Facilitating Cross-System Data Sharing for Psychotropic Medication Oversight and Monitoring

Psychotropic Medication Use Among Children in Foster Care: Technical Assistance Webinar Series

Wednesday, January 29, 2014
3:00 – 4:30 p.m. EDT

For audio, dial: 866-323-9095; Passcode: 885662
**Questions?**

*Ask a Question Online:* Click the Q&A icon located in the hidden toolbar at the top of your screen.
• Context setting: The complex needs of children in foster care and the challenges to data sharing
  ▶ Kamala Allen, Director, Child Health Quality, CHCS

• State Highlight: Data sharing between the Rhode Island Department of Children, Youth and Families and the state’s Medicaid managed care organization
  ▶ Colleen Caron and Leon Saunders, RI Department of Children, Youth & Families

• State Highlight: Oregon’s efforts to share data with key constituents serving the foster care population
  ▶ Ted Williams, Oregon Health Authority, Division of Medical Assistance Programs

• Question and Answer
Complex Needs of Children in Foster Care

- Children in foster care are served by multiple systems
  - Estimated 50-75% need mental health services*
  - 30-40% receive special education services**
  - 9-29% are involved in the juvenile justice system**

- *Fostering Connections* requires collaboration between child welfare and Medicaid to meet health-related needs
  - Total Medicaid expenditures for children in foster care using BH services = 80% of those on SSI***

- Oversight and monitoring of psychotropic medication requires access to data from multiple systems

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* Casey Family Programs  
** Child Welfare League of America: Juvenile Justice Division  
*** Faces of Medicaid, Children's BH Service Use, CHCS 2013.
Challenges to Data Sharing

- Privacy concerns (real and perceived) related to federal legislation and local regulations
  - Health Information Portability and Accessibility Act (HIPAA)
  - Child Abuse Prevention and Treatment Act (CAPTA)
  - Family Educational Rights and Privacy Act (FERPA)
  - Confidentiality of Alcohol and Drug Abuse Patient Records (Public Health Act, 42 CFR, Part 2)
Challenges to Data Sharing

- Aggregate vs. individual level data for monitoring goals
- Different technological capacity across agencies
- Systems do not talk to each other
- Cost/time to upgrade or modify data systems
- Accuracy of data in other systems
- Establishing policies and protocol
- Trust
Facilitating Cross-System Data Sharing for Psychotropic Medication Oversight and Monitoring

Rhode Island Department of Children, Youth and Families

Colleen Caron, Ph.D.
Leon Saunders, M.P.A.
Objectives

- Understanding the data sharing relationship between Rhode Island Department of Children, Youth and Families (DCYF) and Neighborhood Health Plan (NHP)
- Knowing the data planning process
- Understanding what guided the data elements
- Knowing the use and limitations of the data
Rhode Island Department of Children, Youth and Families (DCYF)

- DCYF supports and provides services to approximately 3,700 children (ages 0-18) at any point in time
  - Approximately 1,700 in foster care (out-of-home)
  - Approximately 2,000 in-home
- Three populations:
  - Child welfare
  - Behavioral health
  - Juvenile justice
Neighborhood Health Plan (NHP): State Managed Medicaid Insurer

- Approximately 98% of children/youth in RI DCYF foster care (all out of home placements) are enrolled in NHP
- Pre-existing data sharing agreement and process
  - NHP data populate medical window in RI Statewide Automated Child Welfare Information System (SACWIS)
  - Allowed for individual health-related information for DCYF caseworkers
  - Aggregate data pulls for system level analysis
Prior to meeting with NHP and requesting data elements, DCYF:

- Used the red flag system for surveillance and clinical treatment, child well being was a primary objective for the data sharing collaborative
- Identified objectives for data on individual and aggregate level
  - Clinical objectives/questions
  - Surveillance and outcomes research questions
- Identified data level or unit of analysis – *Data elements on the individual level*
RI DCYF and the Data Sharing Process with Neighborhood Health Plan

- Collaborative meetings with NHP and RI DCYF to identify key aggregate and individual level metrics
  - Aggregate level – Surveillance, data merging with administrative data and analysis, outcomes, answer research questions, on the system level
  - Individual level – Psychotropic medication appropriateness, clinical oversight, and management
RI DCYF and the Data Sharing Process with Neighborhood Health Plan

