FY11 Focused Study Abstract
Investigative Review of BHI Clients Prescribed Both Psychotropics and Analgesics

Topic & Goal: Research has shown that mental illness and chronic pain co-occur in a high percentage of individuals, leading to a high prevalence of concomitant use of psychotropic and analgesic medication. Many potential risk factors, such as increased healthcare costs, medication interaction, adverse drug effects, analgesic misuse/abuse, unintentional overdose, and suicidal behavior, are associated with this co-occurrence. The purpose of this study was to review data from several sources on BHI's clients prescribed both psychotropics and analgesics for specific characteristics or patterns in demographics, psych hospitalization or ER use, and suicide attempt/drug overdose related ER visits that may occur within this population compared to a control group of clients prescribed a psychotropic, but not an analgesic. BHI then discussed several preventive interventions and recommended next steps for BHI and its providers on how to better serve this high risk population.

Methodology: BHI collected and analyzed Calendar Year 2010 (CY2010) data from various sources (e.g., BHI claims and encounters, provider's client diagnoses and appointment information, MCO ER claims) on BHI members prescribed a psychotropic in the Analgesic (study group) and Non-Analgesic (control) study groups. BHI conducted chi-square tests of independence on each indicator and several additional data points for statistical analysis.

Summary of Findings: For CY2010, a total of 5088 BHI members were identified as the study population (Analgesic = 2095; Non-Analgesic = 2993). 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 and possibly a related Axis II diagnosis of Borderline Personality disorder or Personality disorder NOS. Significantly more members of the Analgesic Group had psych ER visits, physical ER visits, suicide attempt/overdose related ER visits, and substance related ER visits, and missed ("no showed") psych service appointments than the Non-Analgesic Group. Significantly more members of the Non-Analgesic group received psych services and psych hospitalizations than the Analgesic Group.

Conclusions & Recommendations: In response to the data analysis results, several interventions and recommended next steps were discussed. It was agreed that coordination of care between physical and mental health is key for clients prescribed both psychotropics and analgesics. The centers will continue expanding their coordination of care initiatives such as screening clients for pain or physical health concerns as well as other medications prescribed outside of their practice, educating clients on the relationship between physical and mental health, ensuring clients have and are seeing a PCP regularly, communicating with clients' PCPs, and providing Health Coordination services to clients with health concerns to help them navigate the physical and mental healthcare systems. It was also recommended that more research is needed to better understand the trends found in this analysis as well as the impact pain has on mental health clients. Possible analyses include examining more physical health data for frequency and types of physical health services received, frequency of cancellations or missed physical appointments, as well as a possible focus on the subset of the study group that had suicide attempt/overdose related ER visits. Overall, BHI and its QI committees agreed this study was very beneficial, but still feel more education and research is needed to better understand assessment and treatment of pain in the physical health settings and how the mental health providers can contribute to assessment and provide appropriate behavioral health treatment to clients with co-occurring chronic pain and mental illness or substance abuse.

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