



27th Executive Force Preservation Board

Accountability in the Utilization of Psychotropic Medications and Polypharmacy

Optimizing Communication between Medical Staffs and USMC Commanders

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TBI/PTS and Psychotropic Meds

- **From 01 June 2011 to 31 May 2012.....**
 - **5,060 AD Marines had a history of TBI in their record**
 - **3,846 (76.01%) of these AD Marines were prescribed a psychotropic or narcotic**
 - **5332 AD Marines had a history of PTS in their record**
 - **4,615 (86.55%) of these AD Marines were prescribed a psychotropic or narcotic**
- TMA Pharmacy Operations Center Report 6/4/2012



8-Day Reports

- **FY 11**
 - 144 8-day reports
 - 8 (6%) of those that died were noted to have been prescribed psychotropic medications
- **FY 12**
 - 67 8-day reports
 - 10 (15%) of those that died were noted to have been prescribed psychotropic medications



Example Classes of Medicines

Increasing risk profile

	Class of Medication	Examples	Indications	Common Side Effects
Alcohol	Central Nervous System Depressant	Ethyl Alcohol (Alcoholic Beverages, Liquor)	Negligible Pharmacologic Utility	Sedation, Respiratory Depression, Coma, Death
"Gray Area"	Sleep Medications	Ambien Lunesta, Sonata Rozerem Melatonin	Sleep	Sedation, Vivid Dreams, Disinhibition, Sleep Walking, Bad Aftertaste
Narcotic	Opiates	Percocet Vicodin Oxycontin Morphine	Severe Pain	Respiratory Depression, Sedation, Confusion, Tolerance, Itching, Constipation
Psychotropic	Benzodiazepines	Klonopin Xanax, Valium Ativan, Restoril	Anxiety, Sleep Muscle Relaxation Alcohol Detoxification	Sedation, Disinhibition, Confusion, Intoxication Tolerance, Respiratory Depression
	Antidepressants	Celexa, Zoloft, Prozac, Paxil, Effexor	Depression, Anxiety, Chronic Pain, Headaches, Sleep, Bed Wetting, Premature Ejaculation	Headache, Nausea, Diarrhea, Restlessness, Weight Gain/Loss, Sedation, Sexual Dysfunction, Irritability
	Antipsychotics	Abilify Seroquel, Zyprexa	Psychosis Mood Stabilization Aggression Severe Anxiety, Insomnia	Sedation, Weight Gain, High Blood Sugar, Restlessness, Insomnia, Unusual Movements
	Anticonvulsant/ Mood Stabilizer	Depakote, Tegretol, Lamictal, Neurontin	Mood Stabilization, Aggression, Headache, Chronic Pain	Sedation, Rash, Weight Gain, Nausea, Acne
	Blood Pressure Medication	Inderal Prazosin Clonidine	Anxiety Nightmares Agitation	Low Blood Pressure / Pulse, Dizziness, Headache



Statistics Snapshot: Feb-Apr 2012

<i>Review Date range: Feb-Apr 2012</i>			I MEF			II MEF			III MEF		
Total Population Reviewed			57,113			53,430			20,677		
Number on 1 medication			4,582 (8.02%)			5,108 (9.56%)			1,496 (7.24%)		
Psychotropic Only	Narcotic Only		1,244	3,338		1,477	3,631		428	1,068	
Number on 2 or more			1,202 (2.10%)			1,537 (2.88%)			404 (1.95%)		
Psychotropic Only	Narcotic Only	Both Psychotropic and Narcotic	419	393	390	596	466	475	112	152	140
Number on 3 or more medications			443 (0.78%)			614 (1.15%)			124 (0.60%)		
Psychotropic Only	Narcotic Only	Both Psychotropic and Narcotic	144	74	225	265	67	282	51	16	57
Number on 4 or more medications			300 (0.53%)			524 (0.98%)			69 (0.33%)		
Psychotropic Only	Narcotic Only	Both Psychotropic and Narcotic	88	4	208	179	11	334	15	3	51

**Medication = psychotropic or narcotic*

From 01 June 2011.....5,060 AD Marines had a history of TBI in their record to 31 May 2012 5332 AD Marines had a history of PTS in their record



