

# Projected Impact of OHP Changes

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# Overview

- What was studied
- Databases
- Funding
- Findings and observations
- Policy implications

# What was studied

1. Population analysis
  - Number of members, percent of categories
  - Enrollment categories
  - Mental health status
  - Drug and alcohol dependence indicators
  - Clinical scores

# What was studied (continued)

## 2. Cost of care

- Allowed dollars
- Allowed pmpm

## 3. Prescriptions

- Therapeutic categories
- Member categories
- Prescriber categories

# Databases

- **Lane OHP**
  - **LaneCare**
  - **MedImpact**
  - **First Health**
- Physical health claims
  - Mental health claims
  - “Physical” Rx claims
  - “Mental” Rx claims

# Funding

- OMAP “Grant” contract #100966

# Mental Health Diagnosis Groups

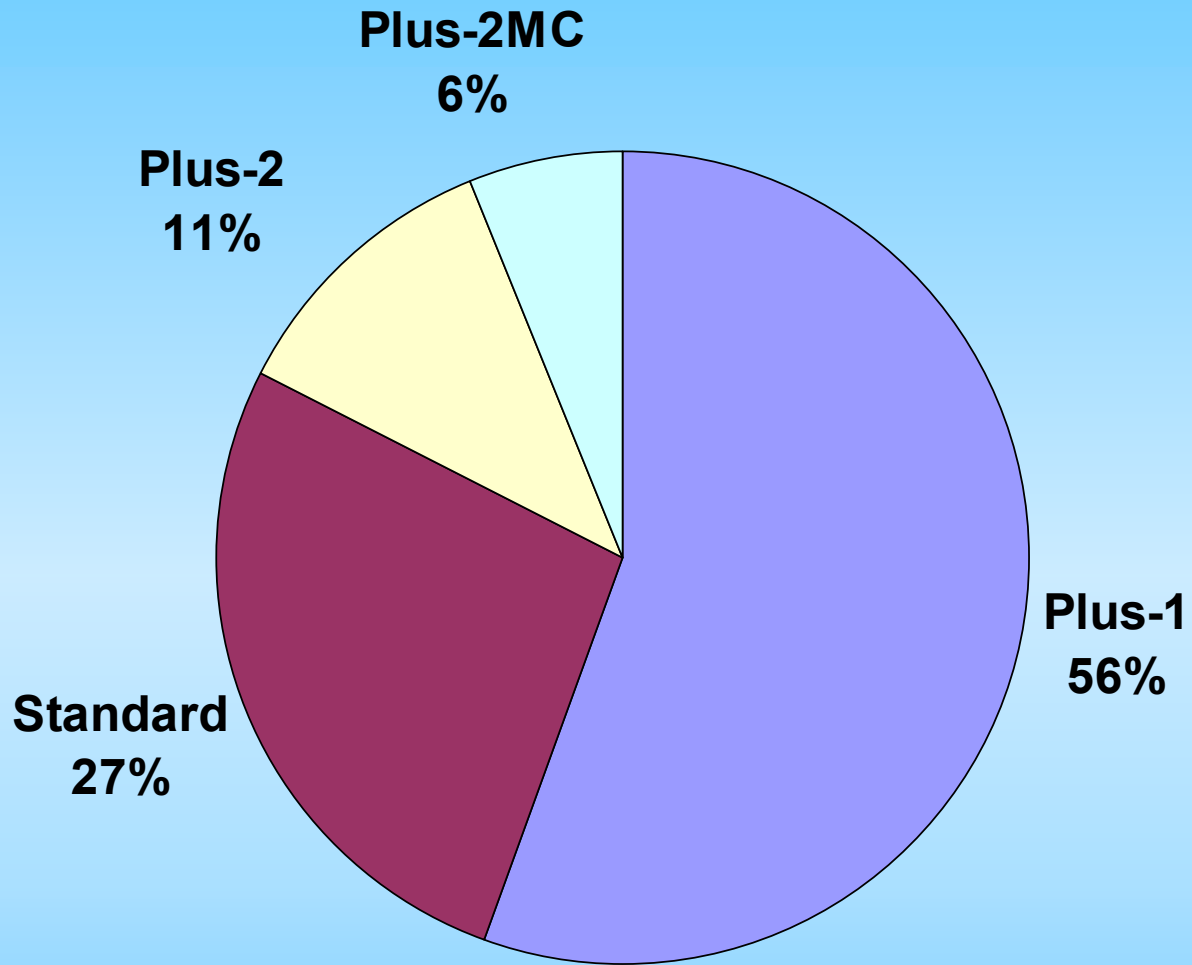
- SPMI
  - Severely and persistently mentally ill, industry standard (e.g.: schizophrenia)
- LCPMI
  - Other severe mental illness seen by Lane Care (e.g.: post traumatic stress disorder, psychotic depression)
- AllOther
  - All others

