



Drugs for Treatment of Mental Illness: Spending, Use, and Prescribing by Specialty

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Purpose of Presentation

To understand

- Types of drugs used to treat mental illness
- Factors influencing level and growth in MH drug spending
- Role of primary care physicians (PCPs) in prescribing MH medications
- Pros and cons of prescribing by PCPs



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Background

- Relatively stable prevalence of MH conditions over past decade
- More people getting MH treatment with prescription medications
- Prescription MH medications (2006)
 - \$37.8 billion in Rx spending
 - \$1 out of every \$6 spent on drugs nationwide was for MH drugs
 - 458 million new and refilled Rx for psychotherapeutics



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Study Design

Estimates of retail pharmacy prescriptions:

- IMS' National Prescription Audit (NPA) Plus™ database for 2002-2006
 - Sample from 36,000 retail pharmacies
 - Volume and cost of new and refilled prescriptions used to treat mental illness
 - Physician specialty information assigned by IMS (based on DEA #)



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Study Design (cont'd)

Physician specialty categories:

- Psychiatric physicians
- Primary care physicians
- Nurse practitioners and physician assistants
- All other physician specialties



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Study Limitations

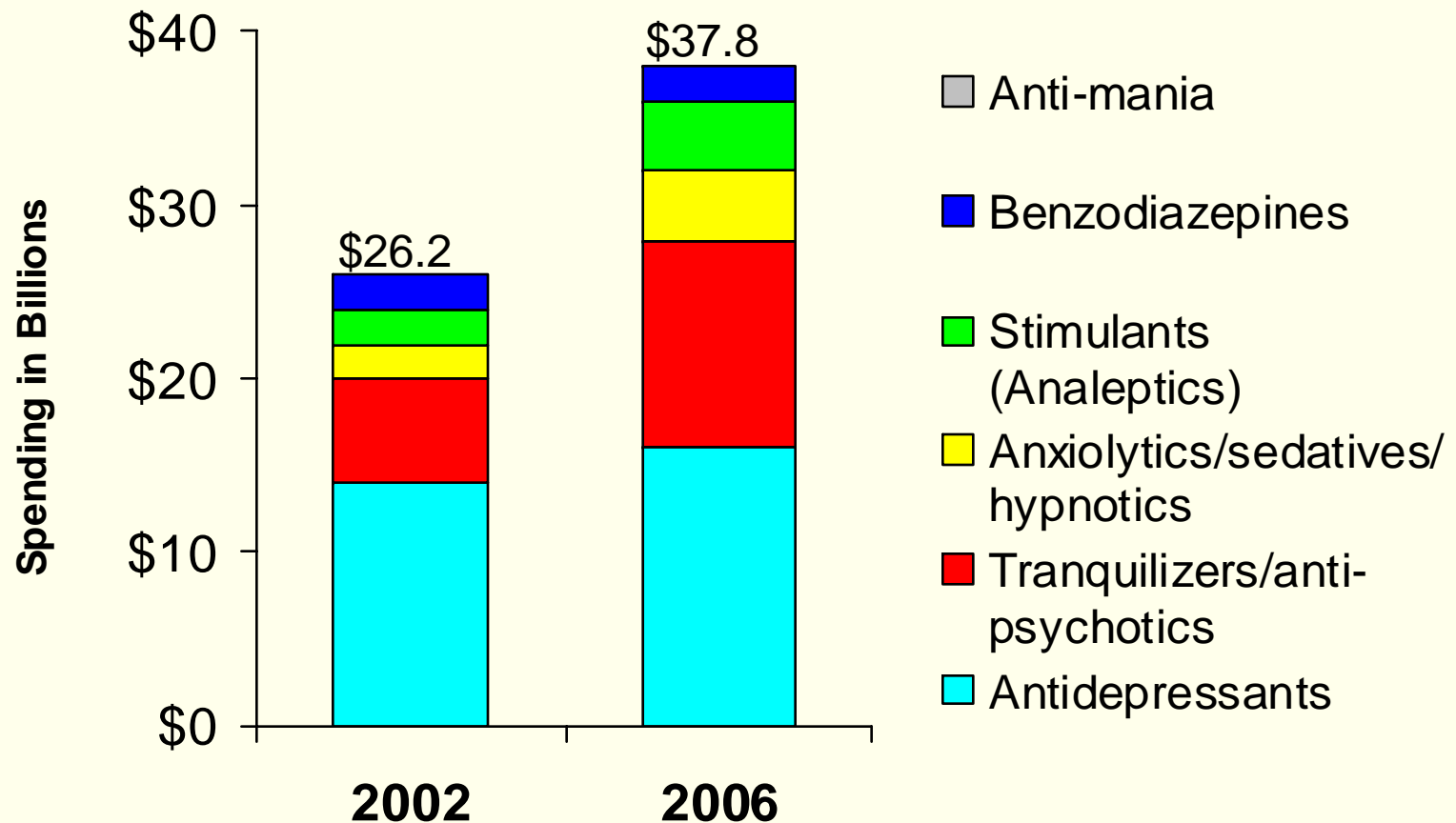
- Excludes:
 - Drugs dispensed by member-only HMO pharmacies, hospitals, and clinics
 - Diagnoses related to prescriptions
 - Adjustments for dosage (number of pills or medication strength)
- New DEA number regulations allow physician assistants and nurse practitioners to have own DEA number, which can skew recent physician specialty trends



