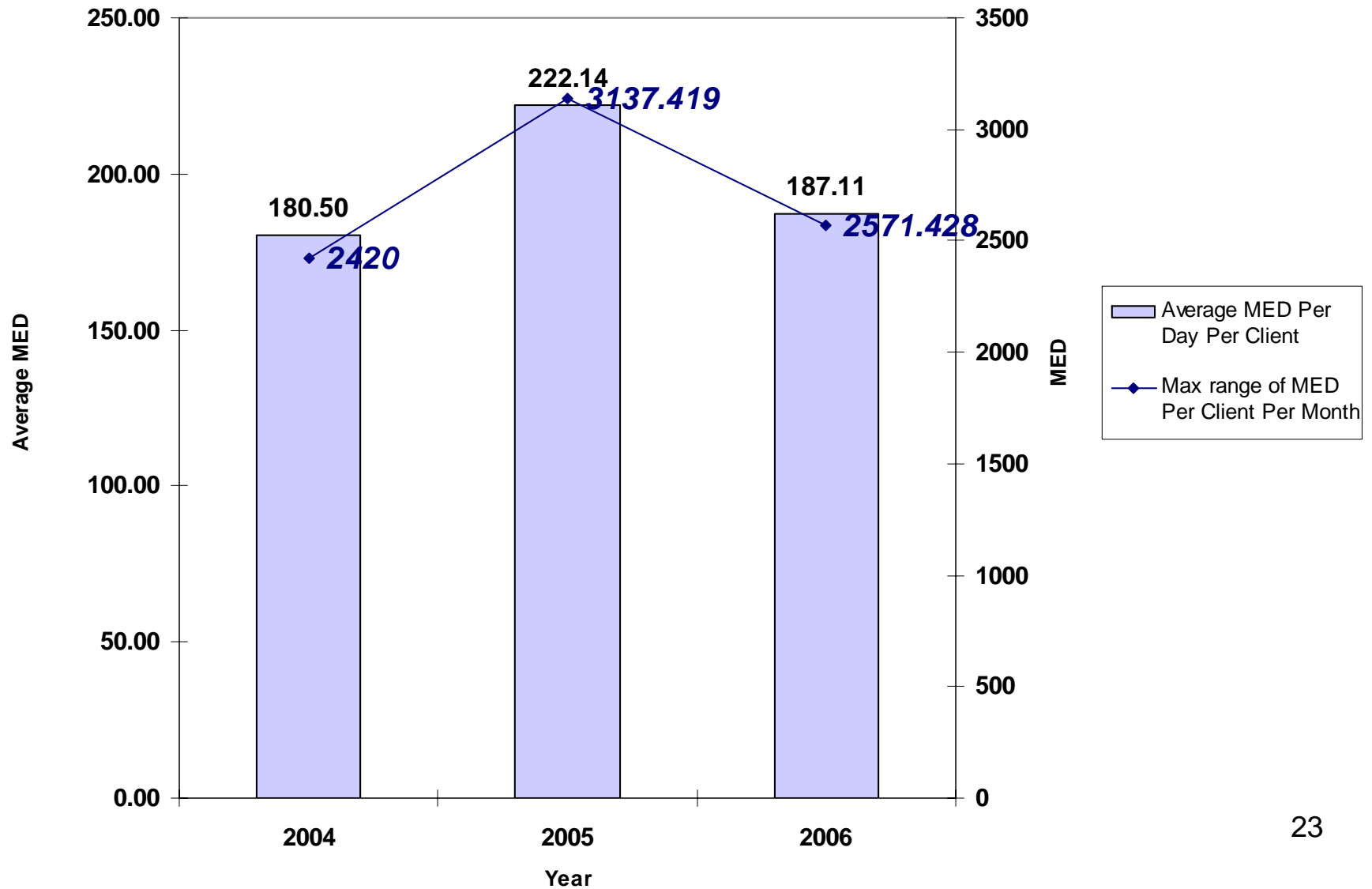
	CY2004	CY2005	CY2006
WA	555	569	638
Medicaid	180	272	296

# Top 25 Medical Diagnosis The Year Prior to Death



# Morphine Equianalgesic Dosage (MED)

## WA Medicaid Deaths Related to Prescription Opioids 2004-2006



# Behavioral Profile

## WA Medicaid Deaths Related to Prescription Opioids 2004-2006

- **Alcohol/Drug Profile**

- 21% (154 clients) had an “at risk” diagnosis
- Of those 154 clients, 70% had a diagnosis of drug poisoning
- 53% of clients had an “event” indicated need for alcohol/drug treatment
- 5% received a drug/alcohol assessment 12 months prior to death
- 22% received alcohol/drug treatment 12 months prior to death





# Behavioral Profile

## WA Medicaid Deaths Related to Prescription Opioids 2004-2006

- **Mental Health Profile**

- 39% of clients received mental health services in the 12 months prior to death
- #1 mental health diagnosis was depression – 26%
- #1 medication used was an antidepressant – 53%
- #2 medication used was an “anticonvulsant” (Clonazepam and Gabapentin) – 39%



# Top Therapeutic Class of Drugs

## WA Medicaid Deaths Related to Prescription Opioids

### 2004-2006

1. Analgesics, Narcotics
2. Anticonvulsants (Clonazepam and Gabapentin)
3. Selective Serotonin Reuptake Inhibitor (SSRIS)
4. Anti-anxiety Drugs
5. Muscle Relaxants
6. Gastric Acid Secretion Reducers
7. NSAIDS
8. Beta-Adrenergic Agents
9. Antipsychotic, Atypical
10. Penicillin



# Children's Profile

## WA Medicaid Deaths Related to Prescription Opioids 2004-2006

- Each child was from a dysfunctional family unit
- 93% came from a single parent household
- 20% were in several different foster homes
- 47% were raised by a relative other than parent
- 27% were homeless sometime in their life
- 67% had a parent or sibling with a mental disorder and substance abuse history or domestic violence or a criminal history



# Children's Profile

## WA Medicaid Deaths Related to Prescription Opioids 2004-2006

- 100% of the children had a mental health disorder ranging from depression to high anxiety
- 40% were receiving 1 to 3 different mental health drugs, with 2 children receiving significantly higher than recommended dosage
- 73% had substance abuse issues, with 2 children at age 11 applied for assistance for substance abuse treatment
- 60% of the children had co-occurring diagnoses



# Summary

- Profile of clients who inappropriately use healthcare services, have high ER visits and high narcotic use are same/similar group who are dying from prescription opioids
- The PRC program is just one tool which focus on the health and safety of clients to decrease inappropriate use of healthcare services.
- Complex issues requires more than one solution and the need for public and private partnerships.



# Thank You Any Questions?

## Washington State PRC Team



Website: <http://maa.dshs.wa.gov/PRR>

Phone: 1-360-725-1780