- Data elements presented to NHP
  - Individual level data elements for DCYF population
    - Data element format to allow for maximal manipulation
  - Aggregate level data elements on non-DCYF population for relative analysis

- DCYF child psychiatrist reviewed and defined psychotropic medications classified by NHP
NHP Data Received:  
Data Format and Frequency

- Time to receive first NHP dataset and finalize was approximately 8-10 months
- Comma-Separated Value format (CSV)
- Quarterly receipt
- Summative data
- Analyzed using Statistical Analysis System (SAS®) software
Principles and Questions Guiding the Selection of Data Elements

- Guided by “too young, too many, too long, too much”
- Red flag system
- What is the prevalence of psychotropic medication prescribed?
- What is the prevalence of receiving a behavioral health service?
- Relative: What is the prevalence of psychotropic medication in NHP non-DCYF population?
What is the Prevalence of Psychotropic Medication Prescribed?

- By age groups (i.e. <6, >6)
- By concurrent use (1, 2, 3, 4+)
- By concurrent use by age groups
- Most frequently prescribed medication; and most frequently among all youth prescribed 1+ medication
- By medication class; and by medication class among youth prescribed 1+
- By medication class by age groups; and by medication class by age groups among youth prescribed 1+

* Concurrent medication use is defined as simultaneous use for at least 90 days, during the 12 month time period.*
What is the Prevalence of Psychotropic Medication Prescribed?

- By behavioral health services received
- By absence of behavioral health services
- Excluding attention deficit hyperactivity disorder or other potential non-psychiatric medications and did not receive behavioral health services
- By 1 behavioral health diagnosis
- By 2+ behavioral health diagnoses
What is the Prevalence of Psychotropic Medication Prescribed?

- By behavioral health hospitalization
- By behavioral health re-hospitalization
- By time to re-hospitalization
  - 1-30 days; 31-60 days; 61-90 days; 91-180 days; 180+ days
What is the Prevalence of Receiving a Behavioral Health Service?

- By psychotropic medication (1+)
- By absence of psychotropic medication
Relative: What is the Prevalence of Psychotropic Medication in NHP Non-DCYF Population?

- Compare the prevalence of DCYF foster care populations and the non-DCYF population by demographics for:
  - Psychotropic medication
  - Behavioral health services
  - Psychiatric hospitalization
What is the Relationship Between Psychotropic Medication Use and the Following Key Indicators?

- Time in foster care
- Time in congregate care
- Re-entries
- Level of care
- Maltreatment
- Child Adolescent Needs and Strengths (CANS) Assessment
Additional Questions Answered by Shared Data

- What factors predict prescribed concurrent psychotropic medication?
- What factors predict prescribed psychotropic medication among children <6?
- What factors predict prescribed psychotropic medication duration?
Using Data to Inform Practice, Policy, Procedures, and Evaluation

- Aggregate level data
  - Senior team meetings
  - Monthly data analytic meetings (internal and external stakeholders)
  - Monthly child welfare advisory committee (internal and external stakeholders)
  - Publications, reports, website
Using Data to Inform Practice, Policy, Procedures, and Evaluation

- Consent process being revised to include medical expertise
  - All new requests for psychotropic medication can be reviewed by medical staff as necessary
- Quarterly data will be used to identify existing cases meeting red flag criteria
Using Data to Inform Practice, Policy, Procedures, and Evaluation

- Individual level data derived from Red Flag criteria:
  - **Too many** – identify youth who are currently receiving more than 1 psychotropic medication from the same class, or receiving more than 3 psychotropic medications
  - **Too young** – identify any child under six receiving a psychotropic medication
  - **Too much** – data is not currently available to determine dosage amounts but should be available in the future
  - **Too long** – current quarterly extracts would need to be ‘pieced’ together to determine length of time
Using Data to Inform Practice, Policy, Procedures, and Evaluation

- Estimated review workload based on calendar year 2012 data:
  - 115 youth on 3 or more psychotropic medications
  - 44 children under age 6 on one or more psychotropic medications
Data Limitations

- No indicator in NHP data for foster care
  - A small number include in-home youth
- May be an undercount of behavioral health services or diagnoses if NHP is not the payer or if the child did not receive behavioral health services during the reporting period timeframe
  - Diagnosis is on the behavioral health services table
- Under/overcounts of concurrent medications
  - Medication start and end dates are based on the first and last dates the prescription was written during the reporting period only
Contact Information

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Leon Saunders
Leon.Saunders@dcyf.ri.gov
Questions?