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Rx Spending in MH Treatment

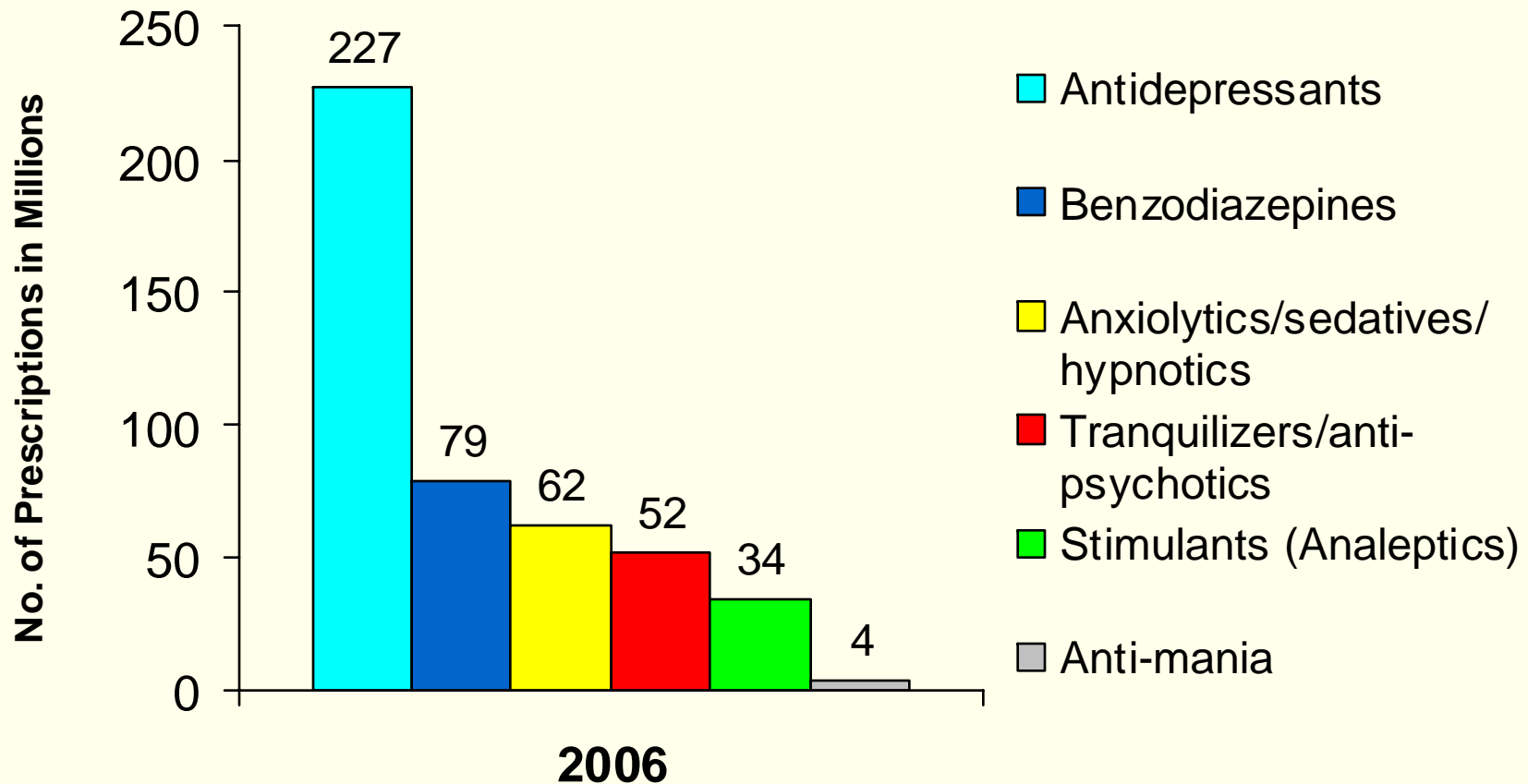


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Quantity Factor: No. of MH Rx Filled by Drug Type

