

Implementing medication  
guidelines in Florida's mental  
health system: The application of  
theory and research

# Sponsored by the Florida Agency for Health Care Administration

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# Program goals

## Ch. 409.912(39) (a) (10)

- Improve quality of behavioral health drug prescribing practices
- Improve patient adherence
- Reduce clinical risk
- Lower costs

# Clinical guidelines: barriers to adoption

- Awareness
- Nature of the guidelines
  - Tentative
  - Emergent and changing
- Characteristics of the practitioners
- Cultural and organizational contexts

# Literature on guideline implementation

- No magic bullets
- Change is modest and incremental
- Importance of contextual factors
- Passive vs. active interventions
- Multifaceted approaches
- Sustained activity
- Cost and need to organize and target

# Overall strategies

- Target conditions with important medication management issues
- Develop/adopt best practice medication guidelines for major mental illnesses
- Use educational and technological approaches to promote best practices, educate consumers and train prescribers in the use of practice guidelines

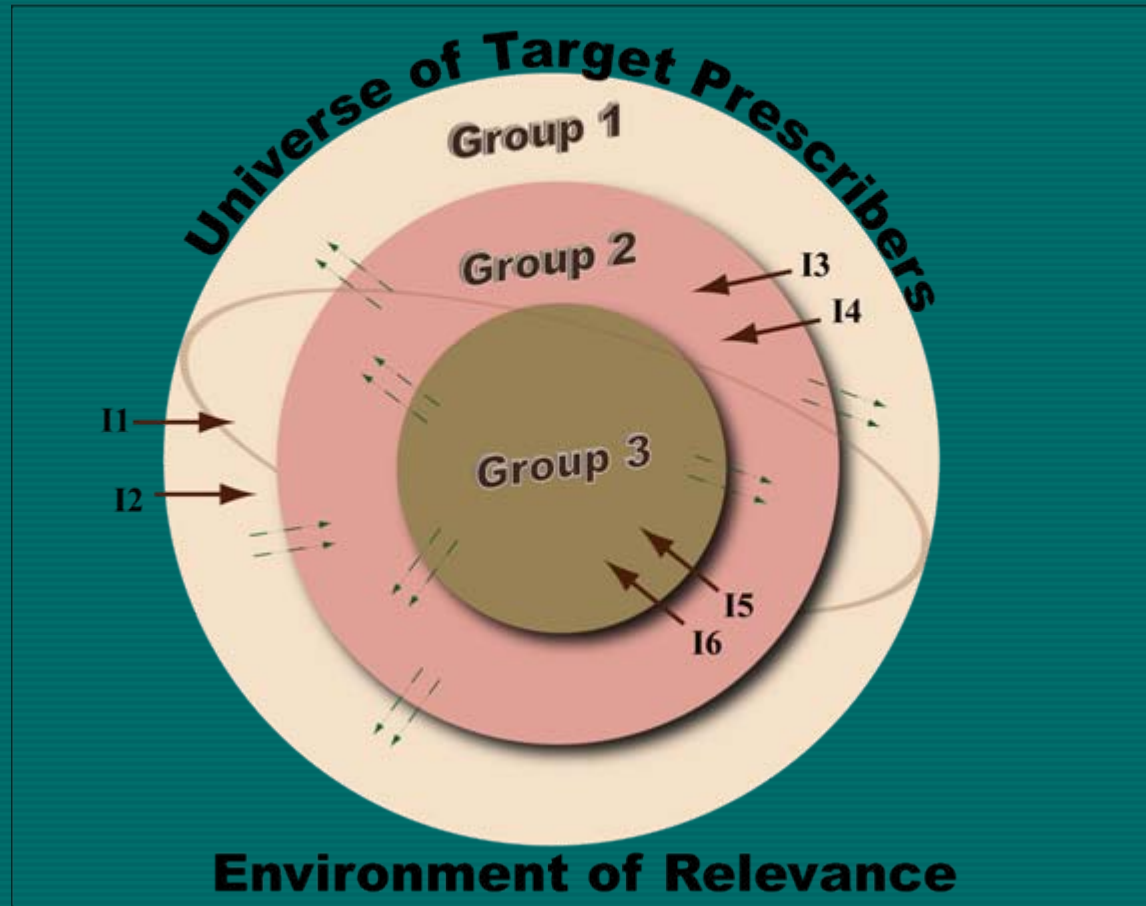
# Intervention framework

- Identify guideline-consistent pharmacy claims edit
- Focus on high volume prescribers
- Organize them into groups based on the relative consistency of their prescribing with the guidelines
- Design interventions that are reasonable for each group (appropriateness and cost per contact)
- Implement the interventions sequentially

