## What does it do?
Analyzes the medical and pharmacy claims data of members with a behavioral health claim to identify physicians with outlier prescribing patterns and provides support to these physicians to bring them within best practice guidelines.

## What do I need to know about the product?

<table>
<thead>
<tr>
<th><strong>Data Analysis</strong></th>
<th><strong>Prescriber Support</strong></th>
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<tbody>
<tr>
<td>Analyzes patient, medical, behavioral and pharmacy data against evidence-based best practice standards to identify outlier (quality and safety issues) prescribing.</td>
<td>Targeted outreach to prescribers whose patients were identified through the analysis for outlier prescribing.</td>
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</tbody>
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## What problem is the market facing?
Behavioral health conditions are prominent within the senior population, however less than 3% receive treatment from a mental health professional. Therefore, ineffective treatment of behavioral health conditions are common resulting in increased health care expenses and less than optimal quality of life for the patient.

## What is the value of the product?
- Decreases healthcare spending
- Improves coordination of care and quality of life
- Promotes evidence-based prescribing
- Supports a positive Humana experience

## Why are we better?
- Guaranteed savings
- Effective provider engagement strategy
- Analyze against more risk markers than our competitors
- Our implementation is easy for the employer

## What are the metrics?

<table>
<thead>
<tr>
<th><strong>Performance Metrics:</strong></th>
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<tbody>
<tr>
<td>Access</td>
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<tr>
<td>Service</td>
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<tr>
<td>Clinical Outcomes</td>
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</tbody>
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**Financial Metrics**
- Change in cost of care (decrease/increase)
- Positive ROI
- Rate(s)

## Who is the target audience?
Embedded in Medicare Advantage Prescription Drug (MAPD). It applies to Medicare Advantage Prescription Drug (MAPD) Plans, including HMO, PPO and PFFS.

## How do I find out more?
- Eastern Region – Nancy Baba (Office: 860-349-0712)
- Great Lakes Region - Laura Adams (Office: 312-441-5306)
- Midwest Region - Jennifer Powell (Office: 502-476-1659)
- Southeast Region - David Dintenfass (Office: 813-273-6580)
- Southwest Region – Judy Sterling (Office: 469-865-0248)
- West Region – Tom Shjerven (Office: 253-931-4774)
What do I need to know about the product?

**Product Includes:**
- Program is used to inform prescribers of prescribing and medication refill patterns that would be useful to review and evaluate. Components of this initiative include, but are not limited to:
  - High-risk members receiving medications
  - Use of multiple medications in the same class for extended periods of time
  - Failure to refill medications in fragile patient populations (major depression or schizophrenia)
- Utilizes over 40 quality indicators and associated clinical considerations to monitor the prescribing of a wide range of behavioral health medications in the elderly population including antipsychotics, antidepressants, sleep agents, pain medications and opiates.
- Analyzes pharmacy, medical, behavioral and lab claims on patients who have a behavioral health claim.
- Prescriber support
  - Prescribers identified with outlier prescribing receive mailings detailing the quality or safety issue, recommended resolution and reference to the best practice standard driving that recommendation.
  - Peer-to-peer consultation takes place with a 10% sub-set of physicians who do not change their practice after the second letter. Consultation is conducted by a board-certified psychiatrist.
  - Consultation with a psychopharmacologist is also available.

**Differs from other Humana pharmacy programs:**
- Humana’s Medication Therapy Management Program
  - Medication Therapy Management (MTM) is a quality program within Medicare Part D Humana plans. MTM is a federally mandated program and is available only to members who meet the Centers for Medicare & Medicaid Services (CMS) and Humana criteria.
  - The behavioral pharmacy management program is based upon medication claims, and the beneficiaries do not have to meet other eligibility requirements.
  - It is likely that the populations the two programs reach will be different in nature.
  - Corphealth also provides information directly to physicians while MTM often provides information and guidance to members, pharmacists and physicians.
- Humana’s RxWiseTM Program
  - The behavioral pharmacy management program identifies over 150 quality issues specific to behavioral health.
  - RxWise has some behavioral health indicators; however, it is primarily focused on medication safety and best practices.
  - RxWise targets medication issues, such as drug-drug and drug-disease interactions, toxicity and allergies in prescription, over-the-counter and herbal medications.
Behavioral health conditions are prominent within the senior population, however less than 3% receive treatment from a mental health professional. Due to this ineffective treatment of behavioral health conditions are common resulting in increased health care expenses and the patient’s quality of life is less than optimal.