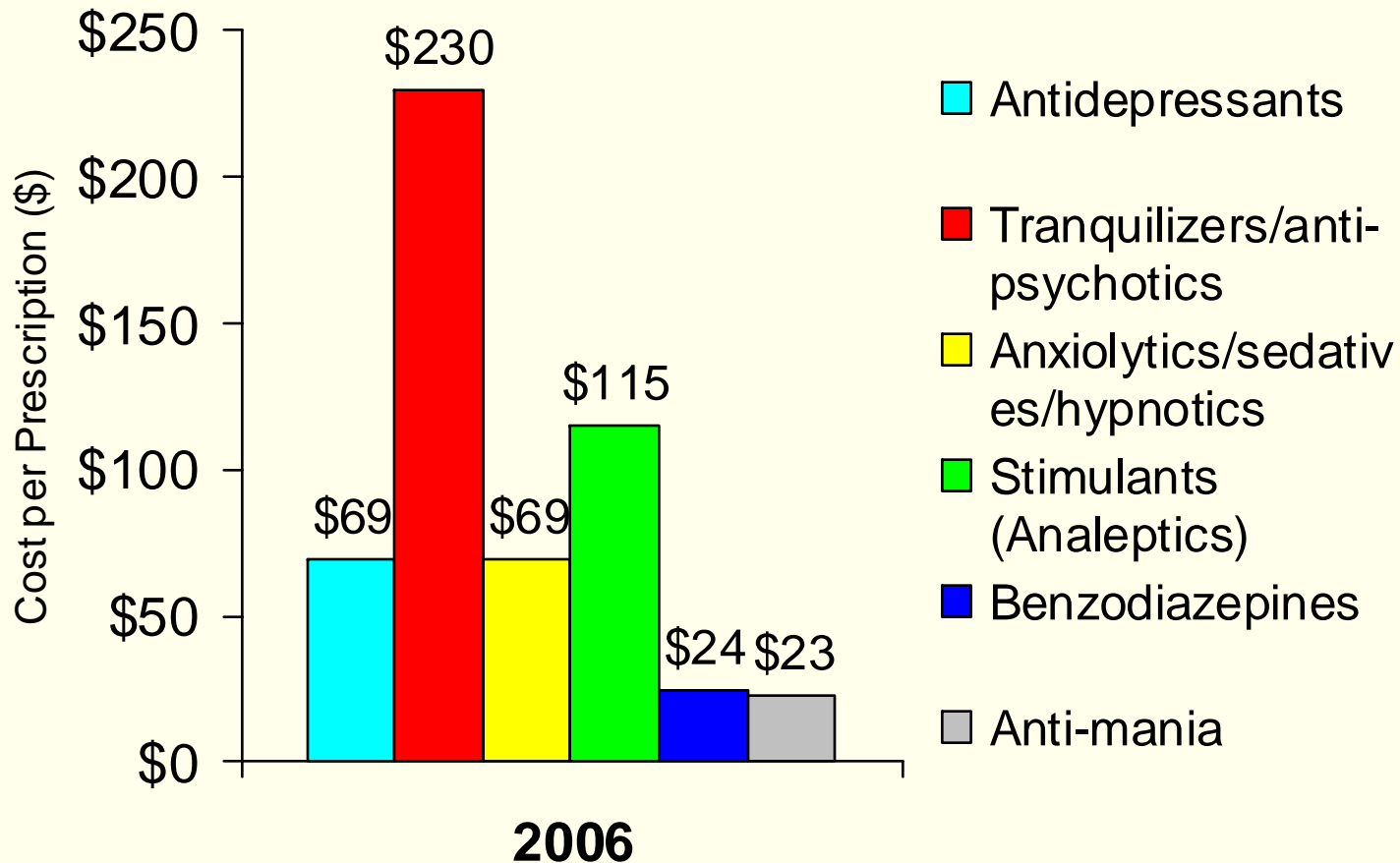


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Price Factor: Cost per Prescription by Rx Type

