MEDI-CAL DRUG USE REVIEW BOARD
MEETING MINUTES
Tuesday, September 13, 2011
11:30AM – 1:30PM

Location: **Department of Health Care Services**
Training Room A
1500 Capitol Avenue,
Sacramento, CA 95814

Topic	Discussion
1) CALL TO ORDER	• The meeting was called to order by Chair of the Board, Dr. Stephen Stahl • Board members present: Drs. Janeen McBride, Ross Miller, Marilyn Stebbins, Andrew Wong, Stephen Stahl, Patrick Finley, Robert Mowers and Timothy Albertson • Board members absent: Drs. Kenneth Schell, Paul Perry • Introduction of Board members and attendees and circulation of sign-in sheet
2) APPROVAL OF LAST DUR BOARD MINUTES	• The minutes from the May 10, 2011 meeting were reviewed. • Dr. Stahl and other Board members made edits to the minutes to include: Page 5 replace name of Dr. Halliday with Laurie Squartsoff Page 5 Ongoing project: replace acronym ACR with ISPOR Page 5 ii) replace the word "massive" with "significant" Page 5 jj) changed to iii) and make review of this letter an action item • The minutes were approved as amended. • Pauline Chan, RPh reviewed agenda items to be covered in today's meeting.
3) REVIEW OF ACTION ITEMS	**a. CMS Survey -DHCS** • The Board had requested that once CMS compiles information from the Annual reports and makes the comparative data available, the Board would like that data presented to them. • To that regard, Pauline will be introducing the new CMS format and giving an overview of how CMS proposes to update the new Annual Report. • Going from paper reports to electronically submitted reports will be the first step of this process. • The purpose of this change is to standardize the reporting format so the same data sets are collected from all 50 States. Once CMS has the electronic data, the plan is to share the information with the States. • Pauline indicated that California will be requesting comparative data when it becomes available. **b. Acetaminophen project – DHCS** • Pauline has followed up with Brendan Joyce, the pharmacy director in North Dakota Medicaid who developed the algorithm and is excited about the possibilities and uses of this tool/measure. • California will be looking to see how they can incorporate this measure in their new system. • Dr. Miller asked if algorithm had already been sent and when this algorithm would be available for the Board members. • Vic Walker indicated that DHCS already has the algorithm, and the plan was to incorporate in the new system, which is scheduled to be implemented in 2014. • Dr. Miller stated that the algorithm would be of importance in ensuring safe use of acetaminophen. Dr. Miller suggested that the measure be available to Medi-Cal Providers in 2013 or sooner.

	• Vic Walker noted Dr. Miller's concerns. **c. Unapproved Drugs and OTC Cough and Cold Preparations - DHCS** • Dr. Miller and Pauline have been working on options to communicate to the providers on the unapproved drugs and OTC cough and cold preparations. • The best way to communicate this Public Health message is still under advisement. One of the suggestions is that it could be communicated on the web. **Action Item: The Board requested that an action item be included so that the Board has the opportunity to review the communication/ letter at the next Board Meeting (Nov. 15)**
4) DHCS UPDATES	**a. Election of DUR Board Chair and Transition of the Chair.** • As this is the third quarterly (September) meeting of the biennial year, Pauline Chan, RPh moved that Board proceed to the election of the new Vice-Chair/Chair-Elect. • The board expressed appreciation to current Chair, Dr. Stephen Stahl for his hard work, his exemplary leadership and many years as Chair. Dr. Stahl was commended for his dedication and longtime commitment, with 16 years as either Board Member or Chair of DUR. • The current vice-chair, Dr. Ross Miller, will become Chair. • Dr. Miller accepted the Chair, and commented as Chair, he recommends that "business casual" be the attire for Board Meetings. • Only candidate on the ballot was Dr. Andrew Wong, and the Board was instructed that write-in candidate would be accepted. • There was the quorum for the election to take place (8 members). • Ed Arnold collected and counted the votes. • The result showed a tie with 4 nominations for the write-in candidate, Dr. Marilyn Stebbins, and 4 for Dr. Wong. • The votes were recast for Dr. Wong and Dr. Stebbins. • At the end of the meeting, the votes were counted with the nominee, Marilyn Stebbins, Pharm.D. receiving 6 votes to 2 received by Dr. Wong. • Marilyn Stebbins was elected as the new Vice-Chair/Chair-Elect. • Pauline reviewed the 2011 goals of the DUR Board which are to achieve measurable and actionable outcomes in accordance to the mission of the Board. **b. CMS DUR Annual Report** • Pauline reviewed the slide from CMS DUR training document that showed the standardized type report of DUR activity that needed to be submitted. • The purpose of the new process is to be more efficient, reduce need for paper copies, and help CMS track submissions and identify missing data. • Dr. Miller wanted to know the timeframe of when comparative data would be available so that they could ask the new vendor, ACS, to run some reports. • Pauline indicated that California 2011 annual report was scheduled to be ready June 2012, and data would be shared with Board members at the May 2012 meeting when the Board reviews the annual report. • Vic Walker indicated that CMS website posts Medicaid DUR data and might be available for viewing. • Dr. Miller expressed that this information can be of interest and it is an opportunity to learn from other States. This is also an opportunity to identify cost savings, quality improvement initiatives and safe medication practices. He added that ACS has experience managing this type of data with Indiana and Ohio. Other states have published data from these reports and that might be something California could explore. **c. Intervention/Education Work Group Report** • Two Work Groups have been established this summer and each work group is comprised of volunteers from the Board. • The Intervention Work Group held a conference call on June 27, 2011, and members are Drs. Stahl, Finely, Miller, Perry, Stebbins and Wong. • The goal of the conference call was to draft a work plan for 2012. • A Workbook to facilitate this process was developed by Pauline and is included in the hand-out packets.

