Division of TennCare

STATE OF TENNESSEE
PCMH AND THL WEBINAR

Antidepressant Medication Management (AMM) HEDIS®: Why Is It Important?

9/29/2021

Agenda

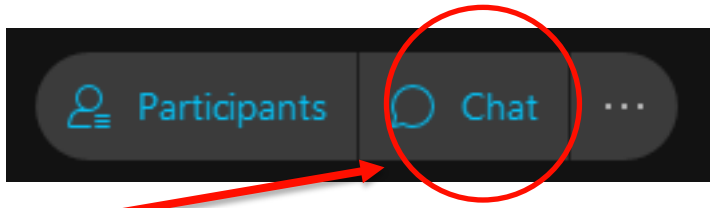
- Welcome
- COVID 19 and Depression
- The Importance of PCMH and THL Integration
- AMM Measure: What are we measuring?
- AMM Measure: How are we doing on the measure?
- Opportunities for Improvement
- MCO Resources
- Q & A
- Conclusion

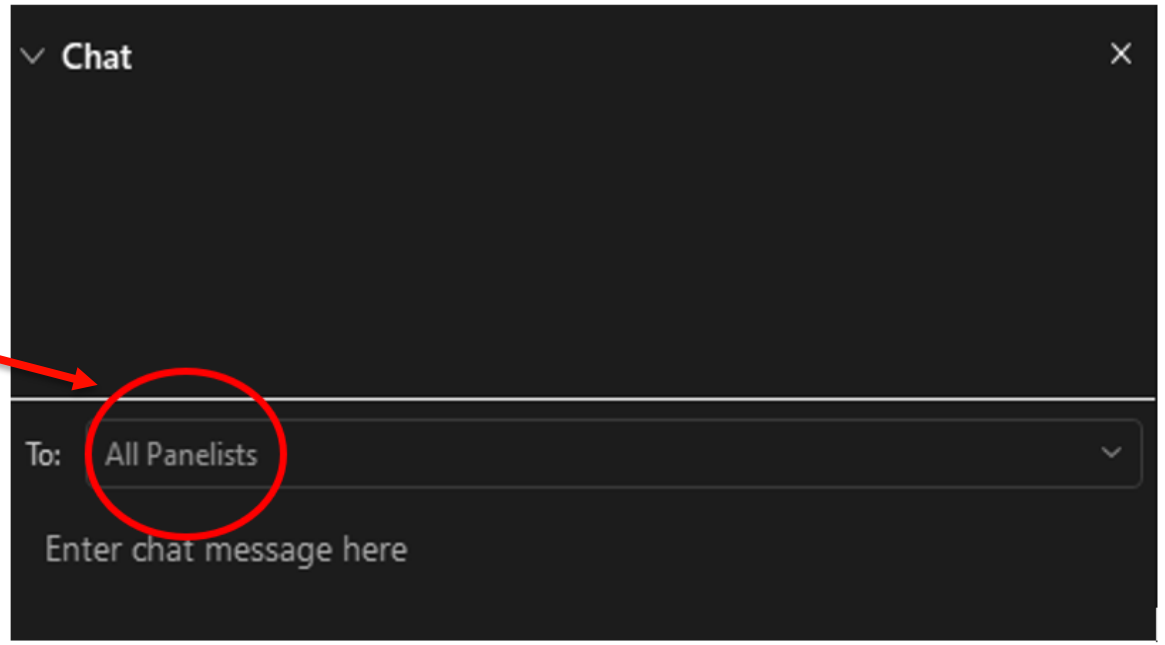
Interactive Webinar

Communicating during the webinar:

- For questions or comments during the webinar please click on the Chat box function in the lower right corner of your screen

- To submit a question during the Q and A session, use the chat function and select All Panelists