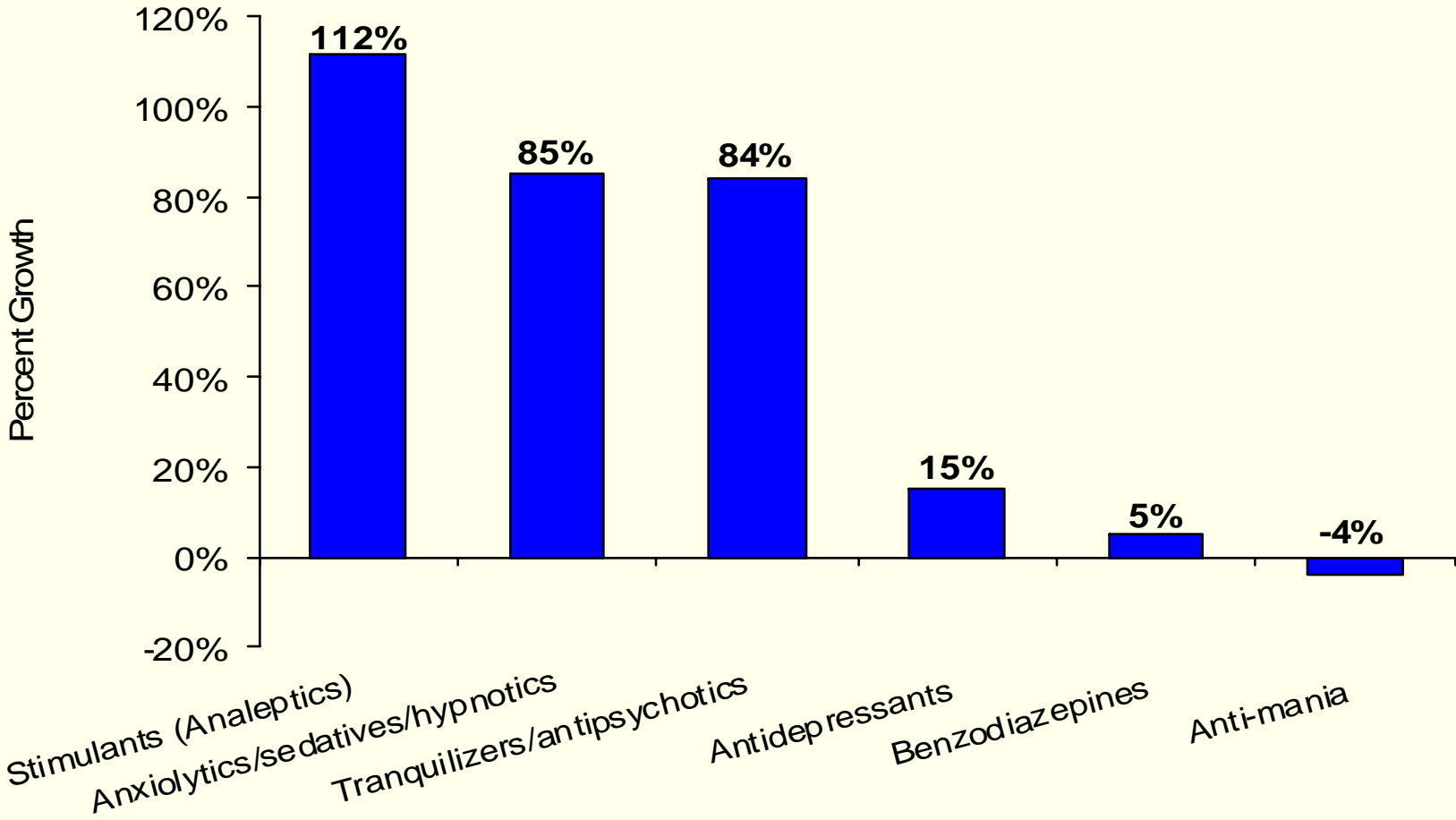


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