



NEWS RELEASE

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**SUCCESSFUL DISEASE MANAGEMENT PROGRAMS CAN PLAY ROLE IN HEALTH CARE REFORM**

*Medicaid Pharmacy Management Program Improves Patient Care  
While Saving Eight States Almost \$95 Million*

INDIANAPOLIS – An eight-state study of the award-winning Behavioral Pharmacy Management Program (BPM) shows the private-public Medicaid partnership program has helped improve patient care while **saving eight states almost \$95 million in behavioral health pharmaceutical costs.**<sup>1</sup>

Lilly funds the program, which is designed and run by research firm Comprehensive NeuroScience, Inc. (CNS) at the sole direction and guidance of state Medicaid departments. The BPM, which has been executed in more than half of the states, has won a variety of national awards, including the Substance Abuse and Mental Health Services Administration Science and Service Award, URAC Silver Award for Best Practices in Consumer Empowerment and Protection, American Psychiatric Association Bronze Achievement Award and Disease Management Association of America Gold Award.

Missouri, one of the states included in the study, has seen significant improvements in patient care, as well as Medicaid cost savings.<sup>2</sup>

“We need to make sure we take the very best care of the Medicaid patients we serve and help them understand how to take the very best care of themselves. With the BPM, we have the opportunity to do that by simply targeting best practices and making educational information available to physicians, so they understand the best practice alternatives. We believe that, if you do the right things, the cost will follow and it has,” said George Oestreich, deputy division director, Clinical Services, MO HealthNet Division.

“Controlling health care costs and improving quality is a big, complicated issue. These kinds of partnerships, which pursue quality as a way to contain costs, are really going to be the solution to a lot of the health care problems that America faces,” said Dr. Joseph Parks, chief clinical officer and division director, Comprehensive Psychiatric Services, Missouri Department of Mental Health.

**How the Program Works**

The BPM reviews Medicaid prescription patterns for more than 400 mental health medications. Then, it compares them to national best practice guidelines, which are compiled by each state Medicaid department and CNS. These guidelines are based on the latest medical research, including studies published in peer-reviewed medical journals.

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When there is an inconsistency with what is considered best prescribing practice, the BPM sends an educational mailing to the physician, so they can consider the information for the next visit with the patient.

Some of the inconsistent patterns the program has identified include: duplicative prescribing of a medication by different doctors for the same patient; prescribing above or below recommended dosing levels; and prescribing multiple medications from the same therapeutic class.

“Physicians will change their prescribing practice patterns to be in keeping with best practice, when they know what the best practice is. They use the educational information from the program’s mailing, and, when they do, the overall care of the patient is improved, and we see overall reduction in health care costs,” said Carol D. Clayton, Ph.D., vice president, account management services, CNS.

The BPM also informs physicians when their patient has not refilled their prescription. This is a health care concern because poor compliance or non-compliance with medication treatment is strongly linked to relapse, rehospitalization, poor outcomes, and high economic costs.<sup>3</sup>

In addition, physicians receive regular information bulletins about special topics related to mental health medications, such as tips for addressing and discussing treatment adherence with patients.

### **Eight-State Study Cost Savings Results**

The study, conducted by CNS, evaluated eight representative state BPMs to determine behavioral pharmacy costs for Medicaid patients whose physicians received an educational mailing compared to costs for a similar group of patients who had not yet been a subject of a mailing. On average, the program helped states avoid almost \$800 in behavioral health pharmaceutical costs each year, per patient, or a total of \$94.5 million since the programs began for the eight states studied.<sup>1</sup>

“These data document that it is possible to improve the care of people with psychiatric illness in a cost-efficient manner. The treatment of mental illness has advanced remarkably in recent years, but those advances are generally only slowly translated into better clinical practice. The BPM puts evidence-based best practice guidelines into clinicians’ hands on a fast track,” said Jack Gorman, MD, SVP and chief scientific officer, CNS.

“The Behavioral Pharmacy Management Program is an excellent example of evidence-based interventions that increase access to quality mental health care while reducing costs. Community behavioral health providers across the nation are committed to replicating such science to service initiatives to provide outcomes that benefit individual patients,” said Linda Rosenberg, MSW, president and CEO, National Council for Community Behavioral Healthcare.