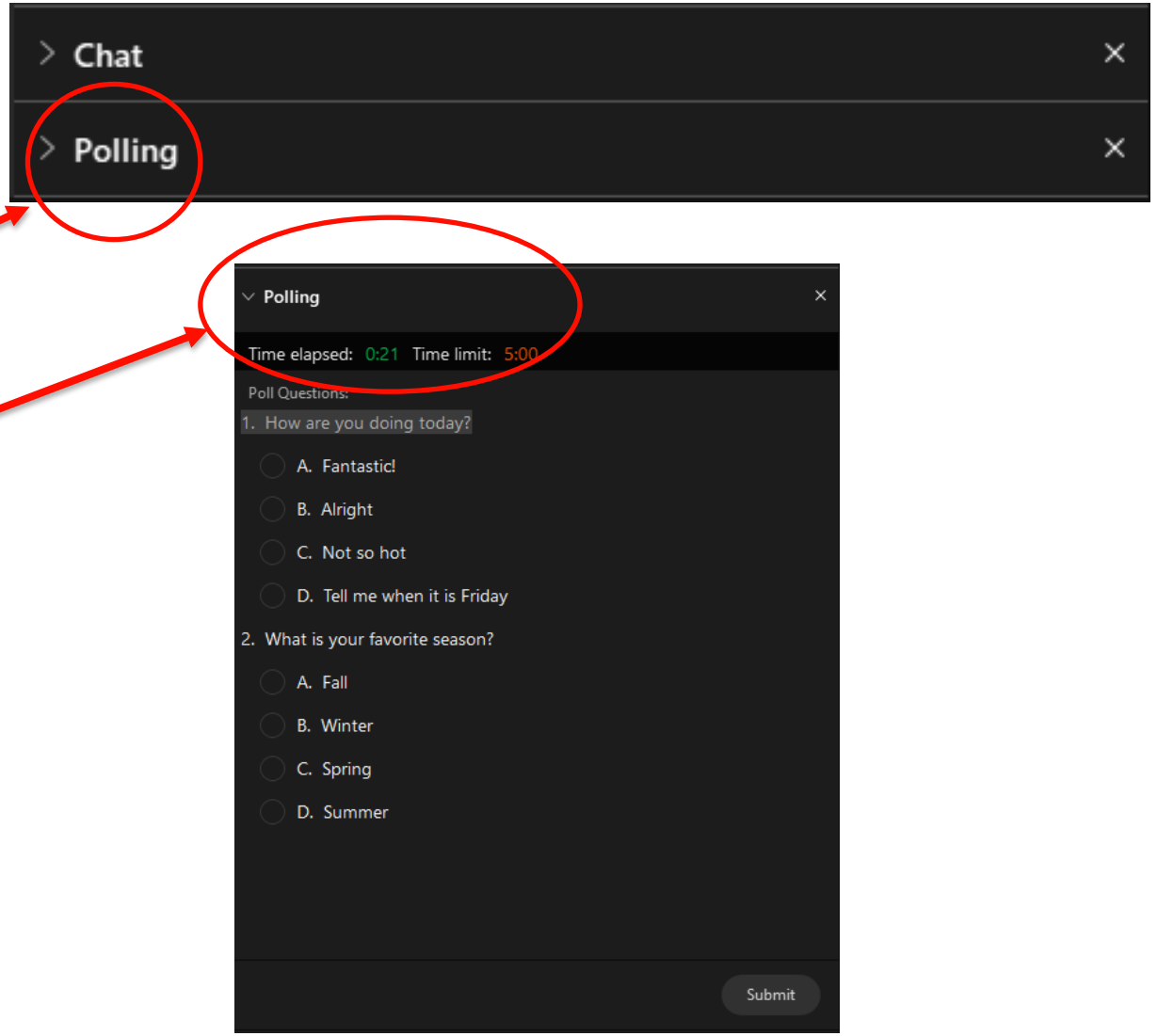




Interactive Poll

Poll Activity during the webinar:

- There will be Polling Questions during the presentation, please click on the Polling function in the lower right corner of your screen to participate
- Please respond to the questions within the allotted time
- The Poll Facilitator will share results of the Poll



Division of TennCare

INTRODUCING OUR TOPIC AND OUR SPEAKERS

TONYA SMITH-SHAW, PHD, RN
PCMH DIRECTOR
UNITEDHEALTHCARE COMMUNITY PLAN OF TENNESSEE

Objectives

- Attendees will receive tools to assist in managing members within this quality metric.
- After the program, providers will gain additional knowledge of Antidepressant Medication Management (AMM) to guide them in further transforming their practice. Providers will also have tangible resources to aid in medication adherence

Hayley Clothier is a Regional Behavioral Health Quality Management Director with Unitedhealthcare Community & State Plan, having worked for UHC since 2007. She holds a BA in Psychology from Harding University, a Master's degree in Professional Studies – Stratgeic Leadership from Middle Tennessee State University and is certificed as a Six Sigma Green Belt. Hayley started her career as a behavioral health case manager at a local Community Mental Health Center. Prior to coming to UHC, Hayley also worked with Magellan Behavioral Health and the Tennessee Department of Mental Health and Substance Abuse Service in various roles, including clinical, network, quality, and data analytics. In her spare time, she enjoys spending time with her family, running, and serving in her church and community.