# Findings

# Population analysis

December 2002 Enrollment Categories

<b>OHP Enrollment Category</b>	<b>Number</b>	<b>Pct</b>
Plus Phase 1	16,500	55.5%
Standard	7,962	26.8%
Plus Phase 2 <small>no MC</small>	3,367	11.3%
Plus Phase 2 <small>with MC</small>	1,850	6.4%



# 2002 Cost pmpm by Payment Source

(Omits capitated Lab costs)

Group	LOHP	Rx	Lane Care	MH Rx	Total
Plus-1	\$107	\$12	\$11	\$7	\$137
Standard	\$173	\$36	\$19	\$24	\$175
Plus-2	\$240	\$69	\$73	\$76	\$458
Plus-2MC	\$71	\$113	\$35	\$101	\$320

# Population by MH category

Group %row % column	SPMI	LCPMI	ALLOTHER
Plus-1	1,374 8% 39%	642 4% 39%	14,483 88% 59%
Standard	1,027 13% 29%	439 5% 27%	6,501 82% 26%
Plus-2	791 24% 22%	378 11% 23%	2,199 65% 9%
Plus-2MC	349 18% 10%	170 9% 10%	1,388 73% 6%

## 2002 Cost pmpm by MH Category

Group	SPMI	LCPMI	ALLOTHER
Plus-1	\$337	\$154	\$114
Standard	\$478	\$349	\$202
Plus-2	\$857	\$345	\$352
Plus-2MC	\$594	\$320	\$247

# 2002 Cost pmpm by Payment Source

(Omits capitated Lab costs)

Group	LOHP	Rx	Lane Care	MH Rx	Total
SPMI	\$222	\$69	<b>\$150</b>	\$71	\$511
LCPMI	\$153	\$46	\$5	\$63	\$268
ALLOTHER	\$123	\$24	\$2	\$15	\$164

# Observations

- OHP Standard has vulnerable members
- Loss of MH benefit for OHP Standard removed coverage for 29% of SPMI members
- An important part of the MHO budget (91%) was for SPMI members
- 25% of the MHO budget was for OHP Standard members loosing MH benefit

# Population by Drug Dependency Dx

Group	%row	Drug Dx	None
	<b>% column</b>		
Plus-1		711 4%	15,788 96%
		32%	57%
Standard		1,071 12%	6,891 88%
		48%	25%
Plus-2		373 11%	2,995 89%
		17%	11%
Plus-2MC		85 4%	1,822 96%
		4%	7%

# 2002 Cost pmpm by Drug Depend. Dx by enrollment category

Group	Drug Dx	None
Plus-1	\$333	\$127
Standard	\$451	\$221
Plus-2	\$721	\$425
Plus-2MC	\$536	\$310

# 2002 Cost pmpm by Drug Depend. Dx by payment source

Group	Drug Dx	None
LOHP	\$301	\$112
Rx	\$49	\$32
LaneCare	\$49	\$18
MH Rx	\$62	\$23

# 2002 Cost pmpm by Drug and MH Dx

(Omits capitated Lab costs)

Group	Drug Dx	None	All
SPMI	\$715	\$468	\$511
LCPMI	\$393	\$243	\$268
ALLOTHER	\$341	\$153	\$164

# Observations

- Drug dependency dx is associated with increased cost in all enrollment categories and across all payment sources
- Dual diagnosis (MH + drug) greatly increases cost
- Ending chemical dependency coverage removed that benefit from 48% of the members with a recent history of drug dependency diagnosis and 41% of those with MH + drug dx

# 2002 Rx cost pmpm

<b>Rx Class</b>	<b>SPMI</b>	<b>LCPMI</b>	<b>OTHER</b>	<b>ALL</b>
Psychotherapeutic	\$65.78	\$55.90	\$12.96	\$22.32
CNS	\$25.93	\$17.79	6.59	9.75
Anti-infective	\$8.87	\$5.74	\$3.60	\$4.41
Respiratory	\$7.45	\$5.48	\$3.44	\$4.08
Hormones	\$8.29	\$5.34	\$3.01	\$3.83
CV	\$4.67	\$3.50	\$2.18	\$2.58
GI	\$5.98	\$4.25	\$1.76	\$2.45
Antihyperlipidemic	\$3.28	\$2.80	\$1.34	\$1.67
All other	\$9.33	\$8.78	\$4.10	\$5.05

