This Month in Quality: Antidepressant Medication Management (AMM)

CHPW is dedicated to fostering data-driven continuous improvement in programs and services that impact quality of care and customer health. This month we are spotlighting Antidepressant Medication Management (AMM), a NCQA HEDIS initiative designed to improve compliance with medications used to treat depression. Depression is a common and serious mood disorder. It can negatively affect how you think and feel, and can disrupt daily functioning, such as eating habits, sleeping patterns, or concentration with work.

AMM assesses adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on them. The measure includes two components: Effective Acute Phase Treatment and Effective Continuation Phase Treatment. The Acute Phase includes the percentage of newly diagnosed adults who remained on an antidepressant medication for at least 12 weeks, and the Continuation Phase includes the percentage of adults who remained on an antidepressant medication for at least 6 months. The Washington State Health Care Authority has set target goals for 2020 of at least 64.72% of patients to have an effective Acute Phase, and 49.24% of patients to have an effective Continuation Phase. (For more information, visit https://www.hca.wa.gov/assets/program/P4P-antidepressant-medication-management-18.pdf)

How YOU as a provider can help
Pharmacists are the most accessible members of the healthcare team and every interaction is an opportunity to educate the patient. Consider these talking points for your patients with depression

- Address the stigma surrounding depression. Depression is an illness, like diabetes or heart disease, and requires treatment
- Taking antidepressants is not a sign of weakness, but an important part in the treatment of depression
- Talk to the patient about the importance of continuing their medication and scheduling follow-up visits, even if they feel better

Adherence to medications is key for the successful treatment of depression. A simple and effective way that you as a provider can help increase adherence is to talk to you patients, once stable, about switching to a 90-day supply. As adherence has become more valued as an overall measure of quality, total 90-day claims have doubled between 2018 and 2019. And we can apply this trend to AMM.

If your patients are finding it challenging to make it to the pharmacy due to disability, lack of transportation, or a busy schedule, make sure to discuss the fact that receiving their medications by mail is always an option. Walmart is CHPW’s mail-order service for Medicaid, Express Scripts is for Medicare, and some patient’s can even have their medications delivered by their CHCs!

Washington State’s averages in 2018 for AMM were 51% for Acute Phase and 35% for Continuation Phase. Let’s all work together to help our patients!

Pharmacy NPI Registration
As of 1/1/20, the Healthcare Authority (HCA) is requiring all pharmacies to register their NPIs with the State in order for claims to process appropriately. This is a mandatory registration requirement. This policy will help facilitate the automation of Service Based Enhancement (SBE) reimbursements and assist in preventing ‘Unknown NPI’ rejections, as these will no longer be considered ‘discrepancies’ and will count towards the overall error rate. The goal of this policy is

† 2018 data is applied to 2020 target goals
to ultimately prevent confusion, avoid delays in care to members, and assure contract compliance with HCA initiatives. To register, please use the link below: https://www.hca.wa.gov/assets/program/National-Provider-Identifier-Fact-Sheet.pdf

Ranitidine Recalls

Beginning September 13, 2019, the FDA has released numerous statements informing consumers and health care professionals of recalls of the over-the-counter acid suppressor ranitidine, commonly known as the brand-name drug Zantac. Routine quality tests revealed low levels of an impurity called N-nitrosodimethylamine (NDMA). NDMA is classified as a probable human carcinogen. This is the same impurity that sparked the recalls of Angiotensin II Receptor Blockers (ARBs) such as irbesartan, losartan, and valsartan, in 2018.

The FDA implements a recall if testing shows levels of NDMA above the acceptable daily intake limit of 96 nanograms per day (or 0.32 parts per million for ranitidine). To date, the FDA has issued 14 statements concerning ranitidine recalls, with the most recent on January 8th, 2020. The most acceptable OTC alternatives to ranitidine is famotidine (Pepcid, Pepcid AC) or omeprazole (Prilosec). Omeprazole should not be used for more than 14 days however, without prescriber approval. Additionally, per HCA policy, PPIs are limited to a maximum 2-month supply with prescription during any 12-month period. Cimetidine (Tagamet) and nizatidine (Axid) can also be used, but cimetidine has a higher potential for adverse interactions with other drugs than famotidine, and nizatidine received a NDMA contamination recall notification on January 8th, 2020 as well.

It is important to note though that, although NDMA may cause harm in large amounts, it is a known environmental contaminant and small amounts are present in water and foods, including dairy products, grilled or smoked meats, bacon, and certain vegetables. To help allay concern, inform patients that they should indeed avoid contaminated products, but if they have already possibly consumed any, the levels the FDA is finding in ranitidine only slightly exceeds amounts you might expect to find in grilled or smoked meats.

Spotlight: UW PACC Program

The University of Washington School of Medicine hosts the Psychiatry and Addictions Case Conference (PACC) series. The program began in July 2016 and is a free, weekly teleconference that connects community providers with UW Medicine psychiatrists and addictions experts. This series occurs weekly and includes both an educational presentation on an addictions or psychiatry topic and case presentations where providers who participate receive feedback and recommendations for their patients.

Date: Thursdays from 12:00 to 1:30 p.m. PT. Any community providers (physicians, pharmacists, nurse practitioners, physician assistants, and mental health professionals) in Washington State are welcome to join the weekly teleconference.

Registration:
https://redcap.iths.org/surveys/?s=DCHE4PL4LE

CME Accreditation: The University of Washington School of Medicine is accredited to provide continuing medical education for physicians and credit for continuing medical education is available for a nominal fee. Each session is 1.5 credits.

Spotlight: HCV Webinar Training

Addressing HCV in your patients struggling with addiction. You can learn more about it at this AbbVie sponsored webinar, featuring guest lecturer Anthony Martinez, MD or Julio Gutierrez, MD, MS

Date and Times: Wednesday, March 4th, 2020 at 10:15 AM, 12:15 AM, 2:45 PM, 4:30 PM, and 6:00 PM PT

Registration: Please RSVP at least 24 hours prior to program
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Making Connections

We welcome your feedback and future topic ideas. Email us at: PharmacyR@chpw.org