

Continuity of Medication Management in Medicaid

Principal Investigator: Farley, Joel F.
Institution/Partners: University of North Carolina
Chapel Hill
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Description

Comorbid cardiometabolic health conditions are a significant burden to the health of patients with schizophrenia representing a major source of morbidity and mortality. For patients taking medications to manage schizophrenia and comorbid health conditions, poor care coordination can result in inappropriate prescribing, duplication of medication therapy, medication non-adherence, and more aggressive health service utilization for high expenditure intensive resources such as inpatient hospitalizations and emergency room encounters. This study builds on prior work performed by the research team to better understand continuity of medication management (COMM) in a Medicaid population across multiple care settings and the role that a severe mental health condition (schizophrenia) has on COMM.

Specific Aims

1. Examine the number and types of prescribers providing medications for Medicaid patients with one or more cardiometabolic conditions and the influence of schizophrenia on this relationship.
2. Compare medication adherence and health service utilization in patients with schizophrenia and one or more cardiometabolic health conditions with varying levels of COMM.
3. Examine the effect of the medical home on improving health outcomes among patients that are co-managed in Aim 2.

Main Objective

Understand continuity of medication management (COMM) in a Medicaid population across multiple care settings and the role that a severe mental health condition (schizophrenia) has on COMM.

Chronic Conditions Considered

Schizophrenia and other comorbid health conditions (hypertension, lipid disorders, and diabetes)

Study Design, Data Sources & Sample Size

Medicaid Analytical eXtract (MAX) claims data for 4 States (Colorado, Kentucky, North Carolina, and Vermont)

Strategies Addressed from the HHS Strategic Framework on Multiple Chronic Conditions

- 4.B. Understand the epidemiology of multiple chronic conditions.
- 4.C. Increase clinical health research.