Reducing Benzodiazepine Use Among Individuals Enrolled in Methadone Treatment Programs

Presented by: James Schuster, MD, MBA
Chief Medical Officer, Community Care
About Community Care

• Behavioral Health Managed Care Company
• Founded in 1996
• Federally tax exempt non-profit 501(c)(3)
• Sole member corporation (UPMC) – provider owned
• Licensed as a Risk-Assuming PPO
• Major focus: publicly-funded behavioral health care system
About Community Care

• Medicaid/HealthChoices membership: 680,000.
• Commercial/Medicare membership: 450,000.
• Statewide HealthChoices presence; 36 of 67 Pennsylvania counties.
• 8 offices across the Commonwealth.
• Over 500 employees.
• Approximately 110,000 people served annually.
• Statewide network of approximately 1,600 providers.
Serving 36 PA Counties and New York’s Hudson River Region
Benzodiazepine Utilization Rates in Medicaid enrollees

- Analysis includes data for 35 Community Care counties.
- Average # of members per year filling benzodiazepines.
- Utilization very low among children and adolescents.
- Utilization among adults ranges from 8-15% of Medicaid enrollment.
Benzodiazepine Use and Misuse Among Patients in a Methadone Program - BMC Psychiatry, May 2011

• Benzodiazepines (BZD) misuse and abuse is a serious public health problem in the United States.

• This problem is especially pertinent among those with opiate dependence because these individuals are more likely to experience elevated anxiety after stopping use of opiates.

• It has been shown that individuals who abuse BZD are at increased risk of continuing opiate abuse and failing to stay in methadone treatment.
Benzodiazepine Use and Misuse Among Patients in a Methadone Program

- Survey conducted at a methadone treatment program in Baltimore city.
- 194 questionnaires were included in the final data analysis.
- 47% reported using BZD with/without a prescription.
- 25% said that their initial use began with a prescription.
- 54% did not start using BZD until after entering the methadone program.
Benzodiazepine Use and Misuse Among Patients in a Methadone Program

Main reasons given for using BZD without a prescription:

1. Curiosity
2. To relieve tension or anxiety
3. To feel good
4. To get high
5. To overcome depression or frustration
Benzodiazepine Use and Misuse Among Patients in a Methadone Program

When asked if they would consider reducing or stopping the use of BZD if the Methadone program could provide help that would work:

1. 40% said “Yes, definitely”
2. 7% said “Maybe”
3. 19% said “No”
4. 33% had already stopped using BZD
Community Care Methadone Provider Initiative

A Quality Improvement Initiative between Counties, Methadone Providers, and Community Care
Objective

- To identify members enrolled in Methadone treatment programs who are concurrently filling benzodiazepine and/or opiate prescriptions.
- Collaborate with Methadone providers to reduce the incidence of concurrent utilization and ultimately improve care.
# Frequency of Benzodiazepine use among members in methadone programs in Allegheny County

<table>
<thead>
<tr>
<th>Time Period</th>
<th># Members in Methadone for at least 10 days (den)</th>
<th># Members with at least 10 days of Methadone + 1 Rx of Benzo (num)</th>
<th>Percent (num/den)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3-2009</td>
<td>1641</td>
<td>593</td>
<td>36.1%</td>
</tr>
<tr>
<td>Q4-2009</td>
<td>1625</td>
<td>590</td>
<td>36.3%</td>
</tr>
<tr>
<td>Q1-2010</td>
<td>1585</td>
<td>592</td>
<td>37.4%</td>
</tr>
<tr>
<td>Q2-2010</td>
<td>1580</td>
<td>571</td>
<td>36.1%</td>
</tr>
<tr>
<td>Q3-2010</td>
<td>1632</td>
<td>601</td>
<td>36.8%</td>
</tr>
<tr>
<td>Q4-2010</td>
<td>1622</td>
<td>601</td>
<td>37.1%</td>
</tr>
<tr>
<td>Q1-2011</td>
<td>1639</td>
<td>588</td>
<td>35.8%</td>
</tr>
<tr>
<td>Q2-2011</td>
<td>1664</td>
<td>568</td>
<td>34.1%</td>
</tr>
<tr>
<td>Q3-2011</td>
<td>1708</td>
<td>578</td>
<td>33.8%</td>
</tr>
</tbody>
</table>
Intervention

