



MACPAC
Medicaid and CHIP Payment and Access Commission



Use of Psychotropic Medications by Medicaid Beneficiaries: Patterns and Policy Issues

Chris Park

February 26, 2015

Overview of Session

- Analysis methodology
- Spending and utilization
- Risks of psychotropic medications
- Activities to improve psychotropic use
- Policy questions for consideration

Analysis methodology

- 2011 Medicaid Statistical Information System (MSIS) eligibility and outpatient pharmacy data
- Identified enrollees with at least one psychotropic drug prescription
- Fee-for-service (FFS) and managed care (MCO) claims for utilization; FFS claims for spending
- Exclusions
 - Dually eligible for Medicare and Medicaid
 - All-year institutional (e.g., nursing home)
 - Limited benefit enrollees
 - States with limited MCO pharmacy data

Overall spending and use

- Medicaid spent \$8 billion in FFS on psychotropic drugs (30 percent of total drug spending)
 - 18 percent of all prescriptions
- Enrollees who qualify for Medicaid on the basis of a disability account for over half of psychotropic prescriptions and 60 percent of FFS spending
- Spending per user for foster children and beneficiaries with disabilities was about \$2,000 per user, two to four times that of other groups

Spending and use by therapeutic class

- Antidepressants were the most commonly used – 33 percent of prescriptions
- Antipsychotics were the most costly – 55 percent of FFS spending
- Non-disabled children used ADHD drugs the most
- Antidepressants were used the most by the other eligibility groups

Psychotropic use by eligibility group

Eligibility Group	Enrollees (millions)	Percent Users	Scripts per User
Total	50.9	13.6%	11.8
Non-disabled Child	32.7	5.5%	9.1
Non-foster care	31.8	5.0%	8.1
Foster care	0.9	24.4%	16.0
Non-disabled Adult	12.8	20.6%	8.6
Disabled	5.1	47.7%	17.2
Aged	0.4	19.4%	9.7

Source: MACPAC analysis of 2011 MSIS data

Psychotropic use for children under 21

Age Group	Percent psychotropic users			Psychotropic scripts per user		
	Non-Foster Children	Foster Children	Disabled	Non-Foster Children	Foster Children	Disabled
Total	5.0%	24.6%	34.1%	8.2	16.0	15.1
0-2 yr	0.3%	1.3%	6.9%	4.3	8.0	9.9
3-6 yr	1.8%	8.9%	17.9%	6.3	10.3	11.6
7-14 yr	7.8%	31.7%	40.1%	9.0	16.6	14.9
15-18 yr	9.1%	34.2%	39.0%	7.8	16.6	16.0
19-20 yr	7.9%	20.9%	36.9%	5.6	14.2	16.6

Source: MACPAC analysis of 2011 MSIS data

Psychotropic use for the disabled eligibility group

Age Group	Enrollees (millions)	Percent Users	Scripts per User
Total	5.1	47.7%	17.2
0-6 yr	0.3	14.9%	11.4
7-14 yr	0.7	40.1%	14.9
15-20 yr	0.5	38.2%	16.2
21-44 yr	1.4	50.3%	18.7
45-64 yr	2.2	55.4%	17.2

Source: MACPAC analysis of 2011 MSIS data

Psychotropic use for adults over 65

- 19 percent used psychotropic medications
- This underestimates use due to the exclusions mentioned earlier

Risks associated with psychotropic medications

- Anticonvulsants, antidepressants, and ADHD medications increase the risk of suicidal thinking and behavior in children and adolescents
- Atypical antipsychotics increase the risk of weight gain and metabolic disorders
- Antipsychotics pose an increased risk of illness and death in older adults with dementia

Federal activities to improve use of psychotropic medications

- CMS and Agency for Healthcare Research and Quality (AHRQ) developing performance measures
- Child and Family Services Improvement and Innovation Act
- CMS, Administration for Children and Families (ACF), and Substance Abuse and Mental Health Services Administration (SAMHSA) are coordinating initiatives across agencies
- National Partnership to Improve Dementia Care

State activities to improve use of psychotropic medications

- Informed consent of parent, legal guardian, or child welfare agency
- Peer review, consultation, and prior authorization for certain drugs, ages, doses
- Provider education
- Utilization and performance reports
- Provide information, data and feedback reports to nursing homes

Policy questions for consideration

- What have we learned about the effectiveness of state psychotropic improvement initiatives?
- Are targeted initiatives needed for populations beyond foster children and nursing home residents?
- Do Medicaid programs have appropriate protocols in place to monitor for the risks associated with these drugs?
- What is CMS's role in promoting appropriate psychotropic prescribing patterns?