

Activity VII: Collect and Analyze Data and Interpret Results

Activity VII – Collect and Analyze Data

BHI examined Calendar Year 2010 (CY2010) data from various sources for the following Indicators and additional analyses to determine if there were meaningful differences between the Analgesic Group (prescribed an analgesic and psychotropic medication) and the Non-Analgesic Group (prescribed a psychotropic, but not an analgesic) that could help BHI better serve this high risk population. Data collection and analysis went according to the data collection plan with no known factors that would affect the ability to compare the study groups in our study period.

Overall, there were 926,154 pharmacy claims in CY2010, representing 77,555 unique members. Of those members, 5762 had been prescribed a psychotropic medication within CY2010. After BHI checked these members against those who had had a psych encounter at one of BHI’s high volume providers (10 or more members) and was Medicaid eligible for 10 of the 12 months, 5088 members were identified as the study population. The following tables show the breakdown of members per provider and study groups. Unofficially, BHI examined alternative study groups on several indicators and additional analyses – Opioid/Barbiturates and Non-Opioid/Barbiturates – to see if there were any differences in results when singling out clients taking these higher-risk medications (see table below).

FY11 Focus Study Population		
Center A	1426	28.03%
Center B	2038	40.06%
Center C	1536	30.19%
CPN	88	1.73%
Total Population	5088	100%

Study Groups		
Analgesic	2095	41.18%
Non-Analgesic	2993	58.82%
Total Population	5088	100%

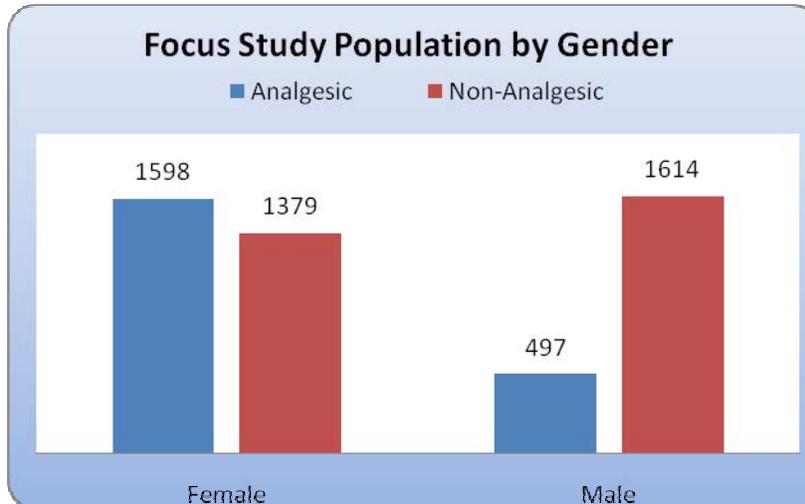
Alternative Study Groups		
Opioid or Barbiturates	1774	34.87%
Non-Opioid or Barbiturates	3314	65.13%
Total Population	5088	100%

Indicator #1: Age, Gender, Diagnoses Differences Between Analgesic and Non-Analgesic Study Groups

- a. **Age Categories –** Age category was determined by Member’s age at the end of the study period (December 31, 2010). There was a significant difference in distribution of age categories between the Analgesic and Non-Analgesic Groups ($\chi^2=792.67$, $df=3$, $p=0.00$).

Age Category	Analgesic	%	Non-Analgesic	%
0-12	100	4.77%	926	30.94%
13-17	223	10.64%	623	20.82%
18-64	1748	83.44%	1369	45.74%
65+	24	1.15%	75	2.50%
Total	2095	100%	2993	100%

- b. **Gender –** Analgesic Group had significantly more females (76%) than males (23%), 3.22 females for every male, whereas, the Non-Analgesic Group had more males, but was closer to an even ratio of females to males, .85 females to every male ($\chi^2=463.09$, $df=1$, $p=0.00$).



- c. Diagnoses – Only Axis I and II were available from all providers. Axis I and II diagnoses were categorized and high volume diagnoses (>10 occurrences in the population) were analyzed in the table below. All Primary, Secondary, and Tertiary diagnoses within Axis I were added up for a total of 3310 high volume diagnoses for the Analgesic Group and 4807 high volume diagnoses for the Non-Analgesic Group. Chi-square analysis showed there was a significant difference between the groups in diagnosis patterns for Axis I ($X^2=1201.54$, $df=13$, $p<0.0001$) and Axis II ($X^2=111.85$, $df=7$, $p<0.0001$).