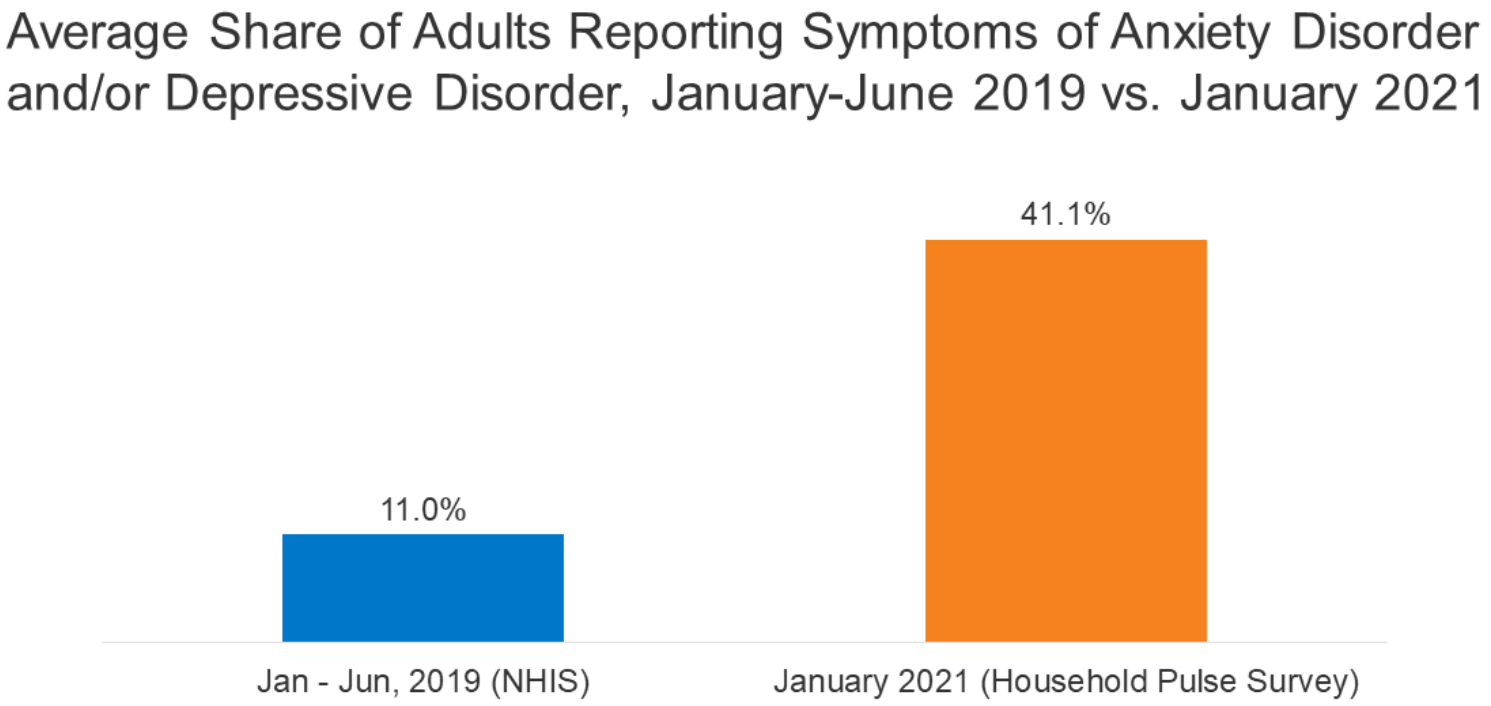
Kyle Williamson is the Manager of the Tennessee Health Link Program (THL) for UHC and holds a B.S. degree in Psychology and a Master's in Counseling. He is a Licensed Professional Counselor. He has worked in various clinical roles and administrative positions including, Program Director for a psychiatric residential treatment facility, manager for an outpatient treatment center, an activity-based counselor, Outpatient therapist, and case manager. Since joining United a little over 6 years ago, Kyle has worked on several teams including Quality, Practice Management and Provider Enablement. Kyle lives outside of Knoxville, TN with his wife of 13 years, Lakyn and their 9-year-old daughter, Lyla Grace. They recently added a chocolate lab, Hershey, to the mix. He enjoys the outdoors and coaching his daughter's various sport teams.

Division of TennCare

COVID 19 AND DEPRESSION

TONYA SMITH-SHAW, PHD, RN
PCMH DIRECTOR
UNITEDHEALTHCARE COMMUNITY PLAN OF TENNESSEE

COVID 19 and Depression



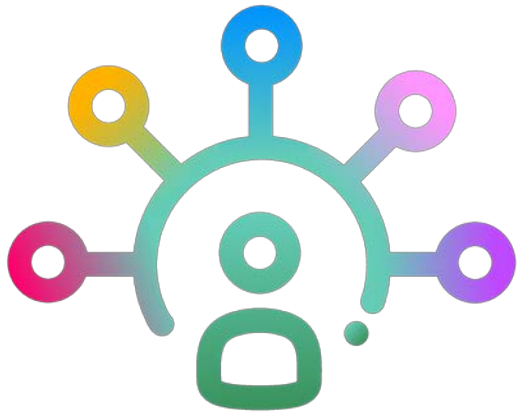
NOTES: Percentages are based on responses to the GAD-2 and PHQ-2 scales. Pulse findings (shown here for January 6 – 18, 2021) have been stable overall since data collection began in April 2020.

SOURCE: NHIS Early Release Program and U.S. Census Bureau Household Pulse Survey. For more detail on methods, see: https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf

KFF

TN

PCMH and THL Integration



COLLABORATION

- Improving communication between behavioral health and primary care providers can lead to:
  - Improved member health outcomes and behaviors
    - Medication and treatment adherence
    - Appointment compliance
  - Improved health care costs
  - Improved program outcomes (PCMH &THL)
    - Quality Measures
    - Efficiency Performance
    - Total Cost of Care

- Antidepressant Medication Management (AMM)is a shared quality measure
  - Patient Centered Medical Home (PCMH)
  - Tennessee Health Link (THL)

ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM) HEDIS® MEASURE

Measure description and specifications

WHAT ARE WE MEASURING?

Antidepressant Medication Management (AMM)

Description:

The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.

Two rates are reported:

1. **Effective Acute Phase Treatment** – The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)
2. **Effective Continuation Phase Treatment** – The percentage of members who remained on an antidepressant medication for at least 180 days (6 months)

The clock starts at the earliest prescription dispensing date for an antidepressant medication during the Intake Period.

