

## SoonerCare Lock-In Program

- Goal: Promote appropriate utilization of health care resources for those members identified with misuse of resources or potentially fraudulent behavior.
- Members are monitored for:
  - Excessive use of high abuse medications
  - Multiple physicians and pharmacies
  - Potential diagnoses of concern
- Identified members are “locked-in” to a single pharmacy of their choice to obtain all prescriptions paid for by SoonerCare

## SoonerCare Lock-In Program

SoonerCare members must meet 3 out of 8 criteria to be locked-in:

- Increased number of ER visits
- Increased number of unique pharmacies
- Increased number of prescribers/physicians
- Increased number of days supply of narcotics, anxiolytics, antidepressants, etc.
- Diagnosis of drug dependency or related diagnosis
- Increased number of hospital discharges
- Information from previous reviews
- Safety concerns noted in profile

## Research Questions

- Is enrollment in a “lock-in” pharmacy program associated with a decrease in utilization and program costs of narcotic medication?
- Is enrollment in a “lock-in” pharmacy program associated with a decrease in multiple pharmacy, physician, or emergency room utilization?

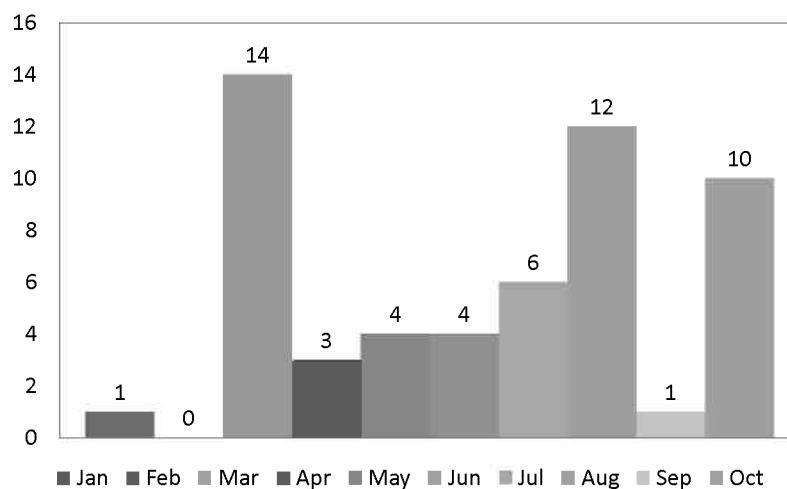
## Research Questions

- Is enrollment in a “lock-in” pharmacy program associated with an effect in utilization of maintenance medications or overall pharmacy claims?
- Is enrollment in a “lock-in” pharmacy program associated with an effect on expenditures for both pharmacy and emergency medical care?

## Methods

- Quasi-experimental analysis of pharmacy and medical claims
- Random assignment not done – all “eligible” members were required to participate
- Total review period was Jan 2005 thru Dec 2007
- The enrollment period was Jan 2006 through October 2006
- Demographic characteristics were obtained
- Pre and post lock-in pharmacy and medical utilization history was collected

## Members Locked In Monthly



## Demographics

	n	%	SoonerCare Population
Male	21	40.38%	29%
Age (mean ± SD)	(33.37 ± 12.13)		
≤ 20	7	13.46%	69%
21-40	31	59.62%	21%
41-64	10	19.23%	
≥ 65	4	7.69%	10 %

## Results Summary

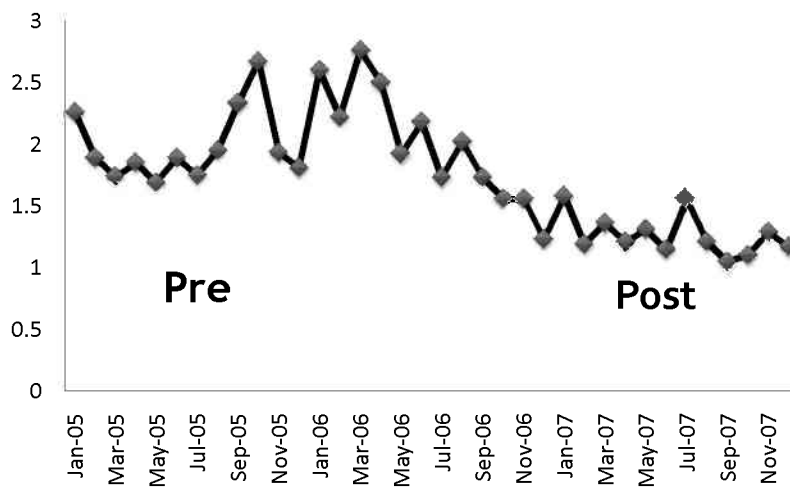
Variable (Monthly)	Pre Lock-In Mean	Post Lock-In Mean	Difference
Narcotics Claims	2.16	1.32	-0.84 <sup>†</sup>
Maintenance Med Claims	0.37	0.39	+0.02
All Pharmacy Claims	4.86	3.46	-1.40 <sup>†</sup>
Emergency Dept Visits	1.26	0.81	-0.45 <sup>†</sup>
# of Pharmacies	2.05	0.89	-1.16 <sup>†</sup>
# of Prescribers	2.48	1.63	-0.85 <sup>†</sup>
Narcotic Cost	\$83.19	\$70.41	-\$12.78
Pharmacy Cost	\$256.83	\$226.25	-\$30.58
Emergency Dept Costs	\$288.99	\$64.85	-\$224.14 <sup>†</sup>
Pharmacy and Emergency Dept Costs	\$550.15	\$290.90	-\$259.25 <sup>†</sup>