Of note in Axis I, there was a higher prevalence for Bipolar, Depressive, Other Mood, Substance, and Anxiety disorders in the Analgesic Group than in the Non-Analgesic Group, and fewer disorders like ADHD, Adjustment, Age/cognitive related (e.g., memory, phase of life), childhood related (e.g., autism, developmental), and conduct related (e.g., conduct, impulse, disruptive) in the Analgesic Group than in the Non-Analgesic Group.

Axis I Diagnosis	High Volume (>10)	Analgesic	%	Non-Analgesic	%	X^2	df	p-value (*sig)
ADHD Related		230	6.9%	969	20.1%	1201.54	13	<0.0001*
Adjustment Related		143	4.3%	237	4.9%			
Age/Phase of Life, Memory, Cognitive		25	0.8%	58	1.2%			
Anxiety, Panic, Phobia, Stress		436	13.2%	397	8.2%			
Autism Spectrum, Learning, Developmental, Child/Infancy		63	1.9%	272	5.6%			
Bipolar Related		469	14.2%	412	8.6%			
Conduct, Disruptive, Impulse, Oppositional, Other		38	1.1%	187	3.9%			
Depressive Related		660	19.9%	505	10.5%			
OCD		36	1.1%	495	10.3%			
Other Mood Related		298	9.0%	58	1.2%			
Psychotic Related		194	5.9%	439	9.1%			

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PTSD	374	11.3%	450	9.3%
Relational & Abuse Related	106	3.2%	168	3.5%
Substance Related	238	7.2%	160	3.3%
Total Axis I Diagnoses	3310	100%	4807	100%

In Axis II, there was a higher prevalence of Borderline Personality disorder and Personality NOS, and less Mental Retardation-related in the Analgesic Group than in the Non-Analgesic Group.

Axis II Diagnosis	High Volume (>10)	Analgesic	%	Non-Analgesic	%	X ²	df	p-value (*sig)
Antisocial Personality	14	4.1%	8	1.8%	111.85	7	<0.0001*	
Borderline Personality	122	35.4%	79	17.7%				
Dependent Personality	16	4.6%	9	2.0%				
Mild Mental Retardation	66	19.1%	179	40.0%				
Moderate Mental Retardation	16	4.6%	58	13.0%				
Personality NOS	82	23.8%	45	10.1%				
Severe Mental Retardation	3	0.9%	21	4.7%				
Unspecified Severity Mental Retardation	11	3.2%	32	7.2%				
Total Axis II Diagnoses	330	100%	431	100%				

Indicator #2: Did the Analgesic Group have more psych hospitalizations in the study period compared to the Non-Analgesic Group?

BHI examined CY2010 claims and encounters where Place of Service code was 21 and 51, indicating a paid psych hospitalization. Surprisingly, the Non-Analgesic group had a significantly higher percentage of members with psych hospitalizations ($X^2=5.44$, $df=1$, $p=0.02$), higher rate (9.31 Psych Hospitalizations per 100 Members for Analgesic group, where there were 9.56 Psych Hospitalizations per 100 Members for the Non-Analgesic group), and a higher overall cost for psych hospitalizations (seen in the table below). BHI also examined alternative study groups – Opioid/Barbiturates (N=1774) and Non-Opioid/Barbiturates (N=3314). The results showed an even greater disparity between study groups regarding psych hospitalizations (as seen in the table below).

Psych Hospitalizations	Analgesic	%	Rate (Per 100)	Non-Analgesic	%	Rate (Per 100)	X ²	p-value (*sig)
# of Clients w/ Psych Hospitalizations	86	4.1%	9.31	166	5.55%	9.56	5.44	0.0197*
Cost	\$573,901.00			\$1,285,490.97				
ALTERNATIVE STUDY GROUPS	Opioid/Barbiturates	%	Rate (Per 100)	Non-Opioid/Barbiturates	%	Rate (Per 100)	X ²	p-value (*sig)
# of Clients w/ Psych Hospitalizations	64	3.6%	5.30	190	5.73%	9.59	10.60	0.0011*
Cost	\$ 417,183.90			\$ 1,442,208.38				

Indicator #3: Did the Analgesic Group have more Psych ER Visits than the Non-Analgesic Group?

BHI examined CY2010 claims and encounters where Place of Service code was 23, indicating a paid Psych ER visit. This time, significantly more members of the Analgesic group had Psych ER visits than the Non-Analgesic Group ($\chi^2=10.72$, $df=1$, $p=0.001$), whereas the Non-Analgesic Group saw higher Psych ER costs than the Analgesic Group (results are below). Similar results were seen in an analysis of the alternative study groups.

