



Survey of U.S. Psychiatrists Reveals Support for Delegating Authority to Pharmacists to Administer Long-Acting Injectable Antipsychotic Therapies to Patients Living With Serious Mental Illness

July 2016

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Research Overview

Research Objectives

Primary research objective: To understand psychiatrist opinions about the option to delegate their authority to administer long-acting injectable therapies (LAIs) to appropriately trained pharmacists for patients living with serious mental illness (SMI).

The research also examined:

- Psychiatrists' perceptions of **challenges related to access and adherence** to medication in patients with SMI;
- **Challenges and barriers associated with administering LAIs**, including capacity to store and dispose of LAIs, as well as psychiatrist or nurse availability to administer the injections;
- **Attitudes toward sites of care** for administering LAIs;
- Level of **support for giving psychiatrists/physicians the option to delegate** their authority to administer LAIs;
- **Preference to administer LAIs** vs. have LAIs administered by other trained medical professionals;
- **Reasons for support or causes for concern** regarding LAI delegation; and
- **Factors that would enable psychiatrist support** of delegation (among those initially hesitant).

Research Method

KRC Research conducted a nationally representative telephone survey of 200 psychiatrists between April 5, 2016 and June 10, 2016.

The margin of error is +/-6.9 percentage points at the 95% confidence level. The average interview length was 22 minutes.

Throughout report, **blue/bold** numbers indicate significant differences at the 95% confidence level.

NOTE: See appendix for description of interviews by state and weighting protocols.

Executive Summary



Executive Summary

- Nine in 10 psychiatrists report that medication nonadherence among patients living with SMI is a major problem.
- On average, over the past five years, psychiatrists in our survey report treating about one in five (22%) patients living with SMI with long acting injectable therapies (LAIs).
- The large majority of psychiatrists (71%) prefer to delegate administration of LAIs to another medical professional, mainly because it gives them more time for consulting with patients to meet their psychological needs.
- Half of psychiatrists (52%) are not sure whether their state allows them to delegate authority to appropriately trained pharmacists to administer injections.
- The large majority of psychiatrists (68%) support having the option to delegate their authority to administer LAIs to appropriately trained pharmacists.
 - Key benefits they note: Delegation will make treatment more accessible and convenient to patients, and pharmacies have the capacity to stock and store LAIs.
 - Key concerns they note: Pharmacists may not have access to patient records, may not be equipped to handle adverse reactions to LAIs, and may not report back to psychiatrists.

Detailed Findings

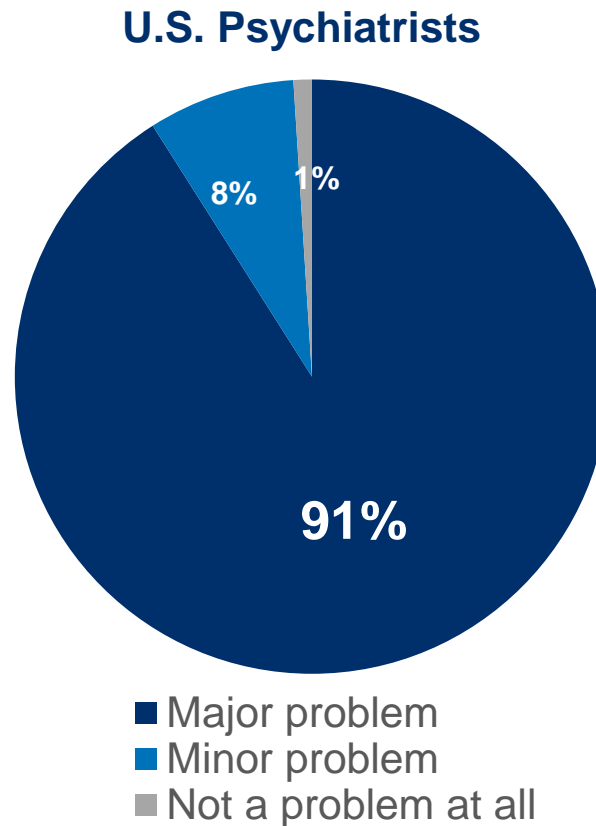
A woman with blonde hair, wearing a white lab coat, safety glasses, and a white face mask, is shown in profile, looking down at a piece of white material she is holding. The background is a blurred laboratory setting with various pieces of equipment. The entire image has a blue color overlay.

Treatment Adherence: Challenges and Barriers; Possible Ways to Improve Adherence



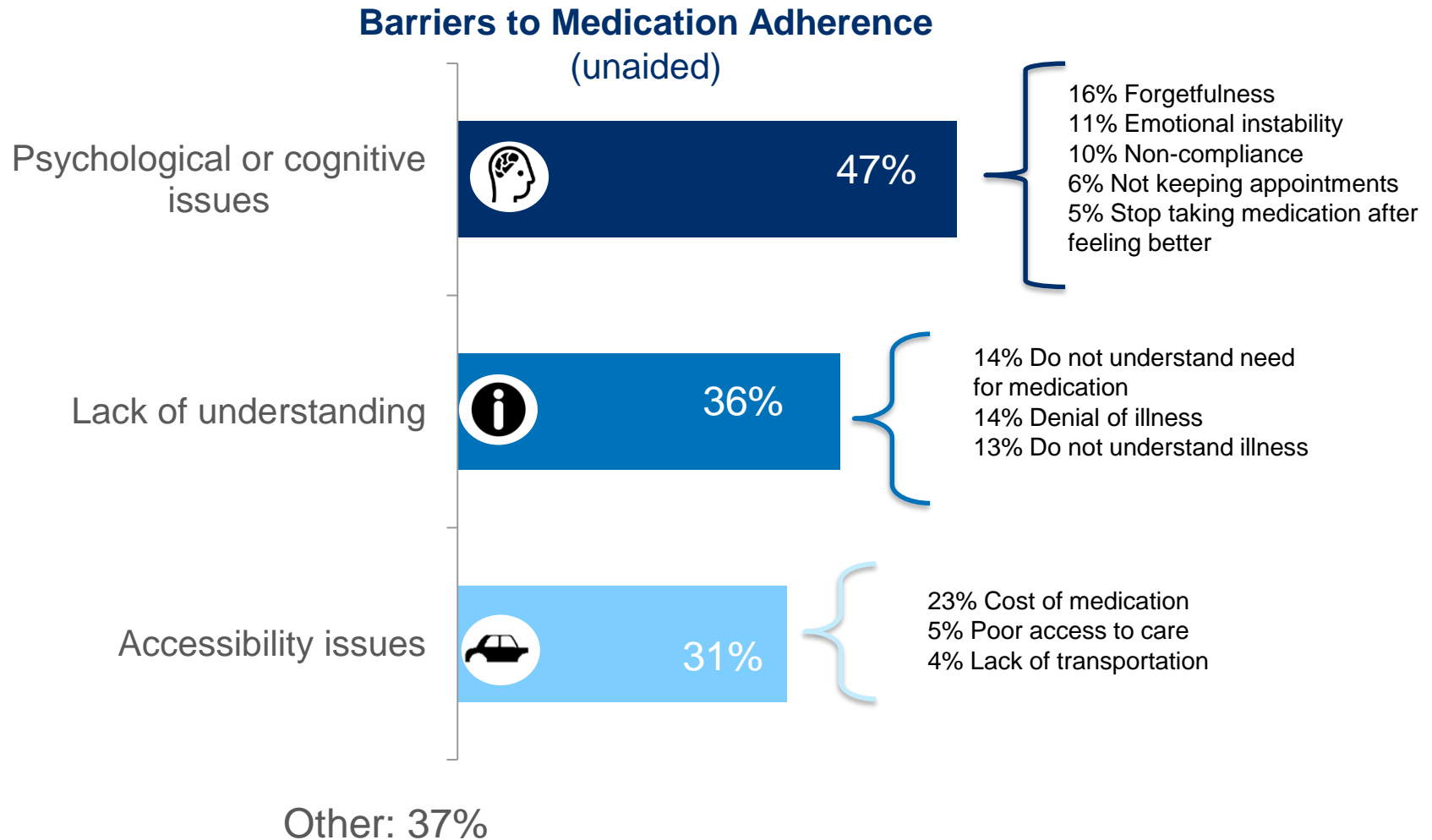
Most psychiatrists report that medication adherence in general, in patients living with SMI is a major problem.

In your opinion, how big of a problem is adherence in patients living with SMI?






Q1. To start, let's talk about how well patients living with serious mental illness are remaining adherent to their medications. Throughout today's survey, we will refer to patients living with serious mental illness as patients living with SMI. **In your opinion, how big of a problem is adherence in patients living with SMI?**

The main barriers to medication adherence, cited unaided, relate to cognitive challenges, lack of comprehension, and access.



Q2. What do you see as the main challenges or barriers to patients living with SMI remaining adherent to prescription medications?