**Mental Disorder Diagnosis High**
- Approximately 26% of adults have a diagnosable mental health disorder
- 6% of these are diagnosed with a serious mental illness
- More than two million of the 34 million Americans over age 65 suffer from depression.

**Ineffective Treatment for Mental Disorders are Common**
- More than 55% of older persons treated for mental health services received care from primary care physicians. Less than 3% aged 65 and older received treatment from mental health professionals.
- Primary care physicians accurately recognize less than one half of patients with depression, resulting in potentially decreased function and increased length of hospitalization.
- Primary care physicians lack the tools to identify adherence problems.
- Other issues when treated by a primary care physician include uncertainty of best practices and tendency to increase dosing and/or drug combinations with high-risk patients.
- Low adherence to antipsychotic medications is a risk factor for poor outcomes for people with serious mental illness.
- Medication adherence and drug waste
  - 67% failed to take antidepressants for 6 months
  - 25% filled their prescription only once
- Increased use of medical services
  - 70% increase of non-behavioral health services

**Health Care is Expensive and Innovation Continues**
- Older patients with symptoms of depression have roughly 50% higher healthcare costs than non-depressed seniors.
- Prescription drugs comprise 23% of mental health spending compared to 11% for all health care spending.
- 12% of all drug spend is for Behavioral Health Class
- 245 new products in development focused on the central nervous system

**Decreases Healthcare Spending**
- Makes the most effective use of pharmacy dollars
- Changes prescribing patterns:
  - By 3rd mailing – 35% change
  - By 6th mailing – 50% change
  - After peer-peer intervention – 70% change
- Decreases:
  - Number of pharmacy claims per patient
  - Redundant treatments
  - Risk for high-cost interventions due to inadequate dosing
  - Hospitalizations

**Improves Coordination of Care and Quality of Life**
- Identifies and has the ability to prevent life threatening drug interactions, ineffective prescribing or problematic contraindications
- Improves appropriate use of pharmacy
- Increases quality of care and value of drug benefit
- Decreases risk of toxicity due to over prescribing

**Supports A Positive Humana Experience**
- Provides a valuable support resource to providers and improves satisfaction and value perception of Humana
Why are we better?

Guaranteed savings
- Cost savings are guaranteed on total healthcare expenses
- Administrative costs for psych pharmacy product at risk

Effective provider engagement strategy
- Unlike many PBM’s or competitors, our provider outreach is timely and includes patient-specific data detailing quality/safety issues with recommended resolution and reference to best practice standard for those identified with outlier prescribing.
- Results show provider prescribing patterns can be affected:
  - 3rd mailing – 35% change; 6th mailing – 50% change in prescribing
  - After peer-peer intervention – 70% change in prescribing

We analyze our data against more risk markers than our competition
- Our analysis bounces data against 150 quality indicators that are focused on quality and safety issues in prescribing.

Our implementation is easy for the employer
- We can accept most forms of electronic files, so employers do not need to reformat their files to meet our standards.
- It is our standard process to work with the employer’s existing vendors instead of forcing them to take on our services.

What are the metrics?

Performance Metrics:
Access
- Eligible members
- Candidates (screened and determined to be eligible for services)
- Participants (unique count of eligible members as determined by claims analysis)
- Participation rate (unique participants / unique eligible members)
- Projected rate of participation

Service
- Number of peer-to-peer interventions
- Rate of Integrated Case Management engagements (MADP serious mental illness only)
- Satisfaction

Clinical Outcomes
- Decrease prescribing outliers
- Change in outlier rate over time for members whose physician received a peer-to-peer intervention

Financial Metrics:
- Change in cost of care (decrease/increase)
- ROI: Preliminary research supports a 3:1 ROI with pharmacy savings alone. Once medical savings are included, the ROI is expected to increase significantly.

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2 2004 US Census: The Numbers Count: Mental Disorders in America
4 The Rationale and Blueprint for Successfully Integrating Medical and Behavioral Care Management in Your Health Plan, Milliman Consultants
7 Psychiatric Services 58:864-867.
8 Unutzer, J., “Depressive symptoms and the cost of health services in HMO patients aged 65 years and older,” JAMA 277:29 (1997)