Promoting Treatment Adherence in Schizophrenia: Engagement Strategies for Health Care Providers, Case Managers, and Advocates

Treatment for Individuals With Bipolar Disorder
A Resource for Payers

Frameworks resources are intended for educational purposes only and are intended for healthcare professionals and/or payer representatives. They are not intended as, nor are they a substitute for, medical care, advice, or professional diagnosis. Healthcare professionals should use independent medical judgment when considering Frameworks educational resources. Those seeking medical advice should consult with a healthcare professional. Frameworks resources are not intended as reimbursement or legal advice. Users should seek independent, qualified professional advice to ensure their organization is in compliance with the complex legal and regulatory requirements governing healthcare services, and that treatment decisions are made consistent with the applicable standards of care. Frameworks is sponsored by Otsuka Pharmaceutical Development & Commercialization, Inc.
Economic Impact of Bipolar Disorder

Bipolar disorder is a chronic mental illness, and refers to a spectrum that encompasses several diagnoses, including bipolar I, bipolar II, and cyclothymic disorder.\textsuperscript{1,2}

Bipolar I disorder, marked by extreme manic episodes, has a lifetime prevalence of 2.1% and a 12-month prevalence of 1.5%.\textsuperscript{2,3} This equates to approximately 4.9 million and 3.7 million adult Americans, respectively, who are affected.\textsuperscript{3} The onset of bipolar disorder typically begins between the ages of 15-24.\textsuperscript{4} It can be diagnosed at any age; however, the average age of onset for bipolar I disorder is 22 years.\textsuperscript{3} There is often a considerable interval between onset and first treatment or first hospitalization.\textsuperscript{4}

Bipolar disorder is one of the most costly of all mental health conditions. In one study of commercial claims data from 1996, while only 3% of 1.7 million patients were identified with bipolar disorder, they accounted for 12.4% of the total plan expenditures.\textsuperscript{5} In another study of healthcare utilization and costs from 2004 to 2007 in an employee-sponsored, self-funded plan, patients with bipolar disorder had higher adjusted mean costs per member per month than patients with asthma, coronary artery disease, depression, and diabetes – with the exception of patients who had both diabetes and coronary artery disease (n=455; approximately $2000).\textsuperscript{5,6}

### Healthcare Utilization and Costs\textsuperscript{5,6}

<table>
<thead>
<tr>
<th>Illness</th>
<th>Adjusted Mean Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>~$900 (n=2770)</td>
</tr>
<tr>
<td>Coronary artery disease</td>
<td>~$1250 (n=1759)</td>
</tr>
<tr>
<td>Depression</td>
<td>~$1300 (n=1290)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>~$1250 (n=1418)</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>~$1700 (n=122)</td>
</tr>
</tbody>
</table>

The estimated direct and indirect costs of bipolar I and II disorders in 2009 were \textbf{$30.7$ billion} and \textbf{$120.3$ billion}, respectively.\textsuperscript{5}
The Challenges Presented to Health Plans

Care is likely to be more expensive for those patients with a delayed diagnosis of bipolar disorder.\(^5\)

In a constituency survey by the National Depressive and Manic-Depressive Association, only one in four individuals with bipolar disorder reported receiving an accurate diagnosis within three years of first experiencing symptoms.\(^7\) The misdiagnosis of bipolar disorder can have negative consequences, and delayed diagnosis may lead to higher costs and worsening clinical outcomes.\(^5,7\)

Greater than \(33\%\) of patients with bipolar disorder remained misdiagnosed for ten or more years, delaying treatment.\(^7\)

Additionally, while estimates vary across the literature, the average bipolar medication nonadherence rate is reported to be 40%. Nonadherence is associated with outcomes such as relapse, hospitalization, functional impairment, and suicidality.\(^8\)

Patients with bipolar disorder are more likely to commit suicide—more so than any other psychiatric or general medical diagnosis.\(^5\)

In addition, suicide attempts are costly. In comparing the one year before and after 352 patients’ first suicide attempt, one study found that the mean healthcare cost more than doubled following the attempt. A large cost increase was seen during the month following the attempt in inpatient and emergency services; however, there were lasting increases in outpatient and prescription costs.\(^5\)
Patients with bipolar disorder, including bipolar I, may face challenges which contribute to low treatment rates.³