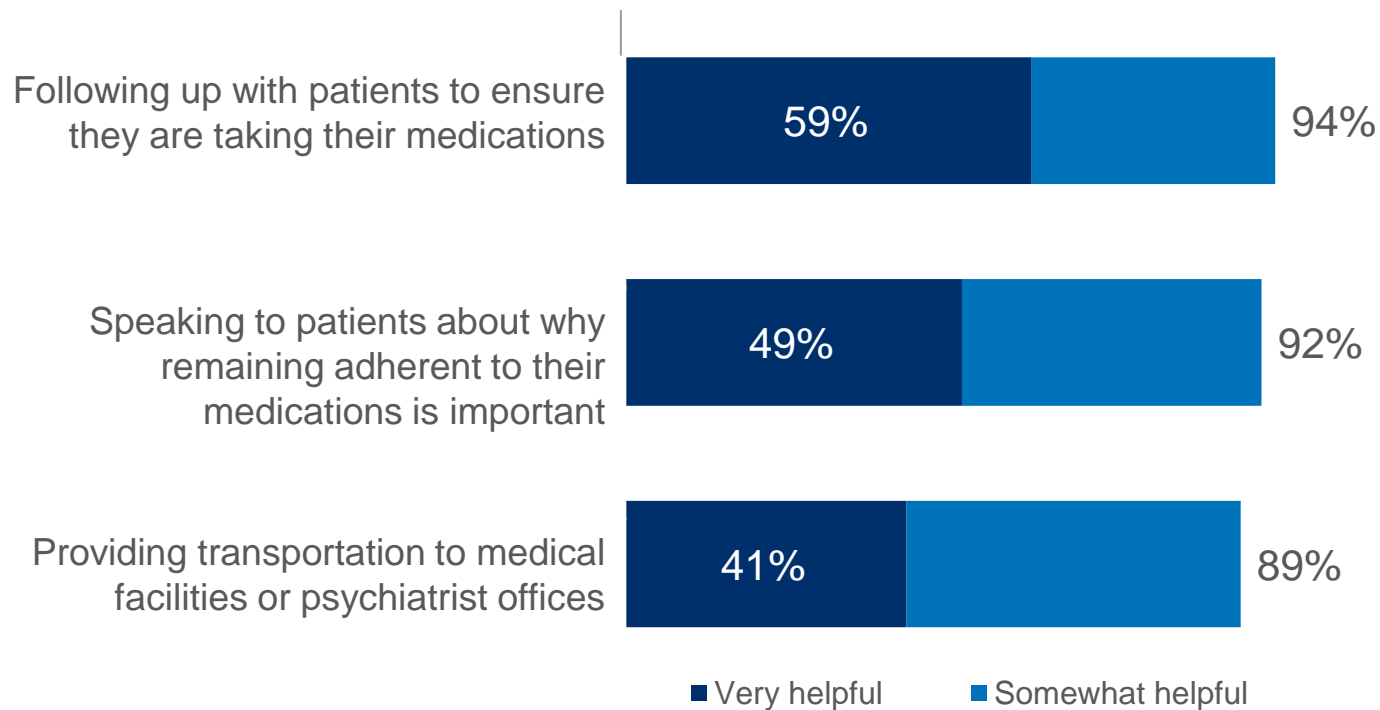
In psychiatrists' own words: barriers to adherence in patients with SMI

 Psychological/ Cognitive issues (47%)	 Lack of Understanding (36%)	 Accessibility Issues (31%)
<p><i>“One of the symptoms associated with SMI is forgetfulness, I think because of which they do not remain [or] stick to treatment plan and skip medicines.”</i></p> <p><i>“Side effects are the biggest challenge for the patients with SMI. Because of depression and memory loss they have unusual dysfunction and behavior.”</i></p> <p><i>“Patients have cognitive inability to remember to take the medication...”</i></p>	<p><i>“Some patients do not believe that they are ill and are not in favor of taking medicines.”</i></p> <p><i>“Patients have little understanding of the importance of treatment. They do not accept that they have a serious mental illness that needs to be treated.”</i></p> <p><i>“Patients deny to follow any medication plan and don't see the need for medicines.”</i></p>	<p><i>“Patients have inability to obtain services to receive injections. Transportation to the place of service is also an issue for them. They are also unable to afford the optimal LAI due to expense and insurance refusals to cover.”</i></p> <p><i>“Some patients have poor financial backgrounds so they cannot bear the cost and ignore their illness.”</i></p> <p><i>“Some of the patients have poor access to care and they cannot afford the medication.”</i></p>

Q2. What do you see as the main challenges or barriers to patients living with SMI remaining adherent to prescription medications?

Psychiatrists say that patient follow-up may be one of the most helpful ways to improve patient adherence.

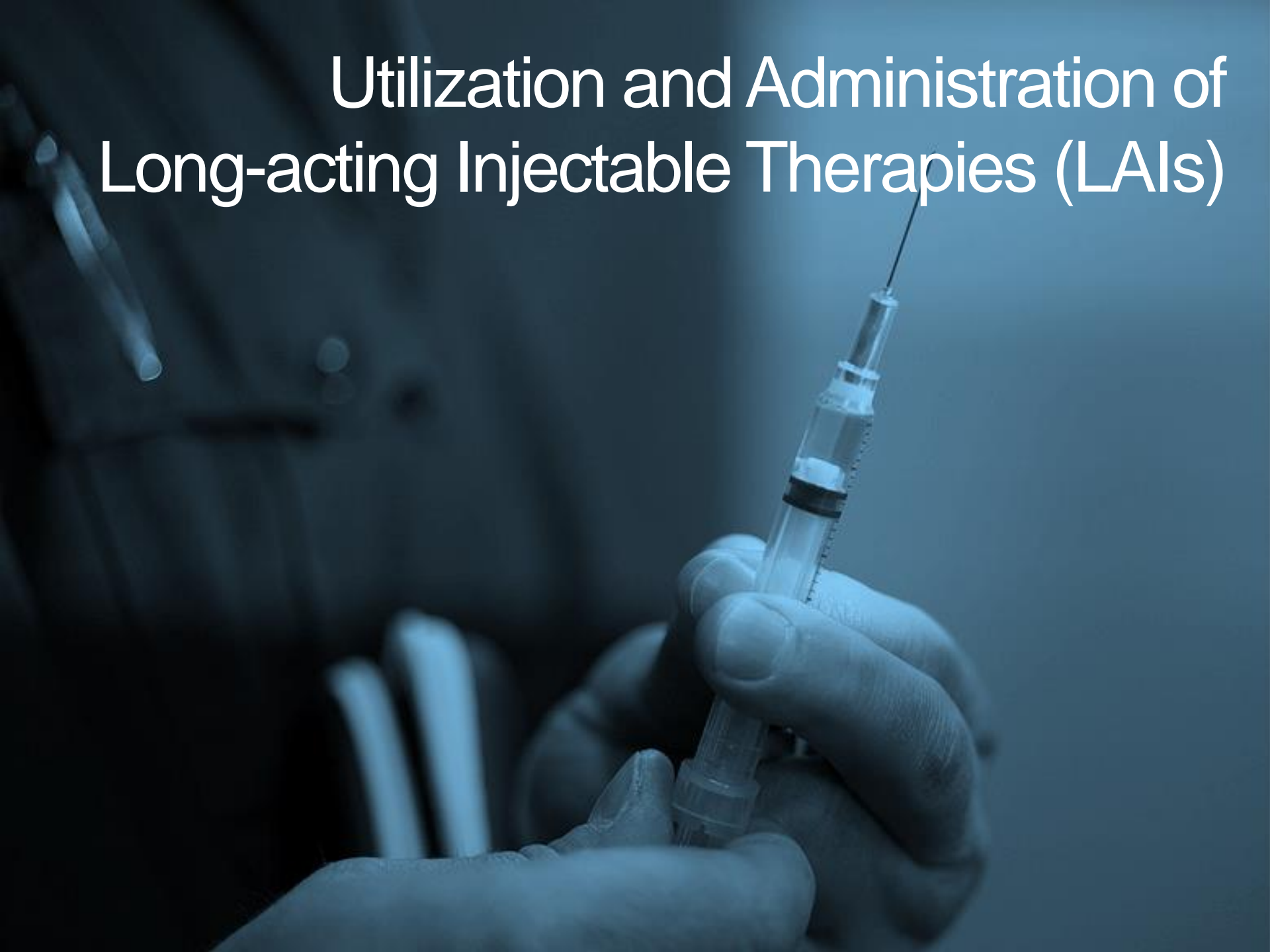
Possible Ways to Improve Adherence



Q3-6. Now I'm going to read you a list of things that can possibly help patients with SMI remain adherent to their medications. For each one, please tell me if it is very helpful, somewhat helpful, not very helpful, or not helpful at all in helping patients with serious mental illness remain adherent to their medications. The first one is...Speaking to patients about why remaining adherent to their medications is important



Utilization and Administration of Long-acting Injectable Therapies (LAIs)

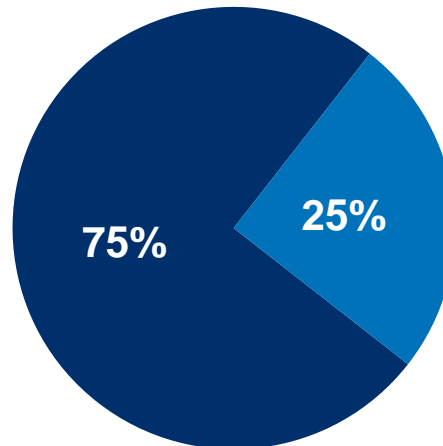


Psychiatrists indicate they have treated about 22% of SMI patients with LAIs in the past 5 years.