• Community Care generates member reports on a monthly basis and sends to the Methadone Providers in Allegheny County.
• Member report includes medications filled and prescriber information.
• Methadone provider uses the information to help address any clinical issues with the member.
Assessing Impact of Interventions

Pre-Intervention Period: October 1 to December 31, 2009

Members with at least 10 days of Methadone Claims = 556

<table>
<thead>
<tr>
<th>Measure</th>
<th>Metric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members on Benzodiazepines Only</td>
<td>239 (43% of 556)</td>
</tr>
<tr>
<td>Members on Opiates Only</td>
<td>172 (31% of 556)</td>
</tr>
<tr>
<td>Members on Both Medications</td>
<td>145 (26% of 556)</td>
</tr>
<tr>
<td>Total Benzodiazepine Scripts</td>
<td>1371</td>
</tr>
<tr>
<td>Total Opiate Scripts</td>
<td>798</td>
</tr>
</tbody>
</table>
Assessing Impact of Interventions

Post-Intervention Period: April 1 to June 30, 2011

Members with at least 10 days of Methadone Claims = 409 (74% of 556)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Metric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members on Benzodiazepines Only</td>
<td>177 (43.7% of 409)</td>
</tr>
<tr>
<td>Members on Opiates Only</td>
<td>54 (13.2% of 409)</td>
</tr>
<tr>
<td>Members on Both medications</td>
<td>89 (21.8% of 409)</td>
</tr>
<tr>
<td>Members on No Medications</td>
<td>89 (21.8% of 409)</td>
</tr>
<tr>
<td>Total Benzodiazepine Scripts</td>
<td>928</td>
</tr>
<tr>
<td>Total Opiate Scripts</td>
<td>385</td>
</tr>
</tbody>
</table>
## Comparison

<table>
<thead>
<tr>
<th></th>
<th>Pre-Period (Oct - Dec 2009)</th>
<th>Post-Period (April - June 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members on Benzodiazepines Only</td>
<td>43%</td>
<td>43.7%</td>
</tr>
<tr>
<td>Members on Opiates Only</td>
<td>31%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Members on Both Medications</td>
<td>26%</td>
<td>21.8%</td>
</tr>
<tr>
<td>Members on No Medications</td>
<td></td>
<td>21.8%</td>
</tr>
<tr>
<td>Total Benzodiazepine Scripts</td>
<td>1371</td>
<td>928</td>
</tr>
<tr>
<td>Total Opiate Scripts</td>
<td>798</td>
<td>385</td>
</tr>
</tbody>
</table>
Conclusions

• Quarterly trend does not show a significant change in the percentage of members on methadone and concurrent benzodiazepine medications.

• However, the impact analysis showed that 22% of the members still in Methadone treatment in the post period were no longer filling opiates or benzodiazepines.

• Members filling concurrent opiate prescriptions also went down, from 31% vs. 13% in the post period.
Other County Participants

- Chester County
- Eastern counties in the North Central region
- North East region
- Carbon, Monroe, Pike counties
- Planning discussions with other counties
Proposed Next Steps

• Develop a system to flag members who switch from methadone provider to methadone provider in order to continue benzodiazepine use. System would alert the new provider and give a current medication profile.

• Reach out to members who have left a methadone provider and help meet their needs while reinforcing best practices.

• Develop a list of community supports and make list available to members.

• Consider referrals to Recovery Support Specialists who can follow members across providers (in and out of treatment).
Proposed Next Steps

• Educational letter to prescribing provider discussing methadone treatment and the issue of concurrent medication use. Encourage screening of individuals before prescribing any opiates or benzodiazepines.

• Collaboration with physical health plans to promote training or education to PCPs about the Methadone clinics and some of the issues they face.

• Develop more expansive methadone recovery guidelines.