Drug Category	Medications
Miscellaneous antidepressants	• Bupropion • Vortioxetine • Vilazodone
Monoamine oxidase inhibitors	• Isocarboxazid • Phenelzine • Selegiline • Tranylcypromine
Phenylpiperazine antidepressants	• Nefazodone • Trazodone
Psychotherapeutic combinations	• Amitriptyline-chlordiazepoxide • Amitriptyline-perphenazine • Fluoxetine-olanzapine
SNRI antidepressants	• Desvenlafaxine • Duloxetine • Levomilnacipran • Venlafaxine
SSRI antidepressants	• Citalopram • Escitalopram • Fluoxetine • Fluvoxamine • Paroxetine • Sertraline
Tetracyclic antidepressants	• Maprotiline • Mirtazapine
Tricyclic antidepressants	• Amitriptyline • Amoxapine • Clomipramine • Desipramine • Doxepin (>6 mg) • Imipramine • Nortriptyline • Protriptyline • Trimipramine

Medications

To comply with this measure, a member must remain on one of the following medications for the required duration of time

Key Aspects of the Measure

Intake Period	Index Prescription Start Date	Negative Medication History	Treatment Days
The 12-month window starting on May 1 of the year prior to the measurement year and ending on April 30 of the measurement year.	The earliest prescription dispensing date for an antidepressant medication where the date is in the Intake Period and there is a Negative Medication History.	A period of 105 days prior to the IPSD when the member had no pharmacy claims for either new or refill prescriptions for an antidepressant medication.	• The actual number of calendar days covered with prescriptions within the specified measurement interval. • For Effective Continuation Phase Treatment, a prescription of 90 days (3 months) supply dispensed on the 151st day will have 82 days counted in the 232-day interval.

Eligible Population

Age

18 years and older as of April 30 of the measurement year

Continuous Enrollment

105 days prior to the IPSD through 231 days after the IPSD

Exclusions

- Members who did not have an encounter with a diagnosis of major depression during the 121-day period from 60 days prior to the IPSD, through the IPSD and the 60 days after the IPSD.
- Members in hospice or using hospice services anytime during the measurement year.

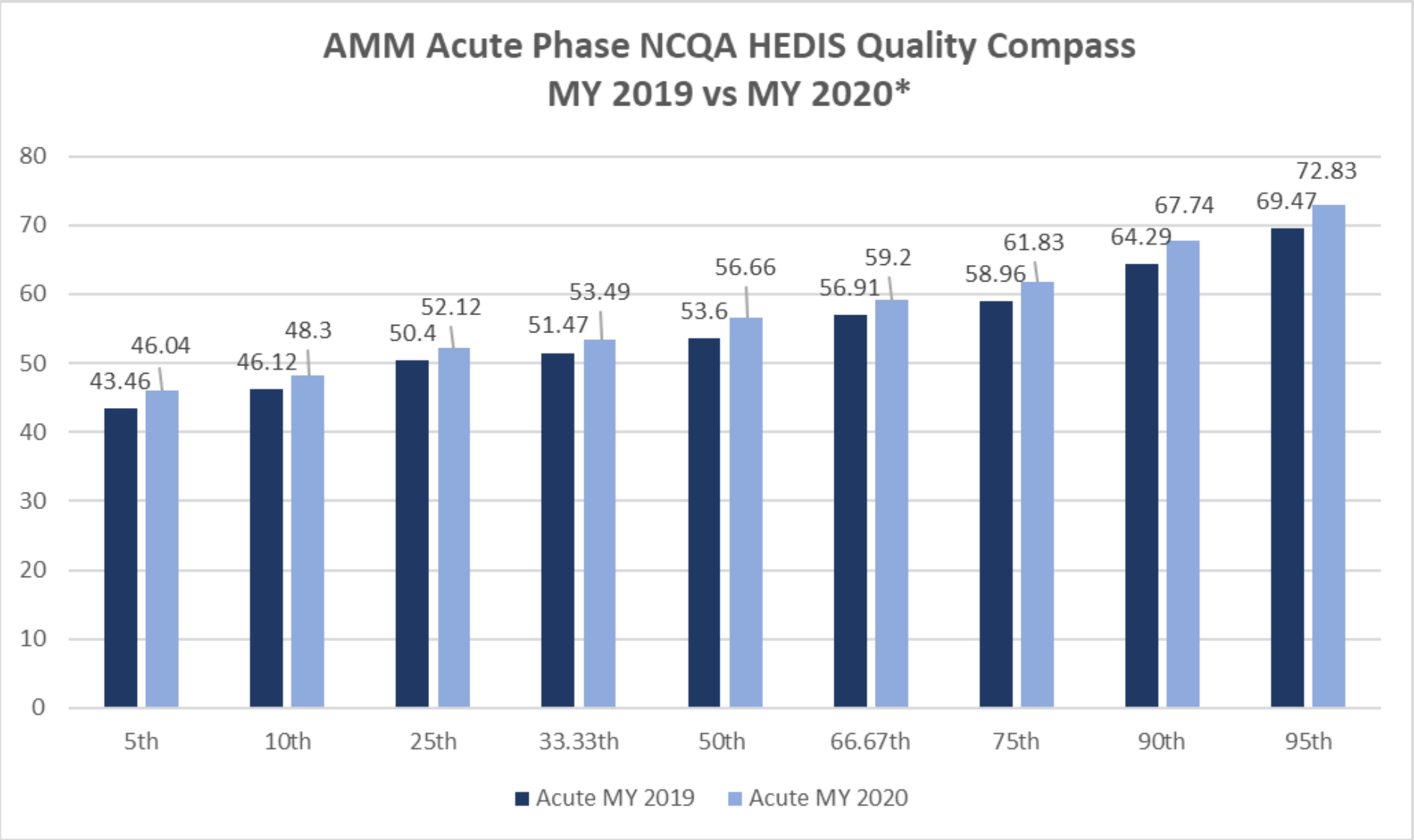
Allowable Gaps*

- One gap in enrollment of up to 45 days. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (e.g., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled.

*Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication

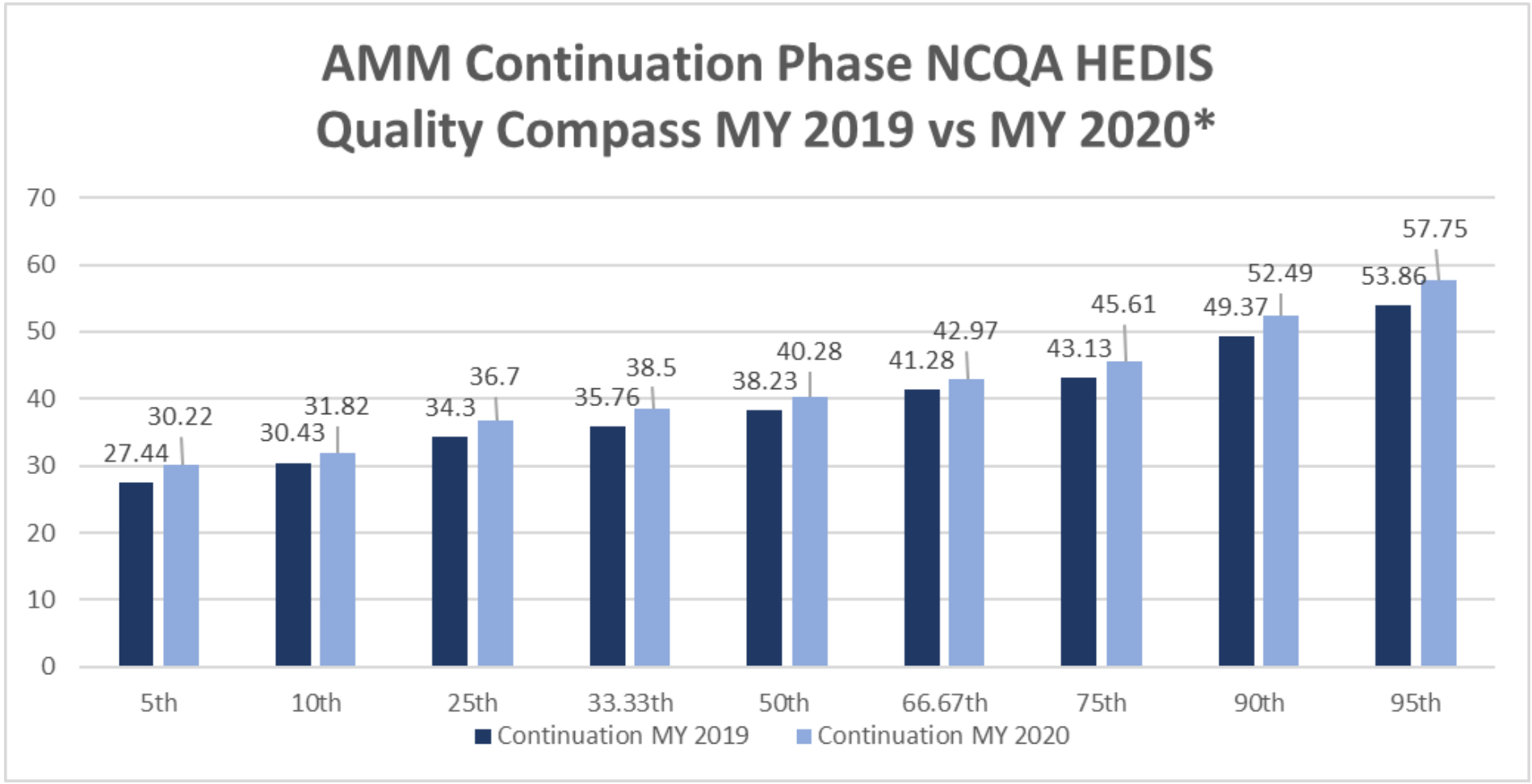
HOW ARE WE DOING ON THE MEASURE?