- The work group identified specific goals, which are to improve provider education and identify factors that drive adoption rates.
- The work group determined the current DUR intervention topics are generally of high quality, but fall short of how information is disseminated to effectively reach the providers.
- The work group further identified factors to consider when selecting intervention topics including measurements, desired outcomes, feasibility of data collection, etc.
- Selection of topics can come from different sources such as the Medicare problem list, quarterly reports and literature.
- Dr. Miller said initially during the teleconference, the group was looking at educational and intervention topics but then changed their focus. It was premature to identify topics as they really needed to better define a more structured process for education and intervention and to initially identify the Provider audience rather than focus on the topics.
- For the Medi-Cal Provider Population, we know our pharmacist providers from the claims but our physician providers by specialty is lesser known. Pauline used the data from Epocrates (see chart below). The total number of physician providers who signed up with Epocrates and chose Medi-Cal contract drug list as of July 2011 was 12,902. Based on this sampling, we estimate over half of Medi-Cal physician providers are in practice areas of internal medicine, family practice, psychiatry, emergency medicine and pediatrics, which is consistent with what we expected for the population we serve.

Specialty	Percentage %
Internal Medicine	17.78
Family practice	16.88
Psychiatry	7.13
Emergency Medicine	6.23
Pediatrics	5.45
Others	46.53
Total	100.00

- Dr. Stahl is author of the book "Best Practices for Medical Educators" and is considered a subject expert. He indicated he had several articles that addressed different educational models for provider/adult education for medical professionals and will forward the articles to Pauline for distribution to the Board Members.

Action Item: Dr. Stahl to send articles to Pauline

- In addition, Dr. Miller suggested that attendees/audiences, who are pharmaceutical representatives, may have some "non-branded" educational materials and if willing to share the information, they could send materials to Pauline for review by the Board.

Action Item: If available, Non-branded education/informational materials to be sent to Pauline Chan @ DHCS.

d. Target Drug List and Interventions Work Group Report

- The Target List and Intervention Work Group had a conference call on July 21, 2011 and members are Drs. McBride, Mowers, Schell and Albertson.
- A draft workbook to facilitate this process was developed by Pauline and is included in the handout packets.
- The focus is to revise the guiding principles and target drug list. Currently there are draft revisions to the guidelines, and reviews are being conducted on current drug and alerts list.
- Refine the definitions of what are considered high drug use and high risk drugs.

e. Pharmacy Policy: Long Term Care

- Dr. Marco Gonzalez introduced the next speaker and explained what the task force had been reviewing as it pertained to antipsychotic usage.
- Dr. Loriann DeMartini, and colleagues, Sue Chaban and Debra Brown from California Department of Public Health (CDPH) presented their findings of an audit of nursing care facilities (LTC, SNF, etc).
- The CDPH oversees licensing and certification of Health Care Facilities and are the

enforcers with the authority to issue fines. Currently, there are approximately 1,200-1,300 nursing facilities including State hospitals and prisons.

- Based on data received from Medi-Cal beneficiaries the task force focused on facilities where there was a high rate of antipsychotic polypharmacy.
- Dr. Miller asked for a clarification for the description of "pharmaceutical consultants" who conducted the audits. Loriann clarified that the consultants were State employees, and that is the State nomenclature.
- Out of 31 facilities audited, 20 or 65.4% were found to have inappropriate use of antipsychotics.
- In 18 out of the 31 cases, the facility pharmacist failed to identify the inappropriate drug use and in 18 of the 20 cases, 90%, the facility pharmacists failed to identify or address the inappropriate use.
- Dr. Stahl asked if the personal picture of the beneficiary was taken into account.
- This is a small project, but it showed significant findings.
- Since the findings were significant, the question was asked if these findings would be published. Answer: No, not at this time.
- The comment from a member of the Board was that one can "ding" the facility but not the physician and/or pharmacist.
- It was also asked if there would be recommendations to the Boards of registered Physicians and Pharmacists.
- Drs. Stahl & Miller cautioned that this sort of audit can be a "slippery slope" in that you could be condoning practicing medicine out of the PDR and questioning a physician's judgment
- The question was raised regarding Medi-Cal off label use policy.
- Vic Walker responded that there are code restrictions, and usage is handled on a case by case basis via the Treatment Authorization Request (TAR).
- The comment was made that indications should be restricted rather than the drugs.

