



The Counselor's Corner

Provided by Tim Hofmann, M.C. at Personal Dynamics
www.PersonalDynamics.us
(480) 813-2650

January, 2007 Issue

A new wrinkle in controlling medication costs

For many years, managed care companies have attempted to control the costs of pharmaceuticals. As drug manufacturers use successful new marketing and advertising techniques, managed care companies are looking for innovative ways to respond. In the past, they have used mechanisms such as approval requirements, formularies, and multi-tiered co-pay systems to attempt to keep costs down. Now there is a new wrinkle in the battle to control the cost of prescription medicines: behavioral intervention. Dubbed the Pharmacy Intervention Protocol (PIP), the program uses prescription claim data to identify patients who are using certain types of psychotropic medications as candidates for intervention. The candidates are contacted by the program in an attempt to educate them on the benefits of counseling in the treatment of their stress and mental health problems for which they are taking these medications.

According to Fred Newman, CEO of Interface EAP and the force behind the program, psychotropic medications constitute six of the top ten medications prescribed by primary care physicians. Chief among these are brand-name anti-depressants that are quite expensive on a monthly basis. The cost savings in reducing the use of psychotropic medications is expected to more than cover the cost of the program and the counseling.

The PIP program has both a carrot and a stick. Initially the patient is educated and encouraged to seek counseling. If the patient refuses to participate, they may eventually wind up paying a doubled co-pay to obtain their future medication. Patients who are currently in counseling or receiving their medication from a psychiatrist are exempt from the increased co-pay.

Studies have shown that the most successful treatment outcomes for many mental health disorders involve both medication and psychotherapy. As an often-diagnosed disorder, clinical depression is a prime example. Cognitive Behavioral Therapy (CBT) with medication has been shown to provide a better long-term outcome than medication alone. CBT and interpersonal therapy are the two most effective talk therapies for depression. These therapies teach the patient to manage their own mood and other symptoms by revising problematic thinking patterns and beliefs, changing the way they interact with other people and modifying the day-to-day choices that the patient makes as they live their life.

There have been some concerns raised about intrusion into the doctor-patient relationship and the "big brother" aspect of an increased level of management in a very personal area of the patient's life. The PIP program appears to be an extension of the trend to manage the costs of care that has been going on for years. Whether you agree with it or not, it is a trend that is likely to expand if the early successes of the program are any indication of the long-term benefits.

At least one organization in the Phoenix-metro area is implementing the program starting this month. Catholic Healthcare West employees have recently been introduced to the program and the initial educational phase of implementation is scheduled for February.