National Data



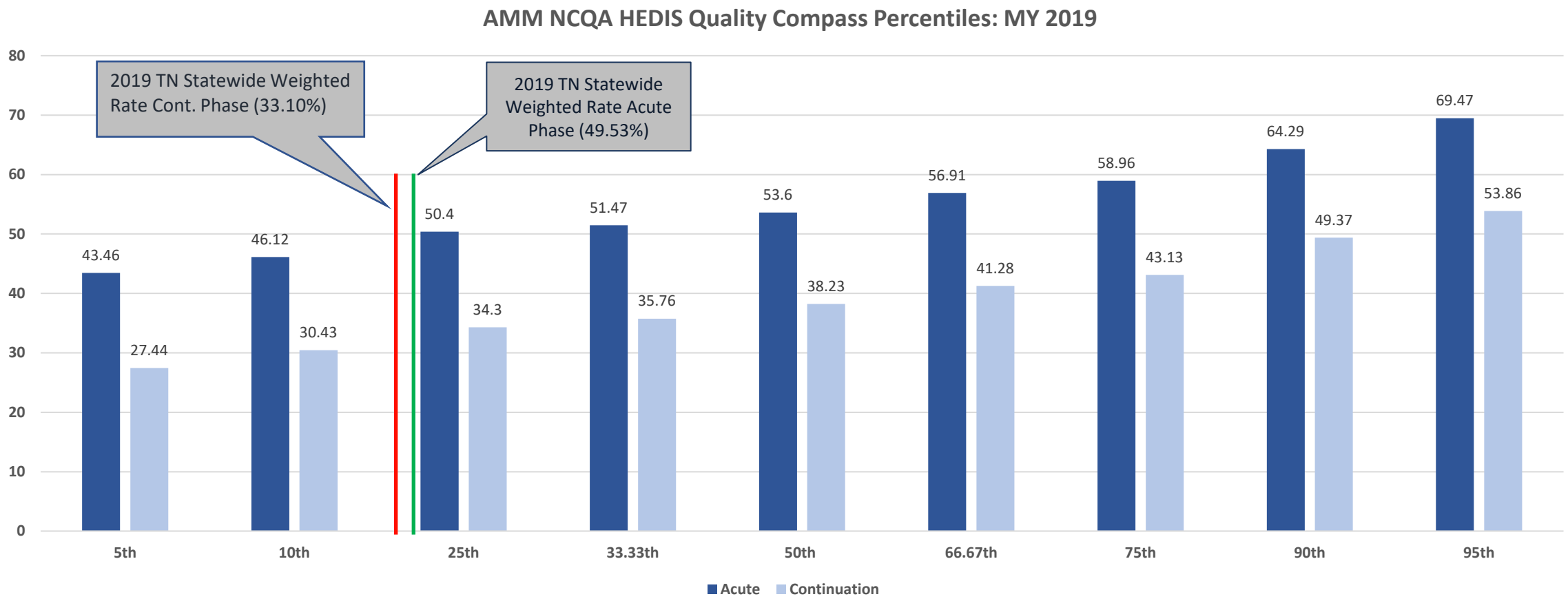
*National - All LOBs (Excluding PPOs and EPOs)

National Data



*National - All LOBs (Excluding PPOs and EPOs)

National Data



Historical TN Measure Performance

Antidepressant Medication Management (AMM)				
Measure	**Weighted State Rate**		**Change 2018 to 2019**	**NCQA HEDIS® MY 2019 Quality Compass 50th Percentile**
	MY 2018	**MY 2019**		
Effective Acute Phase Treatment	45.65%	49.53%	↑	53.6%
Effective Continuation Phase Treatment	**30.42%**	**33.10%**	↑	**38.23%**

https://www.tn.gov/content/dam/tn/tenncare/documents/hedis20.pdf

Potential Barriers to Medication Adherence

Potential Barriers	
Patient Specific Barriers	• Erroneous beliefs: o Misconceptions about MDD and/or ADs o Fear of drug dependence • Forgetfulness: o Having a busy schedule o Being away from home o Simply forgetting to take their ADs • Negative attitudes: A dislike for the pills • Comorbidity: Alcohol dependence • Lack of knowledge: About the use of ADs and side effects of ADs
Medication-specific Barriers	• Side effects • Pill burden • Treatment duration • Costs of medications
Healthcare Provision and System Barriers	• Multiple prescribers • Problems communicating with healthcare providers • Long waiting time at the clinic • Frequent medication refills • Frequent clinic visits • No supply of medications
Social-cultural Barriers	• Lack of support from family/spouse/friends • Barriers related to religion and cultural beliefs • Stigma
Logistic Barriers	• Poor access to healthcare locations

References:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5470687/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6159805/

Potential Facilitators to Medication Adherence

Potential Facilitators	
Patient Insight	• Wish for complete recovery • Fear of relapse • Experience of recurrence • Awareness about the need to take ADs
Perceived Health Benefits	• Positive beliefs about ADS • Effectiveness of ADs
Regular Activities	• Taking with a meal • Daily routine
Patient-provider Relationship	• Trusting healthcare providers • Desire to please the healthcare providers • Fear of healthcare providers
Reminders	• Using pillboxes • Reminder from family members • Keeping medications in visible places
Social Support Networks	• Support from family members/spouse/children/friends/co-worker • Responsibility toward family members

Reference:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5470687/

What can we do to improve measure performance and patient care?

OPPORTUNITIES FOR IMPROVEMENT

Tips and Best Practices to Help Close This Care Opportunity

Screening

- Use screening tools to aid in diagnosing and treatment. Many patients with mild depression who are prescribed antidepressants do not stay on medication. Consider a referral or a consult for talk therapy as an alternative to medication.
- Screening tools (e.g., PHQ-9) may provide objective assessment and better identify who would or would not benefit from medication. Tools help to identify mild, moderate or severe depression. Use “unspecified” diagnoses sparingly.

Ongoing Assessment

- Prescribers may consider using ongoing assessment tools to objectively monitor patient response to medications, as well as adherence.
- Montgomery-Asberg Depression Rating Scale (MADRS)
- Hamilton Depression Rating Scale (HAM-D)

Psychotherapy & Telehealth

- Encourage patients to accept a referral for psychotherapy and help them understand mental health diagnoses are medical illnesses, not character flaws or weaknesses.
- Encourage the use of telehealth appointments to discuss side effects and answer questions about the medication.

