



Joint Committee on Home & Community Based Services and KanCare Oversight

November 18, 2014

Presented by:
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Executive Director

NAMI Kansas is the state organization of the National Alliance on Mental Illness, a grassroots organization whose members are individuals living with mental illnesses and their family members who provide care and support. NAMI Kansas provides programs of peer support and education by and for our members through a statewide network of local affiliates. We advocate for individuals who are living with mental illness to ensure their access to treatment and supportive services.

Given discussions in the Oversight Committee about access to medications, I wanted to take this opportunity to state NAMI's positions relative to ensuring open access to psychiatric medications. We oppose, at all costs, "fail first" provisions in state laws and policies. To that end we embrace the position of the Kansas Mental Health Coalition to preserve the statutory exemption for psychiatric medications in the Medicaid program.

We would like to draw your attention to a study published in *Psychiatric Services* on November 6, 2014, as reflected in the attached documents. The study, administered by the National Council for Behavioral Health and NAMI, concludes that medication restrictions significantly affect mental health treatment and that formulary restrictions, prior authorization and fail-first rules present obstacles to treatment.

We ask you not to forward any recommendation related to these restrictive practices.

Thank you for your time and attention.

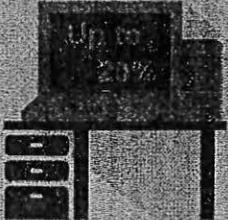
Medication Restrictions Significantly Affect Mental Health Treatment Outcomes; New Survey Cites Formulary Restrictions, Prior Authorization and "Fail-First" Rules as Obstacles

WASHINGTON, Nov. 6, 2014 /PRNewswire-USNewswire/ -- A new study administered by the National Council for Behavioral Health and the **National Alliance on Mental Illness (NAMI)** and published in *Psychiatric Services* today found many common insurance and state Medicaid policies may negatively impact patient health and impose a major workload on psychiatrists that takes time away from patient care and other important duties.

Rx Restrictions Hurt People

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
STATE ASSOCIATIONS OF ADDICTION SERVICES
Stranger Together

A recent survey of psychiatrists found many common insurance and state Medicaid policies negatively impact patient health and impose a major workload burden on providers:

<p>MORE THAN 50%</p>  <p>cited formulary restrictions, prior authorization, and fail-first protocols as the most frequent barriers to medications</p>	<p>33%</p>  <p>reported spending up to 20% of their time on administrative tasks</p>	<p>1 in 10</p>  <p>spend 40% or more</p>
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**NEARLY 90% AGREED** that having multiple medication options is important to help them find the best fit for patients

An overview of the survey's results is available at <http://bit.ly/AccessSurvey2014>.

More than 50 percent of psychiatrists surveyed practicing in community mental health centers pointed to formulary restrictions, prior authorization and step therapy protocols as the most frequent roadblocks to prescribing an optimal treatment regimen. Step therapy protocols are sometimes referred to as "fail first" policies, as they only allow psychiatrists to pursue different drug options after other treatments fail to help patients.

"Our research shows that many obstacles continue to limit mental health providers' ability to effectively provide care," says Dr. Ruth Shim, one of the study's authors. "The next step is to take policy action to remove these barriers to increase access to and quality of care for individuals living with mental illnesses."

These policies burden providers with additional bureaucracy, time which could otherwise be used treating patients. Three-quarters of psychiatrists spend more than 10 percent of their time on utilization management-related administrative tasks, with one in ten reporting they spend 40 percent or more of their time on such tasks.

Most importantly, the study found medication restriction policies directly impact patient wellness. Three-quarters of psychiatrists state that patients had trouble complying with medication plans, while 62 percent said patients experienced increased emergency department visits, hospitalizations, and increased health care costs.

Increasing medication options will provide better care and improve patient results according to those surveyed. Nearly 90 percent of psychiatrists agreed that multiple medication options are important in allowing them to find the best fit for patients based on potential side effects in relation to their condition.

"Mental health treatments are not one size fits all," according to Linda Rosenberg, president and CEO of the National Council. "Choosing the right plan should be the decision of a patient and their doctor, not rigid health plan policies. Increasing options, reducing paperwork and restoring physician authority ultimately results in better patient care."

"The survey confirms what individuals and families affected by mental illness know from direct experience," said Mary Giliberti, NAMI's executive director. "Having a choice of medication is critical for positive outcomes. Too much time is being spent on needless authorizations rather than treatment. Policy change is needed to empower individuals and their doctors to make the right choices based on personal needs and goals, rather than on lists and failures."

