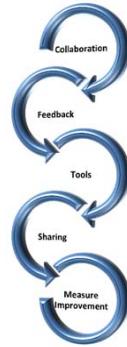


**Psychotropic Medication Action Plan:  
Improving Washington State Psychotropic Medication  
Use in the Era of Healthcare Reform  
June 30, 2011**

**STATEWIDE KICKOFF MEETING**

- Everett:** Compass Health
- Seattle:** Conference Center at Seatac International Airport
- Spokane:** Spokane Mental Health
- Vancouver:** Columbia River Mental Health Services
- Yakima:** Comprehensive Mental Health



Sponsored by the Department of Social & Health Services' Medicaid Purchasing Administration with the cooperation of the University of Washington School of Medicine Department of Psychiatry & Behavioral Sciences, and coordinated by the Washington Community Mental Health Council

**Statewide Facilitators**

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Quality Improvement and Privacy Director  
Compass Health

**Seatac**

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Chief Medical Officer  
Valley Cities Counseling and Consultation

**Spokane**

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**Vancouver**

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CEO, Behavioral Health Resources, Olympia, Washington  
Chair, Community Mental Health Council

**Yakima**

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Senior Policy Analyst  
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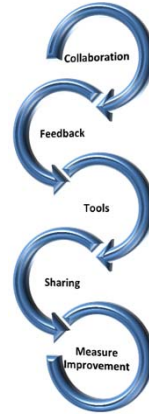
**Richard Veith, MD**

Chief of Psychiatry (Interim), Harborview Medical Center  
Richard D. and Bernice E. Tutt Endowed Professor in the Neurosciences, Chair, Psychiatry and Behavioral Sciences  
University of Washington School of Medicine

# Psychotropic Medication Action Plan (PMAP)

**Project Description:**  
A statewide partnership

Dr. Marc Avery  
Dr. Jeffery Thompson  
*June 30, 2011*



## Agenda

- How this opportunity came together
- Key components
- Why it matters
- Quick overview on what we'll discuss today



## The Age of Information?

Examples of projects across the state with the focus of providing (MH) clinicians with more data:

- Mental Health Collaborative (utilization data, PRISM data)
- Disability Outreach MH (caseload and clinical tracking data)
- Shared Care Plan Projects
- EMR implementations

And others in the works...

- Partnership for Health Improvement through Shared Information (PHISI)- medication data
- Integrated Chronic Pain
- Screening, Brief Intervention, Referral, and Treatment (SBIRT)



## PMAP Overview

We should recognize the scope, funders and interest in this program, a convergence of three related projects:

1. AHRQ/Rutgers Med Net Grant
2. Legislative funding: MPA/HCA Appropriation for prescriptive practice improvement
3. Office of Attorney General grant for medication related learning collaboratives in community mental health centers (CMHCs)



## PMAP Overview

	Scope	Partners	Description
AHRQ Grant	Seven States	Seven-state, Rutgers, Colombia, MPA/HCA, Mayo, Academy Health, WCMHC, CMHCs, UW	Multiple Areas of improvement via provision of data, feedback reports, website, consultation
Consultation Line	Washington State	MPA/HCA, UW, CMHCs	Improved medication management, cost savings via second opinion/consultation process.
AGO Grant	Pilot project in Community MH Centers (Washington State)	WCMHC, MPA/HCA	Improved quality of care and adherence, reduce unnecessary ED and hospitalizations – via collaborative pilot projects (structure still in development)

## PMAP Overview

We are presenting this info early in the development process because we need your help:

- Development
  - Work groups or teams
  - Establish and maintain collaboration
  - Utilize limited healthcare resources efficiently
- Keep focus: the ultimate goal is to improve client care and promote client recovery and resiliency



## AGO Grant: Medication Related Learning Collaboratives in CMHCs

### Medication Practice Improvement Collaborative (MPIC) Goals

- Improve medication adherence as measured by medication possession ratios
- Reduce unnecessary use of Emergency Department Services
- Reduce re-hospitalizations (psychiatric and non-psychiatric)