Tips for Prescribing

Switching Drug Classes

- Some individuals switch to a different agent within the same drug class.
- When one agent does not work, it does not mean they all won't work – this can be an opportunity to explore a different agent.
- Providers should be re-evaluating the patient after that initial prescribing event to assess for side effects and efficacy.

Medication Supply

- TennCare launched a 90-day supply medication list effective 9/1/2021, which includes commonly used SSRIs and SNRIs
- Prescribers should consider if a 90-day supply of medications is clinically appropriate.
- Some of the SSRIs are also found on the auto-exempt list, meaning they will not take up a monthly prescription slot.

Antidepressants on TennCare's Auto-Exempt List:

- Citalopram
- Escitalopram
- Fluoxetine
- Fluvoxamine
- Sertraline
- Paroxetine

Proactive Patient Education

Education of side effects

- Remind members that it takes time for antidepressants to begin working, usually 4 – 6 weeks
- Side effects are common, including but not limited to sleep, appetite, concentration problems, and sexual function
- Members may feel uncomfortable with sharing issues with side effects which can lead to discontinuation of medication without consulting their physician
- Helping members understand that their physician is there is help and can assist in addressing these type of side effects can play a pivotal role in medication adherence

Communication with the prescriber is important to:

- ❑ Address side effects
- ❑ Reduce complications from abrupt discontinuation of medications

Tips for Improving Medication Adherence

- Assess health literacy: Ensure members understand when, how, and why to take their medication
- Work with prescriber to ensure reduction in complexity of drug regimen (e.g. once-daily dosing instead of multiple doses per day)
- Reminder phone calls/Text Messages
- Medication pill boxes
- Personalized blister packaging
- Mail order prescription fills
- Setting an alarm/reminder on clock, watch, or smart phone
- Medication calendars or charts in a visible location
- Schedule follow-up appointments to discuss medication adherence and potential side effects
- Engage with community pharmacists to provide patient education and assist with reminders when medications are not filled timely

Additional Reminders:

Member Self-Care Tips to Improve Depression

- ✓ Try to get some physical activity. Just 30 minutes a day of walking can boost mood.
- ✓ Try to maintain a regular bedtime and wake-up time.
- ✓ Eat regular, healthy meals.
- ✓ Do what you can as you can. Decide what must get done and what can wait.
- ✓ Try to connect with other people and talk with people you trust about how you are feeling.
- ✓ Postpone important life decisions until you feel better.
- ✓ Avoid using alcohol, nicotine, or drugs, including medications not prescribed for you

https://www.nimh.nih.gov/health/publications/depression#part_6066

What can we do to improve measure performance and patient care?

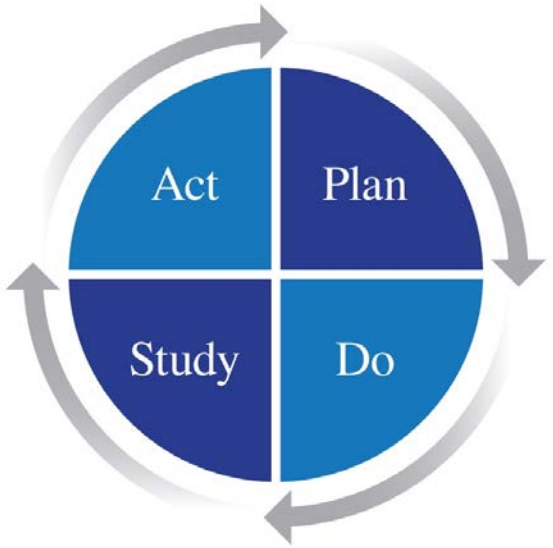
PLAN, DO, STUDY, ACT

Using Data to Understand Opportunities

- Utilize data to understand why some members were adherent and others were not
  - Consider auditing your internal processes to identify opportunities for improvement (e.g. patient education, collaboration with other providers, monitoring medication fills, and outreach efforts)
  - Use the identification of barriers to determine targeted interventions

- Consider using the Plan, Do, Study, Act method to implement improvement strategies

Testing a Change:
- Plan it
- Try it
- Observe the results
- Act on what you learned



PDSA Example: PLAN

Plan:

The Change: Try a new protocol monitoring medication adherence for members newly diagnosed with depression and started on an antidepressant

- What are we testing? New medication monitoring protocol (Contact at initial fill, weekly call to assess for side effects/issues during the first two months, monthly call to ensure refills throughout the first 6 months)
- Who are we testing the change on? Members newly diagnosed with depression and started on an antidepressant
- When are we testing? January 1 – June 30
- Where are we testing? Facility site A

Prediction:

- What do we expect to happen? Member to remain adherent to medication month-over-month for a minimum of 6 months

Data:

- What do we need to collect? Registry of new members started on antidepressant, pharmacy data, outreach contact documentation
- Who will collect the data? Project lead
- When will the data be collected? Weekly
- Where will the data be collected? Data will be collected from CCT database and agency EHR

PDSA Example: DO

1

What was tested?

We tested targeted monitoring and outreach to determine if consistent and routine contact/reminders about medication adherence kept the member on track with their medication regimen

2

What happened/observations?