I MEF Polypharmacy Review

- **Record Review of SM's on 3 or more meds per PMART Data**
 - **Of 57, 113 I MEF SM's: 743 on 3 or more meds per PMART data**
 - **609 / 743 (82%) considered to be at low risk as:**
 - **386 / 743 (52%) were on 2 or fewer active medications**
 - **357 / 743 (48%) were on 3 or more meds, but "clearly well managed," on LIMDU or PEB with active case management, or had other circumstances indicating appropriate follow-up or monitoring such as current hospitalization**
 - **134 / 743 (18%) were considered at elevated risk defined as:**
 - **On 3 or more meds and**
 - **Not on LIMDU or PEB**
 - **Not clearly followed by command (GMO / Commander)**
 - **Multiple Providers Prescribing medications**
 - **Potential for medication overuse (e.g., pain, sleep meds)**
 - **Unusual combination of meds**
 - **These "at risk" SM's were individually evaluated by their command medical officers**

Bottom Line: 134 / 57,113 (0.23%) Marines and Sailors are considered "at risk"



Statistics Snapshot: May-July 2012

<i>Review Date range: May-July 2012</i>			I MEF			II MEF			III MEF		
Total Population Reviewed						56,089					
Number on 1 medication						4379 (7.81%)					
Psychotropic Only	Narcotic Only					1217	3162				
Number on 2 or more						1291 (2.30%)					
Psychotropic Only	Narcotic Only	Both Psychotropic and Narcotic				477	438	376			
Number on 3 or more medications						542 (0.97%)					
Psychotropic Only	Narcotic Only	Both Psychotropic and Narcotic				206	67	269			
Number on 4 or more medications						441 (0.79%)					
Psychotropic Only	Narcotic Only	Both Psychotropic and Narcotic				158	10	273			

3rd Quarter data requests to P-MART and PEC for updated prescription use across the MEF's have been slow to be answered.



Polypharmacy Process Improvement

- PEC and NMCPHC Quarterly Reports to MEF Surgeons
 - Command / Medical Staff monitoring of patients on multiple medications
- Performance Improvement Program Initiative:
 - active medication reconciliation with business rules for clinical pharmacologist consultation and specialty care management
 - Increased emphasis on non-pharmacologic treatments for pain, sleep, anxiety incorporated into treatment planning
- I MEF
 - Mental Health Reconciliation Boards addressing members treated for prolonged periods (>6 months) without change in fitness for duty status. Mediated by Division Psychiatrist with OSCAR Psychiatrist, unit MO, MTF MH provider-early successes in resolving long-standing cases.
- II MEF
 - 2nd MARDIV Policy Letter detailing SM's accountability for all controlled psychotropic medications, including turn-in of unused medication for destruction.
- III MEF
 - long-term utilization of FPC (or forerunners) since 2007 with well-developed supporting relationships with MTF/BMC Specialty and MH Providers



Polypharmacy Way-Ahead

Patient Assessment and Accountability

- M&RA PDHRA Referral Tracking Program
- Consult Tracking Program Evaluation
 - MCB CL Pilot of WWR RCC-ss case management program in the MCCS system (French Creek MCMH as a possible future site)
- MCMH Case Management
- Continue monthly Performance Improvement Chart Reviews regarding medication reconciliation and specialty consultation collaboration
- Timely Quality Assurance reviews for occurrences
- Implementation of NICoE Satellite Clinical Concept of Operations in TBI/PTSD care planning and case management



Polypharmacy Way-Ahead

Co-Morbidity: Substance Abuse

- Advocate to BUMED and TMA for increased inpatient alcohol rehabilitation resources
- Emphasize integration of outpatient 12-step recovery programs for substance abuse
- During the September Medication Reconciliation Stand-Down emphasize that alcohol is the “Hidden Medication”



Optimizing Commander's Medical SA

Command Support and Visibility

- HIPAA Military Exclusion
 - Continue education through NAVMED Regions to MTF's
 - Drive information push to commanders
- Behavioral Health Brain Injury Advisory Council (BHBIAC)
 - Increase communication and collaboration between HS, BUMED and M&RA directed services
 - Develop and synchronize programs supporting Commander's force preservation requirements
- Expand "Best Practice" use of NHCL MH Team Model with dedicated teams assigned to specific units improving communication to commands (e.g., MH provider attending unit FPC)
- Expand existing collaborative venues between MARFOR / MTF medical staffs, MCCS, and Tricare Network Providers



EFPB CONCURRENCE

1. Direct increased utilization of Force Preservation Councils to optimize Commander's situational awareness of "at risk" Marines/Sailors
2. Endorse execution of USMC Alcohol Abuse Prevention Campaign Plan
3. Endorse command support for September MARFOR-Wide Medical Staff Polypharmacy and Medication Reconciliation Stand-Down