U.S. Psychiatrists

% of SMI Patients Treated
with LAIs in Past Five Years

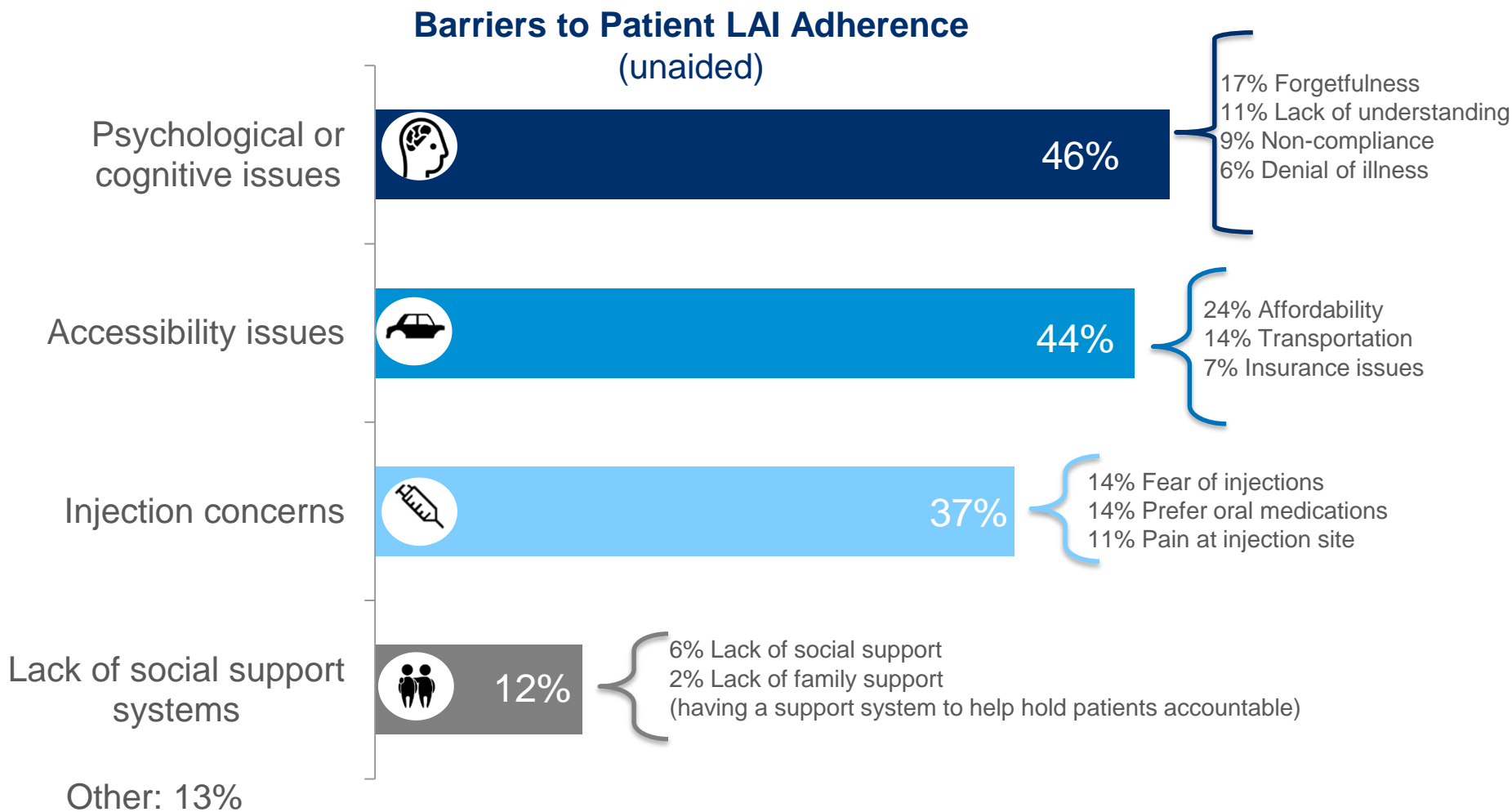
Average: 22%



- 25% or less
- More than 25%





Q7. Some psychiatrists prescribe **long acting injectable therapies, also known as LAIs**, to their patients living with SMI. As you know, these medications are administered by a healthcare provider at the indicated intervals. The next few questions are specifically about these medications. For your patients living with serious mental illness, what percentage diagnosed in the past 5 years are treated with LAIs?

Psychiatrists perceive that barriers to LAI adherence mirror barriers to medication adherence in general—with psychological and accessibility issues rising to the top at 46% and 44%, respectively.



Q8. What, if any, challenges or barriers do you see associated with patients living with SMI remaining adherent to LAIs?

In psychiatrists' own words: barriers to adherence to LAIs

 Psychological/ cognitive issues (46%)	 Accessibility issues (44%)	 Injection concerns (37%)	 Lack of support (12%)
<p><i>“Many patients equate LAIs with punishment and think that there is loss of their freedom.”</i></p> <p><i>“Patients does not do regular follow up with their physician and forgets their appointments as well.”</i></p> <p><i>“Patients have paranoia of the medication and they can not tolerate the pain of injections.”</i></p>	<p><i>“Insurance problems faced by the patient are a big barrier in the cost reimbursement of LAIs for the treatment of serious mental illness...”</i></p> <p><i>“Patients are not able to maintain the consistency in the treatment due to transportation issues as they have to travel to the location of the injection.”</i></p>	<p><i>“Patients find it difficult to come in for injections regularly and some of them have fear of needles.”</i></p> <p><i>“Many patients have needle phobia and pain at the site of injection is not tolerable for them.”</i></p> <p><i>“Patients believe that mental illnesses are not that serious to be subjected to any injectable or say LAIs. They prefer oral medications.”</i></p>	<p><i>“Patients do not get good family support and are not motivated to get treated.”</i></p> <p><i>“There is limited social support and problem solving for them.”</i></p> <p><i>“Absence of family support to the patients is the biggest barrier...The main complication is the unawareness in the society about such disorders.”</i></p>

Q8. What, if any, challenges or barriers do you see associated with patients living with SMI remaining adherent to LAIs?

Aided, similar themes emerge. Psychiatrists say fear, forgetfulness, and inconveniences are the top perceived barriers to patient LAI adherence.

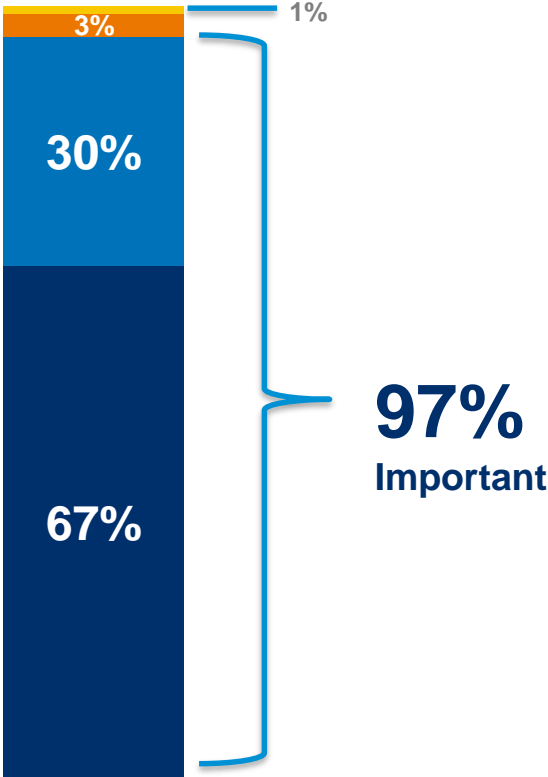
Barriers to Patient LAI Adherence (aided)



Q9-Q13. I'm going to read you a list of potential barriers that may prevent patients living with SMI from remaining adherent to their LAI medications. You may have already mentioned some or all of these. For each one, please tell me if it's a major problem, a minor problem, or not a problem at all.

Nearly all psychiatrists believe that convenience of the facility where the injection is given is important to facilitating patient LAI adherence.