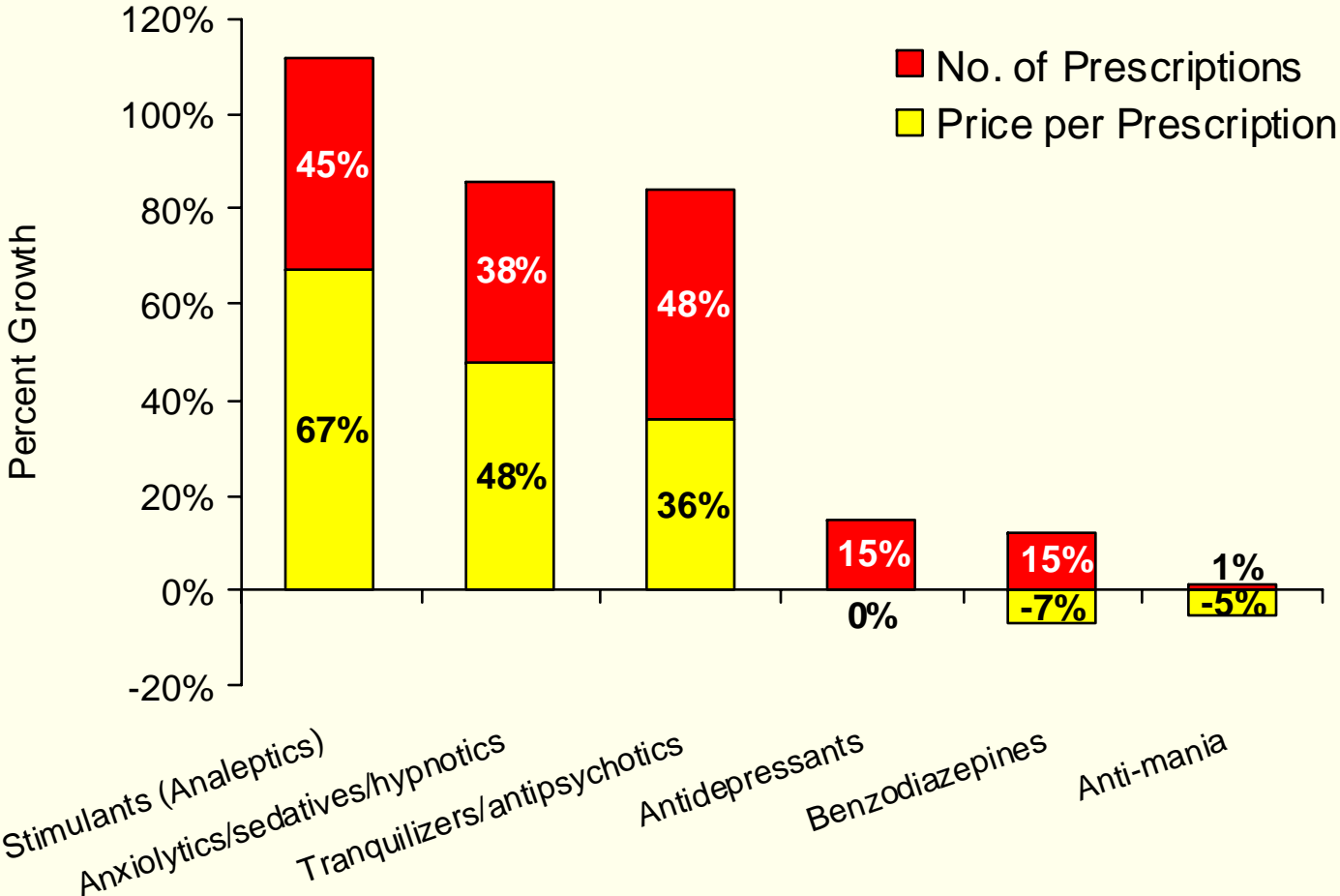
Spending Growth: 2002 to 2006