*Ask a Question Online*: Click the **Q&A** icon located in the hidden toolbar at the top of your screen.
FACILITATING CROSS-SYSTEM DATA SHARING FOR PSYCHOTROPIC MEDICATION OVERSIGHT AND MONITORING

Ted D. Williams, PharmD, BCPS
Oregon State University College of Pharmacy
Drug Use Research and Management Group
Overview

- Brief history of psychotropic reviews in Oregon foster care program
- Process of developing quality measures
- Current status
- Future direction
Environment

- Integrated data systems
  - Oregon Health Authority (OHA) has a single claims processing system for all medical and pharmacy claims
  - OHA has a separate data warehouse refreshed every Friday
  - Oregon State University (OSU) has a smaller data warehouse refreshed from the OHA data warehouse every Tuesday
    - This is the source of our metric processing

- Managed care, sort of...
  - 80% of Oregon Medicaid lives in managed care also known as Coordinated Care Organizations (CCO)
  - Fee For Service (OHA) pays for most psychotropic medications, regardless of managed care enrollment

- Limited technical/clinical resources
Pediatric Psychotropic Program History

- Prior to June 2011
  - Automated patient identification
    - Under 6 years on any psychotrope
    - Under 18 on antipsychotic
    - Under 18 on 3+ psychotropics
  - Manual case reviews triaged into severity groups
    1. Appears appropriate
    2. More information required
    3. Medical Director Review
Make the Most of Limited Resources

- Insufficient resources for Medical Director Intervention
  - (0.25 full time equivalent)
  - No support staff

- We needed to develop a new way to leverage more resources
  - Just in time development
  - Automate
  - Leverage external resources
  - Solution built in Microsoft Access database
# Pediatric Psychotropic Screening Criteria and Review

**As of: 8/2/2012**

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<th>Level</th>
<th>Criteria</th>
<th>Foster Children</th>
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<td>5 Or More Psychotropics</td>
<td>59</td>
<td>3.98%</td>
<td>0.92%</td>
</tr>
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<td>3</td>
<td>4 psychotropics</td>
<td>98</td>
<td>6.62%</td>
<td>1.52%</td>
</tr>
<tr>
<td>3</td>
<td>3 Psychotropics</td>
<td>201</td>
<td>13.57%</td>
<td>3.12%</td>
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<td>3</td>
<td>2 or more antipsychotics</td>
<td>49</td>
<td>3.31%</td>
<td>0.76%</td>
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<tr>
<td>3</td>
<td>Too young for otherwise appropriate therapy ORS 418.517 Section 1 (3)</td>
<td>80</td>
<td>5.40%</td>
<td>1.24%</td>
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<td>3</td>
<td>No diagnosis with an approved pharmacotherapy ORS 418.517 Section 1</td>
<td>2</td>
<td>0.14%</td>
<td>0.03%</td>
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<tr>
<td>3</td>
<td>No age appropriate indication ORS 418.517 Section 1 (3)</td>
<td>930</td>
<td>62.80%</td>
<td>14.45%</td>
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<tr>
<td>3</td>
<td>No Mental Health Services for 18 months</td>
<td>254</td>
<td>17.15%</td>
<td>3.95%</td>
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<tr>
<td>2</td>
<td>Medication Without Approved Use in Children ORS 418.517 Section 1 (3)</td>
<td>181</td>
<td>12.22%</td>
<td>2.81%</td>
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<tr>
<td>2</td>
<td>Antipsychotic without Annual Lipid Monitoring</td>
<td>630</td>
<td>42.54%</td>
<td>9.79%</td>
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<tr>
<td>2</td>
<td>Antipsychotic without Annual Glucose Monitoring</td>
<td>303</td>
<td>20.46%</td>
<td>4.71%</td>
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<td>2</td>
<td>Lithium without adequate monitoring (annual Li, Scr, TSH)</td>
<td>8</td>
<td>0.54%</td>
<td>0.12%</td>
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<tr>
<td>1</td>
<td>Appropriate Psychotropic Therapy - No exception criteria met</td>
<td>308</td>
<td>20.80%</td>
<td>4.78%</td>
</tr>
</tbody>
</table>