Convenience of Treatment Facility

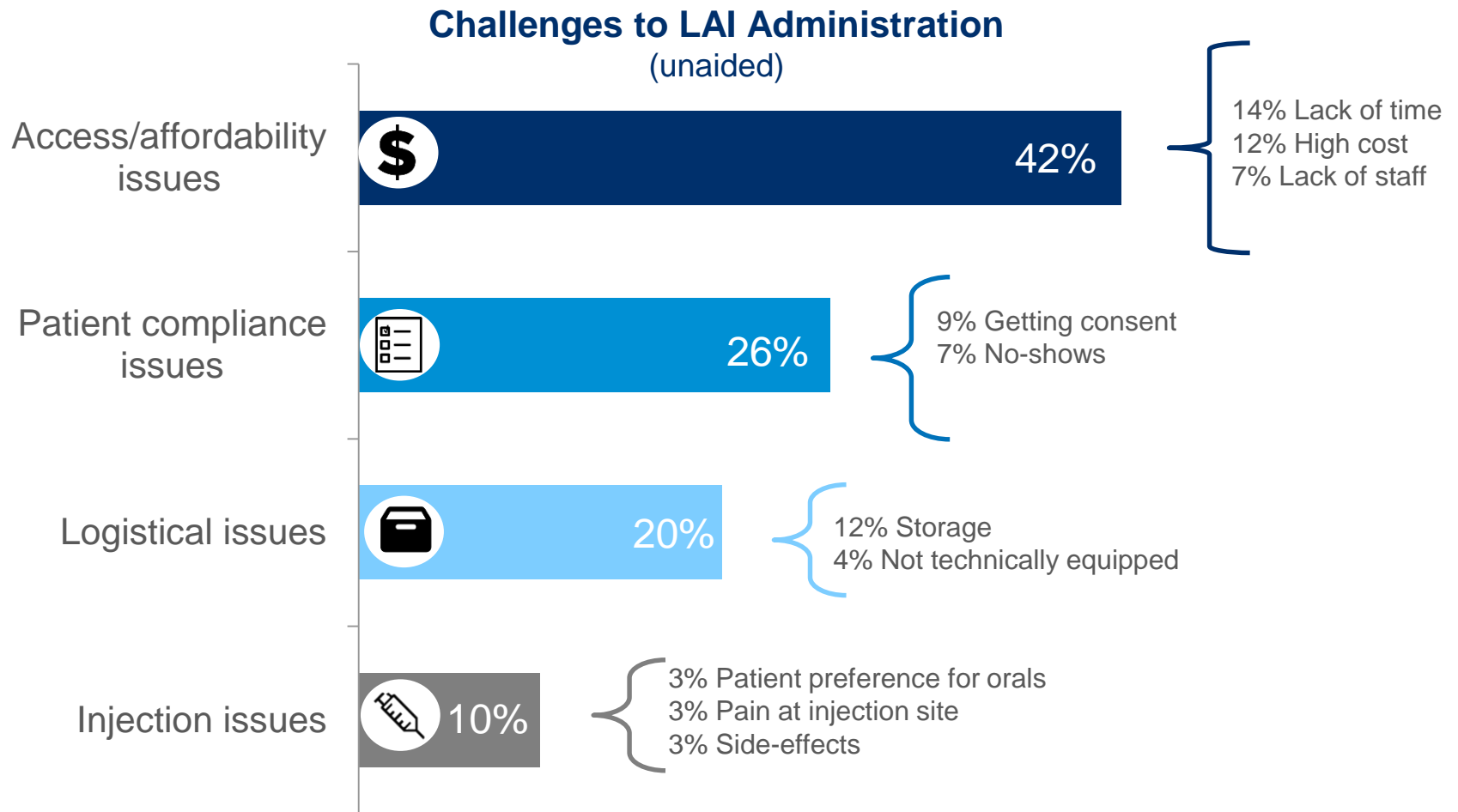


- Not important at all
- Somewhat important
- Not very important
- Very important

Q14. When choosing a LAI as the appropriate treatment for a patient living with SMI, how important is convenience of the facility where the injection is given to the patient's adherence?







On the administration side, access and affordability issues (42%) rise to the top of psychiatrist-noted challenges to LAI administration.



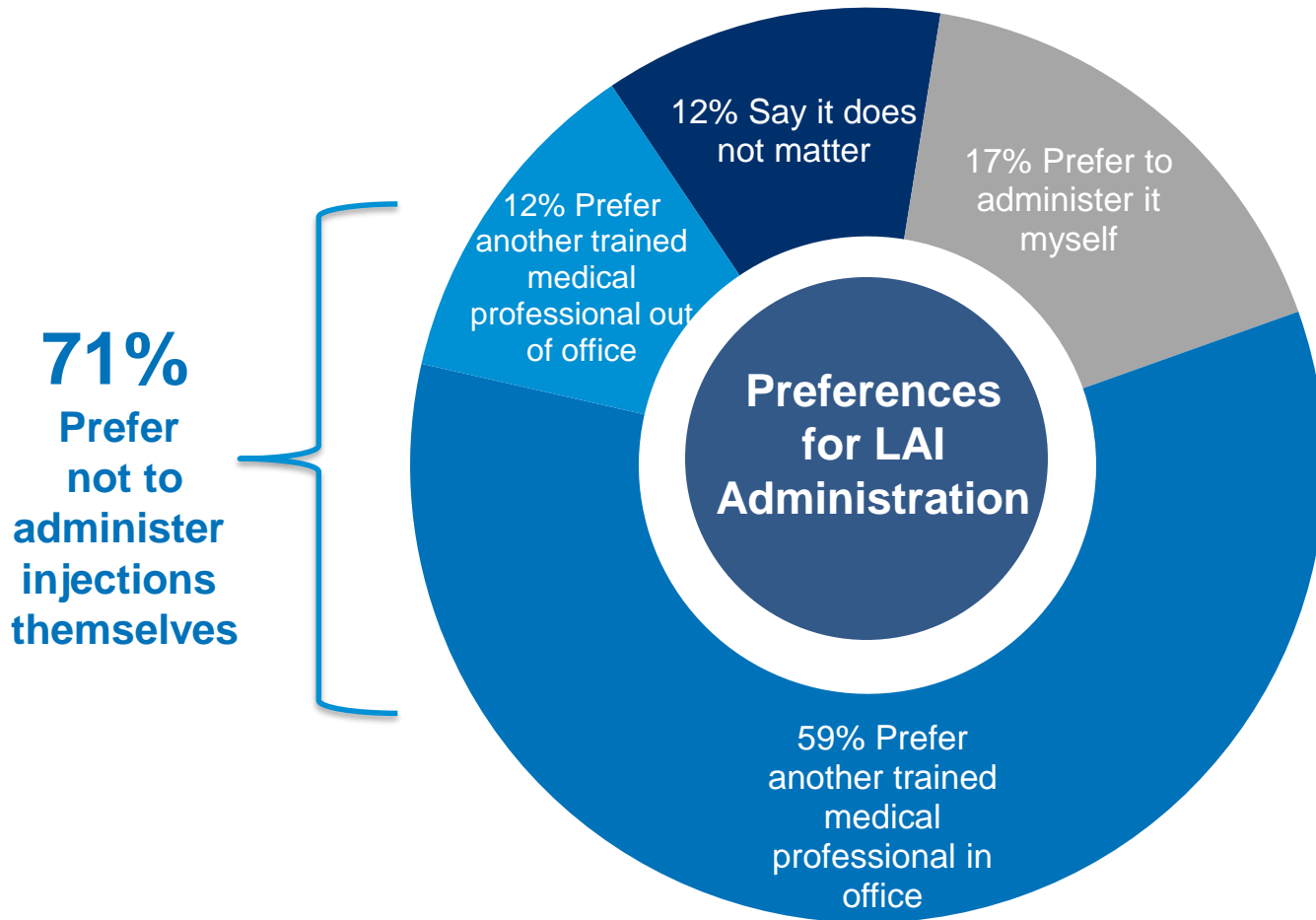
Q22. What are the biggest challenges for you as a medical professional in administering LAIs to patients living with SMI?

In psychiatrists' own words: challenges in administering LAIs

 Access/affordability (42%)	 Patient compliance (26%)	 Logistical issues (20%)	 Injection issues (10%)
<p><i>“[The] challenge is to adjust the cost of the treatment to suit the patient's pocket so that they can complete the course; [that] is the biggest challenge for us as it impacts our profit margins.”</i></p> <p><i>“These injections are expensive and are also not under insurance coverage which are non-affordable by many patients.”</i></p> <p><i>“The main challenge is the availability of well qualified staff.”</i></p>	<p><i>“Patients get bored in receiving these shots undergoing this treatment. So, they do not show up in their appointments.”</i></p> <p><i>“Patients are not adherent to these types of injections as they have a fear of needles and their non-compliant nature towards the treatment is a part of their mental illness.”</i></p> <p><i>“...patient refusal, and that is a challenge for us to make them undergo the treatment process effectively.”</i></p>	<p><i>“Proper disposal and storage of LAIs is the main concern for us to ensure the hygiene....”</i></p> <p><i>“Storing and maintaining the LAI stock is a challenge. Usually we do not fall short of stock but maintaining them appropriately is very important.”</i></p> <p><i>“It's not easy to deal with the different pieces and devices used in administration.”</i></p>	<p><i>“Mostly patients want to be treated with oral medicines rather than with injections...”</i></p> <p><i>“The reaction against the pain of the injection is a challenge to handle while administering LAIs.”</i></p>

Q22. What are the biggest challenges for you as a medical professional in administering LAIs to patients living with SMI?

