

Prescriber Survey Results

Utilization of Long-Acting Injectable Antipsychotics (LAI) and Clozapine

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Goals and Methods

■ Goals:

- Assess prescriber attitudes and beliefs at baseline
- Identify barriers to increasing use of LAIs and clozapine
- Obtain data to inform interventions for Readmissions Collaborative project

■ Methods:

- Adapted from a survey that had been developed by a participating hospital (Long Island Jewish Medical Center: Dr. Kane and Dr. Kishimoto)
 - Instrument available on Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) website

Survey Administration

- Survey was open January 9 - May 30, 2013, to hospitals in the Readmissions Collaborative
- Strongly encouraged by Readmissions Steering Committee, but not required
- Promoted most actively among hospitals focusing on LAI and/or clozapine as a readmissions project strategy
- 151 Respondents from 27 hospitals
- Among the 28 hospitals focusing on LAI and/or clozapine for the Collaborative, 82% (n=23) submitted at least one survey.

Respondent Information

Respondent Characteristics: Position and Setting

Position	Number of Prescribers	
	n	%
Attending	117	78
Nurse Practitioner	14	9
Resident	19	13
Total	150	
Setting		
Inpatient	87	57
Outpatient	64	42
Emergency	1	1
Total	152	

Patient Population

Primary Patient Population	Number of Prescribers	
	n	%
Adult	138	92
Elderly	7	5
Child and Adolescent	5	3
Total	150	

Case Load Size	Number of Patients	
	Mean	Range
Patients on caseload	68	0-600
Patients with schizophrenia or related disorders	20	0-105

Long-Acting Injectable Antipsychotics (LAI)

Number of Patients Receiving vs. Eligible for LAI

Question	Number of Responses > 0	Number of Patients	
		Mean	Standard Deviation
Current patients on LAIs	120 (80%)	7	10.2
Current LAI patients started on LAIs by respondent	102 (68%)	5	8.8
Additional patients taking oral antipsychotics who could benefit from LAIs	135 (90%)	11	18.4

Beliefs About Prescribing LAI

Question	Number of Responses	Mean Rating	Standard Deviation
Rate strength of belief or thought			
Convinced that the LAI formulation is as effective as oral AP?	150	5.6	1.3
Believe that LAIs are superior to oral medications in preventing relapse?	150	5.4	1.4
More difficult to prescribe LAIs than oral medications?	149	3.7	1.7

Scale Key:

1 = Not at all; 2-3 = Mildly; 4 = Moderately; 5-6 = Markedly; 7 = Extremely

Barriers to Prescribing LAI

Factors	Number who endorsed each item as one of top 3 barriers
Patient Factors	
Possible patient refusal	49
Systems / Access	
Cost to patient	28
Difficult linkage to next level of care (e.g. outpatient)	24
Cost to hospital/clinic	19
Hassle of injection procedure	15
Clinical	
Fewer choices of LAI	19
Relatively short injection interval	9
Impossible to discontinue or reduce dose quickly	7
Possible side effects	6

Table includes all factors endorsed by 5 or more respondents as one of top 3 barriers.

Respondent Suggestions: How Hospitals Can Make it Easier to Prescribe LAI

Suggestions	Number who suggested each item
Expand Access	
Broaden Hospital Formulary	16
Financial Assistance / Negotiation with Payers / Advocacy	16
Promote Engagement	
Patient/family education	10
Build infrastructure to support management of LAIs	
Staff for injections/ insurance verification/ monitoring patients	11
Identify/develop outpatient clinics that will manage LAIs	8
Improve coordination btw inpatient and outpatient providers	6
Open specialized clinic (LAI and/or Relprevv)	4

Note: responses were write-in, not multiple choice

Clozapine

Number of Patients Receiving vs. Eligible for Clozapine

Question	Number of Responses > 0	Number of Patients	
		Mean	Standard Deviation
Current patients on clozapine	82 (55%)	4	5.4
Current clozapine patients started on clozapine by respondents	53 (35%)	3	2.4
Additional patients on other APs who could benefit by switching to clozapine	100 (66%)	5	10.3

Beliefs about Prescribing Clozapine

Question	Number of Responses	Mean Rating	Standard Deviation
Rate strength of belief or thought			
Believe that clozapine is superior?	147	5.4	1.4
More difficult to prescribe clozapine?	146	4.5	1.8

Scale Key:

1 = Not at all; 2-3 = Mildly; 4 = Moderately; 5-6 = Markedly; 7 = Extremely

Supporting Clozapine Use

Question: Do you have...	Inpatient (n=86)		Outpatient (n=61)	
	Yes	No	Yes	No
...Support for the paper procedure, blood monitoring etc.?	61 (72%)	24 (28%)	21 (34%)	40 (66%)
...Easy access to relevant specialists, if needed (e.g., hematologists)?	69 (80%)	17 (20%)	33 (54%)	28 (46%)

Barriers to Prescribing Clozapine

Factors	Number who endorsed each item as one of top 3 barriers
Patient /Adherence Factors	
Possible refusal / resistance to weekly blood work	36
Possible non-adherence	32
Systems	
Hassle of blood draw and monitoring	19
Hassle of administrative procedures	15
Difficult linkage to next level of care (e.g. outpatient)	13
Cost to patient	9
Side Effect Risk	
Metabolic side effects	17
Agranulocytosis	10
Seizures/Myocarditis/Unspecified	15

Table includes all factors endorsed by 5 or more respondents as one of top 3 barriers.

Respondent Suggestions: How Hospitals Can Make it Easier to Prescribe Clozapine

Suggestions	Number who suggested each item
Promote adherence	
Patient education / materials re: clozapine and side effects	12
Develop community outreach/engagement teams	4
Build infrastructure to support management of clozapine	
Staff to assist with paperwork/monitoring	9
In-house blood draws	7
Identify or develop clinics to manage clozapine	6
Develop system for faster lab results	5
Open in-house clozapine clinic or assign dedicated staff	3

Note: responses were write-in, not multiple choice

Conclusion

- There is opportunity for improvement
 - For both LAI and clozapine, respondents reported that fewer than half the patients who could benefit from these medications are currently taking them
- Need for patient engagement
 - Patient refusal cited as primary barrier
- Must address systems / resource issues
 - LAI: expand access/options, staff for injections
 - Clozapine: staff for monitoring / administrative tasks