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Medicare Part D: Medication access and continuity problems and suicidality in psychiatric patients

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Disclosures

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No relationships to disclose

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Research Objective

Examine the relationship between medication switches, discontinuations, and other access problems and suicidal ideation or behavior among psychiatric patients with Medicare and Medicaid insurance during the first year of the Part D benefit.

Background

- Medicare Modernization Act of 2003, Part D, shifted drug coverage for beneficiaries eligible under both Medicare and Medicaid ("dual eligibles") from Medicaid to Medicare.
- Medicare Part D prescription drug benefit implemented on January 1, 2006.
- Affected 2 million dual eligibles with mental and addictive illnesses, a highly vulnerable population.

Background

- Significant concerns emerged concerning treatment access and continuity of care for dual eligible patients.
- Patients who experienced medication access problems had significant increases in adverse events.
  - Including increases in suicidal ideation or behavior
- Current study undertaken to more fully characterize medication access problems and patient, setting, and prescription drug plan characteristics associated with psychiatrist-reported increases in patient suicidal ideation or behavior.

Methods

Source:	National Study of Medicaid and Medicare Psychopharmacologic Treatment Access and Continuity, 2006
Design:	Naturalistic study; 3 cross-sectional assessments
Timeframe:	January–April, May–August, September–December 2006
Sample:	Randomly selected psychiatrists using the AMA Physician Masterfile
Eligibility:	Treat dual eligible patients in last typical workweek
Response:	6,467 contacted; 66-75% (N=4275) responded over 3 cycles; 35% (N=1,490) eligible

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Methods

Data:	Psychiatrist-reported, clinically-detailed data on one systematically-selected, dual-eligible patient treated in last typical work week
Excluded:	Patients < 18, missing sex or age, with diagnoses of alcohol/drug abuse only or personality disorders only, patients in nursing homes
Final sample size:	N=908 patients
Analyses:	Weighted descriptive statistics and chi square tests to examine sociodemographic and clinical characteristics and medication access problems; propensity score analyses to examine suicidality among patients with and without medication access problems

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Primary Study Measures

Suicidal Ideation or Behavior

Since January 1, 2006, has this patient had an increase in suicidal ideation or behavior?

Medication switch

Patient was stable on a clinically desired or indicated medication, but was required to switch to a different medication because clinically preferred medication refills were not covered or approved.

Medication discontinuation

Medication was discontinued or temporarily stopped because of drug coverage, management or administration issues, or copayments.

Results

Sociodemographic Characteristics

	% No SI (N=764)	% SI (N=144)
Total	84.3	15.7
Female	81.1	18.9**
Male	88.3	11.7
Non-white	86.7	13.3
White	83.3	16.7
≤ 25	80.9	19.1
26-40	87.1	12.9
41-55	83.3	16.7
56-64	80.3	19.8
≥ 65	87.8	12.2

* p<.05 ** p<.01 *** p<.001

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Results

Region and Treatment Setting

	% No SI (N=764)	% SI (N=144)
Total	84.3	15.7
Northeast	89.6	10.4
Midwest	78.2	21.9**
South	85.9	14.1
West	82.3	17.7
Public clinic/outpatient facility	83.4	16.6
Private clinic/outpatient facility	82.2	17.8
Solo or group private office	86.6	13.4
Private inpatient facility	88.9	11.1
Public inpatient facility	84.5	15.5
Other	83.3	16.7

** p<.01

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Results

Psychiatric Diagnoses

	% No SI (N=764)	% SI (N=144)
Total	84.3	15.7
Schizophrenia	84.6	15.4
Bipolar disorder	82.3	17.7
Major depression	83.6	16.4
Anxiety disorders	85.1	14.9
Alcohol use disorder	86.7	13.3
Other substance use disorder	84.4	15.6
Other disorder	77.9	22.1**
Exactly one disorder	87.9	12.1
More than one disorder	79.2	20.8***

** p<.01 *** p<.001

Results

Severe Symptoms

	% No SI (N=764)	% SI (N=144)
Total	84.3	15.7
Sleep problems	57.0	43.0***
Depressive	58.3	41.7***
Anxiety	66.6	33.4***
Alcohol/other substance abuse	76.1	23.9
Psychotic/manic	82.8	17.2