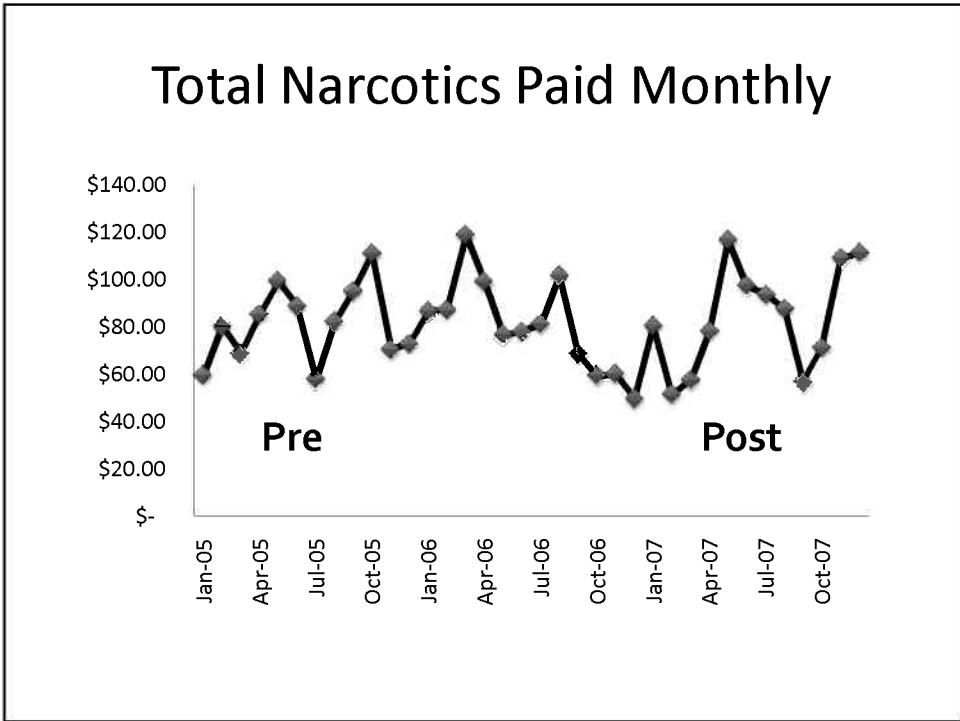
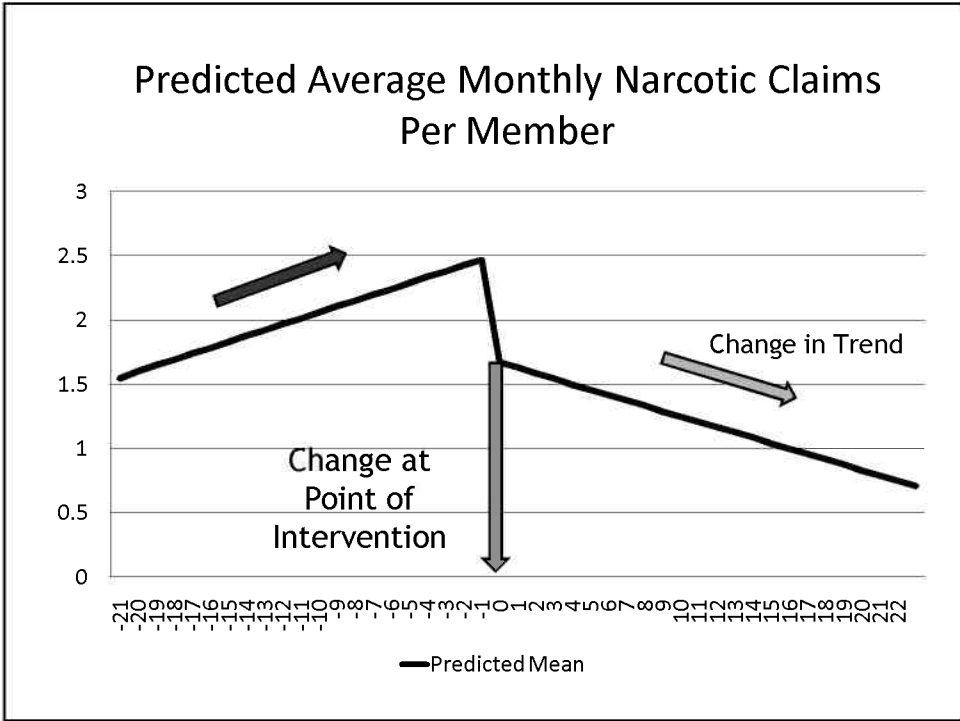
<sup>†</sup>Significant at the 0.001 level.

