THE OREGON STATE DRUG REVIEW©

AN EVIDENCE BASED DRUG THERAPY RESOURCE http://pharmacy.oregonstate.edu/drug_policy/newsletter

January 2014 Volume 4, Issue 1

Strategies for Effective Monitoring and Management of Psychotropics in Children

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Background

There is a growing awareness and diagnosis of mental health disorders in children. The 2003 National Comorbidity Survey Replication – Adolescent Supplement (NCS-A) found in adolescents with at least one diagnosable mental health disorder, 42% meet diagnostic criteria for disorders in two or more major diagnostic classes. According to the Center for Disease Control's report on the results of the National Health Interview Survey from 2004-2006, 8.4% of American children 6-17 had at one point been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD).[2] The report also indicated the diagnosis of ADHD was more prevalent in children covered by a Medicaid program (11.6%).

The use of psychotropic medications in children is common. Data from 2001-2002 showed 13.5% of all child welfare patients were receiving psychotropics.[3] As of January 2013, 18.5% of children in the Oregon Child Welfare Program received at least one psychotropic. Of these, 48% received at least one antipsychotic. In the entire Oregon Medicaid program, 29% (3,115 of 10,588) of children receiving any psychotropic received at least one antipsychotic.

A variety of state and national agencies are working to develop practice tools and standards for the monitoring of the treatment of mental health disorders in children. These standards focused on the monitoring of, rather than restrictions to, psychotropic medications. The Oregon Health Authority (OHA) has leveraged the work done by these organizations agencies to develop standardized quality metrics.[4–8]

Oregon Pharmacy and Therapeutics Committee Recommendations

In September 2013, the Oregon Pharmacy and Therapeutics (P&T) Committee recommended three quality improvement initiatives for the use of psychotropics medications in children.[10] Each program has four common elements: actionable, patient-specific information, education on evidence-informed care, and a report card on prescribing and monitoring practices. These report cards are intended to raise the awareness of prescribing practices in the Oregon Medicaid population in general and within different specialties. Each report compares the provider's monitoring or prescribing rates to both the overall Medicaid rate as well as their specialty (e.g. Psychiatrists, Family Practice Nurse Practioners, etc). The intent is not to limit practice, but rather to help inform care decisions.

Program Goals

- Improve the continuity of care for children treated for mental health disorders
- Support timely safety and efficacy monitoring of psychotropics through clinician notifications
- Provide actionable, patient specific information along with evidence informed recommendations
- Provide clinicians comparative data on their health care practices

Program Descriptions

The most intensive and highest profile quality improvement initiative focuses on the ongoing monitoring and management of children on unconventional psychotropic therapy. These therapies include children on 5 or more concurrent psychotropics for at least 90 days, 2 concurrent antipsychotics for at least 90 days, or children under 6 years old receiving psychotropics other than central nervous system stimulants. These three regimens were determined to be indicative of patients with complex mental health conditions requiring greater support and monitoring. For these patients, providers are being asked to complete a 6 question survey on the goals of therapy and barriers they have found to coordination of care. A complete list of the questionnaire can be found in the September 2013 P & T Committee meeting packet, available at: http://pharmacy.oregonstate.edu/drug_policy/meetings. The Division of Medical Assistance Programs (DMAP) will use this information to craft policies and interventions to better support providers caring for the needs of these children. Each week, pharmacy claims will be analyzed to identify patients beginning psychotropic therapy warranting additional monitoring. Non-responding providers will be sent new requests every three months. Annual requests for updated care plans will be sent for all patients.

Implementation Schedule

- ADHD February 12, 2014
- Pediatric Psychotropic Polypharmacy February 26, 2014
- Metabolic Monitoring March 12, 2014

The program with the largest population of patients notifies providers of children receiving antipsychotics who do not have a claim for annual glucose monitoring. Providers will receive a list of all patients for who they have prescribed antipsychotics with a request for the status of glucose monitoring. The date of the most recent medical claim for glucose monitoring is included with the patient's information. The list will only be sent for patients without a claims history indicating a glucose test within the last 12 months. Although more frequent monitoring may be clinically appropriate, annual glucose screening is considered the minimum standard of care for all non-diabetic patients receiving antipsychotic therapy.[11] Educational materials for this program include the American Diabetes Association recommended monitoring schedule,

comparison of the metabolic effects of five common antipsychotics, the criteria for metabolic syndrome in children, and an evidence summary of strategies for mitigating the metabolic risks of antipsychotics in children. Recommendations for the monitoring of metabolic effects of antipsychotics was discussed in a 2013 newsletter, available at: http://pharmacy.oregonstate.edu/drug_policy/newsletter.

The project with the smallest scope sends clinicians a reminder to schedule an initial follow up visit within 30 days for fee-for-service patients receiving their first ADHD medication. This is a new Healthcare Effectiveness Data and Information Set (HEDIS) measure and a CCO incentive measure. Educational materials for this program include the American Academy of Pediatrics 2011 recommendations for the treatment of ADHD in children and an assortment of internet links, including the AHRQ Parent's guide to ADHD. Due to the time sensitive nature of this program, faxes will be sent on a weekly basis for all newly identified patients. Providers will only receive one notification for a patient. These educational materials are available in the September 2013 P & T agenda packet, available at: http://pharmacy.oregonstate.edu/drug_policy/meetings.

In addition to centralized DMAP monitoring and management of psychotropic pharmacotherapy, these data are available to the CCOs via an online dashboard. This allows the CCOs to develop strategies customized to their local provider needs and preferences. DMAP has presented these initiatives to the CCO pharmacy directors meeting to promote coordinated messaging. Nonetheless, providers may receive message from DMAP as well as CCOs regarding these patients. If this should occur, providers should respond to both messages with the requested information.

Program Goals & Implementation Timeline

The overarching goal of the program is to raise awareness of the importance of careful management of psychotropics in children, without restricting access to therapy. The "carving out" of many mental health medications may cause barriers to the coordination of care. The quality and consistency of care is expected to improve with the collection and dissemination of care across both providers and health plans. Further improvements can be achieved by raising provider's awareness of current evidence based practices and the practice patterns of other clinicians. The inclusion of actionable, patient specific information allows providers to make meaningful improvements in the care of patient immediately, further reinforcing best practices.

The program roll out will be staggered to minimize the disruption for providers and maximize response rates. The ADHD program will be the first program due to the small number of patients and providers impacted (5-10 patients per week). February 12, 2014 is the anticipated start date for the ADHD program. The pediatric polypharmacy reports will follow approximately 2 weeks later. This program requests detailed clinical information from a smaller group of providers (approximately 300 providers). Finally the metabolic monitoring program will send faxes affecting over 1,000 children to approximately 500 providers. The anticipated start date for this program is March 12, 2014.

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