Total Foster Children Receiving Psychotropics: 1,481
Total Foster Children: 6,438
Ordering Disorders

- Appropriate indications
  - Assigned to every psychotropic agent
- Sources
  - FDA
  - Compendia
  - Guidelines
  - Experts
- Defining psychotropics
  - Antihistamines?
  - Antiepileptics?
- Diagnoses
  - Is “psychotic depression” depression or psychosis or both?
  - Is a diagnosis still current?
- How long is concurrent use?
Thoughtful Refinements

- Leveraged advisory group recommendations
- Center for Health Care Strategies (CHCS) provided great guidance
- Leveraged definitions of existing HEDIS™ definitions and formats
- Used by the OHA and the Pharmacy & Therapeutics (P&T) Committee

<table>
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<th>Metric</th>
<th>First Quarter Oct - Dec</th>
<th>Second Quarter Jan - Mar</th>
<th>Third Quarter Apr - Jun</th>
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<td></td>
<td>Numerator</td>
<td>Denominator</td>
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<tr>
<td>Children on Antipsychotics without diabetes screen</td>
<td>203</td>
<td>519</td>
<td>39%</td>
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<tr>
<td>Five or more concurrent psychotropics</td>
<td>30</td>
<td>1,089</td>
<td>3%</td>
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<tr>
<td>Three or more concurrent psychotropics</td>
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<td>1,089</td>
<td>35%</td>
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<td>Two or More Concurrent Antipsychotics</td>
<td>37</td>
<td>1,089</td>
<td>3%</td>
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<tr>
<td>Under 18 years old on any antipsychotic</td>
<td>523</td>
<td>1,089</td>
<td>48%</td>
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<tr>
<td>Youth five years and younger on psychotropics</td>
<td>22</td>
<td>1,089</td>
<td>2%</td>
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</table>
Patient Report for Case Workers

- State law requires documentation of annual psychotropic assessments
- Patient report initially used to meet the letter of the law
- Use has expanded to more intensive reviews by clinical staff at Department of Human Services

- Elements of the Patient Profile
  - Demographics
  - Metrics summary
  - Prescription history
  - Diagnosis history
  - Foster care case worker
  - History of past interventions
<table>
<thead>
<tr>
<th>Student ID</th>
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<td>7</td>
<td>Some Place</td>
<td>99999</td>
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</table>

**Screening Results as of 1/7/2014**

- Under 18 years old on any antipsychotic
- Three or more concurrent psychotropics
- Children on Antipsychotics without diabetes screen

**Mental Health Diagnosis History**

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<tr>
<th>Group</th>
<th>First Dx</th>
<th>Last Dx</th>
<th>ICD9</th>
<th>Diagnosis</th>
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<td>ADHD</td>
<td>07/12/12</td>
<td>07/18/13</td>
<td>31401</td>
<td>ATTENTION DEFICIT DISORDER WITH HYPERACTIVITY</td>
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<td>Developmental Disorders</td>
<td>05/19/11</td>
<td>03/22/13</td>
<td>31531</td>
<td>EXPRESSIVE LANGUAGE DISORDER</td>
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</table>

**Mental Health Prescription History**

<table>
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<tr>
<th>First Fill</th>
<th>Last Fill</th>
<th>Medication</th>
<th>Route</th>
<th>Dose</th>
<th>Per Day</th>
<th>Last Prescriber</th>
<th>Specialty</th>
<th>Telephone</th>
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<tbody>
<tr>
<td>04/12/12</td>
<td>01/02/14</td>
<td>DEXMETHYLPHENIDATE HCL</td>
<td>PO</td>
<td>10 mg</td>
<td>1</td>
<td>Dr. FS</td>
<td>Physician-pediatrics</td>
<td>555-555-5555</td>
</tr>
<tr>
<td>11/09/11</td>
<td>01/02/14</td>
<td>GUANFACINE HCL</td>
<td>PO</td>
<td>2 mg</td>
<td>1</td>
<td>Dr. FS</td>
<td>Physician-pediatrics</td>
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<tr>
<td>10/18/13</td>
<td>12/17/13</td>
<td>RISPERIDONE</td>
<td>PO</td>
<td>0.5 mg</td>
<td>1</td>
<td>Dr. FS</td>
<td>Physician-pediatrics</td>
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<tr>
<td>07/19/13</td>
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<td>METHYLPHENIDATE HCL</td>
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<td>1</td>
<td>Dr. SR</td>
<td>Physician-pediatrics</td>
<td>555-555-5555</td>
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</tbody>
</table>
Dashboard

