

Outcomes Assessment

West Virginia Medicaid Lock-In Program

Prepared for West Virginia Medicaid in February, 2013

EXECUTIVE SUMMARY

Purpose of Intervention	The primary purpose of this intervention is to decrease overuse of opiates by members who are using multiple prescribers and multiple pharmacies. The goal is to encourage coordination of care by one provider for pain management for members that are prone to abuse of opiate therapy. Members may sent a warning letter or a lock-in letter. With a lock-in letter the member is limited to using one doctor and one pharmacy for opiate prescriptions.
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Intervention	Intervention Type	Lock-In
	Adjusted Targeted Patients	919

Savings Calculation

Savings Calculation: Intervention Related												
Drugs	Sep-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Mar-12	Mar-12	Apr-12	Apr-12	Jun-12	Total to Date
Targeted Group: Actual Average Paid Amount Per Patient Per Month (Baseline)	\$256.27	\$218.78	\$213.47	\$187.82	\$148.46	\$309.36	\$372.49	\$299.61	\$322.87	\$280.72	\$255.10	
Targeted Group: Actual Average Paid Amount Per Patient Per Month (Post)	\$192.92	\$198.38	\$167.73	\$113.55	\$118.08	\$260.60	\$322.91	\$253.79	\$252.88	\$244.51	\$221.20	
% Change in Target Group from Baseline to Post	-24.72%	-9.32%	-21.43%	-39.54%	-20.46%	-15.76%	-13.31%	-15.29%	-21.68%	-12.90%	-13.29%	
Estimated Savings Per Patient Per Month	\$63.35	\$20.40	\$45.74	\$74.27	\$30.38	\$48.76	\$49.58	\$45.82	\$69.99	\$36.21	\$33.90	
Total Number of Targeted Patients	10	20	42	16	16	6	38	204	238	76	253	919
6 - Month Total Savings	\$3,801	\$2,448	\$11,526	\$7,130	\$2,916	\$1,755	\$11,304	\$56,084	\$99,946	\$16,512	\$51,460	\$264,883
Total Savings for FFY 2012												

BACKGROUND

The State of West Virginia, through the West Virginia Board of Pharmacy, operates a member lock-in program for members that have a history of using multiple doctors and multiple pharmacies for opiate prescriptions.

The goal of the Lock-in program is to ensure coordination of care through a single physician for those members that are selected for the lock-in program and to decrease costs for unnecessary opiate prescriptions.

BACKGROUND

The West Virginia Medicaid Pharmacy Program requires that members with prescription drug utilization meeting certain criteria obtain their prescriptions for controlled substances from one pharmacy. The Retrospective Drug Utilization Review Committee reviews member profiles monthly that have been selected because of therapeutic criteria exceptions, including potential overutilization of controlled substances. Members who meet the criteria listed below are restricted or “locked-in” to one pharmacy for twelve (12) months. At the end of the twelve-month period, the Retrospective Drug Utilization Committee reviews the member’s prescription profile to determine if the lock-in should be continued for another twelve (12) month period. The goal of the lock-in program is to provide enhanced coordination of care for members who may be at risk for adverse effects due to the potential overutilization of controlled substances.

BUSINESS ANALYSIS

The overall savings for the intervention are calculated in Table 1. Total paid per month for intervention related drugs was calculated for the target group for the six-month baseline and six-month post-intervention periods. The savings is determined as the average paid per member per month post period minus the average cost for the baseline period per member per month. Finally, the monthly savings was multiplied by the number of intervention member-months.

Table 1 shows the amount paid for intervention related drugs decreased \$48.04 per member per month for the locked-in members in the post-intervention period. This yielded an overall decrease of \$264,283 in intervention-related drug expenditures during the six-month post-intervention period.

Table 1: Total Intervention Related Drug Savings

Savings Calculation: Intervention Related												
Drugs	Sep-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Mar-12	Mar-12	Apr-12	Apr-12	Jun-12	Total to Date
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LIMITATIONS

The time frame of 6 months may not capture the full extent of the impact of the intervention. Providers may be required some time before they can change their patient's drug regimens.

CONCLUSIONS

This intervention focused on decreasing abuse of opiate drugs by members and coordination of care for pain medication by providers. Overall, the intervention was successful in reducing cost and the number of opiate prescriptions in the target physician population.

In terms of financial outcomes, the monthly amount paid for intervention related drugs decreased \$48.04 per month in the post-intervention period. This yielded an overall decrease of \$264,883 in intervention-related drug expenditures during the six-month post-intervention period.