*** p<.001

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Results

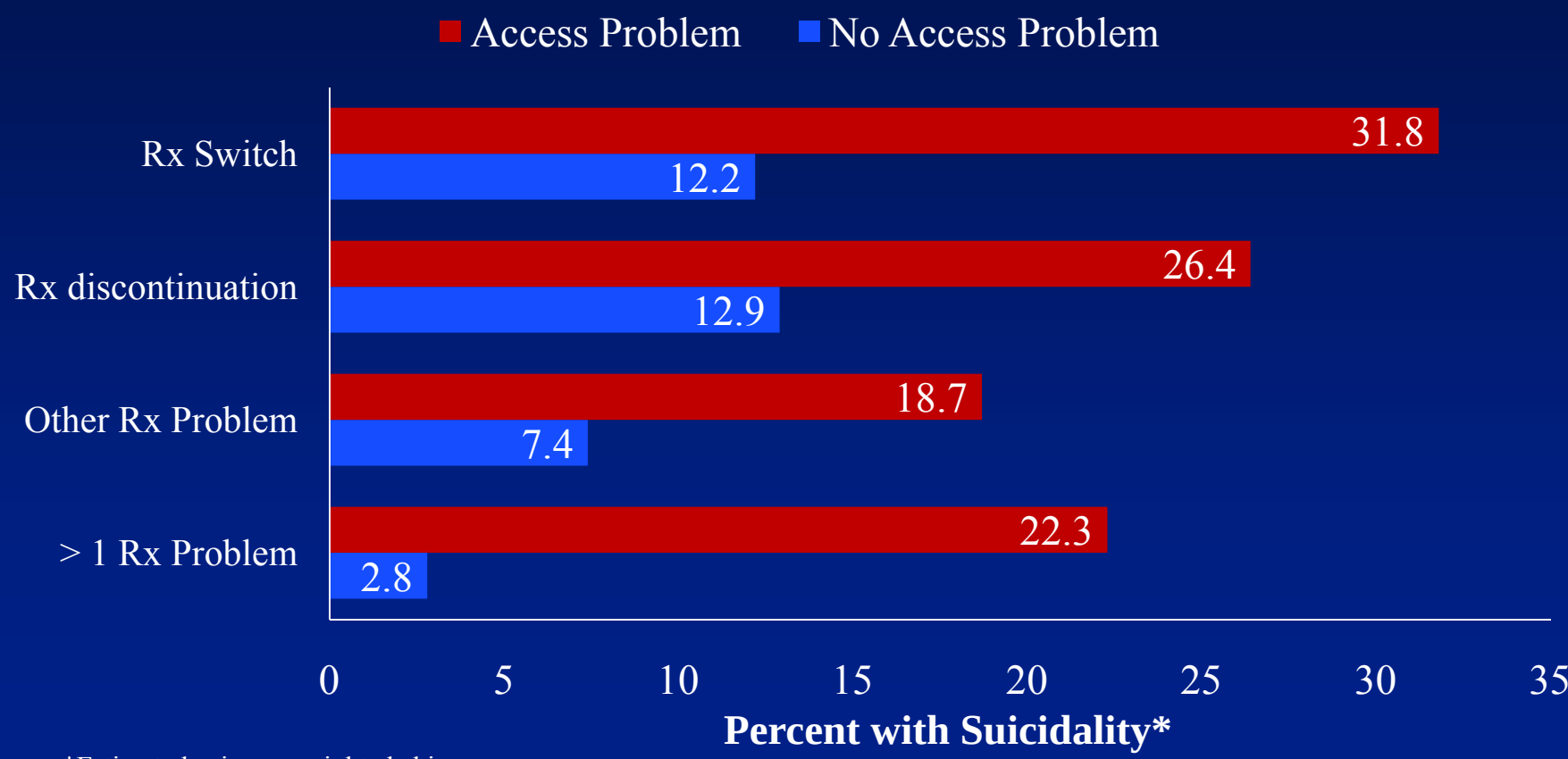
Medication Access Problems

	% No SI (N=764)	% SI (N=144)
Total	84.3	15.7
Medication switch	70.1	29.9***
Medication discontinuation	75.2	24.8***
Other medication access problem	80.0	20.0***
One or more medication access problems	78.1	21.9***