## Research Question 1:

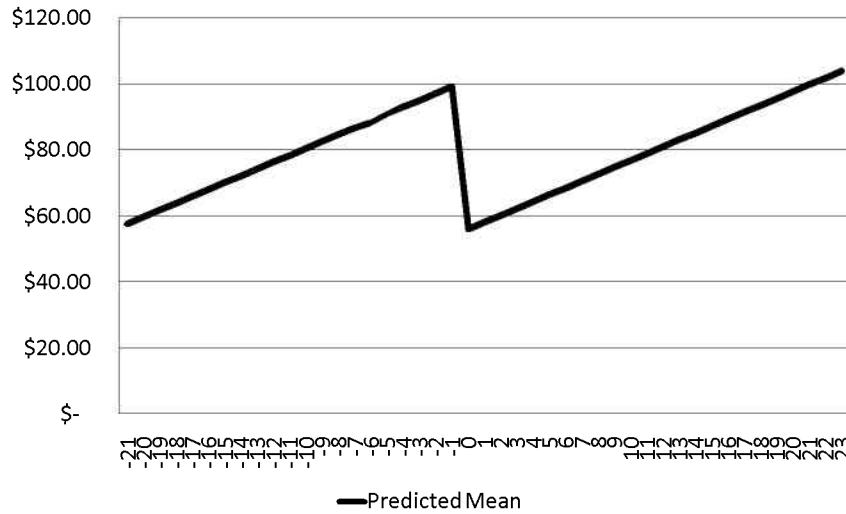
- Is enrollment in a “lock-in” pharmacy program associated with a decrease in utilization and program costs of narcotic medication?

## Monthly Average Narcotic Claims

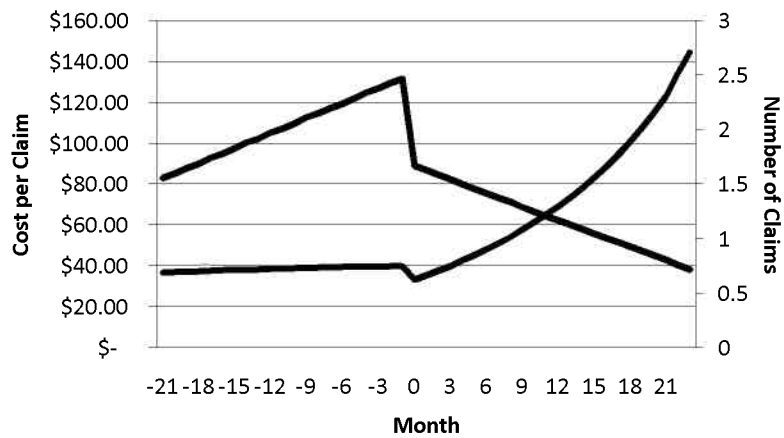




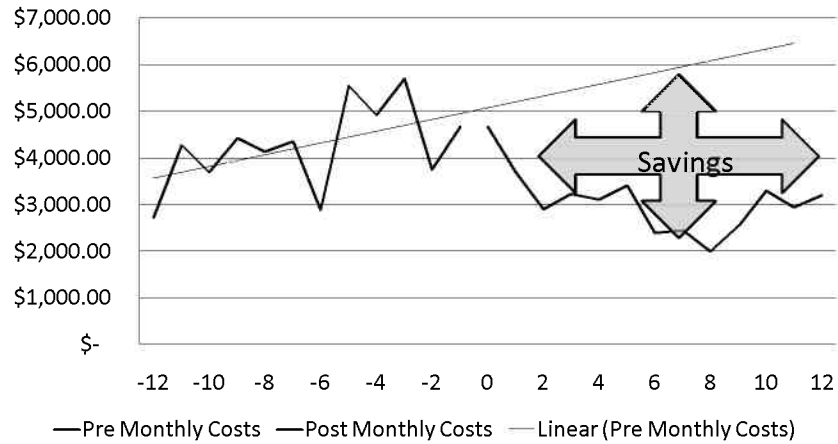
### Predicted Average Monthly Narcotic Costs per Member



### Monthly Narcotic Costs per Claim vs Number of Monthly Claims



## Savings Prediction



## Estimated Annual Narcotic Costs Savings

- Cumulative estimated savings for first twelve months post lock-in for all 52 members: \$31,524.57
- Per Member Annual Savings: \$606.24



## Summary

- Association of the Lock-In program with a decrease in utilization of
  - narcotic medications,
  - multiple pharmacies and physicians, and
  - overall emergency department visits.
- No association between enrollment and the use of maintenance medications
- Association between the Lock-In program and overall costs for
  - emergency department visits
  - combined costs for pharmacy and emergency departments.