Psych ER Visits	Analgesic	%	Rate (Per 100)	Non-Analgesic	%	Rate (Per 100)	χ^2	p-value (*sig)
# of Clients w/ Psych ER Visits	285	13.6%	21.77	317	10.6%	20.35	10.72	0.0011*
Cost	\$ 735,814.02			\$ 967,692.26				
ALTERNATIVE STUDY GROUPS	Opioid/Barbiturates	%	Rate (Per 100)	Non-Opioid/Barbiturates	%	Rate (Per 100)	χ^2	p-value (*sig)
# of Clients w/ Psych ER Visits	244	13.8%	21.36	358	10.8%	20.79	10.35	0.0013*
Cost	\$ 602,035.50			\$ 1,101,470.78				

Indicator #4: Did the Analgesic Group have more Suicide Attempt/Overdose Physical ER Visits than the Non-Analgesic Group?

BHI examined CY2010 Physical ER claims provided by the Department of Healthcare Policy and Financing (HCPF), identifying ICD-9 diagnosis codes specific to suicide attempts as well as drug and medicinal overdose. Interestingly, the Analgesic Group did have significantly more Suicide Attempt/Overdose ER visits than the Non-Analgesic Group ($\chi^2=46.47$, $df=1$, $p<0.0001$). The additional analysis with the alternative groups showed similar results ($\chi^2=43.80$, $df=1$, $p<0.0001$).

Suicide Attempts/Overdose ER Visits	Analgesic	%	Rate (Per 100)	Non-Analgesic	%	Rate (Per 100)	χ^2	p-value (*sig)
# of Clients w/ Suicide/Overdose ER Visits	214	10.2%	22.20	155	5.18%	10.12	46.47	<0.0001*
ALTERNATIVE STUDY GROUPS	Opioid/Barbiturates	%	Rate (Per 100)	Non-Opioid/Barbiturates	%	Rate (Per 100)	χ^2	p-value (*sig)
# of Clients w/ Suicide/Overdose ER Visits	187	10.5%	22.83	182	5.49%	10.95	43.80	<0.0001*

Activity VII - Additional Analysis

BHI was able to obtain additional data from various sources (e.g., HCPF, community mental health centers (CMHCs), Contracted Provider Network (CPN)) for the following analyses.

- a. BHI was also interested in the total number of Physical ER visits for the Analgesic and Non-Analgesic Groups. Results showed the Analgesic Group had significantly more Physical ER visits than the Non-Analgesic Group ($\chi^2=702.90$, $df=1$, $p<0.0001$).

Physical ER Visits	Analgesic	%	Rate (Per 100)	Non- Analgesic	%	Rate (Per 100)	χ^2	p-value (*sig)
# of Clients w/ Physical ER Visits	1473	70.3%	290	975	32.6%	66.49	702.90	<0.0001*
ALTERNATIVE STUDY GROUPS	Opioid/ Barbiturates	%	Rate (Per 100)	Non-Opioid/ Barbiturates	%	Rate (Per 100)	χ^2	p-value (*sig)
# of Clients w/ Physical ER Visits	1306	73.6%	317	1142	34.5%	73.54	709.75	<0.0001*

b. BHI was interested in the substance-related Physical ER claims between study groups. The analysis showed the Analgesic Group had significantly more substance-related Physical ER claims than the Non-Analgesic Group ($\chi^2=165.78$, $df=1$, $p<0.0001$).

Substance Related ER Visits	Analgesic	%	Rate (Per 100)	Non-Analgesic	%	Rate (Per 100)	χ^2	p-value (*sig)
# of Clients w/ Substance Related ER Visits	254	12.1%	43.77	88	2.9%	7.85	165.78	<0.0001*
ALTERNATIVE STUDY GROUPS	Opioid/ Barbiturates	%	Rate (Per 100)	Non-Opioid/ Barbiturates	%	Rate (Per 100)	χ^2	p-value (*sig)
# of Clients w/ Substance Related ER Visits	229	12.9%	47.29	110	3.32%	9.44	170.86	<0.0001*

c. BHI also obtained Physical Hospitalization claims from HCPF and was interested in the percentage and rate differences between the study groups. Again, on the physical health side, the Analgesic group had significantly more physical hospitalizations than the Non-Analgesic Group ($\chi^2=451.48$, $df=1$, $p<0.0001$).