Comorbidities
Patients with bipolar disorder are more likely to have other psychiatric disorders.⁵,⁹ Comorbid conditions are associated with longer episodes of illness, shorter periods of remission, poor treatment compliance, and suicidality.⁵

Adverse side effects
Patients with bipolar disorder may experience unwanted side effects from some medications, or combination of medications.⁹

Finances
Patients with bipolar disorder may lack insurance or face other financial barriers.³

Poor insight
Patients with bipolar disorder may lack insight, which may interfere with their ability to make treatment decisions.⁴

Stigma
Frequently cited as a barrier to mental healthcare, stigma is associated with reduced treatment seeking.¹⁰

While there is no cure for bipolar disorder, treatment can decrease related morbidity and mortality.⁴
Treatment of Bipolar Disorder

Bipolar disorder is a condition which generally requires long-term treatment. While there is no cure for bipolar disorder, treatment can decrease related morbidity and mortality.4

Medication Therapy

With regard to treatment, medication therapy is considered to be one essential component.4 Federal Drug Administration approval includes indications for medications which have passed rigorous scientific reviews for specific uses in specific disorders.11,12 Medications which have been used to treat bipolar disorder have included:

- Mood stabilizers13
- Antidepressants13
- Antipsychotics14

Psychosocial Interventions

Psychosocial interventions which may be considered for patients with bipolar disorder include:

- Psychoeducation9
- Cognitive behavioral therapy9
- Family-focused therapy9
- Interpersonal and social rhythm therapies9
- Group psychotherapy4
- Peer support15

In conjunction with medication, psychosocial interventions, which focus on illness management tactics, may offer some benefit to patients with bipolar disorder.9
Promoting Treatment

Medicaid, as the single largest payer of mental health services, recognizes that it is able to promote evidence-based practices for mental health patients, including those with bipolar disorder diagnoses. In reviewing the Medicaid data, there are recommendations which other stakeholders may find beneficial.\(^\text{16}\)

**Encourage integrated, collaborative care**
Interdisciplinary relationships can provide for rapid referral of a patient when needed.\(^\text{17}\) Additionally, there is a high frequency of medical comorbidities in patients with bipolar disorder, potentially necessitating physical health monitoring and preventative screening.\(^\text{9,16}\) A patient-centered team approach may offer the greatest likelihood of success.\(^\text{9}\)

**Encourage psychosocial interventions**
In one study of patients with bipolar spectrum disorder age 18 years and older, a systematic care management program reduced the frequency and severity of manic episodes.\(^\text{18}\) In conjunction with pharmacotherapy, other studies have shown psychoeducational programs focused on early symptom recognition reduced manic episodes, psychoeducational programs focused on self-management skills reduced subsequent mania and depression, those focused on cognitive behavioral therapy reduced frequency of mania and depression, and family-focused psychoeducation reduced mood disorder symptoms and risk of relapse.\(^\text{18}\) Consider examining the extent to which the psychosocial interventions being reimbursed are aligned with evidence-based practices and how you are monitoring and tracking the services.\(^\text{16}\)

**Examine whether policies and practices delay care**
Medicaid data showed that higher copays and more stringent prior-authorization procedures were associated with a decreased rate of continuous medication use.\(^\text{16}\) Also, consider whether policies regarding medications, such as fail-first policies and limits on quantity or refills, are potentially impacting patients.\(^\text{16}\) Nonadherence is associated with outcomes such as relapse, hospitalization, functional impairment, and suicidality.\(^\text{8}\)
Monitor quality
The National Behavioral Health Quality Framework, developed by the Substance Abuse and Mental Health Services Administration, provides a method by which to examine and prioritize quality for prevention, treatment, and recovery elements. The framework is designed for multiple levels, including the payer level. Claims and enrollment data may be used to track progress toward the goals of the framework, as well as irregularities in how patients are receiving care and services.

Consider examining the extent to which the psychosocial interventions being reimbursed are aligned with evidence-based practices.