


Update on the Indiana Psychotropic Medication Initiative for Youth in State Care



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Outline

- History and overview of the initiative
- Two year evaluation
- Learnings: Wins and Ongoing Concerns
- Future plans (Phase II)
- Federal Activities
- Q and A



HISTORY AND OVERVIEW OF THE PROGRAM

The Problem: Psychotropic Medication Use among Youth in State Care

- ❑ Youth in state care are prescribed psychotropic medications at rates that are significantly higher than comparable youth who live at home
- ❑ Youth in state care are more likely to be prescribed multiple psychotropic medications (too many)
- ❑ Youth in state care are more likely to be prescribed psychotropic medications at dosage levels that exceed recommendations (too much)
- ❑ Youth in state care are more likely to be prescribed psychotropic medications at younger ages (too young)
- ❑ Youth in the most restrictive placements are more likely to be prescribed multiple psychotropic medications

Statutory Mandates

- ❑ **Fostering Connections to Success and Increasing Adoptions Act of 2008 (PL 110-351)** – requires oversight of prescription medications for children in foster care
- ❑ **The Child and Family Services Improvement and Innovation Act of 2011 (PL 112-34)** – state plans must include protocols for the appropriate use and monitoring of psychotropic medications, as well as plans to promote the use of evidence-based practices

Psychotropic Medication Advisory Committee

The Indiana Psychotropic Medication Advisory Committee (PMAC) was launched in 2013 to review the psychiatric treatment of DCS-involved youth, with a specific focus on psychotropic medication utilization patterns. The PMAC includes Child Psychiatrists, Psychologists, Pediatricians, Pharmacists, Advanced Practice Registered Nurses, Social Workers, Administrators and Advocates from both the public and private sector. Several state agencies, including DCS, OMPP, and DMHA are represented.



Psychotropic Medication Advisory Committee

Primary areas of responsibility for the PMAC include the following:

- ❑ Identify psychotropic medication “best practice” (e.g., AACAP) and provide guidance to DCS, OMPP, IUSM and prescribing providers;
- ❑ Review psychotropic medication utilization trends for youth in DCS care and make recommendations for improvement, as appropriate;
- ❑ Publish guidelines for the utilization of psychotropic medications among DCS-involved youth, with revisions made on a semi-annual basis, as needed;
- ❑ Develop psychotropic medication training for DCS staff, behavioral health providers, foster parents and child advocates;
- ❑ Review DCS policies for requesting and obtaining consent to treat DCS-involved youth with psychotropic medications and make recommendations for change to DCS Permanency and Practice Support Division; and
- ❑ Identify non-pharmacologic, evidence-based mental health treatments for DCS-involved youth.

DCS/IU Psychotropic Medication Consultation Program

Goals of the program:

- Reduce psychotropic medication outliers
- Reduce unsafe prescribing practices
- Increase compliance with “best practice” recommendations



DCS/IU Psychotropic Medication Consultation Program

How it works:

- ❖ Monthly outlier report generated from Medicaid claims data
- ❖ IU uses an algorithm to select cases based on risk
- ❖ DCS can refer directly by generating a PPS referral to one of the clinicians
- ❖ IU Psychiatrists consult with prescribing providers
- ❖ IU generates a summary report for each consult that identifies concerns, recommendations and next steps
- ❖ Summary reports are shared with prescribing providers
- ❖ Summary reports are copied to the Field for follow up, as necessary

DCS/IU Psychotropic Medication Consultation Program

Follow Up for Local Offices:

- IU summary reports often contain “actionable information”
- Any serious concerns identified by IU (RE: a prescribing provider) are communicated to Field Leadership for follow up
- You should generate a PPS Referral to the clinician if you have concerns about a youth’s psychotropic medications



TWO YEAR EVALUATION

IU Two-Year Evaluation Summary

Effects of peer-to-peer consultation:

- ❑ Average number of psychotropic medications prescribed declined from four to about one
- ❑ Use of six or more prescriptions concurrently decreased from 0.50 to 0.04
- ❑ Use of potentially unsafe, off-label medication fell from 0.50 to 0.07
- ❑ Acute psychiatric hospitalization among youth with more severe psychiatric problems fell from 0.50 to 0.03
- ❑ Average monthly healthcare expenditures declined from an estimated \$20K to \$5K
- ❑ The number of outlier cases meeting criteria for review declined from a high of 99 in September, 2015 to a low of 15 in October, 2017

LEARNINGS: WINS

PMAC Accomplishments



- ❖ Psychotropic Medication Guidelines
- ❖ Psychotropic Medication Training Curriculum
- ❖ Best Practice Documentation Templates
- ❖ Legislative Input
- ❖ System Change!

Anecdotal Wins for Oversight Program

- ❑ Reduction of the same providers getting flagged multiple times on data list – now providers we have interacted with frequently in the past are getting flagged as outliers less often
- ❑ We have been able to “speed up” the process to get appointments for wards/fosters sooner by making the FCM more aware of the need to engage with a new provider prior to the child running out of medications.
- ❑ Improved child safety

Anecdotal Wins

- ❑ Improved access to and training regarding ABA therapy, TF-CBT, appropriate behavioral interventions
- ❑ Heightened awareness among providers and DCS local offices RE: concerning psychotropic medication practices
- ❑ CME!!