- Initially conceived to share
  - Summary data
  - Patient data
  - Work drivers
- Due to information technology resource limitations, the reports were built in Microsoft Excel to leverage filtering and sorting features
Dashboard Metric Summaries for Coordinated Care Organizations (CCO)

<table>
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<tr>
<th>Metric</th>
<th>Provider</th>
<th>Numerator</th>
<th>Denominator</th>
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<th>Numerator</th>
<th>Denominator</th>
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<tr>
<td>Children on Antipsychotics without diabetes screen</td>
<td>AllCare Health Plan</td>
<td>74</td>
<td>133</td>
<td>56%</td>
<td>1,626</td>
<td>2,502</td>
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<td>Five or more concurrent psychotropics</td>
<td>AllCare Health Plan</td>
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<td>335</td>
<td>1%</td>
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Hyperlink to the patient profile report

<table>
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<tr>
<th>PatientName</th>
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<th>Age</th>
<th>Children on Antipsychotics without diabetes screen</th>
<th>Five or more concurrent psychotropies</th>
<th>Three or more concurrent psychotropies</th>
<th>Two or More Concurrent Antipsychotics</th>
<th>Under 18 years old on any antipsychotic</th>
<th>Youth five years and younger on psychotropics</th>
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Dashboard Trend Reports for CCOs

Five or more concurrent psychotropics

- Medicaid
- AllCare Health Plan
- Least
- Most
Distributing the Dashboard To CCOs

- Key system requirements
  - Multiple users
  - Low maintenance
  - Secure
  - Scalable (massive files)

- Solution
  - Microsoft SharePoint
Several CCOs are developing programs to monitor and manage psychototropic medications

OHA is monitoring changes in key metrics

When successful strategies emerge, OHA will disseminate
Provider Profiles

- Metrics by
  - Provider
  - Specialty
  - Subspecialty

- Used internally by OHA and the P&T Committee
Provider Lettering/Report Cards

- Combine
  - Education
  - Patient Profiles
  - Provider Profiles
**Pediatric Polypharmacy Clinician Questionnaire**

**Date:** 1/14/2014

**Attention:**

**Fax:**

**Your Patients Subject to Psychotropic Case Reviews**

The Division of Medical Assistance Programs (DMAP) is requesting additional clinical data for patients meeting one or more of the following criteria:

- **Three or more chronic psychopharmacologic therapies**
- **Two or more chronic antipsychotics in children**
- **Psychopharmacology in children under 5 years old (except stimulants in children 3-5)**

The chart on the right shows your prescribing patterns for Medicaid patients. Prescribing patterns for your specialty (as indicated by NPI number when available) and rates across all providers are included for your reference.

The intention of this program is not to prohibit these regimens. The goal is to promote continuity and quality of care through centralized monitoring and support. The therapeutic goals of psychopharmacologic therapy, especially in foster children, are not always effectively communicated between clinicians due to a variety of factors within and outside of the control of clinicians and caregivers.

Following is a list of patients with a recent (within 90 days) prescription written by you subject to this policy. Please complete these forms and fax to DMAP at 503-947-2596.

**Pediatric Psychotropic Prescribing Rates**

![Chart showing psychotropic prescribing rates]

- **Denominator:** Children prescribed at least one psychotropic medication

**Table showing prescribed psychotropic medications**

<table>
<thead>
<tr>
<th>Prescriber</th>
<th>Last Rx Date</th>
<th>Prescribed Medications</th>
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<td>Psychiatry</td>
<td>1/1/2014</td>
<td>QUINIDINE 2 mg TABLET</td>
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<tr>
<td>Psychiatry</td>
<td>10/10/2013</td>
<td>INDOMETHACIN 0.25 mg TABLET</td>
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</table>

Please answer the questions below and fax to DMAP at 503-947-2596.
Clinician Report Card

- Explanation of the policy
- Prescribing pattern by
  - Your Patients
  - Your Specialty
  - Overall Medicaid

![Pediatric Psychotropic Prescribing Rates Graph](image-url)
Please answer the questions below and fax to DMAP at 503-947-2596.