### MPIC Description

- CMHC teams will include prescribers and other members of clinical care team, including peer counselors
- Rapid cycle improvement methods over a 16-month period
- Three in-person learning sessions with monthly conference call or webinar sessions
- Curriculum will incorporate the most current literature and best practices; expert faculty



## MPIC Description

- The Washington Community Mental health Council will oversee MPIC
- Initial collaborative will be 4-6 CMHCs from target regions across the state starting fall 2011
- Legislative appropriations will support expansion to additional collaboratives



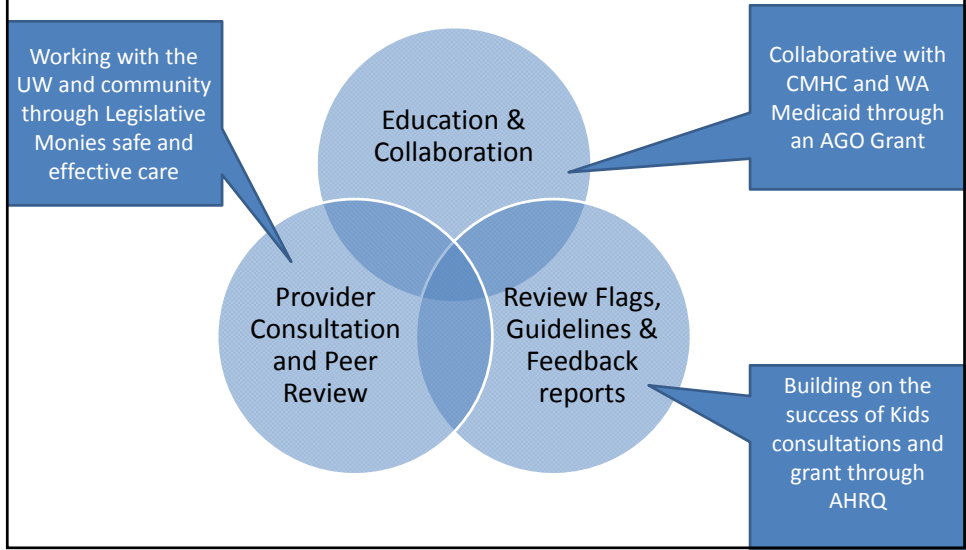
## PMAP: Working Locally and Nationally

We need to recognize the scope, funders and interest in this program:

- AHRQ/Rutgers MED Net grant
- Office of the Attorney General Grant
- Legislative Funding