### **Patient Care Improvement Results**

In addition to saving Medicaid costs, the BPM has resulted in **more than 2 million patient care improvements nationwide**.<sup>4</sup> For example, an analysis of the first year of Missouri’s BPM found a:<sup>5</sup>

- **98 percent decrease** in the number of patients who are prescribed the same mental health medications from multiple doctors;
- **64 percent decrease** in the number of patients who are on two or more mental health medications of the same type; and
- **40 percent decrease** in the number of patients receiving an unusually high dosage of medication.

A separate study of Missouri Medicaid patients found a 43 percent decrease in hospital admissions for those whose physicians received an educational mailing versus a 1 percent decrease in those from a similar comparison group who did not yet receive a mailing.<sup>6</sup>

For other state examples of patient care improvements and cost savings, visit [www.lillyforbetterhealth.com](http://www.lillyforbetterhealth.com). The program has run in 26 states, including Oklahoma, which began its BPM in 2004.

“We call our BPM “SoonerPSYCH” which stands for Prescription Solutions for Your Cognitive Health. Through the program, our partnership with Lilly and CNS has allowed us to target physicians with patient-specific information and education in the most efficient and effective manner. Physicians are able to know whether their patients are filling the prescriptions on time or not at all, and to see if other physicians are prescribing similar medications for the same patient. Having the information in hand provides an opportunity for the physician to educate the patient about the chronic nature of their condition and the importance of persistence, compliance, and adherence to their prescribed medication regimen,” said Nancy Nesser, J.D., Pharm. D. pharmacy director for the Oklahoma Health Care Authority’s state SoonerCare program.

Evidence suggests that 96 cents of every Medicare dollar and 83 cents of every Medicaid dollar are used to treat chronic diseases.<sup>7</sup> Disease management programs help patients with chronic diseases manage their condition and get the care they need. For more than seven years, Lilly has funded disease management programs in partnership with state Medicaid departments.

“Just like cancer or diabetes, mental illness is a devastating disease that impacts millions. We believe disease management and coordination of care programs that leverage health care information, technology and education are a viable option to manage rising health care costs rather than limiting patients’ access to vital medications and treatments,” said Alex M. Azar II, vice president of business-to-business, LillyUSA

Lilly provides financial support for the initiative, with the operation and implementation of the program being done solely by the states and CNS. If the state decides to share data with Lilly, the data is blinded and aggregated and does not contain information about individual patients or providers. In addition, Lilly has sought approval and received support from the Centers for Medicare & Medicaid Services for these initiatives. The BPM is entirely voluntary for physicians. All decisions regarding treatment and medications are made privately between the physician and the patient and are completely individualized.

### **About Eli Lilly and Company**

Eli Lilly and Company, a leading innovation-driven corporation, is developing a growing portfolio of pharmaceutical products by applying the latest research from its own worldwide laboratories and from collaborations with eminent scientific organizations. Headquartered in Indianapolis, Ind., Lilly provides answers – through medicines and information – for some of the world’s most urgent medical needs. For more information about the BPM and other Lilly programs that help improve patient care, visit [www.lillyforbetterhealth.com](http://www.lillyforbetterhealth.com).

### **About CNS**

Comprehensive NeuroScience, Inc., is a privately-held company, specializing in research, care management and education related to central nervous system disorders. CNS actively invites collaboration and contact across multiple spheres, including academia, government agencies, and with members of the biopharmaceutical and commercial health care industries, as well as financial and investment communities.

<sup>1</sup>Data provided by Comprehensive NeuroScience, Inc.

<sup>2</sup>Missouri pharmacy program decreases hospitalization for Medicaid SMI patients. *Mental Health Weekly*. December 15, 2005; Vol. 15, No. 47.

<sup>3</sup>Perkins DO. Predictors of noncompliance in patients with schizophrenia. *J Clin Psychiatry*. December 2002; 63(12):1121-8.

<sup>4</sup>Data provided by Comprehensive NeuroScience, Inc.

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<sup>5</sup>Missouri achieves success with Medicaid pharmacy initiative. *Mental Health Weekly*. December 20, 2004; Vol. 14, No. 48.

<sup>6</sup>MO's Pharmacy Program Decreases Hospitalization for Medicaid SMI Patients. *Mental Health Weekly*. Dec. 12, 2005; Vol 15: Number 47, 1-3.

<sup>7</sup>Kenneth E. Thorpe, "Prevention and Public Health: The Key to Transforming our Sickcare System," (Written testimony to the U.S. Senate Committee on Health, Education, Labor, and Pensions Hearing) December 10, 2008.

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