Improving Mental Health Outcomes in Veterans Through Dashboard Technology

Amy Furman, Pharm.D.
Mental Health Data Manager
VA Sierra Pacific Network (V21)
VA Desert Pacific Network (V22)

Learning Objectives
1. Describe VA Academic Detailing
2. Show how an increase in metabolic monitoring and a decrease in off-label use of antipsychotics can be achieved and sustained
3. Demonstrate the VISN 21/22 Academic Detail Dashboard products and tools

What is VA Academic Detailing?
- **Academic Educator for Pilot Program**
  - Clinical mental health pharmacists
  - Work with mental health providers to provide increased access to current literature
- **Our Purpose**
  - Provide evidence based non-commercial biased educational outreach to patients and providers
  - More appropriately utilize healthcare system resources
- **AIM**
  - Using clinical pharmacists as academic educators, partner with MH providers to improve veteran health outcomes for patients using mental health medications by July 2012

Do you have experience working with an Academic Detailing Program?
1. Yes
2. No

Opportunities to Improve
- High rate of poly-pharmacy in MH based on 5 drug review
- Poor coordination of care between MH and PC
- Low rates of metabolic monitoring in MH
- Low rates of clozapine and risperidone use
- High off-label use of Atypical Antipsychotics
  - High dose
  - Low dose
  - Dementia
  - PTSD

Which topic is of most interest to you?
1. Improving the monitoring of metabolic syndrome and reducing related risks
2. Fostering greater use of clozapine in refractory patients diagnosed with schizophrenia
3. Decreasing the off-label use of antipsychotics
4. Other

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Structured Educational Outreach
Visit Process

- Every message (principle) has tools and a specific metric
- Cannot determine success of a message without metrics
- Tools should reinforce message and promote results

Key Messages

<table>
<thead>
<tr>
<th>Metabolic Monitoring</th>
<th>Off Label Use</th>
<th>Clozapine Utilization</th>
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</thead>
<tbody>
<tr>
<td>Weight, BP, BG, and lipids should be monitored at least annually</td>
<td>Explore alternate therapeutic options for patients with PTSD, Dementia and Sleep</td>
<td>FGA and SGA have similar efficacy as initial therapy</td>
</tr>
<tr>
<td>Consider alternative agents to minimize metabolic risk</td>
<td>Optimize monotherapy before using multi drug therapy</td>
<td>Clozapine is superior for treatment resistant schizophrenia</td>
</tr>
<tr>
<td>Select agents with more favorable metabolic profiles</td>
<td>Evaluate alternate treatment options before using higher than labeled dosing</td>
<td>Efficacy and safety of high dose antipsychotics has not been demonstrated</td>
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Tools

- Evaluate Clinics for Equipment
- Provider Educational Materials
- Patient Educational Handouts
- Letters to the Patient
- Posters Promoting Patient Involvement
- Quick Reference Cards for Providers
- Mental Health Clinical Dashboards
- Actionable Reports

Poster to Increase Patient Involvement

Mental Health Dashboard Benefits

- Leverages local, regional and national data
  - Daily data extraction from data warehouse
- Analyzes entire mental health patient population
- Information can be used to:
  - Track performance administratively
  - Make clinical interventions to improve patient outcomes

Mental Health Dashboards

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Drill Down Options

Making a Difference: Provider Level Data

Link to a report of patients requiring action

Upcoming Appointments Report

Entire Panel Report

Drill toDetail

Metabolic Monitoring Dashboard and Reports

Metabolic Monitoring Dashboard

Real Provider Resources

Real Patient Results

Drill Down Options

Making a Difference:
Provider Level Data

Platforms for Performance: Clinical Dashboards to Improve Quality and Safety

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Risperidone Not Effective in PTSD …
What about all the other ones

- Krystal Study JAMA August 2011 (10)
  - No difference than placebo in Cognitive Global Impression scale
  - “Despite its widespread use, risperidone (Risperdal) is not effective in patients with combat-related PTSD, according to the results of a multicenter VA study. Risperdal, an antipsychotic, has been found successful in treating schizophrenia, bipolar disorder, and some of the symptoms of autistic disorder. The drug acts primarily on the dopaminergic and serotonergic systems. Physicians have been using risperidone and other second-generation antipsychotics as adjunctive therapy for PTSD patients who do not respond to selective serotonin reuptake inhibitors (SSRIs) believing that it could improve the hyperarousal and re-experiencing symptoms of PTSD” US Medicine Report August 2011

Examine Opportunities for Interventions Off Label Indications

$1,337,680 annualized cost / 2352 patients

Consider Role of AP in Off Label Indications (PTSD, Dementia, Sleep)

Do you currently have a method to evaluate adherence?

1. Yes
2. No

Sum of Day’s Supply Received = Adherence
Weighing the Risks and Benefits

- If I am already obese, does it bother me to be put on a drug at risk of causing weight gain and cardiac risk given I am struggling to get the weight off, and I'm trying to get my depression symptoms under control?

- As a patient would I choose Diabetes over a good night sleep?
Total Hits April – July 2011

Total Hits By VISN

Hits By Report

Results

Interim analysis completed October 2010 through February 2011

MEASURE: Annual Metabolic Monitoring % Change FY2010 to FY2011

% Patients Receiving Two or More Antipsychotics - PolyPharmacy Impact

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Summary of Interim Results: Metabolic Risk Reduction

- Significant improvements in monitoring was found for combined analysis VISN 21/22 by working with individual facilities to address site barriers.
- Metabolic control has a longer lag time to impact with the both prescribing changes of antipsychotics and treatment of patients with metabolic abnormalities.
- Gap in care between PCP and patient management goals, will be difficult to attain metabolic control for % of the population.

Conclusions

- Mental Health Dashboards and Academic Detailers collaborative model demonstrated early impact on prescribing practices in VISN 21/22.
- Patient clinical outcomes require a longer duration for measurement period to see the total impact of the provider behavior change.
- Further evaluation is needed to determine which modalities of this educational model are most effective.

References