



**MEDI-CAL DRUG USE REVIEW BOARD
MEETING MINUTES
Tuesday, November 15, 2011
10:30AM – 1:00PM**

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

Topic	Discussion
1) CALL TO ORDER	<ul style="list-style-type: none"> • The meeting was called to order by Chair of the Board, Dr. Ross Miller • Board members present: Drs. Timothy Albertson, Patrick Finley, Ross Miller, Robert Mowers and Marilyn Stebbins • Board members absent: Drs. Janeen McBride, Paul Perry, Kenneth Schell, Stephen Stahl and Andrew Wong • Introduction of Board members and attendees • Announcement of Vic Walker’s retirement from DHCS • In California’s efforts to go “green,” only a few hard copies of the board material is available. The material is posted on the Pharmacy Benefits Division section of the DHCS website at http://www.dhcs.ca.gov/services/Pages/PharmacyBenefits2.aspx. • ACS will not record any of the proceedings. • Please let us know if you did not get the meeting notification and ACS will add you to the distribution list.
2) APPROVAL OF LAST DUR BOARD MINUTES	<ul style="list-style-type: none"> • The minutes from the September 13, 2011 meeting were reviewed • Dr. Miller made edits to the minutes and were approved as amended • Pauline Chan, RPh reviewed agenda items to be covered in today’s meeting
3) REVIEW OF ACTION ITEMS	<ul style="list-style-type: none"> a. Non-branded education material <ul style="list-style-type: none"> • Pauline received material from Purdue. However the material was branded. • Content of the material is intended to be used for quarterly articles • Reminder that material needs to be non-branded • A need for a formal process to review this material was expressed b. Dr. Stahl to provide education articles <ul style="list-style-type: none"> • Hard copies of the article were distributed to Board members • “Unapproved Cough, Cold, Allergy Products: FDA Prompts Removal From Market” article was distributed to the board for review and possible action c. Presentations on California Mental Health Care Management Program (CalMEND) Learning Collaborative Performance Improvement Project (Alameda and San Francisco) <ul style="list-style-type: none"> • Both presentations were on the agenda d. Redesign of DUR quarterly report <ul style="list-style-type: none"> • Board members interested in assisting with the redesign were asked to email Pauline directly.
4) NEW BUSINESS	<ul style="list-style-type: none"> a. Introduction – ACS <ul style="list-style-type: none"> • Patrick Robinson, DUR pharmacist consultant with ACS, introduced the team and presented a high level presentation of ACS’s government healthcare solutions. • ACS does prospective DUR and coordinates/manages the retrospective DUR duties with the UCSF School of Pharmacy. • Gerald Rogan, Medical Director with ACS, introduced himself including a brief summary of his work history, which included his role with Medicare. • Dr. Miller stated that the Board had previously struggled with data mining and questioned their ability

to make requests to look at specific data. He asked how ACS will approach this issue.

- Patrick stated that ACS has the data; UCSF can crunch it as long as DHCS is ok with it. ACS is here to serve the board as directed by the DHCS.
- A discussion regarding physician administered drugs developed into an interest that DUR Board would like to pursue since these drugs are not currently going through Prospective DUR.
- Dr. Miller would like to learn from ACS's experience in other states by looking at DUR projects they've done. He requested a presentation by ACS on their drug utilization best practices in other states.

ACTION ITEM: For the February meeting, ACS will present their experience with DUR programs in other states.

b. Introduction – UCSF

- Shalini (Shal) Lynch, pharmacist with UCSF, presented their introduction and their responsibility for retrospective DUR.
- Lisa Ashton, pharmacist with UCSF, introduced herself and her involvement with Health Information Technology (HIT).
- UCSF would like to get access to MIS-DSS tool and is actively working to get an analyst for this project
- Discussion regarding Health Insuring Organizations (HIO)'s, models of managed care: Two-Plan, County Organized Health Systems (COHS) and Geographic Managed Care (GMC) vs Medi-Cal Managed Care (MCO). The Affordable Care Act (ACA), includes all Medi-Cal MCO's (HPSM and 2-plan/GMC's) for collection of rebates.
- Dr. Miller was interested to see samples of physician administered drug utilization in a future meeting.
- There was a discussion on using the UCSF institutional review board (IRB) for possible quality interventions and research. However, a discussion on the procedures for DUR proposal submission, evaluation and approval was held in February 2011. Pauline Chan will resend the The DHCS DUR proposal form to board members.

c. CalMEND Learning Collaborative Performance Improvement Project: Improving Use of Antipsychotics Presentations:

i. Alameda County Behavioral Health Care

- Douglas DelPaggio, PharmD, MPA presented the findings from their CalMEND PIP "Using Medi-Cal Prescription Claims Data to Improve Health Outcomes for Antipsychotic Recipients"
- As a result of the interventions placed in clients receiving two or more antipsychotics, there was:
 - an increase of 5% in adherence to practice guidelines for monitoring and management of metabolic adverse effects from ~ 70% to 90% post-intervention
 - an improvement in clinical outcomes as evidenced by 5% or greater improvement in measured lab values from 38.5% to 62.3% post-intervention
 - a reduction in prescribing of more than one antipsychotic concomitantly from 12.3% to 9.7% post-intervention and improved justification from 62.5% to 83.3% post-intervention
- They worked with both uninsured & Medi-Cal Managed Care clients, and through the PIP dealt with ~ 150 clients, and 45 physicians
- Interventions included: meetings with opinion leaders, pharmacist detailing and implementing lab tracking form, as well as primary care referral form.