*** p<.001

Results

Suicidality* among Patients with and without Medication Access Problems



*Estimated using unweighted chi squares

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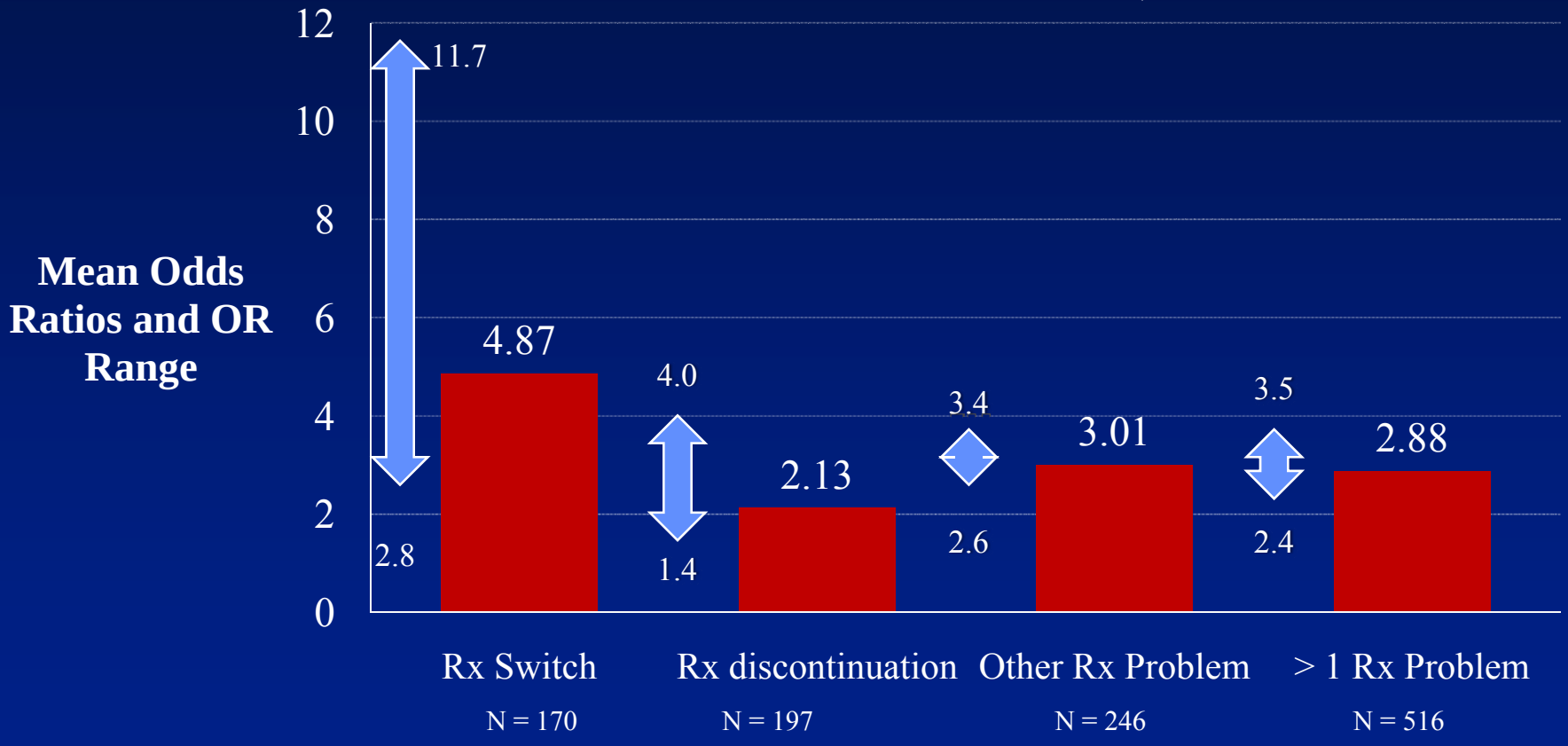
Results

Mean Odds Ratios* of Suicidality among Patients with and without Medication Access Problems (↕ = OR Range)



*Estimated from propensity score analyses

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Summary of Key Findings

- Strong and consistent relationships were found between medication access problems and suicidal ideation or behavior.
- More than one in five patients who had any medication access problem also experienced suicidality.
- One in three patients who were required to switch medications experienced suicidality.

Clinical Implications

- Suicidal ideation or behavior can be a potential consequence of a medication disruption or change which is not clinically indicated.
- Clinicians need to be aware of the potential for increased suicidality when a clinically stable patient's medication regimen is altered.
- Clinicians need to monitor any switches in medications or other disruptions in medication continuity.

Policy Implications

- Dual-eligible psychiatric patients represent a highly vulnerable group with a substantial burden of illness.
- This population merits special protections.
- Prescription drug coverage and management policies related to medication access for seriously ill psychiatric patients need to be revised.
- Prescription drug coverage and management policies that are sensitive to the needs of the most vulnerable patients may potentially ease suffering and ultimately save lives.

Mościcki EK, West JC, Rae DR, Rubio-Stipec M, Wilk JE, Regier DA. Suicidality is associated with medication access problems in publicly insured psychiatric patients. In press, *Journal of Clinical Psychiatry*.

Thank you!

Questions?

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