Physical Hospitalizations	Analgesic	%	Rate (Per 100)	Non-Analgesic	%	Rate (Per 100)	χ^2	p-value (*sig)
# of Clients w/ Physical Hospitalizations	467	22.3%	34.99	98	3.27%	4.11	451.48	<0.0001*
ALTERNATIVE STUDY GROUPS	Opioid/ Barbiturates	%	Rate (Per 100)	Non-Opioid/ Barbiturates	%	Rate (Per 100)	χ^2	p-value (*sig)
# of Clients w/ Physical Hospitalizations	432	25.4%	38.73	133	4.01%	5.10	484.19	<0.0001*

d. From BHI's CY2010 Psych Services Claims, the number of psych services received in a year per person and type of high volume (>100 occurrences) psych services was available for analysis. Overall, the Analgesic Group had 63,006 psych claims in CY2010, an average of 30 psych services per person, whereas the Non-Analgesic Group had 104,796 psych claims, an average of 35 psych services per person. For the Analgesic Group, 234 clients (11% of the population) received 60% of all psych services. For the Non-Analgesic Group, 393 clients (13% of the population) received 60% of all psych services.

The table below examines the types of non-hospitalization, non-ER, high volume psych services (>100 occurrences) received by both study groups. Most types of services were comparable between study groups, except the Analgesic Group received more Supported Housing services, while the Non-Analgesic Group received more Behavioral Day Treatment, per hour, Community Psychiatric Supportive Treatment, Family Psychotherapy, and Unskilled Respite Care than the Analgesic Group.

CY2010 PSYCH SERVICES (High Volume >100 Occurrences)	ANALGESIC	%	NON-ANALGESIC	%
ACTIVITY THERAPY, PER 15 MINUTES	113	0.19%	388	0.38%
BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR	1874	3.11%	6082	6.02%
BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE	160	0.27%	250	0.25%
BEHAVIORAL HEALTH SCREENING FOR TREATMENT PROGRAM ELIGIBILITY	892	1.48%	905	0.90%
BEHAVIORAL HEALTH; LONG-TERM RESIDENTIAL	1533	2.54%	3108	3.08%
BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL	1825	3.03%	2309	2.29%
CASE MANAGEMENT, EACH 15 MINUTES	9518	15.78%	16148	15.98%
COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM	279	0.46%	1388	1.37%
COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	213	0.35%	27	0.03%
COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	114	0.19%	253	0.25%
CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER DIEM	1176	1.95%	1430	1.42%
FAMILY PSYCHOTHERAPY (WITH AND WITHOUT CLIENT PRESENT)	1606	2.66%	6188	6.12%
GROUP PSYCHOTHERAPY	3819	6.33%	5881	5.82%
INDIVIDUAL PSYCHOTHERAPY	12140	20.12%	19337	19.14%
INTERACTIVE GROUP PSYCHOTHERAPY	152	0.25%	452	0.45%
MEDICATION TRAINING AND SUPPORT, PER 15 MINUTES	791	1.31%	1117	1.11%
MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	1244	2.06%	1126	1.11%
MENTAL HEALTH CLUBHOUSE SERVICES	978	1.62%	2285	2.26%
MENTAL HEALTH SERVICE PLAN DEVELOPMENT BY NON-PHYSICIAN	204	0.34%	329	0.33%
MEDICATION ADMINISTRATION (ORAL OR INJECTION)	2790	4.63%	4561	4.51%
MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	69	0.11%	106	0.10%
PHARMACOLOGIC MANAGEMENT	5177	8.58%	9381	9.28%
PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	295	0.49%	398	0.39%
REHABILITATION SERVICES	4078	6.76%	6438	6.37%
SELF-HELP/PEER SERVICES, PER 15 MINUTES	208	0.34%	520	0.51%
SEMI-PRIVATE PSYCHIATRIC ROOM (2 BEDS)	97	0.16%	167	0.17%
SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	235	0.39%	395	0.39%
SUPPORTED EMPLOYMENT	476	0.79%	305	0.30%
SUPPORTED HOUSING	8125	13.47%	9283	9.19%
THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	105	0.17%	51	0.05%
UNSKILLED RESPITE CARE	37	0.06%	442	0.44%
Total High Volume Psych Services	60,323	100%	101,050	100%

- e. From the CMHCs and CPN, BHI was able to get information on missed (“no show”) and client-cancelled appointments for 5073 members of the study population (Analgesic=2086, Non-