ii. San Francisco County, Community Behavioral Health Services

- James Gasper, Pharm.D. with assistance from Gloria Wilder, Pharm.D. presented their findings from their CalMEND PIP
- Project Objectives:
 - Decrease prescribers of antipsychotic polypharmacy
 - Decrease clients on antipsychotic polypharmacy
 - Maintain or improve patient symptom control
 - Increase awareness of potential risks
- An initial survey sent out January 2010. Multiple prescribers per patient/multiple patients per prescriber
 - Surveyed 102 prescribers with 253 clients
 - Survey return rate was 78%
- Then a resurvey was conducted in December 2010, was sent to initial respondents (minus dropouts): 70 prescribers for 180 clients

	<ul style="list-style-type: none"> • The two components were 1. if client was still receiving multiple antipsychotics 2. and/or what are their current Brief Psychiatric Rating Scale (BPRS) measures. Survey response rate was 78% • Outcomes observed were 38% discontinued use of multiple antipsychotics (prescribers) and 21% of clients were no longer taking multiple antipsychotics which met their goal of 20% improvement <ul style="list-style-type: none"> ○ Exceeded the goal of “10% improvement of maintaining goal with one antipsychotic” ○ Met the goal of 20% improvement in polypharmacy <p>ACTION ITEM: Board requests ACS/UCSF to use the data from the presentations to develop a potential educational article. In addition, the Board would like reports for the 0-6 year old age group.</p> <p>d. DHCS Updates</p> <p>i. Pharmacy Quality Improvement Work Group</p> <ul style="list-style-type: none"> • Pauline welcomed all and made introductions; including the new DUR contractor, ACS and UCSF <p>ii. CalMEND Program</p> <ul style="list-style-type: none"> • Pauline gave a presentation about CalMEND: A Quality Improvement Initiative to Promote Wellness and Recovery for Individuals with Mental Illness, integrating recovery, quality of care and pharmacotherapy. • CalMEND is a partnership initiative of California Department of Health Care Services, Pharmacy Benefits Division and California Department of Mental Health. • CalMEND’s mission is to develop and support publicly funded mental health services in California that are person-centered, safe, effective, efficient, timely and equitable, and the vision is to ensure all persons in California with mental health conditions shall succeed in achieving their individual recovery and wellness goals • Pauline gave a brief description of the CalMEND Pilots and collaborative. <p>iii. Pharmacy Quality Alliance (PQA)</p> <ul style="list-style-type: none"> • Pauline then gave a presentation on Pharmacy Quality (PQ) Improvement and talked about DHCS’ membership • The goal is to improve the quality of medication use across health care settings through a collaborative process in which key stakeholders agree on a strategy for measuring and reporting performance information related to medications. • PQ is used to develop strategies and approaches to successfully translate pilots and promising practices to large scale implementation through policy change. • Pauline went over Health and Human Services (HHS) Medicaid Quality Measures. <p>e. ACS Updates</p> <p>i. DUR quarterly report (April-June 2011)</p> <ul style="list-style-type: none"> • Patrick Robinson presented the DUR quarterly report • ACS would like to replicate one, and then make revisions • For future reports, the Board would like to see the dose drilled down for the top 10 drugs • Board would like to be able to translate the data into actionable items <p>ii. Medi-Cal Bulletin: Simvastatin-Induced Myopathy, September 2011</p> <ul style="list-style-type: none"> • Board was interested in the % and number of beneficiaries on simvastatin with another drug that increases the potential of myopathy <p>f. Board Member Projects</p> <p>i. Antidepressants</p> <p>ii. Cough & Cold Preparations – Board voted to add this article to the Medi-Cal website.</p> <p>iii. Intervention Work Group</p> <p>iv. Target Drug List Work Group</p> <p>v. Quarterly Report Revision</p> <ul style="list-style-type: none"> • No updates were reported by the Board for the projects listed
5) BOARD MEMBERS & PUBLIC COMMENT	<ul style="list-style-type: none"> ▪ Discussion regarding prisoners on antipsychotics who leave the prisons was tabled for another time
6) Consent Agenda	<ul style="list-style-type: none"> ▪ Meeting feedback
7) CLOSING	<ul style="list-style-type: none"> ▪ The next Board Meeting will be February 14, 2012.

REMARKS AND ADJOURNMENT	<ul style="list-style-type: none"> ▪ The meeting was adjourned at 1:30 pm.
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Action Items	Ownership
Changes to Meeting Minutes	Jannice Tan
Volunteers from Board to work on redesign of DUR quarterly report	Group
Board requests ACS/UCSF to use the data from the CalMEND presentations to develop a potential educational article. In addition, the Board would like reports for the 0-6 year old age group.	Pauline Chan
For February meeting, present ACS's experience with DUR programs in other states	Patrick Robinson
Unapproved Cough, Cold, Allergy Products: FDA Prompts Removal From Market article to website	Patrick Robinson
Present components of trend at the dose level for a specific drug, like aripiprazole	Patrick Robinson
Present data on simvastatin drug interactions	Patrick Robinson