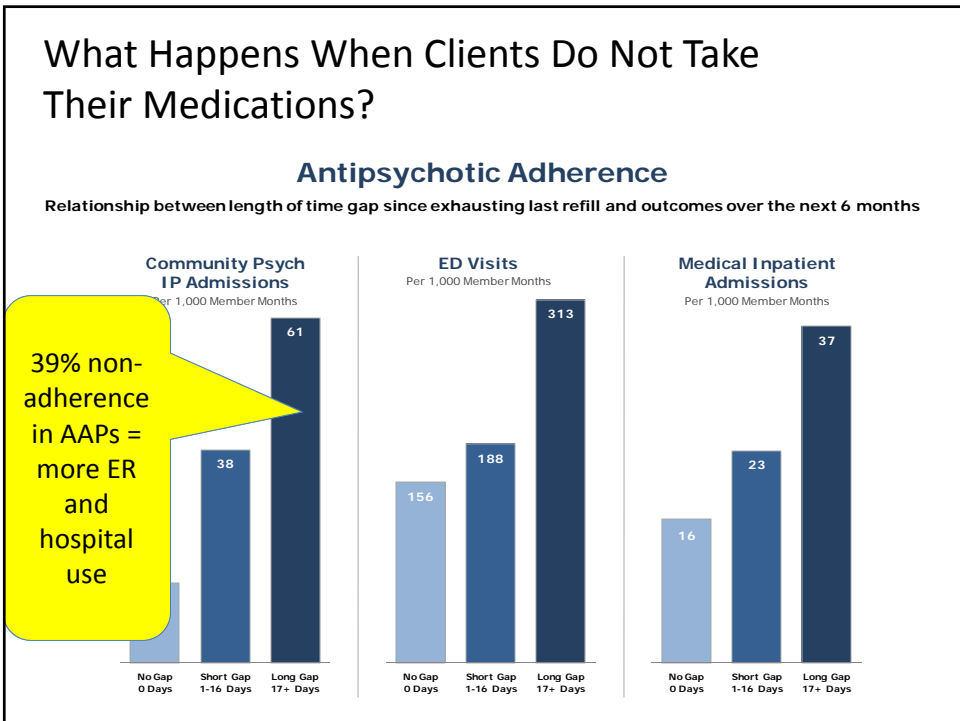
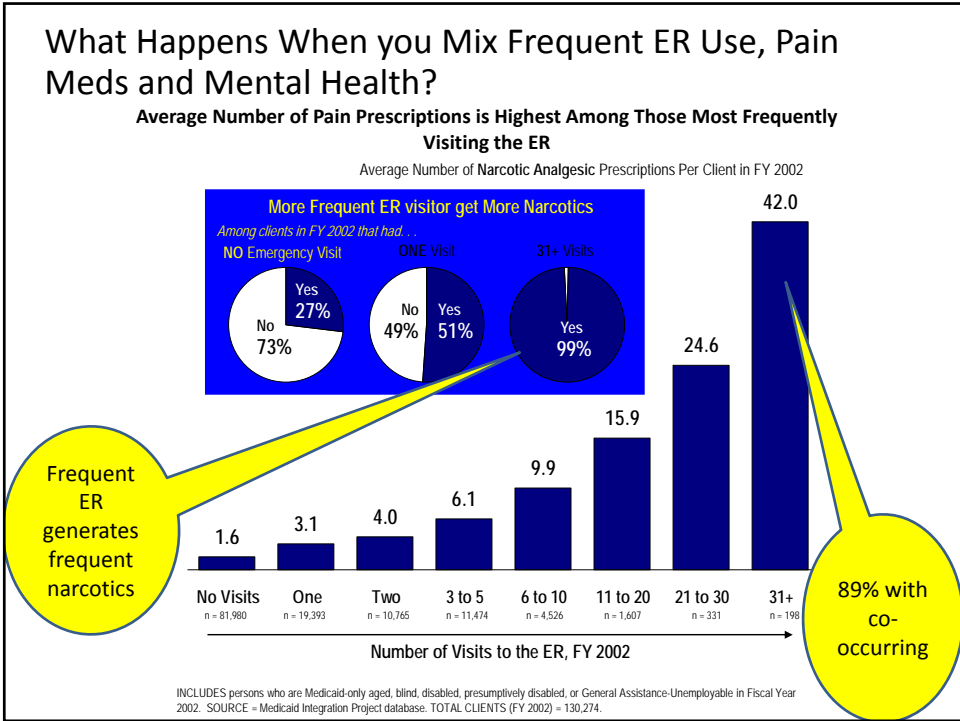


## Psychotropic Medication Action Plan: 3 Interventions to Improve Quality, Access and Cost in Medication Use



## Percent of Eligible Antipsychotics Users Adult and Child by county





## Readmissions Physical and Mental Health by Top DRG

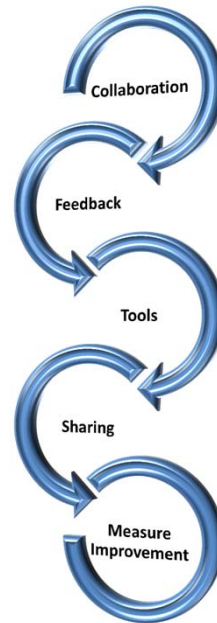
Mental Health # 1 Reason for readmission