Analgesic=2987). A missed appointment or “no show” was defined as any appointment the client did not call ahead to cancel and did not attend, while a client-cancelled appointment is any appointment the client called ahead to cancel. The Analgesic Group saw 73.35% of their members miss and/or cancel appointments during CY2010, while Non-Analgesic Group had 71.07% of their population miss and/or cancel appointments. This was an insignificant difference between study groups ($\chi^2=3.144$, $df=1$, $p=0.076$), however, when separated into Missed and Cancelled, significantly more members of the Analgesic Group missed appointments than members from the Non-Analgesic Group ($\chi^2=14.738$, $df=1$, $p=0.0001$), while both groups were comparable on the number of clients who cancelled appointments.

Missed/Cancelled Appointments (N=5073)	Analgesic (N=2086)		Non-Analgesic (N=2987)		Rate (Per 100)		χ^2	p-value (*sig)
	#	%	#	%	Analgesic	Non-Analgesic		
# of Clients w/ either Missed or Client-Cancelled Appointments	1530	73.4%	2123	71.1%	532.93	397.09	3.14	0.076
# of Clients w/ Missed Appointments	1318	63.2%	1727	57.8%	313.9	229.8	14.74	0.0001*
# of Clients w/ Client-Cancelled Appointments	1136	54.5%	1568	52.5%	219	167.3	1.90	0.168

The type of appointment missed or cancelled was only available for 2 of the 3 CMHCs and 4 of the 5 high volume contracted providers (N=3035, Analgesic Group=1233, Non-Analgesic=1802). BHI identified the high volume appointment types (>50 occurrences) and analyzed differences between study groups, showing significant differences in both categories (see the tables below).

Notably, the Analgesic Group members missed (“no showed”) more Group Therapy, IOP Group Therapy, and Urine Analysis appointments than the Non-Analgesic Group, while the Non-Analgesic Group members missed (“no showed”) more Community Psych Supp Tx, Family Therapy, Med Mgt, and Trails/Youth Respite appointments.

Total # of Missed ("No Show") Appointments						χ^2	df	p-value (*sig)
High Volume Types (>50)	Analgesic	%	Non-Analgesic	%				
Case Management	193	3.83%	119	2.64%	817.25	14	<0.0001*	
Community Psych Supp Tx	23	0.46%	119	2.64%				
Family Therapy	38	0.75%	132	2.93%				
Group Therapy	695	13.78%	334	7.41%				
Individual Therapy	1683	33.36%	1597	35.42%				
Interactive Group Therapy	27	0.54%	65	1.44%				
IOP Group Therapy	110	2.18%	40	0.89%				
Med Mgt	786	15.58%	987	21.89%				
PSA Program Day	52	1.03%	31	0.69%				
Psych Eval	60	1.19%	48	1.06%				

Psych/Rehab Class	52	1.03%	77	1.71%
Psycho Education	48	0.95%	61	1.35%
Psychosocial Rehab Individual	458	9.08%	396	8.78%
Trails/Youth Respite	12	0.24%	244	5.41%
Urine Analysis	808	16.02%	259	5.74%
Total # of Missed Appointments	5045	100%	4509	100%

The Analgesic Group members cancelled more Group Therapy, IOP Group Therapy, and Psychosocial Rehab Individual appointments, whereas the Non-Analgesic Group members cancelled more Family Therapy and Med Mgt appointments.

Total # of Cancelled Appointments										
High Volume Types (>50)	Analgesic	%	Non-Analgesic	%	χ^2	df	p-value (*sig)			
Case Management	53	1.60%	60	1.86%	545.38	14	<0.0001*			
Family Therapy	58	1.75%	196	6.07%						
Group Therapy	610	18.37%	274	8.49%						
Individual Therapy	1454	43.78%	1578	48.90%						
IOP Group Therapy	150	4.52%	39	1.21%						
Med Mgt	457	13.76%	646	20.02%						
Partial Day Tx	24	0.72%	79	2.45%						
PSA Program Day	26	0.78%	67	2.08%						
Psych Eval	55	1.66%	20	0.62%						
Psycho Education	19	0.57%	53	1.64%						
Psychosocial Rehab Individual	415	12.50%	165	5.11%						
Trails/Youth Respite	0	0.00%	50	1.55%						
Total # of Cancelled Appointments	3321	100%	3227	100%						

- f. The final analysis BHI conducted was to look at the pharmacy claims for the study population. First, the number of prescriptions filled in the study period was examined for the study groups and the alternative study groups. And secondly, BHI examined the total number of different therapeutic classes each member was prescribed during CY2010. However, since the total number of prescriptions filled or number of different therapeutic drug classes isn't necessarily a reflection of each member's behavior when medications can vary in pills dispensed, duration, and frequency from medication to medication, a statistical test would be inappropriate and the results of these analyses would be naturally skewed just the by definition of the study groups (Analgesic Group requires at least two prescriptions filled from two different therapeutic drug classes, whereas the Non-Analgesic Group requires at least one prescription filled from one therapeutic drug class).