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Factors Affecting Spending Growth, 2002-2006



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Spending for R_xs Used in MH Treatment

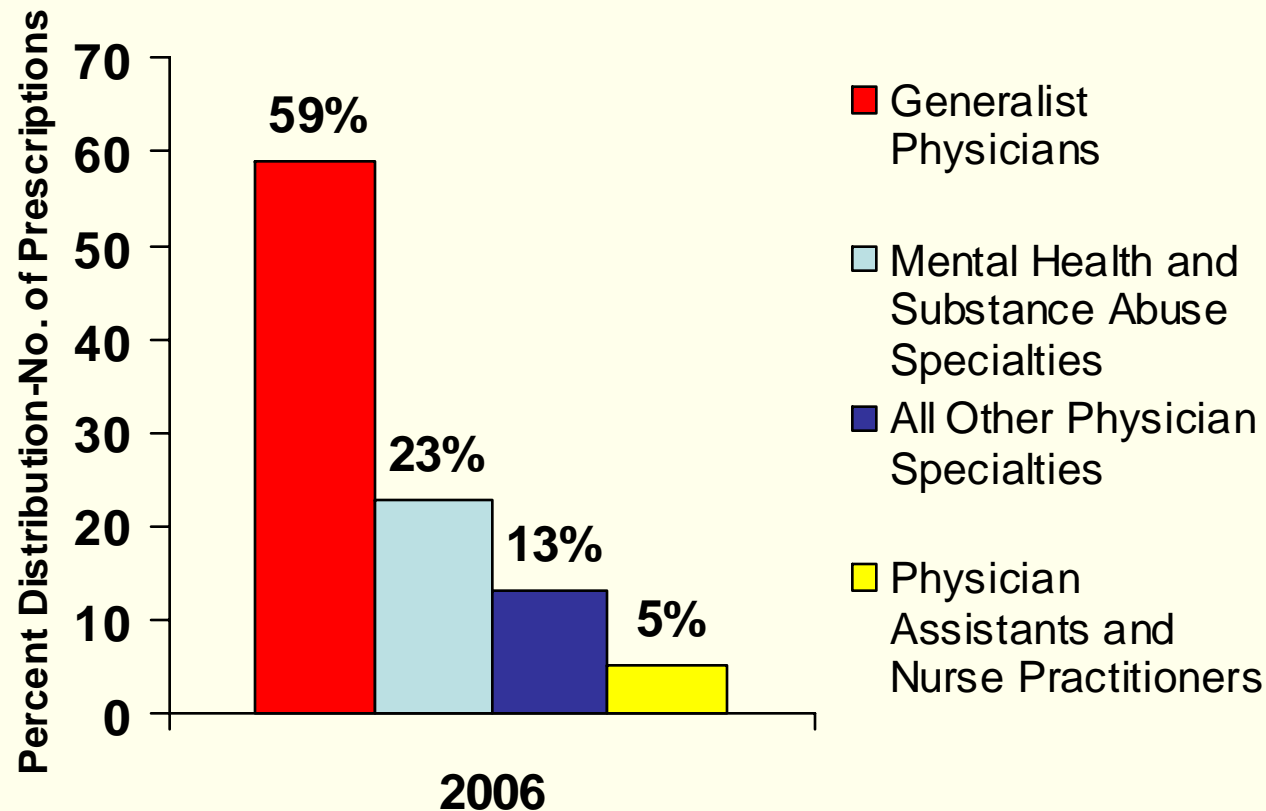
- Spending grew from \$26.2 billion in 2002 to \$37.8 billion in 2006
- 44% increase in MH drug spending
 - 52% due to increase in use
 - 48% due to increase in cost per script
- Factors accounting for spending growth differed by drug type



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Distribution of MH Medications by Prescribing Physician Specialty