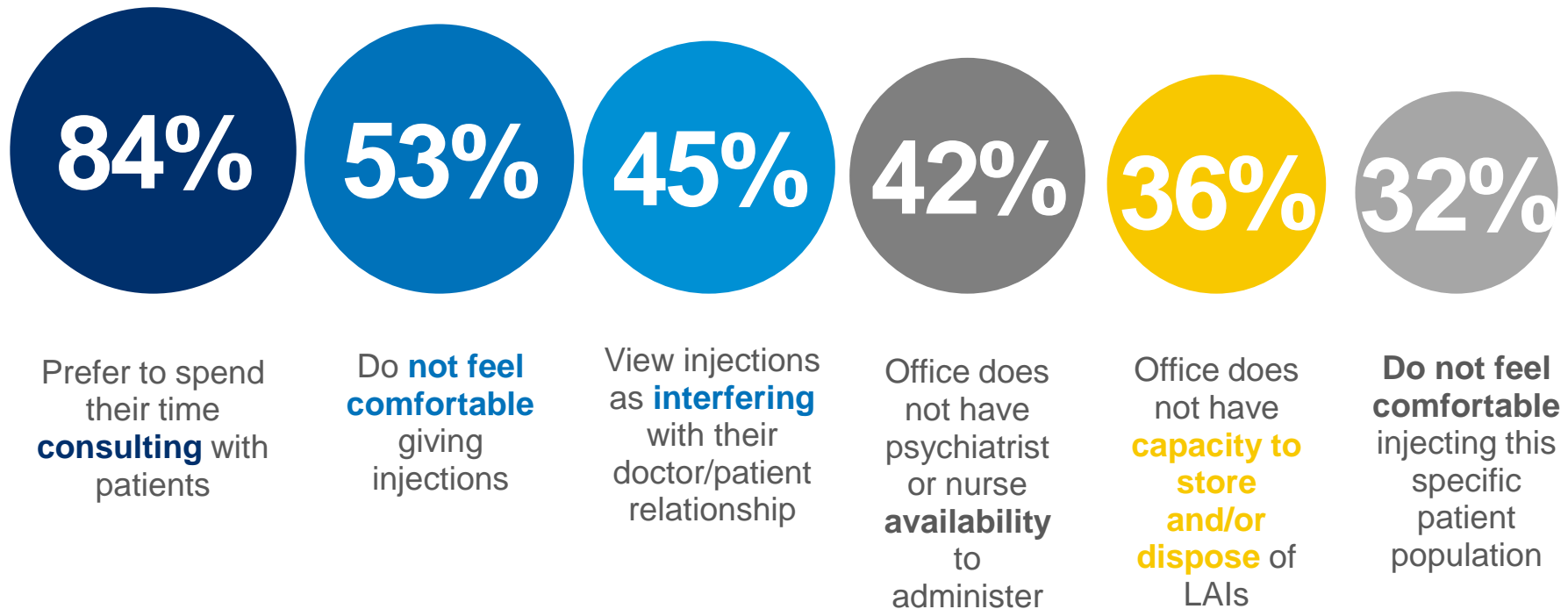
7 in 10 psychiatrists say they prefer to have another trained medical professional administer LAIs to patients. Only 17% prefer to administer LAIs themselves.



Q15. If you, personally, were to diagnose and prescribe an LAI to a patient, and assuming you had the following options available to you, would you prefer to administer the LAI to the patient yourself, prefer to have another trained medical professional in your office do it, have another trained medical professional outside your office do it, or does it not matter to you?

Psychiatrists who prefer not to administer LAIs say the main reason is they prioritize consulting with patients.

Reasons for Delegation Preference (among the 71% of psychiatrists who prefer another medical professional to administer)



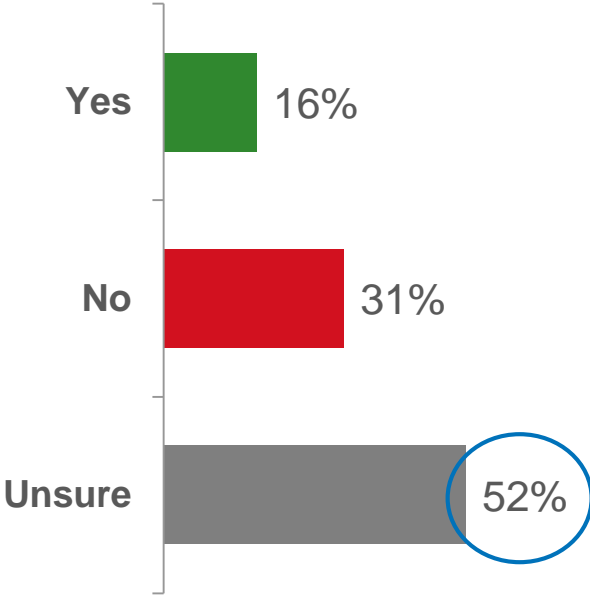
Q16-21. For what reasons would you prefer to have another person administer the LAI? I'll read a list--for each, please just answer yes or no.

Attitudes about Pharmacist-Administered LAIs



More than half of psychiatrists surveyed (52%) are unsure whether their state allows them to delegate authority to appropriately trained pharmacists to administer injections.

Perceptions: Does Your State Currently Allow LAI Administration by Pharmacists?

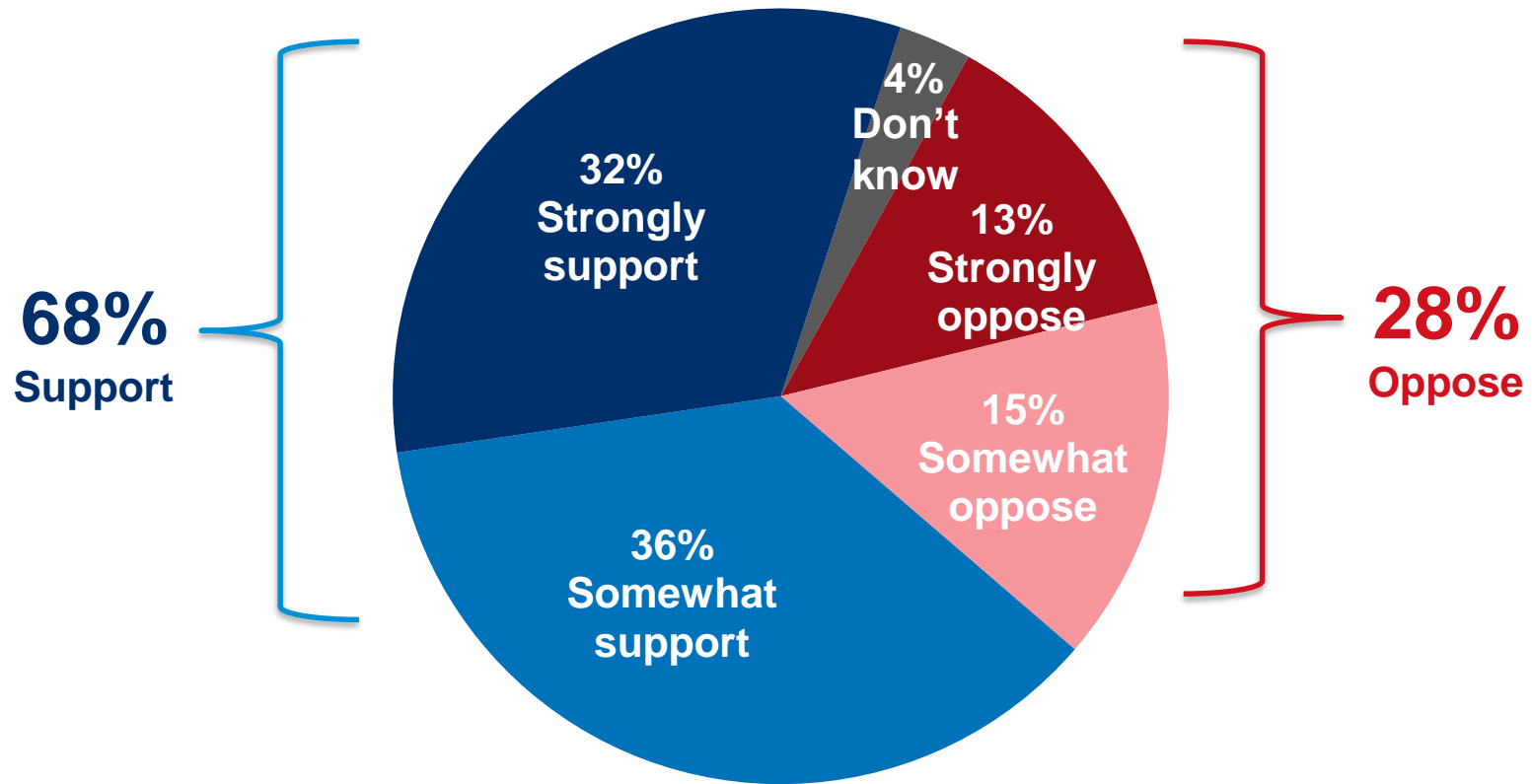


Q23. To your knowledge, are pharmacists in [PIPE IN STATE FROM S5] currently allowed to administer LAIs to patients with SMI that have been prescribed by a licensed psychiatrist?



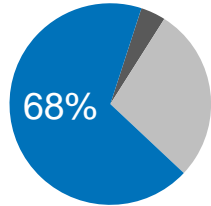
Nearly 7 in 10 psychiatrists support having the option to delegate their authority to administer LAIs to appropriately trained pharmacists.

Degree of Support for LAI Delegation



Q24: Do you strongly support, somewhat support, somewhat oppose, or strongly oppose giving psychiatrists the option to delegate their authority to administer an LAI to an appropriately trained pharmacist?

Unaided, almost half of supporters highlight the convenience enabled by delegation, while the top reason cited for lack of support reveals skepticism of whether that role would be appropriate for pharmacists.