For the purpose of interest only, the Analgesic Group filled a total of 126,880 prescriptions during CY2010, an average of 61 prescriptions filled per person, whereas the Non-Analgesic Group filled a total of 86,710 prescriptions in CY2010, an average of 29 prescriptions filled per person. The Alternative Study Groups showed similar results with 111,770 prescriptions filled by the Opioid/Barbiturates Group, an average of 63 prescriptions filled per person, and

101,820 prescriptions filled for the Non-Opioid or Barbiturate Group, an average of 31 prescriptions filled per person. An interesting note is that the Opioid/Barbiturates Group is a subset of the Analgesic Group and accounted for 88% of total number of prescriptions filled in the Analgesic Group. However, this could just reflect the nature of filling opioid/barbiturate prescriptions where fewer pills may be dispensed and refills required more often to regulate and monitor these higher risk medications.

When examining the number of different drug classes prescribed per person for each study group, BHI found that the Analgesic Group were prescribed an average of 10.42 different therapeutic drug classes per person, whereas the Non-Analgesic Group were prescribed an average of 4.04 different therapeutic drug classes per person. For the Opioid/Barbiturates Group, an average of 10.92 different drug classes were prescribed per person, whereas the Non-Opioid or Barbiturates Group were prescribed an average of 4.39 different therapeutic drug classes per person.

Activity VII Interpret Study Results

BHI's goal for this focused study was to review data from various sources on this high-risk population and identify patterns and differences in our members concomitantly using analgesics and psychotropics compared to members taking psychotropics, but not any type of analgesic. Population identification and data collection/analysis went according to the plan proposed in Activities III, IV, and VI. Some data was not available from all high volume providers (Axis III, IV, and V diagnoses, appointment information, type of missed/cancelled appointments) and some of the data sources may have been incomplete (physical ER claims on suicide attempt/overdose), however, all unavailable or incomplete data affected both study groups equally, allowing for a representative statistical comparison on indicators and additional analyses.

Although most indicators and additional analyses showed significant differences between study groups, there were a few notable patterns. Analysis showed the Analgesic Group to be more often female between the ages of 18-64, with an Axis I diagnosis of anxiety, a mood related disorder (e.g., bipolar, depressive, mood NOS), and substance-related (63.5% of all Analgesic Axis I diagnoses), and possibly a related Axis II diagnosis of Borderline Personality disorder or Personality disorder NOS (61.8% of all Analgesic Axis II diagnoses). The association between pain and psych disorders like mood and anxiety is a very complicated one. It is not uncommon to see pain increase depression and anxiety, and inversely, depression and anxiety increase pain symptoms. There are also studies that show untreated or maltreated pain symptoms can lead to personality disorder type symptoms that can decrease as soon as the pain is properly treated (Dersh, et al., 2002¹).

Interestingly, significantly fewer members of the Analgesic Group had psych hospitalizations, but significantly more members had Psych ER visits when compared to the Non-Analgesic Group. The Analgesic Group also had a significantly higher percentage of physical hospitalizations, physical ER visits, suicide attempts/overdose-related ER visits, and substance-related ER visits illustrating when pain is present, clients tend to focus more on physical health, the risk is increased for poisoning or overdose, the means are available for suicide attempts by medication overdose, and substance abuse/misuse commonly co-occurs with chronic pain. CY2010 Psych Services claims also showed the Non-Analgesic Group received more psych services than the Analgesic Group.

¹Full Reference is listed in Activity I of the Focused Study summary document.

There was a significantly higher percentage of members of the Analgesic Group that missed (“no showed”) appointments compared to members of the Non-Analgesic Group, whereas approximately the same percentage of members cancelled appointments from each study group. There were also significant differences in the types of missed and cancelled appointments between study groups.

These results can definitely support BHI’s community mental health centers and CPN providers in implementing changes in how they provide services to this high risk population as well as possible changes to the types of services available to this population (see Activity VIII for prevention/intervention plans in response to these results).