LEARNINGS: ONGOING CONCERNS

Ongoing Concerns

- ❑ Inadequate documentation suggests that many providers are still not aware of/closely tracking vital signs, medications children are taking, updates from therapists, lab values (even if they may be contained in the facility somewhere)
- ❑ Clonidine dosage concerns, PRN use, use of two Alpha agonists, and abrupt discontinuation
- ❑ Lack of intervention for weight gain

Ongoing Concerns

- ❑ Non-compliance in lab monitoring and other testing (ex. EKG) when it is indicated and vital sign collection
- ❑ Poor follow up with new providers when placement changes, reduced continuity of care
- ❑ Medication reconciliation errors, particularly when changing placements



Ongoing Concerns

- ❑ Limited appreciation that a medication should be avoided until evidence base supporting its use exists
- ❑ Ongoing use of multiple agents, off label/off evidence use
- ❑ Limited laboratory monitoring
- ❑ Trend to add many medications in a very short amount of time during acute stays

Recommendations to facilities and providers

- ❑ Read and action reports produced by the oversight program at Riley. It is a problem if many recommendations are listed.
- ❑ Use template or something like it to capture all relevant and necessary info at each visit. Hire scribes to help prescribers capture and assimilate information into the notes.
- ❑ Attend review calls with the prescribers.

FUTURE PLANS

Phase II: Prospective Model

- ❖ Phase II: IU reviews all psychotropic medications **prior to** consent from DCS
- ❖ Components of Phase II include the following:
 - ❑ Web-based portal for prescribers
 - ❑ IU reviews medication regimens **on the front end** to address any questions or concerns
 - ❑ Modeled after the review process in Illinois
 - ❑ DCS medication consent process is streamlined and turnaround times are improved

FEDERAL ACTIVITIES

SAMHSA: Strategies for Evidence Based Prescribing of Antipsychotics

- I. The Analytic Study
- II. Environmental Scan
- III. Systematic Evidence Review
- IV. Expert Panel Meeting

I. SAMHSA: Analytic Study

- ❑ Used IBM, MarketScan, Medicaid, and MarketScan Commercial Claims and Encounters databases
- ❑ % of kids on antipsychotics (and other classes) declined from 2011-2015
- ❑ Kids in Medicaid more likely to be prescribed antipsychotics
- ❑ Males twice as likely as females to be prescribed
- ❑ ADHD and disruptive behavior disorders most likely diagnoses for children prescribed antipsychotics

I. SAMHSA: Analytic Study

- ❑ Psych ED use increased over 2011-2015
- ❑ % Receiving specialty mental health care increased
- ❑ Fewer than 1/3 of children received adequate metabolic monitoring (fewer in children ages 1-5)



II. SAMHSA: Environmental Scan

All states were surveyed (including Indiana) RE: oversight and monitoring of psychotropic medications. **Common elements across states:**

- ❑ best practice guidelines
- ❑ prior authorizations
- ❑ peer review
- ❑ use of data systems for oversight
- ❑ psychiatric consultation
- ❑ education for prescribers
- ❑ education for parents/caregivers
- ❑ education for children/adolescents
- ❑ care coordination

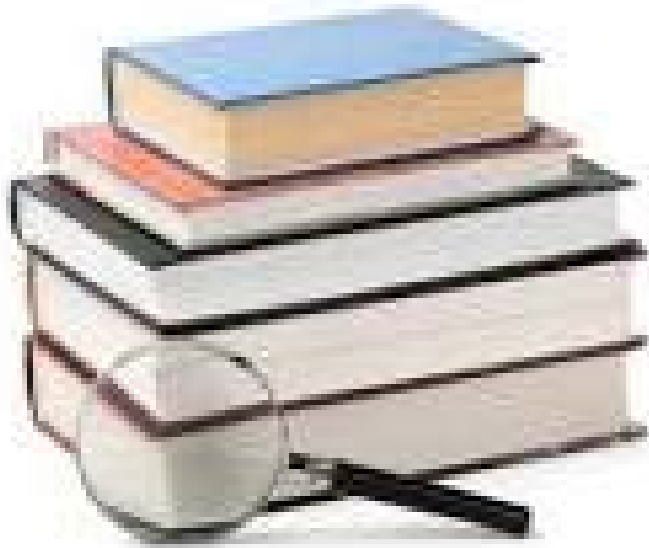
II. SAMHSA: Environmental Scan

Identified Barriers:

- ❑ uncoordinated care
- ❑ lack of psychosocial treatments
- ❑ pressures on PCPs/pediatricians
- ❑ lack of expertise in antipsychotic prescribing
- ❑ limited access to child and adolescent psychiatrists



III. SAMHSA: Systematic Evidence Review



- By Tom Mackie, PhD, MPH at Rutgers
- Reviews all the relevant literature on implementation strategies for antipsychotic prescribing
- Currently in draft form

IV. SAMHSA: Expert Panel Meeting

May 24-25, 2018 at SAMHSA

My take homes:

- ✓ SAMHSA is interested in antipsychotic overprescribing, but somewhat out of touch with the systems issues that result in the current state of mental health care
- ✓ Overprescribing AND underprescribing are both concerns (mainly of non-antipsychotics)
- ✓ How to increase access to EBPs for disruptive behavior and trauma-related disorders is a vexing challenge

QUESTIONS?

Want More Information?

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DCS Internet Page (<http://www.in.gov/dcs/>)

Click the "Psychotropic Medication" link in the left column