Reasons for Support

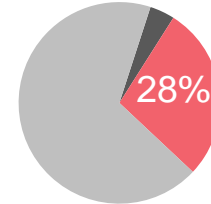
46% Convenience may help improve adherence

- 27% More facilities are/will be available
- 8% Increased convenience for patients (general)
- 5% Increase medication adherence

18% Capable and supportive

- 15% Trained pharmacists are capable
- 3% Would provide more support to staff

“This option will be very useful for the patients as this will increase their chances of getting LAIs and will reduce chances of patients missing appointments.”



Reasons for Lack of Support

26% Not appropriate role

- 8% Pharmacists are not trained
- 7% Pharmacists not equipped for adverse reactions
- 8% Trained nurses do injections already

8% Patient care

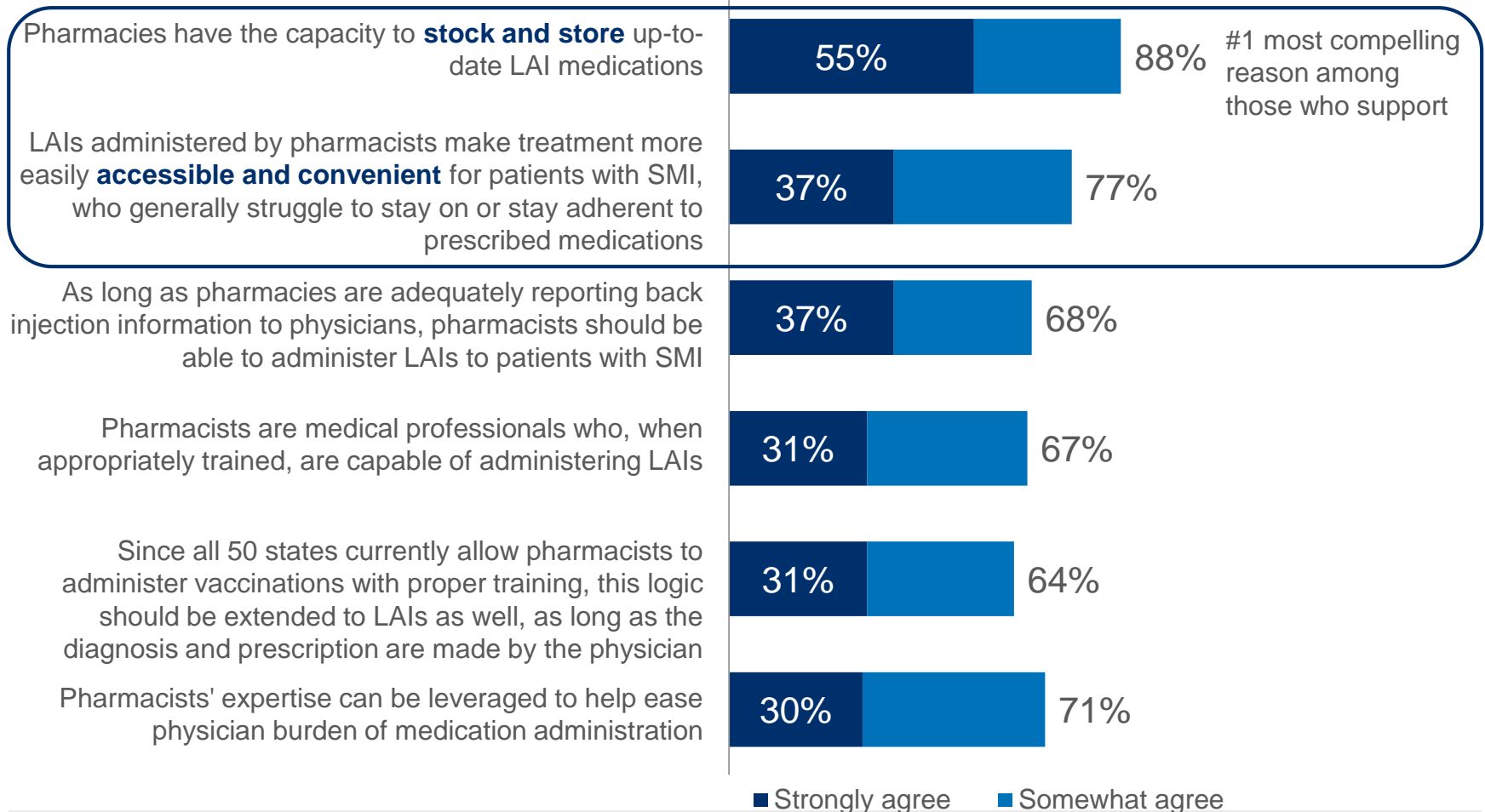
- 4% Psychiatrist needs to monitor
- 3% Psychiatrists know patients

“Ideally nurses are the staff members [that are] supposed to perform this and I think they do it better.”

“Because some LAIs require special monitoring for which the pharmacists are not trained. They just cannot cater to that need.”

Among the reasons to support pharmacist-administered LAIs, pharmacist capacity to stock and store LAI medication rises to the top—with 88% of psychiatrists in agreement.

Compelling Reasons to Support Pharmacist-Administered LAIs

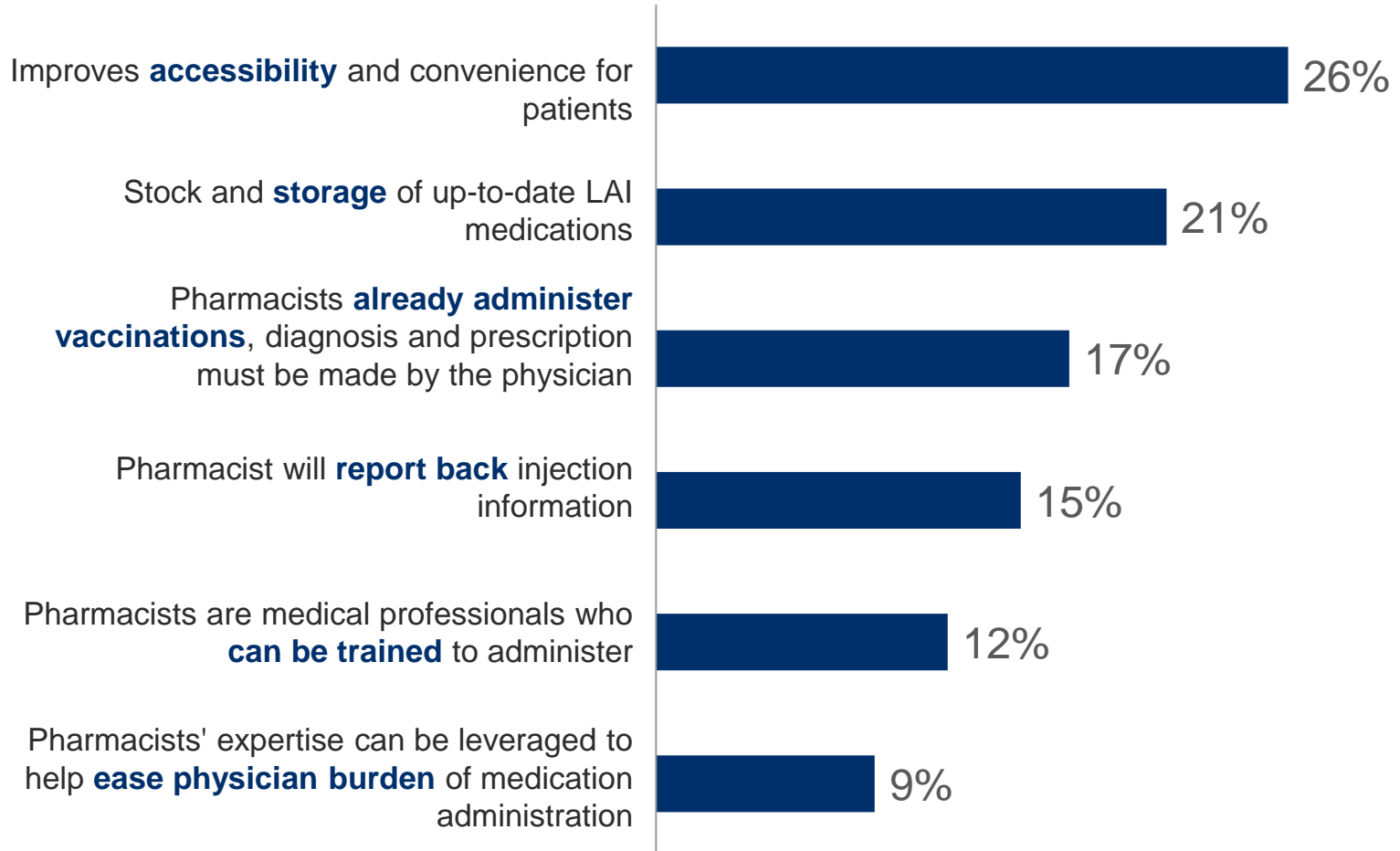


Q26-31. I'm going to read you a list of reasons some people have given as to why appropriately trained pharmacists SHOULD be allowed to administer physician-prescribed LAIs. Please tell me how much you agree with each one - do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?



When asked the most compelling reason to support delegation to pharmacists, improved accessibility for patients rises to the top.