# 2002 Rx cost pmpm

## Selected subcategories

<b>Rx Class</b>	<b>SPMI</b>	<b>LCPMI</b>	<b>OTHER</b>	<b>ALL</b>
<b>PSYCH</b>				
Antidepressants	\$28.93	\$30.04	\$6.36	\$10.68
Antipsychotics	\$27.73	\$21.97	\$5.22	\$9.12
Anxiolytics	\$5.50	\$3.51	\$0.88	\$1.63
CNS stimulants	\$3.62	\$0.39	\$0.48	\$0.88
<b>CNS AGENTS</b>				
Anticonvulsants	\$14.30	\$9.12	\$3.44	\$5.17
Analgesics	\$8.97	\$7.42	\$2.55	\$3.67

# Observations

- Members with persisting mental illness have much higher cost per member in psychotherapeutic and CNS prescriptions
- Such members have higher costs in many other therapeutic categories
  - Anti-infectives (much due to antivirals)
  - GI (much due to PPI's)
  - Immunologics (much due to interferons)

# 2002 Rx Antidepressant cost

	<b>SPMI</b>	<b>LCPMI</b>	<b>OTHER</b>	<b>ALL</b>
Pmpm	\$28.93	\$30.04	\$6.36	\$10.68
Dollars	\$1,360,502	\$649,101	\$1,883,152	\$3,892,755
Pct total \$	35%	14%	47%	100%

# Observation

- Program cost depends both on cost per member and on number of members per category

# Percent of Antidepressant Rx/s by specialty (pct of column)

Spec	SPMI	LCPMI	OTHER
MH	23%	10%	30%
Gen	7%	59%	24%
MedSpec	1%	2%	3%
Surg/OB	11%	3%	10%
NP's	4%	2%	4%
Unknown	53%	24%	28%
Total	100%	100%	100%

# Observation

- “Unknown” prescribers due to pharmacy handling of ID numbers limits analysis
- Of identifiable prescribers, MH specialists handle 50% of antidepressant Rx’s for SPMI members
- Of identifiable prescribers, generalists handle 45% of all antidepressant Rx’s, but only 14% of antidepressant Rx’s for SPMI members
- Loss of MH benefit by SPMI members in OHP Standard makes access to antidepressant prescribers a difficult problem

# Percent of Antipsychotic Rx/s by specialty (pct of column)

Spec	SPMI	LCPMI	OTHER
MH	31%	29%	32%
Gen	15%	30%	24%
MedSpec	0%	0%	1%
Surg/OB	1%	1%	0%
NP's	1%	3%	1%
Unknown	51%	38%	41%
Total	100%	100%	100%

# Observations

- Of identifiable prescribers, MH specialists write 64% of antipsychotic rx's for SPMI members and 55% of antipsychotic rx's for members without persisting MH diagnoses
- Generalists report lack of training and skill in managing antipsychotic medications, although some write refill prescriptions
- Other specialists have little involvement with antipsychotic prescriptions

# Conclusions – data system

- Combining data sets yields important insights
- Combining cost data with clinical indicators (SPMI, drug dependence, etc.) yields additional important information
- Interactive hierarchical analysis can reveal utilization and cost patterns in enough detail to lead to action

# Policy implications – data system

- Consider contracting to continue combined data set analysis to detect impact of loss of benefits for various enrollment groups
- Consider expanding analysis to combined data sets across entire program

# Conclusions – cost of care

- “Physical” diagnoses such as drug dependence can be associated with substantially higher “mental” health treatment costs
- “Mental” diagnoses such as in the SPMI categories can be associated with substantially higher “physical” health treatment costs

# Policy Implications – cost of care

- Because of the substantial interaction between “physical” and “mental” disorders, coordination or combination of management systems should be encouraged
- Because prescription medications play an important role in treating both “mental” and “physical” conditions, consideration should be given to maintaining coverage

# Policy Implications – cost of care

- Because of the overlap of “physical” and “mental” prescription drugs and the substantial costs in both categories, consider coordinating or combining management across all prescription drugs
- Because of the cost of “mental” prescription drugs, consider using all available management tools to optimize utilizations

# Policy implications – care safety

- Because of potential drug-drug interactions, and issues of non-compliance, consider supporting electronic prescription programs that identify problems at the time of prescribing

# Conclusions – program

- Enrollment categories do not reflect medical need or physical need
  - SPMI members in many enrollment categories
  - Drug dependent members in many enrollment categories
- Cost of care is more highly related to clinical category than enrollment category

# Policy Implications - program

- Prioritization of enrollment by clinical category within current enrollment categories could allow a more rational program
- Prioritization of benefit packages may make more sense by clinical category than by current enrollment categories

# Policy implications – Chemical Dependency

- Because of the large cost implications of drug dependence, consider paying more for drug treatment programs that can demonstrate lower recidivism rates