Top 10 DRG of Readmission 30 days		
None DRG		2674 31%
430 PSYCHOSES		317 4%
410 CHEMOTHERAPY		192 2%
541 RESPIRATORY DISORDER		185 2%
629 NEONATE, BWT>2499G,		151 2%
Top 10 DRG of Readmission 14 days		
None DRG		1743 31%
430 PSYCHOSES		249 4%
629 NEONATE, BWT>2499G,		145 3%
541 RESPIRATORY DISORDER E		110 2%
584 SEPTICEMIA W MAJOR CC		86 2%
410 CHEMOTHERAPY		83 1%
Top 10 DRG of Readmission 7 days		
None DRG		1109 32%
430 PSYCHOSES		203 6%
629 NEONATE, BWT>2499G,		131 4%
541 RESPIRATORY DISORDER		65 2%
376 POSTPARTUM/ABORTION		51 1%
543 CIRC DISORDER EXCEPT AMI		50 1%

## Collaboration

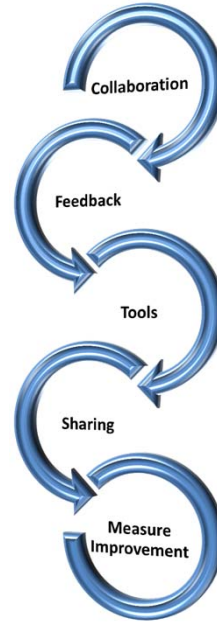
Medication Practice Improvement Collaborative to ensure:

- Resources are maximized
- Outcomes and indicators are consistent
- Cohesive statewide initiative
- Sustainable resources that include recruitment and retention of clinics and efforts



## Feedback-- that which is not measured is not managed

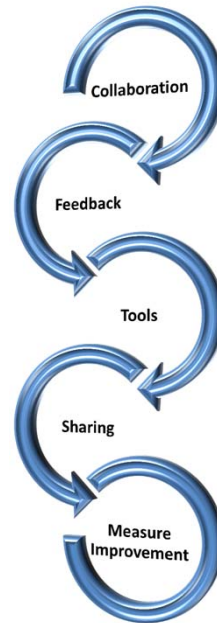
- Review Flags
  - Poly-pharmacy (AAP and MHD)
  - Dose (>2 times FDA)
  - Adherence
  - Generic use
  - ER use
  - Re-hospitalizations
  
- WEB Based Mental Health Medication Feedback reporting and communication tools



## Tools-- sharing and stealing shamelessly

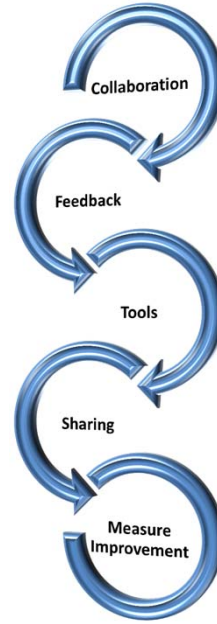
### Educational materials to/from MedNet

- Expanding the use of generics
- Using Feedback Reports to Reduce Variation
- Building and utilizing consultation & local peer review
- Implementing consultation program
- Building local program evaluation
- Improving Mental Health Medication Adherence
- Reducing Re-hospitalizations & Avoidable ER Use



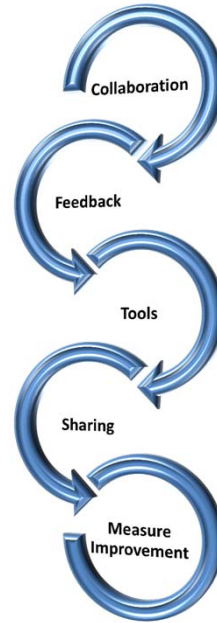
## Sharing-- locally and learning together!

- CMHC meetings coordinate around curriculum and sharing practices
  - successful practices for statewide distribution on the use of generics
  - establish guidelines (review flags)
  - implement a statewide peer review and consultation program
  - train on how to use data (e.g., PRISM, and feedback reports)
- Provider Consultation Program Roll-Out



## Measure Improvement

- Using Curriculum & Education Materials on Program evaluation
- Celebrate improvements and broaden “successful practice sharing”
- Reduce variation
- Improve access, quality and costs



**The beginning of a conversation about how to best use this Opportunity and Partnership to improve care across Washington State**