Reason That Makes Psychiatrists Feel Most Comfortable Delegating

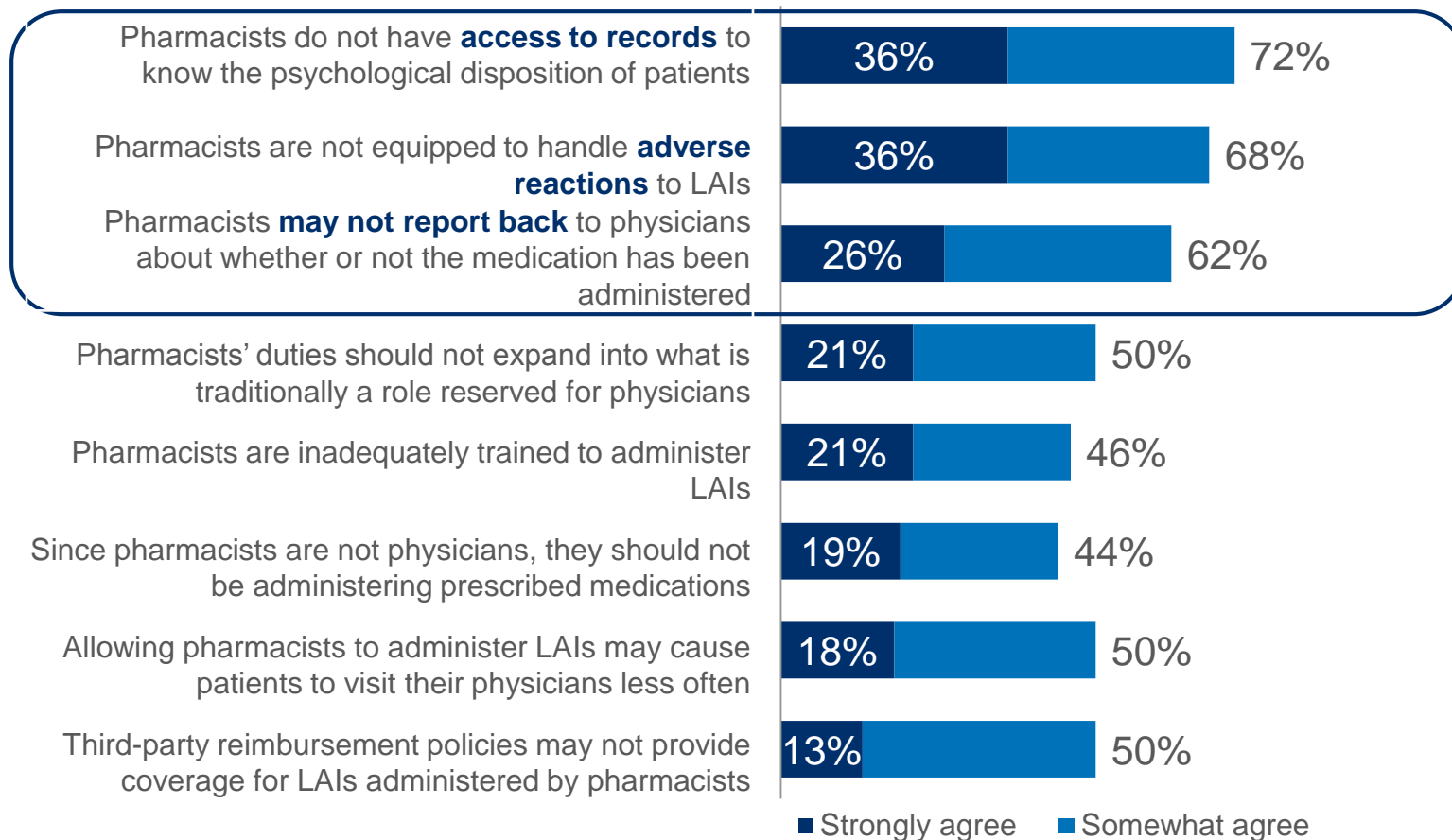


Q32. Of the items I just mentioned, please tell me which one reason makes you the MOST comfortable with allowing pharmacists to administer physician-prescribed LAIs.



The strongest reasons to oppose pharmacist-administered LAIs is that pharmacists do not have access to patient records and are not equipped to handle adverse reactions.

Compelling Reasons to Oppose Pharmacist-Administered LAIs

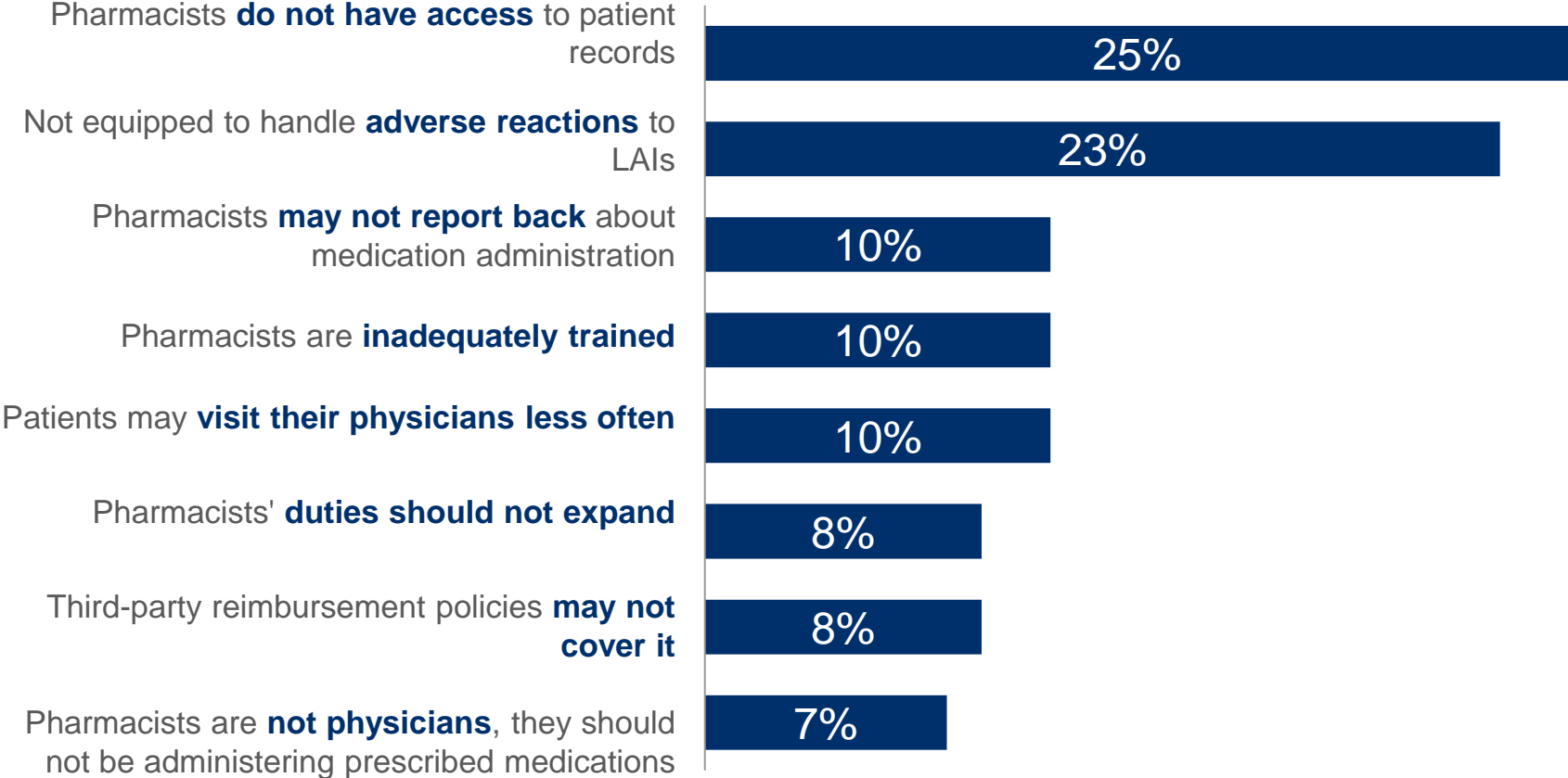


Q33-Q40. I'm going to read you a list of reasons some people have given as to why appropriately trained pharmacists should NOT be allowed to administer physician-prescribed LAIs. Please tell me how much you agree with each one - do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?



The strongest reasons for opposing pharmacist-administered LAIs are two-fold: lack of access to patient records and adverse reactions.