We noticed that we were able to more quickly identify problems that may have led to non-adherence, such as problems with picking up medication timely as well as addressing side effects more quickly with the prescriber

3

Problems?

- Being able to consistently reach every member per the protocol was challenging
- Not all members were at home when we went by their house, or they did not answer our phone call
- Sometimes, we had to make several attempts before finally reaching the member

PDSA Example: STUDY & ACT

Study:

What did you learn? Did you meet your measurement goal?

- 11 out of 20 members remained on the medication for the entire 6-month period, staff were able to consistently reach members about medication regimen/reminders
- 6 members stopped taking the medication after 2 months because they did not like the side effects
- 3 members were unable to be outreached/located after 4 months

Act:

What changes should we make before the next cycle?

- Add in additional visit with the prescriber at 2 months to discuss potential side effects and provide additional patient education and support

What will the next test be?

- Testing whether the additional prescriber visit at 2 months assists in medication adherence beyond the acute phase

MCO SUPPORT

ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM) HEDIS®

Design and Implement

Utilize available data:

- CCT
- MCO provided data
- Internal resources

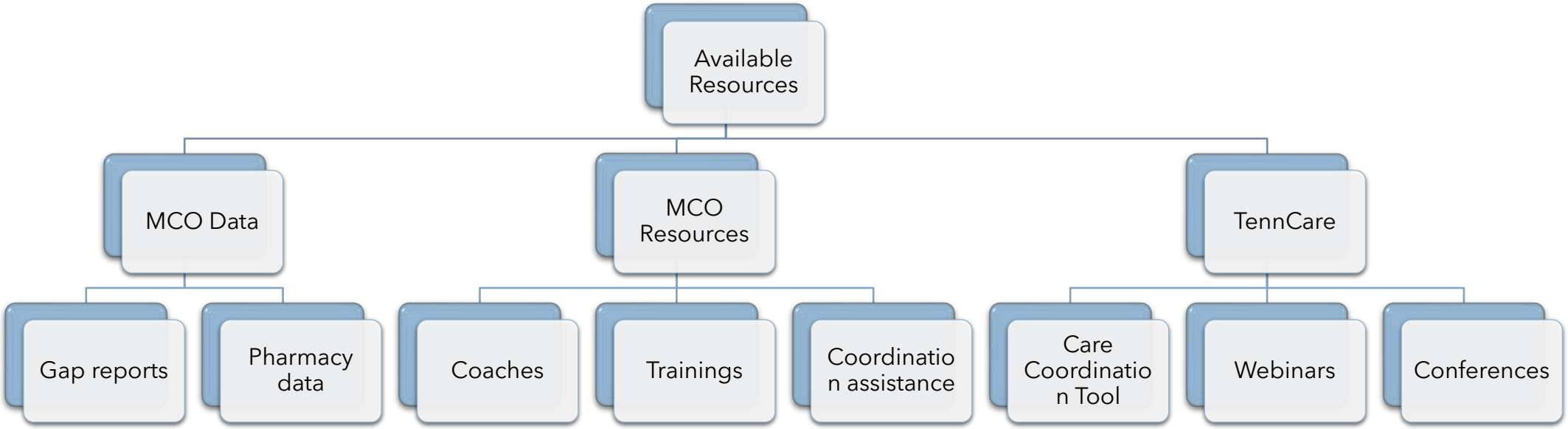
Utilize available resources:

- MCO Partners & Coaches
- Internal Champions

Review

- Measure progress against target

Leveraging Resources



THANK YOU.

Q & A

Resources

Resource List

- Auto-Exempt List: https://www.optumrx.com/content/dam/openenrollment/pdfs/Tenncare/presciber/program-information/AutoExempt%20List.pdf
- Balasubramanian, B. A., Cohen, D. J., Jetelina, K. K., Dickinson, L. M., Davis, M., Gunn, R., Gowen, K., deGruy, F. V., 3rd, Miller, B. F., & Green, L. A. (2017). Outcomes of Integrated Behavioral Health with Primary Care. *Journal of the American Board of Family Medicine : JABFM*, *30*(2), 130–139. https://doi.org/10.3122/jabfm.2017.02.160234
- Depression Assessment Tools:

  Montgomery-Asberg Depression Rating Scale (MADRS) - MDCalc
- Depression Screening Tool:

  https://www.mdcalc.com/phq-9-patient-health-questionnaire-9
- Hamilton Depression Rating Scale (HAM-D) – MDCalc
- Panchal, N., Kamal, R., Cox, C., & Garfield, R. (2021, February 10). The implications of covid-19 for mental health and substance use. Kaiser Family Foundation.https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/
- Kearney, A., Hamel, L., & Brodie,M. (2021, April 14). Mental health impact of the covid-19 pandemic: An update. Kaiser Family Foundation. https://www.kff.org/coronavirus-covid-19/poll-finding/mental-health-impact-of-the-covid-19-pandemic/
- 90 Day Supply List Notification: https://www.optumrx.com/content/dam/openenrollment/pdfs/Tenncare/home-page/recent-tenncare-updates/2021/Provider%20Notice%20Ninety%20Day%20Supply%20List%20-%209.1.2021.pdf
- 2021 UnitedHealthcare PATH Reference Guide (uhcprovider.com)
- https://bluecare.bcbst.com/forms/MeasuresBooklet.pdf