# Framework continued

- Create feedback loops
- Regularly monitor individual physician prescribing patterns
- Regularly adjust interventions applies to each provider based on current prescribing vs. guidelines

# Universe of Target Prescribers



# Level 1: prospective strategies

- Collaborative development of guidelines
- Distribution through medical societies and publication in state medical publications
- Medical advisory group meetings
- Presentations to medical societies
- Presentation to provider groups
- Local implementation plans and CME's
- Developing and marketing program website

# Level 2: retrospective strategies

- Monthly analysis of pharmacy claims against edits
- Development of guideline consistent quality edits
- Targeting prescribers based on volume of unusual practices
- Electronically generated letters/packages detailing patients, issues and clinical considerations
- 90 day drug histories- multiple prescribers, adherence and drug interactions
- Incorporation of agency specific data into CMHC quality improvement programs

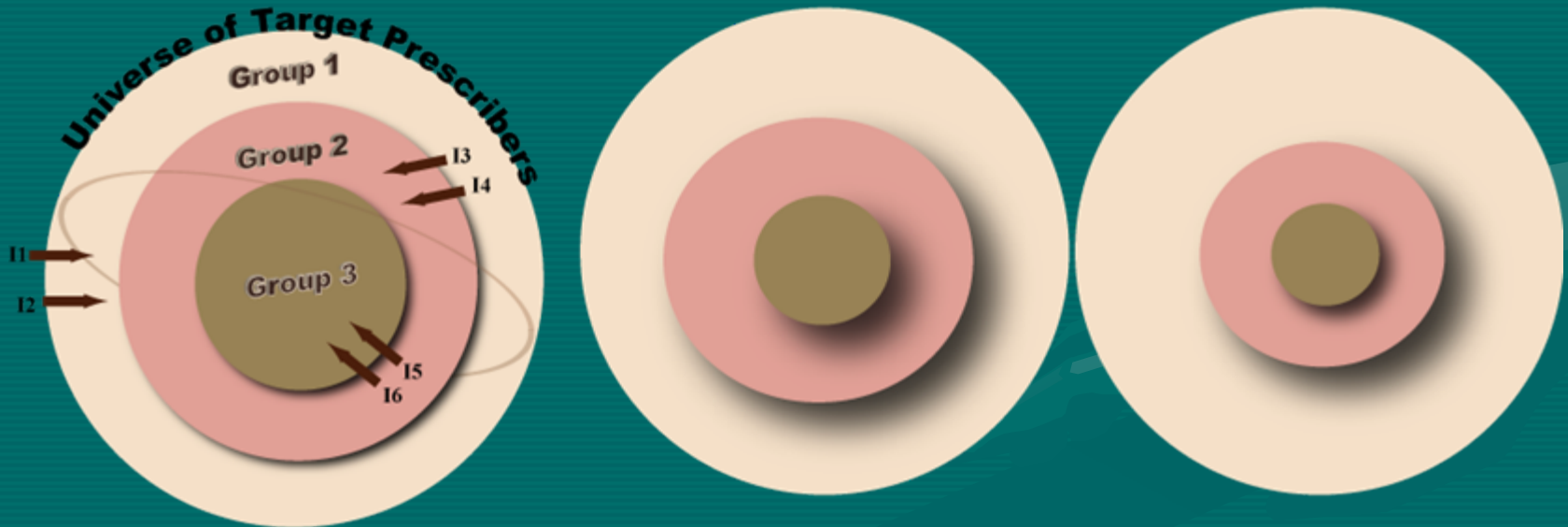
# Level 3: point of care strategies

- eMPOWER<sub>x</sub> technology in PDA and desk top applications
- Immediate access to current 100 day patient drug histories- multiple prescribers, adherence, drug interaction alerts, electronic access to guidelines and application of quality edits
- Electronic prescription writing and transmission to retail pharmacy
- Initiatives to increase utilization of the technology

# Level 3: face to face interventions

- Academic detailing
  - Small group discussions/consultation
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# Impact on practices over time



**Environment of Relevance**

# Environment of relevance: consumers

- Pharmacist/patient interaction
- Feedback from pharmacists for potential program follow up
- Presentations to consumer/family groups
- Search for communication channels

# Environment of relevance: Payers and policy makers

- Briefing in the context of controversy: trends, issues and impacts on quality and cost
- Presentations to state legislative committees

# Infrastructure requirements

- Ongoing funding source
- Maintenance of collaborative relationships
- Updating of the guidelines
- Refinement of quality edits
- Efficiency of feedback loops