The study was jointly funded by a grant from Sunovion, Takeda Pharmaceuticals, and Lundbeck, LLC to the National Council and NAMI. A poster based on this data was presented at the American Psychiatric Association's Institute on Psychiatric Services conference in San Francisco October 31-November 1 and an overview of the survey's results was published in the November issue of the American Psychiatric Association's journal *Psychiatric Services*, available at <http://bit.ly/AccessSurvey2014>.

The National Council for Behavioral Health (National Council) is the unifying voice of America's community mental health and addictions treatment organizations. Together with 2,200 member organizations, it serves more than eight million adults and children living with mental illnesses and addiction disorders. The organization is committed to ensuring all Americans have access to comprehensive, high-quality care that affords every opportunity for recovery and full participation in community life. The National Council pioneered Mental Health First Aid in the U.S. and has trained more than 250,000 individuals to connect youth and adults in need to mental health and addictions care in their communities. To learn more about the National Council, visit www.TheNationalCouncil.org.

The National Alliance on Mental Illness (NAMI) is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raise awareness and build a community for hope for all of those in need. To learn more about NAMI visit www.nami.org.

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Psychiatrists' Perceptions of Insurance-Related Medication Access Barriers

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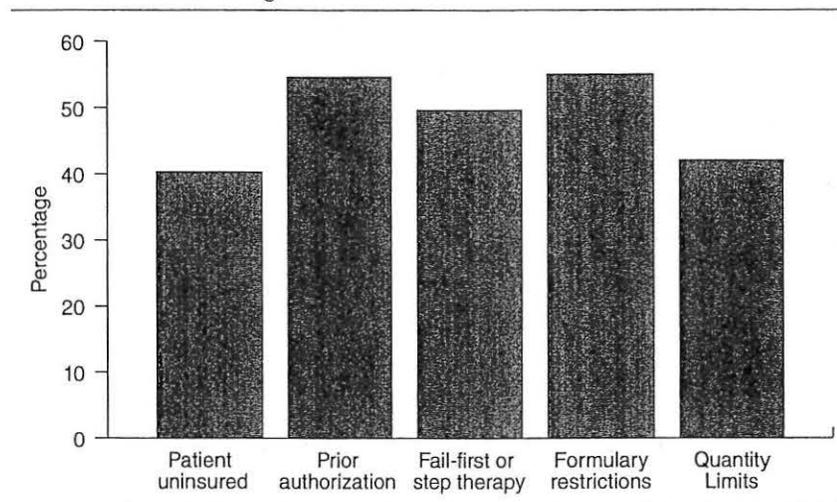
In early 2014, the Centers for Medicare and Medicaid Services rolled back its proposed rule to limit patients' access to psychotropic medications in Medicare Part D. However, many states continue to impose medication access restrictions in their Medicaid programs, such as prior authorization, preferred drug lists, limitations on the number of prescriptions, and fail-first requirements. Few studies have documented psychiatrists' perceptions of how these policies present barriers to effective care and how they affect patient outcomes. This analysis sought to understand how psychiatrists in community mental health centers (CMHCs) perceive barriers to accessing medications for their patients.

From June to August 2013, e-mails were sent to psychiatrists practicing in sites affiliated with the National Council for Behavioral Health asking them to participate in an online survey administered by the National Council and the National Alliance on Mental Illness. A convenience sample of psychiatrists was obtained: 435 surveys were returned, and 55% (N=238) met inclusion criteria (actively practicing psychiatry and

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Figure 1

Percentage of psychiatrists in CMHCs who reported frequently encountering five barriers to accessing medications



with knowledge of their organization's clinical programs). Respondents were surveyed about barriers to providing psychiatric care, access to medications, and adequacy of patients' health plans.

As shown in Figure 1, the most frequently cited barriers (as defined by "often" and "always" responses) in accessing medications for patients were formulary restrictions (55% of respondents), prior authorization (55%), and fail-first or step therapy protocols (50%). More than one-third of psychiatrists reported spending between 11% and 20% of their time handling tasks related to prior authorization. Most psychiatrists strongly agreed that it is important to be able to select among multiple psychiatric medications to manage patients' illnesses (66%), that avail-

able medications have various levels of tolerability (64%), and that they may need to try multiple drugs to find the best fit for patients (61%).

Many psychiatrists in CMHCs reported significant barriers in access to medications that limit the ability to provide effective treatment. It is important to better understand how the perceived barriers may affect outcomes under health care reform. Continued work on reform that addresses medication access policies is needed to remove barriers.

Acknowledgments and disclosures

This study was jointly funded by a grant from Sunovion, Takeda Pharmaceuticals, and Lundbeck LLC to the National Council for Behavioral Health and the National Alliance on Mental Illness. The authors report no competing interests.