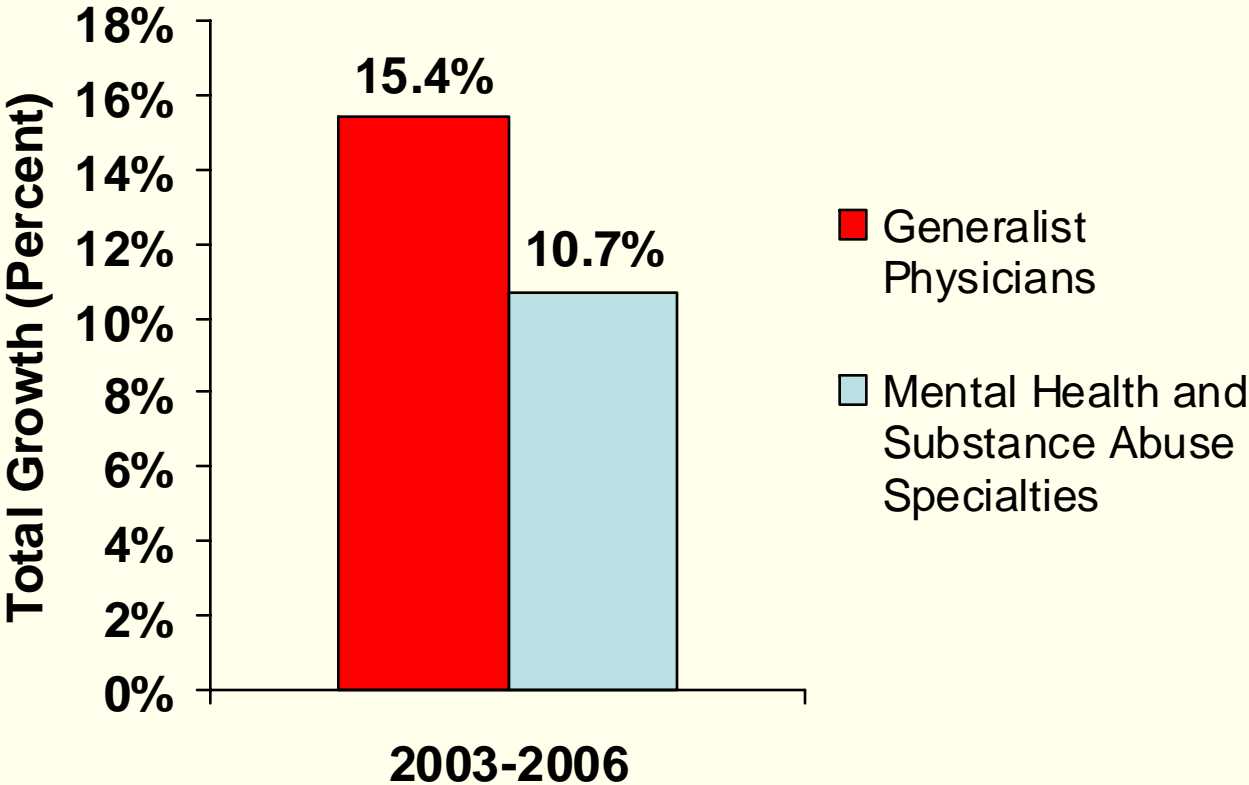


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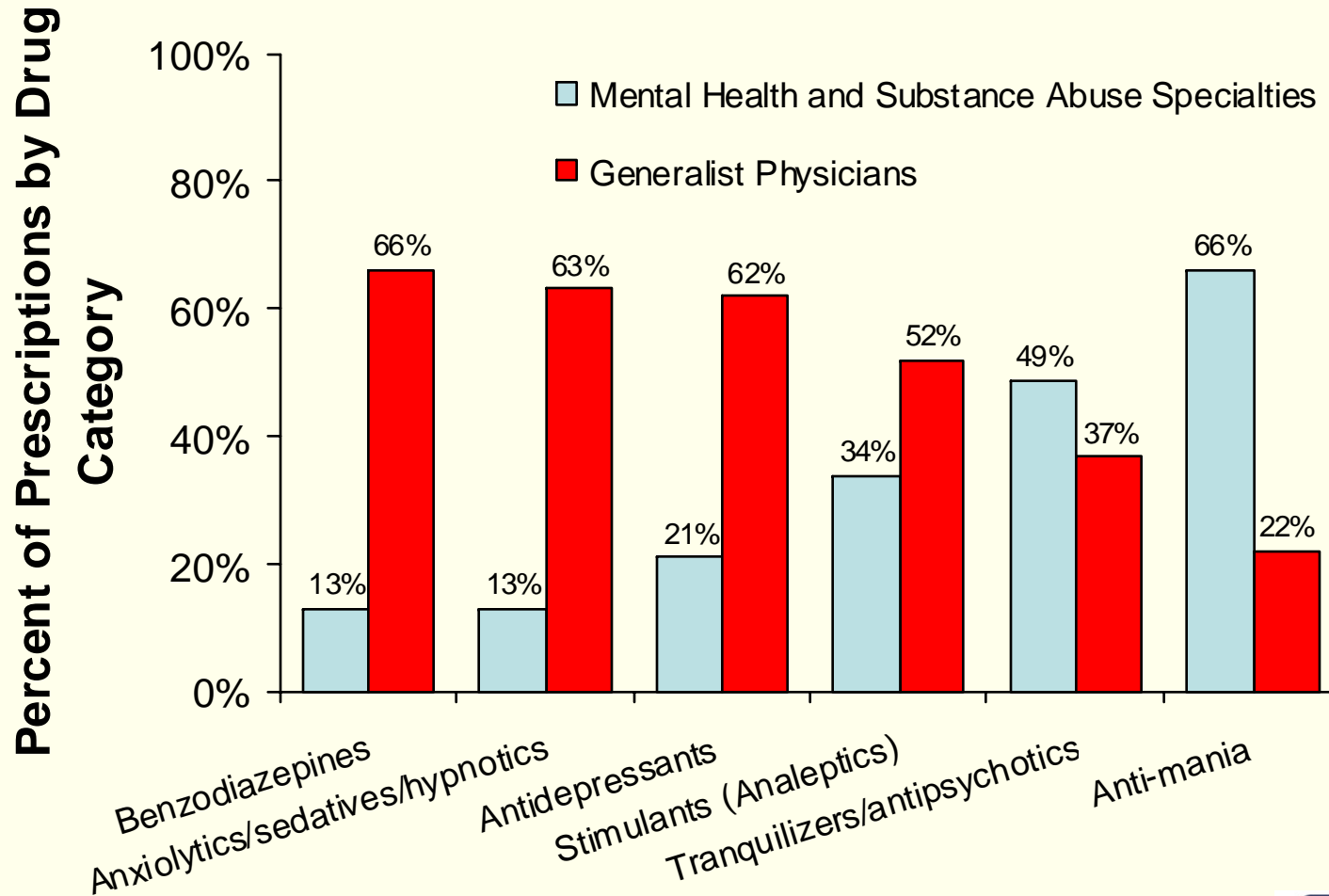
Growth in MH Medications by Prescribing Physician Specialty



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Distribution of MH Prescriptions by Physician Specialty & Rx Type



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Role of Physician Specialties in Prescribing MH Medications

- 6 out of every 10 MH scripts are written by primary care physicians (PCPs)
- Growth in PCP MH prescribing was 50% faster than that of MH specialist prescribing (2003-2006)
- PCPs prescribed a greater share of benzodiazepines, anxiolytics, antidepressants, and stimulants
- MH specialists prescribed a greater share of antipsychotics and antimanic



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Possible Pros & Cons of Primary Care Physician (PCP) Prescribing

- Patient Access
- Diagnosis and Treatment
- Training
- Insurance Incentives



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Possible Pros of PCP Prescribing: Patient Access

- PCPs may provide access to care in areas where MH professionals are in short supply
- PCPs may prescribe in conjunction with treatment by psychologists, counselors, or social workers (who cannot write prescriptions)
- Individuals may receive MH treatment in a setting that is comfortable (family doctor), avoid perceived stigma



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Possible Cons of PCP Prescribing: Diagnosis and Treatment

- PCPs may be less well trained to diagnose mental illness
 - Formal assessment instruments used less often
 - Potential for under- or misdiagnosis and inappropriate treatment
- Shift in prescribing to PCPs can de-link medication therapy from proven benefits of behavioral therapy



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Possible Cons of PCP Prescribing: Physician Training and Insurance Incentives

- PCPs may be less knowledgeable about MH medications and their side effects and effectiveness
- PCPs may not have the payment incentives to encourage routine monitoring of MH conditions in primary care settings

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