If you have any questions or comments regarding this policy, please call 503-945-6513 or fax 503-947-2596. Additional pages may be used if more space is required.

1. The indication(s) and target symptoms for all psychotropics currently prescribed to this patient by any provider

<table>
<thead>
<tr>
<th>Most Recent Prescriber</th>
<th>Last Fill Date</th>
<th>Drug Strength</th>
<th>Dose</th>
<th>Indication(s)</th>
<th>Target Symptoms</th>
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<td>RISPERIDONE 0.25 mg TABLET</td>
<td>4 units/day</td>
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</table>
Pediatric Polypharmacy Clinician Questionnaire

1. Please answer each of these questions which apply to this patient
   a. Explain why 5 or more psychotropics are required for this patient
   b. Explain why two concurrent antipsychotics are being used
   c. Explain why psychotropics are being used in a child six years old or younger

2. Please indicate the psychosocial intervention strategies being used for this patient. If none are being used, please explain why.

3. As applicable to the currently prescribed medications, please indicate the last evaluation for metabolic and cardiovascular risk (laboratory monitoring and physical assessment) and therapeutic/toxic plasma concentrations.

4. Who is the provider primarily tasked with care coordination? What barriers, if any, make care coordination challenging?

5. Does the child, parents and/or caregivers understand the risks, benefits and alternatives to this strategy?
Clinician Fax – Metabolic Monitoring of Antipsychotics

Attention: 1/15/2014
Fax:

Your pediatric patients receiving antipsychotics without claims for routine glucose monitoring

The FDA issued a safety warning for all second generation antipsychotics recommending monitoring of blood glucose. Careful monitoring for metabolic abnormalities (body composition, lipids, glucose, blood pressure) is the standard of care when prescribing antipsychotics.

The following pages contain a list of fee-for-service (FFS) Medicaid patients that you are identified by the pharmacy claims to be the most recent prescription of an antipsychotic and who do not have annual glucose screening claims. We understand claims data do not always reflect actual testing, that laboratory claims may be delayed and errors are made in prescriber identification.

The chart above reflects the proportion of patients without annual glucose screening who recently filled an antipsychotic prescription indicating you are the prescriber. For your reference, overall Medicaid rates and, when available, rates for your specialty are included.

Consensus Development Conference on Antipsychotic Drugs and Obesity and Diabetes (2004) Diabetes Care, 27(2), 596-601

If you have any questions or comments regarding this policy or would like a claims-based profile for any of these patients, please call 503-945-6519 or fax 503-947-2596.

Please indicate the status of this required laboratory work and fax this report within 30 days to DMAP at 503-347-1119.
The Road Ahead

- Monitor impact of programs
- Refine messages
- Address opportunities
  - Continuity of care
  - Clinical reminders
  - Consultation services
  - On site education
Effective Strategies

- Be clear about need for and the use of the data
- Commit to share data that will support partners’ goals
- Leverage existing mandates (e.g. state regulations supporting data sharing for individuals for whom agencies have shared responsibility)
- Make data sharing a formal agreement (e.g. vendor contracts that require data sharing with the state agency)
- Understand/acknowledge the limitations of the data
Questions?

*Ask a Question Online*: Click the Q&A icon located in the hidden toolbar at the top of your screen.
## Upcoming Webinars in This Series

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>March 2014</td>
<td>Education/Engagement of Providers</td>
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<tr>
<td>May 2014</td>
<td>Education/engagement of stakeholders (including family and youth) regarding policy and practice</td>
</tr>
<tr>
<td>July 2014</td>
<td>Psychiatric consultation models</td>
</tr>
<tr>
<td>September 2014</td>
<td>Red flag and response systems; implementation of oversight and monitoring policies and processes</td>
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Thank you for participating in today’s webinar!

Please complete the brief evaluation as you exit the webinar.