f. HHS Medicaid Quality Measures

- Included in the handout were the pages in the Federal Register that lists the initial core set of health quality measure for Medicaid. Pauline directed members and attendees to the bottom of the second and third pages, which list all the measures.
- Dr. Miller inquired if Medi-Cal reports HEDIS (Healthcare Effectiveness Data and Information Set) outcomes. Dr. Sanui said that Medi-Cal Managed Care does.
- There was some discussion that the Intervention Work Group could look at the measures and see if this was something feasible for Medicaid groups like Fee-For-Service (FFS).

g. Antipsychotic Drugs Utilization and Management Report

- Pauline summarized the salient points of the CalMEND collaborative improvement project, which reported on the antipsychotic use in the Medi-Cal population.
- Dr. Stahl wondered about the cause and effect and was there a learning opportunity in the reason for decrease in statewide polypharmacy rate. There was discussion regarding the relevance of the decrease, if the decrease was significant and were there other contributing factors. Dr. Stahl also wanted to know what sorts of interventions were used.
- To that regard, Pauline suggested for the next meeting, San Francisco and Alameda Counties could be invited to describe their interventions

Action Item: For next meeting, Pauline is to extend an invitation to select counties to describe their interventions.

h. DUR Manual Revision

- At the previous Board meeting, Pauline had proposed that sections of the DUR manual would be reviewed on an ongoing basis over a two year period.
- The proposed draft revisions to be reviewed for this session was Section 10 – Outpatient Drug Use Review.
- Revisions should be consistent with the DUR Bylaws – these and the DUR manual can be found on the Web.

i. Prospective DUR Alerts: Current Status and Action

	• Drug-Drug (DD) interactions for severity level 1 and Early Refill (ER) are the two alerts that can apply to all drugs on the formulary file. To ensure these alerts are implemented on a timely basis, alerts updated by First Data Bank (FDB) will routinely go through testing and implement on a scheduled and timely manner. **j. Outlier Claims** • During the last meeting, Dr. Marco Gonzales presented the outlier claims data. The question regarding what to do with this data and how to handle the information was raised. The decision was that this issue would be addressed internally amongst the medical and pharmacy policy, utilization management divisions and audits and investigation departments. • Once there is a resolution, it will be brought back to the Board.
5) HP UPDATES	**a. DUR Bulletin/Educational Article** • Ed Arnold informed Board that the 2nd Q Bulletin (Opiates) was now available on the Web • He encouraged Board Members to take a look as hits to the website are very low. **b. Quarterly Utilization Reports (January – March 2011)** • Ed indicated that giving a "new face" to the Quarterly report was one of the proposed new projects for Board Members. • Dr. Miller expressed that the current reports are just a constant regurgitation of data, and it would be more valuable if the data was in a format to make it more actionable. • Dr. Miller was interested to see how it trended with CMS. • Ed Arnold relayed a suggestion from the DUR team at HP to rotate data presentations by quarter and focus on what was relevant about the data. • Board Members who are interested in being part of this project and/or have any ideas on how to make the report more actionable should e-mail Pauline. **Action Item: Board Members who are interested in participating in this New project are to send an e-mail to Pauline**
6) DISCUSSION OF BOARD MEMBER PROJECTS	**a. Ongoing Projects** **i. Antidepressants and Pregnancy** • Dr. Finley reported that, based on preliminary data that depression in pregnant and post-partum females is under recognized. It appears that depression is recognized and a formal report will be presented in the future. **ii Unapproved Drugs and OTC Cough and Cold Preparations** • See page 2 (two), action item regarding this topic **b. Proposed New Projects** **i. Intervention Work Group** **ii. Target Drug List Work Group** **iii. Quarterly Report Revision** • Dr. Miller indicated that all these topics had already been addressed during the meeting. • Only topic with an Action Item is the Quarterly Report as Pauline is soliciting volunteers from the Board to help the redesign of the report.
7) PUBLIC AND DUR BOARD COMMENTS	• Pauline Chan will send Board Members the feedback form to be completed and faxed back to DHCS attention: Pauline Chan, RPh
8) CLOSING REMARKS AND ADJOURNMENT	• It was noted that the date for the next Board Meeting in the hand out reflects a date of Nov. 13, 2011, PowerPoint slide #26, however the next Board Meeting will be held, Tues. **November 15, 2011.** • The meeting was adjourned at 1:08 P.M.

Action Items	Ownership
Provider/Adult Education Materials – If pharmaceutical representatives have "non-branded" educational materials that they are willing to share, please send for review to DHCS attention Pauline Chan, RPh.	Attendees
Dr. Stahl will forward some articles on education and training of medical professionals to Pauline. She will attach to these minutes for the Board Members. PDFs are not for Public distribution and should not be attached to	Dr. Stahl

the Minutes that are posted to the Web.	
For next Meeting, add San Francisco County and Alameda County to the agenda for an invite, so they can describe their methods of intervention.	DHCS
Board Members are to email Pauline if they are interested in volunteering for the Quarterly Data Report redesign.	Board Members