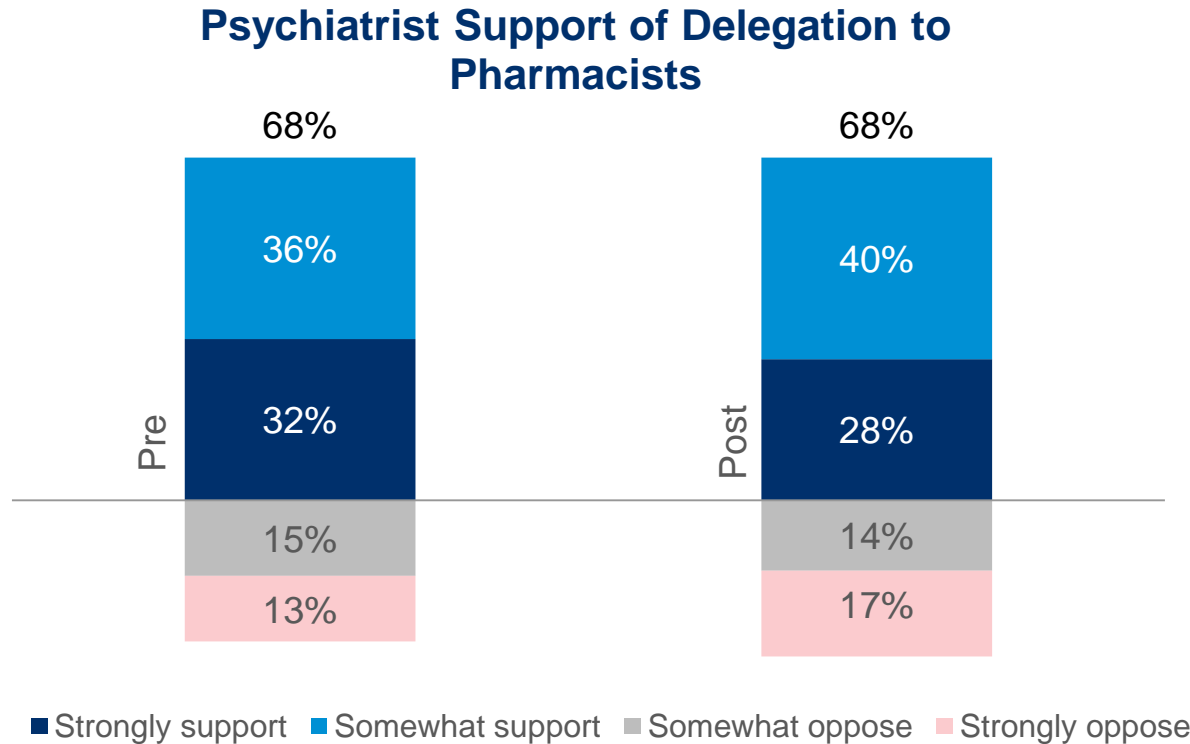
Reasons that Make Psychiatrists Feel Most Uncomfortable Delegating



Q41. Of the items I just mentioned, please tell me which ONE reason makes you the MOST uncomfortable with allowing pharmacists to administer physician-prescribed LAIs.



After hearing reasons both in support and in opposition, overall support for the delegation of injection remained virtually unchanged.



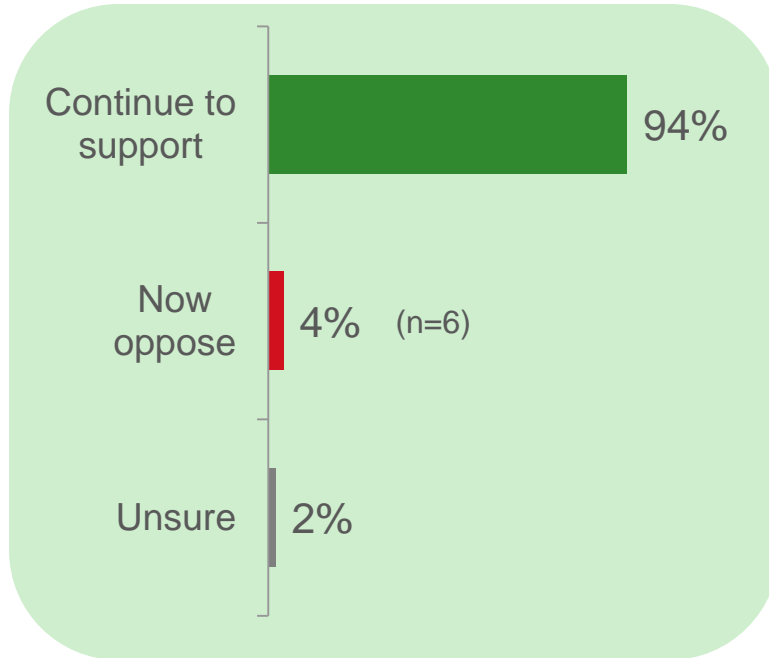
There is still majority support of pharmacist-administered LAIs even after psychiatrist exposure to potential reasons for opposition.

Q24: Do you strongly support, somewhat support, somewhat oppose, or strongly oppose giving psychiatrists the option to delegate their authority to administer an LAI to an appropriately trained pharmacist?

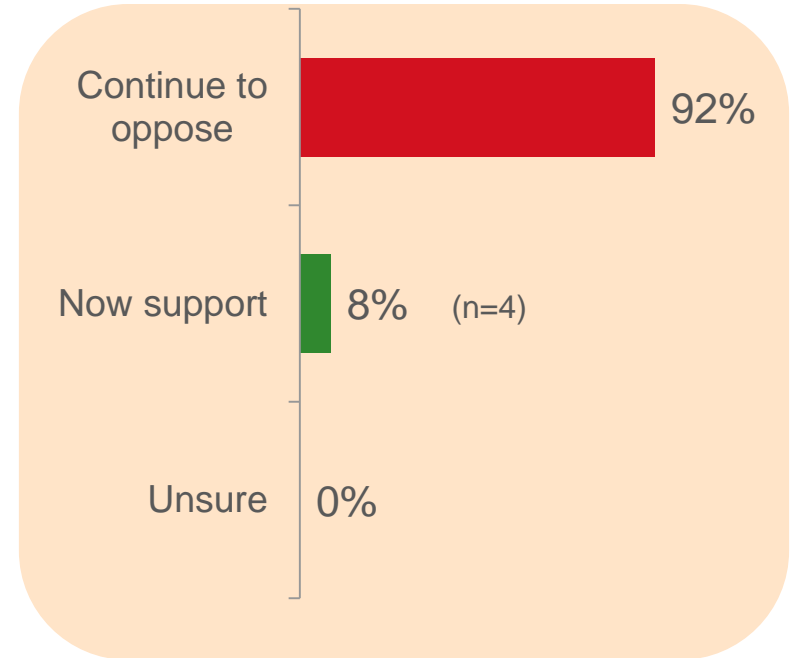
Q42: Based on everything we have discussed, do you strongly support, somewhat support, somewhat oppose, or strongly oppose giving psychiatrists the option to delegate their authority to administer an LAI to an appropriately trained pharmacist?

Pre-post movement reveals the effect of sharing reasons of support—revealing a change of opinion among 4% of those who initially supported and 8% of those who initially opposed.

Change Among Those who Initially Supported (n=136)



Change Among Those who Initially Opposed (n=56)



Q42. Based on everything we have discussed, do you strongly support, somewhat support, somewhat oppose, or strongly oppose giving psychiatrists the option to delegate their authority to administer an LAI to an appropriately trained pharmacist?

Conclusions



Conclusions

- The large majority of psychiatrists say they prefer to have another medical professional administer LAIs, mainly because it gives them more time to focus on consulting with their patients to meet patient psychological needs.
- Most psychiatrists are not sure if their state allows them to delegate their authority to administer LAIs to appropriately trained pharmacists.
- Convenience of the facility where LAIs are administered is very important. Thus, the large majority support having the option to refer patients to a pharmacy for injections. Furthermore, pharmacies have the capacity to stock and store LAIs.
- Reasons for opposition include pharmacists' lack of access to patient medical history, the concern that pharmacists are not equipped to handle adverse reactions to LAIs, and the worry that pharmacists may not communicate treatment information to psychiatrists.

Appendix



Sampling Plan

The number of interviews conducted in each state was apportioned within the sample of 200 to reflect the actual proportion of psychiatrists in each state. The ratio of psychiatrists per state to the number of psychiatrists* included in the national sample per states is as follows:

Alabama: 440: 5	Georgia: 410: 3	Maryland: 610: 5	New Jersey: 740: 6	South Carolina: 240: 3
Alaska: 40: 0	Hawaii: 200: 2	Massachusetts: 890: 7	New Mexico: 150: 1	South Dakota: 40: 0
Arizona: 590: 5	Idaho: n/a: 2	Michigan: 700: 6	New York: 3110: 26	Tennessee: 190: 2
Arkansas: 320: 3	Illinois: 1000: 8	Minnesota: 380: 3	North Carolina: 570: 5	Texas: 880: 7
California: 3160: 25	Indiana: 270: 2	Mississippi: 90: 1	North Dakota: 80: 1	Utah: 190: 2
Colorado: 450: 4	Iowa: 90: 1	Missouri: 420: 4	Ohio: 1140:10	Vermont: 120: 1
Connecticut: 800: 7	Kansas: 160: 1	Montana: 140: 1	Oklahoma: 260: 2	Virginia: 750: 6
Delaware: 120: 1	Kentucky: 180: 2	Nebraska: 100: 1	Oregon: 360: 3	Washington: 310: 3
District of Columbia: 240: 2	Louisiana: 130: 1	Nevada: 40: 0	Pennsylvania: 940: 8	West Virginia: 140: 1
Florida: 790: 7	Maine: 210: 2	New Hampshire: 70: 1	Rhode Island: 360: 3	Wisconsin: 330: 3
				Wyoming: 40: 0

*Source: United States Department of Labor, Bureau of Labor Statistics. Occupational Employment Statistics. Occupational Employment and Wages, May 2015. 29-1066 Psychiatrists.
<https://www.bls.gov/oes/2015/may/oes291066.htm>.

